

Chapter

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General Provisions

Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services (Office of Human Rights)

12 VAC 35-115

It is the policy of Richmond Behavioral Health Authority (RBHA) to adhere to the Human Rights regulations as established in Section 37.1-10 and 37.1-84.1 of the Code of Virginia. All staff will honor the policy that every individual receiving services from the RBHA has a right to seek informal resolution and to file a human rights complaint.

Any individual receiving services or anyone acting on his behalf who thinks that RBHA has violated any of his rights under the Rules of Mental Health, Mental Retardation and Substance Abuse Services regulations may file a complaint and have assistance with filing a complaint per (Section 12 VAC 35-115-150 et seq.) of the regulations. RBHA will not prevent any individual from pursuing any other legal right or remedy to which he may be entitled to under federal or state law. RBHA will take the following actions to demonstrate compliance:

Procedures

1. RBHA will display notices listing the human rights of individuals receiving services at RBHA. Additionally, the notice will provide a description of the consumer affairs advocate role as well as telephone numbers and addresses of the agency consumer affairs advocate and regional human rights advocate.
2. RBHA will notify each individual consumer and his authorized representative, as applicable, about the human rights regulations and how to file a complaint. The written notice will be drafted in a form most easily understood by the individual. The individual will be given this notice at admission to service and every year thereafter.
3. RBHA staff will ask the consumer/authorized representative (as applicable) to sign the notice of rights. The original notice will be placed in the individual's medical record. If the consumer/authorized representative refuses or is unable to sign the notice, the staff will indicate, "Refused to sign" on the form and document the attempt on progress note.

4. RBHA will distribute copies of the policy for Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services to anyone making a request.
5. RBHA will display and provide information, which informs individuals of their right to contact the protection and advocacy agency.

Authority and Applicability

12 VAC 35-115-10 and 12 VAC 35-115-20

Richmond Behavioral Health Authority (RBHA) requires all staff to ensure that the rights of all consumers receiving services are protected:

- Each consumer will have protection to exercise his legal, civil, and human rights related to the receipt of those services
- Each consumer will be given respect for basic human dignity; and
- Each consumer will be provided consistent services with sound therapeutic practice

Procedures

RBHA staff will not deny any person his legal rights, privileges or benefits solely because he has been voluntarily or involuntarily admitted, certified or committed to services.

Staff will take the specific actions to protect the rights of all RBHA consumers and these legal rights include, but are not limited to, the right to:

1. Acquire, retain, and dispose of property;
2. Sign legal documents;
3. Buy or sell;
4. Enter into contracts;
5. Register and vote;
6. Get married, separated, divorced, or have a marriage annulled;
7. Hold a professional, occupational, or vehicle operator's license;
8. Make a will; and
9. Have access to lawyers and the courts.

12 VAC 35-105-10 Licensing

In accordance with Section 37.1-179.1 of the Code of Virginia, Richmond Behavioral Health Authority is a licensed provider authorized by the Commissioner and are subject to rules and regulations promulgated by the State Mental Health, Mental Retardation and Substance Abuse Services Board.

Definitions

12 VAC 35-105-20

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

“Abuse” (37.1-1 of the Code of Virginia, HR 12 VAC 35-115-30) means any act or failure to act, by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the Department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally,, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Examples of abuse include acts such as:

1. Rape, sexual assault, or other criminal sexual behavior;
2. Assault or battery;
3. Use of language that demeans, threatens, intimidates or humiliates the individual;
4. Misuse or misappropriation of the individual’s assets, goods or property;
5. Use of excessive force when placing an individual in physical or mechanical restraint;
6. Use of physical or mechanical restraints on an individual that is not in compliance with federal and state laws, regulations, and policies, professionally accepted standards of practice or the individual’s individualized service plan (ISP); and
7. Use of more restrictive or intensive services or denial of services to punish the individual or that is not consistent with his individualized service plan.

“Activities of Daily Living” (ADLs) means personal care activities and include bathing, dressing, transferring, toileting, grooming, hygiene, feeding, and eating. An individual’s degree of independence in performing these activities is part of determining the appropriate level of care and services.

