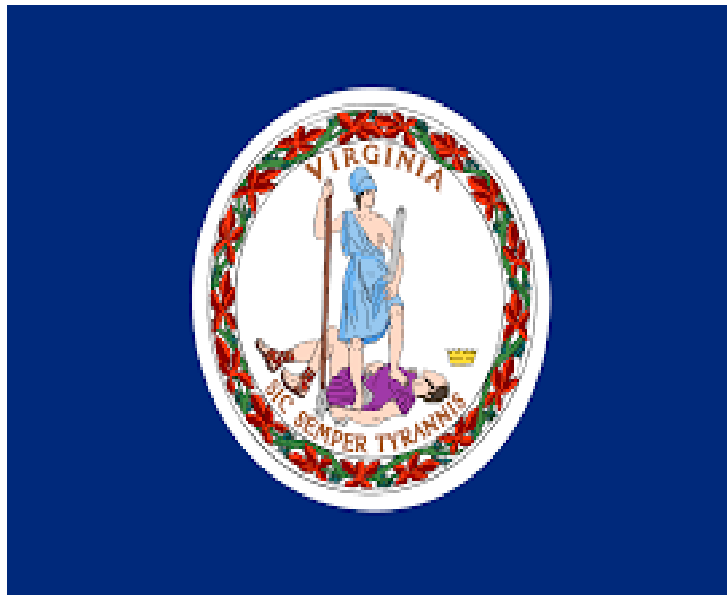


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DBHDS



Office of Licensing Protocols (2019-2020)

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ISSUING A LICENSE

THE INITIAL PROVIDER APPLICATION

Providers desiring to become licensed to provide mental health, intellectual disability, substance abuse services, and/or brain injury must apply to be licensed. All services except Children's Residential Services.

To be licensed by DBHDS the applicant must:

- Submit and receive preliminary approval of the initial application [including required attachments];
- Submit, receive approval of, and demonstrate knowledge of required licensing policies, procedures and forms;
- Have an "on-site" review of the physical plant, to include interviews with the applicant over the content of their service description and policies and procedures, as well as compliance with other *regulations*, and copies of forms and sample client and personnel records,
- Set up an account and request criminal history and central registry background investigations for identified staff as required in §37.2-405 of the *Code of Virginia*; and *submit Child Protective Services reference checks.*

To be licensed for a Children's Residential Facility (CRF) by DBHDS the applicant must:

- Submit and receive preliminary approval of the initial application, [and required attachments with \$500.00 fee];
- Submit and receive approval of, and demonstrate knowledge of required licensing policies, procedures and forms;
- Set up an account with the Office Background Investigations (OBI) of the Department of Social Services, and request criminal history and central registry background investigations for identified staff as required by Virginia Code § 37.2-416 and § 63.2-1726. These must be **completed prior to licensing**; and
- Complete an "on-site" review of the physical plant, to include interviews with the applicant over the content of their service description and policies and procedures, as well as compliance with other *regulations*, and copies of forms and sample client and personnel records.

Initial Application

1. The prospective applicant obtains an "**Initial Application Packet.**" All of the required documents are available to be downloaded from the DBHDS website: <http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing/licensing-application>. Downloading the application is free.
2. The applicant submits the completed application, along with all required attachments to the Office of Licensing.
3. The application is placed on the waiting list, which can be viewed on the DBHDS Office of

Licensing website. When the application is up for review, it is assigned to a policy review specialist. The policy review specialist reviews the application materials to determine if the application is complete, including the submission of all attachments. **INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL BE RETURNED TO THE APPLICANT.**

4. If the application is complete, the policy review specialist will review the application to determine if the service described by the applicant is licensed by the DBHDS. This is referred to as “subjectivity.” The policy review specialist will determine subjectivity by reviewing the applicant’s service description to determine what services will be provided to individuals who are diagnosed with mental illness, substance abuse, brain injury developmental disabilities, or who are intellectually disabled. Virginia Code §37.2-405, defines “service” to “mean individually planned interventions intended to reduce or ameliorate mental illness, intellectual disability or substance addiction or abuse through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, intellectual disability or substance addiction or abuse...”
5. If the policy review specialist determines that the service to be provided by the applicant is NOT SUBJECT to licensing by DBHDS, the application will be returned to the applicant with a letter explaining that determination.
6. If the application is complete, and determined to be subject to licensing by the DBHDS, but there are questions about the application, the policy review specialist will contact the applicant by **email/mail**.
7. Once determined to be subject to licensing, the policy review specialist will notify the applicant regarding subjectivity and the completeness of the application.
8. The **Background Investigation Unit** should be contacted, by the provider, at 804-786-6384 or malinda.roberts@dbhds.virginia.gov to set up an account and request applicable background checks.

For Children’s Residential Facilities: Virginia Code §37.2-408.1 requires that all staff are subject to criminal history and central registry background checks to determine their eligibility to work with children in services licensed by the DBHDS. *After* the determination of subjectivity, the applicant should contact the Office of Background Investigations (OBI) at the Virginia Department of Social Services (VDSS) to obtain the procedures for completion of these background checks. Timetria Turner and/or Robert Carneal coordinates the criminal history background checks and they may be contacted at (804) 726-7092. These must be completed prior to being licensed.

The provider will need to conduct central registry background checks directly through the Department of Social Services. Required forms can be obtained from the VDSS website, http://www.dss.virginia.gov/files/division/licensing/crf/intro_page/background_investigations/forms/032-02-0151-12-eng.pdf or contact Timetria Turner, 804-726-7092, or Robert Carneal at 804-726-7096.

(For CRFs- the applicant will submit and receive results for criminal background checks and central registry check with DSS Office of Background Investigations (OBI) prior to “onsite inspection”), for the owner and all identified staff.

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

- Develop policies that are in compliance with *The Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Department of Behavioral Health and Developmental Services*.
- The provider will complete the “human rights verification checklist” which can be found at <http://www.dbhds.virginia.gov/professionals-and-service-providers/human-rights-for-service-providers/information-for-providers>
- Within 5 working days of receipt of the “human rights verification checklist” the Office of Human Rights will notify the provider of the status of the provider’s complaint resolution policy. If approved, the provider will be referred via email to your assigned advocate . If not approved, guidance for compliance will be provided.
- The provider’s assigned advocate will assign the provider to a Local Human Rights Committee (LHRC). The human rights advocate will schedule a visit to the program within 30 days of the initial license to review the provider’s human rights policies for compliance and provide training on CHRIS reporting.

10. Training Opportunities

- a. As part of the licensing process, new applicants are strongly encouraged to complete training opportunities:
1. VCU Partnership: <http://www.partnership.vcu.edu/education-and-training/>
 2. Office of Integrated Health: <http://www.dbhds.virginia.gov/professionals-and-service-providers/office-of-integrated-health>
 3. Office of Developmental Services: <http://www.dbhds.virginia.gov/professionals-and-service-providers/developmental-disability-services-for-providers>
 4. Mental Health First Aid: <https://www.mentalhealthfirstaid.org/>
 5. PowerPoint material is also accompanied with a Licensing Application

REQUIRED INITIAL APPLICATION ATTACHMENTS

A “completed application” for licensing of all services except Children’s Residential Services by DBHDS includes the following:

1. The completed application form;
2. The applicant’s proposed working budget for the year (12 VAC 35-105-40.A.1);
3. Evidence of financial resources, or, a line of credit sufficient to cover estimated operating expenses for ninety-days (12 VAC 35-105-40.A.2);
4. A description of the applicant’s program that addresses **all** the requirements of 12 VAC 35- 105-570, and 12 VAC 35-105-580, including admission, exclusion, continued stay, discharge/termination criteria, and a copy of the proposed program schedule;
5. A schedule of the proposed staffing plan (12 VAC 35-105-590);
6. Copies of the resumes of all identified staff that are required within the staffing plan;
7. Copies of **all** position (job) descriptions that address all the requirements of 12 VAC 35-105- 410 (Position descriptions for Case management, ICT and PACT services must address additional *regulations*);
8. Evidence of the applicant’s authority to conduct business in the Commonwealth of Virginia. Generally this will be a copy of the applicant’s State Corporation Commission Certificate (12 VAC 35-105-190);

THE FOLLOWING MAY BE POSTPONED UNTIL LATER IN THE LICENSING PROCESS TO REDUCE COSTS TO APPLICANT BASED ON THE LENGTH OF THE PROCESS

9. A certificate of occupancy for the building where services are to be provided (12 VAC 35-105-260);

Additional requirements for NON-CRF residential services:

10. A copy of the building floor plan, outlining the dimensions of each room (12 VAC 35-105-40.B.5);
11. A current health inspection, as required in (§12 VAC 35-105-290 and §12 VAC 35-105-300); and
12. A current fire inspection for residential services, as required in §12 VAC 35-105-320.

A “completed application” for licensing of a Children’s Residential Services includes the following:

1. The completed application form (12VAC 35-46-20.D.1);
2. The applicant’s proposed working budget for the year (12VAC 35-46-20.D.1);
3. Evidence of financial resources, or, a line of credit sufficient to cover estimated operating expenses for ninety-days (12VAC 35-46-20.D.1);
4. A description of the applicant’s program that addresses **all** the requirements of 12VAC 35- 46-20.B.1-5 and 12VAC 35-46-180 C, including admission, exclusion, continued stay, discharge/termination criteria, and a copy of the proposed program schedule;
5. A copy of the Organizational Structure (12VAC 35-46-180);
6. A schedule of the proposed staffing plan (12VAC 35-46-20.D.1 and 12VAC 35-46-

- 320);
7. Copies of the resumes of all identified staff that are required within the staffing plan;
 8. Copies of **all** position (job) descriptions that address all the requirements of (12VAC 35-46- 20.D.1; 12VAC 35-46-280; 12VAC 35-46-340 & 12VAC 35-46-350);
 9. Certificate of Occupancy (12VAC 35-46-20.D.1);
 10. Evidence of the applicant's authority to conduct business in the Commonwealth of Virginia; Generally this will be a copy of the applicant's State Corporation Commission Certificate (12VAC 35-46-20.D.1);
 11. Copy of Building Floor Plan with dimensions (12VAC 35-46-20.D.1);
 12. Current Health Inspection (12VAC 35-46-420.B);
 13. Fire Inspection (12VAC 35-46-420.D.1-4);
 14. Articles of Incorporation, By- laws, & Certificate of Incorporation (12VAC 35-46-20.D.1);
 15. Articles of Incorporation, By- laws, & Certificate of Authority (12VAC 35-46-20.D.1);
 16. Listing of board members, the Executive Committee, or public agency all members of legally accountable governing body (12VAC 35-46-20-170); and
 17. References for three officers of the Board including President, Secretary and Member-at-Large (12VAC 35-46-20.D.1).

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

CO Processing of Initial Application

- Application received—date stamped by licensing administrative support staff.
- If it is a children's residential service, ensure \$500.00 application fee is submitted and notify applicant if not.
- Licensing administrative support staff enters application in OLIS and copies application.
- Licensing administrative support staff adds the application to the "policy and procedures tracking form" in addition, files the application appropriately.
- Licensing administrative support staff will update this form on the 15th of the month to be updated on the Office of Licensing website.
- The Policy Review Specialist will be assigned the policy and procedure in numerical order of the "policy and procedures tracking form", unless an application is expedited.
- If an applicant on the waitlist wishes to change the type of service they are applying for, that is permissible. However, once an application is assigned to a Policy Review Specialist and removed from the waitlist, the applicant will no longer be allowed to change the type of service they are applying for. Assigned applicants who wish to change the type of service they are applying for must submit a new application and will be placed at the end of the waitlist.

ENTERING THE INITIAL PROVIDER APPLICATION IN OLIS

OLIS: If the application is complete and the service is subject, the application is inputted into OLIS by designated CO staff. ONLY CENTRAL OFFICE STAFF CAN ENTER APPLICATIONS.

1. Enter the provider information on the application/provider maintenance screen. Ensure the provider's name on the application matches the SCC certificate. If not, contact provider for clarification. If a sole proprietorship, the owner name is the provider name. Select the provider. Select the service type from the "Services" box. Once you have selected the service type, the service box appears listing appropriate service types.
2. Enter Contacts for provider, services, and locations. Make sure e-mail and phone numbers are entered correctly.
3. Select the service type. OLIS will take you to the service information screen. Complete applicable information. The staff assignment for service must be completed.
4. Medicaid: group home only refers to CRFs that receive Medicaid. MR Wavier refers to ID Group Homes that receive Medicaid. MH refers to mental health services that receive Medicaid.
5. Select the locations button to enter location. All services must have the location screen completed. Do not use abbreviations if possible and be consistent in how an address is entered.
6. For initial license, add license screen. Choose type of application "initial." Date of application is the date the application is received (application plus attachments). For CORE services, the application date and type must be put on every service screen and not just on the maintenance screen.

ON-SITE REVIEW

When the policies, procedures, and forms have been reviewed and pre-approved by the review policy specialist, the provider will be assigned to a licensing specialist. The provider will be notified of pre-approval and onsite checklist. It is then the provider's responsibility to complete all the items on the checklist and contact their assigned licensing specialist for an onsite review. **Please Note: If the provider does not contact the licensing specialist to schedule an onsite review within six months then the application will be closed from further action.** This on-site visit verifies compliance with several regulations pertaining to:

1. The physical plant;
2. Personnel: personnel records must be complete for all personnel, and include evidence of completed applications for employment, evidence of required training and orientation, reference checks, and evidence of requests for background investigations (copies of paperwork sent);
3. Evidence of insurance as required under 12 VAC 35-105-220;
4. Client records (a sample client record);
5. The applicant's knowledge of and ability to implement the service description and policies and procedures;
6. Staffing, as evidenced by the applicant having trained, submitted criminal background and central registry (DSS) checks, and oriented enough staff to begin service operation, (to include relief staff); and
7. Submission, for the OL files, of a COMPLETE and FINAL copy of the service description, policies, and procedures.

Please Note: The incompleteness or non-compliance with all required regulations will result in a delay in receiving a license.

Exceptions on On-Site Reviews

On-site reviews do not have to occur at public schools for school-based day treatment services, but can be accomplished at the administrative office of the organization. Unless the school is applying to be the provider of the services then the on-site review will have to occur at the school.

FINAL STEPS

1. Achieving compliance with Licensing and Human Rights Regulations are generally concurrent processes. However, while the applicant must be in compliance with the regulations of both offices prior to being issued a license, they are separate processes. Each office independently reviews compliance with its own regulations.
2. When the applicant is deemed to be in compliance with all applicable regulations [both Licensing and Human Rights], the Office of Licensing makes a recommendation to issue a license to the Commissioner. Only the Commissioner can issue a license.
Please note that Human Rights no longer pre-approves policy and procedures relating to Human Rights. The advocate will review when applicable.
3. Providers may not begin service operation until they have received written notification that they are licensed via a "pending letter".
4. All new applicants are issued conditional licenses for a period not to exceed six (6) months.

DENIAL OF A LICENSE

An application may be denied by the Commissioner if an applicant:

1. The provider or applicant has violated any provisions of Article 2 (§ 37.2-403 et seq.) of Chapter 4 of Title 37.2-403 of the Code of Virginia or these licensing regulations;
2. The provider's or applicant's conduct or practices are detrimental to the welfare of any individual receiving services or in violation of human rights identified in § 37.2-400 of the Code of Virginia or the human rights regulations (12VAC35-115);
3. The provider or applicant permits, aids, or abets the commission of an illegal act;
4. The provider or applicant fails or refuses to submit reports or to make records available as requested by the department;
5. The provider or applicant refuses to admit a representative of the department who displays a state-issued photo identification to the premises;
6. The provider or applicant fails to submit or implement an adequate corrective action plan; or
7. The provider or applicant submits any misleading or false information to the department.

NOTE: Should an application be denied, applicants may have to wait at least six months before they can re-apply pursuant to Virginia Code § 37.2-418.

LICENSE MODIFICATIONS

SERVICE MODIFICATION APPLICATION

A provider needs to request a modification to a license when the provider changes the population to be served, adds a service, adds or changes a service location, or changes the number served or capacity if stated on license.

SERVICE MODIFICATIONS MUST BE SENT TO CENTRAL OFFICE FOR PROCESSING, A LICENSING SPECIALIST SHALL NOT ACCEPT SERVICE MODIFICATIONS.

ADD A SERVICE

Required Attachments for all services except CRF

- A Service Description (12 VAC 35-105-580);
- Discharge criteria (12 VAC 35-105-860.A);
- A schedule of staffing pattern, staff credentials (12 VAC 35-105-590);
- The proposed working budget for the first year of the service's operation (12 VAC 35-105-40.A .1);
- Evidence of financial resources, or a line of credit sufficient to cover estimated operating expenses for the first ninety-days (12 VAC 35-105-40.A .2);
- Copies of ALL position descriptions (12 VAC 35-105-410);
- Certificate of occupancy for the physical plant (12 VAC 35-105-260);

And for residential services,

- A current health inspection (if not on public water or sewage) (12 VAC 35-105-580);
- A current fire inspection (12 VAC 35-105-320); and
- A floor plan with dimensions (12 VAC 35-105-40.B .5).

Required Attachments for Children's Residential Facilities

1. A description of the applicant's program that addresses all the requirements of 12VAC 35-46-20 B [1-5] and 12VAC 35-46-180 C, including admission, exclusion, continued stay, discharge/termination criteria, and a copy of the proposed program schedule;
2. Discharge criteria (12VAC35-46-765);
3. A schedule of the proposed staffing plan, as required in 12VAC 35-46-20.D.1 and 12VAC 35-46- 320;
4. The applicant's proposed working budget for the year (12VAC 35-46-20.D.1);
5. Evidence of financial resources, or, a line of credit sufficient to cover estimated operating expenses for ninety-days (12VAC 35-46-20.D.1);
6. Copies of **all** position (job) descriptions that address all the requirements of 12VAC 35-46-20.D.1; 12VAC 35-46-280;12VAC 35-46-340 & 12VAC 35-46-350;
7. Certificate of Occupancy (12VAC 35-46-20.D.1);
8. Copies of the resumes of all identified staff that are required within the staffing plan;
9. Copy of Building Floor Plan with dimensions (12VAC 35-46-20.D.1)
10. Current Health Inspection (12VAC 35-46-420. B); and

11. Fire Inspection (12VAC 35-46-420 D.1-4).

CO Processing of Service Modification

1. Service Modification received—date stamped by licensing administrative support staff.
2. If it is a children’s residential service, ensure \$500.00 application fee is submitted and notify applicant if not.
3. Licensing administrative support staff enters Service Modification in OLIS and copies Service Modification.
4. Licensing administrative support staff scans and emails the Service Modification to the appropriate licensing specialist.
5. Licensing administrative support staff files the Service Modification.

OLIS

Select provider on provider, service, or location. Enter type- modification and date. (CO staff only) Use OLIS steps 3-5 for initial application above.

The Specialist must process the service modification accordingly:

- Review application and attachments within 45 days from the receipt of the Service Modification.
- Make contact via phone or email with the provider to acknowledge receipt of the Service Modification within 60 days from the receipt. Documentation of contact must be made within OLIS. CRF regulation § 110.C requires: “The provider shall be notified in writing within 60 days following receipt of the request as to whether the modification is approved or a new license is required.”
- Schedule and conduct site review within 90 days from the receipt of the Service Modification.
- Service Modifications will not be performed if the provider is not in substantial compliance with regulation as evidenced by inspections and CAPs.
- Service modifications will not be conducted prior to receiving all require documentation.

ADD A LOCATION

Required Attachments for all services except CRF

1. Notification of address, proposed opening date;
2. A schedule of staffing pattern, staff credentials (12VAC 35-105-590);
3. Certificate of occupancy (12 VAC 35-105-260);
4. The proposed working budget for the first year of the service’s operation (12 VAC 35-105-40.A.1);
5. Evidence of financial resources, or a line of credit sufficient to cover estimated operating expenses for the first ninety-days (12 VAC 35-105-40.A.2).

And for residential services,

6. A current health inspection (if not on public water or sewage) (12 VAC 35-105-580)
7. A current fire inspection (12 VAC 35-105-320); and
8. A floor plan with dimensions (12 VAC 35-105-40.B .5).

Required Attachments for Children’s Residential Facilities

- Notification of address, proposed opening date;
- A schedule of the proposed staffing plan, as required in 12VAC 35-46-20.D.1 and § 12VAC 35-46- 320;
- Certificate of Occupancy (12VAC 35-46-20.D.1);
- The applicant’s proposed working budget for the year (12VAC 35-46-20.D.1);
- Evidence of financial resources, or, a line of credit sufficient to cover estimated operating expenses for ninety-days (12VAC 35-46-20.D.1);
- Copies of the resumes of all identified staff that are required within the staffing plan,
- Copy of Building Floor Plan with dimensions (12VAC 35-46-20.D.1);
- Current Health Inspection (12VAC 35-46-420.B); and
- Fire Inspection (12VAC 35-46-420 D.1-4).

The Licensing Specialist must:

- Review application and attachments within 45 days from the receipt of the Service Modification.
- Make contact via phone or email with the provider to acknowledge receipt of the Service Modification within 60 days from the receipt. Documentation of contact must be made within OLIS. CRF regulation § 110.C requires: “The provider shall be notified in writing within 60 days following receipt of the request as to whether the modification is approved or a new license is required.”
- Schedule and conduct site review within 90 days from the receipt of the Service Modification.
- The licensing specialist must inspect the location prior to opening, while also reviewing previous corrective action plans.

