

**STATE BOARD OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE  
ABUSE SERVICES**

**Title of Regulation: 12 VAC 35-115-10 et seq. Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services.**

CHAPTER 115.

RULES AND REGULATIONS TO ASSURE THE RIGHTS OF INDIVIDUALS  
RECEIVING SERVICES FROM PROVIDERS OF MENTAL HEALTH, MENTAL  
RETARDATION AND SUBSTANCE ABUSE SERVICES.

PART I.

GENERAL PROVISIONS.

**12 VAC 35-115-10. Authority and applicability.**

A. The Code of Virginia authorizes these regulations to protect the rights of individuals receiving services from providers of mental health, mental retardation and substance abuse services in the Commonwealth of Virginia. The regulations require providers of services to take specific actions to protect the rights of each individual.

B. Providers subject to these regulations include:

1. Facilities operated by the department under Article 1 (§ 37.1-1 et seq.) of Chapter 1 of Title 37.1 of the Code of Virginia;
2. Sexually violent predator programs created under § 37.1-70.10 of the Code of Virginia;
3. Community services boards that provide services under Chapter 10 (§ 37.1-194 et seq.) of Title 37.1 of the Code of Virginia;
4. Behavioral health authorities that provide services under Chapter 15 (§ 37.1-242 et seq.) of Title 37.1 of the Code of Virginia;

5. Providers, public or private, that operate programs or facilities licensed by the department under Chapter 8 (§ 37.1-179 et seq.) of Title 37.1 of the Code of Virginia; and

6. Any other providers receiving funding from or through the department.

C. Unless another law takes priority, these regulations apply to all individuals who are receiving services in a public or private program operated, licensed or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services, except those operated by the Department of Corrections. These regulations apply to individuals in forensics units and individuals committed to the custody of the commissioner as sexually violent predators, except to the extent that the commissioner has determined that forensics units and the sexually violent predator unit are exempt.

**12 VAC 35-115-20. Policy.**

A. Each individual who receives services shall be assured:

1. Protection to exercise his legal, civil, and human rights related to the receipt of those services;
2. Respect for basic human dignity; and
3. Services that are provided within professionally acceptable parameters of clinical practice.

B. Providers shall not deny any person his legal rights, privileges or benefits solely because he has been voluntarily or involuntarily admitted, certified or committed to services. These legal rights include, but are not limited to, the right to:

1. Acquire and retain property;
2. Sign legal documents;
3. Buy or sell;
4. Enter into contracts;
5. Register and vote;
6. Get married, separated, divorced, or have a marriage annulled;

7. Hold a professional, occupational, or vehicle operator's license;
8. Make a will; and
9. Have access to lawyers and the courts.

**12 VAC 35-115-30. Definitions.**

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

"Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or mental harm, injury, or death to an individual receiving services. Examples of abuse include but are not limited to the following:

1. Rape, sexual assault, or other criminal sexual behavior;
2. Assault or battery;
3. Use of language that demeans, threatens, intimidates or humiliates the person;
4. Misuse or misappropriation of the person's assets, goods or property;
5. Use of excessive force when placing a person in physical or mechanical restraint;
6. Use on a person of physical or mechanical restraints that is not in compliance with federal and state laws, regulations, and policies, professionally accepted standards of practice or the person's individualized services plan; and
7. Use of more restrictive or intensive services or denial of services to punish the person or that is not consistent with his individualized services plan.

"Advocate" or "human rights advocate" means a person employed by the State Human Rights Director to help individuals exercise their rights under this chapter. See 12 VAC 35-115-230 C.

"Behavioral management" means the use of verbal interactions and physical restraint approved by the provider to manage an individual's behavior when it is potentially dangerous to self or others.

“Behavioral treatment program” means a written set of procedures that are developed to address serious problem behaviors that interfere with an individual’s personal goals, prevent him from benefiting from services, or keep the individual from participating in community life. A behavioral treatment plan is a part of the individualized services plan and it is designed, implemented, and monitored by professionals who have been specially trained to perform these tasks.

“Board” means the State Mental Health, Mental Retardation and Substance Abuse Services Board.

“Caregiver” means an employee or contractor trained to provide care and support services; medical services; or other treatment, rehabilitation, or habilitation services.

“Commissioner” means the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services.

“Community services board (CSB)” means a citizens’ board established pursuant to § 37.1-195 of the Code of Virginia that provides or arranges for the provision of mental health, mental retardation and substance abuse programs and services to consumers within the political subdivision(s) which establishes it.

“Consent” means the voluntary and expressed agreement of an individual, or that individual’s legally authorized representative if the individual has one. Consent is needed to disclose information that identifies an individual receiving services. Consent is also needed before a provider may provide treatment to an individual which poses risk of harm greater than that ordinarily encountered in daily life or during the performance of routine physical or psychological examinations, tests, or treatments, or before an individual participates in human research. Informed consent is generally required for surgery, intrusive treatment and use of anti-psychotic medications. Consent is “informed” only when the provider gives the individual or the individual’s legally authorized representative enough information concerning the proposed treatment, including its risks and benefits, to make a real choice to receive or not receive the treatment or participate in the research.

“Department” means the Department of Mental Health, Mental Retardation and Substance Abuse Services.

“Director” means the chief executive officer of any program delivering services.

“Discharge plan” means the written plan that establishes the criteria for an individual’s discharge from a service and coordinates planning for aftercare services.

“Emergency” means a situation that requires a person to take immediate action to avoid harm, injury, or death to an individual receiving services or to others, or to avoid substantial property damage.

“Exploitation” means the use of an individual or the individual’s property for another person’s advantage if the use is illegal or if the individual or his legally authorized representative did not give permission.

“Governing body of the provider” means the person or group of persons who have final authority to set policy and hire and fire directors.

“Historical research” means the review of information that identifies individuals receiving services for the purpose of evaluating or otherwise collecting data of general historical significance.

“Human research” means any systematic investigation that uses human participants who may be exposed to potential physical or psychological injury if they participate and which departs from established and accepted therapeutic methods appropriate to meet the participants’ needs.

“Individual” means a person who is receiving services. This term includes the terms “consumer,” “patient,” “resident,” and “client.”

“Inspector General” means a person appointed by the Governor to provide oversight through inspections of activities undertaken by the department at department facilities.

“Legally authorized representative” means a person permitted by law or these regulations to give consent for disclosure of information and give informed consent to treatment, including medical treatment, and participation in human research for an individual who lacks the mental capacity to make these decisions.

“Local Human Rights Committee (LHRC)” means a group of at least seven people appointed by the State Human Rights Committee. See 12 VAC 35-115-230 D for membership and duties.

“Neglect” means the failure by an individual, program or facility responsible for providing services to provide nourishment, treatment, care, goods, or services necessary to the health, safety or welfare of a person receiving care or treatment for mental illness, mental retardation or substance abuse.

“Probation” means the issuance of a provisional license, containing specific terms and conditions.

“Probationary status” means that a provisional license containing specific terms and conditions has been issued and that the terms are currently in effect and will remain in effect for a specific period of time.

“Protection and advocacy agency” means the state-designated agency under the federal Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act and the Developmental Disabilities (DD) Act to provide external oversight of individuals’ rights.

“Provider” means any entity or organization that provides services to individuals with mental illness, mental retardation, or problems with substance abuse.

“Residential setting” means a place where an individual lives and services are available from a provider on a 24-hour basis. This includes hospital settings.

“Restraint” means the restriction of any part of an individual’s body from free movement for any purpose. The term includes mechanical devices, medical or surgical devices, protective devices and caregiver “holds.”

1. Mechanical restraint is a device designed to limit the movement of a client during an emergency.
2. Physical restraint means holding a client manually to limit the client’s freedom of movement.
3. Protective device means a mechanical device used for a specific protective purpose or supportive purpose to maintain body position or balance, prevent injury,

or assist the movement of an individual whose mobility is impaired by a physical disorder.

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

“Seclusion” means the placement of an individual in an area secured or locked in a manner that the individual cannot freely leave.

“Serious injury” means any injury which requires the attention of a licensed health professional as defined in Subtitle III (§ 54.1-2400 et seq.) of Title 54.1 of the Code of Virginia.

“Services” means medical care and mental health, mental retardation and substance abuse care, treatment, training, habilitation, or other supports delivered by a provider.

“Services plan” means a plan of services that is designed to meet the needs of a specific individual.

“Services record” means all written information a provider keeps about an individual who receives services.

“Special order” means an administrative order issued to any provider licensed or funded by the department that has a stated duration of not more than 12 months and that may include a civil penalty that shall not exceed \$500 per violation per day, prohibition of new admissions or reduction of licensed capacity for violations of § 37.1-84.1 of the Code of Virginia, the human rights regulations, or licensing statutes or regulations contained in or promulgated under Chapter 8 (§ 37.1-179 et seq.) of Title 37.1 of the Code of Virginia.

“State Human Rights Committee (SHRC)” means a committee of nine members appointed by the board that is accountable for the duties prescribed in 12 VAC 35-115-230 E. See 12 VAC 35-115-230 E for membership and duties.

“State Human Rights Director” means the person employed by and reporting to the commissioner who is responsible for carrying out the functions prescribed in 12 VAC 35-115-230 F.

“Time out” means verbally or gesturally directing an individual to move to a different, open location without a closed door contingent upon the individual’s exhibiting problematic behaviors.

## PART II.

### ASSURANCE OF RIGHTS.

#### **12 VAC 35-115-40. Assurance of rights.**

A. These regulations protect the rights established in § 37.1-84.1 of the Code of Virginia.

B. Every individual has a right to file a complaint. Any individual or anyone acting on his behalf who thinks that a provider has violated any of his rights under these regulations may find out how to file a complaint and get help in filing the complaint in Part IV (12 VAC 35-115-140 et seq.) of this chapter.

C. Other rights and remedies may be available. These regulations shall not prevent any individual from pursuing any other legal right or remedy to which he may be entitled under law.

