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Welcome to the regulatory reduction actions presentation for Chapter 46, Children's Residential Facilities

What Licensed Providers Need to Know

DBHDS	What is Happening and Why?
<ul> <li>In accordance with Executive Directive 1 (2022), the Go entities to initiate regulatory processes aimed at reduci mandated by federal or state statute by at least 25%.</li> </ul>	
<ul> <li>This process was conducted in consultation with the O manner consistent with the laws of the Commonwealth.</li> </ul>	
<ul> <li>DBHDS' goal was to reduce the administrative burden a providers by repealing or simplifying regulatory provisi duplicative, or confusing.</li> </ul>	
<ul> <li>Over the past few years, the Office of Regulatory Affairs times to identify non-controversial regulations to be red for individuals.</li> </ul>	
<ul> <li>As a result, 41 regulations in Chapter 46 have been ame repealed.</li> </ul>	ended, and 10 regulations have been
$_{\odot}$ These updated regulations go into effect on June 19, 20	25.
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## 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 In Chapter 46, 10 regulations have been repealed (removed) and 41 have been amended (changed). 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.

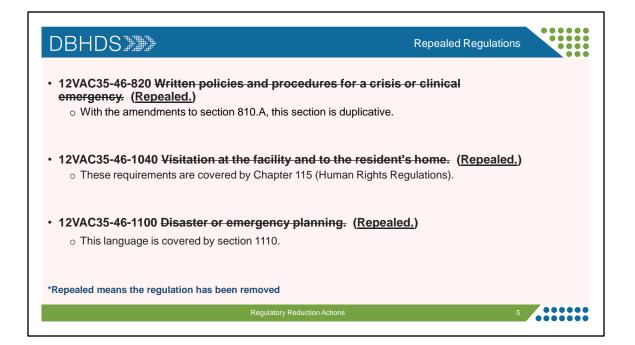


For the purposes of this presentation, when you see Underlined and Italicized text on the slides, that means *that* specific portion of text is *newly added* and is now included in the regulation.

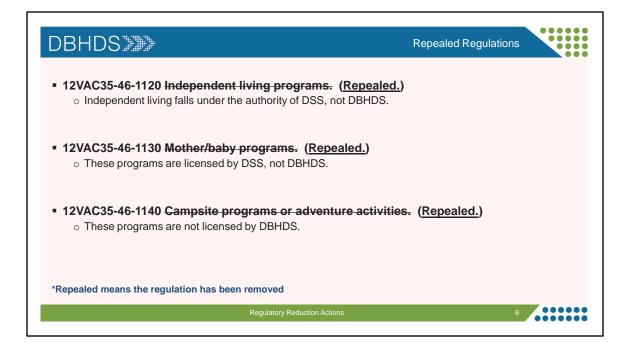
Now, I'm going to turn it over to Mackenzie

DBHDS	Repealed Regulations
<ul> <li>12VAC35-46-170 Governing body. (Repealed.)</li> <li>Providers are required to submit such information to the State Corporation sole proprietors doing business under their own names. Only sole propriation provider to register with the SCC.)</li> </ul>	
<ul> <li>12VAC35-46-340 The chief administrative officer. (<u>Repealed</u>.)</li> <li>It is the provider's responsibility to ensure appropriate administrative org</li> </ul>	
<ul> <li>12VAC35-46-560 Storage. (<u>Repealed.</u>)</li> <li>It is the provider's responsibility to arrange for appropriate storage of variance of</li></ul>	rious items.
<ul> <li>12VAC35-46-690 Participation of residents in human research</li> <li>o Provisions already covered by 12VAC35-180.</li> </ul>	<del>h.</del> ( <u>Repealed.</u> )
*Repealed means the regulation has been removed	
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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]



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



These are the last three regulations that have been repealed, for a total of 10 repealed regulations. [READ SLIDE]

And now a few words from Larisa



Now we'll dive into the Regulations that have been changed or reduced. The next 4 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 that regulation's details slide in the presentation.



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

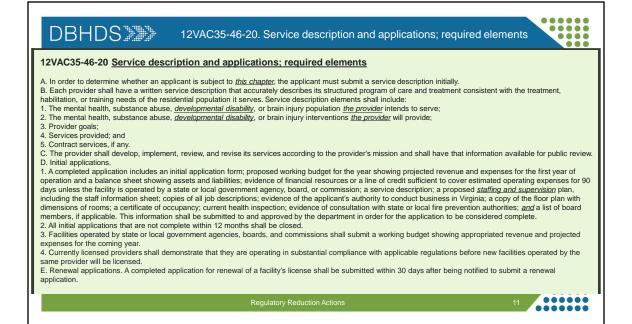
DBHDS	Regulations with Changes
• 12VAC35-46-750 Individualized service plans and	d quarterly reports
<ul> <li><u>12VAC35-46-760 Resident transfer between resident transfer between resident transfer between resident</u></li> </ul>	dential facilities located in Virginia and
<u>12VAC35-46-800 Structured program of care</u>	
<u>12VAC35-46-810 Health care procedures</u>	
• 12VAC35-46-830 Documenting crisis intervention	and clinical emergency services
<u>12VAC35-46-850 Medication</u>	
• <u>12VAC35-46-860 Nutrition</u>	
• 12VAC35-46-880 Emergency telephone numbers	
• <u>12VAC35-46-890 Searches</u>	
<u>12VAC35-46-900 Behavior support</u>	
<u>12VAC35-46-940 Behavior interventions</u>	
Regulatory Reduction A	ctions 9

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



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

As previously stated, there are 41 regulations that have been changed, and Mackenzie will review those in more detail now



Remember, underlined and Italicized text seen here indicates newly added language that is now included in the regulation.

20 Service description and applications; required elements

Updated to reduce burden and streamline language

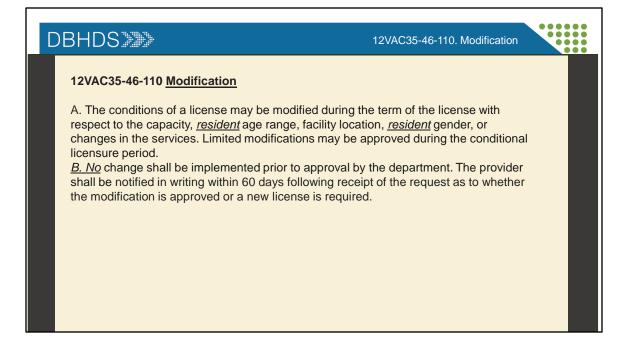
DBHDS	12VAC35-46-80. Written corrective action plans
12VAC35-46-80. Written corrective action pl	ans.
department shall issue a licensing report descr corrective action plan. B. The provider shall submit to the department for which the provider is found to be in noncom C. The corrective action plan shall include a:	aken to correct the noncompliance and to prevent reoccurrence in
<ol> <li>Date of completion for each action</li> <li>The provider shall submit the corrective action</li> <li>the licensing report. Extensions may be grantee extensions shall not exceed an additional 10 bit the department determines that the violations period.</li> <li>Upon receipt of the corrective action plan, the second seco</li></ol>	ion plan to the department within 15 business days of the issuance of d by the department when requested prior to the due date, but usiness days. An immediate corrective action plan shall be required if pose a threat to the health, safety, or welfare of residents. The department <u>shall review the plan and determine whether the plan</u> II have an additional 10 business days to submit a revised corrective
R	Regulatory Reduction Actions 12

## 80 Written corrective action plans.

Subsection C edits were made align with the current licensing system which makes this requirement for a signature unnecessary. It is only necessary to know who is responsible. This allows someone else to enter the information in the system.