OLIS

Enter address of new location under appropriate service with effective date. Create modify license record, enter comments and date.

OTHER MODIFICATIONS

- Population Served (Age, Gender, Disability)- requires license change
- Address change- requires license change
- Number of beds or capacity- if residential, requires license change
- Telephone number change
- Service Description- may require license change
- Name change- requires license change
- Change or add geographic locations
- Other: _____

OLIS DATA ENTRY

- Modification information entered in OLIS application screen by Licensing administrative support; i.e., change of address, name of director, name of service, or capacity.
- Licensing Specialist reviews information submitted for compliance with regulations and creates license screen by clicking modification, entering modifications “licensed as” statement if necessary, and specialist comments, and date.
- Regional Manager or Associate Director will review OLIS data in licensing information record.
- Regional Manager or Associate Director will double check application information, program information and “licensed as” statements.
- Regional Manager or Associate Director will enter comments/recommendations regarding licensing and date. Regional Manager or Associate Director will issue with date.

ISSUANCE OF THE CONDITIONAL LICENSE

If the provider has no areas of noncompliance and the provider is compliance with human rights requirements, the specialist recommends a conditional license for the provider or service.

- A new provider and a new service will be issued a six-month **conditional** license, effective date of compliance with all regulations as determined by the Licensing Specialist. Conditional licenses are issued only for new (not currently licensed) services/providers, including services that are added to existing licensed providers.
- The Office will issue adult and children group home residential providers during the conditional period approval for 4 beds only.
- The Office will only issue one service license for a new provider during the conditional license period.
- **Providers and services will receive a second six-month conditional license** if it is determined that the provider is not compliant with all the regulations by evidence of a CAP issued.

OLIS DATA ENTRY

The licensing specialist completes the following in OLIS to issue a conditional license:

OLIS: Licensing Specialist Entry

Completes scoring of regulations for visit in OLIS. If regulations are still not in compliance, gives provider a CAP. When CAP is returned and accepted, specialist enters CAP response in OLIS. Specialist clicks on provider screen and goes to incomplete license screen created by entering initial application. Complete License Information. The specialist must estimate a future effective date for the provider. Do the same for all services. See Section H Below for “Licensed As” statement information. Indicates when **completely** ready for licensing by entering specialist comments and date. Check in the provider or service. Conditional license do not require all regulations be scored, but only those that can be evaluated prior to the initiation of services.

OLIS: Central Office Entry

Once the licensing specialist completes the initial review (See initial review protocol), determines to proceed with licensing, enters all information in OLIS, and makes Ready for Manager, the Regional Manager reviews the Ready for Manager Report and identifies for the Licensing Administrative Support licenses ready to issue.

The Regional Managers:

- Checks license information screens in OLIS.
- Checks license dates and types for accuracy.
- Reviews licensing specialist comments.
- Clicks on visit/summary button, checks visits, CAP completed and approved, and complaints closed.
- Enters recommendations and date.
- Prints off Read for Manager report and identifies for the Licensing Administrative Support which licenses

need to be printed.

The provider receives notification of the conditional license through receipt of the physical license signed by the Commissioner.

PENDING LICENSE LETTERS

A “Pending” letter may be necessary when the provider needs to and is ready to open before the Department can issue a physical license. In order for the Director to approve the conditional license and permit the pending letter be sent to the provider by the specialist;

- The licensing specialist must submit to their Regional Manager verification that the provider or service is in compliance via the Licensing database.
- The licensing specialist drafts the pending license letter based on information submitted. Sample letters are located in the Appendix and in the Office of Licensing Shared Drive. The licensing specialist must utilize the most up to date form letter.
- Once the letter is drafted and signed by the specialist, it can be faxed, emailed, or mailed to the provider. If emailed the licensing specialist must protect the document by sending the letter in PDF format. **The letter should never be sent in WORD format, to protect any alterations to the letter.**
- The licensing specialist must complete the licensing information in OLIS within 14 days to ensure the physical license can be signed by the Director and the Commissioner and issued within 21 days of the issuance of the pending license letter.
- The provider can submit the pending license letter to DMAS and/or Magellan to verify the provider is licensed.

“LICENSED AS” STATEMENTS

These are statements which appear on the license indicating what a service is licensed to do. They are entered on the license screens in OLIS.

PROVIDER and CRF LICENSES

Provider “licensed as” statements should state the type of service provided:

A PROVIDER OF MENTAL HEALTH, INTELLCTUAL DISABILITY, AND SUBSTANCE ABUSE SERVICES. Use capital letters.

- Stipulations (The word stipulation is not necessary.)
 - Stipulations on licenses refer to limitations on services or additional descriptive information that need to appear on the license. The provider may ask that a stipulation be added to the license or the licensing specialist may recommend a stipulation be added to more accurately describe services provided.
 - In cases where a stipulation is noted because of citations or systemic concerns- the provider will have to agree to a stipulation recommended by the Licensing Specialist in the “Recommendations” section of the CAP. The provider signing the CAP or sending back a response to the CAP without disputing the recommendation is considered “agreement by the provider” for the stipulation to be noted on their license.
 - Stipulations should be in capital letters and the word stipulation needs to be written in the field.
 - Stipulations must first be reviewed by the Regional Manager and received final approval from the Associate Director or Director.

SERVICE LICENSES

Service “licensed as” statements are formatted as follows:

An intellectual disability group home residential service for adults with intellectual disabilities and mental health. (This would be statement used for service serving dually diagnosed individuals with intellectual disabilities and mental health).

A substance abuse day support intensive outpatient service for adults.

A mental health intensive in-home service for children and adolescents and their families.

- Service stipulations should also be in lower case letters. The word stipulation is not necessary.
 - Stipulations on licenses refer to limitations on services or additional descriptive information that need to appear on the license. The provider may ask that a stipulation be added to the license or the licensing specialist may recommend a stipulation be added to more accurately describe services provided.
 - In cases where a stipulation is noted because of citations or systemic concerns- the provider will have to agree to a stipulation recommended by the Licensing

Specialist in the “Recommendations” section of the CAP. The provider signing the CAP or sending back a response to the CAP without disputing the recommendation is considered “agreement by the provider” for the stipulation to be noted on their license.

- Stipulations should be in capital letters and the word stipulation needs to be written in the field.
- Stipulations must first be reviewed by the Regional Manager and received final approval from the Associate Director or Director.

When renewing a license, the licensing specialist will review the “license as” statements for accuracy. The Regional Manager will verify that there are accurate “license as” statements and also that any licenses listed as “tracks” will be updated. There should be no license that is listed as a “track”.

COMMISSIONER SIGNATURE PROCESS FOR ISSUING A LICENSE

Regional manager will complete licensing process.

- Regional Manager reviews license screens, enters comments, issues and dates. License cannot be printed unless issued.
- Licensing administrative support will print license on parchment paper and “proof-read” license. If modification, go to Modifications.
- After the license has been printed, CO staff affixes a seal to each license that has the Commissioner’s signature.
- Licensing administrative support will hand stamp the organizational license with Director’s signature.
- Licensing administrative support will give license to Commissioner Support Staff on 13th floor and forward to Commissioner’s Office.
- License is then forwarded via Licensing mailbox on the 13th floor.
- Licensing administrative support obtains the license and makes a copy and files.
- Licensing administrative support then mails original license to the provider.

Addendums

Addendums to licenses can be modifications and/or service renewals.

1. If there is a modification to the provider license, the modification will be routed to the Commissioner, because this change requires a signature on the license.
2. Regional Manager approved modification then sends “ready for manager” report to licensing administrative support to print.
3. Licensing administrative support prints on parchment paper the addendum and mails it to the provider.

THE ANNUAL LICENSE

The provider applies for renewal while holding a conditional or provisional license or certificate and substantially meets or exceeds the requirements of these regulations and other regulations and statutes. The provider can be issued an annual license at any time if the provider shows any systemic deficiencies.

PLEASE NOTE FOR CRFs: 12VAC35-46-90.C.3 states: “an annual license or certificate and any renewals thereof shall not exceed a period of 36 successive months for all annual and renewals combined.”

The Licensing Specialist:

- Schedules an unannounced inspection prior to the expiration of the license. If the provider is on a conditional or provisional license, the provider must show that they substantially meets or exceeds the requirements of DBHDS regulations and other regulations and statutes. **Please note that a license shall not be renewed unless a renewal application has been received.**
- Conducts an unannounced inspection focusing on consumer and record information, and any other undetermined compliance items and prior noncompliance citations as indicated on previous CAP, if applicable.
- Reviews at least 10 % random sample of records (must be greater than 2). At any review, the licensing specialist should ask for records of clients involved in complaints or incident reports.
- Indicates in OLIS how many staff and client records were reviewed, who the licensing specialist met with, the purpose of the inspection, and cites any regulations that indicate noncompliance and/or undetermined compliance. The inspection must be entered into OLIS within 14 days and a CAP, if applicable must be issued to the provider within 30 days.
- Upon receipt of an acceptable Corrective Action Plan, enters pledged corrective action in OLIS with approval dates within 14 days of receipt and then closes the CAP within OLIS.
- Enters information under License Information, and licensing specialist comments and date.
- If a new provider is in substantial compliance, it may be issued an annual license, effective the day after the conditional license expires. (If it maintains substantial compliance during future reviews, it may be issued a triennial license, thereafter.)
- If a new provider is not in substantial compliance, it may be issued a provisional license for up to six (6) months, after which it must submit a renewal application and receive another inspection. For a provider coming off a conditional or provisional license, the maximum length of the subsequent license will be one year.
- If a new provider has no admissions or has not established a solid consumer base during the six- month conditional license period, it may be issued a second conditional license of

up to six (6) months. This is because the Office of Licensing cannot assess whether the provider has implemented systems to ensure ongoing compliance. At the end of this time frame, if the service has still not served consumers, it will not receive another license and the license will be closed from further action.

- Conduct an inspection of any provider on a conditional license within 30 days of the initial admission of an individual into the location.

Regional Managers:

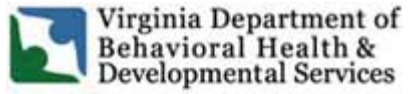
- Must review license, inspection, and accepted CAP prior to approval. The Regional Manager must indicate within “manager comments” section of license screen in OLIS the review of the inspection and accepted CAP.

THE TRIENNIAL LICENSE

The triennial license may be issued to a provider that currently holds an annual or triennial license issued by DBHDS, and has completed the annual period, and substantially meets or exceeds the requirements of these regulations and other applicable regulations and statutes.

The Licensing Specialist:

- Schedules an unannounced inspection prior to the expiration of the license. **Please note that a license shall not be renewed unless a renewal application has been received.**
- Conducts an unannounced inspection focusing on consumer and record information, and any other undetermined compliance items and prior noncompliance citations as indicated on previous CAP, if applicable.
- Reviews at least 10 % random sample of records (must be greater than 2). At any review, the licensing specialist should ask for records of clients involved in complaints or incident reports.
- Indicates in OLIS how many staff and client records were reviewed, who the licensing specialist met with, the purpose of the inspection, and cites any regulations that indicate noncompliance and/or undetermined compliance. The inspection must be entered into OLIS within 14 days and a CAP, if applicable must be issued to the provider within 30 days.
- Upon receipt of an acceptable Corrective Action Plan, enters pledged corrective action in OLIS with approval dates within 14 days of receipt and then closes the CAP within OLIS.
- Enters information under License Information, and licensing specialist comments and date.
- If a provider substantially meets or exceeds the requirements of these regulations and other applicable regulations and statutes it may be issued a triennial license, effective the day after the previous license expires.
- In making a decision about recommending the issuance of a triennial license, the specialist must consider complaint history, the seriousness of founded complaints, the number of non-compliances, and the responsiveness of providers in taking appropriate corrective action.
- If a provider is not in substantial compliance, it may be issued a provisional license for up to six (6) months, after which it must submit a renewal application and receive another inspection.
- Will use the same requirements for inputting data in OLIS (CAPs, inspections, complaints, and regulations) are the same for the triennial license as they are for taking a service off of provisional.
- A triennial provider license does not ensure that each service within that provider will



have a triennial license. A specific service within a provider may have a conditional, provisional, or annual license, although the provider may be licensed with a triennial license.

Regional Managers:

- Must review license, inspection, and accepted CAP prior to approval. The Regional Manager must indicate within “manager comments” section of license screen in OLIS the review of the inspection and accepted CAP.

THE PROVISIONAL LICENSE

A Provisional License will be issued to a provider for a service that has demonstrated an inability to maintain compliance with regulations, has violations of human rights or licensing regulations that pose a threat to the health or safety of individuals being served, has multiple violations of human rights or licensing regulations, or has failed to comply with a previous corrective action plan. A Provisional License may be issued at any time during a current licensing period.

- A Provisional License is issued to a provider/service to allow for continued operation, **providing** that substantial compliance with applicable regulations is achieved and maintained.
- A Provisional License may be issued for a period up to six months and may be renewed **once**. In no event will the total term of the license exceed six successive months. The provider must send a renewal application prior to the expiration of the license.
- The provider issued a provisional license will not be allowed to add beds, services, locations, expand the capacity of its services or conduct admissions during the provisional period.
- **A stipulation on the license must read: “A provider holding a provisional license for a service shall not increase its services or locations or expand the capacity of the service.” The stipulation shall also indicate the violations to be corrected and the expiration date of the provisional license. (12VAC35-105-50.2.f)**

Licensing Specialist must:

1. Be proactive in pursuing a provisional license. If the provider consistently has systemic deficiencies or does not comply with previously pledged and accepted CAPs then the licensing specialist should be aware that a provisional license would be pursued.
2. Communicate with the Regional Manager the intent to issue a provisional license and receive approval from the Regional Manager.
3. Create a “Letter of Intent” to provide a provisional license by utilizing the most up to date format and submit to the Regional Manager for review and approval.
4. When final approval is received from OAG, the licensing specialist must mail a certified letter to the provider.
5. If the provider does not respond for an informal conference within 10 days of the receipt of the certified letter, the licensing specialist will issue the provisional license beginning on the 10th day from the receipt of the certified letter. The licensing specialist will not issue the provisional start date from the date of expiration of the previous license (unless it is the 10th day from the receipt of the certified letter). The license will be issued for a period of six successive months.

Regional Manager must:

1. Review, make corrections if necessary, and send final draft of the “letter of intent” for a provisional to the Associate Director.

Associate Director must:

1. Review final draft and send to the Director for approval.
2. Director will send final draft to OAG for review.

Examples of when a provisional may be issued:

- Two subsequent reviews find multiple violations of different regulations or violations of the same regulation.
- Two subsequent reviews find a violation of any standards that address the health, safety or welfare of clients.
- Any review results in multiple violations of standards relating to the health, safety or welfare of clients.
- Multiple violations of Human Rights regulations.
- Failure to take documented corrective action previously submitted to and approved by the Office of Licensure.

Provisional Licenses may be issued only when:

- Continued operation of the provider/service would not pose a danger to the health, safety and welfare of individuals receiving services.
- The provider has submitted a Plan of Corrective Action, which addresses standards found to be in noncompliance unless the plan of correction is delayed beyond the license expiration date.
- Where feasible, corrective action has already been taken prior to issuing the Provisional License.
- When the above conditions have not been met, the Office of Licensing shall recommend instituting a denial to renew or revocation of the affected license.

Children’s Residential Facilities, provisional licenses can be issued only under the following circumstances:

- Two or more occasions when the same systemic deficiency has been identified without the service taking acceptable, documented corrective action.
- Two or more occasions when different systemic deficiencies have been identified without the service taking acceptable, documented corrective action.
- When a provisional license is issued, the Department of Social Services and the Office of Children’s Services (CSA) must be notified and informed whether the provisional license was issued due to systemic deficiencies related health and safety violations.

Monitoring the Provisional License:

1. The Office of Licensing may schedule a meeting with the provider to discuss the reasons for the provisional license and the steps the provider is taking to come into compliance.
2. For any provider who is currently on a provisional license an individualized schedule of inspection of each of the provider's licensed location will be established and approved by the Regional Manager. The inspections will occur no less than monthly while on Provisional license.
3. A provider/service holding a Provisional License may have that license renewed. Renewal of Provisional Licenses is contingent upon the licensee achieving substantial compliance with all applicable regulations and the development of an acceptable plan of corrective action that appears likely to maintain continued substantial compliance, and the findings of subsequent unannounced reviews by the Office of Licensing.
4. A Provisional License may be followed by an Annual or Triennial license for a period not to exceed one year. In no event will the renewal expiration date exceed the license expiration date of the provider.

DENIAL OF PROVIDER LICENSE

An application for a license or license renewal may be denied a conditional, annual, triennial or provisional license for one or more of the following reasons:

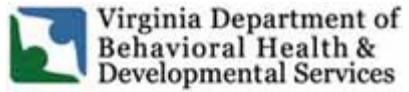
- The provider or applicant has violated any provisions of the Code of Virginia or DBHDS licensing regulations;
- The provider's or applicant's conduct or practices are detrimental to the welfare of any individual receiving services or in violation of human rights
- The provider or applicant permits, aids, or abets the commission of an illegal act;
- The provider or applicant fails or refuses to submit reports or to make records available as requested by the department
- The provider or applicant refuses to admit a representative of the department who displays a state-issued photo identification to the premises
- The provider or applicant fails to submit or implement an adequate corrective action plan; or
- The provider or applicant submits any misleading or false information to the department.

For Children's Residential Facilities:

- Violates any provision of applicable laws or regulations made pursuant to such laws;
- Has a founded disposition of child abuse or neglect after the appeal process has been completed;
- Has been convicted of a crime listed in § 37.2-416 or 63.2-1726 of the Code of Virginia;
- Has made false statements on the application or misrepresentation of facts in the application process;
- Has not demonstrated good character and reputation as determined through references, background investigations, driving records, and other application materials;
- Has a history of adverse licensing actions or sanctions;
- Permits, aids, or abets in the commission of an illegal act in services delivered by the provider; or
- Engages in conduct or practices detrimental to the welfare of any individual receiving services from the provider.

Licensing Specialist/Policy Review Specialist must:

1. Present evidence of reason to deny the provider or applicant's license to the Regional Manager or Licensing Office Manager and receive approval to write a "letter of intent".
2. Create a "letter of intent" to deny license using the most up to date form.
3. Submit final draft of "letter of intent" to deny license to Regional Manager or Licensing Office Manager to review, revise, and give approval.
4. When final approval is received from OAG then the Licensing Specialist or Policy Review Specialist will send the "letter of intent" to deny license via certified letter to the provider or applicant.
5. If the provider does not request an informal hearing within 10 days from the receipt of the



certified letter, the provider's license will be closed within OLIS on the 10th day.

Regional Manager/ Licensing Office Manager must:

1. Submit final draft of "letter of intent" to deny license to Associate Director to review, revise, and give final approval.

Associate Director/Director

1. Submit final "letter of intent" to deny license to the Director who will then send to the OAG office for approval.

REVOCATION OF PROVIDER LICENSE

A provider's license may be revoked from a conditional, annual, triennial or provisional license for one or more of the following reasons:

- The provider or applicant has violated any provisions of the Code of Virginia or DBHDS licensing regulations;
- The provider's or applicant's conduct or practices are detrimental to the welfare of any individual receiving services or in violation of human rights
- The provider or applicant permits, aids, or abets the commission of an illegal act;
- The provider or applicant fails or refuses to submit reports or to make records available as requested by the department
- The provider or applicant refuses to admit a representative of the department who displays a state-issued photo identification to the premises
- The provider or applicant fails to submit or implement an adequate corrective action plan; or
- The provider or applicant submits any misleading or false information to the department.

For Children's Residential Facilities:

- Violates any provision of applicable laws or regulations;
- Engages in conduct or practices that are in violation of statutes related to abuse or neglect of children;
- Deviates significantly from the program or services for which a license was issued without obtaining prior written approval from the department or fails to correct such deviations within the specified time;
- Permits, aids, or abets the commission of an illegal act in services delivered by the provider; or
- Engages in conduct or practices detrimental to the welfare of any individual receiving services.

Licensing Specialist must:

- Present evidence (previous CAPs, provisional letter) of reason to revoke the provider's license to the Regional Manager receive approval to write a "letter of intent" to revoke.
- Create a "letter of intent" to revoke license using the most up to date form.
- Submit final draft of "letter of intent" to revoke license to Regional Manager to review, revise, and give approval.
- When final approval is received from OAG then the Licensing Specialist will send the "letter of intent" to revoke license via certified letter to the provider or applicant.
- If the provider does not request an informal hearing within 10 days from the receipt of the certified letter, the provider's license will be closed within OLIS on the 10th day.

Regional Manager/ Licensing Office Manager must:

1. Submit final draft of "letter of intent" to revoke license to Associate Director to review, revise, and give final approval.

Associate Director must:

1. Submit final “letter of intent” to revoke license to the Director who will then send to the OAG office for approval.

RENEWAL OF PROVIDER LICENSES

The provider shall confirm his intent to renew the license prior to the expiration date of the license and notify the department in advance of any changes in service or location.

All renewal applications must be sent to the OL main office at P.O. Box 1797 Richmond, VA 23218. When the renewal application is received by OL, a Licensing Administrative Support will scan the renewal application and email to the appropriate Licensing Specialist. The Licensing Administrative Support will also enter the renewal application within the OLIS system.