D. Individuals are entitled to know what their rights are under these regulations; therefore, providers shall take the following actions:

1. Display, in areas most likely to be noticed, a document listing the rights of individuals under these regulations and how individuals can contact an advocate.

2. Notify each individual and his authorized representative about these rights and how to file a complaint. The notice shall be in writing and in any other form needed to make sure the individual understands it. The notice shall tell an individual how he can contact the advocate and give a short description of the advocate’s role. The provider shall give this notice at the time an individual begins services and every year thereafter.

3. Ask the individual to sign the notice of rights. File the signed notice in the individual’s services record. If the individual cannot or will not sign the notice, the person who gave the notice shall document that fact in the individual’s services record.

4. Give a copy of these regulations to anyone who asks for one.
5. Display and provide information as requested by the protection and advocacy agency director that informs individuals of their right to contact the protection and advocacy agency.

### PART III.

#### EXPLANATION OF INDIVIDUAL RIGHTS AND PROVIDER DUTIES.

##### **12 VAC 35-115-50. Dignity.**

A. Each individual has a right to exercise his legal, civil, and human rights, including constitutional rights, statutory rights, and the rights contained in these regulations. Each individual also has the right to be protected, respected, and supported in exercising these rights. Providers shall not take away or limit these rights, partially or totally, because an individual has a mental illness, mental retardation or substance abuse problems or is receiving services for these conditions.

B. In receiving all services, each individual has the right to:

1. Use his preferred or legal name.
2. Be protected from harm, abuse, neglect, and exploitation.
3. Have help in applying for and fully using any public service or benefit to which he may be entitled. These services and benefits include but are not limited to educational or vocational services, housing assistance, services or benefits under Titles II, XVI, XVIII, and XIX of the Social Security Act, and services from legal and advocacy agencies.
4. Have opportunities to talk in private with lawyers, judges, legislators, clergy, licensed health care practitioners, legally authorized representatives, advocates, the Inspector General, and employees of the protection and advocacy agency.
5. Be provided with general information about program services and policies.

C. In services provided in residential settings, each individual has the right to:

1. Have sufficient and suitable clothing.

2. Receive a nutritionally adequate, varied, and appetizing diet prepared and served under sanitary conditions and served at appropriate times and temperatures.

3. Live in a safe, sanitary, and humane physical environment that gives each individual, at a minimum:

a. Reasonable privacy and private storage space;

b. An adequate number and design of private, operating toilets, sinks, showers, and tubs;

c. Direct outside air provided by a window that opens or by an air conditioner;

d. Windows or skylights in all major areas used by individuals;

e. Clean air, free of bad odors; and

f. Room temperatures that are comfortable year round.

4. Choose to attend or not attend religious services held within the program setting and to engage or not engage in any recognized religious practices.

5. Have paper, pencil and stamps provided free of charge for at least one letter every day upon request.

6. Have help in writing or reading mail as needed.

7. Communicate privately with any person by mail or telephone and get help in doing so.

8. Have or refuse visitors.

D. The provider's duties.

1. Providers shall recognize, respect, support, and protect the dignity rights of each individual at all times.

2. Providers shall develop, carry out, and regularly monitor policies and procedures that assure the protection of each individual's rights.

E. Abuse, neglect and exploitation.

1. Policies and procedures governing harm, abuse, neglect and exploitation of individuals receiving their services shall require that, at a minimum, as a condition of employment or volunteering, any employee, volunteer, consultant, or student who knows of or has reason to believe that an individual may have been abused, neglected, or exploited shall immediately report this information directly to the director.

2. The director shall immediately take necessary steps to protect the individual until an investigation is complete. This may include the following:

a. Direct the employee or employees involved to have no further contact with the individual.

b. Temporarily reassign or transfer the employee or employees involved to a position that has no direct contact with individuals receiving services.

c. Temporarily suspend the involved employee or employees pending completion of an investigation.

3. The director shall immediately notify the advocate within 24 hours.

4. The director shall initiate or cooperate in an impartial investigation within 24 hours. The investigation shall be conducted by a person trained to do investigations and who is not involved in the issues under investigation.

a. The investigator shall make a final report to the director and to the advocate within 10 working days of appointment.

b. The director or investigating authority shall, based on the investigator's report and any other available information, decide whether the abuse, neglect or exploitation occurred.

c. If abuse, neglect or exploitation occurred, the director shall take any action required to protect the individual and other individuals. All actions must be documented and reported as required by 12 VAC 35-115-210 A.

d. In all cases, the director shall provide written notice of the decision and actions taken to the individual or the individual's legally authorized representative, the advocate, and the involved employee or employees.

e. If the individual affected by the alleged abuse, neglect or exploitation or his legally authorized representative is not satisfied with the director's actions, he or his legally authorized representative may file a petition for an LHRC hearing under 12 VAC 35-115-160.

5. At any time the director has reason to suspect that an individual may have been abused, neglected, or exploited, the director shall immediately report this information to the appropriate local Department of Social Services (see §§ 63.1-55.3 and 63.1-248.3 of the Code of Virginia) and cooperate fully with any investigation that results.

6. At any time the director has reason to suspect that the abusive, neglectful or exploitive act is a crime, the director shall immediately contact the appropriate law-enforcement authorities and cooperate fully with any investigation that results.

F. Exceptions and conditions to the provider's duties.

1. If an individual has funds for clothing and to buy paper, pencils, and stamps to send a letter every day, the provider does not have to pay for them.

2. The provider may prohibit any religious services or practices that present a danger of bodily injury to any individual or interfere with another individual's religious beliefs or practices.

3. If a provider has reasonable cause to believe that an individual's mail contains illegal material or anything dangerous, the director may open the mail, but not read it, in the presence of the individual. The director shall inform the individual of the reasons for the concern.

4. Providers may limit the use of a telephone in the following ways:

a. Providers may limit use to certain times and places to make sure that other individuals have equal access to the telephone and that they can eat, sleep, or participate in an activity without being disturbed.

b. Providers may limit use by individuals receiving services for substance abuse, but only if professionally accepted parameters of clinical practice require the restriction.

5. Providers may stop, report or intervene to prevent any criminal act.

**12 VAC 35-115-60. Services.**

A. Each individual receiving services shall receive those services according to law and professionally accepted parameters of clinical practice.

B. The provider's duties.

1. Providers shall comply with all state and federal laws, including the Americans with Disabilities Act (42 USC §12101 et seq.), that prohibit discrimination on the basis of race, color, religion, ethnicity, age, sex, disability, or ability to pay. Providers shall develop, carry out, and regularly monitor policies and procedures governing discrimination in the provision of services. These policies and procedures shall require, at a minimum, the following:

a. An individual may complain in writing to the director if he believes that his services have been limited or denied on an unlawful basis.

b. If an individual makes a complaint, the director shall assure that an appropriate investigation is conducted immediately. The director shall make a decision, take action, and document the action within 10 working days of receipt of the complaint.

c. A written copy of the decision and the director's action shall be forwarded to the individual, the advocate, and any employee or employees involved.

d. If the individual is not satisfied with the director's decision or action, he may file a petition for an LHRC hearing under 12 VAC 35-115-160.

2. Providers shall ensure that all clinical services, including medical services and treatment, are at all times delivered within professionally accepted parameters of clinical practice.

3. Providers shall assign a specific person or group of persons to carry out each of the following activities:

a. Medical, mental and behavioral assessments upon admission and during the provision of services;

b. Preparation, implementation, ongoing reviews, and appropriate changes in an individual's services plan; and

c. Preparation and implementation of an individual's discharge plan.

4. Providers shall not prepare or deliver any service for any individual without a services plan that is tailored specifically to the needs and preferences of that individual.

5. Providers shall write the services plan and discharge plan in clear, understandable language.

6. When preparing and changing an individual's services or discharge plan, providers shall ensure that all services received by the individual are integrated.

7. Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely and pertinent.

C. Exceptions and conditions to the provider's duties.

1. Providers may deny or limit an individual's access to a service or services if professionally accepted parameters of clinical practice require limiting the service to individuals of the same sex, or similar age, disability or legal status.

2. With the individual's consent, providers may involve family members in services and discharge planning.

**12 VAC 35-115-70. Participation in decision making.**

A. Each individual has a right to participate meaningfully in all decisions affecting him.

This includes the right to:

1. Participate meaningfully in the preparation, implementation and any changes to the individual's services and discharge plans.

2. Express his preferences and have them incorporated into the services and discharge plans consistent with his condition and need for services and the provider's ability to provide.
3. Object to any part of a proposed services or discharge plan.
4. Give or not give consent for treatment, including medical treatment.
5. Give or not give consent for participation in human research.
6. Give or not give consent to the disclosure of information the provider keeps about him.
7. Have a legally authorized representative make decisions for him in cases where the individual is unable to do so.
8. Object to any decision that allows a legally authorized representative to make decisions for him. This includes having a professional assessment of capacity to consent and, at the individual's own expense, an independent assessment of capacity.
9. Request admission to or discharge from any service any time.

B. The provider's duties.

1. Providers shall respect, protect, and help develop each individual's ability to participate meaningfully in all decisions affecting him by involving the individual, to the extent permitted by his capacity, in decision making regarding all aspects of services.
2. Providers shall ask the individual to express his preferences about all decisions that affect him and shall honor these preferences whenever they are consistent with the individual's condition and need for services and the provider's ability to provide.
3. Providers shall give each individual the opportunity, and any help he needs, to participate meaningfully in the preparation of his services plan, discharge plan, and changes to these plans, and all other aspects of services he receives. Providers shall document these opportunities in the individual's services record.

4. Providers shall obtain and document in the individual's services record the individual's consent prior to disclosing any information about him. See 12 VAC 35-115-80 for the rights, duties, exceptions, and conditions relating to disclosure.

