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| **DIRECTIONS:** *After* you have submitted a modificationto the Office of Licensing, email this completed form to [OHRpolicy@dbhds.virginia.gov](mailto:OHRpolicy@dbhds.virginia.gov) By initialing beside each requirement below, you are attesting that you have policies and procedures that are in compliance with the [Human Rights Regulations](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/) | |
| **Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| (as it appears on the license) | |
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| **Provider Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Program Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| (if different than Provider Name)  **Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| (if different from Provider address) | |
| **Provider Director’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
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| **Provider Director’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Provider Director’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name of Licensing Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Name of DBHDS Human Rights Regional Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Existing Service Type(s):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_** | **NEW Service Type** (if applicable)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Check all that apply:**  Transitioning from CRC license 07-006 to 02-040 or 02-041  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Existing service moving into a different region  New address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Existing service adding a location in the same region  New address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adding an entirely new service in the same region  Type of new service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adding an entirely new service in a different region  Type of new service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**\*\*\*\* To be completed by Licensed Providers adding a NEW Service Type \*\*\*\***

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|  | I attest that I have a written mission/value statement and other documents that promote the policy 12 VAC35-115-20 of the Human Rights Regulations. |
|  | I attest that I have written policies and procedures that are in full compliance with the [Human Rights Regulations](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/) |
|  | If applicable, I understand that I must submit Program Rules to the DBHDS Human Rights Advocate for review prior to implementation. And any changes to these Rules in the future, must also be reviewed by the Advocate. |
|  | I will use seclusion. If Yes, you must also submit a Policy that describes compliance with 12 VAC 35-115-110 to [OHRPolicy@dbhds.virginia.gov](mailto:OHRPolicy@dbhds.virginia.gov) A license to provide services via CRC/23 hour stabilization and/or residential Crisis Stabilization Units (CSU) will not be issued until this Policy has been reviewed and approved. |
|  | I will use restraint and/or time out and I have a behavioral management policy written in accordance with 12 VAC 35-115-110 for the use of such interventions. |
|  | I will NOT use seclusion. |
|  | I will NOT use restraint and/or timeout; however, I do have a policy for behavioral management written in accordance with 12 VAC 35-115-110. |
|  | I attest that I have reviewed and understand the reporting requirements in 12 VAC 35-115-230. |
|  | I attest that I have a written policy that describes the complaint resolution process in accordance with 12 VAC 35-115-175. Licensed Providers offering a new service must also submit this Policy along with this completed form to [OHRPolicy@dbhds.virginia.gov](mailto:OHRPolicy@dbhds.virginia.gov) |
|  | I attest that I have or will have immediately upon receiving a license, a trained investigator to conduct a thorough investigation in this new service, in accordance with 12 VAC 35-115-175. |
|  | **Waiver Service Providers only:** I attest that I have written policies and procedures in accordance with Home and Community Based Services settings requirements per 42 CFR 441.301 |

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| Signature of Provider Director | Date Form Completed |

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| **\*\*\*\*\* OHR USE ONLY \*\*\*\*\*** |

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| Name of OHR Advocate Assigned to review Policies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Waiver Validation Visit Completed (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Verification of Trained Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_ |
| Verification of Human Rights Competency Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_ |

rev: July 18, 2024