

## Regulatory Reduction Actions: Children's Residential Facilities 12VAC35-46

### What Licensed Providers Need to Know



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

**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- As a result, 41 regulations in Chapter 46 have been amended, and 10 regulations have been repealed.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 In Chapter 46, 10 regulations have been repealed (removed) and 41 have been amended (changed).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.



## 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 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.

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

- **12VAC35-46-170 Governing body. (Repealed.)**
  - Providers are required to submit such information to the State Corporation Commission. (With the exception of sole proprietors doing business under their own names. Only sole proprietors operating under an assumed or fictitious DBA name are required to register with the SCC.)
- **12VAC35-46-340 The chief administrative officer. (Repealed.)**
  - It is the provider's responsibility to ensure appropriate administrative organization.
- **12VAC35-46-560 Storage. (Repealed.)**
  - It is the provider's responsibility to arrange for appropriate storage of various items.
- **12VAC35-46-690 Participation of residents in human research. (Repealed.)**
  - Provisions already covered by 12VAC35-180.

\*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]**

- **~~12VAC35-46-820 Written policies and procedures for a crisis or clinical emergency.~~ (Repealed.)**
  - With the amendments to section 810.A, this section is duplicative.
- **~~12VAC35-46-1040 Visitation at the facility and to the resident's home.~~ (Repealed.)**
  - These requirements are covered by Chapter 115 (Human Rights Regulations).
- **~~12VAC35-46-1100 Disaster or emergency planning.~~ (Repealed.)**
  - This language is covered by section 1110.

\*Repealed means the regulation has been removed

Here we see three more regulations that have been repealed.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

- **~~12VAC35-46-1120 Independent living programs.~~ (Repealed.)**
  - Independent living falls under the authority of DSS, not DBHDS.
  
- **~~12VAC35-46-1130 Mother/baby programs.~~ (Repealed.)**
  - These programs are licensed by DSS, not DBHDS.
  
- **~~12VAC35-46-1140 Campsite programs or adventure activities.~~ (Repealed.)**
  - These programs are not licensed by DBHDS.

\*Repealed means the regulation has been removed

**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**

- [12VAC35-46-20 Service description and applications; required elements](#)
- [12VAC35-46-80 Written corrective action plans](#)
- [12VAC35-46-110 Modification](#)
- [12VAC35-46-180 Responsibilities of the provider](#)
- [12VAC35-46-190 Fiscal accountability](#)
- [12VAC35-46-200 Insurance](#)
- [12VAC35-46-220 Weapons](#)
- [12VAC35-46-230 Relationship to the department](#)
- [12VAC35-46-250 Health information](#)
- [12VAC35-46-270 Qualifications](#)
- [12VAC35-46-280 Job descriptions](#)



Click  
the links to  
view details  
for each  
regulation!

**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.**

- [12VAC35-46-300 Personnel records](#)
- [12VAC35-46-310 Staff development](#)
- [12VAC35-46-330 The applicant](#)
- [12VAC35-46-380 Child care staff](#)
- [12VAC35-46-400 Volunteers, students, and interns](#)
- [12VAC35-46-420 Buildings, inspections, and building plans](#)
- [12VAC35-46-470 Personal necessities](#)
- [12VAC35-46-480 Sleeping areas](#)
- [12VAC35-46-660 Maintenance of resident records](#)
- [12VAC35-46-710 Application for admission](#)
- [12VAC35-46-720 Written placement agreement](#)
- [12VAC35-46-730 Face sheet](#)
- [12VAC35-46-740 Initial objectives and strategies](#)

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



- 12VAC35-46-750 Individualized service plans and quarterly reports
- 12VAC35-46-760 Resident transfer between residential facilities located in Virginia and operated by the same sponsor
- 12VAC35-46-800 Structured program of care
- 12VAC35-46-810 Health care procedures
- 12VAC35-46-830 Documenting crisis intervention and clinical emergency services
- 12VAC35-46-850 Medication
- 12VAC35-46-860 Nutrition
- 12VAC35-46-880 Emergency telephone numbers
- 12VAC35-46-890 Searches
- 12VAC35-46-900 Behavior support
- 12VAC35-46-940 Behavior interventions