5. Providers shall obtain and document in the individual's services record the individual's consent for any treatment, including medical treatment, before the treatment begins. If the individual is a minor in the legal custody of a natural or adoptive parent, the provider shall obtain this consent from at least one parent. If a court has ordered or consented to treatment or services pursuant to §16.1-241 D, 16.1-275, or 54.1-2969 B of the Code of Virginia, the consent of the parent is not needed. Reasonable efforts must be made, however, to notify the parent or legal custodian promptly following the treatment or services. Additionally, a competent minor may independently consent to treatment of sexually transmitted diseases, family planning, or outpatient services or treatment for mental illness, emotional disturbance, or addictions pursuant to § 54.1-2969 D of the Code of Virginia.

6. Providers shall obtain and document in the individual's services record the individual's informed consent to continue any treatment initiated in an emergency that lasts longer than 24 hours after the emergency began.

7. If the capacity of an individual to give consent is in doubt, the provider shall make sure that a qualified professional not currently involved with the individual conducts an evaluation and makes a determination of the individual's capacity.

8. If the individual or his family objects to the results of the professional's determination, the provider shall immediately inform the advocate.

a. If the individual or family member wishes to obtain an independent evaluation of the individual's capacity, he may do so at his own expense. The provider shall take no action for which consent is required, except in an emergency, pending the results of the independent evaluation. The provider shall take no steps to designate a legally authorized representative until the independent evaluation is complete.

b. If the independent evaluation is consistent with the provider's evaluation, the evaluation is binding, and the provider shall implement it accordingly.

c. If the independent evaluation is not consistent with the provider's evaluation, the matter shall be referred to the LHRC for review and decision under Part IV (12 VAC 35-115-140 et seq.) of this chapter.

9. When it is determined that an individual lacks the capacity to give consent, the provider shall designate a legally authorized representative. The director shall have the primary responsibility for determining the availability of and designating a legally authorized representative in the following order of priority:

a. An attorney-in-fact currently authorized to give consent under the terms of a durable power of attorney, a health care agent appointed by an individual under an advance directive pursuant to § 54.1-2983 of the Code of Virginia, a legal guardian or committee of the individual not employed by the provider and currently authorized to give consent, or, if the individual is a minor, a parent having legal custody of the individual.

b. The individual's next of kin. In designating the next of kin, the director shall select the best qualified person, if available, according to the following order of priority: spouse, an adult child, a parent, an adult brother or sister, any other relative of the individual. If the individual expresses a preference for one family member over another in the same category, the director shall appoint that family member.

c. A provider may appoint a next friend of the individual, after a review and finding by the LHRC that the proposed next friend has lived with or provided ongoing support and assistance to the individual for a period of at least six months prior to the designation, the proposed next friend has appeared before the LHRC and agreed to accept these responsibilities, and the individual has no objection to this proposed next friend being appointed authorized representative and is a qualified person within the meaning of these regulations to serve in this capacity.

10. No provider, director, or employee of a provider or director may serve as legally authorized representative for any individual receiving services delivered by that provider or director.

11. If a provider documents, according to professionally accepted parameters of clinical practice, that an individual's lack of capacity to consent is perpetual, or when no person is available or willing to act as a legally authorized representative, the provider shall:

a. Ask a court to appoint a guardian to provide consent; or

b. Ask a court to authorize treatment (e.g., see §37.1-134.21 of the Code of Virginia).

12. If the individual who has a legally authorized representative objects to the disclosure of specific information or a specific proposed treatment, the director shall immediately notify the advocate. A petition for a LHRC review may be filed under 12 VAC 35-115-160.

13. Providers shall make sure that an individual's capacity to consent is reviewed periodically and as the individual's condition warrants according to accepted clinical practice to assess the continued need for a surrogate decision maker. Such reviews shall be documented in the individual's services record and communicated in writing to the surrogate decision maker.

14. Providers shall respond to an individual's request for discharge according to requirements set forth in statute and shall make sure that the individual is not subject to punishment, reprisal, or reduction in services because he makes a request.

a. Individuals admitted under §37.1-65 of the Code of Virginia to mental health facilities operated by the department who notify the director of their intent to leave shall be released when appropriate, but no later than eight hours after notification, unless another law authorizes the director to detain the individual for a longer period.

b. Minors admitted under § 16.1-338 or 16.1-339 of the Code of Virginia shall be released to the parent's (or legal guardian's) custody within 48 hours of the

consenting parent's (or legal guardian's) notification of withdrawal of consent, unless a petition for continued hospitalization pursuant to § 16.1-340 or 16.1-345 of the Code of Virginia is filed.

When a minor involuntarily committed under § 16.1-345 of the Code of Virginia no longer meets the commitment criteria, the director shall take appropriate steps to arrange the minor's discharge.

However, if an individual leaves a service "against medical advice," any subsequent billing of the individual by his private third-party payer shall not constitute punishment or reprisal on the part of the provider.

If an individual certified for admission under § 37.1-65.1 or 37.1-65.3 of the Code of Virginia requests discharge, the director will determine whether the individual continues to meet the criteria for certification. If the director denies the request for discharge, the individual and the individual's legally authorized representative shall be notified in writing of the reasons for denial and of the individual's right to seek relief in the courts. The request and reasons for denial shall be included in the individual's services record.

When an individual involuntarily committed under § 37.1-67.3 of the Code of Virginia has been receiving services for more than 30 days and makes a written request for discharge, the director shall determine whether the individual continues to meet the criteria for involuntary commitment. If the director denies the request for discharge, he shall notify the individual in writing of the reasons for denial and of the individual's right to seek relief in the courts. The request and reasons for denial shall be included in the individual's services record. Anytime an individual meets any of the criteria for discharge set out in § 37.1-98 A of the Code of Virginia, the director shall take all necessary steps to arrange the individual's discharge.

If at any time it is determined that an individual involuntarily admitted under Chapter 11 (§ 19.2-167 et seq.) or Chapter 11.1 (§ 19.2-182.2 et seq.) of Title 19.2 of the Code of Virginia no longer meets the criteria upon which the individual was admitted and retained, the director, or where appropriate the commissioner, shall immediately inform the individual, the advocate, and the appropriate court of this determination

and shall seek judicial authorization to discharge or transfer the individual. Further, pursuant to § 19.2-182.6 of the Code of Virginia, the commissioner shall petition the committing court for conditional or unconditional release at any time he believes the acquttee no longer needs hospitalization.

C. Exceptions and conditions to the provider's duties.

1. Providers may initiate, administer or undertake a proposed treatment without the consent of the individual or the individual's legally authorized representative in an emergency in order to prevent serious harm, injury, or death to an individual receiving services or to others, or to avoid substantial property damage.

2. Providers may provide treatment without consent in accordance with a court order or in accordance with other provisions of law that authorize such treatment (e.g., see § 54.1-2970 of the Code of Virginia).

**12 VAC 35-115-80. Confidentiality.**

A. Each individual is entitled to have all information that a provider maintains or knows about him remain confidential. Each individual has a right to give his consent before the provider shares information about him or his care unless another law or these regulations specifically require or permit the provider to disclose certain specific information.

B. The provider's duties:

1. Providers shall maintain the confidentiality of any information that identifies an individual receiving services from the provider. If an individual's services record pertains in whole or in part to referral, diagnosis or treatment of substance abuse, providers shall release information only according to applicable federal regulations (see 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records).

2. Providers shall tell each individual, and his legally authorized representative if he has one, about the individual's confidentiality rights. This shall include how information can be disclosed and how others might get information about the individual without his consent.

3. Providers shall prevent unauthorized disclosures of information from services records.

4. If consent to disclosure is required, providers shall get the written consent of the individual before disclosing information. In the case of a minor, the concurrent consent of both the parent and the minor is required, except in the case of treatment for outpatient substance abuse for which the minor alone may provide consent.

a. Section 54.1-2969 D of the Code of Virginia permits a minor to authorize the release of records related to medical or health services for a sexually transmitted disease or family planning but requires parental consent for release of records related to outpatient care, treatment or rehabilitation for mental illness or emotional disturbance.

b. A minor may authorized the release of outpatient substance abuse records without parental consent in programs governed by 42 CFR Part 2.

5. When providers disclose information, they shall attach a statement that informs the person receiving the information that it must not be disclosed to anyone else unless the individual consents or unless the law allows or requires further disclosure without consent.

6. Upon request, providers shall tell individuals the sources of information contained in their services records and the names of anyone, other than employees of the provider, who has received information about them from the provider. Individuals receiving services from a CSB or private provider should be informed that the department may have had access to their records.

C. Exceptions and conditions to the provider's duties.

1. Providers may encourage individuals to name family members, friends, and others who may be told of their presence and general condition or well-being.

