

# **Crisis Services Regulatory Training**

Office of Licensing

# Department of Behavioral Health and Developmental Services (DBHDS)

## Office of Licensing



### **Mission:**

**To be the regulatory authority for DBHDS licensed service delivery systems through effective oversight.**



### **Vision:**

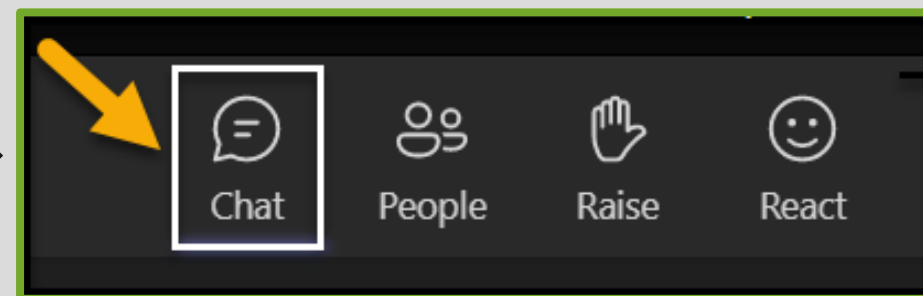
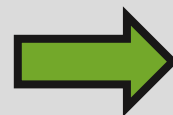
**The Office of Licensing will provide consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients.**

Use the Chat feature to access the link for the Q&A Submission Form.

Questions from today's Q&A will be answered and posted on the Office of Licensing website.

Training video and PowerPoint presentation will be posted on the Office of Licensing website.

We will take a 10-minute break halfway through the presentation.



### Crisis Services Regulatory Training Q&A Submission Form

1. Please type your question here. If you have multiple questions, please submit each question separately.

Enter your answer

Submit



- **April Dovel, Director of Crisis Services**
  - [April.Dovel@dbhds.virginia.gov](mailto:April.Dovel@dbhds.virginia.gov)
- **Alonzo Riggins, Training & Development Coordinator, Office of Human Rights**
  - [Alonzo.Riggins@dbhds.virginia.gov](mailto:Alonzo.Riggins@dbhds.virginia.gov)
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**Jae Benz**  
**Director of Licensing**



## Crisis Services Regulations: Key Changes

- The Commonwealth is undergoing an expansion of the crisis services system.
- Amended licensing and human rights regulations regarding implementation of the new crisis services will be effective on July 17<sup>th</sup>.
- The primary change is adding a new part to the licensing regulations with several new sections that specifically address crisis services.
- Amendments include additional language for REACH crisis services.
- Amendments to Human Rights regulations to allow the use of seclusion in Crisis Receiving Centers (CRCs) and Crisis Stabilization Units (CSUs) only.
- Amendments to licensing regulations to include specific requirements for seclusion rooms.
- Updates to regulatory definitions.
- Amended regulations specify staffing requirements for each of the services, as well as requirements for conducting assessments and providing care. They also recognize the unique nature of crisis services and reduce some of the requirements related to assessments, individualized services plans (ISPs), and discharge plans (as compared to the current regulations for all providers) to include only those elements that are relevant to the delivery of crisis services.



# Division of Crisis Services

April Dovel  
Director of Crisis Services

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- The diagram illustrates the current mental health care system flow. It starts with a 'Person in Crisis' who can be taken by 'EMS' to the 'Emergency Department' or by 'Police' to 'Jail' or directly to the 'Community'. The 'Emergency Department' has 'Wait times' and 'Limited access to psychiatrists and behavioral health training'. From the 'Emergency Department', individuals can go to 'Inpatient Psychiatric Care' (also with 'Wait times') or back to the 'Community'. The 'Community' is represented by a row of houses.



## Someone to Call



### Crisis Call Centers

When someone calls **988**, a trained crisis worker will provide support such as safety planning, referrals, and a listening ear. If needed, crisis workers can connect to the full continuum of services. Through Virginia's Marcus Alert system, appropriate calls to 911 can be routed to the 988 call centers.

## Someone to Respond



### Mobile Crisis

Mobile Crisis Response teams are deployed in real-time, 24 hours a day, to the location of the individual experiencing a behavioral health crisis. These rapid responders provide on-scene evaluation, intervention, and connection to follow-up resources.

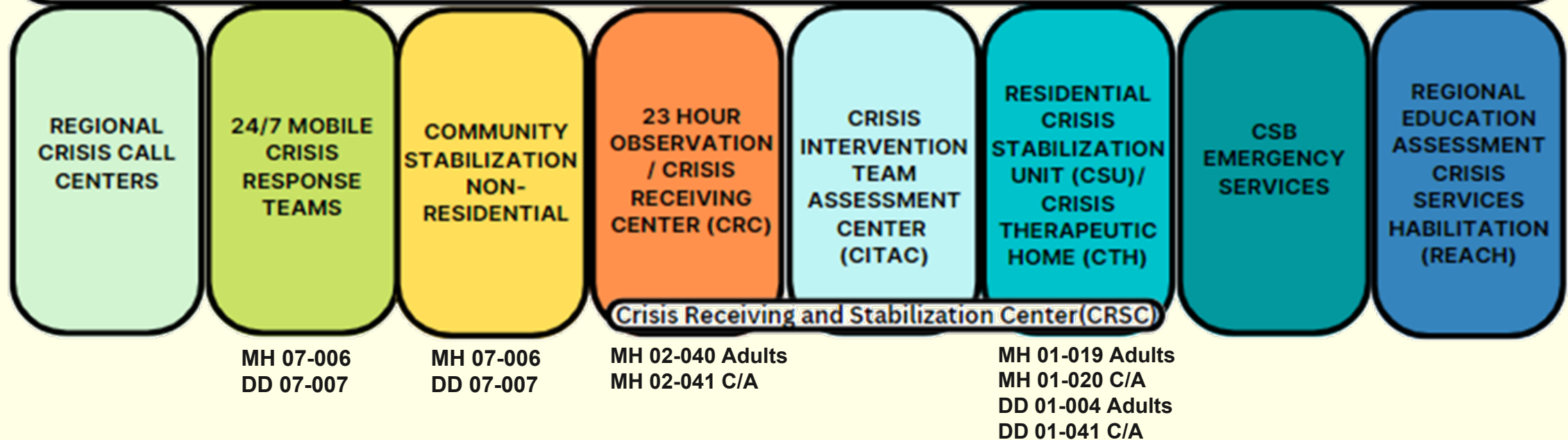
## Somewhere to Go



### Crisis Stabilization Sites

23-hour Crisis Receiving Centers and short-term residential Crisis Stabilization Units provide a safe, secure community-based environment for assessment, resources, and emergent crisis treatment.

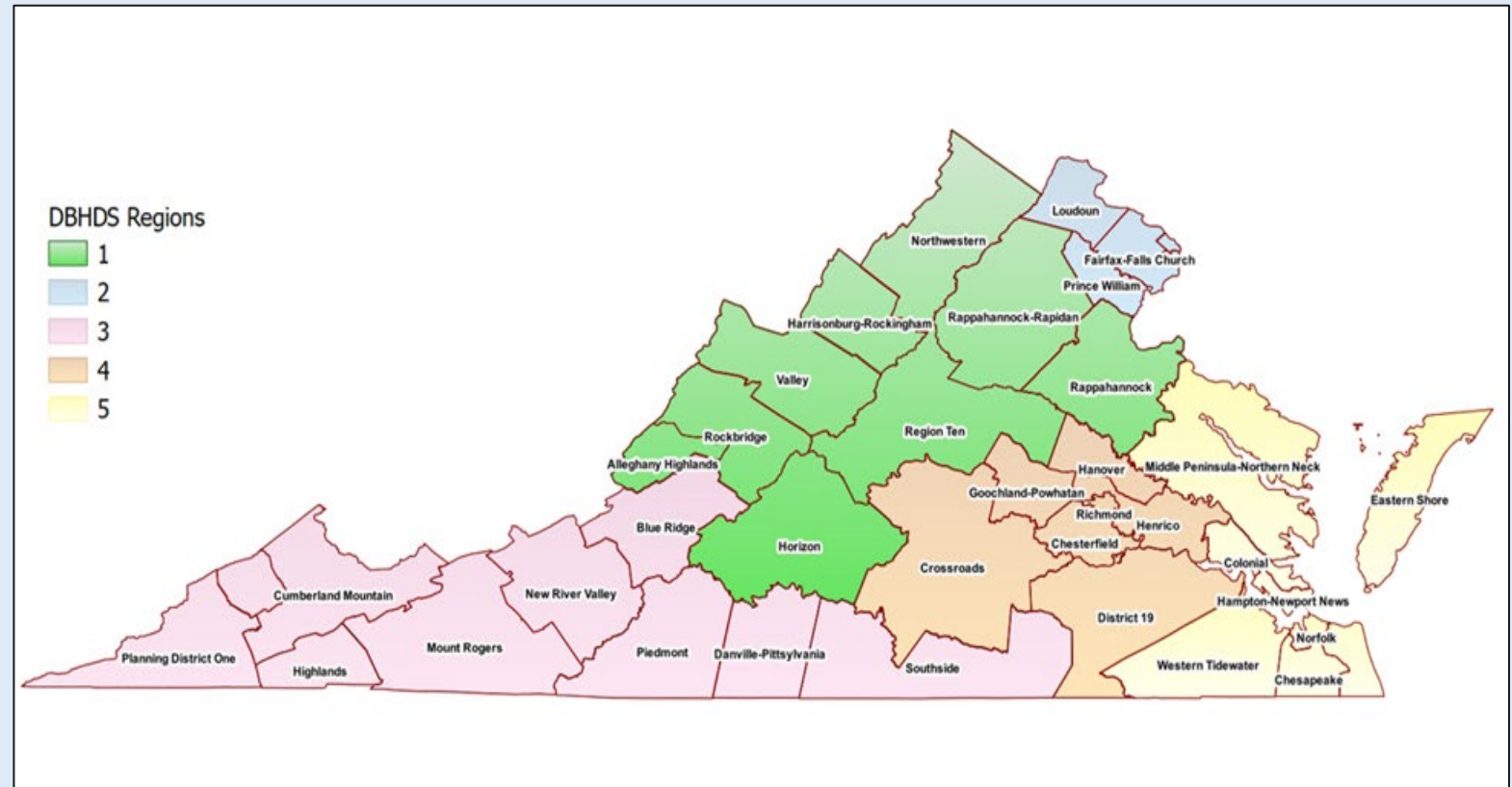
## Comprehensive Crisis Continuum



\*Service-Program IDs for DBHDS Licensed Services are notated in blue



- Region 1 –Region 10 CSB
- Region 2- Fairfax/Fall Church CSB
- Region 3 – New River Valley CSB
- Region 4 – Richmond Behavioral Health Authority
- Region 5 – Western Tidewater CSB





### Program Qualifications:

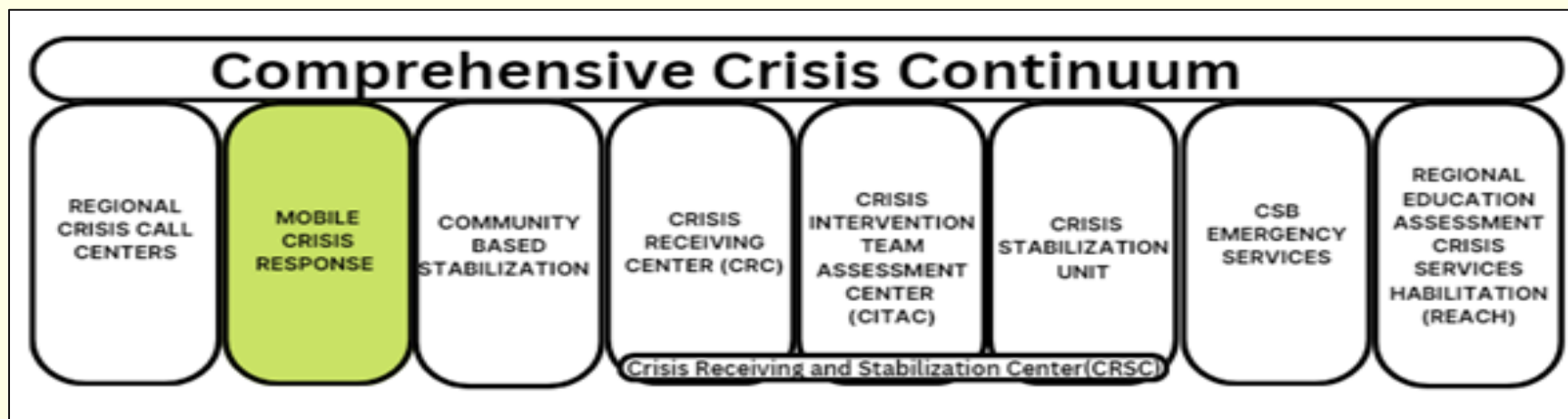
- NSPL (National Suicide Prevention Lifeline) membership and accreditation
- Must contract with at least one of the five Virginia Regional Hubs.

### Minimum Expectations to Operate as a Regional Crisis Call Center:

- Operate 24 hours a day, 7 days a week, and 365 days a year and are staffed with clinicians and other team members that respond to all calls received.
- Assess risk of suicide and imminent risk in a manner that meets NSPL standards and adheres to Virginia's Marcus Alert policies.
- Coordinate connections to resources and the crisis continuum of services; and
- Operate within the DBHDS Data Platform

Regional Crisis Call Centers are NOT licensed DBHDS services





### Goal of Service:

- Rapidly respond, assess, and intervene early for individuals in behavioral health crises. Services are deployed in real-time to the location of the individual experiencing crisis.

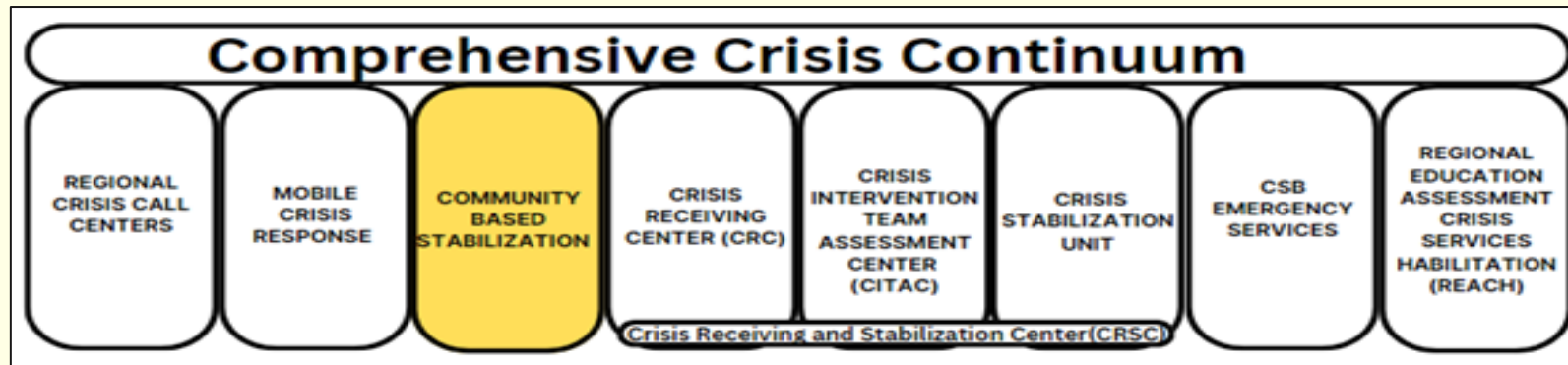
### Provider Requirements:

- Must be licensed by DBHDS for Mental Health Non-Residential Crisis Stabilization services and enrolled with DMAS.
- Engage with the Virginia Crisis Connect data platform.
- Maintain an active Memorandum of Understanding with regional crisis hubs.
- Complete DBHDS-approved Mobile Crisis Response training.
- Specific staffing requirements can be found in DBHD's Rules and Regulations for Providers and the DMAS Mental Health Services manual: Appendix G- Comprehensive Crisis Services
- All mobile crisis response services must be delivered on-site, except for assessments.