Licensing Administrative Support:

1. Renewal applications must be sent to Licensing Administrative Support
2. Generate a renewal report listing providers with expiration dates in 90-120 days and send a renewal email reminding the provider of the upcoming expiration
3. Enter renewal application date and type in maintenance screen once application is received. If CORE service, must be entered on each individual screen.
4. Licensing Administrative Support enters renewal application date and updates information in OLIS based on input from provider.
5. Copy, scan, and email application to the appropriate specialist.

Licensing Specialist:

- The Licensing Specialist shall not renew a provider's license prior to the OL receiving a renewal application prior to the date of expiration.
- The Licensing Specialist can conduct an inspection at any time however, the Licensing Specialist cannot renew the license without receiving a renewal application prior to the date of expiration.
- The Licensing Specialist cannot issue a license without conducting an unannounced inspection within 90 days of the expiration of the license.
- If the OL does not receive a renewal application prior to the expiration of the license, the OL will not issue a "Licensing Status Letter".

Licensing Status Letter

A license shall continue in effect after the expiration date if the provider has submitted a renewal application before the date of expiration and there are no grounds to deny the application. The department shall issue a letter stating the provider or service license shall be effective for six additional months if the renewed license is not issued before the date of expiration.

Note: A Licensing Status Letter cannot be issued for Children's Residential Services

- If the OL does receive a renewal application prior to the expiration of the license and the Licensing Specialist is unable to conduct an unannounced inspection prior to the expiration of the license, then the Licensing Specialist shall submit a request to issue a Licensing Status Letter:
 - The request must be sent via email to the Director of Licensing (copy the Regional Manager and Associate Director) for approval.
 - The email must include:
 - A copy of the Licensing Status Letter drafted by the Licensing Specialist
 - Provider's Name
 - Type of Service
 - Date License Expires
 - Date License Renewal was submitted
 - Reason for issuing the Licensing Status Letter
 - The Licensing Specialist's plan for completing the outstanding licensing review of the renewal application:
 - Target date of inspection
 - Target date to issue CAP (if applicable)
 - Target date to receive CAP from provider (if applicable)
 - Target date to issue the license
 - Any anticipated barrier or problems to complete the renewal process
- The Director of Licensing will then approve, ask for clarification or additional information, or deny the request to issue a License Status Letter. Approvals from the Assistant If approval is given to issue Licensing Status Letter then the letter shall be protected from being changed by sending in PDF or password protected format. Mailing a copy of the letter to the provider is the safest way to avoid manipulation of the document.
- The Licensing Specialist is required the use the most up to date template of the Licensing Status Letter.
- The Licensing Specialist is required to assure that all the appropriate parties are in receipt of the letter.
 - MH/SA services require that Magellan is notified
 - ID services require that Xerox is notified
- The Licensing Status Letter shall not extend for 6 months past the license expiration.

- The Licensing Status Letter shall be method of last resort for the Licensing Specialist.
- If a CAP is issued, the Licensing Specialist shall not issue a license until an approved provider response is received.
- If there are grounds to deny the renewal then a Licensing Status Letter will not extend the expiration of the license.

Regional Manager:

- The Regional Manager will ensure that the Licensing Specialist follows the plan approved by the Director of Licensing for issuing the license of the provider.

UNANNOUNCED INSPECTIONS

The department shall conduct unannounced onsite reviews of licensed providers and each service at any time and at least annually to determine compliance with these regulations. The annual unannounced onsite reviews shall be focused on preventing specific risks to individuals, including an evaluation of the physical facilities in which the services are provided. The department may conduct announced and unannounced onsite reviews at any time as part of the investigations of complaints or incidents to determine if there is a violation of the regulations.

Licensing Specialist will for all services:

- The licensing specialist must make one unannounced inspection to each licensed service per year. The provider is not to be informed of these inspections in advance. The unannounced inspection is used to determine compliance with regulations in order to determine whether to issue or renew a license.
- During the unannounced inspection, the licensing specialist reviews a representative sample (10 or 10% whichever is less with a minimum of 2, unless there is only one person in the location) of client records and a representative sample of staff records, including records of staff hired since the last inspection.
- The licensing specialist reviews a portion of the regulations in preparation for issuing a license in the future.
- The licensing specialist asks to see new policies and procedures related to the regulations, if any.
- The licensing specialist monitors compliance with corrective action that was previously pledged and accepted.
- The licensing specialist interviews staff and clients.
- The licensing specialist will conduct a physical plant inspection.
- Unannounced investigation inspections may be counted as meeting the requirement of the yearly- unannounced inspection. The specialist must review regulations that are not directly related to the investigation
- Licensing Specialist must enter inspection information in OLIS within 14 days of inspection.

Other types of Unannounced Inspections

- Provisional License – For any provider who is currently on a provisional license an individualized schedule of inspection of each of the provider’s licensed location will be established and approved by the Regional Manager. The inspections will occur no less than monthly while on Provisional license

OLIS - Add an inspection

Complete all elements as applicable. Make sure to click on location where inspection took place. In summary description, note number of individual and employee records reviewed, number of staff interviewed, number of individuals served interviewed, and other actions taken during inspection. Enter citations and any comments to provider to appear on CAP on Additional Information Screen. Close CAP by entering date in approved date.

OTHER TYPES OF INSPECTIONS

Inspections for Modifications

- All new residential, inpatient, center-based, and opioid treatment locations must be inspected prior to opening.
- Non-centered based (places where clients do not receive services) locations may be added without a physical inspection if the existing provider has a triennial license and has not had significant health and safety violations in the last three years.
- Adding a service will require review of service modification application and required attachments.
- A licensing specialist may ask for any information needed to assure services will be provided as required and written within the provider’s policy. These may be announced and/or physical plant inspections.

In-Office Reviews or Consultations

- This includes but is not limited to categorize the following:
 - Review of new applications
 - Telephone calls
 - Review of responses to CAPs
 - Requested meetings of the licensing specialist or provider

CLOSING PROVIDERS/SERVICES

OLIS

Unlicensed Providers/Services

- Policy review specialists and licensing specialist will close providers/services assigned that have not had contact with the department within six months. This includes:
 - Failure to submit requested revisions within six months of the date the review letter was sent
 - Failure to submit a final manual within six months of the date the final request letter was sent
 - Failure to schedule an onsite visit within six months of assignment to a licensing specialist

- If an unlicensed provider/service is not licensed and should be closed, the policy review specialist/ licensing specialist should send an e-mail to the applicant via their last known e-mail address letting them know their application has been closed out utilizing the “Applicant Close Out” template letter. The supervisor of the policy review specialist/licensing specialist should be copied on the e-mail.
- Once the letter has been sent, the policy review specialist/licensing specialist must close the provider/service on the provider/service screens.
- The licensing administrative support should receive the application material and it should be filed in the closed files.

Licensed Providers/Services

A provider must notify the Office of Licensing that it is closing or that a service or location is closing. If the entire provider or a service is closing, the provider returns the license to the Office of Licensing.

- The licensing specialist must inform the regional manager, licensing office manager, licensing administrative support, and associate director about the pending closure, the closing date, and the reason for closure. The licensing specialist will close the provider/service on the service screen.
- The licensing office manager will ensure that the licensing administrative support moves the file to the closed file section.

Licensed Locations

A provider must notify the Office of Licensing that it is closing a location with the effective date.

- The licensing specialist will indicate on the location screen, closed date.

Failure to Renew License Process

Closure of providers who fail to submit License Renewal Applications

12VAC35-105-50. F states “A license shall continue in effect after the expiration date if the provider has submitted a renewal application before the date of expiration and there are no grounds to deny the application. The department shall issue a letter stating the provider or service license shall be effective for six additional months if the renewed license is not issued before the date of expiration.”

1. Providers are required to submit a renewal application prior to the expiration of their license in order to remain licensed.
2. Renewal applications must be sent to Licensing Administrative Support via fax or USPS. Renewal Application cannot be accepted by the Licensing Specialist in lieu of the provider sending the central office for processing.
3. The provider should request a receipt from central office that the renewal application has been received. It is the provider’s responsibility to ensure that their renewal application was received by central office and received prior to the date of expiration of the provider’s license.
4. Licensing Administrative Support will generate a renewal report-listing providers with expiration dates in 90-120 days and send a renewal email reminding the provider of the upcoming expiration. The email is generated from the contact information within OLIS. Therefore, the Licensing Specialist should ensure that the most up to date contact information is within OLIS for the provider’s assigned on their caseload.
5. Licensing Administrative Support will enter renewal application date and type in maintenance screen within OLIS, once application is received. If CORE service, must be entered on each individual screen.
6. Licensing Administrative Support enters renewal application date and updates information in OLIS based on input from provider on the renewal application.
7. Licensing Administrative Support copy, scan, and email application to the appropriate licensing specialist.

If the provider fails to submit a renewal application

1. The Regional Manager shall print out a report showing all license expirations for their region monthly and follow up with the Licensing Specialists about the inspection and receipt of renewal application.

2. The Regional Manager will confirm with Licensing Administrative Support that an email was sent to the provider reminding them of their expiration and to submit a renewal application.
3. If an email was sent, the Regional Manager should request the email for evidence and record this within OLIS.
4. If an email was not sent then the Licensing Specialist shall email the provider while CCing the Regional Manager at least 1 week prior to the expiration of the provider's license asking for the renewal application and giving them the expiration date and due date of the renewal application. The email should also state that failing to return the renewal application prior to expiration will result in closure of the provider's license. This email shall be inputted within OLIS.
5. If the provider fails to send in the renewal application prior to expiration of the license, then the Regional Manager shall notify the Associate Director and close the provider's license.
6. The Regional Manager shall issue a letter to the provider using the approved template for notification of license closure. If the letter is sent electronically it must be sent via PDF and cannot be sent via Word format.
7. The letter shall CC the Director, Associate Director, and assigned licensing specialist.

If a DD Provider:

- The Regional Manager shall copy DMAS of license closure.
- The Regional Manager shall send a separate email to Eric Williams, Director, Provider Development Division of Developmental Services and Challis Smith, Director, Office of Community Quality Improvement about closure, and notifying how many individuals are affected.

If a Mental Health Provider:

- The Regional Manager shall copy DMAS of license closure.
- The Regional Manager shall send a separate email to Mindy Conley, Director of Community Integration about closure, and notifying how many individuals are affected.

If a Substance Abuse Provider:

- The Regional Manager shall copy Magellan and DMAS of license closure.
- The Regional Manager shall send a separate email to Margaret Steele, Director, Office of Adult Community Behavioral Health.
If this involves an OTP, please notify the state methadone authority (Diane Oehl)

CITING VIOLATIONS AND CORRECTIVE ACTION PROCESS

CITING VIOLATIONS

- The licensing specialist must cite violations of regulation observed as the result of an inspection.
- Violation cited must be based upon concrete, documented evidence and reflected in the corrective action plan.
- If a violation occurs repeatedly, is reflective of the operation of a significant portion of a service, or is very serious and impacts health and safety, it should be cited as a systemic violation.
- The Office of Licensing accepts citations from the Office of Human Rights and evaluates them based upon the written evidence cited by the Office of Human Rights and enters them in OLIS.
- A CAP shall be issued to the provider no later than 30 days after the completion of the inspection/investigation. CAPs include can include the following citations:
 - **N= Non-Compliance:** There is evidence to show that the provider is in non-compliance of the regulation.
 - **NS= Systemic Non-Compliance:** There is evidence of violations documented by the department that demonstrate defects in the overall operation of the facility AND/OR one or more of its components.
 - **ND= Non-Determined Compliance:** There is not enough evidence present to determine if the provider is in compliance of the regulation.

ISSUANCE OF CAP

Inspections:

- Inspections are all announced/unannounced inspections that occur for the purpose of licensure renewal and/or required annual inspections of the service. An inspection **cannot** be a direct result of a complaint, CHRIS report (report of death, serious injury, abuse, neglect), or an investigation.
- The licensing specialist must issue a notice of non-compliance (Corrective Action Plan (CAP) when an inspection or office review reveals a violation(s) of a licensing regulation, no later than 30 days after the inspection. The regulation number and description of the violation is provided to the service to develop a systemic response to correct the violations cited.

Investigations:

- **An investigation is any “inspection” that is a result of a complaint, CHRIS report (report of death, serious injury, abuse, neglect), or an investigation. The result MUST be entered under the “investigations” tab within OLIS. The investigation number, which is generated from OLIS, MUST also be inputted into CHRIS under the “LSA” (Licensing Specialist Actions tab).**
- The licensing specialist must issue a notice of non-compliance CAP when an investigation

reveals a violation(s) of a licensing regulation, no later than 30 days after the completing the investigation (interviews, record reviews, etc.). However, if during a complaint investigation, the licensing specialist is unable to issue the CAP within the 30-day timeframe due to waiting for additional information, e.g. autopsy report, police report, etc, then the licensing specialist must receive approval from the regional

manager and notify the provider in writing of the reason for the delay and an estimated time of completion.

- If the additional information has not been received during the next 10 days, the licensing specialist will issue the CAP, making the best decision possible with the existing information. The specialist may inform the provider that when he receives and reviews the missing information, the CAP may be subject to change, based on the additional violations noted as a result of the missing information. The regulation number and description of the violation is provided to the service to develop a systemic response to correct the violations cited.

FORMAT OF CAPS

- Licensing Specialist must write CAPs in a similar format. All citations must include the appropriate regulation number and the appropriate regulation. The format for citations is to be written within the “Description of Non-Compliance” section of the CAP:
 - **Non-Compliance:** “The provider was found to be in non-compliance by evidence of...” ALTERNATIVELY “This regulation was not met by evidence of...”

Description of Non-Compliance
<p>B. The provider shall implement annual emergency preparedness and response training for all employees, contractors, students, and volunteers.</p> <p>Provider was found to be in non-compliance. Inspection was completed on 8/25/16. Employee #4's file showed no evidence of annual emergency</p>

OR

Description of Non-Compliance
<p>Supervision shall be appropriate to the services provided and the needs of the individual. Supervision shall be documented.</p> <p>This regulation was NOT MET as evidenced by the absence of documentation of supervision. The owner reported that there is currently no staff available to provide supervision and that the licensed mental health professional hired has been unavailable and non-responsive since October 1, 2016.</p>

- **Systemic Non-Compliance:** The provider shall list the dates of when the provider was previously cited on the regulation (if applicable). The regulation can also be systemic if there more than one component in non-compliance. “The provider was found to be in systemic non-compliance by evidence of... The provider was previously cited on this regulation on (enter the appropriate

dates) 8/15/16, 1/20/16, and 10/12/15. “ OR “This regulation was not met and was found to be systemic by evidence of... (then list the dates of previous non-compliance, if applicable).

Description of Non-Compliance
<p>B. The provider shall update the ISP at least annually. The provider shall review the ISP at least every three months from the date of the implementation of the ISP or whenever there is a revised assessment based upon the individual's changing needs or goals. These reviews shall evaluate the individual's progress toward meeting the plan's goals and objectives and the continued relevance of the ISP's objectives and strategies. The provider shall update the goals, objectives, and strategies contained in the ISP, if indicated, and implement any updates made.</p> <p>Provider was found to be in Systemic Non-Compliance. Provider was previously cited on this regulation 12/28/15, 1/29/16, 3/25/16, 4/29/16, 6/27/16 and 7/26/16. Inspection was completed on 8/23/16</p> <p>Individual #1's file showed no evidence of a quarterly review since 2013. Individual's #2's file showed no evidence of a quarterly review.</p> <p>Individual #1 and #2's file showed no evidence of a PCP from the provider.</p>

OR

Description of Non-Compliance
<p>The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: relevant and attainable goals, measurable objectives, and specific strategies for addressing each need.</p> <p>This regulation was NOT MET and is in Systemic Non-Compliance as evidenced by the areas of needs not being addressed for Individual #1 within the ISP. The provider was last cited on this regulation on 9/27/16.</p>

- **Non-Determined Compliance:** “The provider was found to be in non-determined compliance. Inspection was completed on (enter date)”.

Description of Non-Compliance
<p>C. The provider shall meet the following staffing requirements related to supervision. 7. Supervision of(intellectual disability) services shall be provided by a person with at least one year of documented experience working directly with individuals who have intellectual disability or other developmental disabilities and holds at least a bachelor's degree in a human services field such as sociology, social work, special education, rehabilitation counseling, nursing, or psychology. Experience may be substituted for the education requirement.</p> <p>Provider was found to be in non-determined compliance. Inspection was completed on 4/21/16.</p> <p>Employee #3 is in a position of a supervisor but there is not enough evidence within the employee's file to determine if the employee meets the qualifications.</p>

TIME FRAMES

- The licensing specialist must issue the CAP within **30 days** from the date of the inspection and/or investigation completion.
- Corrective Action Plans (CAPs) must be returned to the licensing specialist no later than **15 business days** from the date of the CAP issuance. Date of notification is defined as the date that the CAP is faxed, mailed, or hand delivered to the provider. **An immediate corrective action plan shall be required if the department determines that the violations pose a danger to individuals receiving the service.**

EXTENSIONS OF THE CAP DUE DATES

The licensing specialist may extend the due date of a CAP when:

- The request for extension is received **prior** to the original due date.
- The extension will not impact client health and safety.
- The provider may have up to 10 additional business days to submit the CAP.

Licensing Specialist: Documentation of an extension **must** be entered in the comments section of the CAP, and the new date is entered under date due on the OLIS Inspection screen.

Citing Failure To Return Cap In A Timely Manner

- The licensing specialist **must** issue a citation of noncompliance with regulation 170.D or 80.D (children's residential facility) if the CAP is not returned by the due date. To do this, enter an in-office review inspection in OLIS, citing regulation 170.D or 80.D (children's residential facility). Notify the service by issuing an additional CAP with the new violation.

CRITERIA FOR AN ACCEPTABLE CAP

- Addresses all problems documented in each violation.
- Description of the corrective actions to be taken that will minimize the possibility that the violation will occur again;
- Date of completion for each corrective action
- Signature of the person responsible for the service.

Licensing Specialist Must:

- Enter the acceptable returned CAP into OLIS within **30 days** within the "Provider's Response" section of OLIS **from** date of acceptance.

Entering returned CAP information into OLIS

- The provider’s response in the “actions to be taken” section of the CAP to each cited regulation should be copied and pasted in the OLIS Visit Regulations screen within 30 days from the date of acceptance.
- If pledged actions for each regulation are accepted, enter “OL: Accepted. The date of acceptance. Licensing Specialist Initials”, indicating when accepted on OLIS CAP screen.
- If there were previous “not acceptable” response from the provider, the licensing specialist should copy and paste all the correspondence between the licensing specialist and the provider. Please see example below.
- CAPs should be closed in OLIS prior to issuing a license. If different actions are taken then it should be approved by the Regional Manager in consultation with the Associate Director and then notated in OLIS.
- **Please Note that CAPs will not be displayed on the OL website until the CAP is closed in**
- **OLIS. Not closing a CAP will appear, to the public, that the provider never received a CAP.**

Actions to be Taken

10% percent of charts will be audited each month for compliance with an Intake and Initial ISP, with oversight by the Program Director, Treatment Service Coordinator, Clinical Supervisor, Regional Directors, Zone Directors, and Corporate Compliance Team.

OL: Unacceptable. The provider did not address the citation of the comprehensive ISP not being completed within 30 days of admission and the ISPs not being person-centered. 5/3/16.ABC

10% percent of charts will be audited each month for compliance with an Intake and Initial ISP, with oversight by the Program Director, Treatment Service Coordinator, Clinical Supervisor, Regional Directors, Zone Directors, and Corporate Compliance Team. PD/TSC along with clinical supervisor will continue to provide training monthly on person centered comprehensive ISP’s. Program Director and Treatment Services Coordinator will review new intake charts within 3 weeks of intake date to ensure completion of comprehensive ISP.

OL: Acceptable. 5/19/16. ABC

FAILURE TO RETURN AN ACCEPTABLE CAP

- If a provider does not submit an acceptable action plan for each violation cited within 15 days or within two CAP submissions, consultation with the Regional Manager is necessary to determine further licensing action.

Unacceptable CAPs - Licensing Response

- Document in the Comments section on the OLIS CAP screen that the CAP has been returned to the provider, and the date that the revised CAP is due.
- Provide the provider with a copy of the revised CAP, which includes the provider responses and the designations of “unacceptable” for each violation cited.
- The licensing specialist should notate within the “actions to be taken” section of the CAP the following: “OL: Unacceptable. The reason for it being unacceptable. The date of the review of CAP. The licensing specialist initials”

MONITORING CAPS

- Violations noted in CAPs will be assessed by the Licensing Specialist for compliance with pledged corrective actions at the next unannounced inspection or sooner.
- Health and safety related CAPs will be assessed for compliance by the licensing specialist within 30 business days of the acceptance of the completed CAP

Examples of health and safety citations are but are not limited to:

- Violations of Human Rights Regulations regarding abuse and neglect
 - Violations of a provider not reporting abuse, neglect, serious injuries, and/or deaths.
 - Violations regarding the physical plant posing safety concerns to the individuals being served.
 - Violations regarding employees or those working directly with the individuals not having appropriate background checks.
 - Violations regarding employees or those working directly with the individuals not being appropriately trained to meet the individual's needs.
 - Violations regarding inappropriate staffing or staffing ratios.
 - Violations regarding medication administration.
 - Violations regarding responding appropriately to crisis or emergency situations regarding the individuals.
 - Violations regarding the inappropriate use of behavior interventions.
 - Violations regarding emergency preparedness.
 - Violations regarding risk management.
 - Violations regarding physical environment
- Licensing specialists will determine in consultation with the regional manager if ongoing monitoring procedures are needed. Significant health and safety CAPs will result in at least 30 business days until the conditions are corrected and a provisional license or revocation of license should be considered.

