

Regulatory Reduction Actions: General Regulations 12VAC35-105

What Licensed Providers Need to Know



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Welcome to the regulatory reduction actions presentation for the general regulations, Chapter 105.

What Licensed Providers Need to Know

- In accordance with Executive Directive 1 (2022), the Governor instructed all Executive Branch entities to initiate regulatory processes aimed at reducing the number of regulations not mandated by federal or state statute by at least 25%.
- This process was conducted in consultation with the Office of the Attorney General and in a manner consistent with the laws of the Commonwealth.
- DBHDS' goal was to reduce the administrative burden and compliance costs on licensed providers by repealing or simplifying regulatory provisions that are obsolete, overly prescriptive, duplicative, or confusing.
- Over the past few years, the Office of Regulatory Affairs and the Office of Licensing met multiple times to identify non-controversial regulations to be reduced while still maintaining protections for individuals.
- As a result, 32 regulations in Chapter 105 have been amended, and 11 regulations have been repealed.
- These updated regulations go into effect on June 19, 2025.

Regulatory Reduction Actions-What does this really mean?

To reduce the burden on providers, the Governor of Virginia instructed all state agencies to reduce the number of regulations by at least 25%. Over the past few years, we worked with the Office of Regulatory Affairs to determine which regulations we could eliminate or reduce while still maintaining protections for the individuals we serve. In Chapter 105, 11 regulations have been repealed and 32 have been reduced. These changes go into effect on June 19, 2025.

This presentation will serve as a quick-reference tool for you to be informed of these changes.



Key

- **Underlined Italics** : means that specific portion of text is newly added and is now included in the regulation
- In some instances, regulatory language has been moved to another section of the same regulation or is already covered in a different regulation



For the purposes of this presentation, when you see Underlined and Italicized text on the slides, that means *that* specific portion of text is *newly added* and is now included in the regulation.

In some instances, regulatory language has been moved to another section of the same regulation or is covered in a different regulation

Now, I'm going to turn it over to Mackenzie

- **12VAC35-105-490 Written grievance policy. (Repealed.)**
 - It is up to the provider to follow employment laws. DBHDS does not administer or enforce employment laws.
- **12VAC35-105-500 Students and volunteers. (Repealed.)**
 - The health, welfare, and safety concern of utilizing students and volunteers is in regard to the supervision aspect. Given the restrictions on use of volunteers and students and the reference to staffing plan, language in subsection B is moved to Section 590 where it fits more appropriately. DBHDS believes it should be within the provider's discretion whether to create a policy regarding students and volunteers outside of the restriction in the language now in 590.
- **12VAC35-105-570 Mission statement. (Repealed.)**
 - This language does not contribute to individual health, safety, and welfare, nor does DBHDS have the staff resources to analyze the information in a meaningful way.

*Repealed means the regulation has been removed

First, let's look at the regulations that have been repealed, or removed, and are no longer applicable. On these slides, each regulation is bolded and the justification for the repealed action is bulleted under the regulation. [READ SLIDE]

- **12VAC35-105-790 Medication administration and storage or pharmacy operation. (Repealed.)**
 - Subsection A is duplicative of Section 150.
 - Subsection B is covered elsewhere, and this language is unnecessarily broad.
- **12VAC35-105-880 Documentation policy. (Repealed.)**
 - These requirements are unnecessary as they are covered by Section 870.
- **12VAC35-105-900 Record storage and security. (Repealed.)**
 - This section is duplicative of Section 880 and HIPAA.

*Repealed means the regulation has been removed

Here we see three more regulations that have been repealed. [READ SLIDE]

- **~~12VAC35-105-920 Review process for records.~~ (Repealed.)**
 - This section is duplicative of Sections 870 and 880.

- **~~12VAC35-105-1055 Description of level of care provided.~~ (Repealed.)**
 - This is blended into an ASAM level of care.

- **~~12VAC35-105-1060 Cooperative agreements with community agencies.~~ (Repealed.)**
 - ASAM sections have language establishing expectations related to affiliations and coordination of services.

*Repealed means the regulation has been removed

Three more repealed regulations are shown. [READ SLIDE]

- **12VAC35-105-1080 Direct care training for providers of detoxification services. (Repealed.)**
 - Management of withdrawal is still a licensed service but an ASAM level of care, and the staffing requirements in the ASAM section are sufficient.

- **12VAC35-105-9998 FORMS (12VAC35-105). (Repealed.)**
 - The information gathered in these outdated forms are now incorporated into the DBHDS licensing online web-based system.

*Repealed means the regulation has been removed

These are the last two regulations that have been repealed, for a total of 11 repealed regulations. [READ SLIDE]

And now a few words from Larisa

- [12VAC35-105-60 Modification](#)
- [12VAC35-105-120 Variances](#)
- [12VAC35-105-170 Corrective action plan](#)
- [12VAC35-105-180 Notification of changes](#)
- [12VAC35-105-190 Operating authority, governing body and organizational structure](#)
- [12VAC35-105-210 Fiscal accountability](#)
- [12VAC35-105-270 Building modifications](#)
- [12VAC35-105-280 Physical environment](#)
- [12VAC35-105-290 Food service inspections](#)
- [12VAC35-105-320 Fire inspections](#)
- [12VAC35-105-390 Confidentiality and security of personnel records](#)



Click
the links to
view details
for each
regulation!

Now we'll dive into the Regulations that have been changed or reduced. The next few slides show all the amended regulations. For your ease of use, each regulation here is linked directly to the slide in this presentation that provides all the details for that specific regulation. Click on any linked regulation to quickly jump to the regulation details slide in this presentation.