## Mobile Crisis Response Training Contacts

- **Region One:** [Reg1Hub@regionten.org](mailto:Reg1Hub@regionten.org)
- **Region Two:** [CSBNVRPOTraining@fairfaxcounty.gov](mailto:CSBNVRPOTraining@fairfaxcounty.gov)
- **Region Three:** [Region3crisistraining@nrvc.org](mailto:Region3crisistraining@nrvc.org)
- **Region Four:** [Region4hub@rbha.org](mailto:Region4hub@rbha.org) ; <https://www.region4programs.org/events/default.aspx> ; [region4mobilecrisistraining@rbha.org](mailto:region4mobilecrisistraining@rbha.org).
- **Region Five:** [mobilecrisistrainings@wtcsb.org](mailto:mobilecrisistrainings@wtcsb.org)
- **Optima:** [BHTrainer@sentara.com](mailto:BHTrainer@sentara.com)





### Goal of Service:

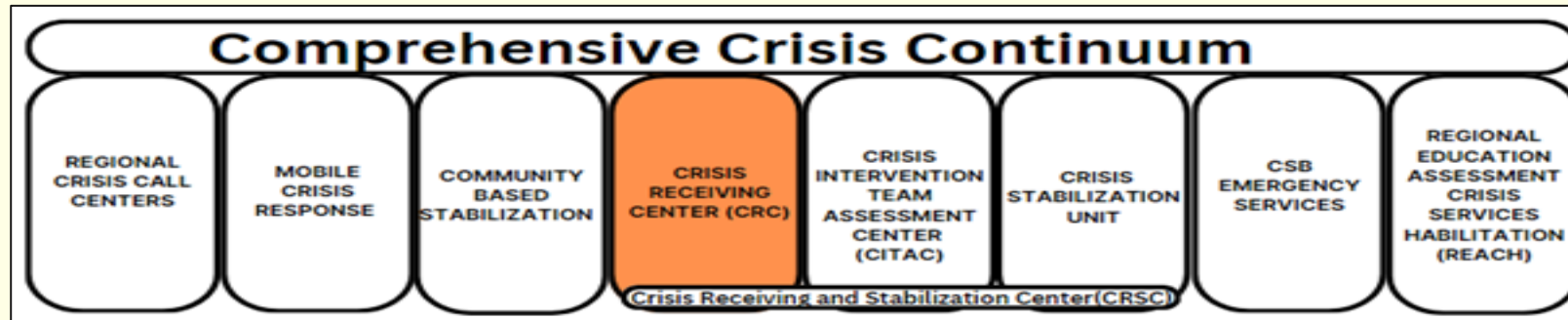
- Stabilize individuals within their community and provide crucial support to individuals and their support systems during critical periods.

### Provider Requirements:

- Licensed by DBHDS for Mental Health Non-Residential Crisis Stabilization services and enrolled with DMAS.
- Have an active Memorandum of Understanding (MOU) with a regional crisis HUB.
- CSBs providing this service must adhere to the terms of their performance contracts.

### Accessing the Service:

- Between an initial Mobile Crisis Response and entry into an established follow-up service at the appropriate level of care
- As a transitional step-down from a higher level of care if the next level of care service is identified but not immediately available for access or
- As a diversion to a higher level of care.



### Goal of Service:

- Assess crisis and psychosocial needs during the 23-hour service to determine the best resources available to the individual to prevent unnecessary hospitalization.

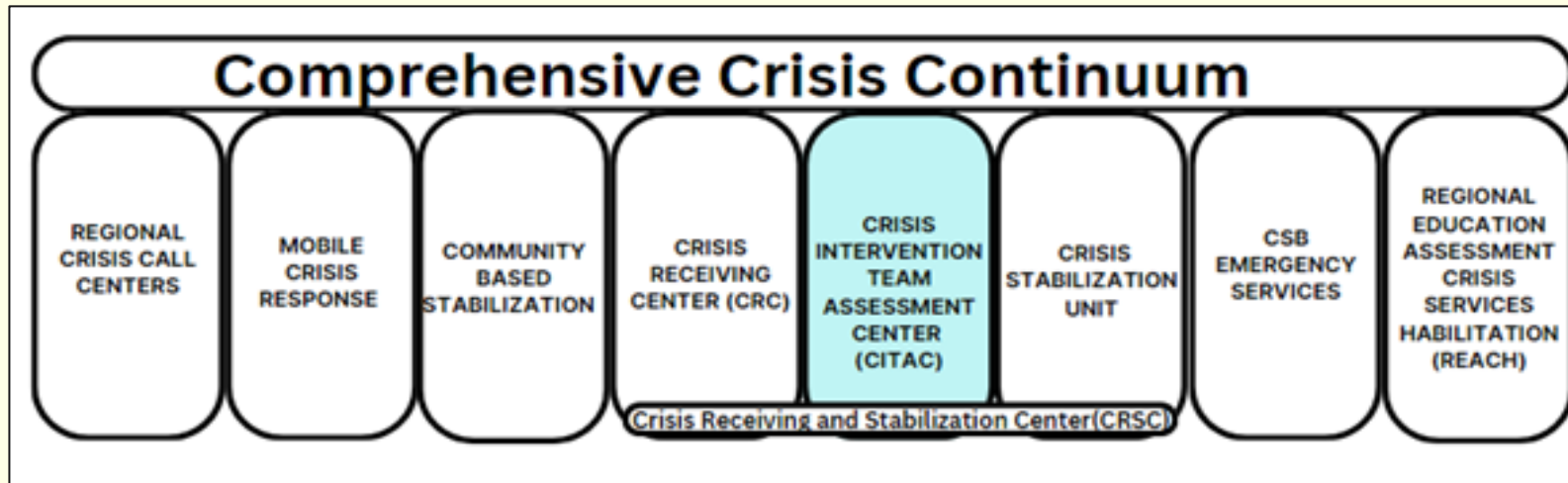
### Provider Requirements:

- Must be appropriately licensed by DBHDS and enrolled with DMAS
- Site must be center-based; recliners instead of beds
- Walk in or police drop off; no wrong door entry
- Specific staffing requirements can be found in DBHD's Rules and Regulations for Providers and the DMAS Mental Health Services manual: Appendix G- Comprehensive Crisis Services

### Required Activities:

- Initial assessment by LMHP, LMHP-R, LMHP-RP, or LMHP-S to determine medical necessity and service appropriateness.
- Psychiatric evaluation at admission by psychiatrist, NP, or PA.
- 24-hour in-person nursing with a nursing assessment at admission to determine medical needs.





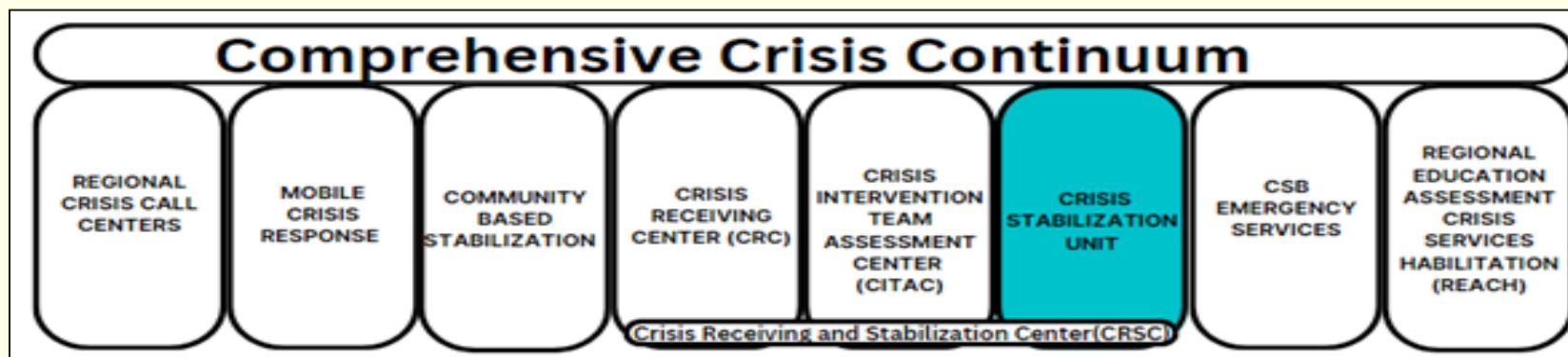
### Program Qualifications:

- Oversight for the CITAC program is managed by the Department's Division of Crisis, through designated CIT Assessment Site program coordinator(s).

### For Additional Details see Virginia Code:

- §37.2-808(E)

CITACs are NOT licensed DBHDS services



### Goals of Service:

- Stabilize the individual in a community-based setting
- Reduce an individual's acute symptoms; and
- Identify and mobilize an individual's available resources including support networks.

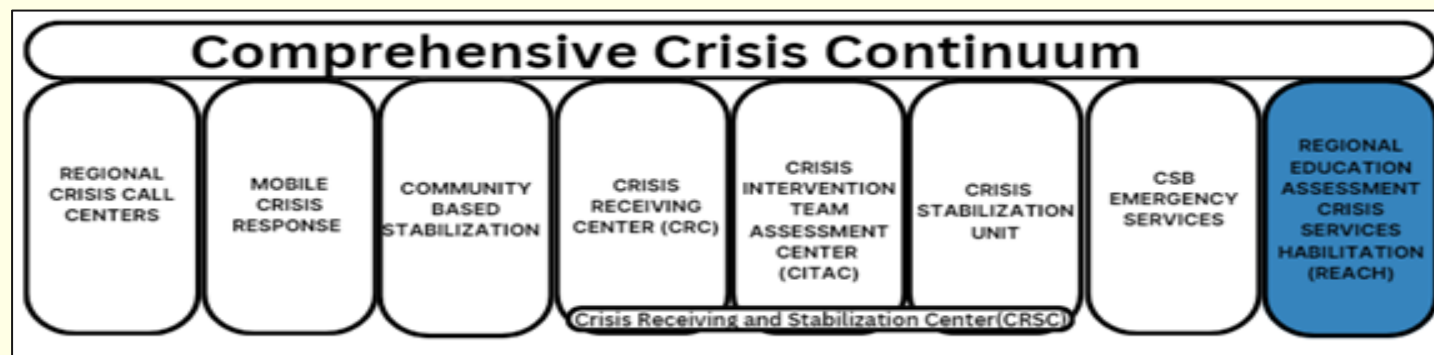
### Provider Requirements:

- Must be appropriately licensed by DBHDS and enrolled with DMAS
- Site must be non-hospital/community-based with no more than 16 beds: CSUs may not be reimbursable by Medicaid if more than 16 beds. Please contact your assigned Regional Crisis Manager with questions related to bed capacity. You may also contact DMAS at [enhancedbh@dmass.virginia.gov](mailto:enhancedbh@dmass.virginia.gov) for more information concerning the federal regulations related to Institutes for Mental Disease (IMD).
- Specific staffing requirements can be found in the DMAS Mental Health Services manual: [Appendix G- Comprehensive Crisis Services](#)

### Required Activities:

- Initial assessment by LMHP, LMHP-R, LMHP-RP, or LMHP-S to determine medical necessity and service appropriateness.
- Psychiatric evaluation at admission by psychiatrist, NP, or PA.
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### Goal of Service:

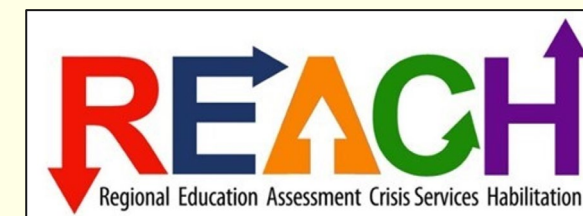
- To provide services/supports that allow the individual to live the most inclusive life possible in their community which includes access to appropriate and effective crisis and prevention services.

### Provider Requirements:

- Each of the Reach Regional programs must be licensed by DBHDS for the respective residential crisis community stabilization and non-residential crisis community stabilization services being provided.
- The program must adhere to the guidelines established by DMAS in the Developmental Disabilities Waivers (BI, FIS, CL) Services Manual.
- The program must adhere to DBHDS' REACH Standards.

### Core Services Offered:

- Mobile Crisis Response
- Community-Based Stabilization
- Crisis Therapeutic Homes (Adults & Youth): services typically provided up to 15 days
- Prevention



# Office of Licensing

Larisa Terwilliger  
Training Coordinator





## **New & Updated Regulatory Definitions**

**12VAC35-105-20****Definitions****Definitions for the  
Licensing Regulations**

- **Community-Based Crisis Stabilization.**
- **Crisis Education and Prevention Plan (CEPP).**
- **Crisis planning team.**
- **Crisis Receiving Center (CRC).**
- **Crisis Stabilization Unit (CSU).**
- **Mobile Crisis Response.**
- **Office of Human Rights.**
- **Regional Education Assessment Crisis Services Habilitation (REACH).**
- **REACH Crisis Therapeutic Home (CTH).**
- **REACH Mobile Crisis Response.**
- **Signed.**
- **Telehealth.**
- **Telemedicine.**
- **Written.**

Clear and concise definitions created for the emerging crisis service continuum that were drafted with assistance from other agencies:

### Community-Based Crisis Stabilization

- "Community-based crisis stabilization" means services that are short term and designed to support an individual and the individual's natural support system following contact with an initial crisis response service or as a diversion to a higher level of care. Providers deliver community-based crisis stabilization services in an individual's natural environment and provide referrals and linkage to other community-based services at the appropriate level of care. Interventions may include brief therapeutic and skill-building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Coordination of specialized services to address the needs of co-occurring developmental disabilities and substance use disorders are also available through this service. Services include advocacy and networking to provide linkages and referrals to appropriate community-based services and assist the individual and the individual's family or caregiver in accessing other benefits or assistance programs for which the individual may be eligible. Community-based crisis stabilization is a non-center, community-based service. The goal of community-based crisis stabilization services is to stabilize the individual within the community and support the individual or the individual's support system during the periods (i) between an initial mobile crisis response and entry into an established follow-up service at the appropriate level of care; (ii) as a transitional step-down from a higher level of care if the next level of care service is identified but not immediately available for access; or (iii) as a diversion to a higher level of care.



### Crisis Education and Prevention Plan (CEPP)

- "Crisis education and prevention plan" or "CEPP" means a department approved, individualized, client-specific document that provides a concise, clear, and realistic set of supportive interventions to prevent or de-escalate a crisis and assist an individual who may be experiencing a behavioral loss of control. The goal of the CEPP is to identify problems that have arisen in the past or are emergent in order to map out strategies that offer tools for the natural support system to assist the individual in addressing and deescalating problems in a healthy way and provide teaching skills that the individual can apply independently.

### Crisis Planning Team

- "Crisis planning team" means the team who is consulted to plan the individual's safety plan or crisis ISP. The crisis planning team consists of the individual receiving services, the individual's legal guardian or authorized representative, and a member of the provider's crisis staff. The crisis planning team may include the individual's support coordinator, case manager, the individual's family, or other identified persons, as desired by the individual, such as the individual's family of choice.

### Crisis Receiving Center (CRC)

- "Crisis receiving center," "CRC," or "23-hour crisis stabilization," means a community-based, non-hospital facility providing short-term assessment, observation and crisis stabilization services for up to 23 hours. This service is accessible 24 hours per day, seven days per week, 365 days per year and is indicated when an individual requires a safe environment for initial assessment and intervention. This service includes a thorough assessment of an individual's behavioral health crisis, psychosocial needs, and supports in order to determine the least restrictive environment most appropriate for stabilization. Key service functions include rapid assessment, crisis intervention, de-escalation, short-term stabilization, and appropriate referrals for ongoing care. This distinct service may be co-located with other services such as crisis stabilization units.

### Crisis Stabilization Unit (CSU)

- "Crisis stabilization unit," "CSU," or "residential crisis stabilization unit" is a community-based, short-term residential treatment unit. CSUs serve as primary alternatives to inpatient hospitalization for individuals who are in need of a safe, secure environment for assessment and crisis treatment. CSUs also serve as a step-down option from psychiatric inpatient hospitalization and function to stabilize and reintegrate individuals who meet medical necessity criteria back into their communities.



### Mobile Crisis Response

- "Mobile crisis response" means a service that is available 24 hours per day, seven days per week, 365 days per year to provide rapid response, assessment, and early intervention to individuals experiencing a behavioral health crisis. Services are deployed in real time to the location of the individual experiencing a behavioral health crisis. The purpose of this service is to (i) de-escalate the behavioral health crisis and prevent harm to the individual or others; (ii) assist in the prevention of an individual's acute exacerbation of symptoms; (iii) development of an immediate plan to maintain safety; and (iv) coordination of care and linking to appropriate treatment services to meet the needs of the individual.

### REACH

- "Regional education assessment crisis services habilitation" or "REACH" means the statewide crisis system of care that is designed to meet the crisis support needs of individuals who have a developmental disability and are experiencing mental health or behavior crisis events that put them at risk for homelessness, incarceration, hospitalization, or danger to self or others.