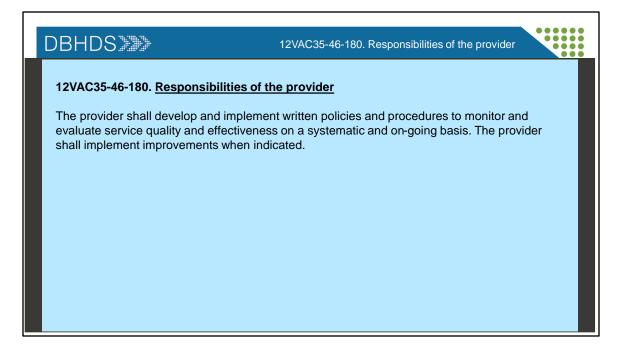
Subsection E edits were made for clarification, and some language was removed because it suggested that the department is required to approve the plan as submitted.

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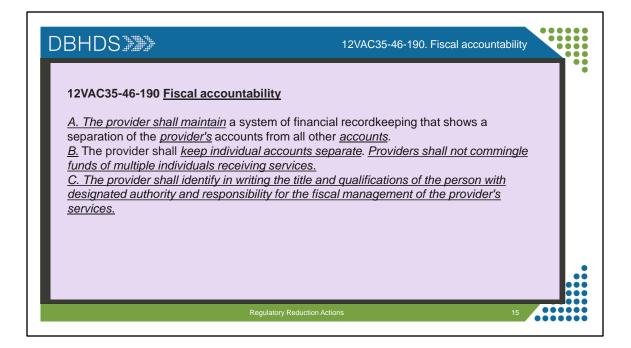
## **110 Modification**

A subsection was removed since it was not directly related to a decision to approve or disapprove a service modification changing it from 110.A-C to 110.A-B.



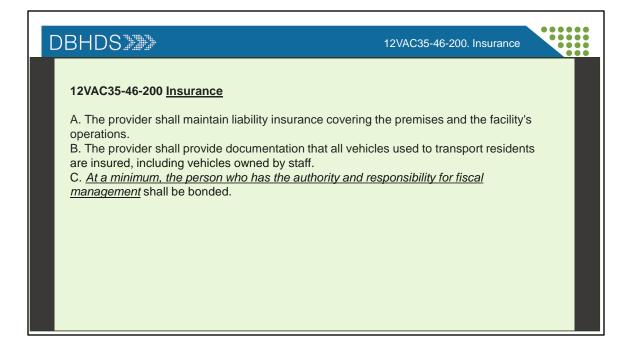
## 180 Responsibilities of the provider

Removed unnecessary language thus removing all subsections. This changed it from 180.A-D to just 180.



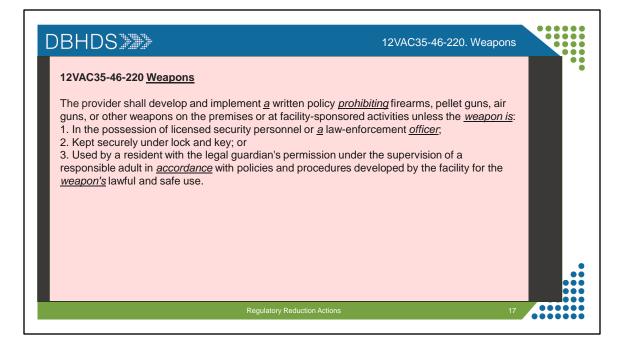
**190 Fiscal accountability** 

Subsections were updated to reduce burden. The remaining language still requires the provider to handle funds responsibly and allows DBHDS to cite when necessary.



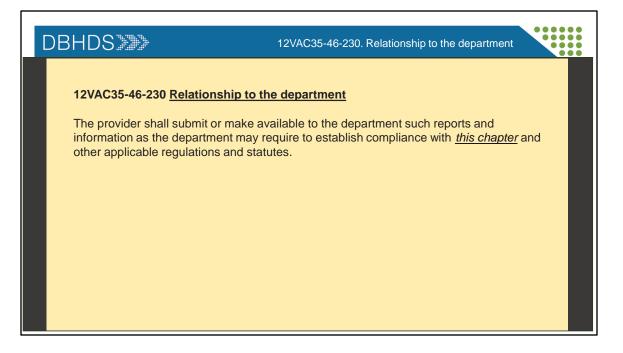
## 200 Insurance

Changes were made to reduce burden.



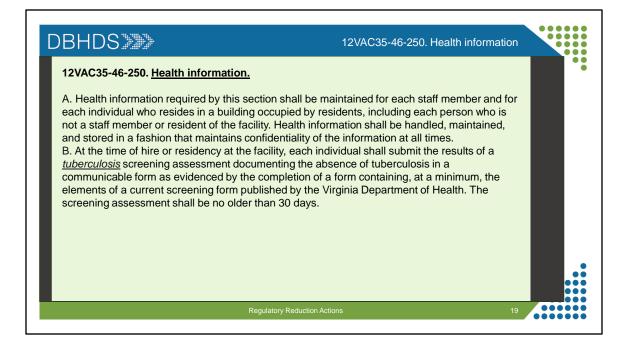
#### 220 Weapons

Changes were made to streamline language and reduce redundancy.



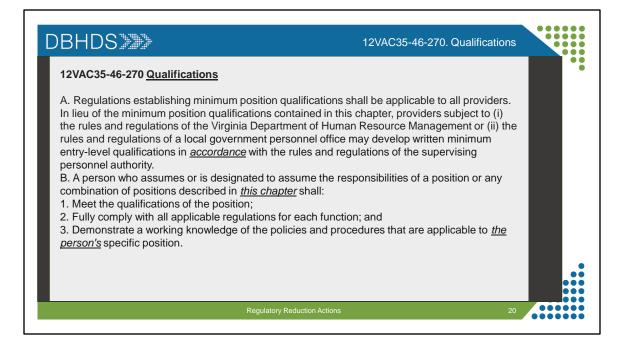
230 Relationship to the department

A subsection was removed which takes away the need for an information modification that, in most cases, DBHDS does not need to determine if a provider is complying with the regulations. This changes it from 230.A-B to 230 with no subsections.