- [12VAC35-105-400 Criminal background checks and registry searches](#)
- [12VAC35-105-410 Job description](#)
- [12VAC35-105-420 Qualifications of employees or contractors](#)
- [12VAC35-105-430 Employee or contractor personnel records](#)
- [12VAC35-105-440 Orientation of new employees, contractors, volunteers, and students](#)
- [12VAC35-105-470 Notification of policy changes](#)
- [12VAC35-105-510 Tuberculosis screening](#)
- [12VAC35-105-530 Emergency preparedness and response plan](#)
- [12VAC35-105-580 Service description requirements](#)
- [12VAC35-105-590 Provider staffing plan](#)
- [12VAC35-105-645 Initial contacts, screening, and admission, assessment, service planning, orientation and discharge](#)

This is the second slide listing the regulations that have been changed or reduced

- [12VAC35-105-690 Orientation of individuals and authorized representatives](#)
- [12VAC35-105-691 Transition of individuals among service. services by the same provider](#)
- [12VAC35-105-693 Discharge](#)
- [12VAC35-105-700 Written policies and procedures for crisis or emergency interventions; required elements](#)
- [12VAC35-105-720 Health care policy](#)
- [12VAC35-105-740 Physical examination for residential and inpatient services](#)
- [12VAC35-105-770 Medication management](#)
- [12VAC35-105-800 Policies and procedures on behavior interventions and supports](#)
- [12VAC35-105-870 Paper and electronic records Records management policy](#)
- [12VAC35-105-890 Individual's service record](#)

This is the last slide that lists the regulations that have been changed or reduced

As previously stated, there are 32 regulations that have been changed, and Mackenzie will review those in more detail now

12VAC35-105-60 Modification

- A. A provider shall submit a written service modification application at least 30 days in advance of a proposed modification to *the provider's* license. The modification may address the characteristics of individuals served (*e.g.*, disability, age, or gender), the services offered, the locations where services are provided, existing stipulations, or the maximum number of individuals served under the provider license.
- B. Upon receipt of the completed service modification application, the commissioner may revise the provider license. Approval of such request shall be at the sole discretion of the commissioner.
- C. A change requiring a modification of the license shall not be implemented prior to approval by the commissioner. The department may send the provider a letter approving implementation of the modification pending the issuance of the modified license

Remember that Underlined and Italicized text indicates newly added language that is now included in the regulation.

60 Modification

This changed the amount of time a provider must submit a written service modification application from the old requirement of 45 days to now requiring at least 30 days in advance of a proposed modification to the license.

This change does not guarantee modification approval by the OL within 30 days.

12VAC35-105-120 Variances

The commissioner may grant a variance to a specific regulation if he determines that such a variance will not jeopardize the health, safety, or welfare of individuals. A provider shall submit a request for such variance in writing to the commissioner. The request shall demonstrate that the variance will not jeopardize the health, safety, or welfare of individuals. The department may limit the length of time a variance will be effective. The provider shall not implement a variance until it has been approved in writing by the commissioner.

120 Variances

Providers no longer have to demonstrate that complying with the regulation would be a hardship unique to the provider for a variance to be approved.

Now, providers only need to demonstrate that the variance will not jeopardize the health, safety, or welfare of individuals.

**12VAC35-105-170 Corrective action plan**

- A. If there is noncompliance with any applicable regulation during an initial or ongoing review, inspection, or investigation, the department shall issue a licensing report describing the noncompliance and requesting the provider to submit a corrective action plan for each violation cited.
- B. The provider shall submit to the department a written corrective action plan for each violation cited.
- C. The corrective action plan shall include a:
1. Detailed description of the corrective actions to be taken that will minimize the possibility that the violation will occur again and correct any systemic deficiencies;
 2. Date of completion for each corrective action; and
 3. Responsible person designated to oversee implementation of the pledged corrective action.
- D. The provider shall submit a corrective action plan to the department within 15 business days of the issuance of the licensing report. One extension may be granted by the department when requested prior to the due date, but extensions shall not exceed an additional 10 business days. An immediate corrective action plan shall be required if the department determines that the violations pose a danger to individuals receiving the service.
- E. Upon receipt of the corrective action plan, the department shall review the plan and determine whether the plan is approved or not approved. The provider has an additional 10 business days to submit a revised corrective action plan after receiving a notice that the department has not approved the revised plan.
- F. If a provider disagrees with a citation of a violation or the disapproval of a revised corrective action plan, the provider shall discuss this disagreement with the licensing specialist initially. If the disagreement is not resolved, the provider may ask for a meeting with the licensing specialist's supervisor, in consultation with the director of licensing, to challenge a finding of noncompliance. The determination of the director is final.
- G. The provider shall implement an approved written corrective action plan for each violation cited by the date of completion identified in the plan.
- H. The provider shall monitor implementation and effectiveness of approved corrective actions as part of its quality improvement program required by 12VAC35-105-620. If the provider determines that an approved corrective action was fully implemented, but did not prevent the recurrence of a regulatory violation or correct any systemic deficiencies, the provider shall:
1. Continue implementing the corrective action plan and put into place additional measures to prevent the recurrence of the cited violation and address identified systemic deficiencies; or
 2. Submit a revised corrective action plan to the department for approval.

170 Corrective Action Plan

Subsection C, item 3, the CAP no longer needs to include the signature of the person responsible, it now only needs to list the person responsible for overseeing implementation of the pledged corrective action.

This aligns with the current licensing system.

**12VAC35-105-180 Notification of changes**

A. The provider shall notify the department in writing prior to implementing changes that affect significant changes

to the staffing plan, position descriptions, or employee or contractor qualifications

B. A provider shall notify the department in writing of its intent to discontinue services at least 30 days prior to the cessation of services. The provider shall continue to provide all services that are identified in each individual's ISP after it has given official notice of its intent to cease operations and until each individual is appropriately discharged in accordance with 12VAC35-105-693. The provider shall further continue to maintain substantial compliance with all applicable regulations as it discontinues its services.

C. All individuals receiving services and their authorized representatives shall be notified of the provider's intent to cease services in writing at least 30 days prior to the cessation of services.

180 Notification of Changes

Two subsections were removed. This changes it 180.A-E to 180.A-C

Subsection A has been simplified

Regarding subsection C, the provider can determine where to document the communication, it does not need to be in the ISP

12VAC35-105-190 Operating authority, governing body and organizational structure

A. The provider shall provide the following evidence of its operating authority:

1. Public organizations shall provide documents describing the administrative framework of the governmental department of which the organization is a component or describing the legal and administrative framework under which the organization was established and operates.

2. All private organizations, except sole proprietors trading under the proprietor's own name shall provide a certificate from the State Corporation Commission pursuant to § 59.1-69 of the Code of Virginia.

B. The provider shall provide an organizational chart that clearly identifies the provider's governing body and organizational structure.

190 Operating authority, governing body and organizational structure

Subsection C has been removed and clarifying language has been added

This changes it from 190.A-C to 190.A-B

**12VAC35-105-210 Fiscal accountability**

A. The provider shall document financial arrangements or a line of credit that are adequate to ensure maintenance of ongoing operations for at least 90 days on an ongoing basis. The amount needed shall be based on a working budget showing projected revenue and expenses.

