



## Proposed Regulation Agency Background Document

<b>Agency name</b>	State Mental Health, Mental Retardation and Substance Abuse Services Board
<b>Virginia Administrative Code (VAC) citation</b>	12 VAC 35 -105-10 et seq.
<b>Regulation title</b>	Rules and Regulations for the Licensing of Providers by the Department of Mental Health, Mental Retardation, Substance Abuse, The Individual and Family Developmental Disabilities Support Waiver, and Residential Brain Injury Services
<b>Action title</b>	Amend the regulations
<b>Date this document prepared</b>	November 6, 2008

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 36 (2006) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

### Brief summary

*In a short paragraph, please summarize all substantive changes that are being proposed in this regulatory action.*

This action updates the regulations to reflect the recent recodification of Title 37.1 to 37.2. The language has been revised throughout the regulations to be consistent with the system's mission and goals of person-centered planning, recovery and the empowerment of individuals receiving services. Provisions have been added to strengthen the ability of the licensing authority take disciplinary action or to impose restrictions when providers fail to comply with licensing standards and deny licenses to applicants under certain conditions, when appropriate. The licensing requirements and definitions have been updated throughout to reflect current practice and other relevant regulations and laws.

### Legal basis

*Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., the agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.*

---

The State Mental Health, Mental Retardation and Substance Abuse Board has the authority to adopt regulations for licensing under Virginia Code §37.2-404. Providers of services are required to be licensed under Virginia Code §37-2.405. The authority to adopt these regulations is mandatory.

### Purpose

*Please explain the need for the new or amended regulation by (1) detailing the specific reasons why this regulatory action is essential to protect the health, safety, or welfare of citizens, and (2) discussing the goals of the proposal, the environmental benefits, and the problems the proposal is intended to solve.*

---

This action is necessary to increase the protections for the health, safety and welfare of individuals receiving services from licensed providers. These revisions strengthen the ability of the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to deny applications for licensing, revoke licenses, and restrict the activities of provider applicants that do not meet service standards during the provisional period. The agency has determined that these updates are needed to resolve issues pertaining to the regulation of service areas where problems have occurred.

These revisions also update the definitions for consistency with other regulations of the Board and with the current mission of the DMHMRSAS, which includes the provision of person-centered planning, and goals of recovery and self-determination for individuals receiving services. Updates will also insure that the regulations reflect current standards of practice, statutes, and regulatory requirements.

### Substance

*Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. (More detail about these changes is requested in the "Detail of changes" section.)*

---

Revised language throughout the regulations to reflect the concepts of person-centered planning, recovery and the empowerment of persons receiving services.

Updated definitions to be consistent with other regulations of the Board and other state agencies.

Updated requirements to be consistent with Mental Health Reform laws and to allow DMHMRSAS to impose restrictions and requirements on applicants and providers during the provisional licensing period including: requiring disclosure of previous licenses and disciplinary actions, prohibiting provisional providers from adding new services, and adding criteria for denying or revoking a license.

Added provisions to allow DMHMRSAS to stipulate on the license the special expertise of a provider, as established by DMHMRSAS.

Eliminated the provision requiring an audit every three years and replaced it with a provision that DMHMRSAS may require an audit should the circumstances warrant it.

Removed the requirement that group homes must be inspected by the Health Department. (The DMHMRSAS Office of Licensing will continue its routine inspections of kitchens in group homes as part of the licensing process.)

Added a requirement for providers to designate a staff person to act as a community liaison to work with neighbors, local government, and the community.

Adjusted the timeframe for submitting a certificate of occupancy and floor plan to be more economical for provider applicants.

Limited the occupancy of shared bedrooms in a Medicaid waiver group home to two individuals.

Reduced the maximum number of beds allowed in a community intermediate care/mental retardation facility (ICF/MR) from 20 to 12 beds.

Added a requirement for stocking a three-day supply of food as recommended by the Virginia Department of Emergency Management.

Deleted or modified the specific references to and the definitions of Qualified Mental Health Professional (QMHP), and Qualified Mental Retardation Professional (QMRP), Qualified Developmental Disabilities Professional and Qualified Brain Injury Professional. The Department of Medical Assistance Services (DMAS) uses terms QMHP and QMRP for purposes that are not entirely consistent with these regulations. QMHP and QMRP have been replaced with descriptions of the required qualifications for individuals who supervise and are responsible for approval of assessments and individualized service plans (ISPs). These qualifications have been updated to allow appropriate experience to substitute for a degree.