## 250 Health information.

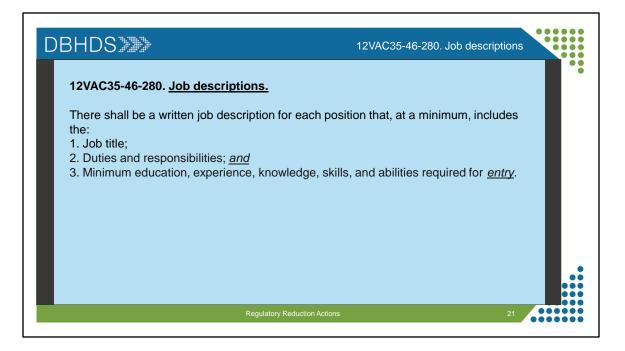
Changes were made as suggested by the Virginia Department of Health as it is no longer necessary to submit results of screenings annually due to reduction in disease prevalence.



## 270 Qualifications

Some of the language here was no longer needed.

Subsection C was removed and changes this from 270.A-C to 270.A-B.



## 280 Job descriptions

Language here was streamlined to remove unnecessary requirements. This changes it from 280.A-B to 280.1-3

DBHDS	12VAC35-46-300. Personnel records
12VAC35-46-300 Personnel records	
A. Separate up-to-date personnel records shall be maintained for each service provider for whom background investigations are required by volunteers, and contractual service providers may be limited to docum regarding child protective services and criminal history background invest. The records of each employee shall include:	Virginia statute. Content of personnel records of nentation of compliance with requirements of Virginia laws
1. A completed employment application form providing the individual's number or other unique identifier;	
<ol> <li>Educational background and employment history, <i>including dates o</i></li> <li><u>Professional</u> references;</li> <li>Reports of required health examinations;</li> </ol>	it employment for each position held and separation;
<ol> <li>Annual performance evaluations;</li> <li><u>6</u> Documentation of compliance with requirements of Virginia laws requirements</li> </ol>	parding child protective services and criminal history
background investigations; Z. Documentation of educational degrees <u>or</u> professional <u>credentials</u> .	
8. Documentation of all training required by <u>this chapter</u> and any other 9. A current job description.	

## 300 Personnel records

It is no longer necessary to differentiate between paper and electronic recordkeeping

Several items in subsection B were updated.

Subsection C was removed since it's the provider's responsibility to comply with other laws and regulations

This changed it from 300.A-C to 300.A-B

DBHDS	12VAC35-46-310 Staff development
12VAC35-46-310.A.1-3. Staff development	•
conduct emergency preparedness and response training that s a. Alerting emergency personnel and sounding alarms; b. Implementing evacuation procedures, including evacuation of c. Using, maintaining, and operating emergency equipment; d. Accessing emergency information for residents, including me e. Utilizing community support services.	dures, and techniques regarding less restrictive interventions, bre an individual is alone supervising children, the provider shall shall include: of residents with special needs ( <u>e.g.</u> , deaf, blind, nonambulatory);
<ul> <li>provider, relief staff, volunteers, and <u>students and interns</u> shall</li> <li>a. The objectives of the facility;</li> <li>b. Practices of confidentiality;</li> <li>c. The decision-making plan;</li> <li>d. <u>This chapter</u>, including the prohibited actions as outlined in the prohibited actio</li></ul>	be given orientation and training regarding:
e. Other policies and procedures that are applicable to the india	

The next few slides will cover 310 Staff development which was updated to reduce burden and remove duplicative language.

Here we have 310.A.1-3

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DBHDS	12VAC35-46-310 Staff development
<ol> <li>12VAC35-46-310.A.4-9. <u>Staff development</u></li> <li>Within 30 days following their begin date, all staff working with re and in a cardiopulmonary resuscitation class facilitated by the Ame unless the individual is currently certified in first aid and cardiopulm 5. Within 30 days following their begin date, all staff working with re mandatory reporting, maintaining appropriate professional relations suicide prevention.</li> <li>Within 30 days following their begin date, all staff shall be trained standard precautions.</li> <li>Within 30 days following their begin date, all staff shall be trained facilities, and good neighbor policies and community relations.</li> <li>Before administering medication, all staff responsible for medica a medication training program approved by the Board of Nursing of administer medications.</li> <li><u>The provider</u> shall <u>carry out targeted staff training</u> in any area of the quality improvement plan.</li> </ol>	rican Red Cross or other recognized authority, ionary resuscitation. esidents shall be trained in child abuse and neglect, ships, and interaction among staff and residents, and d on the facility's policies and procedures regarding d on appropriate siting of children's residential tion administration shall have successfully completed r be licensed by the Commonwealth of Virginia to
Regulatory Reduction Act	ions 24

## On this slide, we'll look at 310.A.4-9.

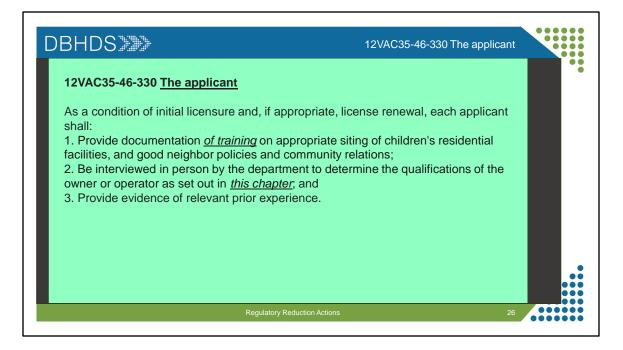
Item 9 of subsection A, a change was made to reduce the training burden for providers by focusing on specific areas of improvement.

DBHDS	12VAC35-46-310 Staff development
12VAC35-46-310.B-C. Staff development	
<ul> <li>B. Required annual retraining.</li> <li>1. All employees, contractors, <u>students and interns</u>, and volt preparedness and response training that shall include:</li> <li>a. Alerting emergency personnel and sounding alarms;</li> <li>b. Implementing evacuation procedures, including evacuation nonambulatory);</li> <li>c. Using, maintaining, and operating emergency equipment;</li> <li>d. Accessing emergency information for residents, including</li> </ul>	on of residents with special needs ( <u>e.g.</u> , deaf, blind,
<ul> <li>e. Utilizing community support services.</li> <li>2. All staff who administer medication shall complete annual 3. All child care staff shall receive annual retraining on the p procedures.</li> <li>4. All staff working with residents shall receive annual retrair maintaining appropriate professional relationships and intera</li> </ul>	refresher medication training. rovider's behavior supports and timeout policies and ning in child abuse and neglect, mandatory reporting,
5. All staff shall receive annual retraining on the provider's p	olicies and procedures regarding standard precautions. the needs of the population served to ensure that staff have

## On this slide, you can see 310.B-C

Two subsections were removed which changes the regulation from 310.A-E to 310.A-C

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### 330 The applicant

For this one, there were some clarifying edits.