B. In addition to the indemnity coverage required pursuant to 12VAC35-105-220, the provider shall have written internal controls to minimize the risk of theft or embezzlement of provider funds.

C. The provider shall identify in writing the title and qualifications of the person with the authority and responsibility for the fiscal management of the provider's services.

D. The provider shall notify the department in writing when the provider's line of credit or other financial arrangement has been cancelled or significantly reduced at any time during the licensing period.

210 Fiscal accountability

A subsection was removed so this changes it from 210.A-E, to 210.A-D

Additionally, the bonded or otherwise indemnified requirements have been removed

12VAC35-105-270 Building modifications

The provider shall submit a plan to the department addressing safety and continued service delivery *for any planned* construction involving *(i) changes in the use of existing locations or (ii) structural modifications to new or existing buildings. This section does not apply to correctional facilities, jails, or home-based and noncenter-based services.*

270 Building modifications

This update eliminated the subsections and added clarifying language

This changes it from 270.A-B to just 270

**12VAC35-105-280 Physical environment**

- A. The physical environment, design, structure, furnishings, and lighting shall be appropriate and safe for the individuals served and the services provided.
- B. The physical environment shall be accessible to individuals with physical and sensory disabilities, if applicable.
- C. The physical environment and furnishings shall be clean, dry, free of foul odors, safe, and well-maintained.
- D. Floor surfaces and floor coverings shall promote mobility in areas used by individuals and shall promote maintenance of sanitary conditions.
- E. The physical environment shall be well ventilated. Temperatures shall be maintained between 65°F and 80°F in all areas used by individuals.
- F. Adequate hot and cold running water of a safe and appropriate temperature shall be available. Hot water accessible to individuals being served shall be maintained within a range of 100° to 120°F. If temperatures cannot be maintained within the specified range, the provider shall make provisions for protecting individuals from injury due to scalding.
- ~~G.~~ Recycling, composting, and garbage disposal shall not create a nuisance, permit transmission of disease, or create a breeding place for insects or rodents.
- ~~H.~~ If smoking is permitted, the provider shall make provisions for alternate smoking areas that are separate from the service environment.
- ~~I.~~ For all program areas added after September 19, 2002, minimum room height shall be 7-1/2 feet.
- ~~J.~~ This section does not apply to home-based and noncenter-based or crisis services. Sponsored residential services shall certify compliance of sponsored residential homes with this section.

280 Physical environment

Subsection F, the hot water range has been increased, instead of the 100 to 110 degrees, the range is now 100 to 120 degrees Fahrenheit.

Subsection G specific to lighting was removed

This changes it from 280.A-K, to 280.A-J

12VAC35-105-290 Food service inspections

A. Any location where the provider is responsible for preparing or serving food shall request inspection and shall obtain approval by state or local health authorities regarding food service and general sanitation at the time of the original application and annually thereafter *in accordance with Food Regulations (12VAC5-421)*.

B. Documentation of the most recent *inspection* and approval shall be kept on file. This section does not apply to sponsored residential services or to group homes or community residential homes.

290 Food service inspections

Regulation 290 has been divided into subsections A and B

In 290.B, the inspection documentation requirement has been lowered from having to keep the three most recent inspections on file to only requiring that one, the most recent inspection, be kept on file

12VAC35-105-320 Fire inspections

The provider shall document at the time of its original application and annually thereafter that buildings and equipment in residential service locations serving more than eight individuals are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-52). This section does not apply to correctional facilities.

320 Fire inspections

The Virginia Statewide Fire Prevention Code has been updated.

12VAC35-105-390 Confidentiality and security of personnel records

A. The provider shall maintain an organized system to manage and protect the confidentiality of personnel files and records.

B. Providers shall comply with requirements of the Americans with Disabilities Act (42 USC § 12101 et seq.) and the Virginians with Disabilities Act (§ 51.5-1 et seq. of the Code of Virginia) regarding retention of employee health-related information in a file separate from personnel files.

390 Confidentiality and security of personnel records

A subsection was removed, so this changes from 390.A-C, to 390.A-B

This update also includes codes corresponding to the Americans with Disabilities Act and the Virginians with Disabilities Act

**12VAC35-105-400 Criminal background checks and registry searches**

- A. Providers shall comply with the requirements for obtaining criminal history background checks as outlined in §§ 37.2-416, 37.2-416.1, 37.2-506, 37.2-506.1, and 37.2-607 of the Code of Virginia.
- B. The provider shall develop a written policy for criminal history background checks and registry searches that addresses what actions the provider must take if an applicant has certain prior convictions or a founded case of child abuse or neglect. The policy shall require, at a minimum, that the applicant disclose whether the applicant has (i) ever been convicted of or is the subject of pending charges for an offense listed in § 37.2-416, 37.2-416.1, 37.2-506, 37.2-506.1, or 37.2-607 of the Code of Virginia; or (ii) has a founded case of abuse or neglect Any plea of nolo contendere shall be considered a conviction for purposes of this section.
- C. The provider shall submit all personally descriptive applicant information necessary to complete the criminal history background checks and registry searches.
- D. The provider shall maintain the following documentation:
1. The disclosure statement from the applicant required pursuant to subsection B of this section; and
 2. Evidence that the provider submitted all information necessary to complete the criminal history background checks and registry searches, report from the Central Criminal Records Exchange, or memoranda from the department transmitting the results to the provider, as applicable, and the results from the Child Protective Registry search.

400 Criminal background checks and registry searches

In subsection A, two additional Virginia codes were added and the date parameter at the end has been removed.

In subsection B, the requirements for the provider's written policy for criminal history background checks and registry searches have been edited for clarification.

Item 1 of subsection D, has also been changed to reflect that the requirements of subsection B be included in the applicant's disclosure statement kept on file by the provider.

Item 2 of subsection D, now references the report from the Central Criminal Records Exchange.

12VAC35-105-410 Job description

Each employee or contractor shall have access to the employee's or contractor's current written job description that includes:

1. Job title;
2. Duties and responsibilities; and
3. Minimum knowledge, skills, and abilities; education or training; or experience or professional qualifications required for entry.