2. Providers may disclose the following information without consent, but only under the conditions specified in this subdivision and in subdivision 3 of this subsection. Providers should always consult 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, if applicable, because these federal regulations may prohibit

some of the disclosures addressed in this section. See also § 32.1-127.1:03 of the Code of Virginia for a list of circumstances under which records may be disclosed without consent.

a. Emergencies: Providers may disclose information to any person who needs that particular information for the purpose of preventing injury, death or substantial property destruction in an emergency. The provider shall not disclose any information that is not needed for these specific purposes.

b. Employees: Providers may disclose to any full- or part-time employee, consultant, agent, or contractor of the provider, or to the department or CSB, information required to give services to the individual or to get payment for the services.

c. Insurance companies and other third party payers: Disclosure may be made to insurance companies and other third party payers according to Chapter 12 (§ 37.1-225 et seq.) of Title 37.1 of the Code of Virginia.

d. Court proceedings: If the individual, or someone acting for him, introduces any aspect of his mental condition or services as an issue before a court, administrative agency, or medical malpractice review panel, the provider may disclose any information relevant to that issue. The provider may also disclose any records if they are properly subpoenaed, if a court orders them to be produced, or if involuntary commitment or certification is being proposed or conducted.

e. Legal counsel: Providers may disclose information to their own legal counsel, or to anyone working on behalf of their legal counsel, in providing representation to the provider. Providers of state-operated services may disclose information to the Office of the Attorney General, or to anyone working on behalf of that office, in providing representation to the Commonwealth of Virginia.

f. Human rights committees: Providers may disclose to the LHRC and the SHRC any information necessary for the conduct of their responsibilities under these regulations.

g. Others authorized or required by the commissioner, CSB or private program director: Providers may disclose information to other persons if authorized or required by the commissioner, CSB or private program director for the following activities:

(1) Licensing, human rights, certification or accreditation reviews;

(2) Hearings, reviews, appeals or investigations under these regulations;

(3) Evaluation of provider performance and individual outcomes (see § 37.1-98.2 of the Code of Virginia);

(4) Statistical reporting;

(5) Preauthorization, utilization reviews, financial and related administrative services reviews and audits; or

(6) Similar activities.

h. Preadmission screening, services and discharge planning: Providers may disclose to the department, the CSB or to other providers information necessary to prescreen individuals or to prepare and carry out a comprehensive individualized services or discharge plan (see § 37.1-98.2 of the Code of Virginia).

i. Protection and advocacy agency: Providers may disclose to the protection and advocacy agency any information that may establish probable cause to believe that an individual receiving services has been abused or neglected and any information concerning the death or serious injury of any individual while receiving services, whatever the suspected cause of the death.

j. Historical research: Providers may disclose information to persons engaging in bona fide historical research if:

(1) The commissioner, CSB executive director or private program director authorizes the research;

(2) The individual or individuals who are the subject of the disclosure are deceased;

(3) There are no known living persons authorized by law to consent to the disclosure; and

(4) The disclosure would in no way reveal the identity of any person who is not the subject of the historical research.

k. A request for historical research shall include, at a minimum:

(1) A summary of the scope and purpose of the research;

(2) A description of the product to result from the research and its expected date of completion;

(3) A rationale explaining the need to access otherwise confidential records; and

(4) Specific identification of the type and location of the records sought.

l. Protection of the public safety: If a provider reasonably believes an individual receiving services is a present threat to the safety of the public, the provider may disclose only those facts necessary to express the potential threat.

m. Inspector General: Providers may disclose to the Inspector General any individual services records and other information relevant to the provider's delivery of services.

n. Virginia Patient Level Data System: Providers may disclose financial and services information to Virginia Health Information as required by law (see Chapter 7.2 (§ 32.1-276.2 et seq.) of Title 32.1 of the Code of Virginia).

o. Other statutes or regulations: Providers may disclose information to the extent required or permitted by any other state or federal statute or regulations.

3. If information is disclosed without consent to anyone other than employees of the department, CSB or other provider, providers shall take the following steps before the disclosure (or, in an emergency, promptly afterward):

a. Put a written summary of the information disclosed, the name of the person who received the information, the purpose of disclosure, and the date of disclosure permanently in the individual's services record.

b. Give the individual or his legally authorized representative written notice of the disclosure, including the name of each person who received the information and the nature of the information.

c. If the disclosure is not required by law, give strong consideration to any objections from the individual or his legally authorized representative (see Chapter 26 (§ 2.1-377 et seq.) of Title 2.1 of the Code of Virginia).

**12 VAC 35-115-90. Access to and correction of services records.**

A. Each individual has a right to see, read, and get a copy of his own services record (see §§ 2.1-342.01 A 5 and 32.1-127.1:03 of the Code of Virginia). Minors must have their parent or guardian's permission first. If this right is restricted according to law, the individual has a right to let other people see his record. Each individual has a right to challenge, correct or explain anything in his record. Whether or not corrections are made as a result, each individual has a right to let anyone who sees his record know that he tried to correct or explain his position and what happened as a result. An individual's legally authorized representative has the same rights as the individual himself has (see § 2.1-382 of the Code of Virginia).

B. The provider's duties:

1. Providers shall tell each individual, and his legally authorized representative if he has one, how he can access and correct his own services records.

2. Providers shall permit each individual to see and correct his records when he requests them.

3. Providers shall, without charge, give individuals any help they may need to read and understand their services records and make corrections to them.

4. If the provider limits or refuses to let an individual see his services records, the provider shall notify the advocate and tell the individual that he can ask to have a lawyer, physician, or psychologist of his choice see his records. If the individual makes this request, the provider shall disclose the record to that lawyer, physician, or psychologist (see §§ 2.1-342.01 A 5, 32.1-127.1:03 and 8.01-413 of the Code of Virginia).

5. If an individual asks to challenge, correct, or explain any information contained in his services record, the provider shall investigate and file in the services record a written report concerning the individual's request.

a. If the report finds that the services record is incomplete, inaccurate, not pertinent, not timely, or not necessary, the provider shall:

(1) Either mark that part of the services record clearly to say so, or else remove that part of the services record and file it separately.

(2) Not disclose the original services record without separate specific consent or legal authority (e.g., if compelled by subpoena or other court order).

(3) Promptly notify in writing all persons who have received the incorrect information that the services record has been corrected and request that recipients acknowledge the correction.

b. If the report does not result in action satisfactory to the individual, the provider shall, upon request, file in the services record the individual's statement explaining his position. If needed, the provider shall help the individual to write this statement. If a statement is filed, the provider shall:

(1) Give all persons who have copies of the record a copy of the individual's statement.

(2) Clearly note in any later disclosure of the record that it is disputed and include a copy of the statement with the disputed record.

C. Exceptions and conditions to the provider's duties. A provider may deny access to all or a part of an individual's services record only if a physician or a licensed psychologist involved in providing services to the individual talks to the individual, looks over the services record as a result of the individual's request for access, signs and puts in the services record permanently a written statement that he thinks access to the services records by the individual at this time would be physically or mentally harmful to the individual. The physician or licensed psychologist must also tell the individual as much about his services record as he can without risking harm to the individual (see §§ 2.1-342.01 A 5, 32.1-127.1:03 and 8.01-413 of the Code of Virginia).

**12 VAC 35-115-100. Restrictions on freedoms of everyday life.**

A. From admission until discharge from a service, each individual is entitled to:

1. Enjoy all the freedoms of everyday life that are consistent with his need for services, his protection, and the protection of others, and that do not interfere with his services or the services of others. These freedoms include the following:

a. Freedom to move within the service setting, its grounds and the community.

b. Freedom to communicate, associate, and meet privately with anyone the individual chooses.

c. Freedom to have and spend personal money.

d. Freedom to see, hear, or receive television, radio, books, and newspapers whether privately owned or in a library or public area of the service setting.

e. Freedom to keep and use personal clothing and other personal items.

f. Freedom to use recreational facilities and enjoy the outdoors.

g. Freedom to make purchases in canteens, vending machines or stores selling a basic selection of food and clothing.

2. Receive services in that setting and under those conditions that are least restrictive of his freedom.

3. Be completely free from any unnecessary restrictions, including restraint, seclusion, time out, and restrictions in behavioral treatment plans.

B. The provider's duties.

1. Providers shall encourage each individual's participation in normal activities and conditions of everyday living and support each individual's freedoms.

2. Providers shall not limit or restrict any individual's freedom more than is needed to achieve a therapeutic benefit, maintain a safe and orderly environment, or intervene in an emergency.

3. Providers shall not impose any restriction on an individual unless the restriction is justified and carried out according to these regulations.

4. Providers shall make sure that a qualified professional regularly reviews every restriction and that the restriction is discontinued when the individual has met the criteria for removal.

5. Providers shall report all restrictions involving the use of seclusion or restraint which do not comply with these regulations, an approved variance, or that result in harm to an individual to the advocate within 24 hours of their imposition.

6. Providers shall not place any restriction on the physical or personal freedom of any individual solely because criminal or delinquency charges are pending against that individual.

7. Providers shall develop and implement policies and procedures that address emergencies. These policies and procedures must:

a. Identify what caregivers may do to respond to an emergency.

b. Identify qualified clinical staff who are accountable for assessing emergency conditions and determining the appropriate intervention.

c. Require that the director immediately notify the individual's legally authorized representative, if there is one, and the advocate if an emergency results in harm or injury to any individual.

d. Require documentation in the individual's services record of all facts and circumstances surrounding the emergency.

8. Providers who use restraint or seclusion shall develop written restraint and seclusion policies and procedures that comply with professionally accepted parameters of clinical practice and include the following requirements at a minimum:

a. Providers shall get approval of all proposed restraint and seclusion policies and procedures from the LHRC before they are implemented, when changes are proposed, and upon request by the advocate or the LHRC.

b. Providers shall make sure that each individual who requires restraint or seclusion is given the opportunity to eat at normal meal times and take fluids, use the restroom, and bathe as needed.

c. Providers shall make sure that the medical and mental condition of each individual in restraint or seclusion is continuously monitored by trained, qualified staff for the duration of the restriction.

d. Each use of restraint or seclusion shall end immediately when the criteria for removal is met.

e. Incidents of seclusion and restraint, including the rationale, type and duration of the restraint, shall be reported to the department as provided in 12 VAC 35-115-210.

9. Providers shall not consider the use of restraint or seclusion unless other less restrictive techniques have been considered and documented in the individual's services record to demonstrate that these less restrictive techniques did not or would not succeed in reducing or eliminating behaviors that are self-injurious or dangerous to other people.

10. Providers of services delivered in settings other than inpatient hospital settings shall not use seclusion unless authorized by an approved variance.

C. Exceptions and conditions on the provider's duties.

1. Providers may impose a restriction in an emergency, but only to the extent necessary to stop the emergency and only if:

a. Less restrictive measures have been exhausted; or

b. The emergency is so sudden that no less restrictive measure is possible.

2. Providers may use time out, but only according to policies and procedures which comply with professionally accepted parameters of clinical practice. These policies and procedures shall require, at a minimum:

a. Documentation in the individual's services record of the justification and purpose for using time out instead of other less restrictive techniques.

b. Regular physical checks on the individual and opportunities for motion, exercise, and personal hygiene, and documentation of these checks and opportunities in the individual's services record.

