

Instructions for LHRC Review of Next Friend Designation:

All provider requests for review by the LHRC in accordance with 12VAC35-115-270 must go through the Office of Human Rights using a standard form and process.

The provider is responsible for notifying the Office of Human Rights concerning the need for appointment of a Next Friend. Upon request, the assigned Advocate will review with the provider regulatory requirements for the Next Friend appointment, provide a copy of the corresponding LHRC Review Form, and provide information about upcoming scheduled LHRC meetings in the region.

Providers are responsible for ensuring the protection of individuals PHI by using an “Individual Identifier”, listed as the individuals first and last name *initials* in the space provided on the LHRC Review Request Form. **All documents submitted for review should be appropriately \*redacted by the provider (\*removal of or unreadable Personal Identified Information (PII) or Protected Health Information (PHI).** When PII or PHI is necessary to the review process, the LHRC will conduct the review with the provider and all parties involved in Executive Closed session.

The LHRC Chairperson will sign the LHRC Review Request Form and give a copy to the provider following the LHRC meeting. An electronic signature is acceptable. The final signed version should be maintained in the individual's services record. When applicable, LHRC recommendations will be listed on the LHRC Review Request Form and reflected in the LHRC meeting minutes. The provider’s Director or designee is responsible for addressing any LHRC recommendations and communicating compliance through the assigned Advocate, in accordance with the corresponding Human Rights Regulations. Providers should direct questions regarding this process to the assigned Advocate.

**Attachments should include the following (see also 12VAC35-115-146):**

* **Copy of Capacity Evaluation**
* **If the proposed Next Friend is unable to attend the review, in addition to their name provide contact information so that the LHRC may coordinate other means of electronic communication**
* **If the individual chooses not to and/or is unable to attend the review, provide documentation that the individual does not object to the designation of the proposed Next Friend.**

For general questions about the LHRC Review process, contact the OHR Regional Manager or designee in your area:

Region 1: Cassie Purtlebaugh cassie.purtlebaugh@dbhds.virginia.gov

Region 2: Diana Atcha diana.atcha@dbhds.virginia.gov

Region 3: Mandy Crowder mandy.crowder@dbhds.virginia.gov

Region 4: Andrea Milhouse andrea.mihouse@dbhds.virginia.gov

Region 5: Latoya Wilborne latoya.wilborne@dbhds.virginia.gov

 Facilities: Brandon Charles brandon.charles@dbhds.virginia.gov

For information about LHRC meeting dates, times and locations by Region:

<http://www.dbhds.virginia.gov/quality-management/human-rights>

**Next Friend for LHRC Review**

**Section 1 – To be completed by the Provider**

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| Individual’s Identifier (*First & Last initials only*): | Type here |
| Provider Name & Contact Information (*email or phone*):  | Type here |
| Name of Proposed Next Friend: | Type here |
| Date of Request: | Click here to select date |

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| In accordance with chapter [12VAC35-115-146](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section146/), has the proposed next friend, for a period of six months within the last two years either: |
| Shared a residence with the individual [12VAC35-115-146 (B)(2)(a)]?  | [ ]  Yes [ ]  No |
| Had regular contact or communication with the individual and provided significant emotional, personal, financial, spiritual, psychological or other support and assistance to the individual [12VAC35-115-146 (B)(2)(b)]? | [ ]  Yes [ ]  No |

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| In accordance with chapter [12VAC35-115-146](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section146/): |
| The individual agrees to the proposed next friend being designated as the authorized representative [12VAC35-115-146 (B)(3)]: | [ ]  Yes [ ]  No |
| The proposed next friend will personally appear before the LHRC [12VAC35-115-146 (B)(4)(a)]:  | [ ]  Yes [ ]  No |
| The proposed next friend agrees to accept these responsibilities and act in the individual’s best interest and in accordance with the individual’s preferences [12VAC35-115-146 (B)(4)(b)]:  | [ ]  Yes [ ]  No |
| The provider has evidence to support the individual’s lack of capacity [12VAC35-115-146 (A)]:  | [ ]  Yes [ ]  No |

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| Does the Individual agree with the proposed next friend designation? |
| Presenting Provider Staff (printed): |
| Individual’s Signature:(signature confirms agreement) | **Date:** |
| [ ]  | Individual declined to sign | [ ]  | Individual unable to sign |

**Section 2 – To be completed by the LHRC**

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| LHRC Recommendations and Acknowledgments |
| Based on the information provided and authority granted to the LHRC by 12VAC35-115-146: |
| [ ]  The LHRC allowed the proposed next friend to attend via telephone, video, or other electronic means. |
| [ ]  The LHRC recommends the designation of the next friend. |
| [ ]  The LHRC does not recommend the designation of the next friend. |

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Name of LHRC LHRC Chairperson Signature Date