410 Job description

The regulation has been restructured

This changes it from 410.A-B to 410.1-3

12VAC35-105-420 Qualifications of employees or contractors

A. Each person who assumes the responsibilities of a position as an employee or a contractor shall meet the minimum qualifications of that position in accordance with the current job description.

B. Employees and contractors shall comply, as required, with the regulations of the Department of Health Professions. The provider shall design, implement, and document the process used to verify professional credentials.

C. Each employee or contractor shall demonstrate a working knowledge of the policies and procedures that are applicable to that employee's or contractor's specific job or position.

420 Qualifications of employees or contractors

Two subsections were removed and there were also some grammatical changes

This changes it from 420.A-E to 420.A-C

12VAC35-105-430 Employee or contractor personnel records

A. Employee or contractor personnel records shall include:

1. Individual identifying information;
2. Education and training history;
3. Employment history; and

4. A record of disciplinary action taken by the provider, if any;

B. Each employee or contractor personnel record shall be retained in its entirety for a minimum of three years after the employee's or contractor's termination of employment.

430 Employee or contractor personnel records

Six items were removed from subsection A.

These changes allow for discretion as to where the provider maintains documentation and allow providers to find systems that work for their service.

This was a key goal of the department throughout the regulatory reduction project.

12VAC35-105-440 Orientation of new employees, contractors, volunteers, and students

New employees, contractors, volunteers, and students shall be oriented commensurate with the individual's function or job-specific responsibilities within 15 business days. The provider shall document that the orientation covers each of the following policies, procedures, and practices:

1. Practices of confidentiality, including access, duplication, and dissemination of any portion of an individual's record;
2. Practices that ensure an individual's rights, including orientation to human rights regulations;
3. Emergency preparedness procedures;
4. Person-centeredness;
5. Infection control practices and measures;
6. Other policies and procedures that apply to specific positions and specific duties and responsibilities; and
7. Serious incident reporting, including when, how, and under what circumstances a serious incident report must be submitted and the consequences of failing to report a serious incident to the department in accordance with this chapter.

440 Orientation of new employees, contractors, volunteers, and students

Items that covered objectives and philosophy of the provider and applicable personnel policies have been removed

This changes it from 440.1-9 to 440.1-7

12VAC35-105-470 Notification of policy changes

The provider shall keep all employees and contractors informed of policy changes that affect the employee's or contractor's performance of duties.

Note: It is the responsibility of the provider to ensure that all employees and contractors are informed of such changes. For example, if you are discontinuing policies that have been repealed and they affect specific staff, you'll want to be sure that staff have been informed of the changes. ***

470 Notification of policy changes

This one was updated to remove unnecessary and duplicative language.

Note: It is the responsibility of the provider to ensure that all employees and contractors are informed of such changes. For example, if you are discontinuing policies that have been repealed and they affect specific staff, you'll want to be sure that staff have been informed of the changes. ***

**12VAC35-105-510 Tuberculosis screening**

- A. Each new employee, contractor, student, or volunteer who will have direct contact with individuals receiving services shall obtain a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form within 30 days of employment or initial contact with individuals receiving services. The employee shall submit a copy of the original screening to the provider. A statement of certification shall not be required for a new employee who has separated from service with another licensed provider with a break in service of six months or less or who is currently working for another licensed provider.
- B. All employees, contractors, students, or volunteers in substance abuse co-occurring outpatient or residential treatment services shall receive tuberculosis education on an annual basis. The education shall focus on self-presentation in the event of exposure to active tuberculosis or the development of symptoms of active tuberculosis.
- C. Any employee, contractor, student, or volunteer who comes in contact with a known case of active tuberculosis disease or who develops symptoms of active tuberculosis disease *including* fever, chills, hemoptysis, cough, fatigue, night sweats, weight loss, or anorexia, of three weeks duration shall be screened as determined appropriate for continued contact with employees, contractors, students, volunteers, or individuals receiving services based on consultation with the local health department.
- D. No employee, contractor, student, or volunteer suspected of having active tuberculosis shall not be permitted to return to work or have contact with employees, contractors, students, volunteers, or individuals receiving services until a physician has determined that the person is free of active tuberculosis.

510 Tuberculosis screening

Subsection B is corrected per guidance from Virginia Department of Health, and this reduces the burden of screenings annually due to reduction in disease prevalence.

**12VAC35-105-530 Emergency preparedness and response plan**

A. The scope of emergency preparedness in relation to this section applies to disasters and emergencies as defined by

§ 44-146.16 of the Code of Virginia. The provider shall develop a written emergency preparedness and response plan for

all of its services and locations that describes the provider's approach to emergencies throughout the organization or community. The plan shall address:

1. Specific procedures describing mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each emergency.
2. The process for notifying local and state authorities of the emergency and a process for contacting staff when emergency response measures are initiated.
3. Written emergency management policies outlining specific responsibilities for provision of administrative direction and management of response activities, coordination of logistics during the emergency, communications, life safety of employees, contractors, students, volunteers, visitors, and individuals receiving services, property protection, community outreach, and recovery and restoration.

530 Emergency preparedness and response plan

Prior to the changes, this regulation included 530.A-M, as we go through the next several slides you will see that that it has changed to 530.A-J

Language has been simplified, and we want to point out that several items have been removed from subsection A.

As we move to the next slide 530.A.1-9 is now 530.A.1-6.

**12VAC35-105-530 Emergency preparedness and response plan****4. Procedures for:**

- a. Warning, notifying, and communicating with individuals receiving services, employees, contractors, and community responders;
 - b. Providing emergency access to secure areas and opening locked doors;
 - c. Evacuating to emergency shelters or other alternative sites, relocating individuals receiving residential or inpatient services to new service locations, and accounting for all individuals receiving services;
 - d. Notifying family members or authorized representatives; and
 - e. Maintaining a 24-hour communications capability to respond to emergencies for individuals receiving services.
- 5. Processes for managing the following under emergency conditions:**
- a. Activities related to the provision of care, treatment, and services including scheduling, modifying, or discontinuing services; protecting confidential information about individuals receiving services; providing medication; and coordinating transportation services; and
 - b. Logistics related to critical supplies such as pharmaceuticals, food, linen, and water;
- 6. Schedules** for testing the implementation of the plan and conducting emergency preparedness drills. Fire and evacuation drills shall be conducted at least monthly.

Here you see the remaining items of subsection A which are 4-6.