Ultimately, it is the provider's responsibility to ensure staff are qualified for job responsibilities, as applicable.

DBHDS	12VAC35-46-380 Child care staff
<ul> <li>12VAC35-46-380 <u>Child care staff</u></li> <li>A. <u>Each</u> child care worker shall <u>be responsible</u> for guidance at whom <u>the child care worker</u> is assigned.</li> <li>B. <u>Each</u> child care worker and a relief child care worker shall of the following experience or education standards: <ol> <li><u>A</u> baccalaureate degree in human services;</li> <li><u>An associate's</u> degree and three months <u>of</u> experience work</li> <li><u>A high school diploma</u> or G.E.D. and six months of experie</li> <li><u>A person</u> with a high school diploma or G.E.D. <u>and less that</u> with children may <u>be hired as child care staff</u>, provided that the <u>Provisional child care staff shall at all times work</u> directly with child care supervisor, or <u>an experienced</u> child care worker <u>whe</u> experience working with children.</li> <li><u>D. A person serving in a</u> child care worker's position shall be a provided in 12VAC35-46-270 A.</li> </ol> </li> </ul>	furnish evidence of having obtained one rking with children; or nce working with children. an six months of experience working the person does not work <u>independently.</u> the program director, case manager, the has at least one <u>year</u> of professional at least <u>19</u> years <u>of age</u> , except as
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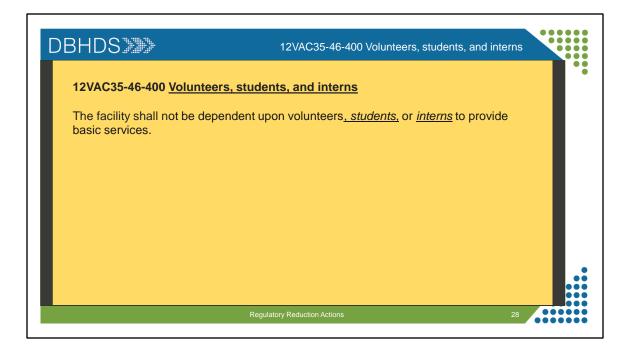
## 380 Child care staff

Subsection A was updated to remove duplicated language and B was updated for clarity.

A subsection was removed

Subsection E was edited to support workforce challenges, remember staff with no experience cannot work alone.

This changes it from 380.A-F to 380.A-E



400 the heading was changed from Volunteers and student/interns to Volunteers, students, and interns

This regulation has been updated and all subsections removed, changing it from 400.A-D to just 400

The health, welfare and safety concern of utilizing students and volunteers is the supervision aspect. This change addresses the issue, and it is within the provider's discretion whether to create a policy regarding students and volunteers outside of the restrictions outlined here.

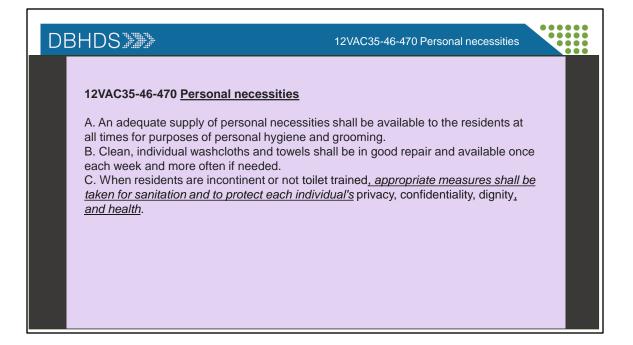
12VAC35-46-420 <u>Buildings, in</u>	nspections, and building plans	
Approval shall be documented by a	d equipment shall be inspected and approved by the local building official. a certificate of occupancy. e time of its original application evidence of consultation with state or local	fire
prevention authorities.	<b>v</b>	
	Jally after the initial application that buildings and equipment are maintained wide Fire Prevention Code <u>(13VAC5-52)</u> .	n
	ation and at least annually thereafter, <u>any location where the provider is</u> be inspected and approved by state or local health authorities, regarding	
	n in accordance with Food Regulations (12VAC5-421).	
0 1 7	ronment shall provide adequate space and shall be of a design that is suita as provided and meet specialized needs of the residents.	ble
	s for new construction, change in use of existing buildings, and any structur ng buildings shall be submitted to and approved by the department and by rities.	al
G. Swimming pools shall be inspec	cted by the state or local health authorities or by a swimming pool business	
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## 420 Buildings, inspections, and building plans

This has been updated to reflect the corrected Virginia Code reference.

Subsection D was streamlined to cover only Virginia Department of Health food regulations subject to periodic inspection after original application and not building inspections, sewage disposal system generally, etc.

Subsection G reduces burden on the provider and defers to health authorities' oversight.



## Personal necessities

Revisions maintain the same level of care with simplified language.

#### DBHDS>>> 12VAC35-46-480 Sleeping areas .... ... 12VAC35-46-480 Sleeping areas A. When residents are four years of age or older, boys and girls shall have separate sleeping areas. B. No more than four children shall share a bedroom or sleeping area. C. Children who use wheelchairs, crutches, canes, or other mechanical devices for assistance in walking shall be provided with a planned, personalized means of effective egress for use in emergencies. D. Beds shall be at least three feet apart at the head, foot, and sides and double-decker beds shall be at least five feet apart at the head, foot, and sides. E. Sleeping quarters in facilities established, constructed, or structurally modified after July 1, 1981, shall have: 1. At least 80 square feet of floor area in a bedroom accommodating one person; 2. At least 60 square feet of floor area per person in rooms accommodating two or more persons; and 3. Ceilings with a primary height of at least 7-1/2 feet exclusive of protrusions, duct work, or dormers. F. Each child shall have a separate, clean, comfortable bed equipped with a clean mattress, clean pillow, clean blankets, clean bed linens, and, if needed, a clean waterproof mattress cover. G. Bed linens shall be changed at least every seven days and more often if needed. H. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer, except in buildings equipped with an automated sprinkler system as required by the Virginia Uniform Statewide Building Code (13VAC5-63). I. Cribs shall be provided for residents under two years of age. J. Each resident shall be assigned drawer space and closet space or equivalent that is accessible to the sleeping area for storage of clothing and personal belongings, except in secure custody facilities.