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

- [12VAC35-46-950 Seclusion](#)
- [12VAC35-46-990 Recreation](#)
- [12VAC35-46-1010 Clothing](#)
- [12VAC35-46-1020 Allowances and spending money](#)
- [12VAC35-46-1060 Vehicles and power equipment](#)
- [12VAC35-46-1090 Human rights complaint process](#)

**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**

**12VAC35-46-20 Service description and applications; required elements**

- A. In order to determine whether an applicant is subject to this chapter, the applicant must submit a service description initially.
- B. Each provider shall have a written service description that accurately describes its structured program of care and treatment consistent with the treatment, habilitation, or training needs of the residential population it serves. Service description elements shall include:
1. The mental health, substance abuse, developmental disability, or brain injury population the provider intends to serve;
  2. The mental health, substance abuse, developmental disability, or brain injury interventions the provider will provide;
  3. Provider goals;
  4. Services provided; and
  5. Contract services, if any.
- C. The provider shall develop, implement, review, and revise its services according to the provider's mission and shall have that information available for public review.
- D. Initial applications.
1. A completed application includes an initial application form; proposed working budget for the year showing projected revenue and expenses for the first year of operation and a balance sheet showing assets and liabilities; evidence of financial resources or a line of credit sufficient to cover estimated operating expenses for 90 days unless the facility is operated by a state or local government agency, board, or commission; a service description; a proposed staffing and supervision plan, including the staff information sheet; copies of all job descriptions; evidence of the applicant's authority to conduct business in Virginia; a copy of the floor plan with dimensions of rooms; a certificate of occupancy; current health inspection; evidence of consultation with state or local fire prevention authorities; and a list of board members, if applicable. This information shall be submitted to and approved by the department in order for the application to be considered complete.
  2. All initial applications that are not complete within 12 months shall be closed.
  3. Facilities operated by state or local government agencies, boards, and commissions shall submit a working budget showing appropriated revenue and projected expenses for the coming year.
  4. Currently licensed providers shall demonstrate that they are operating in substantial compliance with applicable regulations before new facilities operated by the same provider will be licensed.
- E. Renewal applications. A completed application for renewal of a facility's license shall be submitted within 30 days after being notified to submit a renewal application.



**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**

**12VAC35-46-80. Written corrective action plans.**

- A. If there is noncompliance with applicable regulations during an initial or ongoing review or investigation, the department shall issue a licensing report describing the noncompliance and requesting the provider to submit a corrective action plan.
- B. The provider shall submit to the department and implement a written corrective action plan for each regulation for which the provider is found to be in noncompliance.
- C. The corrective action plan shall include a:
1. Description of each corrective action to be taken to correct the noncompliance and to prevent reoccurrence in the future and the person responsible for implementation; and
  2. Date of completion for each action
- D. The provider shall submit the corrective action plan to the department within 15 business days of the issuance of the licensing report. Extensions 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 threat to the health, safety, or welfare of residents.
- 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 shall have an additional 10 business days to submit a revised corrective action plan after receiving a notice that the plan submitted has not been approved.

**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.**

**12VAC35-46-110 Modification**

A. The conditions of a license may be modified during the term of the license with respect to the capacity, resident age range, facility location, resident gender, or changes in the services. Limited modifications may be approved during the conditional licensure period.

B. No change shall be implemented prior to approval by the department. The provider shall be notified in writing within 60 days following receipt of the request as to whether the modification is approved or a new license is required.

**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.**

**12VAC35-46-180. Responsibilities of the provider**

The provider shall develop and implement written policies and procedures to monitor and evaluate service quality and effectiveness on a systematic and on-going basis. The provider shall implement improvements when indicated.