DISPUTE OF CITATION OR CAP ISSUED

If a Provider disagrees with a citation on a Corrective Action Plan (CAP):

1. Provider will attempt to resolve any questions about the citation informally with the Licensing Specialist, either face-to face, via a phone call or e-mail **before** the CAP is due.
2. If the Licensing Specialist agrees with the provider, then a revised CAP shall be issued by the Licensing Specialist.
3. If the issue is not resolved before the CAP is due, the provider will note on the CAP in the “actions to be taken” section, of the citation disputed that the provider does not agree with the citation and reasons for the disagreement. The provider may submit supporting documentation. The Licensing Specialist will respond in writing to the disputed citation within **20 business days**.
4. If the Licensing Specialist agrees that the citation is incorrect, the Specialist will remove it from the CAP.
5. If the Licensing Specialist continues to support the citation, the Licensing Specialist will state the reasons why the citation is correct within the CAP.
6. If the provider wishes to appeal this citation, the provider has **10 business days** to appeal the citation and request a meeting with the Regional Manager. This meeting may be in person or by phone.
7. The Regional Manager will schedule this meeting within **10 business days**, from the date of the request, to schedule a CAP Dispute Meeting.

Process of CAP Dispute Meeting

- The purpose of the CAP resolution process meeting is fact-finding and should include open discussion of the dispute issues to promote understanding of the provider’s position of citations issued. Accordingly, the provider and licensing specialist are encouraged to present information relevant to the grievance at this meeting. While the parties may question one another regarding disputed facts and issues, the meeting should not be adversarial or treated as a hearing. No decisions will be made at the time of this meeting and the information will be gathered from the meeting and discussed with the Associate Director and Director of Licensing to make a final decision.
- The Regional Manager is charged with presiding over the meeting and must do so in an even-handed manner. Thus, for example, while the Regional Manager could limit the introduction of repetitive information, he/she should not prohibit a provider or licensing specialist from disclosing relevant information not previously provided.
- The meeting must not be recorded unless one of the parties has a disability that would be accommodated by recording the meeting, or if both parties mutually agree to record the meeting (such an agreement must be in writing). If recorded, the other party may request a copy, provided that duplication expenses are paid by the requesting party.
- The provider may select a person who is essentially one of supporter and counselor. The selected individual is not entitled to be an active participant in the CAP resolution meeting. The selected individual may not directly ask questions of the Licensing Specialist or Regional Manager, make opening or closing arguments, answer questions on behalf of the provider or in any other way directly participate in the meeting.
- For a provider’s right to be accompanied by a person of his or her choice is to be meaningful,

the selected individual cannot be required to act merely as a silent observer. Rather, the individual selected by the provider must be allowed the opportunity to interact with the provider during the CAP resolution meeting, provided the interaction is not unduly disruptive or disrespectful of others present. Examples of appropriate interaction include conferring quietly or exchanging notes.

- After the CAP dispute meeting, the Regional Manager will make a decision in consultation of the Director of Licensing/Associate Director.
- The Director/Associate Director will issue a final decision regarding the citation within 10 business days.
- If the citation is upheld, the provider will have 10 days to submit the corrective action plan. If the citation is not upheld, the Office of Licensing will remove the violation from the CAP.
- Nothing in this procedure will prevent the Office of Licensing from enforcing immediate corrective action where the violation presents a threat to health and safety.
- **A license shall continue in effect after the expiration date if the provider has submitted a renewal application before the date of expiration and there are no grounds to deny the application. A letter may be issued by the Department for the provider or service if the CAP is in process or if the license is not issued prior to the date of expiration.**

FAILURE TO PROVIDE INTERNAL INVESTIGATION OR OTHER INFORMATION NEEDED TO INVESTIGATE A COMPLAINT

If a provider refuses to provide a copy of its internal investigation or other necessary information to investigate a complaint, the licensing specialist must take the following steps in order of priority:

- Review regulations 12 VAC 35-105-70, 80, 160.D (or regulation 230 of the children's residential facility regulation) with provider to demonstrate the requirement for compliance.
- If the provider refuses permission to review the internal investigation on-site, ask the provider to write its own summary of the incident and have the CEO/executive director sign it, attesting to its veracity. The summary must include descriptions about the nature of the incident, the course of their investigation, and their findings.
- If the provider continues to refuse to share necessary information, the licensing specialist will inform the provider that it will be cited for noncompliance for regulations 12 VAC 35-105-70, 80, 160.D (or regulation 230 of the children's residential facility regulations) and that the CAP will not be accepted until the provider has satisfied the requirements of these regulations. Remind the provider that failure to comply with these regulations could have a negative impact on the status of the license.

PRIVACY GUIDANCE FOR DOCUMENTING INVESTIGATIONS

- A. The HIPAA Privacy Rule regulates how covered entities use and disclose certain individually identifiable health information, called protected health information (PHI). This information must relate to:
- The past, present, or future physical or mental health, or condition of an individual;
 - The provision of health care to an individual; or
 - Payment for the provision of health care to an individual
- B. Protected Health Information
- Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information. **However, the inclusion of any of the following elements results in disclosure of individually identifiable health information in violation of HIPAA and MUST be removed from all Corrective Action Plans (CAPs) and any OLIS screens that feed into the CAP (currently the *Inspection screen*). Again, the following information MUST ALWAYS be left out of the OLIS Inspection tabs/screens,** failure to do so may result in a HIPAA violation:
 - Names;
 - All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
 - The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
 - The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000;
 - All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such age and elements may be aggregated into a single category of age 90 or older;
 - Telephone numbers;
 - Fax numbers;
 - Electronic mail addresses;
 - Social security numbers;
 - Medical record numbers;
 - Health plan beneficiary numbers;
 - Account numbers;
 - Certificate/license numbers;
 - Vehicle identifiers and serial numbers, including license plate numbers;
 - Device identifiers and serial numbers;

- Web Universal Resource Locators (URL's)
 - Internet Protocol (IP) address numbers;
 - Biometric identifiers, including finger and voice prints;
 - Full face photographic images and any comparable images; and
 - **Any other unique identifying number, characteristic, or code.**
- Health information is not considered individually identifiable health information when:
- The workforce member disclosing the information has no actual knowledge that the information could be used alone or in combination with other information to identify an individual who is the subject of the information; and
 - The elements of individually identifiable health information with regards to the individual, his relatives, employers, or any household members of the individual have been removed. Health information that has been de-identified in accordance with the HIPAA Privacy Rule is no longer PHI, and workforce members may use or disclose such health information without being in violation of the HIPAA Privacy Rule.

Example 1: Revealing Occupation

Imagine a covered entity was aware that the occupation of a patient was listed in a record as "former president of the State University." This information in combination with almost any additional data-like age or state of residence- would clearly lead to an identification of the patient. In this example, a covered entity would not satisfy the de-identification standard by simply removing the enumerated identifiers in §164.514(b)(2)(i) because the risk of identification is of a nature and degree that a covered entity must have concluded that the information could identify the patient. Therefore, the data would not have satisfied the de-identification standard's Safe Harbor method unless the covered entity made a sufficient good faith effort to remove the "occupation" field from the patient record.

Example 2: Clear Familial Relation

Imagine a covered entity was aware that the anticipated recipient, a researcher who is an employee of the covered entity, had a family member in the data (e.g., spouse, parent, child, or sibling). In addition, the covered entity was aware that the data would provide sufficient context for the employee to recognize the relative. For instance, the details of a complicated series of procedures, such as a primary surgery followed by a set of follow-up surgeries and examinations, for a person of a certain age and gender, might permit the recipient to comprehend that the data pertains to his or her relative's case. In this situation, the risk of identification is of a nature and degree that the covered entity must have concluded that the recipient could clearly and directly identify the individual in the data. Therefore, the data would not have satisfied the de-identification standard's Safe Harbor method.

Example 3: Publicized Clinical Event

Rare clinical events may facilitate identification in a clear and direct manner. For instance, imagine the information in a patient record revealed that a patient gave birth to an unusually large number of children at the same time. During the year of this event, it is highly possible that this occurred for only one individual in the hospital (and perhaps the country). As a result, the event was reported in the popular media, and the covered entity was aware of this media exposure. In this case, the risk of identification is of a nature and degree that the covered entity must have concluded that the individual subject of the information could be identified by a recipient of the data. Therefore, the data would not have satisfied the de-identification standard's Safe Harbor method.

Example 4: Knowledge of a Recipient's Ability

Imagine a covered entity was told that the anticipated recipient of the data has a table or algorithm that can be used to identify the information, or a readily available mechanism to determine a patient's identity. In this situation, the covered entity has actual knowledge because it was informed outright that the recipient can identify a patient, unless it subsequently received information confirming that the recipient does not in fact have a means to identify a patient. Therefore, the data would not have satisfied the de-identification standard's Safe Harbor method.

PROCEDURES TO DENY, REVOKE, SUSPEND OR IMPOSE SANCTIONS ON A LICENSE

These procedures apply where violations have occurred that cannot be or have not been addressed through the usual corrective action process. The Commissioner is authorized to impose a variety of sanctions against private and public providers and public hospitals, facilities or services licensed or funded by the Department (“provider”) based upon a finding of noncompliance with Virginia Code § 37.1-84.1, the *Rules and Regulations for the Licensing of Providers of Behavioral Health and Developmental Services* (“Licensing Regulations”), and the *Rules and Regulations To Assure the Rights of Patients of Psychiatric Hospitals and Other Psychiatric Facilities Licensed by the Department of Behavioral Health and Developmental Services* (“Human Rights Regulations”). Because the denial, revocation, or suspension of a license or the imposition of sanctions on a license may be considered restrictions on the ability of a provider to conduct business, the provider is entitled to due process procedures before such a restriction is imposed.

Range of Sanctions Available to DBHDS

1. Revocation, suspension or refusal (denial) of issuance of license

- Virginia Code § 37.2-418 authorizes the Commissioner to refuse (deny) applications for licensing or license renewals and revoke or suspend a license based on any of the following criteria found in Virginia Code § 37.2-418:
- Violation of any provision of the licensing chapter of the Code or of any applicable and valid rule or regulation made pursuant to the Code provisions;
- Permitting, aiding, or abetting the commission of an illegal act in services delivered by a provider; or
- Conduct or practices detrimental to the welfare of any individual receiving services from a provider.

Applications for licenses to operate children’s residential facilities (CORE) may be denied pursuant to 12VAC 35-46-120 when the applicant:

- Violates any provision of applicable laws or regulations;
- Has a founded disposition of child abuse or neglect after the appeal process has been completed;
- Has been convicted of a crime listed in Virginia Code § 37.2-408.1 and 63.1-248.7:2;
- Has made false statements on the application or misrepresented facts in the application process; or
- Has not demonstrated good character and reputation.

Licenses to operate a children’s residential facility may be revoked pursuant to 12VAC 35-46-130 when the licensee:

- Violates any provision of applicable laws or regulations;
- Permits, aids or abets the commission of any illegal act in the facility;
- Engages in conduct or practices which are in violation of statutes related to abuse or neglect of children;
- Deviates significantly from the services for which the license was issued without obtaining prior approval or fails to correct such deviations; or
- Engages in a willful action or gross negligence which jeopardizes the care or protection of residents.

When the provider is notified in writing of the Department's intent to revoke, suspend or refuse to issue a license, it will be also be provided the information upon which that determination was made.

Issuance of Special Orders (Sanctions)

If, following an informal conference, it is determined that a provider is not in compliance with applicable statutory and regulatory provisions that adversely impacts the human rights of consumers or poses an imminent and substantial threat to the health, safety, and welfare of consumers, pursuant to Virginia Code § 37.2-418, the Commissioner may issue a special order imposing any of the following sanctions or civil penalties:

1. **Probation:** The Commissioner may place the license of a provider on probation for a specified period of time, with appropriate terms and conditions.

Probation means placing appropriate and specific terms and conditions upon an existing license for a specified period of time. Such terms and conditions could include restrictions on admission, mandated hiring of consultants to correct systemic deficiencies, or the submission of scheduled performance reports. The OL will monitor compliance with all terms and conditions. Failure to comply with the imposed terms and conditions may lead to a specified outcome, such as the convening of a formal administrative hearing to consider suspension, revocation of the license, or the imposition of additional terms and conditions.

- **Reduce Capacity/Prohibit New Admissions:** If there is a finding that the provider cannot make necessary corrections to achieve compliance with applicable regulations, the Commissioner may order a temporary restriction of the provider's scope of service.
- **Require Public Announcement of License Status:** The Commissioner may require that a provider that has been issued a provisional license or has had its license placed on probation or otherwise sanctioned, place a notice of such action in a prominent place at each of the provider's public entrances.
- **Mandate Training:** If it is determined that a lack of training has led directly to violations of applicable regulations, the Commissioner may mandate training for employees of the provider, with costs to be borne by the provider.
- **Assess Monetary Penalties:** The Commissioner is authorized by Virginia Code § 37.2-405 to may assess monetary penalties of not more than \$500 per violation per day, based upon a finding that the provider is substantially out of compliance with the Human Rights Regulations and that the health or safety of consumers is at risk.
- **Withhold Funds:** Providers that receive public funds may have such funds withheld by the Commissioner, based upon a finding that the provider is in violation of the Human Rights Regulations.

Process for Recommending Negative Action

Staff of the Office of Licensing (OL) and the Office of Human Rights (OHR) will monitor all providers' compliance with applicable statutes and regulations. Providers will be informed of any citations of noncompliance and will be encouraged to develop Corrective Action Plans ("CAPs") which appropriately address the cited deficiencies. When:

2. A CAP does not adequately address the cited areas of noncompliance;
3. Non-compliances meet statutory or regulatory requirements for denial, revocation, or sanctions; and/or
4. When there is no success in reaching an agreement with the provider on necessary remedial measures, the OL may recommend the denial, revocation, or suspension of a license or the imposition of sanctions.

The process for recommending initiation of negative action includes the following steps:

5. The licensing specialist notifies the applicant/provider of the specific inadequacies in the CAP.
6. The licensing specialist documents the history of inspections and investigations and the inadequacies in the provider's CAP.
7. The licensing specialist provides a copy of all documentation and a recommendation for initiation of specific negative action to the Regional Manager who then notifies the Associate Director and the Director of the OL.
8. The OL will develop a letter for the Director of Licensing to the provider outlining the reasons for the negative action.
9. The Director will seek legal guidance from the Office of the Attorney General (OAG) as to whether the grounds for denial articulated in the supporting documentation and letter meet statutory or regulatory requirements.
10. After OAG guidance is obtained, the decision will be finalized. The letter for the Director's signature notifies the provider of the specific areas of noncompliance, the right to request an informal conference or the scheduling of an informal conference and the range of possible sanctions that may result from the case decision and the informal conference. The Director will review the documentation and recommendations and determines whether negative action will be taken will be initiated.

Process for Summary Suspension

If a licensing specialist identifies conditions or practices exist that post an immediate and substantial threat to the health, safety, and welfare of the individuals living within the service, the following steps will be taken by the Office of Licensing in accordance with the current Office of Licensing protocols:

- When the licensing specialist identifies that conditions or practices exist that pose an immediate and substantial threat to the health, safety, and welfare of the individuals receiving services, the licensing specialist shall notify the Regional Manager who will consult with the Associate Directors and Director of Licensing **within the same day**.

- The Regional Manager will also submit an internal alert with pertinent information to the Associate Director and Director of Licensing. This information will be shared with the appropriate Assistant and Deputy Commissioners
- **Within the same day**, the licensing specialist will provide documentary evidence to show that conditions or practices exist at the service that pose an immediate and substantial threat to the health, safety, and welfare of the individuals living there to the Regional Manager, both Associate Directors and Director of Licensing.
- A determination will be made as to whether there is enough evidence to demonstrate that an immediate and substantial threat exists. Due to the quick turnaround nature of the summary suspension process, and the imminent danger that exists, it is possible the specialist may need to work additional hours during this short time period in order to have work completed within the required timeframes.
- If a determination is made that there is enough evidence, the Director of Licensing or their designee shall consult with the OAG and the Commissioner or the Commissioner's designee **by the next day**.
- If the OAG advises to move forward with the summary suspension, the Licensing Office Manager shall contact the Supreme Court of Virginia at hearingofficer@vacourts.gov to have a hearing officer assigned in accordance with 12VAC35-105-115(B).
- Once a hearing officer is assigned, the Licensing Officer Manager shall e-mail the assigned hearing officer the department approved engagement letter.
- If the hearing officer declines the assignment, then the Licensing Office Manager will contact the Supreme Court of Virginia to have another hearing officer assigned.
- While the Office Manager is working to secure the hearing officer, the Licensing Specialist will work in conjunction with the Regional Manager and licensing leadership to complete a formalized licensing report for the unannounced inspection or investigation.
- In addition, the licensing specialist will gather all of the documentation necessary for the Associate Director of Licensing, Regulatory Compliance, Quality and Training to write the letter notifying the provider that their license has been summarily suspended and that the department intends to seek a denial, revocation, etc. of their license. This is one letter that includes both the Order of Summary Suspension as well as the Notice of Intent to revoke, deny, etc. the license. The letter shall include the following information:
 - The specific areas of noncompliance that demonstrate an immediate and substantial threat to the individuals receiving services exist;
 - The negative action that is being taken in conjunction with the summary suspension (denial, revocation, or other);
 - The provider's right to request an informal conference;
 - The range of possible sanctions that may result from the case decision; and
 - The date, time, and location of the summary suspension hearing.
- Once the letter is written, the Associate Director for Licensing, Regulatory Compliance, Quality and Training will send the completed draft to the licensing specialist, Regional Manager, Associate Director for State Licensing Operations and the Director of Licensing for their review and edits.
- The Associate Director for Licensing, Regulatory Compliance, Quality and Training will incorporate all edits received prior to sending a finalized draft to the OAG.
- Once a date has been finalized with the Hearing Officer and the OAG, the Licensing Office Manager shall arrange for a conference room that is large enough to accommodate everyone and shall notify the licensing specialist, Regional Manager, Associate Director, and Director of the meeting location.

- The Associate Director for Licensing, Regulatory Compliance, Quality and Training shall add the meeting location, time, and date to the final approved letter.
- While the OAG is approving the combined Order of Summary Suspension and Letter of Intent, the licensing specialist shall be putting together the documentary evidence into an evidence binder. The evidence binder shall be approved by the Regional Manager.
- An evidence binder shall be sent to the OAG's office as soon as possible for final approval.
 - The Regional Manager shall work with the Licensing Office Manager to have an Administrative Assistant deliver the evidence binder to the OAG office for final approval.
- Once final approval has been received, the Regional Manager shall work with the Licensing Office Manager to have all required number of evidence binders created and delivered to the appropriate parties. Licensing Administrative Assistants will have the primary responsibility for creating the evidence binders with oversight from the Licensing Office Manager.
- The Licensing Office Manager shall arrange for a department approved courier to deliver the Summary Suspension Order/Notice of Intent and the evidence binder to the provider.
- The Director of Licensing or designee shall contact the appropriate agencies to inform them of the action and ensure that the case manager notifies ARs or legal guardians or responsible family members are informed of the pending action.
- The hearing officer will arrange for a pre-hearing phone call. The Licensing Officer Manager will need to arrange for a department approved court reporter for the call.
- The Licensing Officer Manager will also need to arrange for a department approved court reporter for the summary suspension hearing date.
- The hearing shall take place within **three business days** of the issuance of the order of summary suspension in accordance with 12VAC35-105-115(D).
- The department shall have the burden of proving that it had reasonable grounds to require the licensee to cease operations during the pendency of the concurrent revocation, denial, or other proceeding according to 12VAC35-105-115(E).
- The hearing officer shall provide written findings and conclusions together with a recommendation as to whether the license should be summarily suspended to the commissioner within **five business days** of the hearing in accordance with 12VAC35-105-115(F).
- The commissioner shall issue a final order of summary suspension or make a determination that the summary suspension is not warranted based on the facts presented and the recommendation of the hearing officer within **seven business days** of receiving the recommendation of the hearing officer in accordance with 12VAC35-105-115(G).
- The letter from the commissioner shall include the following (i) the basis for accepting or rejecting the hearing officer's recommendation, and (ii) notice that the provider may appeal the commissioner's decision to the appropriate circuit court no later than **10 days** following issuance of the order. If the commissioner decides not to issue a final order of summary suspension, the letter shall state that the summary suspension is not warranted by the facts and circumstances presented and that the order of summary suspension is rescinded.
- The Licensing Office Manager shall arrange for a department approved courier to deliver the commissioner's final order of summary suspension.
- Once all invoices have been received from the court reporter, hearing officer, and courier the Licensing Office Manager shall give them to the Associate Director of Licensing, Regulatory Compliance, Quality and Training to approve and enter the invoices into EVA.

- The provider may appeal the commissioner's decision on the summary suspension to the appropriate circuit court no more than **10 days** after issuance of the final order in accordance with 12VAC35-105-115(I).