#### 480 Sleeping areas

480.K has been removed as it is covered in other areas throughout the regulations, this changes it from 480.A-K to 480.A-J

DBHDS	12VAC35-46-660 Maintenance of resident records	
12VAC35-46-660.A-C. Maintenance of resi	dent records	
the Code of Virginia. In addition, all correspo	se record for each resident <i>in accordance with § 32.1-127.1:03 of</i> ndence and documents received by the facility relating to the care f the case record. A separate health record may be kept on each	
<ul> <li>B. Each record shall be kept up to date and in a uniform manner.</li> <li>C. The provider shall develop and implement a written records management policy that describes confidentiality,</li> </ul>		
accessibility, security, and retention of <i>paper and electronic</i> records pertaining to residents, including:		
1. Access, duplication, dissemination, and <u>acquisition</u> of <u>resident</u> information only to persons legally authorized according to federal and state laws;		
2. Storage, processing, and handling of active and closed records;		
<ol> <li>Security measures to protect records from and disclosure of information during transport</li> </ol>	loss, unauthorized alteration, inadvertent or unauthorized access, tation of records between service sites;	
4. Strategies for service continuity and record	d recovery from interruptions that result from disasters or	
	lectronic or manual back-up systems, and data retrieval systems;	
and 5 Disposition of records in the event the faci	lity appage to approte	

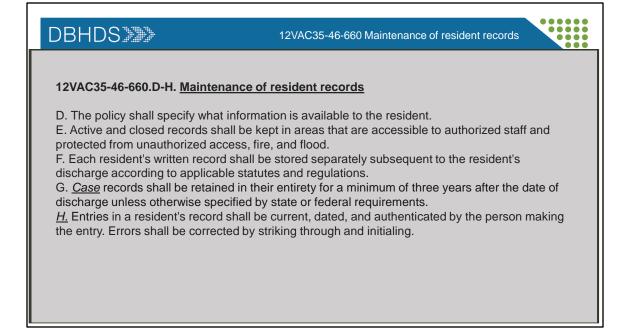
Disposition of records in the event the facility ceases to operate.

## The next few slides will cover 660 Maintenance of resident records

On this slide, we'll look at 660.A-C.

In subsection A, a reference to the Virginia Health Records Act has been added for clarity

Additionally, several edits were made to these sections to simplify language



### Let's continue with 660 here

Items 1 and 2 of subsection E were moved because they are duplicative of subsection C and HIPAA.

Also, a subsection was removed due to unnecessary language. This changes it from 660.A-I to 660.A-H

DBHDS	12VAC35-46-710 Application for admission
12VAC35-46-710 Application for admission	
placements or transfer of a resident between residential facilities located B. Providers shall develop, and fully complete prior to acceptance for car necessary to determine: 1. The educational needs of the prospective resident; 2. The mental health, emotional, and psychological needs of the prospec 3. The physical health needs, including the immunization needs, of the pr 4. The protection needs of the prospective resident; 5. The suitability of the prospective resident's admission; 6. The behavior support needs of the prospective resident; 7. Family history and relationships;	e, an application for admission that is designed to compile <u>screening</u> information tive resident;
<ol> <li>Social and development history;</li> <li>Current behavioral functioning and social competence;</li> </ol>	
<ol> <li>History of previous treatment for mental health, <u>developmental disabi</u></li> <li>Medication and drug use profile, which shall include:</li> </ol>	ility, substance abuse, brain injury, and behavior problems; and
a. History of prescription, nonprescription, and illicit drugs taken over the	six months prior to admission;
b. Drug allergies, unusual and other adverse drug reactions, and ineffecti	
c. Information necessary to develop an individualized service plan and a	
C. The resident's record shall contain a completed assessment <u>based on</u> admission or within 30 days after an emergency admission.	n information compiled from the screening application at the time of a routine
	ires to assess each prospective resident as part of the application process to
ensure that:	
1. The needs of the prospective resident can be addressed by the facility	
<ol><li>The facility's staff <u>is</u> trained to meet the prospective resident's needs; a</li></ol>	and

3. The admission of the prospective resident would not pose any significant risk to (i) the prospective resident or (ii) the facility's residents or staff.

## 710 Application for admission

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Changes were made to subsections A and B to reduce the intensity of the requirement to a screening, and some additional changes were made for clarity.

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DBHDS	12VAC35-46-720 Written placement agreement
placement <u>, signed by a facility representat</u> agency. B. Notwithstanding the provisions of subse	eement a written agreement <u>authorizing</u> the resident's <u>tive and the parent, legal guardian, or placing</u> <u>ection A of this section, a facility that accepts an</u> <u>ourt of competent jurisdiction shall place</u> a copy of

720 Written placement agreement

Several edits were made to this regulation because DBHDS is not the agency involved with placement agreements.

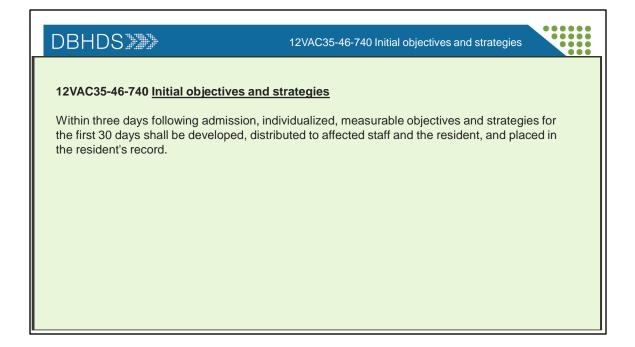
A subsection was also removed which changes it from 720.A-C to 720.A-B.

DBHDS	12VAC35-46-730 Face sheet
<b>12VAC35-46-730</b> <u>Face sheet</u> A. At the time of admission, each resident's recorcontains (i) the resident's full name, last known resocial security number or other unique identifier,	ord shall include a completed face sheet that residence, birth date, birthplace, gender, race, , religious preference, and admission date; and of the resident's legal guardians, placing agency, a. changes occur. include the expected date of delivery and the

## 730 Face sheet

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Removed unnecessary language which required removal of two subsections. This changes it from 730.A-E to 730. A-C.



#### 740 Initial objectives and strategies

Again, there was a removal of unnecessary language for this one.

DBHDS	12VAC35-46-750 Individualized service plans and quarterly reports
12VAC35-46-750.A-C. <u>Individu</u>	alized service plans and quarterly reports
admission and implemented imm B. Individualized service plans sl 1. Strengths and needs of the re- 2. Resident's current level of fun- 3. Goals, objectives, and strateg 4. Projected family involvement; 5. Projected date for accomplish 6. Status of the projected discha apply to a facility that discharges <u>C.</u> The provider shall develop an	hall describe in measurable terms the: sident; ctioning; ies established for the resident;

The next few slides cover regulation 750 and the title has been changed to Individualized service plans and quarterly reports