Updated the quality improvement process to require providers to obtain input from individuals receiving services about their satisfaction with their participation in ISP development.

Added a requirement that a history of trauma and abuse be included as part of the comprehensive assessment.

Allowed for a state or federally sanctioned standardized assessment to substitute for the required assessment in the regulations as long as the standardized assessment incorporates certain health and safety issues.

Relocated to the beginning of the ISP section the requirement for the participation of the individual receiving services in the ISP development to stress the importance of this participation.

Clarified and strengthened the requirements for initial ISPs. The ISP is now required to be completed within 24 hours of admission and must address health, safety, and immediate service needs.

Increased the timeframe for completion of a comprehensive ISP from 30 to 60 days after admission under most conditions. This is intended to reduce paperwork for providers when individuals receive services for periods of less than 60-days.

Required that goals on ISPs be written in the language of the individual receiving services whenever possible.

Changed terminology from "behavior management" to "behavior interventions."

Strengthened the requirements for sponsor residential homes. The regulations now outline the requirements for sponsor agreements.

Added requirements for licensing sponsor residential services for children according to a recent opinion from the Office of the Attorney General which indicated that DMHMRSAS may license this service.

Enhanced the requirements for case management services.

**Issues**

*Please identify the issues associated with the proposed regulatory action, including:*

- 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*
- 2) the primary advantages and disadvantages to the agency or the Commonwealth; and*
- 3) other pertinent matters of interest to the regulated community, government officials, and the public.*

*If the regulatory action poses no disadvantages to the public or the Commonwealth, please so indicate.*

This action poses no disadvantages to the public or the Commonwealth. The changes have been made to make these regulations more consistent with the needs of individuals receiving services, providers, and the agency’s mission. The regulatory requirements have been clarified when appropriate to facilitate their application and to promote and better understanding for users. The provisions have also been modified to reduce implementation costs for providers and the agency whenever possible and to resolve identified problem areas.

**Requirements more restrictive than federal**

*Please identify and describe any requirement of the proposal which are more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.*

For Medicaid funded services, the federal government places much of the responsibility for monitoring health and safety issues and the minimal level of care on the licensing authority. As a result, the federal regulations may not address health, safety, and service issues and there is a need for regulation by the state. In addition, state statute may require additional regulation. In some instances, there are no applicable federal regulations.

**Localities particularly affected**

*Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.*

There is no locality in Virginia that bears a disproportionate material impact resulting from these regulations that would not be experienced by other localities.

**Public participation**

*Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.*

In addition to any other comments, the board/agency is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking

information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments may do so by mail, email or fax to Leslie Anderson, Director of the Office of Licensing, DMHMRSAS, P.O. Box 1797, Richmond, VA 23218-1797, telephone 804-371-6885, fax 804-692-0066, email [leslie.anderson@co.dmhmrsas.virginia.gov](mailto:leslie.anderson@co.dmhmrsas.virginia.gov). Written comments must include the name and address of the commenter. In order to be considered comments must be received by the last date of the public comment period.

A public hearing will be held and notice of the public hearing may appear on the Virginia Regulatory Town Hall website ([www.townhall.virginia.gov](http://www.townhall.virginia.gov)) and can be found in the Calendar of Events section of the Virginia Register of Regulations. Both oral and written comments may be submitted at that time.

In the development of the proposed regulations, DMHMRSAS organized a Licensing Regulation Revision Committee that met from September 2006 through March 2008. It consisted of a large number of representatives from public and private providers, consumers, families, advocacy organizations, and state agencies. The proposed regulations were largely a consensus document from this Committee. DMHMRSAS also consulted with several consumer groups, task forces, state agencies, and associations.

**Economic impact**

*Please identify the anticipated economic impact of the proposed regulation.*

<b>Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source / fund detail, and (b) a delineation of one-time versus on-going expenditures</b>	There should be no additional cost to implement and enforce the proposed regulations.
<b>Projected cost of the regulation on localities</b>	There should be no cost to localities.
<b>Description of the individuals, businesses or other entities likely to be affected by the regulation</b>	Entities that are affected would be those who provide licensed mental health, mental retardation (intellectual disability), substance abuse, developmental disability waiver, and brain injury residential service providers. These would include group home, residential, inpatient psychiatric, day support, opioid treatment, in-home, outpatient, intensive in-home, PACT/ICT, and detoxification services.
<b>Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected.</b> Small business means a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.	There are currently 524 licensed providers. Approximately 484 of these are would be considered small businesses.
<b>All projected costs of the regulation for affected individuals, businesses, or other entities. Please be specific. Be sure to include the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses.</b>	<b>Potential Costs</b> <u>1. Two in bedroom:</u> Existing homes that have more than two individuals in a bedroom will be grandfathered. Very few homes now place more than two individuals in a bedroom as individuals do not choose to share a bedroom or it is not