3. Providers may impose restrictions if a qualified professional involved in providing services to the individual has, in advance:

a. Assessed and documented all possible alternatives to the proposed restriction, taking into account the individual's medical and mental condition, behavior, preferences, nursing and medication needs, and ability to function independently;

b. Determined that the proposed restriction is necessary for effective treatment of the individual or to protect him or others from personal harm, injury or death;

c. Documented in the individual's services record the specific reasons for the restriction; and

d. Explained, so that the individual can understand, the reason for restriction, the criteria for its removal, and the individual's right to a fair review of whether the restriction is permissible.

4. Providers may impose a restriction if a court has ordered the provider to impose the restriction or if the provider is otherwise required by law to impose such restriction, such as forensic patients. Such restriction shall be documented in the individual's services record.

5. Providers may use restrictions in a behavioral treatment plan, but only if the plan has been developed according to policies and procedures approved by the LHRC. Such procedures shall ensure that:

a. Plans are initiated, developed, carried out, and monitored within professionally accepted parameters of clinical practice.

b. Individual plans are submitted to and approved by the treating professionals, an independent external review committee, and the LHRC, and that these approvals are documented in the individual's services record before implementation.

c. Information about individual plans or aggregate data about all plans is available anytime:

(1) Upon request by the advocate, the LHRC, the SHRC, and the department;  
and

(2) According to any relevant reporting requirements.

d. Seclusion and restraints are not included as part of the plan.

6. Providers may develop and enforce written rules of conduct, but only if the rules do not conflict with these regulations or any individual's services plan, and the rules are needed to maintain a safe and orderly environment.

7. Providers shall:

a. Get as many suggestions as possible from all individuals who are expected to obey the rules in developing the rules.

b. Apply these rules in the same way to each individual.

c. Give the rules to and review them with each individual in a way that the individual can understand them. This includes explaining possible consequences for violating the rules.

d. Prohibit restraint or seclusion as any type of punishment.

e. Post the rules in summary form in all areas to which individuals and their families have regular access.

f. Submit the rules to the LHRC for review and approval before putting them into effect, before any changes are made to the rules, and upon request of the advocate or LHRC.

g. Prohibit individuals from disciplining other individuals, except as part of an organized self-government program conducted according to a written policy approved in advance by the LHRC.

**12 VAC 35-115-110. Work.**

A. Individuals have a right to engage or not engage in work while receiving services.

B. The provider's duties.

1. Providers shall not require, entice, persuade, or permit any individual or his family member to perform labor for the provider as a condition of receiving services. If an individual voluntarily chooses to perform labor for the provider, the labor must be

consistent with his individualized services plan. All policies and procedures, including pay, must be consistent with the Fair Labor Standards Act (29 USC § 201 et seq.).

2. Providers shall consider individuals who are receiving services for employment opportunities on an equal basis with all other job applicants and employees according to the Americans with Disabilities Act (42 USC § 12101 et seq.).

3. Providers shall give individuals and employers information, training, and copies of policies affecting the employment of individuals receiving services upon request.

4. In residential settings, providers may request that an individual keep his immediate living area clean, but shall not withhold or stop services because an individual refuses to perform work, including personal maintenance or personal housekeeping.

5. If vocational training, extended employment services, or supportive employment services are used, providers shall establish procedures for documenting the decision on employment and training and the methodology for establishing consumer wages. Providers shall give a copy of the procedures and information about possible consequences for violating the procedures to all individuals and their legally authorized representatives.

6. Providers shall not deduct the cost of services from an individual's wages.

7. Providers shall not sell to or purchase goods or services from an individual receiving services except through established governing body policy.

## **12 VAC 35-115-120. Research.**

A. Each individual has a right to choose to participate or not participate in human research.

B. The provider's duties.

1. Providers shall get prior, written, informed consent of the individual or his legally authorized representative before any individual begins to participate in human research.

2. Providers shall comply with all other applicable state and federal laws and regulations regarding human research, including the provisions under Chapter 5.1 (§ 32.1-162.16 et seq.) of Title 32.1 of the Code of Virginia and the regulations promulgated under that statute.

3. Providers shall solicit consultation prior to participation in human research.

4. All providers shall inform the Local Human Rights Committee of a client's participation in any human research project and provide periodic updates to the committee.

### **12 VAC 35-115-130. Complaint and fair hearing.**

A. Each individual has a right to complain that his provider has violated any of the rights assured under these regulations. Each individual has a right to a timely and fair review of any complaint according to the procedures in Part IV (12 VAC 35-115-140 et seq.) of this chapter. Individuals do not have to use these procedures. They have a right to complain under any other applicable law.

B. The provider's duties.

1. If an individual makes a complaint, his provider shall make every attempt to resolve the complaint to the individual's satisfaction at the earliest possible step according to the procedures in Part IV (12 VAC 35-115-140 et seq.) of this chapter.

2. Providers shall not take, threaten to take, permit, or condone any action to retaliate against or prevent anyone from filing a complaint or helping an individual to file a complaint.

## PART IV.

### COMPLAINT RESOLUTION, HEARING, AND APPEAL PROCEDURES.

#### **12 VAC 35-115-140. General provisions.**

A. The parties to any complaint are the individual and the director. Each party can also have someone else to represent him during complaint resolution.

B. Meetings, reviews and hearings will generally be closed to other people unless the individual making the complaint requests that other people attend or if an open meeting

is required by the Virginia Freedom of Information Act. The LHRC and SHRC may conduct a closed hearing to protect the confidentiality of persons who are not a party to the complaint, but only if a closed meeting is otherwise allowed under the Virginia Freedom of Information Act (§ 2.1-340 et seq. of the Code of Virginia). If any person alleges that implementation of an LHRC recommendation would violate the individual's rights or those of other individuals, the person may file a petition for a hearing with the SHRC according to 12 VAC 35-115-190.

C. In no event shall a pending hearing, review or appeal prevent a director from taking corrective action based on the advice of the provider's legal counsel that such action is required by law or he otherwise thinks such action is correct and justified.

D. Except in the case of emergency proceedings, the LHRC and SHRC may, for good cause, extend any time periods governing their own proceedings, either before or after the time period has ended. No provider or director may extend any time periods for any actions the provider or director is required to take under these procedures.

E. Except in the case of emergency proceedings, if a time period in which action must be taken under this part is not extended by the LHRC or SHRC, the failure of a person to act within that time period shall waive that person's further rights under these procedures.

F. Upon request of the advocate, provider, director, an individual or individuals receiving services, or on its own initiative, an LHRC may review any existing or proposed policies, procedures, or practices that could jeopardize the rights of one or more individuals receiving services from the provider with which the LHRC is affiliated. In conducting this review, the LHRC may consult with any advocate, employee of the director, or anyone else. After this review, the LHRC shall make recommendations to the director concerning changes in these policies, procedures, and practices.

G. In making their recommendations, the LHRC and the SHRC shall identify any rights or regulations that the provider violated and any policies, practices, or conditions that contributed to the violations. They shall also recommend appropriate corrective actions, including changes in policies, practices, or conditions, to prevent further violations of the rights assured under these regulations.

H. If it is impossible to carry out the recommendations of the LHRC or the SHRC within a specified time, the LHRC or the SHRC, as appropriate, shall recommend any necessary interim action that gives appropriate and possible immediate remedies.

I. Any action plan submitted by the director or commissioner in the course of these proceedings shall fully address both final and interim recommendations made by the LHRC or the SHRC and identify financial or other constraints, if any, which prevent efforts to fully remedy the violation.

**12 VAC 35-115-150. Informal complaint resolution.**

A. Step 1: Anyone who believes that a provider has violated an individual's rights under these regulations may report it to the director and the advocate, or either of them, for informal resolution.

1. If the report is made only to the director, the director shall immediately notify the advocate.

2. If the report is made only to the advocate, the advocate may notify the director. The advocate shall notify the individual of his right to pursue his complaint through all available means under this part.

3. If the advocate concludes, after an initial investigation, that there is substantial risk that serious and irreparable harm will result if the complaint is not resolved immediately, the advocate shall inform the director, the provider, the provider's governing body, and the LHRC. Steps 2 through 6 below shall not be followed. Instead, the LHRC shall conduct a hearing according to the special procedures for emergency hearings in 12 VAC 35-115-170.

B. Step 2: The director shall try to resolve the complaint informally by meeting with the individual, any representative the individual chooses, the advocate, and others as appropriate, and by conducting an investigation if necessary.

C. Step 3: The director shall give the individual and his chosen representative a written decision and an action plan within 10 working days of receiving the complaint.

D. Step 4: If the individual is not satisfied at this step, he can respond to the director in writing within 5 working days after receiving the director's written decision and action plan.

E. Step 5: The director shall investigate further as appropriate and shall make a final decision regarding the complaint. The director shall forward a written copy of his final decision and action plan to the individual, his chosen representative, and the advocate within 10 working days after the director received the individual's written response.

F. Step 6: If the individual is not satisfied with the director's final decision or action plan, he may file a petition for a hearing by the LHRC using the procedures prescribed in 12 VAC 35-115-160.

**12 VAC 35-115-160. Local Human Rights Committee hearing and review procedures.**

A. Any individual who is not satisfied with (i) a director's final decision and action plan resulting from informal complaint resolution; (ii) a director's final action following a report of abuse, neglect or exploitation; or (iii) a director's final decision following a complaint of discrimination in the provision of services may request an LHRC hearing by following the steps provided in subsections B through I of this section.

B. Step 1: The petition must be filed within 10 working days of the director's action or final decision for which there is a complaint.

1. The petition for hearing must be in writing. It should contain all facts and arguments surrounding the complaint and reference any section of the regulations that the individual believes the provider violated.