**REACH Crisis  
Therapeutic Home**

- "REACH crisis therapeutic home" or "REACH CTH" means a residential home with crisis stabilization REACH service for individuals with a developmental disability and who are experiencing a mental health or behavior crisis.

**REACH Mobile Crisis  
Response**

- "REACH mobile crisis response" means a REACH service that provides mobile crisis response for individuals with a developmental disability and who are experiencing a mental health or behavior crisis.

**Signed**

- "Signed" or "signature" means a handwritten signature, an electronic signature, or a digital signature, as long as the signer showed clear intent to sign.

**Telehealth**

- "Telehealth" shall have the same meaning as "telehealth services" in § 32.1-122.03:1 of the Code of Virginia.

**Telemedicine**

- "Telemedicine" shall have the same meaning as "telemedicine services" in § 38.2-3418.16 of the Code of Virginia.

**Written**

- "Written," "writing," and "in writing" include any representation of words, letters, symbols, numbers, or figures, whether (i) printed or inscribed on a tangible medium or (ii) stored in an electronic or other medium and retrievable in a perceivable form and whether an electronic signature authorized by Chapter 42.1 (§ 59.1-479 et seq.) of Title 59.1 of the Code of Virginia is or is not affixed.



A large, vibrant display of fireworks exploding in a dark night sky, with streaks of red, blue, green, and white light radiating outwards.

# Office of Licensing

**Chesna Gore**

**Licensing, Administrative and Regulatory Manager**



# Service Licenses

Service ID - Program ID	Licensed As Statements
01-004	A residential group home with crisis stabilization REACH service for adults with co-occurring diagnosis of developmental disability and behavioral health needs
01-041	A residential group home with crisis stabilization REACH service for children and adolescents with co-occurring diagnosis of developmental disability and behavioral health needs
01-019	A mental health residential crisis stabilization service for adults
01-020	A mental health residential crisis stabilization service for children and adolescents
02-040	A mental health center-based crisis receiving center (23-hour crisis stabilization) service for adults
02-041	A mental health center-based crisis receiving center (23-hour crisis stabilization) service for children and adolescents
07-006	A mental health non-center-based community crisis service for children, adolescents, and/or adults This includes MH mobile crisis response and MH community-based crisis stabilization
07-007	A non-center-based crisis stabilization REACH service for children, adolescent, and/or adults with a co-occurring diagnosis of developmental disability and behavioral health needs This includes DD mobile crisis response and DD community-based crisis stabilization



A large, vibrant firework explosion with streaks of blue, green, and red light against a dark night sky. The firework is centered in the background, with its light trails radiating outwards.

# Office of Licensing

**Mackenzie Glassco**  
**Associate Director of Quality & Compliance**



# Regulatory Changes





New chapter-section number, if applicable	Change, intent, rationale, and likely impact of new requirements	Current chapter-section number	Current requirements in VAC	Exempt for providers of crisis services
12VAC35-105-1850-Crisis Assessment	New section that lays out the requirements for a provider's crisis assessment policy. A crisis assessment is more tailored to crisis services, and therefore, is intended to be less administratively burdensome. The assessment has different elements based upon the crisis service being provided. More acute services have less elements.	<del>12VAC35-105-650-- Assessment policy</del>	Provides requirements regarding the provider's assessment policy	Exempts crisis providers from these requirements as the regulatory action creates a new crisis assessment process more uniquely tailored to crisis providers
12VAC35-105-1860- Safety plans and crisis individualized services plans	New section that lays out the timeframes for safety plans and crisis ISPs to be drafted and implemented. Both a safety plan and crisis ISP are more tailored to crisis services, and therefore, are intended to be less administratively burdensome than the ISP process.	<del>12VAC35-105-660-- Individualized services plan (ISP)</del>	Provides requirements regarding individualized services plans	Exempts crisis providers from these requirements as the regulatory action creates a new safety plan and crisis ISP process more uniquely tailored to crisis providers
12VAC35-105-1870-Safety plans and crisis ISP requirements	New section that lays out the requirements of safety plans and crisis ISPs. Both a safety plan and crisis ISP are more tailored to crisis services, and therefore, are intended to be less administratively burdensome than the ISP process.	<del>12VAC35-105-665-- ISP requirements</del>	Provides the required elements of ISPs	Exempts crisis providers from these requirements as the regulatory action creates a new safety plan and crisis ISP process more uniquely tailored to crisis providers
12VAC35-105-1880- Crisis discharge planning	New section that lays out discharge requirements for crisis providers. The provision clearly states that crisis providers are not subject to the provisions of 12VAC35-105-693 that specifies discharge requirements for other licensed providers.	<del>12VAC35-105-693-- Discharge</del>	Provides the required elements of discharge policies and procedures	Exempts crisis providers from these requirements as the regulatory action creates a new discharge process more uniquely tailored to crisis providers

New chapter-section number, if applicable	Change, intent, rationale, and likely impact of new requirements	Current chapter-section number	Current requirements in VAC	Exempt for providers of crisis services
12VAC35-105-1890- Nursing assessment	New section to replace the requirement for a physical examination. This section is tailored to crisis services with the intent of being less administratively burdensome and with the consideration of the staffing limitations of crisis service providers. CRCs, CSUs, and REACH CTH providers are required to administer nursing assessments within 24 hours of admission.	<del>12VAC35-105-740- Physical examination for residential and inpatient services</del>	<del>Requires that providers of residential or inpatient services to administer physical exams and lays out the requirements for those physical exams</del>	<del>Exempts crisis providers from these requirements as the regulatory action creates a new nursing assessment process that is more uniquely tailored to crisis providers</del>
12VAC35-105-1900 – Vital signs for crisis services	New section that requires crisis receiving centers, crisis stabilization units, and REACH CTH providers to take vital signs upon admission, during the provision of services as ordered, and at discharge.	<del>12VAC35-105-1120 – Vital signs</del>	<del>Requires providers to take vital signs</del>	<del>Exempts crisis providers from these requirements as the regulatory action creates crisis specific vital signs requirements</del>
12VAC35-105-1910- Beds or Recliners for Crisis Services	New provision that requires crisis receiving centers to arrange for each individual to have a recliner or bed, and crisis stabilization units and REACH CTH providers to arrange for each individual to have a bed. The provisions also lay out requirements for recliners and beds and maintenance of them.	<del>12VAC35-105-330 – Beds</del>	<del>Provides requirements for beds operating within residential and inpatient locations</del>	<del>Exempts crisis providers from these requirements as crisis providers will be required to fulfill crisis specific requirements related to beds</del>
12VAC35-105-1910- Beds or Recliners for Crisis Services	New provision that requires crisis receiving centers to arrange for each individual to have a recliner or bed, and crisis stabilization units and REACH CTH providers to arrange for each individual to have a bed. The provisions also lay out requirements for recliners and beds and maintenance of them.	<del>12VAC35-105-350- Condition of beds</del>	<del>Provides requirements for the condition of beds within residential and inpatient locations</del>	<del>Exempts crisis providers from these requirements as crisis providers will be required to fulfill crisis specific requirements related to the condition of beds</del>



New chapter-section number, if applicable	Change, intent, rationale, and likely impact of new requirements	Current chapter-section number	Current requirements in VAC	Exempt for providers of crisis services
12VAC35-105-1920- Bedrooms for crisis services	New section that applies to CSUs and REACH CTH providers. The provision lays out the requirements for bedrooms maintained by these providers.	<del>12VAC35-105-340- Bedrooms</del>	<del>Provides requirements for bedrooms within residential and inpatient locations</del>	<del>Exempts crisis providers from these requirements as crisis providers will be required to fulfill crisis specific requirements related to bedrooms</del>
12VAC35-105-1930- Physical environment for crisis services	New section that lays out physical environment requirements for crisis providers. These provisions are specifically tailored to crisis services with the understanding that monitoring and injury may be more common in a crisis setting.	<del>12VAC35-105-280- Physical environment</del>	<del>Provides physical environment requirements for all licensed providers</del>	<del>Exempts crisis providers from these requirements as crisis providers will be required to fulfill crisis specific physical environment requirements.</del>
12VAC35-105-1930- Physical environment for crisis services	New section that lays out physical environment requirements for crisis providers. These provisions are specifically tailored to crisis services with the understanding that monitoring and injury may be more common in a crisis setting.	<del>12VAC35-105-360- Privacy</del>	<del>Provides requirements for privacy</del>	<del>Exempts crisis providers from these requirements as crisis providers will be required to fulfill crisis specific privacy requirements</del>
12VAC35-105-1930- Physical environment for crisis services	New section that lays out physical environment requirements for crisis providers. These provisions are specifically tailored to crisis services with the understanding that monitoring and injury may be more common in a crisis setting.	<del>12VAC35-105-370- Ratios of toilets, basins, and showers or baths</del>	<del>Provides requirements regarding the ratios of toilets, basins and showers or baths in residential and inpatient locations</del>	<del>Exempts crisis providers from these requirements as crisis providers will be required to fulfill crisis specific requirements related to toilets, showers etc.</del>
12VAC35-105-1930- Physical environment for crisis services	New section that lays out physical environment requirements for crisis providers. These provisions are specifically tailored to crisis services with the understanding that monitoring and injury may be more common in a crisis setting.	<del>12VAC35-105-380- Lighting</del>	<del>Provides requirements regarding lighting</del>	<del>Exempts crisis providers from these requirements as crisis providers will have crisis specific requirements related to lighting</del>



# New Crisis Services Regulations

12VAC35-105-1830	Applicability of part
12VAC35-105-1840	Staffing
12VAC35-105-1850*	Crisis assessment
12VAC35-105-1860	Safety plans and crisis individualized services plans
12VAC35-105-1870*	Safety plan and crisis ISP requirements
12VAC35-105-1880*	Crisis discharge planning
12VAC35-105-1890*	Nursing assessment
12VAC35-105-1900*	Vital signs for crisis services
12VAC35-105-1910	Beds or recliners for crisis services
12VAC35-105-1920	Bedrooms for crisis services
12VAC35-105-1930*	Physical environment for crisis services
12VAC35-105-1940	Seclusion
12VAC35-105-1950	Seclusion room requirements

\*policy and/or procedure may be required

Providers planning to utilize seclusion **MUST** have a seclusion policy approved by OHR per 12VAC35-115-110.C.8 **PRIOR TO** providing seclusion.

At A Glance Chart for Crisis Services

July 2024

Regulations	MH 07-006 Mobile Crisis Response	MH 07-006 Community Based Crisis Stabilization	MH 02-040 Adults 02-041 C/A CRC "23-hour" (not a residential service)	MH 01-019 Adults 01-020 C/A Crisis Stabilization Unit (residential service)	DD 07-007 REACH Mobile Crisis Response	DD 07-007 REACH Community Based Crisis Stabilization	DD 01-004 Adults 01-041 C/A REACH CTH (residential service)
<b>1830: Applicability</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>1840.A: Staffing</b>	No	No	Yes	No	No	No	No
<b>1840.B: Staffing</b>	Yes	Yes	No	No	Yes	Yes	No
<b>1840.C: Staffing</b>	No	No	No	Yes	No	No	Yes
<b>1840.D: Staffing</b>	No	No	No	No	Yes	Yes	Yes
<b>1850.A: Crisis Assessment Policy*</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>1850.B: Crisis Assessment</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>1850.C: Crisis Assessment Policy*</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>1850.D: Crisis Assessment</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>1850.E: Crisis Assessment</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>1850.F.1.a-j: Crisis Assessment Requirements</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>1850.F.2.a.-d: Crisis Assessment Requirements</b>	No	Yes	No	Yes	No	Yes	Yes
<b>1850.F.3.a-d: Additional Crisis Assessment Requirements (as appropriate)</b>	If applicable to the individual's crisis	If applicable to the individual's crisis	If applicable to the individual's crisis	If applicable to the individual's crisis	If applicable to the individual's crisis	If applicable to the individual's crisis	If applicable to the individual's crisis
<b>1850.G-Timeframe for completing the Crisis Assessment</b>	Yes-as soon as possible	Yes	Yes-as soon as possible	Yes	Yes -as soon as possible	Yes	Yes



- The slides in this section were created as a guide for you and provide a high-level overview of the new crisis services regulations. Some of the slides include paraphrased explanations of the regulations. As a provider of crisis services, it is your responsibility to ensure that you read and understand the regulations thoroughly.
- Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services [12 VAC 35 - 105]
- On certain slides, you will see this red star . This star indicates that the provider is responsible for having the required policies and/or procedures specific to the starred regulation.

## 12VAC35-105-1840. Staffing-Crisis Receiving Centers

### A. Crisis receiving centers shall meet the following staffing requirements:

1. A licensed psychiatrist or nurse practitioner shall be available to the program, either in person or via telemedicine, 24 hours per day, seven days per week;
2. An LMHP, LMHP-R, LMHP-RP, or LMHP-S shall be available for conducting assessments;
3. Nursing services shall be provided by a registered nurse (RN) or a licensed practical nurse (LPN). Nursing staff shall be available 24 hours per day, in person. LPNs shall work directly under the supervision of a physician, nurse practitioner, or RN; and
4. Medical, psychological, psychiatric, laboratory, and toxicology services shall be available by consult or referral.

## 12VAC35-105-1840.B.

### Staffing: Community-Based Crisis Stabilization, including Mobile Crisis Response

#### B. Community-based crisis stabilization shall meet the following staffing requirements:

1. An LMHP, LMHP-R, LMHP-RP, or LMHP-S shall conduct assessments and, for any CEPP not authored by an LMHP, review, and if the LMHP, LMHP-R, LMHP-RP, or LMHP-S agrees, sign the CEPP;
2. All staff are required to utilize a working global positioning system (GPS) enabled smart phone or GPS enabled tablet;
3. Any time staff are dispatched for the provision of **mobile crisis response**, the provider shall dispatch a team that meets at least one of the following staffing composition requirements:
  - a. If a single person is dispatched for mobile crisis response:
    - (1) One licensed staff member; or
    - (2) One certified pre-screener.

## 12VAC35-105-1840.B.

### Staffing: Community-Based Crisis Stabilization, including Mobile Crisis Response

#### B. Community based crisis stabilization shall meet the following staffing requirements:

3. Any time staff are dispatched for the provision of mobile crisis response, the provider shall dispatch a team that meets at least one of the following staffing composition requirements:
  - b. If the provider dispatches a team for mobile crisis, the team shall include:
    1. One licensed staff member and one peer recovery specialist (PRS);
    2. One licensed staff member and one certified substance abuse counselor (CSAC), CSAC-supervisee, or certified substance abuse counselor assistant (CSAC-A);
    3. One licensed staff member and one QMHP (QMHP-A, QMHP-C, or QMHP-T);
    4. One PRS, and either one QMHP (QMHP-A or QMHP-C) or one CSAC (or CSAC-supervisee). A licensed staff member shall be required to be available via telemedicine for the assessment;
    5. One CSAC-A, and either one QMHP (QMHP-A or QMHP-C) or one CSAC (or CSAC-supervisee). A licensed staff member shall be required to be available via telemedicine for the assessment;
    6. Two QMHPs (QMHP-A, QMHP-C, or QMHP-T; however, the team shall not be two QMHP-Ts). A licensed staff member shall be required to be available via telemedicine for the assessment;
    7. Two CSACs. A licensed staff member shall be required to be available via telemedicine for the assessment; or
    8. One QMHP (QMHP-A or QMHP-C), and one CSAC or one CSAC-supervisee. A licensed staff member shall be required to be available via telemedicine for the assessment.



## 12VAC35-105-1840.

### C. Crisis stabilization units shall meet the following staffing requirements:

1. A licensed psychiatrist or psychiatric nurse practitioner shall be available 24 hours per day, seven days per week either in person or via telemedicine;
2. An LMHP, LMHP-R, LMHP-RP, or LMHP-S shall be available to conduct an assessment;
3. Nursing services shall be provided by either an RN or an LPN. Nursing staff shall be available in person 24 hours per day, seven days per week. LPNs shall work directly under the supervision of a physician, nurse practitioner, or an RN; and
4. Medical, psychological, psychiatric, laboratory, and toxicology services shall be available by consult or referral.

**12VAC35-105-1840.D.**

**D. REACH shall meet the staffing standards specific to its licensed services. The service shall also meet the REACH standards. A REACH crisis therapeutic home shall meet both the crisis stabilization unit standards and the REACH standards.**

A. The provider shall implement a written crisis assessment policy. The policy shall define how crisis assessments will be conducted and documented.