Now, let's move on to the remaining slides for 530 Emergency preparedness and response plan

**12VAC35-105-530 Emergency preparedness and response plan**

B. The provider shall evaluate each individual receiving services and based on the individualized evaluations, shall provide appropriate environmental supports and adequate staff to safely evacuate all individuals during an emergency.

C. The provider shall implement annual emergency preparedness and response training for all employees, contractors, students, and volunteers that covers responsibilities for:

1. Alerting emergency personnel and sounding alarms;
2. Implementing evacuation procedures, including evacuation of individuals with special needs (i.e., deaf, blind, nonambulatory);
3. Using, maintaining, and operating emergency equipment;
4. Accessing emergency medical information for individuals receiving services; and
5. Utilizing community support services.

D. The provider shall review the emergency preparedness plan annually and make necessary revisions. Such revisions shall be communicated to employees, contractors, students, volunteers, and individuals receiving services and incorporated into orientation and training materials.

E. Providers of residential services shall have at all times a three-day supply of emergency food and water for all individuals receiving services and staff. Emergency food supplies should include foods that do not require cooking. Water supplies shall include one gallon of water per person per day.

F. All provider locations shall be equipped with at least one approved type-ABC portable fire extinguisher with a minimum rating of 2A10BC installed in each kitchen.

Again, language has been simplified, and several subsections have been removed. Here you see subsections B-F

Now to the final slide for 530

**12VAC35-105-530 Emergency preparedness and response plan**

G. All provider locations shall have an appropriate number of properly installed smoke detectors based on the size of the location, which shall include at a minimum:

1. At least one smoke detector on each level of multi-level buildings, including the basement;
2. At least one smoke detector in each bedroom in locations with bedrooms;
3. At least one smoke detector in any area adjacent to any bedroom in locations with bedrooms; and
4. Any additional smoke detectors necessary to comply with all applicable federal and state laws and regulations and local ordinances.

H. Smoke detectors shall be tested monthly for proper operation.

I. All provider locations shall maintain a floor plan identifying locations of:

1. Exits;
2. Primary and secondary evacuation routes;
3. Accessible egress routes;
4. Portable fire extinguishers; and
5. Flashlights.

J. This section does not apply to home-based or noncenter-based services.

On this last slide for Emergency preparedness and response plan, you see 530.G-J

**12VAC35-105-580 Service description requirements**

A. The provider shall develop and implement descriptions of services offered and shall make service descriptions available for public review.

B. The provider shall outline how each service offers a structured program of individualized interventions and care designed to meet the individual's physical and emotional needs; provide protection, guidance, and supervision; and meet the objectives of any required individualized services plan.

C. Elements of each service description required by subsection A of this section shall include:

1. Service goals;
2. A description of care, treatment, skills acquisition, or other supports provided;
3. Characteristics and needs of individuals to receive services;
4. Contract services, if any;
5. Eligibility requirements and admission, continued stay, and exclusion criteria;
6. Service termination and discharge or transition criteria; and
7. Type and role of employees or contractors.

D. The provider shall not implement services that are inconsistent with its most current service description.

E. The provider shall admit only those individuals whose service needs are consistent with the service description, for whom services are available, and for whom staffing levels and types meet the needs of the individual receiving services.

F. The provider shall provide for the physical separation of children and adults in residential and inpatient services and shall provide separate group programming for adults and children, except in the case of family services. The provider shall provide for the safety of children accompanying parents receiving services.

G. The service description for substance abuse treatment services shall address the timely and appropriate treatment of pregnant women with substance abuse (substance use disorders).

580 Service description requirements

Two subsections were removed along with unnecessary language.

This changes it from 580.A-I to 580.A-G

**12VAC35-105-590 Provider staffing plan**

A. The provider shall implement a written staffing plan that includes the types, roles, and numbers of employees and contractors that are required to provide the service. This staffing plan shall reflect the:

1. Needs of the individuals receiving services;
2. Types of services offered;
3. Service description;
4. Number of individuals to receive services at a given time; and
5. Adequate number of staff required to safely evacuate all individuals during an emergency.

B. The provider staffing plan shall not include volunteers or students and shall not rely on students or volunteers to supplant direct care positions.

C. The provider shall develop a written transition staffing plan for new services, added locations, and changes in capacity.

590 Provider staffing plan

The information in subsection B was added to replace what was repealed from regulation 500 related to students and volunteers.

This changes it from 590.A-B to 590.A-C.

**12VAC35-105-590 Provider staffing plan**

D. The provider shall meet the following staffing requirements related to supervision.

1. The provider shall describe how employees and contractors will be supervised in the staffing plan and how that supervision will be documented.
2. Supervision of employees and contractors shall be provided by persons who have experience in working with individuals receiving services and in providing the services outlined in the service description.
3. Supervision shall be appropriate to the services provided and the needs of the individual. Supervision shall be documented.
4. Supervision shall include responsibility for approving assessments and individualized services plans, as appropriate. This responsibility may be delegated to an employee or contractor who meets the qualification for supervision as defined in this section.
5. Supervision of mental health, substance abuse, or co-occurring services that are of an acute or clinical nature such as outpatient, inpatient, intensive in-home, or day treatment shall be provided by a licensed mental health professional or a mental health professional who is license-eligible and registered with a board of the Department of Health Professions.
6. Supervision of mental health, substance abuse, or co-occurring services that are of a supportive or maintenance nature, such as psychosocial rehabilitation or mental health supports, shall be provided by a QMHP-A, a licensed mental health professional, or a mental health professional who is license-eligible and registered with a board of the Department of Health Professions. An individual who is a QMHP-T may not provide this type of supervision.
7. Supervision of developmental services shall be provided by a person with at least one year of documented experience working directly with individuals who have developmental disabilities and who holds at least a bachelor's degree in a human services field such as sociology, social work, special education, rehabilitation counseling, nursing, or psychology. Experience may be substituted for the education requirement.
8. Supervision of brain injury services shall be provided, at a minimum, by a clinician in the health professions field who is trained and experienced in providing brain injury services to individuals who have a brain injury diagnosis including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a psychiatrist who is a doctor of medicine or osteopathy specializing in psychiatry and licensed in Virginia; (iii) a psychologist who has a master's degree in psychology from a college or university with at least one year of clinical experience; (iv) a social worker who has a bachelor's degree in human services or a related field (e.g., social work, psychology, psychiatric evaluation, sociology, counseling, vocational rehabilitation, human services counseling, or other degree deemed equivalent to those described) from an accredited college or university with at least two years of clinical experience providing direct services to individuals with a diagnosis of brain injury; (v) a Certified Brain Injury Specialist; (vi) a registered nurse licensed in Virginia with at least one year of clinical experience; or (vii) any other licensed rehabilitation professional with one year of clinical experience.