2. The advocate or any person the individual chooses may help the individual in filing the petition. If the individual chooses a person other than the advocate to help him, he and his chosen representative may request the advocate's assistance in filing the petition.

C. Step 2: The LHRC chair shall forward a copy of the petition to the director and the advocate as soon as he receives it. A copy of the petition shall also be forwarded to the provider's governing body.

D. Step 3: Within five working days, the director shall submit the following to the LHRC:

1. A written response to everything contained in the petition.
2. A copy of the entire written record of the complaint.

E. Step 4: The LHRC shall hold a hearing within 15 working days of receiving the petition.

1. The parties shall have at least five working days' notice of the hearing.
2. The director or his chosen representative should attend the hearing. The individual making the complaint shall attend the hearing. If this is not possible, the individual's chosen representative shall attend the hearing.
3. At the hearing, the parties and their chosen representatives have the right to present witnesses and other evidence and the opportunity to be heard.

F. Step 5: Within 10 working days after the hearing ends, the LHRC shall give, in writing, its findings of fact and recommendations to the parties and their representatives.

G. Step 6: Within five working days of receiving the LHRC's findings and recommendations, the director shall give the individual, the individual's chosen representative, the advocate, the governing body, and the LHRC a written action plan he wants to take to respond to the LHRC's findings and recommendations. The plan shall not be implemented for five working days after it is submitted, unless the client agrees to its implementation sooner.

H. Step 7: The individual, his chosen representative, the advocate, or the LHRC may object to the action plan within five working days by stating what the objection is and what the director can do to resolve the objection.

1. If an objection is made, the director may not implement the action plan, or may implement only that portion of the plan that the individual making the complaint agrees to, until he resolves the objection as requested or until he appeals to the SHRC for a decision under 12 VAC 35-115-190.

2. If no one objects to the action plan, the director shall begin to implement it on the sixth working day after he submitted it.

I. Step 8: If the director does not resolve the objection to the action plan to the individual's satisfaction within two working days following the objection, the individual may appeal to the SHRC under 12 VAC 35-115-190.

**12 VAC 35-115-170. Special procedures for emergency hearings by the LHRC.**

A. Step 1: If the advocate informs the LHRC of a substantial risk that serious and irreparable harm will result if a complaint is not resolved immediately, the LHRC shall hold and conclude a preliminary hearing within 72 hours of receiving this information.

1. The director and the advocate shall attend the hearing.

2. The hearing shall be conducted according to the procedures in 12 VAC 35-115-160, but it shall be concluded on an expedited basis.

B. Step 2: At the end of the hearing, the LHRC shall make preliminary findings and, if a violation is found, shall make preliminary recommendations to the director, the provider, and the provider's governing body.

C. Step 3: The director shall formulate and carry out an action plan within 24 hours of receiving the LHRC's preliminary recommendations. A copy of the plan shall be sent to the advocate, the individual, and the governing body.

D. Step 4: If the individual or the advocate objects within 24 hours to the LHRC findings or recommendations or to the director's action plan, the LHRC shall conduct a full hearing within five working days of the objection, following the procedures outlined in 12 VAC 35-115-160.

E. Step 5: Either party may appeal the LHRC's decision to the SHRC under 12 VAC 35-115-190.

**12 VAC 35-115-180. Special procedures for LHRC reviews involving consent.**

A. Step 1: The LHRC may be requested, in writing, to review whether an individual's personal consent is required in the following situations.

1. If an individual objects at any time to a specific treatment, participation in specific human research, or disclosure of specific confidential information, for which consent is required and has been given by his legally authorized representative, other than a legal guardian, he may ask the LHRC to decide whether his personal consent is required for that treatment, participation in research, or disclosure of information.

2. If an individual or his family member has obtained an independent evaluation of the individual's capacity to give any informed consent to treatment or participation in human research under 12 VAC 35-115-70, and the opinion of that evaluator conflicts with the opinion of the provider's evaluator, the LHRC may be requested to decide whether the individual's personal consent is required for any treatment or participation in research.

3. If a director makes a decision that affects an individual and the individual believes that the decision requires his personal consent or that of his legally authorized representative, he may object and ask the LHRC to decide whether consent is required.

NOTE: If the individual is a minor, the consent of the parent or legal guardian must be obtained, unless the treatment provided is for treatment referenced under §54.1-2969 D of the Code of Virginia, including outpatient medical or health services for substance abuse, or mental illness or emotional disturbance, in which case the minor alone may provide the consent as if an adult. If treatment involves admission to an inpatient treatment program, the consent of a minor 14 years of age and older, in addition to that of the parent, must also be obtained in accordance with §16.1-338 of the Code of Virginia.

B. Step 2: The LHRC may ask that a physician or licensed clinical psychologist not employed by the provider and at the provider's expense, evaluate the individual and give an opinion about his capacity to consent. The LHRC may not make a decision until it reviews the action proposed by the director, any determination of lack of capacity, the opinion of the independent evaluator if applicable, and the individual's reasons for objecting.

C. Step 3: The LHRC shall issue its decision within 10 working days of the initial request.

1. If the LHRC agrees that the individual lacks the capacity to consent, the director may begin or continue treatment or research, or disclose the information, but only with the appropriate consent of the legally authorized representative. The LHRC shall advise the individual of his right to appeal this determination to the SHRC under 12 VAC 35-115-190.

2. If the LHRC does not agree that the individual lacks the capacity to consent, the director shall not begin any treatment, research or information disclosure without the individual's consent, or shall stop it immediately if it has already begun. The director may appeal to the SHRC under 12 VAC 35-115-190 but may not take any further action until the SHRC issues its opinion.

3. If, regardless of the individual's capacity to consent, the LHRC determines that a decision made by a director requires consent that was not obtained, the director shall immediately rescind the action unless and until such consent is obtained. The director may appeal to the SHRC under 12 VAC 35-115-190 but may not take any further action until the SHRC issues its opinion.

**12 VAC 35-115-190. State Human Rights Committee appeals procedures.**

A. Any party may appeal to the State Human Rights Committee if he is not satisfied with any of the following:

1. An LHRC's final findings of fact and recommendations following a hearing.

2. A director's final action plan following an LHRC hearing.

3. An LHRC's final decision regarding the capacity of an individual to consent to treatment, research, or disclosure of confidential information.

4. An LHRC's final decision concerning whether consent is needed for the director to take a certain action.

The steps for filing an appeal are provided in subsections B through I of this section.

B. Step 1: Appeals shall be filed in writing by a party within 10 working days of receipt of the final action.

1. The appeal shall explain the reasons the final action is not satisfactory.
2. The advocate or any other person may help in filing the appeal. If the individual chooses a person other than the advocate to help him, he and his chosen representative may request the advocate's help in filing the appeal.
3. The party appealing must give a copy of the appeal to the other party, the advocate, and the LHRC.
4. If the director is the party appealing, he shall first request and get written permission to appeal from the commissioner or governing body of the provider, as appropriate. If the director does not get this written permission and note the appeal within 10 working days, his right to appeal is waived.

C. Step 2: If the director is appealing, the individual may file a written statement with the SHRC within five working days after receiving a copy of the appeal. If the individual is appealing, the director shall file a written statement with the SHRC within five working days after receiving a copy of the appeal.

D. Step 3: Within five working days of noting or being notified of an appeal, the director shall forward a complete record of the LHRC hearing to the SHRC. The record shall include, at a minimum:

1. The original petition or information filed with the LHRC and any statement filed by the director in response.
2. Parts of the individual's services record that the LHRC considered and any other parts of the services record either party considers relevant, but which the LHRC did not consider.
3. All written documents and materials considered by the LHRC, including any independent evaluations conducted.
4. A tape or word-for-word transcript of the LHRC proceedings.
5. The director's action plan, if any.

6. Any written objections to the action plan or its implementation.

E. Step 4: The SHRC shall hear the appeal within 20 working days after the chair receives the appeal.

1. The SHRC shall give the parties at least 10 days' notice of the appeal hearing.

2. The following rules govern appeal hearings:

a. The SHRC shall not hear any new evidence.

b. The SHRC is bound by the LHRC's findings of fact.

c. The SHRC shall limit its review to whether the facts, as found by the LHRC, establish a violation of these regulations and a determination of whether the LHRC's recommendations or the action plan adequately address the alleged violation.

d. All parties and their representatives shall have the opportunity to appear before the SHRC to present their position and answer questions the SHRC may have.

e. The SHRC will notify the Inspector General of the appeal.

3. If the SHRC decides that the LHRC's findings of fact are clearly wrong or that the hearing procedures employed by the LHRC were inadequate, the SHRC may either:

a. Send the case back to the LHRC for another hearing to be completed within a time period specified by the SHRC; or

b. Conduct its own fact-finding hearing. If the SHRC chooses to conduct its own fact-finding hearing, it may appoint a subcommittee of at least three of its members as fact finders. The fact-finding hearing shall be conducted within 30 working days of the SHRC's initial hearing.

In either case, the parties shall have 15 working days' notice of the date of the hearing and the opportunity to be heard and to present witnesses and other evidence.

F. Step 5: Within 20 working days after the SHRC appeal hearing, the SHRC shall submit a report, its findings of fact, if applicable, and recommendations to the

commissioner and to the provider's governing body, with copies to the parties, the LHRC, and the advocate.

G. Step 6: Within 10 working days after receiving the SHRC's report, in the case of appeals involving a state facility, the commissioner shall submit an outline of actions to be taken in response to the SHRC's recommendations. In the case of appeals involving CSBs and private providers, both the commissioner and the provider's governing body shall each outline in writing the action or actions they will take in response to the recommendations of the SHRC. They shall also explain any reasons for not carrying out any of the recommended actions. Copies of their responses shall be forwarded to the SHRC, the LHRC, the director, the advocate, and the individual.

H. Step 7: If the SHRC objects in writing to the commissioner's or governing body's proposed actions, or both, their actions shall be postponed. The commissioner or governing body, or both, shall meet with the SHRC at its next regularly scheduled meeting to attempt to arrange a mutually agreeable resolution.