**180 Responsibilities of the provider**

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

**12VAC35-46-190 Fiscal accountability**

*A. The provider shall maintain a system of financial recordkeeping that shows a separation of the provider's accounts from all other accounts.*

*B. The provider shall keep individual accounts separate. Providers shall not commingle funds of multiple individuals receiving services.*

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

**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.**

**12VAC35-46-200 Insurance**

- A. The provider shall maintain liability insurance covering the premises and the facility's operations.
- B. The provider shall provide documentation that all vehicles used to transport residents are insured, including vehicles owned by staff.
- C. At a minimum, the person who has the authority and responsibility for fiscal management shall be bonded.

**200 Insurance**

**Changes were made to reduce burden.**



**12VAC35-46-220 Weapons**

The provider shall develop and implement a written policy prohibiting firearms, pellet guns, air guns, or other weapons on the premises or at facility-sponsored activities unless the weapon is:

1. In the possession of licensed security personnel or a law-enforcement officer;
2. Kept securely under lock and key; or
3. Used by a resident with the legal guardian's permission under the supervision of a responsible adult in accordance with policies and procedures developed by the facility for the weapon's lawful and safe use.

**220 Weapons**

**Changes were made to streamline language and reduce redundancy.**

**12VAC35-46-230 Relationship to the department**

The provider shall submit or make available to the department such reports and information as the department may require to establish compliance with this chapter and other applicable regulations and statutes.

**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.**

**12VAC35-46-250. Health information.**

A. Health information required by this section shall be maintained for each staff member and for each individual who resides in a building occupied by residents, including each person who is not a staff member or resident of the facility. Health information shall be handled, maintained, and stored in a fashion that maintains confidentiality of the information at all times.

B. At the time of hire or residency at the facility, each individual shall submit the results of a tuberculosis screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.

**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.**

**12VAC35-46-270 Qualifications**

A. Regulations establishing minimum position qualifications shall be applicable to all providers. In lieu of the minimum position qualifications contained in this chapter, providers subject to (i) the rules and regulations of the Virginia Department of Human Resource Management or (ii) the rules and regulations of a local government personnel office may develop written minimum entry-level qualifications in accordance with the rules and regulations of the supervising personnel authority.

B. A person who assumes or is designated to assume the responsibilities of a position or any combination of positions described in this chapter shall:

1. Meet the qualifications of the position;
2. Fully comply with all applicable regulations for each function; and
3. Demonstrate a working knowledge of the policies and procedures that are applicable to the person's specific position.

**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.**

**12VAC35-46-280. Job descriptions.**

There shall be a written job description for each position that, at a minimum, includes the:

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

**280 Job descriptions**

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

**12VAC35-46-300 Personnel records**

A. Separate up-to-date personnel records shall be maintained for each employee, student or intern, volunteer, and contractual service provider for whom background investigations are required by Virginia statute. Content of personnel records of volunteers, and contractual service providers may be limited to documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations.

B. The records of each employee shall include:

1. A completed employment application form providing the individual's name, address, telephone number, and social security number or other unique identifier;

2. Educational background and employment history, including dates of employment for each position held and separation;

3. Professional references;

4. Reports of required health examinations;

5. Annual performance evaluations;

6. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;

7. Documentation of educational degrees or professional credentials, as applicable;

8. Documentation of all training required by this chapter and any other employee development received by individual staff; and

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**

**12VAC35-46-310.A.1-3. Staff development****A. Required initial training.**

1. Within seven days following their begin date, each staff member responsible for supervision of children shall receive basic orientation to the facility's behavior intervention policies, procedures, and techniques regarding less restrictive interventions, timeout, and physical restraint.
2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include:
  - a. Alerting emergency personnel and sounding alarms;
  - b. Implementing evacuation procedures, including evacuation of residents with special needs (e.g., deaf, blind, nonambulatory);
  - c. Using, maintaining, and operating emergency equipment;
  - d. Accessing emergency information for residents, including medical information; and
  - e. Utilizing community support services.
3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students and interns shall be given orientation and training regarding:
  - a. The objectives of the facility;
  - b. Practices of confidentiality;
  - c. The decision-making plan;
  - d. This chapter, including the prohibited actions as outlined in this chapter; and
  - e. Other policies and procedures that are applicable to the individual's positions, duties, and responsibilities.