	<p>appropriate for the individuals served to share a bedroom. Therefore, the new provision regarding two in a bedroom should involve minimal cost to providers because this is current practice.</p> <p><u>2. Three day supply of emergency food:</u> The previous requirement did not specify the amount of emergency food that providers must have on hand. This three-day supply is the standard established by the Virginia Department of Emergency Management. Additional cost would be small as providers already had to maintain a supply of emergency food.</p> <p><u>3. HIV/AIDS tests required for individuals in opioid treatment services:</u> Tests may be charged to insurance or to the individual receiving services, so the cost may be minimal to the provider.</p> <p><u>4. ICF/MR service capacity reduced from 20 to 12 individuals.</u> Existing services that have more than 12 individuals would be grandfathered. This is likely to limit the income potential for these service providers by reducing the number of individuals served. This would save the Commonwealth funds from Medicaid.</p> <p><b><u>Savings resulting from proposed changes:</u></b></p> <p><u>1. Entities seeking licenses are not required to have a Certificate of Occupancy for the initial application submission.</u> This may save costs for facility for up to six months during the application process.</p> <p><u>2. Providers are not required to seek Health Department inspection.</u> This will save time and possible expenditures for the provider.</p> <p><u>3. Providers are not required to have audit every three years.</u> This will result in \$1,500 -\$2,000 savings for those providers who choose not to have an audit.</p> <p><u>4. Providers are not required to have septic and water inspections annually, but comply with requirements of local and state government.</u> May reduce some costs, but makes the requirement the same as what is already required by local and state government.</p> <p><u>5. Providers are not required to complete an ISP for 60 days following initiation of services and short term and long terms services.</u> This will save all providers in completing paperwork for those individuals who do not stay in service over 60 days and who receive short-term services.</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Alternatives**

*Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in §2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.*

There are no appropriate alternatives to this regulatory action. The agency is required to adopt these regulations under Virginia Code §37.2-404 and §37-2.405. The regulatory revisions have been structured with the input and involvement of provider and consumer representatives who met with the agency several times over the course of the 18-month revision process. With this assistance, the agency was able to revise the regulations so that they are not overly burdensome and provide reasonable means for regulatory oversight and accountability of providers of services. These revisions to the regulations have been designed to address the problems that have been identified by those who are affected by the regulations.

**Regulatory flexibility analysis**

*Please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.*

Many of the providers who are governed by these regulations may be considered small businesses. Changes have been made to reduce some of the costs and paperwork for those providers, such as, eliminating the requirement for an annual audit and revising the timeframe requirements for comprehensive ISPs. These regulations do not exempt small businesses from all or any part of the regulations. However, the regulations provide some requirements for specific types of service providers and in some cases, reduce the regulatory burden on these providers. Many of the regulations require the provider to develop policies. Small businesses may develop policies consistent with the scope of their business.

**Public comment**

*Please summarize all comments received during public comment period following the publication of the NOIRA, and provide the agency response.*

<b>Commenter</b>	<b>Comment</b>	<b>Agency response</b>
Fairfax County	Made comments and suggestions in regard to clarifying definitions, posting of licenses, co-occurring treatment, HIPAA compliance, individual service plans, sexual history, differentiation between long	These comments were considered by the Licensing Regulation Revision Committee and incorporated into the proposed regulations as recommended by the Committee.

	term and short term services, approval for seclusion and restraint, special regulations for CSBs versus private providers, same regulations for children’s and adult residential services	
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

**Family impact**

*Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

This regulatory action will implement requirements for licensing providers of services. The standards provide the means for the agency to provide regulatory oversight in accordance with the law. It is also the basis for the accountability of services that are provided to a vulnerable population. This should have a positive impact on the stability of families of persons receiving services from licensed providers by promoting the quality of those services and an acceptable standard of care. The regulations encourage family involvement in services and should not have any negative impact on the authority of parents, self-sufficiency or individual responsibility, marital commitment, or family income.