I. Step 8: In the case of services provided directly by the department, the commissioner's action plan shall be final and binding on all parties. However, when the SHRC believes the commissioner's action plan is incompatible with the purpose of these regulations, it shall notify the board and the Virginia protection and advocacy agency.

In the case of services delivered by all other providers, the action plan of the provider's governing body shall be reviewed by the commissioner. If the commissioner determines that the provider has failed to develop and carry out an acceptable action plan, the commissioner shall notify the protection and advocacy agency and shall inform the SHRC what sanctions the department will impose against the provider.

PART V.  
VARIANCES.

**12 VAC 35-115-200. Variances.**

A. Variances to these regulations shall be requested and approved only when the provider has tried to implement the relevant requirement without a variance and can

provide objective, documented information that continued operation without a variance is not feasible or will prevent the delivery of effective and appropriate services and supports to individuals.

B. Only directors may apply for variances, and they must first be approved by the provider, the governing body of the provider, or the commissioner, as appropriate, before consideration by an LHRC or the SHRC.

C. Upon receiving approval from the provider, the commissioner or the governing body, and after notifying the advocate and other interested persons, the director shall file a formal application for variance with the LHRC. This application shall reference the specific part of these regulations to which a variance is needed, the proposed wording of the substitute rule or procedure, and the justification for seeking a variance.

1. When the LHRC receives the application, it shall invite, and provide ample time to receive, oral or written statements about the application from the advocate and other interested persons.

2. The LHRC shall review the application and prepare a written report of facts, which shall include its recommendation for approval, disapproval, or modification. The LHRC shall send its report, recommendations, and a copy of the original application to the State Human Rights Director, the SHRC, and the director making application for the variance.

D. When the SHRC receives the application and the LHRC's report, the SHRC shall do the following:

1. Invite oral or written statements about the application from the applicant director, LHRC, advocate, and other interested persons by publishing the request for variance in the next issue of the Virginia Register of Regulations.

2. Notify the Inspector General of the request for variance.

3. After considering all available information, prepare a written decision deferring, disapproving or modifying, or approving the application.

a. A copy of this decision and the reasons for the decision shall be given to the applicant director, the commissioner or governing body, where appropriate, the

State Human Rights Director, the advocate, any person commenting on the request at any stage, and the LHRC.

b. The decision and reasons shall also be published in the next issue of the Virginia Register of Regulations.

E. Directors shall implement any approved variance in strict compliance with the written application as amended, modified, or approved by the SHRC.

F. Providers shall develop policies and procedures for monitoring the implementation of any approved variances. These policies and procedures shall assure the ongoing collection of any data relevant to the variance and the presentation of any later report concerning the variance as requested by the commissioner, the State Human Rights Director, the advocate, the LHRC or the SHRC.

G. The decision of the SHRC granting or denying a variance shall be final.

#### PART VI.

#### REPORTING REQUIREMENTS.

#### **12 VAC 35-115-210. Reporting requirements for providers.**

A. Providers shall collect, maintain and report the following information concerning abuse, neglect and exploitation:

1. The director of a facility operated by the department shall report allegations of abuse and neglect in accordance with all applicable operating instructions issued by the commissioner or his designee.

2. The director of a facility/program licensed by the department shall report each allegation of abuse or neglect to the assigned department human rights advocate within 24 hours (see 12 VAC 35-115-50).

3. The director of a facility/program licensed by the department shall provide a written report of the results of the investigation of abuse or neglect to the department advocate within 10 business days from the date the investigation began (see 12 VAC 35-115-50). This report shall include but not be limited to the following:

a. Whether abuse, neglect or exploitation occurred;

b. Type of abuse;

c. Whether the act resulted in physical or psychological injury; and

d. Action(s) taken.

A copy of the investigative report and the corrective action plan developed as a result shall be made available to the Office of Human Rights, the Office of Licensing, and the Inspector General, upon request.

4. At any time the director of the facility/program licensed by the department has reason to suspect that an individual may have been abused, neglected, or exploited, the director shall immediately report this information to the appropriate local Department of Social Services (see 12 VAC 35-115-50).

5. At any time the director of the facility/program licensed by the department has reason to suspect that the abusive, neglectful, or exploitive act is a crime, the director shall immediately report this information to the appropriate law-enforcement authorities (see 12 VAC 35-115-50).

B. Providers shall collect, maintain and report the following information concerning deaths and serious injuries:

1. The director of a facility operated by the department shall report to the department deaths and serious injuries in accordance with all applicable operating instructions issued by the commissioner or his designee.

2. The director of a facility/program licensed by the department shall report deaths and serious injuries in writing to the department's Office of Licensing within 24 hours of occurrence.

3. All reports of death and serious injuries shall include but not be limited to the following:

a. Date and place of death/injury;

b. Whether the death was expected or unexpected;

c. Nature of injuries and treatment required; and

d. Circumstances of death/serious injury.

4. At any time the director has reason to suspect that a death or serious injury resulted from abuse or neglect, the director shall immediately report this information to the appropriate local Department of Social Services.

5. At any time the director has reason to suspect that the death or serious injury resulted from a criminal act, the director shall immediately report this information to the appropriate law-enforcement authorities.

C. Providers shall collect, maintain and report the following information concerning seclusion and restraint:

1. The director of a facility operated by the department shall report each instance of seclusion and/or restraint to the Quality Manager of the department's Office of Health and Quality Care within 24 hours of occurrence.

2. The director of a facility/program licensed by the department shall report each instance of seclusion and/or restraint to the Quality Manager of the department's Office of Health and Quality Care at least monthly.

3. Each report of seclusion and restraint shall include but not be limited to the following:

a. Type(s);

b. Duration; and

c. Rationale for use.

4. Any instance of seclusion or restraint that does not comply with these regulations or approved variances, or that results in injury to an individual, shall be reported to the assigned department human rights advocate within 24 hours.

D. Providers shall collect, maintain and report the following information concerning human rights activities:

1. The director shall provide to the department advocate, at least monthly, information on the type, resolution level and findings of each complaint of a human rights violation; reports shall be made to the LHRC upon request.

2. The director shall provide to the department advocate and the LHRC, at least monthly, reports regarding the implementation of any variances.

E. Reports required under this section shall be submitted to the department on forms and/or in an automated format developed by the department.

F. The department and the Inspector General may access any nonprivileged information related to any data reported in subsections A through D of this section.

G. The department shall compile, on a quarterly basis, all data reported under this section and make this data available to the public and the Inspector General upon request. This data shall be provided to LHRCs and the SHRC on a quarterly basis.

1. The department shall provide the compiled data in writing or by electronic means.

2. The department shall remove all provider-identifying information and all information that could be used to identify a person as an individual receiving services.

H. In the reporting, compiling and releasing of information and statistical data provided under this section, the department and all providers shall take all measures necessary to ensure that any consumer-identifying information is not released to the public, including encryption of data transferred by electronic means.

I. Nothing in this section is to be construed as requiring the reporting of proceedings, minutes, records, or reports of any committee or nonprofit entity providing a centralized credentialing service which are identified as privileged pursuant to § 8.01-581.17 of the Code of Virginia.

J. Providers shall report to the Department of Health Professions, Enforcement Division, violations of these regulations that constitute reportable conditions under § 54.1-2906 of the Code of Virginia.

PART VII.

ENFORCEMENT AND SANCTIONS.

**12 VAC 35-115-220. Human rights enforcement and sanctions.**

A. The department may invoke the sanctions enumerated in § 37.1-85.1 of the Code of Virginia upon receipt of information that a provider licensed or funded by the department is:

1. In violation of (i) the provisions of § 37.1-84.1 of the Code of Virginia; (ii) these regulations; or (iii) the provisions of the Rules and Regulations for the Licensure of Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services, 12 VAC 35-102-10 et seq.; and
2. Such violation adversely impacts the human rights of consumers or poses an imminent and substantial threat to the health, safety or welfare of consumers.

The department shall notify the provider in writing of the specific violations(s) found and of its intention to convene an informal conference pursuant to § 9-6.14:11 of the Code of Virginia at which the presiding officer will be asked to recommend issuance of a special order.

B. If the provider does not provide evidence that the violations have been corrected, an informal conference pursuant to § 9-6.14:11 of the Code of Virginia will be convened within 30 days of the date of the original notification. An individual who does not report to either the director of the Office of Human Rights or the director of the Office of Licensing will be appointed to serve as the presiding officer at the informal conference.

C. If, at the conclusion of the informal conference, the presiding officer believes that the provider is in violation of applicable statutes or regulations in accordance with subsection A of this section, he shall recommend to the commissioner that a special order, as provided in § 37.1-185.1 of the Code of Virginia, be issued.

D. If, after considering the recommendation of the presiding officer and reviewing evidence submitted at the informal conference, the commissioner concludes that the requirements of subsection A of this section are satisfied, he shall issue a special order

which may include one or more of the sanctions specified in § 37.1-185.1 A of the Code of Virginia.

1. Any sanction imposed by the commissioner pursuant to a special order shall be designed to reduce existing health and safety risks, address the cause of the violation, and initiate prompt corrective action by the provider.

2. Imposition of probation or probationary status on a provider shall be for a fixed period of time, not to exceed a 12-month period.

3. The commissioner shall have the authority to modify the sanctions imposed by the special order as the requirements in the special order are satisfied.

E. The sanctions contained in the special order shall remain in effect during the pendency of any appeal of the special order.

#### PART VIII.

#### RESPONSIBILITIES AND DUTIES.

#### **12 VAC 35-115-230. Offices, composition and duties.**

A. Providers and their directors shall:

1. Identify a person or persons accountable for helping individuals to exercise their rights and resolve complaints regarding services.

2. Comply with all state laws governing the reporting of abuse and neglect and all procedures set forth in these regulations for reporting allegations of abuse, neglect, or exploitation.