**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**

**12VAC35-46-310.A.4-9. Staff development**

4. Within 30 days following their begin date, all staff working with residents shall be enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation.
5. Within 30 days following their begin date, all staff working with residents shall be trained in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.
6. Within 30 days following their begin date, all staff shall be trained on the facility's policies and procedures regarding standard precautions.
7. Within 30 days following their begin date, all staff shall be trained on appropriate siting of children's residential facilities, and good neighbor policies and community relations.
8. Before administering medication, all staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications.
9. The provider shall carry out targeted staff training in any area of quality improvement as identified from the results of the quality improvement plan.

**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.**



**12VAC35-46-310.B-C. Staff development****B. Required annual retraining.**

1. All employees, contractors, students and interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include:

- a. Alerting emergency personnel and sounding alarms;
- b. Implementing evacuation procedures, including evacuation of residents with special needs (e.g., deaf, blind, nonambulatory);
- c. Using, maintaining, and operating emergency equipment;
- d. Accessing emergency information for residents, including medical information; and
- e. Utilizing community support services.

2. All staff who administer medication shall complete annual refresher medication training.

3. All child care staff shall receive annual retraining on the provider's behavior supports and timeout policies and procedures.

4. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention.

5. All staff shall receive annual retraining on the provider's policies and procedures regarding standard precautions.

C. Training provided shall be comprehensive and based on the needs of the population served to ensure that staff have the competencies to perform their jobs.

**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**

**12VAC35-46-330 The applicant**

As a condition of initial licensure and, if appropriate, license renewal, each applicant shall:

1. Provide documentation of training on appropriate siting of children's residential facilities, and good neighbor policies and community relations;
2. Be interviewed in person by the department to determine the qualifications of the owner or operator as set out in this chapter; and
3. Provide evidence of relevant prior experience.

**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.**

**12VAC35-46-380 Child care staff**

- A. Each child care worker shall be responsible for guidance and supervision of the children to whom the child care worker is assigned.
- B. Each child care worker and a relief child care worker shall furnish evidence of having obtained one of the following experience or education standards:
1. A baccalaureate degree in human services;
  2. An associate's degree and three months of experience working with children; or
  3. A high school diploma or G.E.D. and six months of experience working with children.
- C. A person with a high school diploma or G.E.D. and less than six months of experience working with children may be hired as child care staff, provided that the person does not work independently. Provisional child care staff shall at all times work directly with the program director, case manager, child care supervisor, or an experienced child care worker who has at least one year of professional experience working with children.
- D. A person serving in a child care worker's position shall be at least 19 years of age, except as provided in 12VAC35-46-270 A.
- E. The provider shall not be dependent on temporary contract workers to provide resident care.

**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

**12VAC35-46-400 Volunteers, students, and interns**

The facility shall not be dependent upon volunteers, students, or interns to provide basic services.

**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 Buildings, inspections, and building plans**

- A. All buildings and *building-related* equipment shall be inspected and approved by the local building official. Approval shall be documented by a certificate of occupancy.
- B. The facility shall document at the time of its original application evidence of consultation with state or local fire prevention authorities.
- C. The facility shall document annually after the initial application that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (*13VAC5-52*).
- D. At the time of the original application and at least annually thereafter, *any location where the provider is responsible for serving food* shall be inspected and approved by state or local health authorities, *regarding food service and general sanitation in accordance with Food Regulations (12VAC5-421)*.
- E. The buildings and physical environment shall provide adequate space and shall be of a design that is suitable to house the programs and services provided and meet specialized needs of the residents.
- F. Building plans and specifications for new construction, change in use of existing buildings, and any structural modifications or additions to existing buildings shall be submitted to and approved by the department and by other appropriate regulatory authorities.
- G. Swimming pools shall be inspected by the state or local health authorities or by a swimming pool business.