“Admission” means the process of acceptance into a service once the individual has been through the intake process and an individualized treatment plan and service recommendations have been made.

“Authorized Representative” means an individual permitted by law or these regulations to authorize the disclosure of information or to consent to treatment and services or participation in human research. The decision-making authority of an authorized representative recognized or designated under these regulations is [specific to the limited decisions pertaining to the] designated provider. Legal guardians, attorneys in-fact, or health care agents appointed pursuant to §54.1-2983 of the Code of Virginia may have decision-making authority beyond [any specific such] provider.

“Behavior Intervention” means those principles and methods employed by a provider to help an individual using services to achieve a positive outcome and to address and correct inappropriate [challenging] behavior in a constructive and safe manner. Behavior intervention principles and methods must be employed in accordance with the individualized service plan and written policies and procedures governing service expectations, treatment goals, safety and security.

“Behavioral treatment plan, functional plan, or behavioral support plan” means any set of documented procedures that are an integral part of the individualized services plan and are developed on the basis of a systematic data collection, such as a functional assessment, for the purpose of assisting an individual achieve the following: (a) improved behavioral functioning and effectiveness; (b) alleviation of the symptoms of psychopathology; or (c) reduction of challenging behaviors.

“Brain injury” means any injury to the brain that occurs after birth, but before age 65, that is acquired through traumatic or non-traumatic insults. Non-traumatic insults may include, but are not limited to anoxia, hypoxia, aneurysm, toxic exposure, encephalopathy, surgical interventions, tumor and stroke. Brain injury does not include hereditary, congenital or degenerative brain disorders, or injuries induced by birth trauma.

“Care” or “treatment” means a set of individually planned interventions, training, habilitation, or supports that help an individual obtain or maintain an optimal level of functioning, reduce the effects of disability or discomfort, or ameliorate symptoms, undesirable changes or conditions specific to physical, mental, behavioral, or social functioning.

“Case Management Service” means assisting individuals and their families to access services and supports that are essential to meeting their basic needs identified in their individualized service plan, which include not only accessing needed mental health, mental retardation and substance abuse services, but also any medical, social, educational, vocational and employment, housing, economic assistance, transportation, leisure and recreational, legal, advocacy services and supports that the individual needs to function in a community setting. Maintaining waiting lists for services, case management tracking and periodically contacting individuals for the purpose of determining the potential need for services shall be considered screening, referral, and not admission into licensed case management.

“Clubhouse Service” means the provision of recovery-oriented psychosocial rehabilitation services in a non-residential setting on a regular basis not less than two hours per day, five days per week, in which clubhouse members and employees work together in the development and implementation of structured activities involved in the day-to-day operation of the clubhouse facilities and in other social and employment opportunities through skills training, peer support, vocational rehabilitation, and community resource development.

“Commissioner” means the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services or his authorized agent.

“Community gero-psychiatric residential services” means 24-hour nonacute in conjunction with treatment in a setting that provides less intensive services than a hospital, but more intensive mental health than a nursing home or group home. Individuals with mental illness, behavioral problems, and concomitant health problems (usually age 65 and older), appropriately treated in a geriatric setting, are provided intense supervision, psychiatric care, behavioral treatment planning, nursing, and other health related services. An interdisciplinary Services Team assesses the individual and develops the services plan.

“Community intermediate care facility/mental retardation (ICF/MR)” means a service licensed by the Department of Mental Health, Mental Retardation, and Substance Abuse Services in which care is provided to individuals who have mental retardation who are not in need of nursing care, but who need more intensive training and supervision than may be available in an assisted living facility or group home. Such facilities must comply with Title XIX of the Social Security Act standards, provide health or rehabilitative services, and provide active treatment to individuals receiving services toward the achievement of a more independent level of functioning or an improved quality of life.

“Complaint” means an allegation brought to the attention of the department that a licensed provider violated these regulations.

“Corrective action plan” means the provider has pledged corrective action in response to noncompliance documented by the regulatory authority. A corrective action plan must be completed within a specified time.