# There is a newly ordered subsection C

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<ul> <li>12VAC35-46-750.D-H. <u>Individualized service plans and quarterly reports</u></li> <li><u>D.</u> There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90-day period thereafter that shall report the:         <ol> <li>Resident's progress toward meeting the plan's objectives;</li> <li>Family's involvement;</li> <li>Continuing needs of the resident;</li> </ol> </li> </ul>
plan and within each 90-day period thereafter that shall report the: 1. Resident's progress toward meeting the plan's objectives; 2. Family's involvement;
<ul> <li>4. Resident's progress towards discharge; and</li> <li>5. Status of discharge planning.</li> <li><u>E</u>. Each <u>ISP revision</u> and quarterly progress report shall include the date it was developed and the signature of the person <u>responsible</u>.</li> <li><u>F</u>. Staff responsible for daily implementation of the resident's individualized service plan shall be able to describe the resident's behavior in terms of the objectives in the <u>current ISP</u>.</li> <li><u>G</u>. In developing and updating the ISP and in developing the quarterly progress report, the provider shall document the involvement of the following parties unless clearly inappropriate:</li> <li>1. The resident;</li> <li>2. The resident's family, if appropriate, and legal guardian;</li> <li>3. The placing agency; and</li> <li>4. Facility staff.</li> <li><u>H</u>. The initial individualized service plan, each update, and all quarterly progress reports shall be distributed to the resident; the resident's family, if appropriate, legal guardian, or authorized representative; the placing agency; and appropriate facility staff.</li> </ul>

# As you can see, there were a few additional updates made here

This regulation has changed from 750.A-I to 750.A-H.

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DBHDS	12VAC35-46-760 Resident transfer between residential facilities located in Virginia and operated by the same sponson
the same sponsor	nt transfer between residential facilities located in Virginia and operated by
<u>facility</u> shall document <u>rece</u> <u>1. Documentation of advar</u> and the legal guardian;	ordered by a court of competent jurisdiction, the <u>provider's</u> receiving <u>service or</u> <u>sipt of the following</u> at the time of <u>the resident's</u> transfer: <u>nee notification</u> to the family, if appropriate; the resident, the placement agency,
and the resident's current s <u>3. A copy</u> of the resident's	record. <u>or</u> facility shall document the date of transfer and the name of the <u>receiving service</u>
<u> </u>	

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760 Resident transfer between residential facilities located in Virginia and operated by the same sponsor

Regarding this one, language was been simplified but retains the important elements of documentation.

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#### DBHDS 12VAC35-46-800 Structured program of care .... ... 12VAC35-46-800 Structured program of care A. There shall be evidence of a structured program of care designed to: 1. Meet each resident's physical and emotional needs; 2. Provide protection, guidance, and supervision; and 3. Meet the objectives of any required individualized service plan. B. There shall be evidence of a structured daily routine designed to ensure the delivery of program services. C. A The provider shall maintain a daily communication log to share information with staff about significant happenings or problems experienced by residents, with the identity of the person making each entry in the log recorded. D. Health and dental complaints and injuries shall be recorded and shall include the (i) resident's name, complaint, and affected area; and (ii) time of the complaint. E. Routines shall be planned to ensure that each resident receives the amount of sleep and rest appropriate for the resident's age and physical condition. E Staff shall promote good personal hygiene of residents by monitoring and supervising hygiene practices each day and by providing instruction when needed.

## 800 Structured program of care

A few subsections have been removed along with the removal of unnecessary language.

This changes it from 800.A-H to 800.A-F.

DBHDS	2VAC35-46-810 Health care procedures
<ul> <li>2VAC35-46-810 Health care procedures</li> <li>A. The provider shall implement written procedures for promptly: <ol> <li>Providing or arranging for the provision of medical and dental s</li> <li>Providing emergency services for each resident; and</li> <li>Providing emergency services for any resident in crisis, includin access to appropriate internal and external resources, including a services</li> </ol> </li> <li>B. The following written information concerning each resident shar medical or dental emergency: <ol> <li>Name, address, and telephone number of the physician and de</li> <li>Name, address, and telephone number of a relative or other pe</li> <li>Medical insurance company name and policy number or Medica</li> <li>Information concerning: <ol> <li>Use of medication;</li> <li>All allergies, including medication allergies;</li> <li>Substance abuse and use; and</li> <li>Significant past and present medical problems; and</li> </ol> </li> </ol></li></ul>	follow-up medical and dental services after admission; ing procedures for crisis or clinical stabilization and immediate a provision for obtaining physician and mental health clinical all be readily accessible to staff who may have to respond to a entist to be notified; erson to be notified; caid number;

# 810 Health care procedures

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Language was added to subsection A to provide clarification and allows for the repeal of section 820.

Subsection C was removed as it included unnecessary language since providers are always required to ensure documentation is accessible and up to date.

This changes it from 810.A-C to 810.A-B

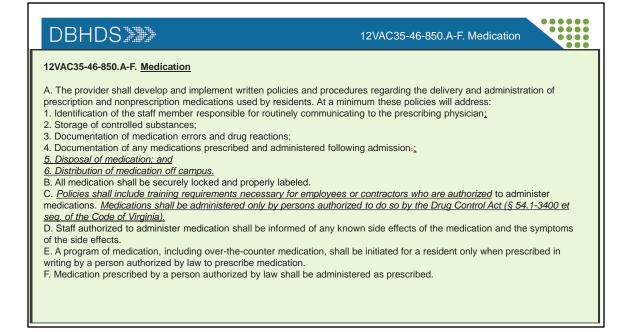
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DBHDS 12VAC35-46-830 Documenting crisis intervention and clinical emergen service	
<ul> <li>A. The provider shall develop and implement a method for documenting the provision of crisis intervention and clinic services. Documentation shall include: <ol> <li>Date and time;</li> <li>Nature of crisis or emergency;</li> <li>Name of resident;</li> <li>Precipitating factors;</li> <li><u>Interventions or treatment</u> provided;</li> <li>Employees or contractors involved;</li> <li>Outcome; and</li> <li>Any required follow-up.</li> </ol> </li> <li>B. If a crisis or clinical emergency involves a resident who receives medical or mental health services, the crisis intervention shall become part of <u>the resident's</u> record.</li> </ul>	al emergency

830 Documenting crisis intervention and clinical emergency services

Unnecessary language was removed, this included the removal of a subsection which changes it from 830.A-C to 830.A-B.

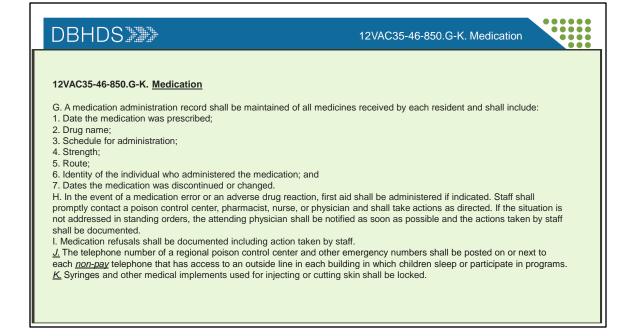
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The next few slides cover regulation 850 Medication.

On this slide, we'll look at the first part of this regulation, 850.A-F.

Several edits were made to provide clarification, and some items were moved to other sections



#### This slide covers 850.G-K of Medication

A subsection was removed which changes it from 850.A-L to 850.A-K.