**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.**

**12VAC35-46-470 Personal necessities**

- A. An adequate supply of personal necessities shall be available to the residents at all times for purposes of personal hygiene and grooming.
- B. Clean, individual washcloths and towels shall be in good repair and available once each week and more often if needed.
- C. When residents are incontinent or not toilet trained, appropriate measures shall be taken for sanitation and to protect each individual's privacy, confidentiality, dignity, and health.

**470 Personal necessities**

**Revisions maintain the same level of care with simplified language.**

**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**

**12VAC35-46-660.A-C. Maintenance of resident records**

- A. *The provider shall maintain a* separate case record for each resident *in accordance with § 32.1-127.1:03 of the Code of Virginia*. In addition, all correspondence and documents received by the facility relating to the care of that resident shall be maintained as part of the case record. A separate health record may be kept on each resident.
- B. Each record shall be kept up to date and in a uniform manner.
- C. The provider shall develop and implement a written records management policy that describes confidentiality, accessibility, security, and retention of paper and electronic records pertaining to residents, including:
1. Access, duplication, dissemination, and acquisition of resident 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, and disclosure of information during 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 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**



**12VAC35-46-660.D-H. Maintenance of resident records**

- D. The policy shall specify what information is available to the resident.
- E. Active and closed records shall be kept in areas that are accessible to authorized staff and protected from unauthorized access, fire, and flood.
- F. Each resident's written record shall be stored separately subsequent to the resident's discharge according to applicable statutes and regulations.
- G. Case records shall be retained in their entirety for a minimum of three years after the date of discharge unless otherwise specified by state or federal requirements.
- H. Entries in a resident's record shall be current, dated, and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing.

**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**

**12VAC35-46-710 Application for admission**

A. Admission shall be based on evaluation of a screening application for admission. The requirements of this section do not apply to court-ordered placements or transfer of a resident between residential facilities located in Virginia and operated by the same sponsor.

B. Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile screening information necessary to determine:

1. The educational needs of the prospective resident;
  2. The mental health, emotional, and psychological needs of the prospective resident;
  3. The physical health needs, including the immunization needs, of the prospective resident;
  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;
  8. Social and development history;
  9. Current behavioral functioning and social competence;
  10. History of previous treatment for mental health, developmental disability, substance abuse, brain injury, and behavior problems; and
  11. Medication and drug use profile, which shall include:
    - 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 ineffective medications; and
    - c. Information necessary to develop an individualized service plan and a behavior support plan.
- C. The resident's record shall contain a completed assessment based on information compiled from the screening application at the time of a routine admission or within 30 days after an emergency admission.
- D. Each facility shall develop and implement written policies and procedures 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's services;
  2. The facility's staff is trained to meet the prospective resident's needs; 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

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.

**12VAC35-46-720 Written placement agreement**

A. The facility shall develop and execute a written agreement authorizing the resident's placement, signed by a facility representative and the parent, legal guardian, or placing agency.

B. Notwithstanding the provisions of subsection A of this section, a facility that accepts an admission upon receipt of the order of a court of competent jurisdiction shall place a copy of the court order in the resident's record.

**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.

**12VAC35-46-730 Face sheet**

- A. At the time of admission, each resident's record shall include a completed face sheet that contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate.
- B. The provider shall update information when changes occur.
- C. The face sheet for pregnant teens shall also include the expected date of delivery and the name of the hospital to provide delivery services to the resident.

**730 Face sheet**

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

**12VAC35-46-740 Initial objectives and strategies**

Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record.