**Detail of changes**

*Please detail all changes that are being proposed and the consequences of the proposed changes. Detail all new provisions and/or all changes to existing sections.*

*If the proposed regulation is intended to replace an emergency regulation, please list separately (1) all changes between the pre-emergency regulation and the proposed regulation, and (2) only changes made since the publication of the emergency regulation.*

<b>Current section number</b>	<b>Proposed new section number, if applicable</b>	<b>Current requirement</b>	<b>Proposed change and rationale</b>
10		Statement of the legal authority and applicability of the regulations.	Revised and updated to reflect the recent recodification of Title 37.1 to 37.2.
20		Provides definitions of terms used in the regulations.	Revised and updated definitions generally for consistency with the recent recodification of Title 37.1 to 37.2. A new definition of “authorized representative” is added to replace “legally authorized representative” to be consistent legal requirements and other regulations of the Board. Definitions of “neglect,” “restraint,” “restraints for behavioral purposes,” “restraints for medical purposes,” “restraints for protective purposes,”

		<p>“seclusion,” “serious injury,” and “time out,” have also been added or revised for clarity and consistency with other regulations of the Board (see 12 VAC 35-115-10 et seq.).</p> <p>Definitions of “behavior intervention” and “behavioral treatment plan” “care,” “case management service”, “individualized service plan (ISP)” have be added and revised to reflect person centered principles and practices.</p> <p>The term “intellectual disabilities” is added in parenthesis following “mental retardation” when it is used in the definitions (and throughout the regulations) to be consistent with person centered principles. “Intellectual disabilities” is a preferred term to describe this disability by many consumer advocates affected by these regulations.</p> <p>New definitions of “co-occurring disorders” and “co-occurring services” are added to identify and emphasize this specific category of services for individuals with this condition. A new definition of “mental illness” is added to replace “mentally ill” consistent with person-centered principles. New definitions of “person-centered” and “recovery” are added to describe and emphasize these concepts.</p> <p>Various definitions have been revised or edited for clarification or to simplify, including “admission,” “community gero-psychiatric residential services,” “community intermediate care facility/mental retardation (ICF/MR),” “complaint,” “corrective action plan,” “corporal punishment,” “crisis stabilization,” “day treatment services,” “discharge,” “discharge plan,” “emergency service, group home,” “individual,” “inpatient psychiatric service,” “intensive community treatment,” “intensive in-home service,” “intensive outpatient service,” “medication error,” “Mental Health Community Support Service,” “outpatient service,” “partial hospitalization,” “qualified paraprofessional in mental health,” “related conditions,” “residential services,” “residential treatment services,” “social detoxification services” “substance abuse,” and “State methadone authority.”</p> <p>New definitions of “initial assessment,” “plan of care” and “screening” have been added to</p>
--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

			<p>augment the provisions for admission to and planning for services to individuals. “Systemic corrective action” has been added as a definition to clarify provider requirements. A definition of “managed withdrawal services” is added to clarify and recognize the current term used for an array of detoxification services. A definition of “mandatory treatment order” is added to identify the new legal requirement for this court ordered treatment. The definition of “residential crisis stabilization service” is expanded to clarify the meaning for the regulated community.</p> <p>The definition of “licensed mental health professional (LMHP)” has been expanded to include licensed marriage and family counselors. The definitions of Qualified Mental Health Professional (QMHP), and Qualified Mental Retardation Professional (QMRP), Qualified Developmental Disabilities Profession (QDDP), and Qualified Brain Injury Professional (QBIP) were deleted or revised. The Department of Medical Assistance Services (DMAS) uses terms QMHP and QMRP for purposes that are not entirely consistent with these regulations. QMHP and QMRP have been replaced with descriptions of the required qualifications for individuals who supervise and are responsible for approval of assessments and ISPs. These qualifications have been updated to allow appropriate experience to substitute for a degree.</p> <p>The definition of qualified paraprofessional in brain injury (QPPBI) was eliminated because it was included in the regulations.</p> <p>The definition of therapeutic day treatment for children and adolescents is listed separately and revised due to the growth in this service.</p> <p>A definition of the “state board” was added to clarify the entity with statutory responsibility for these licensing regulations.</p>
30		Provides a discription of the services that are licensed by DMHMRSAS.	Updated and edited the description of the services that are subject to licensing for clarity and consistency with the current statutory requirements.