B. The provider shall actively involve the individual and individual's authorized representative, if applicable, in the preparation of crisis assessment. In the crisis assessment, the provider shall consider the individual's needs, strengths, goals, preferences, and abilities within the individual's cultural context.

C. The crisis assessment policy shall designate appropriately qualified employees or contractors who are responsible for conducting, obtaining, or updating assessments and medical screenings. These employees or contractors shall have experience working with the needs of individuals who are being assessed, with the crisis assessment tool or tools being utilized and with the provision of services that the individuals may require. The crisis assessment policy shall include methods the provider will utilize to identify other appropriate services to assist individuals who are not admitted to the provider's service.

D. Assessment is an ongoing activity. The provider shall make reasonable attempts to obtain previous assessments or history relevant to the crisis. The provider shall use the individual's previous assessments or other relevant history within the course of treatment, if applicable, as noted within subsection F of this section.

E. Providers shall utilize standardized state-sanctioned or federally-sanctioned crisis assessment tools as approved by the department or utilize their own crisis assessment tools that shall meet the requirements in subsection F of this section.

F. A crisis assessment shall be initiated prior to or at admission to the service. With the participation of the individual and the individual's authorized representative, if applicable, the provider shall complete or obtain information from other qualified providers in order to complete a crisis assessment detailed enough to (i) determine whether the individual qualifies for admission and (ii) initiate a safety plan or crisis ISP as required by this chapter for those individuals who are admitted to the service. The crisis assessment shall assess the individual's service, health, and safety needs and at a minimum include:

<b>The crisis assessment must meet all requirements of 12VAC35-105-1850.F.1.a-j.</b>	<b>Applies to:</b> Mobile Crisis Response Crisis Receiving Center (CRC) Community-Based Crisis Stabilization MH Residential Crisis Stabilization Service (CSU) REACH Crisis Therapeutic Homes (CTH)
<b>The crisis assessment must meet all requirements of 12VAC35-105-1850.F.2.a-d.</b>	<b>Applies to:</b> Community-Based Crisis Stabilization MH Residential Crisis Stabilization Service (CSU) REACH Crisis Therapeutic Homes (CTH)
<b>The crisis assessment may require additional information as outlined in 12VAC35-105-1850.F.3.a-d.</b>	As applicable to the individual's crisis.



**12VAC35-105-1850**

**G. The timing for completion of the crisis assessment shall be as soon as possible after admission but no later than 24 hours after admission.**

**\*Remember, per 1850.F, a crisis assessment shall be initiated prior to or at admission to the service.**

**H. The provider shall retain documentation of the assessments in the individual's record for a minimum of six years following the last patient encounter, in accordance with § 54.1-2910.4 of the Code of Virginia.**

A. The provider shall actively involve the individual and individual's authorized representative, as appropriate, in the development, review, and revision of a person-centered safety plan and if appropriate crisis individualized services plan (crisis ISP). The individualized safety and services planning process shall be consistent with laws protecting confidentiality, privacy, human rights of individuals receiving services, and rights of minors. To the extent possible the provider shall collaborate with the individual's crisis planning team to develop, review, revise, and implement, as appropriate, the individual's safety plan or crisis ISP.

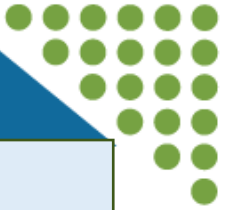
**Providers of Developmental Services**

B. Providers of developmental services shall collaborate with the individual's support coordinator to develop or review, revise, and implement, as appropriate, a person-centered CEPP. A provisional CEPP shall be completed within 15 days of admission. An updated CEPP shall be completed within 45 days of admission. Developmental services providers may utilize a CEPP as an individual's safety plan, if appropriate. If a CEPP is to be used as a safety plan, the provider shall meet the deadline listed in subsection C of this section.

**Providers of Non-DD Services**

C. Providers of mental health and substance abuse services shall develop or review, revise, and implement, as appropriate, a person-centered safety plan immediately after admission that shall continue in effect until discharge from the provider's crisis service.

**Safety plans are required for *all* individuals receiving a crisis service.**



### 12VAC35-105-1860

**D. Providers of crisis services shall develop or review, revise, and implement a crisis ISP as soon as possible after admission but no later than 48 hours after admission and prior to discharge from the provider's crisis service.**

**\*This provision does not apply to the initial mobile crisis response or to crisis receiving centers.**



**12VAC35-105-1860**

**E. The safety plan and crisis ISP shall be developed based on the crisis assessment with the participation and informed choice of the individual receiving services.**

- |  |  |
|--|--|
| <p>1. To ensure the individual's participation and informed choice, the following shall be explained to the individual or the individual's authorized representative, as applicable, in a reasonable and comprehensible manner:</p> <ul style="list-style-type: none"><li>a. The proposed services to be delivered;</li><li>b. Any alternative services that might be advantageous for the individual; and</li><li>c. Any accompanying risks or benefits of the proposed alternative services.</li></ul> <p>2. If no alternative services are available to the individual, it shall be documented within the individual's service record that alternative services were not available, and any steps taken to identify if alternative services were available.</p> | <p>3. Whenever there is a change to an individual's safety plan or crisis ISP, it shall be documented within the safety plan or crisis ISP or within documentation attached to the safety plan or crisis ISP that:</p> <ul style="list-style-type: none"><li>a. The individual participated in the development of or revision to the safety plan or crisis ISP;</li><li>b. The proposed and alternative services and the respective risks and benefits of those services were explained to the individual or the individual's authorized representative; and</li><li>c. The reasons the individual or the individual's authorized representative chose the option included in the safety plan or crisis ISP.</li></ul> |
|--|--|



**12VAC35-105-1870. Safety plan and crisis ISP requirements.****A. All individuals receiving crisis services shall have a safety plan.**

1. The safety plan shall be based on the individual's immediate service, health, and safety needs identified in the crisis assessment. The safety planning process shall be an ongoing activity. The safety plan shall include:
  - a. Warning signs that a crisis may be developing, such as thoughts, images, mood, situation, and behavior or stressors that may trigger the individual;
  - b. Internal coping strategies and things the individual can do without contacting another person, such as relaxation techniques or physical activities;
  - c. People and social settings that the individual may turn to for distraction or support;
  - d. People the individual may ask for help;
  - e. Professionals or agencies the individual can contact during a crisis; and
  - f. Things the individual can do to make the individual's environment safe.

**12VAC35-105-1870. Safety plan and crisis ISP requirements.****A. All individuals receiving crisis services shall have a safety plan.****2. The safety plan may include:**

- a. A description of how to support the individual when pre-crisis behaviors are observed;
- b. Specific instructions for the systems supporting the individual during a pre-crisis behavior;
- c. A description of how to support the individual when crisis behaviors are observed; and
- d. Specific instructions for the systems supporting the individual during crisis.

**3. In the event an individual receiving services requires medication management or seclusion, the need shall be clearly documented in an attachment to the individual's safety plan.**

\*The Office of Human Rights (OHR) addresses seclusion; and additional requirements related to the documentation of seclusion in the safety plan or safety plan. OHR will talk about this in more detail later in the presentation.

**12VAC35-105-1870. Safety plan and crisis ISP requirements.**

**B. Community-based crisis stabilization and crisis stabilization unit providers shall also develop a crisis ISP. A crisis ISP shall be based on the individual's immediate service, health, and safety needs identified in the crisis assessment. The crisis ISP shall include:**

1. Relevant and attainable goals, measurable objectives to inform current and future treatment, and specific strategies for addressing each need documented within the individual's crisis assessment;
2. Services, supports, and frequency of services required to accomplish the goals, including relevant psychological, mental health, substance use, behavioral, medical, rehabilitation, training, and nursing needs and supports;
3. Any use of seclusion if allowed in the service per 12VAC35-110;
4. The role of the individual and others, including the individual's family, if appropriate, in implementing the crisis ISP;
5. Identification of employees or contractors responsible for the coordination and integration of services, including employees of other agencies;
6. A behavioral support or treatment plan, if applicable; and
7. Projected discharge plan and estimated length of stay within the service.

**12VAC35-105-1870. Safety plan and crisis ISP requirements.**

**C. To document agreement, both the safety plan and the crisis ISP shall be signed and dated at a minimum by the person responsible for implementing the safety plan or crisis ISP and the individual receiving services or the individual's authorized representative, if appropriate.**

**1.** If the signature of the individual receiving services or the individual's authorized representative cannot be obtained, the provider shall document attempts to obtain the necessary signature and the reason why obtaining it was not possible. The provider shall continue to make attempts to obtain the necessary signature for the length of time the safety plan or crisis ISP is in effect. An attempt to obtain the necessary signature shall occur at a minimum each time the provider reviews the safety plan or crisis ISP.

**2.** The safety plan and crisis ISP shall be distributed to the individual and others authorized to receive it. The provider shall document that the safety plan and crisis ISP were distributed within the individual's services record. If the safety plan or crisis ISP cannot be distributed, the provider shall document attempts to distribute the safety plan and crisis ISP to the individual and the reason why distribution was not possible. The provider shall continue to make attempts to distribute the safety plan and crisis ISP for the length of time the safety plan and crisis ISP are in effect. An attempt to distribute the safety plan and crisis ISP shall occur at a minimum each time the provider reviews the safety plan or crisis ISP.



**12VAC35-105-1870. Safety plan and crisis ISP requirements.**

D. The provider shall have a safety plan and crisis ISP policy that designates a staff person responsible for developing, implementing, reviewing, and revising each individual's safety plan and crisis ISP, in collaboration with the individual or individual's authorized representative, as appropriate.

E. Employees or contractors who are responsible for implementing the safety plan or crisis ISP shall (i) have access to the individual's safety plan or crisis ISP, including an individual's detailed health and safety protocols; and (ii) be competent to implement the safety plan or crisis ISP as written.

F. Whenever possible the identified goals in the safety plan or crisis ISP shall be written in the words of the individual receiving services.

G. The provider shall use signed and dated progress notes to document the provider's efforts toward the implementation of the goals and objectives contained within the safety plan or crisis ISP.

**12VAC35-105-1880. Crisis discharge planning.****A. Crisis providers are not subject to the provisions of 12VAC35-105-693.**

**B.** Community-based crisis stabilization providers of mobile crisis response and crisis receiving center providers shall make referrals to all follow-up service providers if determined appropriate and document in accordance with the provider's crisis assessment policy. The provider shall document such arrangements, referrals, or reasons why follow-up care was not indicated within the individual's record.

**C.** Community-based crisis stabilization providers when providing mobile crisis response services and crisis receiving centers providers are not required to provide discharge planning to individuals receiving services and, therefore, are not subject to subsections D through H of this section.

**Community-based crisis stabilization providers, crisis stabilization units, and REACH CTH providers are required to demonstrate compliance subsections D-H which includes a discharge summary.**

**12VAC35-105-1880. Crisis discharge planning.**

**D.** Community-based crisis stabilization providers, crisis stabilization units, and REACH providers shall have written policies and procedures regarding the discharge or termination of individuals from the service. These policies and procedures shall include medical and clinical criteria for discharge.

**E.** Discharge instructions shall be provided in writing to the individual, individual's authorized representative, and any successor provider, as applicable. Discharge instructions shall include at a minimum medications and dosages; names, telephone numbers, and addresses of any providers to whom the individual is referred; current medical issues or conditions; and the identity of the treating health care providers. The provider shall make appropriate referrals to all service providers identified within the individual's discharge instructions prior to the individual's scheduled discharge date.

**F.** The provider shall document in the individual's service record whether the individual, the individual's authorized representative, and the individual's family members, as appropriate, were involved in the discharge planning process.

**12VAC35-105-1880. Crisis discharge planning.**

**G. A written discharge summary shall be completed within 30 days of discharge and shall include at a minimum the following:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li><b>1.</b> The reason for the individual's admission to and discharge from the service;</li><li><b>2.</b> A description of the individual's and individual's authorized representative's participation in discharge planning and documentation of informed choice by the individual, individual's authorized representative, or legal guardian, as applicable, in the decision to and planning for discharge;</li><li><b>3.</b> The individual's current level of functioning or functioning limitations, if applicable;</li><li><b>4.</b> Recommended procedures, activities, or referrals to assist the individual in maintaining or improving functioning and increased independence;</li></ul> | <ul style="list-style-type: none"><li><b>5.</b> The status, location, and arrangements that were made for future services;</li><li><b>6.</b> Progress made by the individual in achieving goals and objectives identified in the crisis ISP and summary of critical events during service provision;</li><li><b>7.</b> Discharge date;</li><li><b>8.</b> Any discharge medications prescribed by the provider, if applicable;</li><li><b>9.</b> Dates the discharge plan was written and documented; and</li><li><b>10.</b> The signature of the person who prepared the discharge plan.</li></ul> |
|---|--|

**H.** The content of the discharge summary and the determination to discharge the individual shall be consistent with the crisis ISP and the criteria for discharge.



**12VAC35-105-1890: Nursing Assessment****Applies to:**

- **Crisis Receiving Centers (CRC)**
- **MH Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes (CTH)**

- Nursing assessments must be administered within 24 hours of admission (1890.A)
- Individuals must be screened for communicable diseases (1890.B)
- Nursing assessment should determine if there is a current medical crisis or underlying medical condition contributing to the crisis; nursing assessment must be dated and signed by qualified practitioner. (1890.C)
- Nursing assessments must ensure individual privacy (1890.D)
- Provider must follow up on nursing assessment results (1890.E)
- Individual's health record should include symptoms and treatment related to health and dental needs, if applicable. (1890.F)
- Provider must document efforts to obtain summaries of ongoing psychiatric or other mental health treatment reports. (1890.G)
- Provider will develop and implement written policies and procedures for standard precautions and address communicable and contagious medical conditions. (1890.H)



Community-based crisis stabilization providers are not required to administer nursing assessments but may administer such assessment if the provider has the resources to do so.

**12VAC35-105-1900: Vital Signs for Crisis Services****Applies to:**

- **Crisis Receiving Centers (CRC)**
- **MH Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes (CTH)**

- Provider must collect vital signs upon admission, during the provision of services as per physician's orders, and at discharge (1900.B)
- Provider must implement written procedures regarding the collection of vital signs including documentation of vital signs, all refusals, and all follow up actions taken (1900.C)



**12VAC35-105-1910: Beds or Recliners for Crisis Services****Applies to:**

- **Crisis Receiving Centers (CRC)**
- **MH Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes (CTH)**

- “Clean” means freshly laundered, sanitized, and not soiled or stained. (1910.A)
- CRC providers must arrange for each individual to have a recliner or bed. (1910.B)
- CSU and REACH CTH providers must arrange for each individual to have a bed. (1910.B)
- Upon admission to the service, provider must offer to launder individual’s clothing. (1910.C)
- Providers must not operate more recliners or beds than the number for which that location is licensed. (1910.D)
- Recliners, beds and linens shall be clean, comfortable and well maintained. (1910.E)
- When bed or recliner is soiled, provider must assist individuals with bathing as needed and provide clean clothing and linens. (1910.F)
- Linens must be changed at least every 7 days and with each new admission. (1910.G)
- Mattresses must be fire retardant except in buildings equipped with automatic sprinkler system as required by VA statewide building code. (1910.H)
- Recliners and beds must be inspected by provider upon discharge. (1910.I)

**12VAC35-105-1920: Bedrooms for Crisis Services****Applies to:**

- **Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes (CTH)**

- Single occupancy bedrooms: no less than 80 square feet of floor space. (1920.B)
- Multiple occupancy bedrooms: no less than 60 square feet of floor space per individual. (1920.B)
- No more than 4 individuals may share a bedroom. (1920.C)
- Bedrooms must be safe- free of protrusions, sharp corners, hardware fixtures, or other devices that could cause injury. (1920.D)
- Windows must be constructed as to minimize breakage and otherwise prevent the individual from self-harming. (1920.E)
- Individuals must have adequate private storage space for clothing and personal belongings. (1920.F)
- Sleeping areas must have a door that may be closed for privacy and that readily opens in case of fire or emergency. (1920.G)
- Sleeping areas shall be conducive to sleep and rest (1920.H)
- Childrens' residential services must have separate sleep areas for boys and girls four years of age and older. (1920.I)
- Beds in children's residential services must be at least three feet apart at the head, foot, and sides, and bunk beds shall be at least five feet apart at the head, foot, and sides. (1920.J)



**12VAC35-105-1930: Physical Environment for Crisis Services****Applies to:**

- **Crisis Receiving Centers**
- **Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes (CTH)**