**740 Initial objectives and strategies**

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

**12VAC35-46-750.A-C. Individualized service plans and quarterly reports**

A. An individualized service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter.

B. Individualized service plans shall describe in measurable terms the:

1. Strengths and needs of the resident;
2. Resident's current level of functioning;
3. Goals, objectives, and strategies established for the resident;
4. Projected family involvement;
5. Projected date for accomplishing each objective; and
6. Status of the projected discharge plan and estimated length of stay, except that this requirement shall not apply to a facility that discharges only upon receipt of the order of a court of competent jurisdiction.

C. The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting the ISP goals and objectives that shall include the:

1. Format;
2. Frequency; and
3. Person responsible.

**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**

**12VAC35-46-750.D-H. Individualized service plans and quarterly reports**

D. 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:

1. Resident's progress toward meeting the plan's objectives;
2. Family's involvement;
3. Continuing needs of the resident;
4. Resident's progress towards discharge; and
5. Status of discharge planning.

E. Each ISP revision and quarterly progress report shall include the date it was developed and the signature of the person responsible.

F. 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 current ISP.

G. 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:

1. The resident;
2. The resident's family, if appropriate, and legal guardian;
3. The placing agency; and
4. Facility staff.

H. 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.

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

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



**12VAC35-46-760 Resident transfer between residential facilities located in Virginia and operated by the same sponsor**

A. Except when transfer is ordered by a court of competent jurisdiction, the provider's receiving service or facility shall document receipt of the following at the time of the resident's transfer:

1. Documentation of advance notification to the family, if appropriate; the resident, the placement agency, and the legal guardian;

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

3. A copy of the resident's record.

B. The transferring service or facility shall document the date of transfer and the name of the receiving service or facility to which the resident was transferred.

**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.**



**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.

F. 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.**

**2VAC35-46-810 Health care procedures**

A. The provider shall implement written procedures for promptly:

1. Providing or arranging for the provision of medical and dental services for health problems identified at admission;
2. Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission;
3. Providing emergency services for each resident; and
4. Providing emergency services for any resident in crisis, including procedures for crisis or clinical stabilization and immediate access to appropriate internal and external resources, including a provision for obtaining physician and mental health clinical services.

B. The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency:

1. Name, address, and telephone number of the physician and dentist to be notified;
2. Name, address, and telephone number of a relative or other person to be notified;
3. Medical insurance company name and policy number or Medicaid number;
4. Information concerning:
  - a. Use of medication;
  - b. All allergies, including medication allergies;
  - c. Substance abuse and use; and
  - d. Significant past and present medical problems; and
5. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent.

## 810 Health care procedures

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

**12VAC35-46-830 Documenting crisis intervention and clinical emergency services**

A. The provider shall develop and implement a method for documenting the provision of crisis intervention and clinical emergency services. Documentation shall include:

1. Date and time;
2. Nature of crisis or emergency;
3. Name of resident;
4. Precipitating factors;
5. Interventions or treatment provided;
6. Employees or contractors involved;
7. Outcome; and
8. Any required follow-up.

B. If a crisis or clinical emergency involves a resident who receives medical or mental health services, the crisis intervention documentation shall become part of the resident's record.

**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.

**12VAC35-46-850.A-F. Medication**

A. The provider shall develop and implement written policies and procedures regarding the delivery and administration of prescription and nonprescription medications used by residents. At a minimum these policies will address:

1. Identification of the staff member responsible for routinely communicating to the prescribing physician;
2. Storage of controlled substances;
3. Documentation of medication errors and drug reactions;
4. Documentation of any medications prescribed and administered following admission;

5. Disposal of medication; and

6. Distribution of medication off campus.

B. All medication shall be securely locked and properly labeled.

C. Policies shall include training requirements necessary for employees or contractors who are authorized to administer medications. 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).

D. Staff authorized to administer medication shall be informed of any known side effects of the medication and the symptoms of the side effects.