Process for Conducting the Informal Conference:

- Virginia's Administrative Process Act specifies that the required due process begins with an administrative proceeding called an "informal conference". The informal conference is designed to develop factual findings and, based upon those findings, issue a case decision as to whether a provider has failed to comply with applicable statutes and regulations. The provider must request an informal conference.
- The Commissioner shall appoint an individual to serve as the presiding officer at the informal conference. The individual shall not be a staff member of the OL or the OHR, or the supervisor of any such staff member. The presiding officer is authorized to make decisions regarding the conduct of the conference, to regulate the procedure at the informal conference, to review all information presented, and to recommend a case decision to the Commissioner. Under this authority, the presiding officer may require the exchange of documents before the informal conference. For example, the presiding officer may require that each party provide to the other party, two weeks in advance of the informal conference, copies of all documents intended to be relied upon at the informal conference.
- The OAG may assign an Assistant Attorney General to assist the OL in presenting its case at the informal conference based on the complexities of the case and the degree of involvement of legal counsel on behalf of the provider. The OL may request assistance of the OAG when a need for legal representation arises.
- A provider who is noticed to appear at an informal conference is entitled by law to be provided, in advance of the informal conference, with a copy of all documents upon which the OL will rely in presenting its case to the presiding officer. For example, the OL may wish to present the presiding officer with a notebook containing such documents as letters notifying the provider of non-compliance, forms documenting noncompliance areas, corrective action plans and letters responding to corrective action plans. A copy of any such notebook must be given to the provider. The provider is not required, by law, to share its documents with the OL, but, as discussed above, the presiding officer may require that such documents be provided in advance of the informal conference.
- An informal conference is designed to permit both parties to present all relevant information to support their cases, as well as to narrow and simplify issues in dispute. For this reason, the process followed should not involve trial-like procedures such as direct examination and cross-examination of witnesses. Rather, individuals with knowledge of the issues provide a narrative outlining relevant information. Formal rules of evidence do not apply, and the presiding officer may accept any information that he or she determines to be relevant to the case. Opening or closing statements may be permitted in the discretion of the presiding officer.
- Based on the information presented at the informal conference, the presiding officer will recommend a decision to the Commissioner. The Commissioner is not bound by this recommendation and may review all relevant information in issuing a case decision. Any such case decision should include factual findings, conclusions as to violation of statute or regulations and, where appropriate, recommend action against the provider's license.

Informal Hearing Conference Procedures and Timelines

1. Virginia's Administrative Process Act specifies that the required due process begins with an administrative proceeding called an "informal conference." The informal conference is designed to develop factual findings and, based upon those findings, issue a case decision as to whether or not a provider has failed to comply with applicable statutes and regulations. The provider must request an informal conference.
2. The request for an informal conference must be submitted in writing to Director, Office of Licensing. Upon the receipt of a request for an informal conference, the Director of Licensing shall have five working days

to notify the Commissioner of such request.

3. Upon receipt of a request for an informal conference, the Commissioner shall appoint an individual to serve as the presiding officer at the informal conference. The individual appointed as presiding officer shall not be a staff member of the Office of Licensing or the Office of Human Rights, or the supervisor of any such staff member.
4. The presiding officer is authorized to make decisions regarding the conduct of the conference, to regulate the procedures at the informal conference, to review all information presented and to recommend a case decision to the Commissioner. Under this authority, the presiding officer may require the exchange of documents before the informal conference. For example, the presiding officer may require that each party provide to the other party, two weeks in advance of the informal conference, copies of all documents intended to be relied upon at the informal conference.
5. The presiding officer shall contact the provider within five business days the appointment to schedule the informal conference and to ascertain whether the provider will be represented by legal counsel at the informal conference.
6. The presiding office shall notify the Office of the Attorney General of the hearing. If the provider has retained legal counsel for representation at the informal counsel, the presiding officer will inform the Office of the Attorney General of such.
7. The Office of the Attorney General may assign an Assistant Attorney General to assist the Office of Licensing in presenting its case at the informal conference based on the complexities of the case and the degree of involvement of legal counsel on behalf of the provider. The Office of Licensing may request assistance of the Office of the Attorney General when a need for legal representation arises.
8. The presiding office shall schedule the informal conference no later than 45 days of appointment, unless all parties jointly agree to a later date.
9. A provider who is noticed to appear at an informal conference is entitled by law to be provided, in advance of the informal conference, with a copy of all documents upon which the Office of Licensing will rely in presenting its case to the presiding officer. For example, the Office of Licensing may wish to present the presiding officer with a notebook containing such documents as letters notifying the provider of instances of noncompliance, forms documenting noncompliance areas, corrective actions plans, and letters responding to corrective action plans. A copy of any such notebook must be given to the provider.
10. The provider is not required, by law, to share its documents with the Office of Licensing, but, the presiding officer may require that such documents be submitted in advance of the informal conference for his or her review.
11. An informal conference is designed to permit both parties to present all relevant information to support their cases, as well as to narrow and dimply issues in dispute. For this reason, the process followed should not involved trial-like procedures such as direct examination and cross-examination of witnesses. Rather, individuals with knowledge of the issues provide a narrative outlining relevant information. Formal rules of evidence do not apply, and the presiding officer may accept any information that he or she determines to be relevant to the case. Opening or closing statements may be permitted at the discretion of the presiding officer.
12. Based on the information presented at the informal conference, the presiding officer shall prepare a written report and recommend a decision. The written report shall follow a standard format developed by the DBHDS (attached). The presiding officer's written report with recommendations shall be submitted to the Commissioner within 14 business days of the date of the informal conference.
13. The Commissioner shall review the written report and, taking into consideration the presiding officer's recommendations, make a final decision.

- 14.** The Commissioner shall notify the Assistant Commissioner for Quality Management and Development and the Office of Licensing of his or her decision. The Office of Licensing shall communicate the Commissioner's decision to the provider, in writing, within five business days of notification by the Commissioner.

Formal Administrative Hearings

If a provider is dissatisfied with the Commissioner's decision, it may request a formal administrative hearing. These hearings are trial-like proceedings conducted before a hearing officer appointed from a list maintained by the Virginia Supreme Court. All hearing officers are attorneys and are authorized by the Commissioner to recommend a decision to him.

Steps for Processing a Formal Appeal

1. **NEW FORMAL APPEAL RECEIPT** (Complete within **1 day** of receipt of appeal request)
 - Secure Formal Appeal Request and Informal File
 - Create E-file Create Timeline
 - Create Working File Binder for all documents received or sent
2. **HEARING OFFICER ASSIGNMENT** (Complete within **2 days** of receipt of appeal request)
 - Request Hearing Officer from Supreme Court
 - Send Assignment Notification Email to Hearing Officer
 - Add Hearing Officer Info to Timeline
 - Distribute Engagement Letter to Hearing Officer and Provider
 - Update Working and Electronic Files
3. **UNAUTHORIZED PRACTICE OF LAW LETTER** (UPL Letter must be distributed **before** pre hearing **Conference occurs**)
 - Draft UPL Letter to Hearing Officer with a copy to the Provider (individuals not licensed to practice law in VA are prohibited from representing corporations in the formal appeal administrative forum).
 - Update Working and Electronic Files
4. **PRE-HEARING PHONE CONFERENCE** (Attorney Conducts Pre-Hearing Conference)
[Completes scheduling the pre-hearing phone conference within **4 days** of receipt of request.]
 - Schedule pre-hearing conference (Hearing Officer, Provider and DBHDS Counsel)
 - Secure Court Reporter (send court reporter sheet)
 - Send Confirmation Letter (include dial-in information)
 - Update Working and Electronic Files
 - Place Formal Hearing Date(s) on Calendar (Attorney provides date(s) after the PHC)
5. **DBHDS DOCUMENTARY EVIDENCE** (Attorney Reviews before Filing and Exchanging)
 - Prepare four copies of Documentary Evidence (consult attorney's e-mail for guidance) Include Compact Disk in Documentary Evidence (if applicable)
 - Present Documentary Evidence for Attorney for Review and Approve [within **7 days** of receipt of appeal request]
 - Prepare Cover Letter
 - Prepare Pass Code Letter (if applicable and send under separate cover and via e-mail before the documentary evidence deadline)
 - Distribute Documentary Evidence to Hearing Officer and Provider [will need secure packaging for HIPAA purposes]. Witness gets a courtesy copy of documentary evidence. DBHDS Documentary Evidence must be finalized within **18 days** of receipt of the

appeal].

- Return Informal Files to Archives Store DBHDS Copy

6. PROVIDER'S DOCUMENTARY EVIDENCE (Attorney Reviews and Makes Objections)

- Upon receipt, ensure that it is date stamped
- Place Objections due date on the calendar [due date is **7 days** after receipt per the **regulations**]
- Draft No Objections Letter (place word version in thee-file)
- Distribute No Objections Letter to Hearing Officer and Provider upon approval of attorney Send a copy of the Documentary Evidence to the DBHDS witness as soon as possible [will need **secure** packaging for HIPAA purposes].
- Update Working and Electronic Files

7. PRIOR TO THE HEARING

- Send Confirmation Letter (include Directions to Hearing Officer and Provider)
- Notify DBHDS witness of Hearing Date/Time (via e-mail)
- Schedule Witness Prep Session (Attorney to schedule)
- Secure Hearing Room
- Secure Court Reporter (send court reporter sheet)
- Send Guest E-mail
- Ensure attorney has all documents needed for Hearing
- Update Working and Electronic Files

8. FORMAL HEARING DAY (Attorney serves as counsel representing DBHDS at hearing)

- Set-up Hearing Room (Water, Cups, Supplies i.e. sticky notes, exhibit stickers, scissors)
- Secure Guests
- Change Sign on door to "Do Not Enter"
- Ask witnesses if they have any additional Exhibits (if so, contact attorney before making three copies)
- Scan Exhibits into E-file and Place Exhibits in Working File Shelf Documentary Evidence and Exhibits

9. BRIEFS WRITTEN BY DBHDS (Attorney Writes Opening and Reply Briefs]

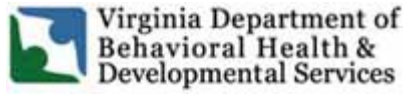
- Assist Attorney with Table of Contents and Authorities
- Prepare Cover Letter and Cover Page
- Secure Redacted Final Agency Decisions [if requested by Attorney]
- Update Working and Electronic Files
- Distribute brief via e-mail and regular mail before 5 PM deadline

10. BRIEFS WRITTEN BY PROVIDER

- Date stamp brief
- Send Document Received Email to Attorney
- Update Working and Electronic Files

11. RECOMMENDED DECISION RECEIVED FROM HEARING OFFICER

- Ensure Recommended Decision is date stamped
- Send "Document Received Email" to Attorney and place a copy in Working File Update Working and Electronic Files with Recommended Decision



- Secure Hearing Officer Record from Hearing Officer

12. HEARING OFFICER INVOICE

- Process Hearing Officer Invoice Update Hearing Officer Invoice Book

Appeal to the Courts

If a provider is dissatisfied with the case decision following a formal administrative hearing, it may appeal to the circuit court in the locality in which the provider is located. The Court will review the record of the formal administrative hearing and decide whether the decision was consistent with law and supported by evidence.

Appeals of the decision of the circuit court lie to the Court of Appeals of Virginia and, finally, to the Virginia Supreme Court.

Injunction

An injunction, while not part of the general negative action process, is an extraordinary remedy that may be sought by the Commissioner in certain situations.

Virginia Code § 37.2-417 authorizes the Commissioner to seek an injunction to prevent a provider's unlawful operation or to prevent or correct violations of statutes and regulations. An injunction is an extraordinary remedy that may be granted by a court when (a) there is a risk of irreparable and immediate harm, and (b) there is no adequate remedy at law to prevent the harm from occurring. A request for an injunction is initiated by filing suit in the circuit court in the locality in which the provider operates. Situations in which an injunction may be considered include unlicensed operation of a service or facility and refusal and/or inability to cease practices which pose an immediate danger to the health and safety of consumers. If a court grants an injunction, it will issue an order directing the provider to refrain from certain activities. Violation of this court order may cause the provider to be held in civil or criminal contempt of court.

INJUNCTIONS AGAINST UNLICENSED PROVIDERS:

In accordance with Va. Code § 37.2-417, DBHDS may seek an injunction to enjoin a business that is operating a service without a license in violation of Va. Code § 37.2-405. Before an injunction is sought, the first step is for DBHDS to send the unlicensed provider a "cease and desist" letter from the Director of the Office of Licensing notifying them of § 37.2-417 and the statutory requirement for them to be licensed. The letter should direct the provider to either submit an application to be licensed or cease operating. Subsequent letters may be needed before seeking an injunction depending on the response/s received. Since an injunction is an extraordinary remedy, **at least** one more letter should be sent to provide adequate notice to the business and give it a reasonable opportunity to comply. The injunction should be sought only once it's clear the unlicensed provider intends to continue its unlawful operation in violation of § 37.2-405. Once the Commissioner decides to seek injunctive relief, the Office of the Attorney General will prepare and file all necessary pleadings in the appropriate circuit court and will represent the Department in subsequent court proceedings.

INJUNCTIONS AGAINST LICENSED PROVIDERS:

The language in Va. Code § 37.2-417 allows DBHDS to seek an injunction regarding operation by a provider that is currently licensed by DBHDS. Although the statute provides for enjoinder of violations of Title 37.2, Chapter 4, Article 2 (licensing Code sections, §§ 37.2-403 through 37.2-422), any given court may be less willing to issue an injunction if it perceives an available administrative

remedy (*e.g.*, summary suspension) would be better suited to address the identified issues. Therefore, before seeking an injunction, it should be considered whether any other administrative remedies would be sufficient to address the identified issues. If, after consideration of alternative administrative remedies, an injunction is sought, the first step is to send the provider a “cease and desist” letter from the Director of the Office of Licensing identifying the violations and directing the provider to correct the violations. Subsequent letters may be needed depending on the response/s received from the provider. An injunction should be sought only once it’s clear the provider will not timely correct the violations. Once the Commissioner decides to seek injunctive relief, the Office of the Attorney General will prepare and file all necessary pleadings in the appropriate circuit court and will represent the Department in subsequent court proceedings.

Summary Suspension

In cases of imminent risk to health and safety, the Commissioner may issue a summary suspension order in residential facilities for children and adults. An administrative hearing must take place within three days and the facility must discharge residents when it receives the Order. If the Commissioner upholds the suspension after the administrative hearing, the provider may appeal the suspension to Circuit Court.

Consent Agreements

At any point after the provider is informed of the Department’s intention to take negative action, the Department and the provider may consider negotiating a Consent Agreement which resolves the issues through an agreed resolution acceptable to the parties. A Consent Agreement is a written document, signed by both parties, setting forth the specific terms and conditions with which a provider agrees to comply to forego the initiation or continuation of administrative proceedings or the imposition of a sanction by the Commissioner. The OL will monitor compliance with the terms and conditions of a Consent Agreement for the period of time specified in the agreement. Final acceptance of any such Consent Agreement shall be within the sole discretion of the Commissioner or his designee.

Consent Agreements are specific to the particular case. However, most such agreements include a listing of factual findings related to the provider’s compliance with applicable regulations and statutes, findings as to the provider’s history of compliance with applicable regulations and statutes, findings as to attempts to develop corrective action plans and conclusions as to the specific regulations and statutes of which violations were found. An Agreement normally specifies the terms and conditions to which the provider agrees as a condition of ongoing licensure and/or avoiding ongoing administrative proceedings which could result in the imposition of more severe restrictions and sanctions.

Process for Developing a Consent Agreement

The OL, with assistance from the OAG and discussion with the provider, will draft an Agreement. The Agreement shall include a specified time frame for the provider to report in writing to the OL on its efforts to comply with the terms and conditions of the Agreement. The Agreement shall specify the responsibilities of both parties, which may include:

- Service requirements
- Reporting requirements

- Time frames
 - Anticipated follow-up activities
-
- At the informal conference stage, the presiding officer will review the proposed Consent Agreement that has been negotiated between the OL and the provider and forward his/her recommendation to the Commissioner. Should the Commissioner want to make changes or additions to the proposed Consent Agreement, the OL or OAG will send the proposed changes to the provider or the provider's attorney for review.
 - Once both parties sign the Agreement, the licensing specialist will implement follow-up activities as outlined in the Agreement. The provider will be informed of the results of the Department's ongoing monitoring through written correspondence from the OL.
 - At such time as the terms and conditions of the Agreement have been satisfied, the OL will draft a letter, for the Commissioner's signature, communicating to the provider the fact that the requirements of the Agreement have been successfully resolved. In this letter, the provider may be advised of the status of its license.
 - Consent Agreements should contain provision(s) that specify what will happen if the provider does not comply with the terms of the Agreement. For example, the Agreement could provide that the parties agree that, upon the provider's failure to comply with any term of the Agreement, the provider's license will be revoked.

DEATHS AND SERIOUS INJURIES

- All death and serious injuries must be reported by the provider through the CHRIS system within 24 hours of knowledge of incident.
- If a licensing specialist suspect abuse or neglect based upon the CHRIS, the human rights regional advocate must be notified.
- The licensing specialist will coordinate with the human rights advocate if a joint investigation is required by following the PROTOCOL NO. 01-2001COORDINATION OF HUMAN RIGHTS/LICENSING RESPONSE FOR ABUSE/INGLECT INVESTIGATIONS IN LICENSED PROGRAMS.
- The Licensing specialist will review in CHRIS all serious injurious reported to licensing
- The Licensing specialist will close the report in CHRIS and indicate if an investigation occurred.
- If, follow occurred on the behalf of the licensing specialist this information should be noted in OLIS as an investigation and a note in CHRIS indicating an investigation occurred should be documented.

GUIDELINES FOR THE LICENSING OF OPIOID TREATMENT SERVICES

- A. The applicant notifies the OL of the intent to open a Medication Assisted Treatment Program (MAT/OTP) 06-001 or 06-002 by submitting an initial application.
- B. OL notifies Office of Substance Abuse: Diane Oehl via email diane.oehl@dbhds.virginia.gov of the application.
- C. Administrative staff notifies the Policy Review Specialist immediately that the application has been received.
- D. Policy Review specialist submits a Notification Letter to City Zoning Office (utilizing the approved letter template) via email within 10 days of the receipt of the application or service modification.
 - In jurisdictions without a zoning ordinance, the Policy Review Specialist shall request that the local governing body advise it as to whether the proposed site is suitable for and compatible with use as an office and the delivery of health care services.
 - CC: Diane Oehl via email diane.oehl@dbhds.virginia.gov
- E. The Policy Review Specialist notifies the local governing body (CSB) within 10 days of receipt of the application or service modification of a pending application or service modification by utilizing the approved letter template.
- F. It is preferable that the letter sent to the zoning office and CSB be sent via email. If sent by email, it is required to be sent via PDF format.
- G. The city zoning office will respond in writing:
 - If the zoning office determined the selected location is outside the ½ mile, then the Policy Review Specialist notifies the applicant (if a new provider) by forwarding the response letter from the zoning office that the location is acceptable. If the provider is an existing provider submitting a service modification, the Policy Review Specialist will forward the response letter from the zoning office to the Regional Manager, so that they can forward to the provider.
 - If the provider is a new applicant, they can then submit the new applicant service packet with all the documents attached including the policies and procedures.
 - If the provider is an existing provider, the provider must submit the complete service modification with all the necessary documents attached including the policy and procedures.
 - If the zoning office determined the selected location is inside the ½ mile, then the Policy Review Specialist notifies the applicant (if a new provider) by forwarding the response letter from the zoning office that the location is not acceptable. If the provider is an existing provider submitting a service modification, the Policy Review Specialist will forward the response letter from the zoning office to the Regional Manager, so that they can forward to the provider.
- H. Assigned Licensing Specialist ensures the applicant has contacted Drug Enforcement Agency (DEA)
- I. Assigned Licensing Specialist ensures the applicant has contacted Virginia Board of Pharmacy.
- J. Assigned Licensing Specialist identifies the site location in application with Certificate of Occupancy (CO).
- K. The applicant or provider must have a written plan to ensure security for storage of methadone at the site, which complies with regulations of the Drug Enforcement Agency (DEA), and the Virginia Board of Pharmacy.

- L. The applicant or provider must ensure the opioid treatment service maintains current registration or certification with:
1. The federal Drug Enforcement Administration;
 2. The federal Department of Health and Human Services; and
 3. The Virginia Board of Pharmacy.

Additional Regulations to Consider:

1. **12VAC35-105-925.D.7** The applicant shall have a written plan to ensure security for storage of methadone at the site, which complies with regulations of the Drug Enforcement Agency (DEA), and the Virginia Board of Pharmacy.
2. **12VAC35-105-925.F.4.** Written plans for on-site security.
3. **12VAC35-105-925.F.5** A diversion control plan for dispensed medications, including policies for use of drug screens.
4. **12VAC35-105-925.I** Applicants shall provide policies and procedures that each individual served to be assessed every six months by the treatment team to determine if that individual is appropriate for safe and voluntary medically supervised withdrawal, alternative therapies including other medication assisted treatments, or continued federally approved pharmacotherapy treatment for opioid addiction.
5. **12VAC35-105-925. J.** Applicants shall submit policies and procedures describing services they will provide to individuals who wish to discontinue opioid treatment services.
6. **12VAC35-105-925.K.** Applicants shall provide assurances that the service will have a community liaison responsible for developing and maintaining cooperative relationships with community organizations, other service providers, local law enforcement, local government officials, and the community atlarge.
7. **12VAC 35-105-940.A.** The provider shall establish criteria for involuntary termination from treatment that describe the rights of the individual receiving services and the responsibilities and rights of the provider.
8. **12VAC 35-105-940.B.** The provider shall establish a grievance procedure as part of the rights of the individual.
9. **12VAC35-105-950.B.1.** The provider develops and implements policies and procedures that address recently inducted individuals receiving services, individuals not currently on a stable dose of medication, patients that present noncompliance treatment behaviors, and individuals who previously picked up take-home medications on Sundays, security of take-home medication doses, and health and safety of individuals receiving services.