- Physical environment must be appropriate for the individuals receiving services and for the services provided. (1930.A)
- Physical environment must be accessible to individuals with physical and sensory disabilities. (1930.B)
- Physical environment and furnishings must be clean, dry, free of odors, safe and well-maintained. (1930.C)
- Floor surfaces and floor coverings must promote safe mobility in areas used by individuals and must promote maintenance of sanitary conditions. (1930.D)
- Air temperature must be no less than 68° F and must not exceed 80° F. (1930.E)
- Plumbing must be in good operational condition with adequate hot and cold running water of a safe and appropriate temperature. Hot water accessible to individuals must be within 100° to 120° F. (1930.F)
- Garbage and waste materials must be disposed of appropriately. (1930.G)
- Physical environment must be free of pests. (1930.H)

**12VAC35-105-1930: Physical Environment for Crisis Services Continued****Applies to:**

- **Crisis Receiving Centers**
- **Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes (CTH)**

- If smoking is permitted, smoking areas must be separate from the service environment. (1930.I)
- Minimum room height must be 7 ½ ft. for all program areas added after 2002. (1930.J)
- Bedroom, bathroom, and dressing area windows and doors must provide privacy. (1930.K)
- Bathrooms used by more than one individual at the same time must provide privacy for showers and toilets. (1930.L)
- Cameras or audio monitors must not be in bathrooms or angled towards bathrooms. (1930.M)
- Bedrooms and bathrooms must be safe- free of protrusions, sharp corners, hardware fixtures, or other devices that could cause injury. Windows and bathrooms must be constructed as to minimize breakage and otherwise prevent the individual from self-harming. (1930.N)
- No required path to a bathroom shall be through a bedroom. Every bedroom shall have direct access to a common area. (1930.O)

**12VAC35-105-1930: Physical Environment for Crisis Services Continued****Applies to:**

- **Crisis Receiving Centers**
- **Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes (CTH)**

- Bathroom requirement for site-based or residential locations. (1930.P)
- Childrens' residential services require that at least one bathroom in each facility is equipped with a bathtub and there are specific requirements for ratios based on when the service was licensed and/or when the building was constructed. (1930.P)
- Written policies and procedures for recording are required when cameras and/or audio monitors are utilized and must be approved by the Office of Licensing and the Office of Human Rights. (1930.Q)
- Written policies and procedures regarding searches must be approved by the Office of Licensing. (1930.R)
- Providers serving TDOs or ECOs must ensure the services are provided in a secure facility or secure program space. (1930.S)
- Providers must provide privacy from routine supervision during activities of daily living as appropriate for the needs of each individual receiving services. (1930.T)

This tool will assist providers in determining which crisis regulations are applicable to their service.

At A Glance Chart for Crisis Services

July 2024

Regulations	MH 07-006 Mobile Crisis Response	MH 07-006 Community Based Crisis Stabilization	MH 02-040 Adults 02-041 C/A CRC "23-hour" (not a residential service)	MH 01-019 Adults 01-020 C/A Crisis Stabilization Unit (residential service)	DD 07-007 REACH Mobile Crisis Response	DD 07-007 REACH Community Based Crisis Stabilization	DD 01-004 Adults 01-041 C/A REACH CTH (residential service)
1830: Applicability	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1840.A: Staffing	No	No	Yes	No	No	No	No
1840.B: Staffing	Yes	Yes	No	No	Yes	Yes	No
1840.C: Staffing	No	No	No	Yes	No	No	Yes
1840.D: Staffing	No	No	No	No	Yes	Yes	Yes
1850.A: Crisis Assessment Policy*	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1850.B: Crisis Assessment	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1850.C: Crisis Assessment Policy*	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1850.D: Crisis Assessment	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1850.E: Crisis Assessment	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1850.F.1.a-j: Crisis Assessment Requirements	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1850.F.2.a-d: Crisis Assessment Requirements	No	Yes	No	Yes	No	Yes	Yes
1850.F.3.a-d: Additional Crisis Assessment Requirements (as appropriate)	If applicable to the individual's crisis	If applicable to the individual's crisis	If applicable to the individual's crisis	If applicable to the individual's crisis	If applicable to the individual's crisis	If applicable to the individual's crisis	If applicable to the individual's crisis
1850.G-Timeframe for completing the Crisis Assessment	Yes-as soon as possible	Yes	Yes-as soon as possible	Yes	Yes -as soon as possible	Yes	Yes





## COMMONWEALTH of VIRGINIA

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## MEMORANDUM

To: Providers of Residential Crisis Stabilization Units

From: The Office of Licensing, The Office of Human Rights, and The Division of Crisis Services

Date: July 8, 2024

Re: Compliance Requirements for Serving Individuals Under Temporary Detention Orders (TDO)

## Purpose:

This memo outlines the regulatory requirements and considerations for Providers of Residential Crisis Stabilization Units (CSUs) intending to serve individuals under a Temporary Detention Order (TDO) status. Compliance with these regulations ensures the safety and well-being of individuals receiving services and adherence to the legal standards set forth by the Code of Virginia.

## Regulatory Requirements: Rules and Regulations for licensing Providers and Human Rights Regulations

1. **Preadmission-Screening, Discharge Planning, Involuntary Commitment, and Mandatory Outpatient Treatment Orders:**
  - o 12VAC35-105-155(B): Providers must implement policies and procedures to comply with §§ 37.2-800 through 37.2-817 of the Code of Virginia. This includes serving individuals through an emergency custody order, TDO, or mandatory outpatient treatment order.
2. **Service Description Requirements:**
  - o 12VAC35-105-580(I): If the provider plans to admit individuals under a TDO, they must submit a

written plan detailing adequate staffing and security measures to the Department for approval. The plan must ensure that individuals can safely receive services within the unit. Upon approval, a stipulation will be added to the provider's license authorizing them to serve individuals under TDOs.

3. **Participation in Decision Making and Consent: Involuntary Admissions**
  - o 12VAC35-115-70(S)(b) When an individual involuntarily admitted under § 37.2-817 of the Code of Virginia has been receiving services for more than 30 days and makes a written request for discharge, the director shall determine whether the individual continues to meet the criteria for involuntary admission. If the director denies the request for discharge, he shall notify the individual in writing of the reasons for denial and of the individual's right to seek relief in the courts. The request and the reasons for denial shall be included in the individual's services record. Anytime the individual meets any of the criteria for discharge set out in § 37.2-837 or 37.2-838 of the Code of Virginia, the director shall take all necessary steps to arrange the individual's discharge.
4. **Restrictions on Freedoms of Everyday Life**
  - o 12VAC35-115-100(B): Providers may not limit or restrict an individual's freedom more than is needed to achieve a therapeutic benefit, maintain a safe and orderly environment, or to intervene in an emergency. If a court has ordered the provider to impose a restriction or the restriction is otherwise required by law, the restriction must be documented in the individual's services record.

## Considerations for Policy and Procedure Development:

When developing policies and procedures related to the TDO acceptance process, providers should consider the following aspects:

1. **Facility Security:**
  - o Ensure that the facility is secured adequately to maintain the safety of individuals under TDO without compromising their participation in therapeutic programming.
2. **Staffing Requirements:**
  - o Update the service description and the staffing plan to detail how the facility will be appropriately staffed to manage individuals under TDO. This includes having sufficient and qualified staff to address the specific needs of these individuals and to ensure a safe environment.
3. **Environment and Programming:**
  - o Create a secure environment that does not preclude individuals from participating in programming and therapeutic activities.
4. **Complaint Procedures:**
  - o Establish clear processes for individuals to make complaints to the court related to the TDO process. This should include accessible avenues for individuals to communicate with assigned attorneys, voice their concerns, and receive timely responses.
5. **Early Departure Process:**
  - o Define the process to be implemented should an individual wish to leave the facility prior to the expiration of the TDO. Ensure that this process complies

with legal requirements and prioritizes the individual's safety and well-being. If this process includes the use of restraint and/or seclusion, the provider must have a policy approved by the Office of Human Rights.

## Action Required:

Providers intending to serve individuals under TDO status must submit an information modification and a comprehensive plan addressing the above considerations. Providers must ensure that all policies and procedures are in compliance with the specified regulations and submit the plan to the Department for approval. Upon receiving approval, update your service description and operational protocols accordingly.

Please note that Crisis Receiving Centers are *not* authorized to accept individuals under TDO status. Individuals who are assessed and meet the criteria for a TDO, and for whom a TDO has been issued, can remain at the CRC until transportation to the next accepting facility is arranged.

Thank you for your attention to these requirements and for your commitment to providing safe and effective services to individuals in crisis.

## 12VAC35-105-1940: Seclusion

### Applies to:

- Crisis Receiving Centers (CRC)
- MH Residential Crisis Stabilization Service (CSU)

\*REACH Crisis Therapeutic Homes **CANNOT** utilize seclusion

- Seclusion is only allowed as permitted by 12VAC35-115 and other applicable state regulations.
- Providers planning to utilize seclusion must have a seclusion policy approved by the Office of Human Rights per 12VAC35-115-110.C.8 prior to providing seclusion.

**12VAC35-105-1950: Seclusion Room Requirements****Applies to:**

- **Crisis Receiving Centers**
- **MH Residential Crisis Stabilization Service (CSU)**

**\*REACH Crisis Therapeutic Homes**  
**CANNOT** utilize seclusion

**Room used for seclusion shall meet the following requirements: (1950)**

1. Be at least 6ft. wide and 6ft. long with a minimum ceiling height of 8ft.
2. Be free of protrusions, sharp corners, hardware fixtures, or other devices that could cause injury.
3. Windows must be constructed as to minimize breakage and otherwise prevent the individual from self-harming.
4. Light fixtures and electrical receptacles must be recessed or constructed to prevent self-harm. Light controls must be located outside the seclusion room.
5. Doors must be 32in. wide, open outward, and contain observation view panels no larger than 120 sq. in., but of sufficient size to see all corners of the room from outside of the room.
6. The room must contain only a mattress with a washable mattress cover.
7. Room temperature must be appropriate for the season.
8. All space in the room must be visible through the locked door, either directly or by mirrors.



10 Minute Break  
We Will Be Right Back!



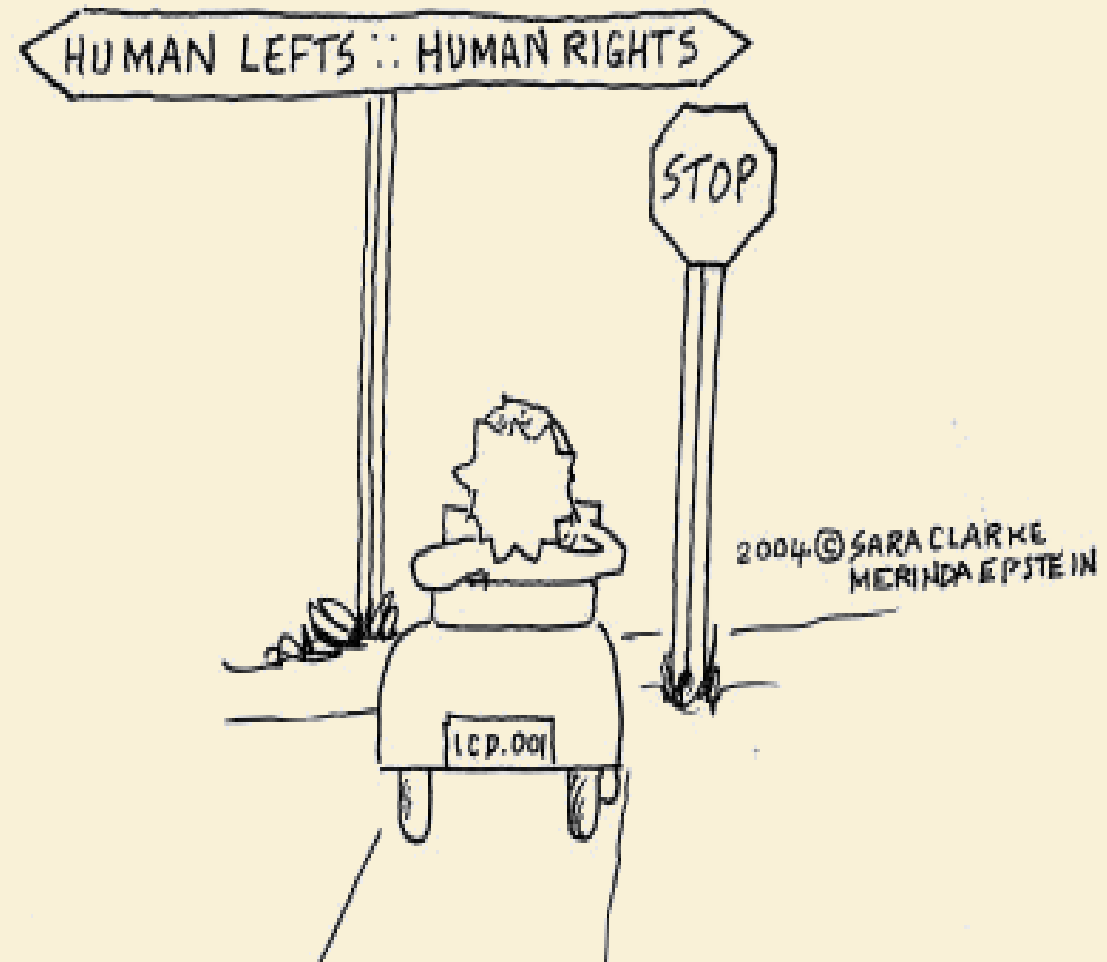


# Office of Human Rights

Alonzo Riggins  
Office of Human Rights  
Training and Development Coordinator



- The Office of Human Rights (OHR) was established in June 1978
- Va. Code §37.2-400 outlines “assured rights” of individuals receiving services
- Human Rights Regulations define the structure for complaint resolution and itemize DBHDS and Provider duties



Currently the Human Rights Regulations only permit the use of seclusion in state operated behavioral health hospitals, licensed inpatient setting and facilities for children that are licensed under Regulations for Children's Residential Facilities (12VAC35-46).

Amended regulations adds the allowance that seclusion may be implemented in Crisis Receiving Centers (CRCs) and Crisis Stabilization Units (CSUs), within other existing restrictions.

Requires that a provider **not** use seclusion unless other less restrictive techniques have been considered and documentation is placed in the individual's safety plan, crisis ISP, or ISP.

OHR Regulation	<u>Amendments</u>
<b>12VAC35-115-110(C)(3)</b>	<u>Seclusion may be used only in an emergency and only in facilities operated by the department: residential facilities for children that are licensed under Regulations for Children's Residential Facilities (12VAC35-46); inpatient hospitals; and crisis receiving center or crisis stabilization units that are licensed under Part VIII (12VAC35-105-1830 et seq.) of 12VAC35-105</u>
<b>12VAC35-115-110(C)(7)</b>	Providers shall not use seclusion or restraint for any behavioral, medical, or protective purpose unless other less restrictive techniques have been considered and documentation is placed in the <u>individual safety plan, the crisis ISP, or</u> the ISP that these less restrictive techniques did not or would not succeed in reducing or eliminating behaviors that are self-injurious or dangerous to other people or that no less restrictive measure was possible in the event of a sudden emergency.
<b>12VAC35-115-110(D)</b>	<u>For purposes of this section, "safety plan" or a "crisis individualized services plan" (or "crisis ISP") shall mean as described in 12VAC35-105-1860 and 12VAC35-105-1870.</u>

**12VAC35-115-110 Use of seclusion, restraint, and time out****Applies to:**

- **Crisis Receiving Centers**
- **MH Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes CANNOT utilize seclusion**

C.3. Seclusion may be used only in an emergency and only in: facilities operated by the department; residential facilities for children that are licensed under the Regulations for Children's Residential Facilities (12VAC35-46) ; inpatient hospitals; **and crisis receiving centers or crisis stabilization units that are licensed under Part VIII of 12VAC35-105**

C.7. Providers shall not use seclusion or restraint for any behavioral, medical, or protective purpose unless other less restrictive techniques have been considered and documentation is placed in the **individual's safety plan, the crisis ISP, or the ISP** that these less restrictive techniques did not or would not succeed in reducing or eliminating behaviors that are self-injurious or dangerous to other people or that no less restrictive measure was possible in the event of a sudden emergency.

D. **For purposes of this section, "safety plan" or a "crisis individualized services plan" (or "crisis ISP") shall mean as described in 12VAC35-105-1860 and 12VAC35-105-1870.**

- Seclusion is only allowed as permitted by 12VAC35-115-110 in Crisis Receiving Centers and Crisis Stabilization Units. **REACH Crisis Therapeutic Homes CANNOT utilize seclusion.**
- Crisis Receiving Centers, Crisis Stabilization Units and REACH Crisis Therapeutic Homes may utilize restraint and time-out.