#### DBHDS 12VAC35-46-860 Nutrition .... ... 12VAC35-46-860 Nutrition A. Each resident shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals and an evening snack; (ii) includes an adequate variety and quantity of food for the age of the resident; and (iii) meets minimum nutritional requirements and the U.S. Department of Health and Human Services and U.S. Department of Agriculture Dietary Guidelines for Americans, 2005, 6th Edition. <u>B.</u> Special diets shall be provided when prescribed by a physician and the established religious dietary practices of the *residents* shall be observed. C. Staff who eat in the presence of the residents shall be served the same meals as the residents unless (i) a special diet has been prescribed by a physician for the staff or residents or (ii) the staff or residents are observing established religious dietary practices. D. There shall be no more than 15 hours between the evening meal and breakfast the following day. E. Providers shall ensure that food is available to residents who need to eat breakfast before the 15 hours have expired.

#### 860 Nutrition

A subsection was removed since it was burdensome for providers as there is no need to review six-month-old menus

An additional subsection was removed since it's already covered by another subsection.

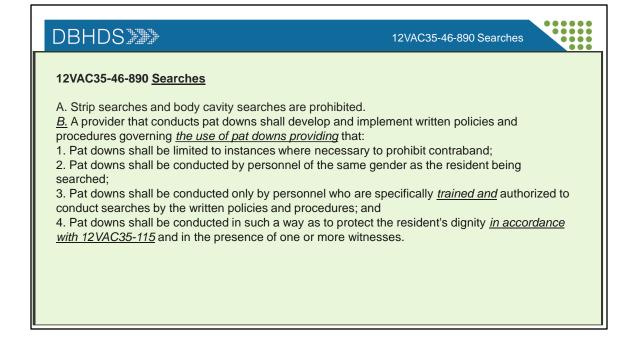
The removal of these subsections changes it from 860.A-G to 860.A-E

DBHDS	12VAC35-46-880 Emergency telephone numbers
12VAC35-46-880 Emergency telephone	
There shall be an emergency telephone n contacted 24 hours a day.	umber where a staff person may be immediately

880 Emergency telephone numbers

Removal of subsection B took away unnecessary language as all circumstances are already covered in subsection A

This changes it from 880.A-B to just 880

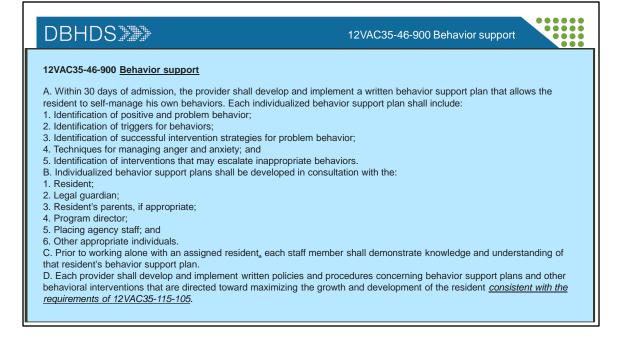


#### 890 Searches

Subsection A, strip searches are not in line with Human Rights Regulations, they are prohibited.

A subsection was removed changing this from 890.A-C to 890.A-B

Also, a reference to the Human Rights regulations has been added to item 4 of subsection B.



#### 900 Behavior support

The language in subsection D is duplicative of language in Chapter 115 (Human Rights).

DBHDS	12VAC35-46-940.A-D. Behavior interventions
<ul> <li>12VAC35-46-940.A-D. <u>Behavior interventions</u></li> <li>A. The provider shall develop and implement written policies requirements of 12VAC35-115. Minimum provisions shall incomonitoring the management of resident behavior.</li> <li>B. Written information concerning the provider's behavioral s provided prior to admission to prospective residents, legal gremergency admissions, this information shall be provided to 1. Residents within 12 hours following admission;</li> <li>2. Placing agencies within 72 hours following the resident's at a state psychiatric hospital is evaluating a child's treatment r C. When substantive revisions are made to policies and proving the residents of 1. Residents prior to implementation; and</li> </ul>	and procedures for behavioral interventions <u>consistent with the</u> <u>clude rules of conduct and methods</u> for documenting and support and intervention <u>policies and procedures</u> shall be uardians, and placing agencies. For court-ordered and : admission; and dmission. <u>The requirements of this subsection do</u> not apply when needs as provided by the Code of Virginia. cedures governing management of resident behavior, written tion, except when a state psychiatric hospital is evaluating a

# 940 Behavior interventions

# Let's start with 940.A-D, language has been streamlined

# Subsections A and D include a reference to the Human Rights regulations

#### .... DBHDS 12VAC35-46-940.E-L. Behavior interventions ... 12VAC35-46-940.E-L. Behavior interventions E. All physical restraints shall be reviewed and evaluated to plan for continued staff development for performance improvement. F. Use of physical restraint shall be limited to that which is minimally necessary to protect the resident or others as required by 12VAC35-115. G. Trained staff members may physically restrain a resident only after less restrictive interventions. H. Only trained staff members may manage resident behavior. I. Each application of physical restraint shall be fully documented in the resident's record, including: 1. Date; 2. Time; 3. Staff involved; 4. Justification for the restraint; 5. Less restrictive interventions that were unsuccessfully attempted prior to using physical restraint; 6. Duration: 7. Description of methods of physical restraint techniques used; 8. Signature of the person completing the report and date; and 9. Reviewer's signature and date. J. Providers shall ensure that restraint may only be implemented, monitored, and discontinued by staff who have been trained in the proper and safe use of restraint, including hands-on techniques. K. The provider shall review the facility's behavior intervention techniques and policies and procedures at least annually to determine appropriateness for the population served. L. Any time children are present, staff shall be present who have completed all trainings in behavior intervention.

#### 940.E-L

# Again, we have another reference made to the Human Rights regulations in subsection F.



950 Seclusion

Appropriate cross reference to the Human Rights regulations was added for clarity