E. A program of medication, including over-the-counter medication, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.

F. Medication prescribed by a person authorized by law shall be administered as prescribed.

**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**

**12VAC35-46-850.G-K. Medication**

G. A medication administration record shall be maintained of all medicines received by each resident and shall include:

1. Date the medication was prescribed;
2. Drug name;
3. Schedule for administration;
4. Strength;
5. Route;
6. Identity of the individual who administered the medication; and
7. Dates the medication was discontinued or changed.

H. In the event of a medication error or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented.

I. Medication refusals shall be documented including action taken by staff.

J. The telephone number of a regional poison control center and other emergency numbers shall be posted on or next to each non-pay telephone that has access to an outside line in each building in which children sleep or participate in programs.

K. Syringes and other medical implements used for injecting or cutting skin shall be locked.

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

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

**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.

B. 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**

**12VAC35-46-880 Emergency telephone numbers**

There shall be an emergency telephone number where a staff person may be immediately contacted 24 hours a day.

**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**

**12VAC35-46-890 Searches**

A. Strip searches and body cavity searches are prohibited.

B. A provider that conducts pat downs shall develop and implement written policies and procedures governing *the use of pat downs providing* that:

1. Pat downs shall be limited to instances where necessary to prohibit contraband;
2. Pat downs shall be conducted by personnel of the same gender as the resident being searched;
3. Pat downs shall be conducted only by personnel who are specifically *trained and* authorized to conduct searches by the written policies and procedures; and
4. Pat downs shall be conducted in such a way as to protect the resident's dignity *in accordance with 12VAC35-115* and in the presence of one or more witnesses.

**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.**



**12VAC35-46-900 Behavior support**

A. Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include:

1. Identification of positive and problem behavior;
2. Identification of triggers for behaviors;
3. Identification of successful intervention strategies for problem behavior;
4. Techniques for managing anger and anxiety; and
5. Identification of interventions that may escalate inappropriate behaviors.

B. Individualized behavior support plans shall be developed in consultation with the:

1. Resident;
2. Legal guardian;
3. Resident's parents, if appropriate;
4. Program director;
5. Placing agency staff; and
6. Other appropriate individuals.

C. Prior to working alone with an assigned resident, each staff member shall demonstrate knowledge and understanding of that resident's behavior support plan.

D. Each provider shall develop and implement written policies and procedures concerning behavior support plans and other behavioral interventions that are directed toward maximizing the growth and development of the resident consistent with the requirements of 12VAC35-115-105.

## 900 Behavior support

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

**12VAC35-46-940.A-D. Behavior interventions**

A. The provider shall develop and implement written policies and procedures for behavioral interventions consistent with the requirements of 12VAC35-115. Minimum provisions shall include rules of conduct and methods for documenting and monitoring the management of resident behavior.

B. Written information concerning the provider's behavioral support and intervention policies and procedures shall be provided prior to admission to prospective residents, legal guardians, and placing agencies. For court-ordered and emergency admissions, this information shall be provided to:

1. Residents within 12 hours following admission;
2. Placing agencies within 72 hours following the resident's admission; and
3. Legal guardians within 72 hours following the resident's admission. The requirements of this subsection do not apply when a state psychiatric hospital is evaluating a child's treatment needs as provided by the Code of Virginia.

C. When substantive revisions are made to policies and procedures governing management of resident behavior, written information concerning the revisions shall be provided to:

1. Residents prior to implementation; and
2. Legal guardians and placing agencies prior to implementation, except when a state psychiatric hospital is evaluating a child's treatment needs as provided by the Code of Virginia.

D. The provider shall develop and implement written policies and procedures governing use of physical restraint that shall comply with the requirements of 12VAC35-115.

## 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

**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.**

**12VAC35-46-950 Seclusion**

Seclusion is allowed only as permitted by 12VAC35-115 and other applicable state regulations.