In subsection D of 590, some of the language was simplified

**12VAC35-105-590 Provider staffing plan**

E. The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals receiving services in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.

F. Providers of brain injury services shall employ or contract with a neuropsychologist or licensed clinical psychologist specializing in brain injury to assist, as appropriate, with initial assessments, development of individualized services plans, crises, staff training, and service design.

G. Staff in direct care positions providing brain injury services shall have at least a high school diploma and two years of experience working with individuals with disabilities or shall have successfully completed an approved training curriculum on brain injuries within six months of employment.

And for the final slide for 590, you see the remaining subsections E-G. Note that the provider staffing plan requirements changed from 590.A-F to 590.A-G.

**12VAC35-105-645 Initial contacts, screening, and admission**

- A. The provider shall implement policies and procedures for initial contacts and screening, admissions, and referral of individuals to other services and designate staff to perform these activities.
- B. The provider shall maintain written documentation of each individual's initial contact and screening including the:
1. Date of contact;
 2. Name, age, and gender of the individual;
 3. Address and telephone number of the individual, if applicable;
 4. Reason why the individual is requesting services; and
 5. Disposition of the individual, including referral to other services for further assessment, placement on a waiting list for service, or admission to the service.
- C. Providers of crisis or case management services shall assist individuals who are not admitted to identify other appropriate services.
- D. For individuals who are not admitted, the provider shall retain documentation of the individual's initial contact and screening referenced in subsection B of this section for a period of six months.

For 645 the regulation title was simplified to Initial contacts, screening, and admission.

Assessment, service planning, orientation and discharge were removed from the title.

In subsection C, there is a change that reduces the intensity of the regulation by limiting it to crisis and case management services.

**12VAC35-105-690 Orientation of individuals and authorized representatives**

- A. The provider shall implement a written policy regarding the orientation to services for individuals and authorized representatives, if applicable.
- B. As appropriate to the scope and level of services, the policy shall require the provision to individuals and authorized representatives, if applicable, the following information:
1. Confidentiality practices and protections for individuals receiving services;
 2. Human rights policies and protections and instructions on how to report violations;
 3. Opportunities for participation in services and discharge planning;
 4. Fire safety and emergency preparedness procedures, if applicable;
 5. The provider's complaint procedure;
 6. Service guidelines, including criteria for admission and discharge or transfer;
 7. Hours and days of operation;
 8. Availability of after-hours service; and
 9. Any charges or fees due from the individual.
- C. In addition to the provisions of subsection B of this section, orientation for individuals receiving treatment services in a correctional facility shall cover the facility's security restrictions.
- D. The provider shall document that the individual and authorized representative, if applicable, received an orientation to services.

690 Orientation of individuals and authorized representatives

There is some clarifying language throughout and item 5 of subsection A was updated to reflect the repeal of grievance procedures.

**12VAC35-105-691 Transition of individuals among services by the same provider**

A. Except when transfer is ordered by a court of competent jurisdiction, the receiving service shall obtain from the sending service at the time of transfer:

1. Documentation of:

a. Informed choice by the individual or authorized representative, as applicable, in the decision to and planning for the transfer;

b. Notification to the family, if appropriate; and

c. Signature of the employee or contractor responsible for preparing the transfer summary and transfer date;

2. A written summary of the individual's progress while at the facility, justification for the transfer, and the individual's current strengths and needs; and

3. The individual's record, including emergency medical information. B. The sending service shall retain a copy of the face sheet and a written summary of the individual's progress while within the service and shall document the date of transfer and the name of the service to which the individual was transferred.

B. The sending service shall retain a copy of the face sheet and a written summary of the individual's progress while within the service and shall document the date of transfer and the name of the service to which the individual was transferred.

691 Transition of individuals among services by the same provider

691.A-C is now 691.A-B. Written procedures are no longer required for this process so that requirement was removed.

NOTE: This regulation pertains to the transition of individuals among services by THE SAME PROVIDER.

**12VAC35-105-693 Discharge**

A. The provider shall have written policies and procedures regarding the discharge or termination of individuals from the service. These policies and procedures shall include medical and clinical criteria for discharge.

B. Discharge instructions shall be provided in writing to the individual, the individual's authorized representative, and the successor provider, as applicable. At a minimum, discharge instructions shall include medications and dosages, if applicable; names, telephone numbers, and addresses of any successor providers to whom the individual is referred; current medical issues or conditions; and the identity of the individual's treating health care practitioners.

C. The provider shall make appropriate arrangements or referrals to all services or successor providers identified in the discharge plan prior to the individual's scheduled discharge date.

D. The content of the discharge plan and the determination to discharge the individual shall be consistent with the ISP and the criteria for discharge.

E. The provider shall complete a written discharge summary within 30 days of discharge that includes, at a minimum, the following:

1. Reason for the individual's admission to and discharge from the service;
 2. Description of participation by the individual or the individual's authorized representative in discharge planning;
 3. The individual's current level of functioning or functioning limitations, if applicable;
 4. Recommended procedures, activities, or referrals to assist the individual in maintaining or improving functioning and increased independence;
 5. The status, location, and arrangements that were made for future services;
 6. Progress made by the individual in achieving goals and objectives identified in the ISP and a summary of critical events during service provision;
 7. Date of discharge and when the discharge summary was actually written or documented; and
 8. Signature of the provider's employee or contractor responsible for preparing the discharge summary.
- E This section does not apply to crisis services as crisis services shall comply with Part VIII of this chapter.

693 Discharge

This was updated to remove duplicated language.

A subsection was removed so the regulation changes it from 693.A-G to 693.A-F

The contents of the discharge summary are now outlined in 693.E and must address items 1-8

**12VAC35-105-700 Written policies and procedures for crisis or emergency interventions; required elements**

A. The provider shall implement written policies and procedures for prompt intervention in the event of a crisis as defined in 12VAC35-105-20 or a behavioral, medical, or psychiatric emergency that may occur during screening and referral, at admission, or during the period of service provision.