## Seclusion

- The **involuntary placement** of an individual **alone** in an area **secured by a door** that is **locked** or **held shut** by a staff person, by physically blocking the door, or by any **other physical or verbal means**, so that the individual **cannot leave**.

## Time Out

- The **involuntary removal** of an individual by a staff person from a source of reinforcement to a **different, open** location for a **specified period of time or until the problem behavior has subsided** to discontinue or reduce the frequency of problematic behavior.

## Restraint

- The use of a **mechanical device, medication, physical intervention** (hands-on hold), to **prevent an individual from moving** his body to engage in a behavior that places him or others at **imminent risk**



## Use of Seclusion, Restraint and Timeout: Rights and Responsibilities

### Applies to:

- **Crisis Receiving Centers**
- **MH Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes CANNOT utilize seclusion**

Per 12VAC35-115-110.A Each individual has the right to be completely free from any unnecessary use of seclusion, restraint, or time out.

12VAC35-115.C.: Providers shall:

- Meet with the individual or his authorized representative, if applicable upon admission to the service to discuss and document in the individual's services record his preferred interventions in the event his behaviors or symptoms become a danger to himself or others and under what circumstances, if any, the intervention may include seclusion, restraint, or time out.
- Document in the individual's services record all known contraindications to the use of seclusion, time out, or any form of physical or mechanical restraint, including medical contraindications and a history of trauma, and shall flag the record to alert and communicate this information to staff.
- NOT use seclusion or restraint for any behavioral, medical, or protective purpose unless other less restrictive techniques have been considered and documentation is placed in the individual's safety plan, the crisis ISP, or the ISP that these less restrictive techniques did not or would not succeed in reducing or eliminating behaviors that are self-injurious or dangerous to other people or that no less restrictive measure was possible in the event of a sudden emergency.

## Use of Seclusion, Restraint and Time Out: Written Policies

### Applies to:

- **Crisis Receiving Centers**
- **MH Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes CANNOT utilize seclusion**

Providers that use seclusion, restraint, or time out shall develop written policies and procedures that comply with applicable federal and state laws and regulations, accreditation and certification standards, third party payer requirements, and sound therapeutic practice.

These policies and procedures shall include at least the following requirements:

- a. Individuals shall be given the opportunity for motion and exercise, to eat at normal mealtimes and take fluids, to use the restroom, and to bathe as needed.
- b. Trained, qualified staff shall monitor the individual's medical and mental condition continuously while the restriction is being used.
- c. Each use of seclusion, restraint, or time out shall end immediately when criteria for removal are met.
- d. Incidents of seclusion and restraint, including the rationale for and the type and duration of the restraint, shall be reported to the department as provided in 12VAC35-115-230 C.

## Use of Seclusion, Restraint and Time Out: Compliance

### Applies to:

- **Crisis Receiving Centers**
- **Crisis Stabilization Units (CSU)**
- **REACH Crisis Therapeutic Homes CANNOT utilize seclusion**

Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third-party requirements as they relate to seclusion and restraint.

Whenever an inconsistency exists between this chapter and federal laws or regulations, accreditation or certification standards, or the requirements of third-party payers, the provider shall comply with the higher standard.

Providers shall notify the department whenever a regulatory, accreditation, or certification agency or third-party payer identifies problems in the provider's compliance with any applicable seclusion and restraint standard.

## Use of Seclusion, Restraint and Time Out: Provider Staffing

### Applies to:

- **Crisis Receiving Centers**
- **MH Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes CANNOT utilize seclusion**

Providers shall ensure that only staff who have been trained in the proper and safe use of seclusion, restraint, and time out techniques may initiate, monitor, and discontinue their use.

Providers shall ensure that a qualified professional who is involved in providing services to the individual reviews every use of physical restraint as soon as possible after it is carried out and documents the results of his review in the individual's services record.

Providers shall ensure that review and approval by a qualified professional for the use or continuation of restraint for medical or protective purposes is documented in the individual's services record. Documentation includes:

- a. Justification for any restraint;
- b. Time-limited approval for the use or continuation of restraint; and
- c. Any physical or psychological conditions that would place the individual at greater risk during restraint.

## Use of Seclusion, Restraint and Time Out: Procedures

### Applies to:

- **Crisis Receiving Centers**
- **MH Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes CANNOT utilize seclusion**

Providers may use seclusion or mechanical restraint for behavioral purposes in an emergency only if a qualified professional involved in providing services has, within one hour of the initiation of the procedure:

- a. Conducted a face-to-face assessment and documented that alternatives to the proposed use of seclusion or mechanical restraint have not been successful in changing the behavior or were not attempted, taking into account the individual's medical and mental condition, behavior, preferences, nursing and medication needs, and ability to function independently;
- b. Determined that the proposed seclusion or mechanical restraint is necessary to protect the individual or others from harm, injury, or death;
- c. Documented in the individual's services record the specific reason for the seclusion or mechanical restraint;
- d. Documented in the individual's services record the behavioral criteria for release; and
- e. Explained to the individual, in a way that he can understand, the reason for using mechanical restraint or seclusion, the criteria for its removal, and the individual's right to a fair review of whether the mechanical restraint or seclusion was permissible.



## Use of Seclusion, Restraint and Time Out: Audio/Video Monitoring

### Applies to:

- **Crisis Receiving Centers**
- **MH Residential Crisis Stabilization Service (CSU)**
- **REACH Crisis Therapeutic Homes CANNOT utilize seclusion**

Providers shall monitor the use of restraint for behavioral purposes or seclusion through continuous face-to-face observation, rather than by an electronic surveillance device.

- Providers who utilize monitoring devices in their service setting must have approved policies and procedures that make clear the purpose for the use of the monitoring and how the provider will hold best-practices in tandem with individuals' confidentiality, safety, and privacy.
  - Providers must ensure processes established for monitoring will not be used to substitute for staff responsibilities specific to supervision and support of individuals receiving services.
- When positioned in common areas, the use of monitoring devices does not require review by a Local Human Rights Committee (LHRC).
  - When the use of a monitoring device is being considered for placement in a non-common area (i.e., a bathroom or bedroom) or for use as an individualized support, the provider must submit all applicable proposed policies, procedures, and Individualized Services Plans to the Human Rights Advocate for review, prior to implementation ([12VAC35-115-260.](#)).

**Seclusion** can be considered its own type of abuse.

- C.1. The provider must discuss with the individual at the time of admission, the individual's preferred interventions - those interventions that have worked/not worked previously, and any known contraindications for the use of seclusion must be documented and flagged in the individual's services record and communicated to staff.
- C.4 Seclusion cannot be used as a form of punishment.
- C.5. Seclusion cannot be used solely because criminal charges are pending against an individual.
- C.6. No staff may use a restraint that places the individual in a face down, or prone position (including when using **seclusion**)
- C.14 Each approval for restraint for behavioral purposes or seclusion is limited to 4 hours for individuals age 18+, 2 hours for children and adolescents ages 9 - 17, and 1 hour for children under 9
- C.15 Providers shall not issue standing orders for the use of seclusion or restraint for behavioral purposes.

Any instance of seclusion or restraint that does not comply with the regulations, policies, ISPs, or approved variances; or that results in injury to an individual or a complaint, shall be reported to the Office of Human Rights within **24 hours** via CHRIS per HRR 12VAC35-115-230.A.2.



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Virginia Department of Behavioral Health and Developmental Services

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▶ Username:  Username is required.

▶ Password:  Password is required.

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(▶) Denotes required fields

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For more information on protecting your personal information online, refer to the [Citizens Guide to Online Protection](#). [Online Protection Glossary](#)

- ❖ As a reminder, per HRR 12VAC35-115-230.C.2., all use of restraints and seclusion must be reported to the OHR annually **by Jan. 15<sup>th</sup>**

The screenshot shows the DBHDS (Virginia Department of Behavioral Health and Developmental Services) website. At the top is the DBHDS logo. Below it is the title "Annual Seclusion and Restraint Reporting Form". The main text reads: "Please refer to the memo ([Community Annual Seclusion and Restraint Reporting Memo](#)) distributed by the Office of Human Rights (dated December 20, ) that includes relevant information to complete this form. Completed form(s) are **due by January 15,**". Below this is a paragraph: "Similar to how data has been collected in the past, **you will need to complete one form for each service type.** You will be asked to provide cumulative data for instances of seclusion or restraint that occurred during calendar year 2023. Be sure to have your documentation ready before entering on this form. After your forms are submitted, a representative from the Office of Human Rights may contact you for additional information." At the bottom, it says "Download the [OHR Seclusion and Restraint Form Guide](#) to preview the form." In the bottom right corner, there is a blue button that says "Next slide →".

# **Submitting Modifications: Existing Providers Transitioning to a New License or Providers Updating Their Current License**



Service ID - Program ID	Licensed As Statements
01-004	A residential group home with crisis stabilization REACH service for adults with co-occurring diagnosis of developmental disability and behavioral health needs
01-041	A residential group home with crisis stabilization REACH service for children and adolescents with co-occurring diagnosis of developmental disability and behavioral health needs
01-019	A mental health residential crisis stabilization service for adults
01-020	A mental health residential crisis stabilization service for children and adolescents
02-040	A mental health center-based crisis receiving center (23-hour crisis stabilization) service for adults
02-041	A mental health center-based crisis receiving center (23-hour crisis stabilization) service for children and adolescents
07-006	<b>A mental health non-center-based community crisis service for children, adolescents, and/or adults</b> This includes MH mobile crisis response and MH community-based crisis stabilization
07-007	<b>A non-center-based crisis stabilization REACH service for children, adolescent, and/or adults with a co-occurring diagnosis of developmental disability and behavioral health needs</b> This includes DD mobile crisis response and DD community-based crisis stabilization



Scenario	License Details	Modification Type	Information Modification to close 07-006 Service	Service Description	DBHDS Policy and Procedure Attestation Form for a CRC and CSU Service	DBHDS Seclusion Attestation Form	Policies & Procedures	Written Staffing Plan & Staffing Schedule
Scenario 1	Licensed providers of Community Crisis Stabilization who are providing ONLY CRC (23-Hour Crisis Stabilization)	Service Modification & Information Modification	✓	✓	✓	✓	✓	✓
Scenario 2	Licensed providers of CRC (23-hour crisis stabilization) and Community Crisis Stabilization and/or Mobile Crisis Response	Service Modification		✓	✓	✓	✓	✓
Scenario 3	Licensed Providers of 01-019 or 01-020 Service(s) who intend to utilize seclusion	Information Modification		✓	✓	✓	✓	✓

How do I transition my current  
Crisis Receiving Center license (07-006)  
to the *new* mental health center-based crisis  
receiving center (23-hour crisis stabilization)  
service license (02-040 Adults or 02-041  
Children & Adolescents)?



## **Scenario 1:**

Service Modification process for existing Licensed Providers of Crisis Receiving Centers under 07-006 that plan to **only** provide mental health center-based crisis receiving center (23-hour crisis stabilization) services (02-040 or 02-041)

## Service Modification Process

- On July 18, 2024, the Office of Licensing (OL) will begin to prioritize and process service modifications for current providers of 07-006 crisis stabilization service that are providing CRC services. Providers that plan to continue to provide CRC services will need to apply for a new CRC license 02-040 (Adults) and/or 02-041 (Children & Adolescents).
- OL has established an expedited review process to add service licenses 02-040 (Adult) and/or 02-041 (Children and Adolescents).
- Note: This expedited process is in place only for licensed providers currently on a 07-006 license that are providing CRC services. If a provider would like to add other crisis services that they are not currently licensed to provide, they will need to submit a separate service modification application at a later date.



## What Service(s) Do I Apply For?

Current DBHDS Service-Program Code		New DBHDS Service-Program Codes
07-006	➔	02-040 Adults 02-041 Children and Adolescents
This service license currently allows providers to provide mobile crisis response, community-based crisis stabilization and CRC services.	➔	This service license must be added for providers currently providing CRC services under 07-006 and plan to continue to provide this service.
Providers who plan to continue to provide mobile crisis response and/or community-based crisis stabilization will need to maintain their 07-006 service license.	➔	02-040 license must be added for providers who plan to provide CRC services to Adults. 02-041 license must be added for providers who plan to provide CRC services to Children and Adolescents.

## Providers currently licensed for CRC under 07-006 must:

**Submit a Service Modification Application and all required documents in CONNECT.  
Ensure the following documents are also included:**

- Updated Service Description with the following documents attached (uploaded as one file):
  - DBHDS Policy and Procedure Attestation Form for a CRC and CSU Service
  - DBHDS Seclusion Attestation Form
    - Note: Providers who plan to use seclusion must send the seclusion policy to OHR directly
  - Six crisis policies and procedures updated to comply with new regulatory requirements
- Written Staffing Plan and Staffing Schedule

## Required Policies and Procedures to be submitted with Service Description (uploaded as one file with the service description)

12VAC35-105-1850.A	Crisis assessment policy
12VAC35-105-1870.D	Safety plan policy <ul style="list-style-type: none"><li>An ISP is not required in a CRC service, a safety plan is required; therefore, a CRC service is only required to develop a safety plan policy</li></ul>
12VAC35-105-1890.H	Policies and procedures for the use of standard precautions
12VAC35-105-1900.C	Procedures for the collection of vital signs
12VAC35-105-1930.Q	Policies and procedures regarding audio or audio-video recordings of individuals receiving services
12VAC35-105-1930.R	Policies and procedures governing searches

**\*Refer to the attestation form for additional requirements**

## Providers currently licensed for CRC under 07-006 transitioning to 02-040 or 02-041 that WILL implement seclusion must:

- EMAIL a completed *Existing Provider Compliance Verification Checklist* to [OHRPolicy@dbhds.virginia.gov](mailto:OHRPolicy@dbhds.virginia.gov)
  - Ensure a response to questions about use of seclusion, restraint and/or timeout.
  - Submit a Behavior Management Policy in accordance with 12VAC35-115-110, along with the completed Checklist

## Service Modification Application in CONNECT

- Providers MUST submit a Service Modification Application in CONNECT to add a “A mental health center-based crisis receiving center (23-hour crisis stabilization) service”
  - 02-040 Adults
  - 02-041 Children and Adolescents

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Virginia Department of Behavioral Health & Developmental Services

Provider Portal Dashboard

Return to Provider Selection Page

Log Out

Welcome to the Virginia Department of Behavioral Health and Developmental Services Provider Portal.

View Wait List

If your organization will be undergoing a change in ownership, please click [here](#) to submit a notification to the Office of Licensing. Note: this is not the change of ownership application, it is an alert to the Office of Licensing so they know of the upcoming change.

**Communication Center:**

The communication center allows you to correspond with the DBHDS Office of Licensing and manage your organization's contacts and access to this Provider Portal.

[Correspondence Inbox](#) (7)

[Messaging](#) (5)

**Active Licenses** (4) **Add New Service**

Type	License Number	Service	Period	Status of License
Provider License - Annual		-		Active - Renewal Submitted
Service License - Annual				Active - Renewal Submitted

View/Add New Location



- When submitting the service modification, submit all required documents into each blue hyperlink field.
- All documents must be uploaded and show a status of PENDING REVIEW or COMPLETED to be able to submit the application in CONNECT.

#### Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until all requirements are Complete.

NOTE: Application progress is automatically saved each time you select the "Next" button through the application process.

Requirement	Status
<a href="#">Service Program Information</a>	Incomplete
<a href="#">Upload Service Description</a>	Incomplete
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Incomplete
<a href="#">Upload Proposed Working Budget</a>	Incomplete
<a href="#">Upload Proposed Staffing Plan</a>	Incomplete
<a href="#">Upload Position Descriptions</a>	Incomplete
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
<a href="#">Upload Building Floor Plan</a>	Incomplete
<a href="#">Upload Current Health Inspection</a>	Incomplete

To cancel this application and discard the submission please select the "Withdraw Application"

Withdraw Application

## Submit Required Forms in the “Upload Service Description” Field

- The two Attestation forms and six policies and procedures MUST be uploaded with the provider’s service description. These documents must be attached to the service description as one document prior to uploading. A zip file may be utilized to combine documents before uploading.
- If all documents are not uploaded with the service description, the service application will be returned to the provider for revisions.

### Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until all requirements are Complete.

NOTE: Application progress is automatically saved each time you select the “Next” button through the application process.