10. **12VAC35-105-950.B.2.** The provider receives prior approval from the state methadone authority for Sunday closings.
11. **12VAC35-105-950.B.3.** The provider shall notify individuals receiving services in writing at least 30 days in advance of their intent to close on Sundays. The notice shall address the risks to the individuals and the security of take-home medications. All individuals shall receive an orientation addressing take-home policies and procedures, and this orientation shall be documented in the individual's record prior to receiving take-home medications.
12. **12VAC35-105-950.B.4.** The provider shall establish procedures for emergency access to dosing information 24 hours a day, seven days a week. This information may be provided via an answering service, pager, or other electronic measures. Information needed includes the individual's last dosing time and date, and dose.
13. **12VAC35-105-980.D.** A written policy on how the results of drug screens shall be used to direct treatment.
14. **12VAC35-105-1000.** Policy and procedures contacts every opioid treatment service within a 50-mile radius before admitting an individual to prevent duplication of opioid.
15. **12VAC35-105-1040.** Emergency preparedness plan. The provider's emergency preparedness plan shall include provision for the continuation of opioid treatment in the event of an emergency or natural disaster
16. **12VAC35-105-1050.** A plan to control the diversion of medication to un-prescribed or illegal use.

OFFICE MANAGEMENT

FREEDOM OF INFORMATION ACT (FOIA) REQUESTS

- FOIA gives Virginia citizens access to public records.
- FOIA applies to records either created or obtained by an agency and under agency control at the time of the FOIA request.
- All FOIA requests received by licensing staff should be forwarded the same day they are received to the Legal & Regulatory Manager or their designee. FOIA requests can be made verbally or in writing. A request does not have to mention “FOIA” specifically to be considered a FOIA request and invoke its provisions or to impose the time limits for response by a public body.
- FOIA requests must be responded to within five working days. If it is not possible to respond within five working days, the Legal & Regulatory Manager or designee will contact the requester in writing and notify the individual that the deadline has been extended for seven working days.
- FOIA exemptions – Some information does not have to be released if requested under FOIA, including medical records, personnel records, building security and confidential governor’s working papers. Even if it can be withheld from a FOIA request, please guard this information carefully – it could be inadvertently forwarded or retrieved by people who are not as concerned as we are about protecting the rights and privacy of the individuals our system serves. Unless you are using an encryption device, you should assume that email is not secure. Common DBHDS exemptions include but are not limited to:
 - Personnel records (§ 2.2-3705.1 (1) of the Code of Virginia)
 - Records subject to attorney-client privilege (§ 2.2-3705.1 (2)) or attorney work product (§ 2.2-3705.1 (3))
 - Vendor proprietary information (§ 2.2-3705.1 (6))
 - Personal contact information furnished to a public body for the purpose of receiving electronic mail from the public body, provided that the electronic mail recipient has requested that the public body not disclose such information (§ 2.2-3705.1 (10))
 - Records relating to the negotiation and award of a contract, prior to a contract being awarded (§ 2.2-3705.1 (12))
 - Account numbers or routing information for any credit card, debit card, or other account with a financial institution of any person or public body (§ 2.2-3705.1 (13))
 - Medical records (§ 2.2-3705.5 (1) and § 32.1-127.1:03)
 - Records of civil commitment proceedings (§ 2.2-3705.5 (6) and § 37.2-817)
 - Privileged records (§ 8.01-581.17), including communications with Attorney General’s office
 - Building security systems (§ 2.2-3705.2 (6))
 - Working papers and correspondence of the Governor, including materials prepared for the BHDS Inspector General (§ 2.2-3705.7 (2))
- The Legal & Regulatory Manager or designee will utilize the OL FOIA Template letters when responding to requests.
- All copies of FOIA responses will be maintained in the Office of Licensing’s FOIA file in the BOX folder.

UPDATING THE PROTOCOL MANUAL

- The protocol manual will be reviewed at least annually to determine the need for revisions, updating, and deletions.
- All suggestions/recommendations for updating the Office of Licensing's *Protocol Manual* will be forwarded to the respective Directors for consideration.
- Recommendations will be drafted in a format that is consistent with the manual's current format.
- Upon guidance from Directors, staff will e-mail a draft of the recommendation to the regional managers, licensing office manager, and request feedback. This feedback will be incorporated into the final draft.
- The final draft will be approved for inclusion by the Directors.
- New protocols will be included in all existing manuals.
- All revisions to the final manual will be dated as to the effective date.
- The updated copy of the OL protocol will be maintained with the All Staff folder in BOX.

MEDIA/ GENERAL ASSEMBLY COORDINATION

- All calls/inquiries from the press/media must be referred to the Director of the Office of Licensing. Licensing Specialists should not respond directly to any inquiries.
- Licensing staff shall fill out the form "Media Alert" and forward to the regional manager, associate director, and director.
- Licensing staff receiving an inquiry should notify the Director or designee ASAP of the request and provide him or her with the following:
 - Name and telephone number of the requester; i.e., newspaper, radio/television station, Delegate or Senator.
 - The question or issue they are calling about.
 - Status updates on the issue in question.
 - Is it a Freedom of Information Act (FOIA) request?
- The Director will contact the Office of Legislation and Media Affairs and request guidance as to how to appropriately respond to the request.
- The Director will immediately alert the Chief Deputy Commissioner of the media request and seek further guidance as needed.
- Any written responses to media inquiries will go out under the Director's signature with copies forwarded to the Chief Deputy Commissioner and the Office of Legislative and Media Affairs.

STAFF MEETINGS

- The Office of Licensing holds staff meetings on a quarterly and/or as needed basis
- Attendance by all staff is expected.
- The Directors will provide a tentative agenda to all staff no later than one week prior to the scheduled meeting.
- Meetings will start and end promptly at the time indicated on the agenda.
- All staff are expected to schedule supervisory meetings with their supervisor on an as-needed basis. These meetings may be conducted via telephone, E-mail, or in

person.

- Management Team (Director, Associate Directors, and Regional Managers) will meet as needed to plan office activities.

Central Office Functions

1. For consistency, providers should send all applications for processing to Central Office as noted on the forms. These include:
 - a. Initial Applications
 - b. Renewal Applications
 - c. Service Modifications
 - d. Applications due to change in ownership
 - e. Applications due to reapplying for a license
 - f. Central Office Administrative Support will log ALL information into OLIS including the items listed above. Essentially all mail received concerning providers should be logged into OLIS.
2. The specialist is then notified about the mail received (renewals/service modifications **are scanned and emailed** to the specialist). Then the renewals and applications are filed in the provider charts.
3. Note: Providers are no longer able to renew their license if we do not have a renewal on file, so if you do not log it and file it appropriately... ***you could be causing a provider to lose their license.***
4. Steps to receiving mail/faxes concerning providers:
 - a. Date Stamp it
 - b. Log it into OLIS
 - c. Notify the specialist (prefer to scan and email the information; only mail a copy of the information to the specialist when it is a significant amount of documents).
 - d. Do not wait to mail information to specialist or providers. Central Office is able to send out mail everyday if needed.
 - e. File the “original” in the provider file.

LICENSING INTERNAL QUALITY REVIEWS

For Internal Measures of quality, consistency, and workflow Regional Managers are required to conduct:

- Once a quarter sample reviews of the work completed by the specialist.
 - Number of sample reviews for each specialist supervised (this in accordance with the percentages for each EWP item):
 - Modification Request = 1
 - Investigations =
 - Renewals = 2
 - Inspections & Corrective Action Plans = 3
 - Suggested Timeline:
 - Start August 2017- the quarter being reviewed is April through June 2017- Completed by Oct 2017
 - Start November 2017- the quarter being reviewed is July through Sept 2017- Completed by Jan 2018
 - Start Feb 2018- the quarter being reviewed is Oct through December 2017- Completed by April 2018
- When providing feedback the specialist can sign (optional) the form and provide comments if they like.
- Regional Managers will provide 1:1 supervision and group supervision.

OFFICE OF LICENSING AND OFFICE OF HUMAN RIGHTS
PROTOCOL NO. 109 – 2016
ROLE OF THE ADVOCATE AND LICENSING FOR THE COORDINATION OF ABUSE AND
NEGLECT ALLEGATIONS IN LICENSED PROGRAMS

Date: November 1, 2000
Revised: February 11, 2002
Revised: November 4, 2014
Revised: October 1, 2016

Policy: The Office of Licensing and Office of Human Rights will jointly coordinate, communicate, consult, and monitor the investigations of abuse and neglect allegations in licensed programs.

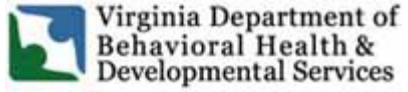
Procedure:

1. When the designated staff within the Office of Human Rights or the Office of Licensing receives information from a provider or any source that alleges that an individual receiving services might have been abused or neglected, staff will immediately notify the assigned staff person in the other office (licensing and/or human rights). The program must continue to provide detailed information about the allegation/complaint/incident, as it becomes available.
2. Upon the receipt of the allegation of abuse or neglect the licensing specialist will make a determination of whether or not a site visit is necessary. The determination will be made according to Office of Licensing protocol.
 - a) Based on a review of the following criteria the licensing specialist will determine if a joint investigation with the human rights advocate is warranted.
 - the severity of the allegation,
 - the nature of the injury/harm to the individual(s) and/or
 - the potential for injury/harm to any or all individuals in the program.
 - b) When a joint investigation is warranted as determined by the criteria above the regional advocate will participate in the investigation or ensure that another OHR staff is available to participate in the investigation. In the event that the regional advocate has conflicting priorities, which make staffing the investigation impossible, the SHRD/ASHRD shall be notified.
 - c) Whenever the licensing specialist makes a site visit to a provider as part of an investigation of abuse or neglect the appropriate human rights advocate shall be notified of the date and time of the visit.
 - Any DSS CPS or APS findings, however a DBHDS finding is not dependent upon and does not have to wait for the DSS finding; and
 - Any findings by law enforcement agencies.

- d) When either office discovers during the course of an ongoing complaint investigation that the facts seem to support an allegation of abuse or neglect they will immediately phone their licensing or human rights counterpart.
 - e) Each licensing specialist and human rights advocate that have similar assignments will review cases they are monitoring on a monthly basis or more frequently as the situation warrants.
- 3 Each office must document plans for follow-up or investigation on the written report of an incident or allegation by licensing and human rights. When the provider sends their internal investigation report or CAP, the licensing and human rights staff will share the provider/program's report.
 4. The licensing specialist, in consultation with the human rights advocate, shall make a determination of whether or not abuse/neglect occurred based on the definitions found in the VAC § 37.1-1. Determinations made by the Office of Licensing staff shall be based on whether the facts support violations of the Licensing Regulations or the Human Rights Regulations. The standard used for the determination of abuse or neglect is "preponderance of evidence." Additional factors to consider include:
 - any DSS CPS or APS findings, however a DBHDS finding is not dependent upon and does not have to wait for the DSS finding; and
 - any findings by law enforcement agencies.

When the human rights advocate has made an on-site investigation in conjunction with an incident, allegation, or complaint of abuse or neglect, he/she will enter a written report of the facts in the CHRIS report as well as notify the assigned licensing staff. (If a CHRIS report was NOT filed by the provider, the advocate will direct that provider to enter is into CHRIS immediately). The advocate must indicate whether or not the facts support any violation of the Human Rights Regulations.

5. The advocate will submit the report to the licensing specialist and the SHRD/ASHRD within ten (10) working days of the site visit. If circumstances related to health and safety warrant an immediate report, the advocate will submit the report as soon as possible.
6. The licensing staff will include the stated human rights violations that are sufficiently supported by facts, in the report to the program/provider. The program/provider is then responsible for developing a corrective action plan to address the licensing and human rights violation(s).
7. When there are questions or disagreement about the findings, the human rights, and licensing staff shall resolve the differences through discussion involving supervisory staff when necessary.
8. The licensing specialist will immediately share the program/provider's corrective action plan with the advocate. The advocate must provide feedback to the licensing specialist within five (5) working days of receipt of the CAP. The



licensing specialist shall not delay in providing a response to the provider's CAP.

- a. Quality Assurance activities to address coordination, consultation, communication, and monitoring between the OHR and OL related to the investigation of abuse and neglect allegations include ongoing review of investigation activities of OL and OHR staff by OL and OHR CO supervisory staff.

Effective:

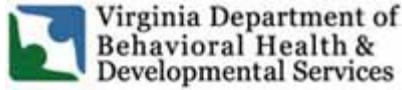
October 1, 2016

A handwritten signature in cursive script that reads "Deborah M. Lochart".

10/1/16

Deborah M. Lochart

Date



**Department of Behavioral Health and Developmental Services
PHYSICAL ENVIRONMENT REVIEW FORM
Office of Licensing**

PROVIDER:	LICENSE #:
SERVICE:	SPECIALIST:
DATE:	<input type="checkbox"/> Scheduled Inspection <input type="checkbox"/> Unannounced Inspection

<u>Regulation</u>	<u>DESCRIPTION</u>	Service Score	Service Score	Service Score
140	License is Available			
150.4	Abbreviated Statement of Human Rights Posted			
220.1	Indemnity Coverage: General liability;			
220.2	Indemnity Coverage: Professional liability;			
220.3	Indemnity Coverage: Vehicular liability;			
220.4	Indemnity Coverage: Property damage.			
240.C	Individual handling resident funds is indemnified/surety bonds			
260	Certificate of Occupancy			
265	Floor plan with room dimensions			
280.A	Physical environment appropriate to population & services			
280.B	Furnishings clean, dry, free of odors, safe & maintained			
280.C	Environment design, structure, furnishings & lighting appropriate to population & services			
280.D	Floor surfaces & coverings promote mobility, and maintaining sanitary conditions			
280.E	Physical Environment well ventilated			
280.F	Adequate hot/cold water between 100°-110°			
280.G	Lighting sufficient for activities & all areas lighted for safety			
280.H	Recycling, composting & garbage shall not create nuisance, permit disease transmission or breed insects/rodents			
280.I	Smoke free areas			
280.J	After 9/19/02 minimum room height 7½ feet			
290	Services that prepare food—annual food service inspection			
300.A	If not on public water, annual Sewer & Water Inspections			
300.B	Locations not on public water, annual water system inspections			
310	Written weapons policy that requires no weapons, unless			
310.1	In possession of licensed security or sworn law enforcement			
310.2	Kept securely under lock & key			
310.3	Used under the supervision of a responsible adult in accordance with policy			

<u>Regulation</u>	<u>DESCRIPTION</u>	Service Score	Service Score	Service Score
320	Residential facilities over eight beds annual certification of maintenance under Virginia Statewide Fire-Safety Code			
325	Community Liaison shall be designated by provider			
330.A	Provider not operate more beds than licensed for			
330.B	ICF/MR facility limited to twelve (12) beds at any one location			
340.A.1	Single occupancy >80 square feet			
340.A.2	Multiple occupancy at least >60 square feet per person			
340.B	No more than four individuals share a room, except in <u>group homes</u> where no more than two (2) shall share a bedroom in all homes opened after 12/7/11.			
340.C	Adequate storage space accessible to bedroom for each individual			
350	Beds shall be clean, comfortable, mattress, pillow, blanket, & linens. Soiled linen changed with staff assistance if necessary			
360.A	Bedrooms & bathrooms windows provide privacy			
360.B	Bathrooms not intended for individual use shall provide for privacy			
360.C	No path of travel to a bathroom through a bedroom			
370	After 1/13/1995, one toilet, hand basin, shower or bath for every 4 individuals			
380	Adequate lighting in halls & bathrooms at night			
520.C	At least annual safety inspections at all service locations			
530.8	Supporting documents that may be needed in an emergency: locations of utilities, designated escape routes, list of major resources such as shelters			
530.9	Schedule for testing implementation of emergency plan & conducting emergency preparedness drills			
540.A	Telephones available for emergencies			
<u>Regulation</u>	<u>DESCRIPTION</u>	Service Score	Service Score	Service Score
540.B	Posted ER telephone numbers near to telephones to include: nearest hospital, ambulance service, rescue squad, trained medical personnel, poison control & police			
550	First aid kit to include: thermometer, bandages, saline, band-aids, sterile gauze, tweezers, instant ice pack, adhesive tape, first aid cream, & antiseptic soap			
560	Operable flashlights			

740.C	Locations for physical exams ensure privacy			
750.B	Emergency medical information readily available			
790.A.1	Pharmacy/drug storage & disposal in compliance with Drug Control Act			
790.A.2	VA Board of pharmacy regulations			
790.A.3	VA Board of Nursing regulations & Medication Administration Curriculum			
790.A.4	Applicable federal laws relating to controlled			
840.A	Seclusion rooms meet design requirements for use for detention			
840.B	Be at least six feet wide by six feet long, minimum ceiling height 8'			
840.C	Free of protrusions, sharp corners, hardware or fixtures that could cause injury			
840.D	Windows constructed to minimize breakage			
840.E	Light fixtures recessed; controls outside room			
840.F	Doors 32 inches wide, open outward, observation panel not exceeding 120 square inches			
840.G	Contains only mattress & pillow			
840.H	Temperature appropriate for season			
840.I	All spaces visible through locked door			
900.A	When not in use active & closed records stored in locked cabinet or room			
900.B	Physical & Data security controls for electronic records			

**Department of Behavioral Health and Developmental Services
NON-RESIDENTIAL PHYSICAL ENVIRONMENT REVIEW FORM
Office of Licensing**

PROVIDER:	LICENSE #:
SERVICE:	SPECIALIST:
DATE:	<input type="checkbox"/> Scheduled Inspection <input type="checkbox"/> Unannounced Inspection

<u>Regulation</u>	<u>DESCRIPTION</u>	Service Score	Service Score	Service Score
140	License is Available			
150.4	Abbreviated Statement of Human Rights Posted			
260	Certificate of Occupancy			
265	Floor plan with dimensions			
280.A	Physical environment appropriate to population & services			
280.B	Furnishings clean, dry, free of odors, safe & maintained			
280.C	Environment design, structure, furnishings & lighting appropriate to population & services			
280.D	Floor surfaces & coverings promote mobility, and maintaining sanitary conditions			
280.E	Physical Environment well ventilated			
280.F	Adequate hot/cold water between 100°-120°			
280.G	Lighting sufficient for activities & all areas lighted for safety			
280.H				
280.I	Smoke free areas			
280.J	After 9/19/02 minimum room height 7½ feet			
290	Services that prepare food—annual food service inspection			
300.A	If not on public water, annual Sewer & Water Inspections			
300.B	Locations not on public water, annual water system inspections			
310	Written weapons policy that requires no weapons, unless			
310.1	In possession of licensed security or sworn law enforcement			
310.2	Kept securely under lock & key			
310.3	Used under the supervision of a responsible adult in accordance with policy			
360.B	Bathrooms not intended for individual use shall provide for privacy			
<u>Regulation</u>	<u>DESCRIPTION</u>	Service Score	Service Score	Service Score
520.C	At least annual safety inspections at all service locations			

530.8	Supporting documents that may be needed in an emergency: locations of utilities, designated escape routes, list of major resources such as shelters			
530.9	Schedule for testing implementation of emergency plan & conducting emergency preparedness drills			
540.A	Telephones available for emergencies			
540.B	Posted ER telephone numbers near to telephones to include: nearest hospital, ambulance service, rescue squad, trained medical personnel, poison control & police			
550	First aid kit to include: thermometer, bandages, saline, band-aids, sterile gauze, tweezers, instant ice pack, adhesive tape, first aid cream, antiseptic soap			
560	Operable flashlights			
740.C	Locations for physical exams ensure privacy			
750.B	Emergency medical information readily available			
790.A.1	Pharmacy/drug storage & disposal in compliance with Drug Control Act			
790.A.2	VA Board of pharmacy regulations			
790.A.3	VA Board of Nursing regulations & Medication Administration Curriculum			
790.A.4	Applicable federal laws relating to controlled substances			
900.A	When not in use active & closed records stored in locked cabinet or room			
900.B	Physical & Data security controls for electronic records			

**Department of Behavioral Health and Developmental Services
INDIVIDUAL SERVED RECORD REVIEW FORM
Office of Licensing**

PROVIDER:		LICENSE #:							
SERVICE:		SPECIALIST:							
DATE:		<input type="checkbox"/> Scheduled Inspection				<input type="checkbox"/> Unannounced Inspection			
COMMENTS:		<u>Name/Record Number</u>							
§ 645 SCREENING/ADMISSION, ASSESSMENT, SERVICE PLANNING, ORIENTATION AND DISCHARGE									
645.B.1	Date of Contact								
645.B.2	Name, Age, Gender of Individual								
645.B.3	Address/Phone Number								
645.B.4	Reason for service request								
645.B.5	Disposition of individual including referral to other services								
645.D	Documentation retained for 6 months								
650.E INITIAL ASSESSMENT OF INDIVIDUALS									
650.E.1	Diagnosis								
650.E.2	Presenting needs								
650.E.3	Current medical problems								
650.E.4	Current medication								
650.E.5	Current & past substance use or abuse								
650.E.6	At- risk behavior to self & others								
650.F COMPREHENSIVE ASSESSMENT OF INDIVIDUALS									
650.F.1	Onset/duration of problems								
650.F.2	Social/behavioral/developmental/family history								
650.F.3	Cognitive functioning, including strengths and weaknesses								
650.F.4	Employment/vocation/educational background								
650.F.5	Previous interventions/outcomes								
650.F.6	Financial resources and benefits								
650.F.7	Health history and current medical care needs:								
650.F.7.a	Allergies								
650.F.7.b	Recent Physical Complaints								
650.F.7.c	Chronic Conditions								