B. The policies and procedures shall include:

1. A service-specific working definition of what constitutes a behavioral, medical, or psychiatric emergency;

2. Employee or contractor responsibilities; and

3. Location of emergency medical information for each individual receiving services, including any advance psychiatric or medical directive or crisis response plan developed by the individual, which shall be readily accessible to employees or contractors on duty in an emergency or crisis.

700 Written policies and procedures for crisis or emergency interventions; required elements

Regarding this one, some of the language was simplified

**12VAC35-105-720 Health care policy**

A. The provider shall implement a policy, appropriate to the scope and level of service offered that addresses provision of adequate and appropriate medical care. This policy shall describe how:

1. Medical care needs will be assessed including circumstances that will prompt the decision to obtain a medical assessment.
2. Individualized services plans will address any medical care needs appropriate to the scope and level of service.
3. Identified medical care needs will be addressed.
4. The provider will manage medical care needs or respond to abnormal findings.
5. The provider will communicate medical assessments and diagnostic laboratory results to the individual and authorized representative, as appropriate.
6. The provider will keep accessible to staff and contractors on duty the names, addresses, and telephone numbers of the individual's medical and dental providers.
7. The provider will ensure a means for facilitating and arranging, as appropriate, transportation to medical and dental appointments and medical tests; when services cannot be provided on site.

B. The provider shall implement written policies to identify any individuals who are at risk for falls and develop and implement a fall prevention and management plan and program for each at risk individual.

C. The provider shall implement written infection control measures, including the use of universal precautions.

D. The provider shall report outbreaks of infectious diseases to the Virginia Department of Health pursuant to § 32.1-37 of the Code of Virginia.

720 Health care policy

Here, language was simplified, and a subsection was removed

This changes it from 720.A-E to 720 A-D as seen

**12VAC35-105-740 Physical examination for residential and inpatient services**

- A. Within 30 days of an individual's admission, providers of residential or inpatient services shall either administer a physical examination or obtain results of an examination conducted within the previous 12 months. Providers of inpatient services shall administer physical exams within 24 hours of an individual's admission.
- B. A physical examination shall include the date of examination and signature of a qualified practitioner.
- C. The provider shall review and follow up with the results of the physical examination and of any follow-up diagnostic tests, treatments, or examinations in the individual's record.
- D. This section does not apply to crisis services as crisis services shall comply with Part VIII of this chapter.

740 Physical examination for residential and inpatient services

A subsection was removed which changes it from 740.A-E to 740.A-D

Subsection A, a timeframe distinction is made for residential versus inpatient services.

Subsection B, providers no longer have to provide their own physical form since physicians utilize their own forms.

**12VAC35-105-770 Medication management**

- A. The provider shall implement written policies addressing:
1. The safe administration, handling, storage, and disposal of medications;
 2. The use of medication orders;
 3. The handling of packaged medications brought by individuals from *outside the facility*;
 4. *Training requirements necessary for employees* or contractors who are authorized to administer medication; and
 5. The window within which medications can be given in relation to the ordered or established time of administration.
- B. Medications shall be administered only by persons authorized to do so by *the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia)*.
- C. Medications shall be administered *as prescribed and* only to the individuals for whom the medications are prescribed.
- D. The provider shall maintain a daily log of all medicines received and refused by each individual. This log shall identify the employee or contractor who administered the medication, the name of the medication and dosage administered or refused, and the time the medication was administered or refused.
- E. If the provider administers medications or supervises self-administration of medication in a service, a current medication order for all medications the individual receives shall be maintained on site.
- F. The provider shall promptly dispose of discontinued drugs, outdated drugs, and drug containers with worn, illegible, or missing labels according to the applicable regulations of the Virginia Board of Pharmacy.

770 Medication management

This updates here include simplified language.

**12VAC35-105-800 Policies and procedures on behavior interventions and supports**

A. The provider shall implement written policies and procedures that describe conditions for the use of behavior interventions that comply with the requirements of 12VAC35-115, including seclusion, restraint, and time out. The policies and procedures shall:

1. List and define behavior interventions in the order of relative degree of intrusiveness or restrictiveness and the conditions under which each intervention may be used in accordance with each individual's ISP;

2. Protect the safety and well-being of the individual at all times, including during fire and other emergencies; and

3. Specify the mechanism for monitoring and documenting the use of behavior interventions

B. Employees and contractors trained in behavior support interventions shall implement and monitor all behavior interventions.

C. Policies and procedures related to behavior interventions shall be available to individuals, families, authorized representatives, and advocates. Notification of policies does not need to occur in correctional facilities.

D. No individual receiving services shall discipline, restrain, seclude, or implement behavior interventions on other individuals receiving services.

E. Injuries resulting from or occurring during the implementation of seclusion or restraint shall be reported to the department as provided in 12VAC35-115-230 C.

800 Policies and procedures on behavior interventions and supports

Subsection A was updated to reflect Human Rights Regulations and simplifies the policies and procedures related to behavior interventions and supports

**12VAC35-105-870 Records management policy**

A. The provider shall develop and implement a written records management policy that describes confidentiality, accessibility, security, and retention of records pertaining to individuals, including:

1. Access, duplication, dissemination, and acquisition of individual information only to persons legally authorized according to federal and state laws;

2. Storage, processing, and handling of active and closed records;

3. Security measures to protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information, and transportation of records between service sites;

4. Strategies for service continuity and record recovery from interruptions that result from disasters or emergencies, including contingency plans, electronic or manual back-up systems, and data retrieval systems; and

5. Disposition of records in the event that the service ceases operation. If the disposition of records involves a transfer to another provider, the provider shall have a written agreement with that provider.

B. The records management policy shall be consistent with applicable state and federal laws and regulations related to privacy of health records, including:

1. Section 32.1-127.1:03 of the Code of Virginia;

2. 42 USC § 290dd;

3. 42 CFR Part 2; and

4. The Health Insurance Portability and Accountability Act (Public Law 104-191) and implementing regulations (45 CFR Parts 160, 162, and 164).

C. The policy shall specify what information is available to the individual.

D. Active and closed records shall be kept in areas that are accessible to authorized staff and protected from unauthorized access, fire, and flood.

E. Entries in the individual's record shall be current, dated, and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing.