Requirement	Status
<a href="#">Service Program Information</a>	Incomplete
<a href="#">Upload Service Description</a>	Incomplete
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Incomplete
<a href="#">Upload Proposed Working Budget</a>	Incomplete
<a href="#">Upload Proposed Staffing Plan</a>	Incomplete
<a href="#">Upload Position Descriptions</a>	Incomplete
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
<a href="#">Upload Building Floor Plan</a>	Incomplete
<a href="#">Upload Current Health Inspection</a>	Incomplete

To cancel this application and discard the submission please select the “Withdraw Application”

Withdraw Application

- Providers are required to submit the Policy and Procedure Attestation Form for CRC and CSU Services.
- Prior to submitting the service modification application and the attestation form, the provider must update their policies, procedures and forms to align with the DBHDS regulations and Human Rights regulations to support high-quality mental health services.
- This Attestation is to be read, completed and signed by a person authorized to make changes on behalf of the provider and uploaded with the service description when completing the service modification application in CONNECT.



Virginia Department of Behavioral Health  
and Developmental Services

### Policy and Procedure Attestation Form for CRC and CSU Services

To complete this form, it will first need to be downloaded.

This document must be submitted by all providers currently approved to provide 23-hour crisis stabilization/CRC services under 07-006 who are requesting approval to transition to A mental health center-based crisis receiving center (23-hour crisis stabilization) service (02-040 and/or 02-041) and any mental health residential crisis stabilization service, also referred to as a Crisis Stabilization Unit/CSU, (01-019 and 01-020) who plan to utilize seclusion.

This attestation form is to be read, completed, and signed by a person authorized to make changes on behalf of the provider and uploaded with the service description when submitting the service modification application in CONNECT.

- Type Name of Organization Here  
is a DBHDS licensed provider operating under organizational license number: Enter License # Here
- I am a DBHDS licensed provider currently approved to provide 23-hour crisis stabilization/CRC services under the 07-006 license. As part of the abbreviated service modification process, I intend to add the following, mental health center-based crisis receiving center (23-hour crisis stabilization)" service license to the organization's license:  
Select CRC License Type from the Dropdown
- I am a DBHDS licensed provider currently approved to provide a mental health residential crisis stabilization service, also referred to as a Crisis Stabilization Unit/CSU. Our agency will utilize seclusion in the following service:  
Select CSU License Type from the Dropdown
- I am in receipt of and have read the [Rules and Regulations For Licensing Providers by the Department](#)

- In addition to the DBHDS Policy and Procedure Attestation form, the DBHDS Seclusion Attestation Form for CRC and CSU Services must also be completed and submitted.
- This Attestation is to be read, completed and signed by a person authorized to make changes on behalf of the provider and uploaded with the service description when completing the service modification application in CONNECT.



Virginia Department of Behavioral Health  
and Developmental Services

### DBHDS Seclusion Attestation Form for CRC and CSU Services

To complete this form, it will first need to be downloaded.

This document must be submitted by all providers currently approved to provide 23-hour crisis stabilization/CRC services under 07-006 who are requesting approval to transition to a mental health center-based crisis receiving center (23-hour crisis stabilization) service (02-040 and/or 02-041) and any mental health residential crisis stabilization service, also referred to as a Crisis Stabilization Unit/CSU, (01-019 and 01-020) requesting approval to utilize seclusion.

This attestation form is to be read, completed, and signed by a person authorized to make changes on behalf of the provider and uploaded with the service description when submitting the modification application in CONNECT.

- Type Name of Organization Here  
is a DBHDS licensed provider operating under organizational license number:  Type License # Here
- **I am completing this attestation for the following service:**  
 Select License Type from the Dropdown
- Our agency  Select Here utilize seclusion.
- I am in receipt of and have read the [Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#)
- I understand that if at any time, in the future, our agency decides to utilize seclusion, then an information modification must be submitted in CONNECT with all of required documents outlined in the Crisis Regulations Training PowerPoint.



## Submit Required Forms in the “Upload Proposed Staffing Plan” Field

- When submitting the Proposed Staffing Plan, please ensure to upload both the Written Staffing Plan *and* the Staffing Schedule.
- These documents must be combined as one document prior to uploading. A zip file may be utilized to combine documents before uploading.

**Requirements Checklist**

The requirements below are required for submission of the application. You will not be able to submit until all requirements are Complete.

**NOTE:** Application progress is automatically saved each time you select the “Next” button through the application.

Requirement	Status
<a href="#">Service Program Information</a>	Incomplete
<a href="#">Upload Service Description</a>	Incomplete
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Incomplete
<a href="#">Upload Proposed Working Budget</a>	Incomplete
<a href="#">Upload Proposed Staffing Plan</a>	Incomplete
<a href="#">Upload Position Descriptions</a>	Incomplete
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
<a href="#">Upload Building Floor Plan</a>	Incomplete
<a href="#">Upload Current Health Inspection</a>	Incomplete

To cancel this application and discard the submission please select the “Withdraw Application”

[Withdraw Application](#)



## Information Modification: Close 07-006 Service

Providers that are currently *only* providing Crisis Receiving Center services under the 07-006 license will *also* need to submit an Information Modification Application in CONNECT to close the 07-006 license.

Return to Dashboard

Provider Name:  
Mailing Address:  
Physical Address:  
Main Contact:  
Phone Number:  
Email Address:

Modification Types

[Provider Name Change](#)  
[Organizational Structure Change](#)  
[Close Provider Organization](#)  
[Service Description Change](#)  
[Geographical Area Served Change](#)  
[Population Served Change](#)  
[Close Service](#)  
[Number of Beds or Capacity Change](#)  
[Demographic Information Change](#)  
[Building or Home Modification Change](#)  
[Close Location](#)  
[Other Modification](#)

Close Service

Requirements Checklist

When a requirement is met, the Status will change to Ready for Review. Once your application is submitted, the Status of the application will change to Reviewed; it could be set back to Deficient at a later date. If this occurs, you will be notified and prompted to update the information. Submit Information Modification.

Requirement	Status
Other Supporting Documentation	Ready for Review

Other Modification

Proposed Effective Date: 07/20/2024

I am currently licensed to provide 23-Hour Crisis Stabilization (CRC), Community-Based Crisis Stabilization and/or Mobile Crisis Response services and intend to continue providing these services. What are my next steps?



## **Scenario 2:**

Service Modification Process for existing licensed providers of 23-Hour Crisis Stabilization (CRC), Community-Based Crisis Stabilization, and/or Mobile Crisis Response

Follow all steps as outlined for Scenario #1 ***except DO NOT submit an Information Modification to close the existing 07-006 license.***

The 07-006 license will still allow provision of Community-Based Crisis Stabilization and/or Mobile Crisis Response Services

I am currently licensed to provide a mental health residential crisis stabilization service, also referred to as a CSU, (01-019 Adults) and/or (01-020 Children/Adolescents ) service(s) and I intend to begin utilizing Seclusion.

What are my next steps?





## **Scenario 3:**

Information Modification Process for Existing Licensed Providers of a mental health residential crisis stabilization service – Adults (01-019) or Children/Adolescents (01-020) who *Intend to Utilize Seclusion*

## Submit an Information Modification with the following attachments:

1. Updated service description
2. DBHDS Policy and Procedure Attestation Form for a CRC and CSU Service
3. DBHDS Seclusion Attestation Form for CRC and CSU Services  
*Note: Providers who plan to use seclusion must send the seclusion policy to OHR directly*
4. Seven crisis policies and procedures updated to comply with new regulatory requirements
5. Written Staffing Plan and Staffing Schedule

These documents should be combined and submitted as one document or submitted in a zip file under "Service Description"

These documents should be combined and submitted as separate attachment as one document or submitted in a zip file under "Service Description"

Virginia Department of Behavioral Health & Developmental Services

### Provider Portal Dashboard

Wayne Enterprises - 11885

[Return to Provider Selection Page](#)

[Log Out](#)

Welcome to the Virginia Department of Behavioral Health and Developmental Services Provider Portal.

[View Wait List](#)

If your organization will be undergoing a change in ownership, please click [here](#) to submit a notification to the Office of Licensing. Note: this is not the change of ownership application, it is an alert to the Office of Licensing so they know of the upcoming change.

**Information Modification**

Communication Center:

The communication center allows you to correspond with the DBHDS Office of Licensing and manage your organization's contacts and access to this Provider Portal.

[Correspondence Inbox](#) ⓘ ⓘ

[Messaging](#) ⓘ ⓘ

## Required Policies and Procedures to be submitted with Service Description (uploaded as one file with the service description)

12VAC35-105-1850.A	Crisis assessment policy
12VAC35-105-1870.D	Safety plan and ISP policy
12VAC35-105-1880.D	Written policies and procedures regarding discharge or termination from the service
12VAC35-105-1890.H	Policies and procedures for the use of standard precautions
12VAC35-105-1900.C	Procedures for the collection of vital signs
12VAC35-105-1930.Q	Policies and procedures regarding audio or audio-video recordings of individuals receiving services
12VAC35-105-1930.R	Policies and procedures governing searches

**\*Refer to the attestation form for additional requirements**

Providers currently licensed for a mental health residential crisis stabilization service under 01-019 and 01-020 that **WILL implement seclusion must:**

EMAIL a completed *Existing Provider Compliance Verification Checklist* to [OHRPolicy@dbhds.virginia.gov](mailto:OHRPolicy@dbhds.virginia.gov)

- Ensure a response to questions about use of seclusion, restraint and/or timeout.
- Submit a Behavior Management Policy in accordance with 12VAC35-115-110, along with the completed Checklist





### OFFICE OF HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST FOR LICENSED PROVIDERS ADDING A NEW SERVICE OR A NEW LOCATION

**DIRECTIONS:** After you have submitted a modification to the Office of Licensing, email this completed form to [OHRPolicy@dbhds.virginia.gov](mailto:OHRPolicy@dbhds.virginia.gov). By initialing beside each requirement below, you are attesting that you have policies and procedures that are in compliance with the [Human Rights Regulations](#).

Provider (Program) Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Mailing Address  
(if different from program address): \_\_\_\_\_

Provider Director's Name: \_\_\_\_\_

Provider Director's Phone Number: \_\_\_\_\_

Provider Director's Email Address: \_\_\_\_\_

Name of Licensing Specialist: \_\_\_\_\_

Name of DBHDS Human Rights Regional Manager: \_\_\_\_\_

Existing Service Type (if applicable): \_\_\_\_\_ NEW Service Type (if applicable): \_\_\_\_\_

**Check all that apply:**

- ☐ Transitioning from CRC license 07-006 to 02-040 or 02-041  
Address: \_\_\_\_\_
- ☐ Existing service moving into a different region  
New address: \_\_\_\_\_
- ☐ Existing service adding a location in the same region  
New address: \_\_\_\_\_
- ☐ Adding an entirely new service in the same region  
Type of new service: \_\_\_\_\_  
Address: \_\_\_\_\_
- ☐ Adding an entirely new service in a different region  
Type of new service: \_\_\_\_\_  
Address: \_\_\_\_\_



### OFFICE OF HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST FOR LICENSED PROVIDERS ADDING A NEW SERVICE OR A NEW LOCATION

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

I attest that I have a written mission/value statement and other documents that promote the policy 12 VAC35-115-20 of the Human Rights Regulations.

I attest that I have written policies and procedures that are in full compliance with the [Human Rights Regulations](#).

If applicable, I understand that I must submit Program Rules to the DBHDS Human Rights Advocate for review prior to implementation. And any changes to these Rules in the future, must also be reviewed by the Advocate.

I will use seclusion. If Yes, you must also submit a Policy that describes compliance with 12 VAC 35-115-110 to [OHRPolicy@dbhds.virginia.gov](mailto:OHRPolicy@dbhds.virginia.gov). A license to provide services via CRC/23 hour stabilization and/or residential Crisis Stabilization Units (CSU) will not be issued until this Policy has been reviewed and approved.

I will use restraint and/or time out and I have a behavioral management policy written in accordance with 12 VAC 35-115-110 for the use of such interventions.

I will NOT use seclusion.

I will NOT use restraint and/or timeout; however, I do have a policy for behavioral management written in accordance with 12 VAC 35-115-110.

I attest that I have reviewed and understand the reporting requirements in 12 VAC 35-115-230.

I attest that I have a written policy that describes the complaint resolution process in accordance with 12 VAC 35-115-175. Licensed Providers offering a new service must also submit this Policy along with this completed form to [OHRPolicy@dbhds.virginia.gov](mailto:OHRPolicy@dbhds.virginia.gov).

I attest that I have or will have immediately upon receiving a license, a trained investigator to conduct a thorough investigation in this new service, in accordance with 12 VAC 35-115-175.

**Waiver Service Providers only:** I attest that I have written policies and procedures in accordance with Home and Community Based Services settings requirements per 42 CFR 441.301.

Signature of Provider Director

Date Form Completed

Virginia Department of Behavioral Health and Developmental Services

### OFFICE OF HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST

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

Name of OHR Advocate Assigned to review Policies: \_\_\_\_\_

Date Waiver Validation Visit Completed (if applicable): \_\_\_\_\_

Verification of Trained Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Verification of Human Rights Competency Training \_\_\_\_\_ Date: \_\_\_\_\_

The verification checklist is located on the *Office of Human Rights – Resources for Licensed Providers* webpage  
<https://dbhds.virginia.gov/clinical-and-quality-management/human-rights/provider-resources/>

Select the modification type  
"Service Description Change"

Note: If you are re-locating a non-children's service from one location to another, please submit a Location Modification for the new location and submit the request to close the location here.

[Return to Dashboard](#)[Print Application](#)

**Provider Name:** Wayne Enterprises  
**Mailing Address:** 456 Fox Ave  
Harrisonburg, VA 22802  
**Physical Address:** 456 Fox Ave  
Harrisonburg, VA 22802  
**Main Contact:** Bruce Wayne  
**Phone Number:** (540) 555-9991  
**Email Address:** bruce@test.com

#### Modification Types

[Provider Name Change](#)  
[Organizational Structure Change](#)  
[Close Provider Organization](#)  
[Service Description Change](#)  
[Geographical Area Served Change](#)  
[Population Served Change](#)  
[Close Service](#)  
[Number of Beds or Capacity Change](#)  
[Demographic Information Change](#)  
[Building or Home Modification Change](#)  
[Close Location](#)  
[Other Modification](#)

#### Requirements Checklist

When a requirement is met, the Status will change to Ready for Review. Once your application is submitted, the Status of the requirements will be updated as they are reviewed. It is possible that even after a requirement is set to **Reviewed**, it could be set back to **Deficient** at a later date. If this occurs, you will be notified and prompted to update the information to meet the requirement. Once you have updated each **Deficient** requirement, click "**Submit Information Modification**".

To cancel this application and discard the submission please select the "**Withdraw Application**" button below.

- Note the Summary of Change as:  
***"Provider will be adding Seclusion to our existing license"***
- Select "Next"

**Service Description Change**

Please enter a brief summary of the Service Description changes below, and then click **"Next"** to continue.