40		Lists the requirements for provider license applications.	<p>Contains minor editorial revisions for clarity. It also includes a new requirement for potential providers to disclose any prior sanctions, including criminal sanctions, imposed by any other licensing authority in Virginia or in other states. This will allow DMHMRSAS to have access all pertinent information to take appropriate action on the application.</p> <p>Eliminates the requirement for provider applicants to submit a certificate of occupancy and floor plan at the time of application and requires them to be submitted before the license is issued. Because the application process may take several months, this requirement added unnecessary cost during the period that the applicant was applying for the license. The revision will potentially reduce the cost of maintaining a facility while the provider applies for a license.</p>
50		<p>Provides the requirements for issuing licenses.</p> <p>Lists conditional and provisional license requirements.</p>	Includes editorial changes for clarity. New restrictions were included for provisional and conditional licenses. These restrictions have been imposed by policy but have now been added to the regulations. This is intended to improve the oversight of providers who have not fully demonstrated compliance will all requirements. Provisions also allow DMHMRSAS to list on stipulation specific expertise for specialized services to provide more information to the public.
60		Provides for modification of licenses.	Adds a timeframe for providers to submit an application for a modification to its license and provides additional clarification for implementing the process.
70		Provides for on-site reviews	Non-substantive edits for clarity
80		No change	
90		Specifies the requirements determining level of compliance.	Non-substantive edits for clarity.
100		Provides for sanctioning non-compliant providers.	Updated regulatory and Virginia Code citations consistent with the recodification of Title 37.1 to 37.2 and other regulations of the Board.
110		Lists provisions for denial, revocation, or suspension of a license.	Includes non-substantive edits for clarity and updates the regulatory and Code citations consistent with the recodification of Title 37.1 to 37.2 and other regulations of the Board.
115		Provides requirements for issuing an order of summary suspension of a license.	Non-substantive edits for clarity.
120		No change	

130		Provides for confidentiality of records.	Non-substantive edits for clarity.
140		Requires licenses to be displayed.	Non-substantive edits for clarity.
150		Lists other applicable laws and regulations for compliance.	Non-substantive edits for clarity and includes updates to regulatory and Code citations consistent with the recodification of Title 37.1 to 37.2 and other regulations of the Board. Adds a statement that the providers' policies shall be in writing to ensure that they are documented and available to regulators and the public.  Deleted requirements for prescreening and discharge planning in this section and replaced and expanded in the following new section 155.
	155	Provides requirements for pre-admission screening, predischage planning, involuntary commitment, and mandatory outpatient treatment orders.	Includes provisions for prescreening and discharge planning that were relocated to this section for emphasis and clarity. Provisions are updated to conform to current Code requirements. Subsection B was included in this new section to require that providers who serve individuals through an emergency custody order, temporary detention order, or mandatory outpatient treatment order to develop policies and procedures to ensure compliance with the relevant Code requirements.
160		Describes the review process and provider requirements for reporting to the agency.	Edited provisions for clarity and emphasis. A statement has been added for emphasis (subsection F) to prohibit providers from submitting false or misleading information.
170		Provides for corrective action plans when a provider is cited for non-compliance with the regulations.	Edited for clarity. There are enhanced provisions for resolving any disagreements between the provider and agency at the lowest possible level when a there is a finding of non-compliance.
180		Provides for notifications of various provider changes.	Includes minor, non-substantive edits for clarity.
190		Requires evidence of the operating authority of a provider.	Includes minor, non-substantive edits for clarity.
200		No change.	
210		Includes requirements for providers to document that financial resources are available to provide service operations.	Clarifies the current requirement that providers document that they have the financial resources to ensure ongoing operations for 90 days. Eliminates the requirement that providers to undergo a financial audit every three years and replaces it with the statement that DMHMRSAS <u>may</u> require this audit unless otherwise required by law or regulation. This will reduce the an unnecessary paperwork burden on providers, especially those that are considered small

			businesses. Adds a requirement that providers identify in writing that the person responsible for fiscal management has the necessary qualifications.
220		Provides requirements for indemnity coverage.	Clarifies that the indemnity coverage is required only for commercial vehicles.
230		Requires a written fee schedule to be available.	Adds a statement that the fee schedule shall be available specifically to the individual receiving services or his authorized representative.
240		Requires the provider to have a policies on funds of individuals receiving services.	Includes a minor editorial revision.
250		No change.	
260		Includes requirements for building inspection and classifications.	Clarified documentation requirements for a copy of a Certificate of Use and Occupancy. Includes minor editorial changes.
	265	New provision for floor plans.	Adds a requirement that the provider must provide DMHMRSAS a copy of a floor plan when it acquires a new location. Home and non-center based services are excluded from this requirement.
270		Provides requirements for building modifications.	Includes non-substantive edits for clarity.
280		Provides requirements for provider's physical environment.	Includes non-substantive edits for clarity.
290		Includes provisions for food service inspections.	Eliminates the requirement that group homes or community residential homes obtain the approval from state or local health authorities for food service. This food service inspection is not routinely provided by health authorities and was not reasonable to expect these providers to comply with this requirement.
300		Provides requirements for water and sewer inspections.	Eliminates the requirement that service locations on non-public water and sewage systems document inspections by the local authorities on an annual basis. It is replaced with the requirement that such service providers comply with applicable state and local laws. This reduces the burden on some providers, including those that may be considered small businesses.
310		Provides requirements for the use and possession of firearms by a service provider.	Includes editorial revisions for clarity and consistency.
320		Provides requirements for fire inspections.	Includes editorial revisions for clarity and consistency.
330		Provides requirements for bed capacity.	Reduces the maximum bed capacity of ICF/MR service providers from 20 to 12 beds. This capacity does not apply to providers that are licensed prior to the effective day of the amended regulations.