**950 Seclusion**

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

**12VAC35-46-990 Recreation**

- A. The provider shall have a written description of its recreation program that describes activities that are consistent with the facility's total program and with the ages, developmental levels, interests, and needs of the residents that includes:
1. Opportunities for individual and group activities;
  2. Free time for residents to pursue personal interests that shall be in addition to a formal recreation program, except that this subdivision does not apply to secure custody facilities;
  3. Use of available community recreational resources and facilities, except that this subdivision does not apply to secure custody facilities;
  4. Scheduling of activities so that the activities do not conflict with meals, religious services, educational programs, or other regular events; and
  5. Regularly scheduled indoor and outdoor recreational activities that are structured to develop skills and attitudes.
- B. The provider shall develop and implement written policies and procedures to ensure the safety of residents participating in recreational activities that include:
1. How activities will be directed and supervised by individuals knowledgeable in the safeguards required for the activities; and
  2. How safeguards for water-related activities will be provided, including ensuring that a certified lifeguard supervises all swimming activities.
- C. For all overnight recreational trips away from the facility, the provider shall document trip planning, to include:
1. A supervision plan for the entire duration of the activity, including awake and sleeping hours;
  2. A plan for safekeeping and distribution of medication;
  3. An overall emergency, safety, and communication plan for the activity, including emergency numbers of facility administration;
  4. Staff training and experience requirements for each activity;
  5. A plan to evaluate each resident's physical health throughout the activity and to ensure that the activity is conducted within the boundaries of the resident's capabilities, dignity, and respect for self-determination; and
  6. 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 from each resident's legal guardian.

## 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.**

**12VAC35-46-1010 Clothing**

A. Provision shall be made for each resident to have an adequate supply of clean, comfortable, and well-fitting clothes and shoes for indoor and outdoor wear.

B. Residents shall have the opportunity to participate in the selection of their clothing, except that this requirement does not apply to secure custody facilities.

**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.**

**12VAC35-46-1020 Allowances and spending money**

A. The provider shall develop and implement written policies for safekeeping and for recordkeeping of any money that belongs to residents.

B. A resident's funds, including any allowance or earnings, shall be used for the resident's benefit.

**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.**

**12VAC35-46-1060 Vehicles and power equipment**

A. Transportation provided for or used by children shall comply with local, state, and federal laws relating to:

1. Vehicle safety and maintenance;
2. Licensure of vehicles;
3. Licensure of drivers; and
4. Child passenger safety, including requiring children to wear appropriate seat belts or restraints for the vehicle in which they are being transported.

B. There shall be written safety rules for transportation of residents appropriate to the population served that shall include taking head counts at each stop.

**1060 Vehicles and power equipment**

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



**12VAC35-46-1090 Human rights complaint process**

The provider shall comply with the Office of Human Rights regulations, including the human rights complaint process outlined in 12VAC35-115-175.

**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.

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.



Policies and Procedures	Applicable Regulation
Responsibilities of the Provider	12VAC35-46-180. D.
Fiscal Accountability	12VAC35-46-190. C.
Weapons	12VAC35-46-220.
Written Personnel Policies & Procedures	12VAC35-46-290.
Staff Development	12VAC35-46-310.
Staff Supervision	12VAC35-46-320.
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 <i>(If Applicable)</i>	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.

 Removed

 Updated

 No Change

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.



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

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	
Vehicles and Power Equipment	12VAC35-46-1060	Removed
Suspected Child Abuse or Neglect	12VAC35-46-1080. A.	Updated
Grievance Procedures	12VAC35-46-1090	No Change
Disaster or Emergency Planning	12VAC35-46-1100	Removed
Emergency and Evacuation Procedures	12VAC35-46-1110.	No Change
Independent Living Programs <i>(If Applicable)</i>	12VAC35-46-1120	Removed
Mother/Baby Programs <i>(If Applicable)</i>	12VAC35-46-1130	Removed
Campsite Programs or Adventure Activities <i>(If Applicable)</i>	12VAC35-46-1140	Removed

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

## Helpful Documents

- Link to Virginia Regulatory Town Hall - Noncontroversial Regulatory Reductions per ED1: [Virginia Regulatory Town Hall Show XML](#)
- Link to [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.**