Current  
**Service Description:**

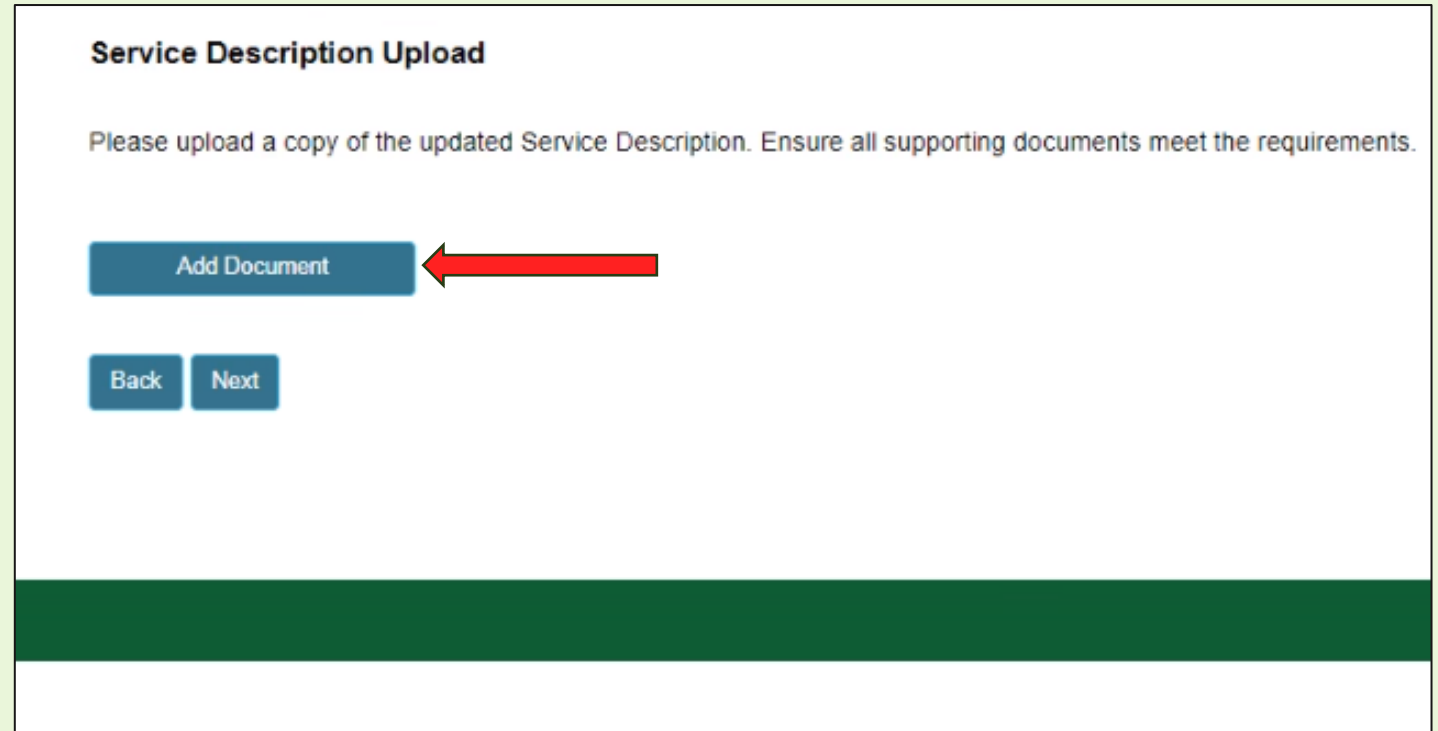
Proposed  
**Effective Date:**  
08/15/2024 \*

**Summary of Change:**  
Provider will be adding Seclusion to our existing Service.

\* Indicates a required field

Back Next

- Select "Add Document"
- Upload the following:
  - Updated service description
  - DBHDS Policy and Procedure Attestation Form for a CRC and CSU Service
  - DBHDS Seclusion Attestation Form
  - Sevenscrisis policies and procedures updated to comply with new regulatory requirements
- Submit as one document or together as a zip file



**Service Description Upload**

Please upload a copy of the updated Service Description. Ensure all supporting documents meet the requirements.

**Add Document**

**Back** **Next**

- To add the Written Staffing Plan and Staffing Schedule, select "Add Document".
- Please note these two documents should be uploaded as one attachment or in a zip file
- Select "Next"

Virginia Department of Behavioral Health & Developmental Services

### Service Description Upload

Please upload a copy of the updated Service Description. Ensure all supporting documents meet the requirements.

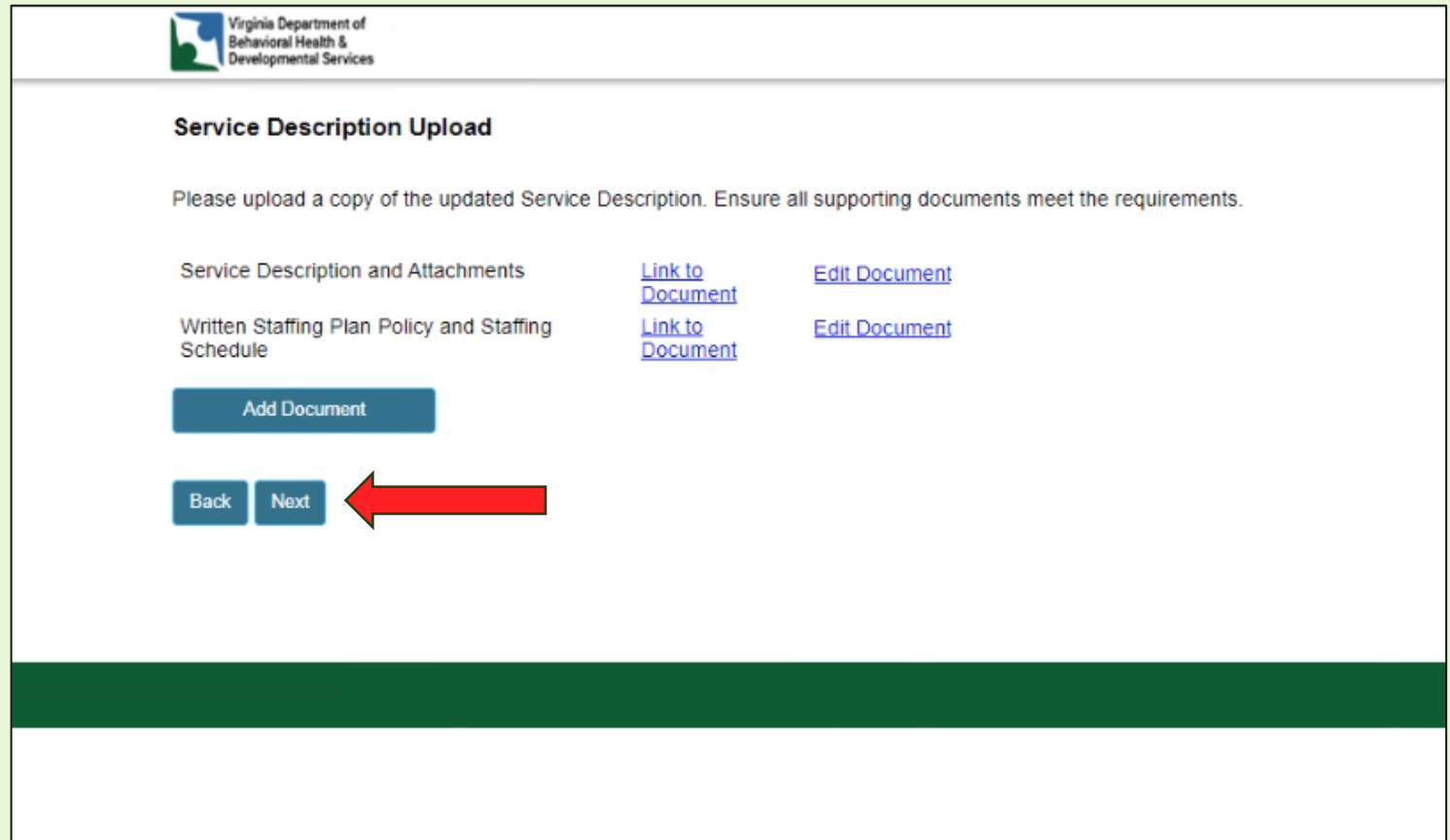
Service Description and Attachments [Link to Document](#) [Edit Document](#)

**Add Document**

**Back** **Next**



- Once both the Service Description & Attachments along with the Written Staffing Plan & Staffing Schedule are uploaded successfully, select "Next"



The screenshot shows a web interface for uploading service descriptions. At the top is the Virginia Department of Behavioral Health & Developmental Services logo. The main heading is "Service Description Upload". Below this is a instruction: "Please upload a copy of the updated Service Description. Ensure all supporting documents meet the requirements." There are two rows of document information. The first row is "Service Description and Attachments" with links "Link to Document" and "Edit Document". The second row is "Written Staffing Plan Policy and Staffing Schedule" with links "Link to Document" and "Edit Document". Below these is a blue "Add Document" button. At the bottom are "Back" and "Next" buttons. A red arrow points to the "Next" button.

Virginia Department of Behavioral Health & Developmental Services

### Service Description Upload

Please upload a copy of the updated Service Description. Ensure all supporting documents meet the requirements.

Service Description and Attachments	<a href="#">Link to Document</a>	<a href="#">Edit Document</a>
Written Staffing Plan Policy and Staffing Schedule	<a href="#">Link to Document</a>	<a href="#">Edit Document</a>

[Add Document](#)

[Back](#) [Next](#)

- Review all information on the Information Modification Application
- Sign the application
- Select "Submit Information Modification"

Summary of Change: Provider will be adding Seclusion to our existing Service.  
Service Description Upload: [Link](#)  
Service Description Upload: [Link](#)

To cancel this application and discard the submission please select the **"Withdraw Application"** button below.

[Withdraw Application](#)

**Certificate of Application**

This certificate is to be read before completion and then signed upon completion of this information modification application.

- I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.
- I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.
- I understand that unannounced visits will be made to determine continued compliance with regulations.
- I understand that approval of the information modification is at the sole discretion of the Commissioner of DBHDS and that a change requiring a modification of the license shall not be implemented prior to approval by the commissioner.

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS INFORMATION MODIFICATION APPLICATION.**

Signature of Applicant:  Title:  Date:

If you have any questions concerning this information modification application, please submit them directly to your assigned licensing specialist through the provider portal communication center.

[Submit Information Modification](#)

- Once submitted, the Dashboard will display the "Submitted" Information Modification

Virginia Department of Behavioral Health & Developmental Services

### Provider Portal Dashboard

Richmond Behavioral Health Authority - 180

[Return to Provider Selection Page](#)

[Log Out](#)

Welcome to the Virginia Department of Behavioral Health and Developmental Services Provider Portal.

[View Wait List](#)

If your organization will be undergoing a change in ownership, please click [here](#) to submit a notification to the Office of Licensing. Note: this is not the change of ownership application, it is an alert to the Office of Licensing so they know of the upcoming change.

#### Communication Center:

The communication center allows you to correspond with the DBHDS Office of Licensing and manage your organization's contacts and access to this Provider Portal.

[Correspondence Inbox](#) 12

[Messaging](#) 19

#### Pending Modifications:

Type	File Number	Description	Status
Information Modification	011674	Service Description	Submitted

[Continue](#) [Print Application](#)

- After the Information Modification is submitted, the Policy Review Team will review.
- If there are deficiencies with the application, it will be moved to “**Pending Submission**” status and the provider will receive a Deficiency Letter.
- After the provider has updated the documents:
  - Upload revised documents in CONNECT
  - Sign the Application again
  - Select “**Submit Information Modification**”
- If there are no deficiencies, the application will be moved to the next step.

- If deficiencies have been issued, the status of the application will show as **"Pending Submission"**
- An email will be sent to any contacts with All Access and/or Modification Access to notify of a new correspondence on the dashboard.
- Open the letter under the correspondence section on the dashboard and review the deficiencies.

**Provider Portal Dashboard**

Richmond Behavioral Health Authority - 180

[Return to Provider Selection Page](#)

[Log Out](#)

Welcome to the Virginia Department of Behavioral Health and Developmental Services Provider Portal.

[View Wait List](#)

If your organization will be undergoing a change in ownership, please click [here](#) to submit a notification to the Office of Licensing. Note: this is not the change of ownership application, it is an alert to the Office of Licensing so they know of the upcoming change.

**Communication Center:**

The communication center allows you to correspond with the DBHDS Office of Licensing and manage your organization's contacts and access to this Provider Portal.

[Correspondence Inbox](#) 12

[Messaging](#) 19

**Pending Modifications:**

Type	File Number	Description	Status
Information Modification	011674	Service Description	Pending Submission

[Continue](#)



- Once the updates have been made to the noted deficiencies and the revised documents are ready to be submitted:
- Select, "Edit Service Description Change"

[Close Provider Organization](#)  
[Service Description Change](#)  
[Geographical Area Served Change](#)  
[Population Served Change](#)  
[Close Service](#)  
[Number of Beds or Capacity Change](#)  
[Demographic Information Change](#)  
[Building or Home Modification Change](#)  
[Close Location](#)  
[Other Modification](#)

**Requirements Checklist**

When a requirement is met, the Status will change to Ready for Review. Once your application is submitted, the Status of the requirements will be updated as they are reviewed. It is possible that even after a requirement is set to **Reviewed**; it could be set back to **Deficient** at a later date. If this occurs, you will be notified and prompted to update the information to meet the requirement. Once you have updated each **Deficient** requirement, click "Submit Information Modification".

Requirement	Status
Service Description Documentation	<b>Reviewed</b>

**Service Description Change**

Service: 180-01-019  
Proposed Effective Date: 08/15/2024  
Summary of Change: Provider will be adding Seclusion to our existing Service.  
Service Description Upload: [Link](#)  
Service Description Upload: [Link](#)

[Edit Service Description Change](#)

To cancel this application and discard the submission please select the "Withdraw Application" button below.

Withdraw Application

If you have any questions concerning this information modification application, please submit them directly to your assigned licensing specialist through the provider portal communication center.

- The **Service Description Change** screen will appear.
- Select "Next"

Virginia Department of Behavioral Health & Developmental Services

### Service Description Change

Please enter a brief summary of the Service Description changes below, and then click "Next" to continue.

Current  
Service Description:

Proposed  
Effective Date:  
08/15/2024 \*

Summary of Change:  
Provider will be adding Seclusion to our existing Service.

\* Indicates a required field

Back Next

- Select **"Edit Document"**
- A new updated document will be able to be uploaded.
- Please ensure the service description and attachments are uploaded as one document or as a zip file.
- Please ensure the Written Staffing Plan and Staffing Schedule are uploaded as one document or as a zip file
- Select **"Next"**

Virginia Department of Behavioral Health & Developmental Services

### Service Description Upload

Please upload a copy of the updated Service Description. Ensure all supporting documents meet the requirements.

Service Description and Attachments	<a href="#">Link to Document</a>	<a href="#">Edit Document</a> ←
Written Staffing Plan Policy and Staffing Schedule	<a href="#">Link to Document</a>	<a href="#">Edit Document</a>

[Add Document](#)

[Back](#) [Next](#) ←

- Re-sign the application
- Select "Submit Information Modification"

Service Description Upload: [Link](#)  
Service Description Upload: [Link](#)

To cancel this application and discard the submission please select the "Withdraw Application" button below.

[Withdraw Application](#)

**Certificate of Application**

This certificate is to be read before completion and then signed upon completion of this information modification application.

- I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.
- I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.
- I understand that unannounced visits will be made to determine continued compliance with regulations.
- I understand that approval of the information modification is at the sole discretion of the Commissioner of DBHDS and that a change requiring a modification of the license shall not be implemented prior to approval by the commissioner.

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS INFORMATION MODIFICATION APPLICATION.**

Signature of Applicant:  Title:  Date:

Provider Signature  Provider Title  07/17/2024

If you have any questions concerning this information modification application, please submit them directly to your assigned licensing specialist through the provider portal communication center.

















[Submit Information Modification](#)

## What Happens After I Submit My Application?

- Within 30 business days of the Department receiving the completed Service Modification or Information Modification Application with all additional requirements, a DBHDS representative will conduct an onsite quality review to determine a provider's compliance with DBHDS rules and regulations incorporating the crisis criteria.
- **For CRC services (02-040 or 02-041)**, once the provider has demonstrated compliance with the regulations as part of the quality review, the provider will be granted a Conditional License.
  - Pursuant to Code of Virginia §37.2-415, a Conditional License may be granted to a provider to operate a new service to permit the provider to demonstrate compliance with all licensing standards.
- Following the issuance of the Conditional License, a representative from the Office of Licensing will conduct an unannounced onsite inspection to determine compliance with the Rules and Regulations for Licensing Providers which includes the crisis criteria as part of the inspection process.
  - Providers will need to demonstrate substantial compliance with these regulations prior to the issuance of an annual license.
- **For providers of a mental health residential crisis stabilization service/CSU (01-019 and 01-020)**, the Department will approve the use of seclusion, once all revised policies and procedures have been reviewed and approved; and all seclusion requirements have been met.





Scenario	License Details	Modification Type	Information Modification to close 07-006 Service	Service Description	DBHDS Policy and Procedure Attestation Form for CRC and CSU Services	DBHDS Seclusion Attestation Form for CRC and CSU Services	Policies & Procedures	Written Staffing Plan & Staffing Schedule
Scenario 1	Licensed providers of Community Crisis Stabilization who are providing ONLY CRC (23-Hour Crisis Stabilization)	Service Modification & Information Modification						
Scenario 2	Licensed providers of CRC (23-hour crisis stabilization) <i>and</i> Community Crisis Stabilization and/or Mobile Crisis Response	Service Modification						
Scenario 3	Licensed Providers of 01-019 or 01-020 Service(s) who intend to utilize seclusion	Information Modification						

## Questions & Answers with DBHDS Subject Matter Experts



**Thank you for attending!**