			This is consistent with current standards of practice.
340		Provides requirements for bedrooms.	Limits the occupancy of shared bedrooms in a Medicaid waiver group home to two individuals. This capacity does not apply to providers that are licensed prior to the effective day of the amended regulations. This change is consistent with current standards of practice.  Also includes editorial changes for clarity.
350		Provides standards for the condition of beds.	Includes editorial changes for clarity.
360		Provides standards for privacy for individuals receiving services.	Includes minor editorial revisions for clarity.
370		Provides requirements for bathroom facilities.	Includes minor editorial revisions for clarity.
380		Provides requirements for lighting.	Includes minor editorial revisions for clarity.
390		Provides requirements for personnel records security.	Includes minor editorial revisions and clarification of legal reference.
400		Includes requirements for criminal registry checks.	Provides updates and clarification of legal references and citations and minor editorial revisions.
410		Provides requirements for job descriptions	Contains minor editorial revisions to language.
420		Provides requirements for employee and contractor qualifications.	Includes minor editorial clarifications.
430		Provides requirements for personnel records.	Includes minor non-substantive edits.
440		Provides requirements for orientation of personnel.	Includes minor editorial clarifications.
450		Provides requirements for training and development.	Includes minor clarification requirements.
460		Provides requirements for medical or first aid training.	Includes one edit for clarity.
470		Requires notification of policy changes.	Adds provisions for ensuring that the providers's personnel receive written notice of policy changes.
480		Provides requirements for personnel performance requirements.	Includes one edit for clarity.
490		Provides for written grievance policy.	Places greater emphasis on the process to ensure that employees are advised of the grievance policy.
500		Provides policy for students and volunteers.	Edited for clarity and consistency with the other parts of the regulations.
510		Provides policy for TB screening.	Edited for clarity.
520		Requires risk management functions by providers.	Edited for clarity and simplified requirements.

530		Provides requirements for emergency preparedness and response plan.	Updated and edited the requirements for emergency preparedness and response plans consistent with the requirements of the Virginia Office of Emergency Preparedness. Includes the requirement to for the provider to store a three-day stock of food for potential emergencies.
540		Provides requirements for emergency telephone access.	Edited for clarity.
550		Provides requirements for a first aid kit.	Updates requirements consistent with current professional first aid practices.
560		Requirements for flashlights or battery lanterns.	Edited for clarity.
570		No change.	
580		Provides requirements for service discriptions.	Updated and edited for clarity. Includes new requirements for individuals who are served as a result of a temporary detention order (TDO). Also includes new provisions requiring the provider to develop a plan for services consistent with the National Standards on Culturally and Linguistically Appropriate Services (CLAS).
590		Provides provider staffing plan requirements.	Edited for clarity and provides updates and additional detail describing the minimum qualifications required for various clinical and service staff consistent with current professional practice.
600		Provides requirements for preparing and serving food.	Minor edit for clarity.
610		Requires community activities be available for individuals receiving services.	Edited for clarity.
630		Repealed	
640		Repealed	
	645	Provides general requirements for screening, admissions, service planning policies, etc.	Consolidates, clarifies and updates the provisions and documentation requirements formerly in sections 630 and 640, which are being repealed.
650		Requires the provider to develop a policy for assessing persons prior to admission to a service and conduct comprehensive follow-up assessments.	Expands and emphasizes that assessments shall actively and meaningfully involve the individual who will be receiving service or his authorized representative. Principles of person-centered practices are factored into these assessment requirements. Also includes requirement that any individual history of trauma and abuse shall be included (F.9.) in comprehensive assessments. This update should help to help ensure that the services will address the specific needs of the individual. Also allows standardized state or federally sanctioned assessment tools to be used, when appropriate (I).