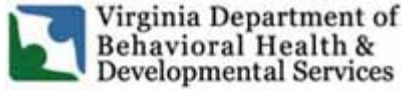
650.F.7.d	Communicable Diseases									
650.F.7.e	Handicaps or Restrictions, if any									
650.F.7.f	Past Serious Illness, Serious Injury and Hospitalizations									
650.F.7.g	Family Medical History									
650.F.7.h	Current & Past Drug Use, including alcohol, prescription, non-prescription and illicit drugs									
650.F.7.i	Sexual health and reproductive history									
650.F.8	Psychiatric and substance use issues including current MH or SA use needs									
650.F.9	History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma									
650.F.10	Legal status; guardianship, commitment, payee status, criminal charges/convictions, probation/parole									
650.F.11	Relevant criminal charges or convictions and probation or parole status									
650.F.12	Daily Living skills									
650.F.13	Housing arrangements									
650.F.14	Ability to access services									
650.F.15	Fall risks, communication needs, mobility and adaptive equipment needs									
660 INDIVIDUALIZED SERVICE PLAN (ISP)										
660.A	Individual served/Authorized Representative (AR) involved in decision making development, review and revision of person-centered ISP									
660.B	Initial person-centered ISP shall be developed and implemented within 24 hours of admission to address immediate service, health and safety needs: For 1 st 30 days for MH/SA clients For 1 st 60 days for ID/DD clients									
660.C	Comprehensive person-centered ISP completed: No later than 30 days for MH/SA clients, No later than 60 days for ID/DD clients									
665 ISP REQUIREMENTS										
665.A.1	Relevant and attainable goals, measurable objectives and specific strategies for addressing each need									
665.A.2	Services & supports and frequency of services									
665.A.3	Role of individual & others implementing ISP									
665.A.4	Communication plan, if applicable									
665.A.5	Behavior plan, if applicable									
665.A.6	Safety plan addresses identified risks to self									

	and other								
665.A.7	A crisis or relapse plan, if applicable								
665.A.8	Target dates for goals and objectives								
665.A.9	Staff responsible of coordination & integration of services								
665.A.10	Recovery plans, if applicable								
665.B	Signed & dated by individual served & person responsible for implementation								
665.C	Provider designates person responsible for developing, implementing and reviewing and revising individual's ISP								
665.D	Staff responsible for implementing ISP demonstrates a working knowledge of the objective and strategies in ISP.								
665.E	Short- term services (e.g. inpatient and crisis stabilization) provided in less than 30 days shall develop ISP with in a timeframe consistent with length of stay								
665.F	ISP shall be consistent with plan of care								
665.H	When possible, the identified goals in the ISP shall be written in the words of the individual receiving services.								
675 REASSESSMENT AND ISP REVIEWS									
675.A	Reassessments shall be completed at least annually or sooner when there is a medical, psychiatric or behavioral status change								
675.B	Update ISP at least annually; reviews at least every three months (quarterlies)								
680 PROGRESS NOTES									
680	Signed & dated progress notes document services provided & implementation of ISP								
690 ORIENTATION									
690.B.1	Mission of Provider								
690.B.2	Individual Confidentiality Practices								
690.B.3	Individual Human Rights & how to Report Violations								
690.B.4	Participation in Services and Discharge Planning								
690.B.5	Fire Safety & Emergency Preparedness Procedures								
690.B.6	The Grievance Procedure								
690.B.7	Service Guidelines								
690.B.8	Hours & days of Operation								
690.B.9	Availability of After- Hours Service								
690.B.10	Any changes or fees due from individual								

690.D	Documentation that orientation provided									
691 TRANSITION OF INDIVIDUALS AMONG SERVICES										
691.B.1	Reason for transfer									
691.B.2	Documentation of involvement of individual or AR in the decision to move and planning for transfer									
691.B.3	Current psychiatric/medical condition of individual									
691.B.4	Updated progress of ISP goals and objectives									
691.B.5	Emergency medical information									
691.B.6	Current medications and dosages in use and over-the-counter medications									
691.B.7	Transfer date									
691.B.8	Signature of Transfer Summary Author									
693 DISCHARGE										
693.B	Written discharge instructions									
693.C	Appropriate arrangements for referrals									
693.D	Discharge consistent with ISP & criteria									
693.E	Documented involvement									
693.F	Within 30 Days of Discharge									
693.F.1	Reason for admission and discharge									
693.F.2	Individual 's Participation in D/C Planning									
693.F.3	Individual 's Level of Functioning									
693.F.4	Recommendations on procedures, activities, or referrals & status, arrangements and location & arrangements of future services									
693.F.5	Status, location and arrangements made for future services									
693.F.6	Progress made toward Goals/ Objectives									
693.F.7	Discharge Date									
693.F.8	Discharge Medications, if applicable									
693.F.9	Date Discharge Summary was written									
693.F.10	Signature of Discharge Summary Author									
710 CRISIS INTERVENTION AND EMERGENCIES										
710.A.1	Date and Time									
710.A.2	Nature of crisis or emergency									
710.A.3	Name of individual									
710.A.4	Precipitating factors									
710.A.5	Interventions/treatment provided									
710.A.6	Staff involved									

710.A.7	Outcome									
710.B	Crisis intervention documentation is part of the record									
740.B PHYSICAL EXAM:										
740.A	Physical Exam within 30 days									
740.B.1	General Physical Condition									
740.B.2	Evaluation for Communicable Diseases									
740.B.3	Recommendation for Further Treatment									
740.B.4	Other Exams that might be Indicated									
740.B.5	Date & Signature of a Qualified Practitioner									
750 EMERGENCY MEDICAL INFORMATION										
750A.1.a	Name, Address, Phone # of Physician to be called									
750A.1.b	Name, Address, Phone # of Relative or Significant other to be notified									
750A.2	Medical Insurance Information									
750A.3	Medications Being Used									
750A.4	Medication and Food Allergies									
750A.5	History of Substance Abuse									
750A.6	Significant Medical Problems									
750A.7	Significant ambulatory or sensory problems									
750A.8	Significant communication problems									
750A.9	Advance Directive, if one exists									
750.B	Current emergency medical information shall be readily available to staff who may respond to a medical emergency									
770 & 780 MEDICATIONS										
770.D	Medication log maintained									
780. 6	Medication errors documented in individual medication record									
810	Behavior Plan developed by trained staff									
830 DOCUMENTATION OF SECLUSION, RESTRAINT AND TIME OUT										
830.C.1	Physician's Order (applies to seclusion & restraint)									
830.C.2	Date and Time									
830.C.3	Employees or Contractors Involved									
830.C.4	Circumstances and Reasons for Use including other Behavior Management Techniques Attempted									
830.C.5	Duration									

830.C.6	Type of Technique Used									
830.C.7	Outcomes, including debriefing of individual and staff following the incident									
890.B IDENTIFYING INFORMATION ON ADMISSION										
890.A	Single primary record									
890.B.1	Unique Identifier:									
890.B.2	Name of Individual:									
890.B.3	Current Address (if known):									
890.B.4	SSN:									
890.B.5	Gender:									
890.B.6	Marital Status:									
890.B.7	Date of Birth:									
890.B.8	Name of Legal Guardian: (if applicable)									
890.B.9	Name, Address, Phone # of Emergency Contacts									
890.B.10	Legal Status:									
890.B.11	Date of Admission:									
890.C PRIMARY RECORD CONTENTS										
890.C	Admission Form									
890.C.1	Screening/Referral Documentation									
890.C.2	Assessments									
890.C.3	Medical Evaluation: (applicable to service)									
890.C.4	Ind. Service Plan(s) and Reviews:									
890.C.5	Progress Notes									
890.C.6	Discharge Summary: (if applicable)									

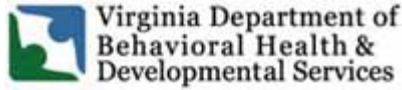


**Department of Behavioral Health and Developmental Services
PERSONNEL RECORD REVIEW FORM
Office of Licensing**

PROVIDER:		LICENSE #:
SERVICE:		SPECIALIST:
DATE:	<input type="checkbox"/> Scheduled Inspection	<input type="checkbox"/> Unannounced Inspection

COMMENTS:		<u>Name/Record Number</u>							
DATE OF HIRE:									
390.C	Separate File for Health Information								
400	Separate File for Background and Registry Check								
400	Criminal Background Check: State								
400	Criminal Background Check: FBI								
400	Central Registry Check								
400.D	Prior to beginning duties								
400.E.1	Provider will maintain disclosure statement								
400.E.2	Provider will maintain Documentation that material was submitted & departmental transmittal results								
410.A.1	Job Description includes job title								
410.A.2	Job Description includes duties & responsibilities								
410.A.3	Job Description includes title of supervisor								
410.A.4	Job Description includes minimum KSA								
420.A	Qualified for Job:								
420.B	Verification of Prof. Credentials								
430	Personnel Record:								
430.A.1	Identifying information								
430.A.2	Education & training history								
430.A.3	Employment history								
430.A.4	Verification of Credentials								
430.A.5	Job-related references and verification of employment history.								
430.A.6	Results of Criminal/Registry								
430.A.7	Performance Evaluations								
430.A.8	Disciplinary actions (if any)								
430.A.9	Licensing org./HR adverse actions (if any)								
430.A.10	Record of Employee Participation in dev. activities/orientation								

440	Orientation of Staff –15 business days									
440.1	Orientation: Objectives & Philosophy									
440.2	Orientation: Confidentiality									
440.3	Orientation: Human Rights									
440.4	Orientation: Personnel policies									
440.5	Orientation: Emergency preparedness									
440.6	Orientation: Person-centeredness									
440.7	Orientation: Infection control									
440.8	Orientation: Other applicable policies									
450	Staff Training & Development:									
460	Emergency Medical or First Aid Training									
460	CPR									
470	Written policy of staff kept informed of policy changes									
480.A	Written policy for Performance evaluations									
480.B	Performance evaluation include developmental needs									
480.C	Performance evaluation at least annually for each employee or contractor									
510.A	Initial TB screening w/in 30 days									
510.B	Annual TB (SA - OP & Residential.):									
530.B.1	ER preparedness training: alerting personnel & sounding alarms									
530.B.2	ER preparedness training: implementing evacuation procedures									
530.B.3	ER preparedness training: using, maintaining & operating equipment									
530.B.4	ER preparedness training: Accessing ER medical information									
530.B.5	ER preparedness training: utilizing community supports									
770.B&C -780.3	Medication Management Training:									
800.B	Behavior Management Training									



Department of Behavioral Health and Developmental Services
CHILDREN’S RESIDENTIAL SERVICE PHYSICAL ENVIRONMENT REVIEW FORM
Office of Licensing

PROVIDER:	LICENSE #:
SERVICE:	SPECIALIST:
DATE:	<input type="checkbox"/> Scheduled Inspection <input type="checkbox"/> Unannounced Inspection

Regulation:	Description:	Compliance Indicator:
60.J	The provider’s current policy and procedure manual shall be readily accessible to all staff.	
420.A	All buildings and building related equipment shall be inspected and approved by the local building official. Approval shall be documented by a certificate of occupancy	
420.B	The facility shall document at the time of its original application evidence of consultation with state or local fire prevention authorities.	
420.C	The facility shall document annually, after the initial application that the buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code	
420.D.1	At the time of the original application and annually thereafter the buildings shall be inspected and approved by state or local health officials, whose inspection and approval shall include: General sanitation	
420.D.2	The sewage disposal system	
420.D.3	The water supply	
420.D.4	Food service operations	
420.E	The buildings and physical environment shall provide adequate space and shall be of s design that is suitable to house the program and services provided and meet the specialized needs of residents	
420.F	Building plans and specifications for new construction, change in use of existing buildings and any structural modifications or additions to existing buildings shall be submitted and approved by the lead regulatory agency, and other appropriate regulatory authorities	
420.G.	Swimming pools shall be inspected annually by state or local health authorities or by a swimming pool company	
430.A	Heat shall be evenly distributed in all rooms occupied by residents such that a temperature of 68°F is maintained	
430.B	Natural or mechanical ventilation to the outside shall be provided in all rooms used by residents	
430.C	Air conditioning or mechanical ventilating systems, such as electric fans, shall be provided in all rooms occupied by residents when the temperature in those rooms exceeds 80°F	
440.A	Artificial lighting shall be by electricity	
440.B	All areas within the buildings shall be lighted for safety and the lighting sufficient for the activities being performed	
440.C	Lighting in halls shall be adequate and shall be continuous at night	
440.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	

440.E	Outside entrances and parking areas shall be lighted for protection against injuries and intruders	
450.A	Plumbing shall be maintained	
450.B	Adequate supply of hot and cold running water is available at all times	
450.C	Precautions shall be taken to prevent scalding from running water. Water temperatures maintained between 100°F and 120°F	
460.A	One toilet, one hand basin, one shower or bathtub in each living unit	
460.B	At least one bathroom with a bathtub	
460.C	For facilities licensed BEFORE July 1, 1981, One toilet, one hand basin, one shower or bathtub for every eight residents	
460.D	There shall be One toilet, one hand basin, one shower or bathtub for every FOUR residents in any building constructed or structurally modified after July 1, 1981; For facilities licensed AFTER December 28, 2007, One toilet, one hand basin, one shower or bathtub for every FOUR residents	
460.E	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	
470.A	An adequate supply of personal necessities shall be available to the residents at all times for purposes of personal hygiene and grooming	
470.B	Clean, individual washcloths and towels shall be in good repair and available once each week and more often if needed	
470.C.1	When residents are incontinent or not toilet trained: provision shall be made for sponging, diapering or other similar care on a non-absorbent changing surface that shall be cleaned with warm soapy water after each use	
470.C.2	A covered diaper pail, or its equivalent, with leak proof liners shall be used to dispose of diapers. If cloth and disposable diapers are both used there shall be a diaper pail for each	
470.C.3	Adapter seats and toilet chairs shall be cleaned immediately after each use with appropriate cleaning materials	
470.C.4	Staff shall thoroughly wash their hands with warm soapy water immediately after assisting a child or themselves with toileting	
470.C.5	Appropriate privacy, confidentiality and dignity shall be maintained for residents during toileting and diapering	
480.A	Ages four and over, separate sleeping areas for boys and girls	
480.B	No more than four residents share a bedroom	
480.C	Children who use wheelchairs, crutches, canes or other mechanical devices for assistance in walking shall be provided with a planned, personalized means of egress for use in emergencies	
480.D	Beds 3 feet apart at head, foot and sides; double-decker beds at least five feet apart at head, foot and sides	
480.E.1	Sleeping areas shall have: 80 square feet for single occupancy	
480.E.2	60 square feet per person in rooms accommodating more than two residents	
480.E.3	Ceilings at least 7 ½ feet, exclusive of protrusions, duct work or dormers	
480.F	Each child a separate clean, comfortable bed equipped with a mattress, pillow, clean blankets, clean bed linens, and if needed, a clean waterproof mattress cover	
480.G	Bed linens changed at least every 7 days or more often if needed	
480.H	Mattresses shall be fire retardant as evidenced by documentation from the manufacture except in facilities equipped with an automated sprinkler system	
480.I	Cribs provided for residents under 2 years of age	
480.J	Each resident assigned drawer and closet space, or their equivalent, which is accessible to the	

	sleeping area for storage of clothing and personal belongings	
480.K	Sleeping areas conducive to sleep and rest	
490	Smoking prohibited	
500.A.1	Bathrooms not intended for individual use shall have each toilet enclosed for privacy	
500.A.2	Bathtubs and showers shall provide visual privacy for bathing	
500.B	Windows in bathrooms, sleeping areas and dressing areas shall provide for privacy	
500.C	Sleeping areas have doors that may be closed for privacy or quiet; doors shall be readily opened in case of emergency	
500.D	Residents provided privacy from routine sight supervision by staff of opposite gender while bathing, dressing, or conducting toileting activities. This section does not apply to staff performing medical procedures, assisting infants, or staff providing assistance to residents with physical or mental disabilities requiring the need for assistance. These activities are justified in the resident's record	
510.E	Video and audio monitoring permitted only with approval of the lead regulatory agency; facilities licensed by DBHDS, approval from the Office of Human Rights	
520.A	Each living unit shall have a living room or other area for informal use. Furnishings shall provide a comfortable home like environment that is appropriate to the age of residents	
520.B	Shall have indoor recreational space that contains indoor recreational materials appropriate to the ages and interests of residents	
520.C	Licensed to care for more than 13 residents, shall have indoor recreational space distinct from the living room	
530A	Serving school aged children, study space provided	
530.B	Study space well lighted, quiet, and equipped with tables or desks and chairs	
540.A	Meals served in areas equipped with sturdy tables and benches or chairs that are size and age appropriate	
540.B	Adequate kitchen facilities and equipment	
540.C	Walk in refrigerators, freezers and other enclosures equipped with emergency exits	
550	Appropriate space and equipment in good repair in laundry areas	
560	Space provided for storage of such items as first aid equipment, household supplies, recreational equipment, luggage, out of season clothing, and other materials	
570.A	Separate private bedroom for staff and their families when staff are on duty for 24 consecutive hours	
570.B	Separate private bathroom for staff and their families when staff are on duty for 24 consecutive hours	
570.C	Staff and their families shall not share bathrooms with residents	
580	Space provided for administrative activities as appropriate, including confidential conversations and provision for storage of records and other materials	
590.A	Facilities grounds shall be safe, properly maintained, free of clutter and rubbish	
590.B	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	
590.C	Outdoor recreational space shall be available and properly maintained	
600.A	Furnishings and equipment shall be safe, clean and suitable for the ages and numbers of residents	
600.B	One continuously operable, non-pay telephone accessible to staff in each building children sleep or participate in programs	
600.A	Buildings well ventilated and free of stale, musty or foul odors	

600.B	Adequate provision for the disposal of garbage and waste	
600.C	Free of flies, roaches, rats and other vermin	
600.D	Sanitizing agent used in the laundering of bed, bath, table and kitchen linens	
620.A	Horses and other animals maintained on the premises shall be quartered a reasonable distance from sleeping, eating, living and food preparation areas	
620.B	Animals maintained on premises shall be tested, inoculated and licensed as required by law	
620.C	Free of stray domestic animals	
620.D	Pets provided with clean quarters and adequate food and water	
800.A	There shall be evidence of a structured program of care	
800.B	There shall be evidence of a structured daily routine designed to ensure the delivery of the programs services	
800.C	A daily communication log shall be maintained to inform staff of significant happenings or problems experienced by residents	
800.D	Health and dental complaints and injuries shall be recorded and include: resident's name; complaint; and affected areas; time of the complaint	
800.E	The identity of the individual making entry in the daily log shall be recorded	
840.K	A well stocked first aid kit shall be maintained and readily accessible for minor injuries and medical emergencies	
850.A	All medications securely locked and labeled	
850.F	A medication administration record shall be maintained of all medicines received by each resident and shall include:	
850.F.1	Date prescribed	
850.F.2	Drug name	
850.F.3	Schedule of administration	
850.F.4	Strength	
850.F.5	Route	
850.F.6	Identity of individual administering medication	
850.F.7	Date discontinued or changed	
850.J	Telephone number of regional poison control center and other emergency numbers shall be posted next to each non-pay telephone	
850.K	Syringes and other medical implements used for injecting or cutting shall be locked	
860.B	Menus of actual meals shall be kept on file for six months	
860.C	Special diets provided when prescribed by a physician and established religious practices of residents	
860.F	Providers shall ensure that food is available to residents who need to eat breakfast before the fifteen hours have expired	
880.A	There shall be an emergency telephone number where a staff member may be immediately contacted 24 hours a day	
910.B	Time out areas shall not be locked	
910.C	Residents in time out can communicate with staff	
940.L	Anytime children are present staff must be present who have completed all trainings in behavior intervention	
970.F	Daily schedule has adequate study time	
1060.A.1	Transportation provided for or used by children shall comply with local, state and federal laws to include: vehicle safety and maintenance	
1060.A.2	Licensure of vehicles	

1060.A.3	Licensure of drivers	
1110.A.5	Provider shall have supporting documents that would be needed in an emergency including emergency call lists, building and site maps necessary to cut off utilities, designated escape routes, and list of major resources such as local emergency shelters	
1110.A.6	Schedule for testing the implementation of the emergency plan and conducting drills	
1110.C	The provider shall document annual review of the ER preparedness plan	
1110.G	Floor plans showing primary and secondary egress shall be posted in locations easily seen by residents and staff	
1110.H	Procedures and responsibilities reflected in the ER plan communicated to all residents within 7 days of admission	
1110.I	At least one evacuation drill each month	
1110.J.1	Evacuation drills shall include: sounding of ER alarms	
1110.J.2	Practice in evacuating the building	
1110.J.3	Practice in alerting authorities	
1110.J.4	Simulated use of ER equipment	
1110.J.5	Practice in securing resident emergency medical information	
1110.K	During any three consecutive months one drill on each shift	
1110.L.1	Record shall be maintained of each drill and shall include: building where conducted	
1110.L.2	Date and time	
1110.L.3	Amount of time to evacuate	
1110.L.4	Specific problems encountered	
1110.L.5	Staff tasks completed including	
1110.L.5.a	Head count	
1110.L.5.b	Practice in notifying authorities	
1110.L.6	The name of the staff member responsible for conducting and documenting the drill	
1110.M	Record of each drill maintained for three years	