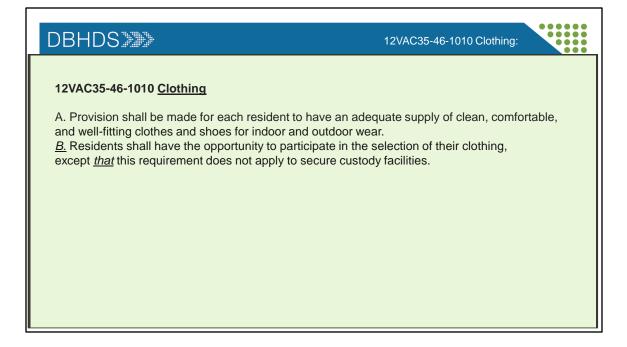
DBHDS	12VAC35-46-990 Recreation
12VAC35-46-990 Recreation	
<ul> <li>A. The provider shall have a written description of its recreation program that describ program and with the ages, developmental levels, interests, and needs of the resider 1. Opportunities for individual and group activities;</li> <li>2. Free time for residents to pursue personal interests that shall be in addition to a for does not apply to secure custody facilities;</li> <li>3. Use of available community recreational resources and facilities, except <u>that</u> this s</li> <li>4. Scheduling of activities so that <u>the activities</u> do not conflict with meals, religious se and</li> <li>5. Regularly scheduled indoor and outdoor recreational activities that are structured t</li> <li>B. The provider shall develop and implement written policies and procedures to ensu activities will be directed and supervised by individuals knowledgeable in the 2. How safeguards for water-related activities will be provided, including ensuring that</li> </ul>	nts that includes: rmal recreation program, except <u>that</u> this subdivision ubdivision does not apply to secure custody facilities; rvices, educational programs, or other regular events; to develop skills and attitudes. re the safety of residents participating in recreational safeguards required for the activities; and
2. How sateguards for water-related activities will be provided, including ensuring that activities. C. For all overnight recreational trips away from the facility, the provider shall docume 1. A supervision plan for the entire duration of the activity, including awake and sleepi 2. A plan for safekeeping and distribution of medication; 3. An overall emergency, safety, and communication plan for the activity, including en 4. Staff training and experience requirements for each activity; <u>5</u> . A plan to evaluate <i>each resident</i> 's physical health throughout the activity and to en boundaries of the resident's capabilities, dignity, and respect for self-determination; a <u>6</u> . Documentation of any variations from trip plans and reason for the variation. D. All overnight out-of-state or out-of-country recreational trips require written permission.	ent trip planning, to include: ing hours; nergency numbers of facility administration; sure that the activity is conducted within the ind

## 990 Recreation

Providers are always required to ensure documentation is accessible and up to date.

Therefore, unnecessary language was removed, or it's covered by another section of the regulation.

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## **1010 Clothing**

Two subsections were removed since other subsections are sufficient as it relates to clothing. This changes it from 1010.A-D to 1010.A-B.

DBHDS	12VAC35-46-1020 Allowances and spending money	
recordkeeping of any money that belon	ement written policies for safekeeping and for	

**1020** Allowances and spending money

For this one, unnecessary language was removed which caused the removal of two subsections.

Regarding one of the subsections that was removed, the requirement was outside of the department's purview and should be covered by schooling which is required by section 970.

This changes it from 1020.A-D to 1020.A-B.

DBHDS	12VAC35-46-1060 Vehicles and power equipment
relating to: 1. Vehicle safety and maintenance; 2. Licensure of vehicles; 3. Licensure of drivers; and 4. Child passenger safety, including requiring for the vehicle in which they are being trans	hildren shall comply with local, state, and federal laws ng children to wear appropriate seat belts or restraints sported. Insportation of residents appropriate to the population

# 1060 Vehicles and power equipment

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A subsection was removed because it's covered by remaining language, as well as general provisions for safety in this chapter, and Chapter 115.

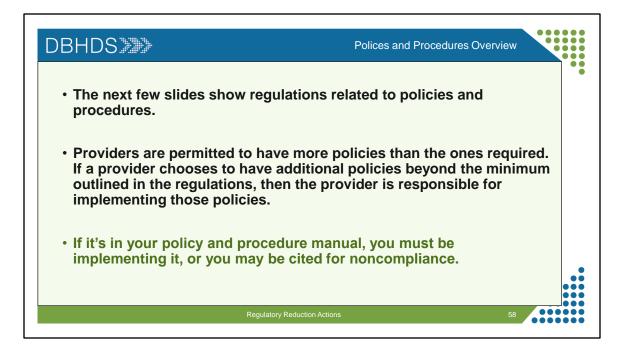
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**1090** Human rights complaint process, formerly Grievance Procedures

Subsections were removed as the language is duplicative of Section 150 of the Human Rights regulations. This changes it from 1090.A-B to just 1090

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.

DBHDS	Policies and Procedures Change	es
Policies and Procedures	Applicable Regulation	
Responsibilities of the Provider	12VAC35-46-180. D.	
Fiscal Accountability	12VAC35-46-190. C.	
Weapons	12VAC35-46-220.	Removed
Written Personnel Policies & Procedures	12VAC35-46-290.	Updated
Staff Development	12VAC35-46-310.	Opdated
Staff Supervision	12VAC35-46-320.	No Chang
Volunteers and Student/Interns	12VAC35-46-400	
Audio and Visual Recordings	12VAC35-46-510.	
Minimum Service Requirements	12VAC35-46-625.	
Records Management Policy	12VAC35-46-660. C.	
Records Review	12VAC35-46-670.	
Participation of Residents in Human Research	12VAC35-46-690	
Emergency and Self-Admissions (If Applicable)	12VAC35-46-700. (1)	
Application for Admission	12VAC35-46-710. D.	
Individualized service plans/quarterly reports	12VAC35-46-750. C.	
Discharge	12VAC35-46-765. A.	
Health Care Procedures	12VAC35-46-810. A.	

As shown 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.

DBHDS	Policies and Procedures Chan	ges
Policies and Procedures	Applicable Regulation	
Written Policies and Procedures for a Crisis or Clinical Emergency	12VAC35-46-820	
Documenting Crisis Intervention and Clinical Emergency Services	12VAC35-46-830	
Medical Examinations and Treatment	12VAC35-46-840. J.	Removed
Medication	12VAC35-46-850. A.	Updated
Staff Supervision of Residents	12VAC35-46-870. F. (1)	opdated
Searches	12VAC35-46-890. B.	No Chang
Behavior Support	12VAC35-46-900. D.	-
Timeout	12VAC35-46-910. A.	
Behavior Interventions	12VAC35-46-940 A. & D.	
Education	12VAC35-46-970. F.	
Religion	12VAC35-46-980. A.	
Recreation	12VAC35-46-990. B.	
Community Relationships	12VAC35-46-1000. B. & D.	
Allowances and Spending Money	12VAC35-46-1020. A.	
Visitation at the Facility and to the Resident's Home	12VAC35-46-1040	

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

DBHDS	Policies and Procedures Change	S
Policies and Procedures	Applicable Regulation	
Vehicles and Power Equipment	12VAC35-46-1060	Removed
Suspected Child Abuse or Neglect	12VAC35-46-1080. A.	
Grievance Procedures	12VAC35-46-1090	
Disaster or Emergency Planning	12VAC35-46-1100	
Emergency and Evacuation Procedures	12VAC35-46-1110.	
Independent Living Programs (If Applicable)	12VAC35-46-1120	
Mother/Baby Programs (If Applicable)	12VAC35-46-1130	
Campsite Programs or Adventure Activities (If Applicable)	12VAC35-46-1140	

On this slide you see removed regulations highlighted in Red and again, no changes were made to those in white.



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