660		Requires the development of individualized services plans (ISPs).	Expands and emphasizes that ISP development shall actively and meaningfully involve the individual who will be receiving service or his authorized representative. Allows the completion of the comprehensive ISP to be completed in 60 days instead of 30 days following admission (B.) This will reduce the paperwork burden on some providers. The provisions for initial ISPs, which must be completed within 24 hours of admission, are clarified and strengthened to ensure the individual health and safety needs are met.
	665	Provides detailed requirements for comprehensive ISPs.	Augments and consolidates the requirements formerly contained in Section 660 and 670 of the regulations. Emphasizes that individual's personal goals and preferences are a consideration in the ISP, consistent with person-centered principles and practices. Whenever possible the identified goals in the ISP must be written in the words of the individual receiving services (H.)
	675	Requires reassessments to be completed annually.	Relocates requirements for annual and ongoing reassessments from Section 650.D3. The intent is to clarify and emphasize these reassessment requirements.
680		Provides requirements for progress notes.	Minor edit for clarity.
690		Provides requirements for providers to orient individuals receiving services.	Minor edits for clarity and consistent terminology with other parts of the regulations.
	691	Adds provisions and requires the provider to develop a policy for transitioning individuals from on service location to another that are operated by the provider.	Relocated from Section 850 which is being repealed.
	693	Adds a new section that provides requirements for discharge.	Restated and relocated from other parts of the regulations for emphasis. (See Section 860 which is being repealed.)
700		Provides requirements to address emergency interventions.	Edited for clarity and emphasis of important requirements.
710		Requires documentation of crisis or emergency services.	Includes non-substantive edits for clarity and emphasis.
720		Provides policies for medical and health care for individuals receiving services.	Updated and edited for clarity. Incorporates pertinent elements of Section 730 which is being repealed.
730		Repealed (see above section 720)	

740		Provides requirements for physical examinations.	Edited for clarity. Includes new requirements to ensure there is documentation and appropriate follow-up.
750		Provides requirements for emergency medical information.	Edited for clarity and updated to require that any inclusion of any ambulatory or sensory problems in the emergency medical information that is maintained by the provider.
760		No change.	
770		Provides requirements for medication management.	Includes a new provision to ensure that the provider documents medications that are administered or refused in the daily log.
780		No change.	
790		Provides requirements for medication administration and storage.	Minor non-substantive edits for clarity and language consistency.
800		Provides policies and procedures for behavior management.	Changed terminology from behavior "management" to behavior "intervention" and edited language to be more positive and person-centered.
810		Requires a behavioral treatment plan.	Includes non-substantive edits for clarity.
820		Describes prohibited actions by providers.	Includes non-substantive edits for clarity and consistency.
830 and 840		Provides requirements for rooms used for seclusion, restraint and time-out.	Includes minor non-substantive edits for clarity and language consistency.
850		Repealed.	Relocated and updated at new Section 691.
860		Repealed.	Relocated and updated at new Section 693.
870		Provides requirements for a records management policy.	Updated and edited to incorporate policy for electronic records
880		Provides documentation policy.	Edited for clarity.
890		Provides requirements for an individual's service record.	Edited and updated for clarity.
900		Provides for record storage and security.	Edited for clarity.
910		Provides requirements for retention of service records.	Inserted non-substantive revisions and a statement that any federal or state requirements pre-empt the provisions in these regulations.
920		No change.	
925		Provides standards for opioid addiction services.	Edited for clarity.
930		Requires registration or certification of opioid addiction services.	Edited for clarity and language consistency.
940		Provides criteria for involuntary termination from treatment.	Added new requirement for individuals receiving services to authorize the disclosure of certain information to the Virginia Prescription Monitoring System. Failure to do so is grounds for non-admission to the service program.