870 Records management policy

The title has change, previously referred to as **Paper and electronic records management policy**

Edits were made for clarification and to simplify the language and requirements.

Regarding subsection A, two items were removed

Subsections C, D and E were added

This changes it from 870.A-B to 870.A-E.

**12VAC35-105-890 Individual's service record**

A. There shall be a separate primary record for each individual admitted for service. A separate record shall be maintained for each family member who is receiving individual treatment. The provider shall maintain each individual's record in accordance with § 32.1-127.1:03 of the Code of Virginia.

B. All individuals admitted to the service shall have identifying information readily accessible in the individual's service record. Identifying information shall include the following:

1. Identification number unique for the individual;
 2. Name of individual;
 3. Current residence, if known;
 4. Social security number;
 5. Gender;
 6. Marital status;
 7. Date of birth;
 8. Name of authorized representative, if applicable;
 9. Name, address, and telephone number for emergency contact;
 10. Adjudicated legal incompetency or legal incapacity, if applicable; and
 11. Date of admission to service.
- C. In addition an individual's service record shall contain, at a minimum:
1. Screening documentation;
 2. Assessments;
 3. Medical evaluation, as applicable to the service;
 4. Individualized services plans and reviews;
 5. Progress notes; and
 6. A discharge summary, if applicable.

890 Individual's service record

Please note that subsection A now includes code reference to the Virginia Health Records Act specific to individual records for clarity.

Alright, this concludes our review of the amended regulations. Now, I'm going to pass it over to Larisa

- The next few slides show regulations related to policies and procedures.
- Providers are permitted to have more policies than the ones required. If a provider chooses to have additional policies beyond the minimum outlined in the regulations, then the provider is responsible for implementing those policies.
- If it's in your policy and procedure manual, you must be implementing it, or you may be cited for noncompliance in accordance with regulation 12VAC35-105-150.5.

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Policies and Procedures	Applicable Regulation	
Prescreening & Discharge Planning (<i>If applicable</i>)	12VAC35-105-155.	
Root Cause Analysis Policy	12VAC35-105-160 E. (2)	
Serious Incident Reporting Policy	12VAC35-105-160. J.	
Policy on Funds of Individuals Receiving Services	12VAC35-105-240. A.	
Weapons Policy	12VAC35-105-310.	
Background Checks	12VAC35-105-400. B.	
Employee Training & Development	12VAC35-105-450.	
Employee or Contactor Performance Evaluation	12VAC35-105-480. A.	
Written Grievance Policy	12VAC35-105-490.	Removed
Students and Volunteers	12VAC35-105-500. A.	Removed
Risk Management	12VAC35-105-520. B.	
Emergency Preparedness and Response Plan	12VAC35-105-530. A.	
Nutrition (<i>If applicable</i>)	12VAC35-105-600.	
Monitoring and Evaluating Service Quality	12VAC35-105-620.	
Initial Contacts, Screening, and Admission	12VAC35-105-645. A.	
Assessment Policy	12VAC-35-105-650.	
Short-Term Intensive Individualized Services Plan (ISP) Requirements Policy	12VAC35-105-665. E.	
Orientation of Individuals	12VAC35-105-690. A.	
Transition of Individuals Among Service	12VAC35-105-691. A.	Removed

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 Updated
 No Change

As noted on the right side of the slide, removed regulations are highlighted in Red and Updated regulations are highlighted in blue. No changes were made to those in white.



Policies and Procedures	Applicable Regulation	
Discharge	12VAC35-105-693. A.	
Written Policies and Procedures for Crisis or Emergency Interventions	12VAC35-105-700. A.	
Written Policies and Procedures for Crisis or Emergency Interventions	12VAC35-105-700. B.	
Health Care Policy	12VAC35-105-720. A.	
Fall Prevention and Management Policy	12VAC35-105-720. B.	
Medical Equipment	12VAC35-105-760.	
Medication Management	12VAC35-105-770. A.	
Policies and Procedures on Behavior Interventions and Supports	12VAC35-105-800. A.	
Records Management Policy	12VAC35-105-870.	
Documentation Policy	12VAC35-105-880.	
Documentation of Contact with Community Services Boards (CSBs) or Behavioral Health Authorities (BHAs)	12VAC35-105-925. J.	
Assessment, Administration, and Regulation of Medication and Dose Levels	12VAC35-105-925. K.	
Services Provided to Discontinue Medication Assisted Opioid Treatment	12VAC35-105-925. L.	
Criteria for Patient Admission	12VAC35-105-935.	
Service Operation Schedule	12VAC35-105-950. B. (1)	
Initial and Periodic Assessment Services	12VAC35-105-960. D.	

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Again, removed regulations are highlighted in Red and Updated regulations are highlighted in blue. No changes were made to those in white.



Policies and Procedures	Applicable Regulation
Drug Screens	12VAC35-105-980. D.
Take-Home Medication Procedures	12VAC35-105-990. E.
Preventing Duplication of Medication Services	12VAC35-105-1000.
Diversion Plan	12VAC35-105-1050. D.
Sponsor Qualification and Approval Process	12VAC35-105-1180. E.
Sponsored Residential Home Service Policies	12VAC35-105-1190.
Case Manager Choice	12VAC35-105-1255.
Service Requirements for Providers of Gero-Psychiatric Residential Services <i>(if applicable)</i>	12VAC35-105-1290.
Crisis Assessment	12VAC35-105-1850.
Safety Plan and Crisis ISP Policy	12VAC35-105-1870. D.
Crisis Discharge Policy	12VAC35-105-1880. D.
Written Policies and Procedures for the Use of Standard Precautions	12VAC35-105-1890. H.
Vital Signs Procedures for Crisis Services	12VAC35-105-1900. C.
Written Policies and Procedures for Audio or Audio-Video Recordings <i>(if applicable)</i>	12VAC35-105-1930. Q.
Written Policies and Procedures for Searches	12VAC35-105-1930. R.

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On this slide, you can see that no changes have been made as they are all in white.

Helpful Documents

- Link to Virginia Regulatory Town Hall - Noncontroversial Regulatory Reductions per ED1: [Virginia Regulatory Town Hall Show XML](#)
- Link to Town Hall [Virginia Regulatory Town Hall View Action](#)
- Link to [Town Hall Agency Background Document](#)

This concludes today's presentation. If you'd like more information related to the regulatory reduction actions, please visit the links provided here.