3. Take all steps necessary to assure compliance with these regulations in all services provided.

4. Assure the availability of a department advocate and an LHRC to all individuals receiving services.

5. Cooperate with the advocate and the LHRC to investigate and correct conditions or practices interfering with the free exercise of individuals' rights and make sure that all employees cooperate with the advocate and the LHRC in carrying out their duties under these regulations.

6. Provide the advocate unrestricted access to individuals and individual services records whenever the advocate deems access necessary to carry out rights protection, complaint resolution, and advocacy.
7. Submit to the advocate for review and comment any proposed policies, procedures, or practices that may affect individual rights.
8. Comply with requests by the SHRC, LHRC, and advocate for information and written reports regarding compliance with these regulations.
9. Name a liaison to the LHRC, who shall give the LHRC suitable meeting accommodations, clerical support and equipment, and assure the availability of records and employee witnesses upon the request of the LHRC.
10. Submit applications for variances to these regulations only as a last resort.
11. Post in program locations information about the existence and purpose of the human rights program.
12. Not influence or attempt to influence the appointment of any person to an LHRC associated with the provider or director.
13. Perform any other duties required under these regulations.

B. Employees of the provider shall, as a condition of employment:

1. Become familiar with these regulations, comply with them in all respects, and help individuals understand and assert their rights.
2. Protect individuals from any form of abuse, neglect and exploitation (i) by not abusing, neglecting or exploiting any individual; (ii) by not permitting or condoning anyone else to abuse, neglect, or exploit any individual; and (iii) by reporting all suspected abuse to the program director. Protecting clients from abuse also includes using the minimum force necessary to restrain an individual.
3. Cooperate with any investigation, meeting, hearing, or appeal held under these regulations. Cooperation includes, but is not limited to, giving statements or sworn testimony.
4. Perform any other duties required under these regulations.

C. The advocate shall:

1. Represent any individual making a complaint or, upon request, consult with and help any other representative the individual chooses.
2. Monitor the implementation of an advocacy system for individuals receiving services from the provider or providers to which the advocate is assigned.
3. Promote and monitor provider compliance with these and other applicable individual rights laws, regulations and policies.
4. Investigate and try to prevent or correct, informally or formally, any alleged rights violations by interviewing, mediating, negotiating, advising, and consulting with providers and their respective governing bodies, directors, and employees.
5. Whenever necessary, file a complaint with the LHRC for an individual receiving services or, where general conditions or practices interfere with individuals' rights, for the group of individuals.
6. Investigate and examine all conditions or practices which may interfere with the free exercise of individuals' rights.
7. Help the individual or the individual's chosen representative during any meeting, hearing, appeal or other proceeding under these regulations unless the individual or his chosen representative chooses not to involve the advocate.
8. Tell the LHRC about any recommendations made to the director, the provider, the provider's governing body, the State Human Rights Director, or the department for changes in policies, procedures, or practices that have the potential to adversely affect the rights of individuals.
9. Make recommendations to the State Human Rights Director concerning the employment and supervision of other advocates where appropriate.
10. Submit regular reports to the State Human Rights Director, the LHRC and the SHRC about provider implementation of and compliance with these regulations.

11. Provide training for individuals, providers and their governing bodies, directors and employees regarding individuals' rights, providers' duties, and complaint resolution.

12. Perform any other duties required under these regulations.

D. The Local Human Rights Committee shall:

1. Consist of seven or more members appointed by the SHRC.

a. Membership shall be broadly representative of professional and consumer interests. At least one-third of the members shall be individuals who are receiving services and family members of similar individuals with at least two individuals who are receiving services on each committee.

b. No member shall be an employee of the department or an employee of the CSB or provider for which the LHRC provides oversight.

c. Initial appointments to an LHRC shall be staggered, with approximately one-third of the members appointed for a term of three years, approximately one-third for a term of two years, and the remainder for a term of one year. After that, all appointments shall be for a term of three years.

d. A person may be appointed for no more than two consecutive terms. A person appointed to fill a vacancy may serve out that term, and then be eligible for two additional consecutive terms.

e. Nominations for membership to LHRCs shall be submitted directly to the SHRC through the State Human Rights Director at the department's Office of Human Rights.

2. Receive complaints of alleged rights violations filed by or for individuals receiving services from providers with which the LHRC is associated and hold hearings according to the procedures set forth in Part IV (12 VAC 35-115-140 et seq.) of this chapter.

3. Conduct investigations as requested by the SHRC.

4. Receive, review, and act on applications for variances to these regulations according to 12 VAC 35-115-200.
5. Adopt written bylaws that address procedures for conducting business, electing the chair and other officers, designating standing committees, and setting the frequency of meetings.
6. Elect from its own members a chair to coordinate the activities of the LHRC and to preside at regular committee meetings and any hearings held pursuant to these regulations.
7. Conduct at least six regular meetings per year.
8. Publicize in a newspaper of general local or regional circulation, at least once a year, information that tells about the existence and purpose of the human rights program and encourages persons to contact the department's Office of Human Rights if they are interested in being appointed to the LHRC.
9. Perform any other duties required under these regulations.

E. The State Human Rights Committee (SHRC) shall:

1. Consist of nine members appointed by the board.
  - a. Members shall be broadly representative of professional and consumer interests and of geographic areas in the Commonwealth. At least two members shall be individuals who are receiving services. At least one-third shall be consumers or family members of similar individuals.
  - b. No member can be an employee of the department or CSB.
  - c. All appointments after the effective date of these regulations shall be for a term of three years.
  - d. If there is a vacancy, interim appointments may be made for the remainder of the unexpired term.
  - e. A person may be appointed for no more than two consecutive terms. A person appointed to fill a vacancy may serve out that term, and then be eligible for two additional consecutive terms.

2. Elect a chair from its own members who shall:
  - a. Coordinate the activities of the SHRC;
  - b. Preside at regular meetings, hearings and appeals; and
  - c. Have direct access to the commissioner and the board in carrying out these duties.
3. Determine the appropriate number and geographical boundaries of LHRCs and consolidate LHRCs serving only one provider into regional LHRCs whenever consolidation would assure greater protection of rights under these regulations.
4. Appoint members of LHRCs with the advice of and consultation with the commissioner and the State Human Rights Director.
5. Advise and consult with the commissioner in the employment of the State Human Rights Director and advocates.
6. Conduct at least eight regular meetings per year.
7. Review decisions of LHRCs and, if appropriate, hold hearings and make recommendations to the commissioner, the board, and providers' governing bodies regarding alleged violations of individuals' rights according to the procedures specified in these regulations.
8. Notify the commissioner and the State Human Rights Director whenever it determines that its recommendations in a particular case are of general interest and applicability to providers, advocates, or LHRCs and assure the availability of the opinion or report to providers, advocates, and LHRCs as appropriate. No document made available shall identify the name of individuals or employees in a particular case.
9. Grant or deny variances according to the procedures specified in Part V (12 VAC 35-115-200 et seq.) of this chapter and review approved variances at least once every year.
10. Make recommendations to the board concerning proposed revisions to these regulations.

11. Make recommendations to the commissioner concerning revisions to any existing or proposed laws, regulations, policies, procedures, and practices to ensure the protection of individuals' rights.

12. Review the scope and content of training programs designed by the department to promote responsible performance of the duties assigned under these regulations by providers, employees, advocates, and LHRC members, and, where appropriate, make recommendations to the commissioner.

13. Evaluate the implementation of these regulations and make any necessary and appropriate recommendations to the board, the commissioner, and the State Human Rights Director concerning interpretation and enforcement of the regulations.

14. Submit a report on its activities to the board each year.

15. Adopt written bylaws that address procedures for conducting business; making membership recommendations to the board; electing a chair and other officers; appointing members of LHRCs; designating standing committees and their responsibilities; establishing ad hoc committees; and setting the frequency of meetings.

16. Review and approve the bylaws of LHRCs.

17. Perform any other duties required under these regulations.

F. The State Human Rights Director shall:

1. Lead the implementation of the statewide human rights program and make ongoing recommendations to the commissioner, the SHRC, and the LHRCs for continuous improvements in the program.

2. Advise the commissioner concerning the employment and retention of advocates.

3. Advise providers, directors, advocates, LHRCs, the SHRC, and the commissioner concerning their responsibilities under these regulations and other applicable laws, regulations and departmental policies that protect individuals' rights.

4. Organize, coordinate and oversee training programs designed to promote responsible performance of the duties assigned under these regulations.

5. Periodically visit service settings to monitor free exercise of those rights enumerated in these regulations.
6. Supervise advocates in the performance of their duties under these regulations.
7. Support the SHRC and LHRCs in carrying out their duties under these regulations.
8. Maintain a current and regularly updated database and perform regular trend analyses to identify the need for corrective action in the areas of abuse, neglect and exploitation; seclusion and restraint; behavioral treatment programs; complaints; deaths and serious incidents; and variance applications.
9. Monitor implementation of corrective action plans approved by the SHRC.
10. Perform any other duties required under these regulations.

G. The commissioner shall:

1. Employ the State Human Rights Director after advice and consultation with the SHRC.
2. Employ advocates following consultation with the State Human Rights Director.
3. Provide or arrange for assistance and training necessary to carry out and enforce these regulations.
4. Cooperate with the SHRC and the State Human Rights Director to investigate providers and correct conditions or practices that interfere with the free exercise of individuals' rights.
5. Advise and consult with the SHRC and the State Human Rights Director concerning the appointment of members of LHRCs.
6. Assure regular monitoring and enforcement of these regulations, including authorizing unannounced compliance reviews at any time.
7. Perform any other duties required under these regulations.

H. The board shall:

1. Promulgate regulations defining the rights of individuals receiving services from providers covered by these regulations.
2. Appoint members of the SHRC.
3. Review and approve the bylaws of the SHRC.
4. Perform any other duties required under these regulations.