950		Provides criteria for the service operation schedule for services providing daily dosing medication, including methadone	Inserts new statutory provisions for closing on Sunday services that dispense methadone. These provisions are consistent with requirements of the state methadone authority and should provide more flexible schedules for these providers and individuals receiving services.
960		Provides requirements for physical examinations for individuals receiving services.	Adds provisions for AIDS/HIV testing and treatment for certain medications. This should ensure more comprehensive physical evaluations for individuals receiving services.
970		Requires face-to-face counseling sessions.	Updates for clarity.
980		Requires drug screens.	Minor edit for clarity.
990		Provides requirements for take-home medications.	Provides for more comprehensive assessments prior to dispensing take-home medications.
1000		Requires provider policy to prevent duplication of opioid medication services.	Includes non-substantive edits for clarity.
1020		Requires providers to provide a opportunity for an individual who is being discharged to detoxify from opioid agonist medication.	Includes non-substantive edits for clarity.
1030		No change.	
1040		Requires an emergency preparedness plan.	Includes non-substantive edits for clarity.
1050		Provides for security of opioid agonist medication supplies.	Includes non-substantive edits for clarity and inserts provisions to address electronic security measures.
	1055	Adds a new requirement for service description. Changes terminology to “managed withdrawal services” from social detoxification.”	Requires providers to describe the level of services and medical management provided in the service description for managed withdrawal services. This section applies to both medical and social detoxification and all variations of this service.
1060		Provides for cooperative agreements with community agencies.	Added editorial clarification.
1070		No change.	
1080		Requires direct-care training for detox service providers.	Revised to provide greater flexibility to providers regarding training schedules and requirements.
1090		Requires a minimum number of staff on duty.	Revised to give greater flexibility for staff coverage consistent with the service needs.
1100		Requires documentation of services provided.	Includes non-substantive edits for clarity.
1110		Requires admission assessments.	Updated terminology.
1120		No change.	
1130		No change.	
1140		Requires clinical and security coordination in correctional facilities.	Includes updates to terminology and non-substantive edit.

1150		Provides general requirements for correctional facilities.	Minor edit.
1160		Requires information on sponsored residential homes.	Includes updates to terminology and minor edits for clarity. <u>Revisions have been made throughout Article 4 of the regulations to strengthen the requirements for sponsored residential services for all populations and to incorporate requirements for licensing sponsored residential services for children, consistent with the recommendations of the Office of the Attorney General. (Sections 1160 through 1235)</u>
1170		Describes requirements for sponsored residential home agreements.	Provides more detail to clarify the requirements for agreements.
1180		Describes the requirements for qualification of sponsor residential home providers.	Emphasizes and edits requirements for clarity. Provides more specific requirements for references, background, and registry checks.
1190		Provides sponsored residential home service policies.	Provides more detail for clarity. Inserts specific schedules for licensing inspections of providers. Requires providers to give residents and their representatives an opportunity to participate in choosing placements when an individual is moved to another placement.
1200		Provides requirements for supervision.	Provides more specificity for supervision of services. Requires a supervisor for every 20 sponsored residential homes and strengthens the reporting requirements for hospitalizations.
1210		Provides requirements for sponsored residential home service records.	Provides more specificity and strengthens requirements.
1220		Provides regulations that pertain to staff.	Clarifies and requires documentation of compliance with relevant regulations.
1230		Provides requirements for maximum number of beds.	Includes non-substantive edits for clarity.
	1235	Provides specific requirements for residential home services for children.	Includes new licensing requirements that pertain to homes that serve children.
1240		Provides specific requirements for providers of case management services.	Includes non-substantive edits for clarity and inserts new provisions to ensure consistency with person-centered principles and practices.
1250		Provides qualifications for case management employees or contractors.	Updated language for consistency and included "co-occurring disorders" in the range of illnesses that are addressed.
	1255	Requires providers to have a policy for assigning case manager.	Added the section to ensure that consistency in the assignment of case managers and ensure that individuals receiving services may have input into such assignments.
1260		No change.	

1270, 1280, 1290, 1300, 1310, 1320, 1330 and 1350		Provides licensing requirements for community gero-psychiatric residential services.	Includes several minor non-substantive edits for clarity and language consistency.
1360		Provides admission and discharge criteria for intensive community treatment (ICT) services and programs of assertive community treatment services (PACT).	Includes various edits and minor language revisions for clarity and consistency. Some provisions were revised to promote person-centered concepts and principles. Some language such as "high user of state mental health facility" is replaced with more specificity.
1370		Provides staff qualifications for ICT and PACT services.	Revised for clarity and consistency with terminology used in other parts of the regulations. Specific minimum qualifications are added for simplicity and to eliminate any confusion.
1380		No change.	
1390		Provides requirements for ICT and PACT services daily operation and progress notes.	Includes minor language revisions for clarity and consistency.
1400		Provides requirements for ICT and PACT services assessments.	Includes minor edits and language changes to ensure the individual receiving services has input into the assessments.
1410		Provides requirements for ICT and PACT services and documentation.	Expands the ISP requirements to include wellness support, recovery plans. Also includes consideration of housing needs and interventions to resolve potential crises to address individual needs in the ISP.