**Department of Behavioral Health and Developmental Services
CHILDREN'S RESIDENTIAL SERVICE PHYSICAL ENVIRONMENT REVIEW FORM
Office of Licensing**

FACILITY NAME: _____

DATE OF REVIEW: _____ REVIEWED BY: _____

Standard	RESIDENTS	R1	R2	R3	R4	R5	R6	R7
625	Children shall only be accepted by court order or a signed placement agreement							
640.B	Facility shall accept and serve only those children whose needs are compatible with the services provided							
660.A	A separate written or automated case record shall be maintained for each resident. A separate health record may be maintained on each resident							
660.B	Each case record and health record shall be kept up to date and in a uniform manner							
660.F	Each resident's written case and health records shall be stored separately subsequent to the resident's discharge							
660.G	Written and automated records shall be stored in their entirety for a minimum of three years after discharge							
660.H	Face sheet maintained permanently							
680.A	Documentation of prior approval of the administrator of the Virginia Interstate compact shall be retained in the record of each resident admitted from outside the state of Virginia							
680.B	Documentation that the provider has sent copies of all serious incident reports regarding any child placed through the Interstate Compact to the Administrator of the Virginia Interstate Compact, shall be kept in the record							
680.C	No later than five days after a resident has been transferred to another facility operated by the same sponsor, the record shall contain documentation that the Administrator of the Virginia Interstate Compact was notified in writing of the transfer							
710.A	Admission shall be based on evaluation of an application for admission							
710.B.1	Application for admission addresses the educational needs of the resident							
710.B.2	The mental health, emotional & psychological needs of the resident							
710.B.3	The physical health needs, including immunization needs							
710.B.4	The protection needs of the resident							

710.B.5	The suitability of the resident's admission										
710.B.5	The behavioral support needs of the resident										
710.B.6	Information necessary to develop a service plan										
710.C	Resident's record shall contain a completed application for admission at the time of admission or within 30 days following an emergency admission										
720.A.1	The placement agreement authorizes the resident's placement										
720.A.2	Addresses the acquisition of and consent for any needed medical treatment										
720.A.3	The rights and responsibilities of each party										
720.A.4	Addresses financial responsibility										
720.A.5	Addresses the educational plan for the resident										
720.B	Each resident's record shall contain, prior to a routine admission, a completed placement agreement signed by the facility representative, legal guardian and placing agency										
720.C	The record of each person admitted based upon court order shall contain a copy of the court order										
730.A	At the time of admission each resident's record shall contain a face sheet that contains (i) resident's full name, last known residence, birth date, birth place, gender, race, social security number or other unique identifier, religious preference, admission date and (ii) names, addresses and telephone numbers of legal guardians, placing agency, emergency contacts, and parents, if appropriate										
730.B	Information shall be updated when changes occur										
730.C	Face sheet for pregnant teens shall include expected delivery date and name of the hospital to provide delivery services										
730.D	The face sheet of resident's transferred to facilities operated by the same sponsor shall include the address and dates of placement and transfer at each location										
730.E.1	At the time of discharge the following information shall be added to the face sheet: Date of discharge										

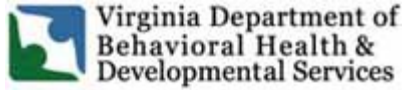
750.F	Each plan and quarterly update shall include the date it was developed and the signature of the person who developed it									
750.H.1	There shall be documentation showing the involvement of the following parties in developing and updating the ISP and quarterly progress reports: The resident									
750.H.2	The resident's family, if appropriate, and legal guardian									
750.H.3	The placing agency									
750.H.4	Facility staff									
750.I	The initial ISP and all quarterly progress reports shall be distributed to the resident, resident's family, legal guardian, placing agency and appropriate facility staff									
760.A.1	Except when transfer is ordered by the court, the receiving facility shall document at the time of transfer: preparation through sharing information with the resident, resident's family and placing agency about the facility, staff, population served, activities and criteria for admission									
760.A.2	Notification to the family, if appropriate, the resident, the placing agency and legal guardian									
760.A.3	Receipt from the sending facility of a written summary of the resident's progress, justification for the transfer, and the resident's strengths and needs									
760.A.4	Receipt of the resident's record									
765.C	The record of each resident discharged upon receipt of a court order shall contain a copy of the court order									
765.G.1	Unless discharge is ordered by the court, prior to the planned discharge date, each resident's record will contain: Documentation that the discharge was planned and discussed with the parent, legal guardian, placing agency and resident									
765.G.2	A written discharge plan									
765.H.1	No later than 30 days after discharge a comprehensive discharge summary shall be placed in the resident's record and sent to the placing agency making the placement.									
765.H.1.a	The summary shall include: Services provided to the resident									
765.H.1.b	Resident's progress in meeting service plan objectives									
765.H.1.c	Resident's continuing needs and recommendations for further services									

840.D	Each resident's health record shall include documentation of (i) the initial physical examination (ii) an annual physical examination, by or under the direction of a licensed physician, including recommendations for follow-up care (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident								
840.E.1.a	Each physical examination report shall include: Information necessary to determine the health and immunization needs of the resident, including immunizations administered at the time of the exam								
840.E.1.b	Vision exam								
840.E.1.c	Hearing exam								
840.E.1.d	General physical condition, including documentation of apparent freedom from communicable disease, including TB								
840.E.1.e	Allergies, chronic conditions, handicaps								
840.E.1.f	Nutritional requirements, including special diets								
840.E.1.g	Restrictions on physical activities, if any								
840.E.1.h	Recommendations for further treatment, immunizations or other examinations indicated								
840.E.2	Date of the physical examination								
840.E.3	Signature of a licensed physician, the physician's designee or an official from the health department								
840.G	Each resident's health record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) documentation of follow-up dental care recommended by the dentist or indicated by the needs of the resident.								
840.H	Each resident's health record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given								
840.I	Each resident's health record shall include or document the facilities efforts to obtain, treatment summaries of ongoing psychiatric or other mental health treatment and reports, if applicable								
850.E	Medication prescribed by a person authorized by law shall be administered as prescribed								
850.F.1	A medication administration record shall be maintained of all medicines received by each resident and shall include: The date the medication was prescribed								

850.F.2	Drug name									
850.F.3	Schedule for administration									
850.F.4	Strength									
850.F.5	Route									
850.F.6	Identity of the individual who administered the medication									
850.F.7	Dates the medication was discontinued or changed									
850.H	Medication refusals shall be documented including actions taken by staff									
900.A.1	Within 30 days of admission the provider shall develop and implement a written behavior support plan that allows the resident to self-manage their behaviors. Each individualized plan shall include: Identification of positive and problem behaviors									
900.A.2	Identification of triggers for behaviors									
900.A.3	Identification for successful intervention strategies for problem behavior									
900.A.4	Techniques for managing anger and anxiety									
900.A.5	Identification of interventions that may escalate inappropriate behavior									
900.B.1	Individualized behavior support plans shall be developed in consultation with: The resident									
900.B.2	Legal guardian									
900.B.3	Resident's parents, if applicable									
900.B.4	Program director									
900.B.5	Placing agency staff									

1070.C.4	The name of the person who completed the report																		
1070.C.5	The name of the person who made the report to the placing agency and to the parents and/or legal guardian																		
1070.C.6	The name of the person to whom the report was made																		
1080.B	Any case of suspected child abuse or neglect shall be reported to the local CPS unit																		
1080.D.1	When a case of suspected child abuse or neglect is reported to CPS, the resident's record shall include: The date and time the suspected abuse or neglect occurred																		
1080.D.2	A description of the suspected abuse or neglect																		
1080.D.3	Action taken as a result of the suspected abuse or neglect																		
1080.D.4	The name of the person to whom the report was made at the local CPS																		
INDEPENDENT LIVING PROGRAMS																			
1120.B	Within 14 days of placement the provider must complete an assessment, including strengths and needs, of the resident's life skills using an independent living assessment tool approved by the regulatory authority. The assessment must cover the following areas:																		
1120.B.1	Money management and consumer awareness																		
1120.B.2	Food management																		
1120.B.3	Personal appearance																		
1120.B.4	Social skills																		
1120.B.5	Health/sexuality																		
1120.B.6	Housekeeping																		
1120.B.7	Transportation																		

1120.C.8	Educational planning/career planning									
1120.C.9	Job seeking skills									
1120.C.10	Job maintenance skills									
1120.C.11	Emergency and safety skills									
1120.C.12	Knowledge of community resources									
1120.C.13	Interpersonal skills/social relationships									
1120.B.14	Legal skills									
1120.B.15	Leisure activities									
1120.B.16	Housing									



**Virginia Department of
Behavioral Health &
Developmental Services**

**Department of Behavioral Health and Developmental Services
CHILDREN'S RESIDENTIAL SERVICE STAFF RECORD REVIEWFORM
Office of Licensing**

CHILDREN FACILITY NAME: _____ DATE: _____
 REVIEWED BY: _____ NUMBER OF STAFF: _____
 # OF CURRENT RECORDS REVIEWED: _____ # OF FORMER STAFF RECORDS REVIEWED: _____

STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7	S8
250.B.1	At time of hire OR residency at a facility each individual shall submit the results (elements of VDOH form) of a screening assessment, documenting the absence of communicable TB. Results no older than 30 days.								
250.B.2	Annual results of a screening assessment, documenting the absence of communicable TB (elements of VDOH form).								
250.C.2	Individual with chronic respiratory symptoms of three weeks duration shall be immediately evaluated for infectious TB								
250.D	Individual suspected of having TB shall not be permitted to return to work or have contact with staff or residents until a physician has determined they are free of infectious TB								
STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7	S8
270.B.1	A person who assumes or is designated to assume the responsibilities of a position or any combination of positions shall, AFTER December 28, 2007: Meet the qualifications of the position(s) assumed								
270.C	Professionally qualified personnel providing services or consultations on contractual basis								
300.A	Separate up-to-date personnel record for each employee, student/intern, contractor or volunteer								
300.B.	Each employee record will include:								
300.B.1	Completed application or other written material providing name, address, phone number, and SSN <u>OR</u> other unique identifier								
300.B.2	Educational background & employment history								

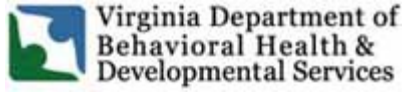
300.B.3	Written references or notations of oral references								
300.B.4	Reports of required health examinations								
300.B.5	Annual performance evaluations								
300.B.6	Dates of employment for each position held & separation								
300.B.7	Documentation of compliance with Va laws regarding child protective services and criminal history background investigations. <u>CPS</u> - (results received prior to working alone with children) <u>FBI</u> - (results received prior to work with children) <u>Written Disclosure Statement</u> (signed prior to work with children)	<u>FBI</u>	<u>FBI</u>	<u>FBI</u>	<u>FBI</u>	<u>FBI</u>	<u>FBI</u>	<u>FBI</u>	<u>FBI</u>
		<u>CPS</u>	<u>CPS</u>	<u>CPS</u>	<u>CPS</u>	<u>CPS</u>	<u>CPS</u>	<u>CPS</u>	<u>CPS</u>
		<u>Disclosure</u>	<u>Disclosure</u>	<u>Disclosure</u>	<u>Disclosure</u>	<u>Disclosure</u>	<u>Disclosure</u>	<u>Disclosure</u>	<u>Disclosure</u>
STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7	S8
300.B.8	Documentation of educational degrees or professional certification/licensure								
300.B.9	Documentation of all regulation required training AND other training received								
300.B (cont)	Each employee record will include:								
300.B.10	A current job description								
310.A	Required Initial training								
310.A.1	Within 7 days following their begin date each staff member responsible for the supervision of children receives: basic orientation to the facilities behavioral intervention policies, less restrictive intervention techniques and procedures, timeout and physical restraint								
310.A.2	Within 14 days following their begin date, or before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include:								
310.A.2.a	Alerting emergency personnel and sounding alarms								

310.A.2.b	Implementing evacuation procedures								
310.A.2.c	Using & maintaining and operating emergency equipment								
310.A.2.d	Accessing resident's emergency information including medical information								
310.A.2.e	Utilizing community resources								
310.A.3	Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and student/interns shall be given orientation and training regarding:								
STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7	S8
310.A.3.a	The objectives of the facility								
310.A.3.b	Practices of confidentiality								
310.A.3.c	The decision making plan								
310.A.3.d	The Interdepartmental Standards, including prohibited actions								
310.A.3.e	Other policies and procedures applicable to their position, duties and responsibilities								
310.A.4	Within 30 days following their begin date all staff working with residents shall be enrolled (unless currently certified) in a standard first aid and CPR class								
310.A.5	Within 30 days of their begin date all staff working with residents shall be trained in: * child abuse and neglect, * mandatory reporting, *Maintaining professional relationships and interaction among staff and residents and * suicide prevention.								
310.A.6	Within 30 days of their begin date all staff shall be trained on the facility's P&P regarding standard precautions								
310.A.7	Within 30 days of their begin date all staff shall be trained on: *appropriate siting of CRFs *good neighbor policies and *community relations								

310.A.8	Before they can administer medication all staff responsible for medication administration shall have successfully completed a medication administration program approved by the Board of Nursing or be VA licensed to administer medications								
310.A.9	All staff shall be trained in any area of quality improvement as identified from the results of the QA plan								
310.B	Required annual re-training								
STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7	S8
310.B.1	All employees, contractors, student/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include:								
310.B.1.a	Alerting emergency personnel and sounding alarms								
310.B.1.b	Implementing evacuation procedures								
310.B.1.c	Using, maintaining and operating emergency equipment								
310.B.1.d	Accessing resident emergency information including medical information								
310.B.1.e	Utilizing community support services								
310.B.2	All staff who administer medication shall complete an annual refresher course								
310.B.3	All child care staff shall receive annual retraining on the providers behavior intervention and timeout policies and procedures								
310.B.4	All child care staff shall receive annual retraining in: *child abuse and neglect, * mandatory reporting, * maintaining professional relationships and interaction among staff and residents and * suicide prevention								
310.B.5	All staff shall receive annual retraining on the provider's policies regarding standard precautions								
310.C	Each Full time staff person <u>who works with residents</u> shall complete an additional 15 hours of annual training applicable to their job duties.								

320.3	Documentation of staff supervision consistent with the provider's policies								
340.C	CAO shall submit the following:								
340.C.1	Official transcripts by college or university attended within 30 days of date of hire, and								
340.C.2	Documentation of prior relevant experience								
350.E	Program Director shall submit:								
STANDARD	Brief Description	S1	S2	S3	S4	S5	S6	S7	S8
350.E.1	Official transcripts by college or university attended within 30 days of date of hire, and								
350.E.2	Documentation of prior relevant experience								
380.D	An individual hired, promoted, demoted, or transferred to a child care workers position shall be at least 21 years old except as provided for in 22 VAC 42-11-270.A								
400.D	Volunteers and students shall have the qualifications appropriate to the services they provide								
630.D	Each facility shall provide documentation showing proof of contractual agreements or staff expertise to provide educational services, counseling services, psychological services, medical services, or any other services needed to serve the residents.								
810.B	All staff responsible for medication shall have successfully completed a medication training program approved by the Board of Nursing								
810.C	Staff authorized to administer medication shall be informed of any known side effects of the medication and symptoms of the effects								
1080.B.2	Wilderness and adventure activities- Trip coordinator's staff record shall document: * his experience in and knowledge and regarding wilderness activities AND * training in wilderness first aid *one year experience at the facility								

1080.H	<p>Wilderness and adventure activities- direct care workers that take residents on wilderness/adventure activities shall be trained in a wilderness first aid course.</p>							
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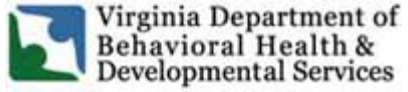


**Virginia Department of
 Behavioral Health &
 Developmental Services**
Department of Behavioral Health and Developmental Services
Office of Licensing
HIPPA Compliance
Protecting Privileged Health Information

Provider: _____ Date: _____

Service: _____ Location: _____ Specialist: _____

Individual Name	Date of Admission	Date of Discharge	Employee Name	Date of Hire	Date of Termination
Individual #1			Employee #1		
Individual#2			Employee #2		
Individual #3			Employee #3		
Individual #4			Employee #4		
Individual #5			Employee #5		
Individual #6			Employee #6		
Individual #7			Employee #7		
Individual #8			Employee #8		
Individual #9			Employee #9		
Individual #10			Employee #10		



**Virginia Department of
Behavioral Health &
Developmental Services**

**Department of Behavioral Health and Developmental Services
Office of Licensing
HIPPA Compliance
Protecting Privileged Health Information**

Provider: _____ Date: _____

Service: _____ Location: _____ Specialist: _____

Medication	Dosage	Medication prescribed to
Medication #1		
Medication #2		
Medication #3		
Medication #4		
Medication #5		
Medication #6		
Medication #7		
Medication #8		
Medication #9		
Medication #10		

EMERGENCY PREPAREDNESS PLANNING AND CONTACTS

The Office of Licensing will ensure that critical operations will continue normal processing or, in the event of a major disruption, resume operations as quickly as possible.

The Office of Licensing will promote maintenance of critical services within safe environments during emergencies.

1. Contact List and After-Hours Notification of Emergency Situations

- The Office of Licensing contact list, including names, addresses and phone numbers, is attached to this protocol, however to due to confidentiality of information only the Director(s) of Licensing will have this information.
- When after-hours communication is required, the Office of Licensing Director will contact the Associate Directors and they will determine which staff needs to be contacted.
- Staff back up in the event of an emergency is as follows:
 - ◆ Central Office- **2** Associate Directors (AD) will back up Director and vice versa.
 - ◆ Central Office- **6** Specialists and Admin staff will back up each other.
 - ◆ Region 1- **7** Western staff will back up each other
 - ◆ Region 2- **5** Northern Virginia staff will back up each other.
 - ◆ Region 3- **4** Southwest staff will back up each other
 - ◆ Region 4- **10** Central Region staff will back up each other.
 - ◆ Region 5- **8** Tidewater staff will back up each other.
 - ◆ Office of Licensing Director and Associate Directors will back up all staff when regional staff is not available for back up.

2. Off-site Storage of Copies of Critical Documents

The Office of Licensing maintains the copies (Room 420- right of the elevator) of some official licensing records for licensed providers in its Central Office. Electronic copies of most of the data are contained in OLIS. Each computer and laptop in the office would have copies of data from OLIS. IT has OLIS data on its servers and has tape back-ups. Loss of paper files in Central Office would mean that actual copies of applications, licenses, and supporting documentation would be loss. In addition, some secondary files are located in the specialists' offices in the field in the event of an emergency.

- In the event of an impending emergency situation that might result in damage to an Office of Licensing work area, staff will vacate the premises in accordance with

area alerts.

- Staff at each work location will consult with their respective supervisors and identify critical information to be moved to a safe location in such an event. Such information should only be removed if time permits. Samples of the type of information to consider for removal are as follows:
 - ◆ Laptops, scanners, printers, etc.
 - ◆ Any critical information that is not backed up via computer; i.e., original reports, notes
 - ◆ In the Central Office, staff will assess at the time of the emergency whether movement of provider “org” files (Room 420-right of elevator) is necessary and can be accomplished in time allowed by the emergency. Staff will have to access movable carts to move files out of the building and have an alternative location designated.
- If no location is determined to be safe, then the information will not be removed from the office.

3. General Plan and Procedures

- All Office of Licensing staff will keep the following information at home:
 - ◆ Office of Licensing contact list
 - ◆ Central Office and licensed provider contact list
 - ◆ Other critical information as determined by staff
- Office of Licensing staff will adhere to emergency alerts and instructions from appropriate authorities.
- In the event of an emergency that makes it impossible for staff to go to the office, staff will contact their supervisor for direction and assignments. If the Director is unavailable, due to the emergency, then staff will contact the Associate Directors.
- Staff will change phone messages on office and cell phones to direct callers to numbers where staff is present to receive calls, either by a direct number or by cell phone.
- In the event of an emergency that impacts their respective region, the Office of Licensing Specialists will contact the supervisor for direction and assignments.
- In the event of an emergency that impacts any member of Office of Licensing, the Director will inform the Assistant Commissioner for Administrative and Regulatory Compliance about the status of the employees and offices affected by the emergency.
- In the event that the Director is unavailable due to an emergency, then the Associate Directors will coordinate activities and assignments.
- If offices are unavailable due to an emergency, staff may work from home.

- As the emergency permits, staff will transport laptops, portable printers, and cell phones to alternative locations.

4. Critical Records/equipment/other items in Jefferson Building

- In the file rooms (Room 4 of the Office of Licensing are official licensing records for DBHDS providers in the state of Virginia. At the time of an emergency, staff will need to determine, based on time and available resources, whether any records should be transported out of the building to another location.
- Critical equipment - laptops containing the OLIS program needs to be evacuated.