“Correctional facility” means a facility operated under the management and control of the Virginia Department of Corrections.

“Corporal punishment” means punishment administered through the intentional inflicting or discomfort to the body (i) through actions such as, but not limited to, striking or hitting with any part of the body or with an implement; (ii) through pinching, pulling or shaking; or (iii) through any similar action that normally inflicts pain or discomfort.

“Crisis” means a situation in which an individual presents an immediate danger to self or others or is at risk of serious mental or physical health deterioration.

“Day support service” means the provision of individualized planned activities, supports, training, supervision, and transportation to individuals with mental retardation to improve functioning or maintain an optimal level of functioning. Services may enhance the following skills: self-care and hygiene, eating, toileting, task learning, community resource utilization, environmental and behavioral skills, medication management, and transportation. Services may be provided in a facility (center based) or provided out in the community (noncenter based). Services are provided for two or more consecutive hours per day. The term “day support service” does not include services in which the primary function is to provide extended sheltered or competitive employment, supported or transitional employment services, general education services, general recreational services, or outpatient services licensed pursuant to this chapter.

“Day treatment services” means the provision of coordinated, intensive, comprehensive, and multidisciplinary treatment to individuals through a combination of diagnostic, medical, psychiatric, case management, psychosocial rehabilitation, prevocational and educational services. Services are provided for two or more consecutive hours per day.

“Department” means the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services.

“Director” means the chief executive officer of any program delivering services.

“Discharge” means the process by which the individual’s active involvement with a provider is terminated by the provider.

“Discharge plan” means the written plan that establishes the criteria for an individual’s discharge from a service and coordinates planning for aftercare services.

“Dispense” means to deliver a drug to an ultimate user by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for that delivery. (§ 54.1-3400 et seq. of the Code of Virginia).

“Emergency service” means mental health, mental retardation or substance abuse services available 24 hours a day and seven days per week that provide crisis intervention, stabilization, and referral assistance over the telephone or face-to-face for individuals seeking services for themselves or others. Emergency services may include walk-ins, home visits, jail interventions, pre-admission screenings, and other activities designed to stabilize an individual within the setting most appropriate to the individual’s current condition.

“Exploitation” means the misuse or misappropriation of the individual’s assets, goods, or property. Exploitation is a type of abuse. (See §37.1-1 of the Code of Virginia.) Exploitation also includes the use of position of authority to extract personal gain from individual receiving services. Exploitation includes but is not limited to violations of 12 VAC 35-115-120 (Work) and 12 VAC 35-115-130 (Research). Exploitation does not include the billing of an individual’s third part payer for services. Exploitation also does not include instances of use or appropriation of an individual’s assets, goods or property when permission is given by the individual or his legally authorized representative:

1. With full knowledge of the consequences;
2. With no inducements; or
3. Without force, misrepresentation, fraud, deceit, duress of any form, constraint or coercion.

“Group home residential service” means a congregate residential service providing 24-hour supervision in a community-based, home-like dwelling. These services are provided for individuals needing assistance, counseling, and training in activities of daily living or whose service plan identifies the need for the specific type of supervision or counseling available in this setting.

“Governing body of the provider” means the person or group of persons who have final authority to set policy and hire and fire directors.

“Habilitation” refers to the provision of services that enhance the strengths of, teach functional skills to, or reduce or eliminate problematic behaviors of individual receiving services. These services occur in an environment that suits the individual’s needs, responds to his preferences, and promotes social interaction and adaptive behaviors. In order to be considered sound and therapeutic, habilitation must conform to current acceptable professional practice.

“Historical research” means the review of information that identifies individuals receiving services for the purpose of evaluating or otherwise collecting data of general historical significance. See 12 VAC 35-115-80 C 2 j (Confidentiality).

“Home and noncenter based” means that a service is provided in the home or other noncenter-based setting. This includes but is not limited to noncenter-based day support, supportive in-home and intensive in-home services.

“Human research” means any systematic investigation that uses human participants who may be exposed to potential physical or psychological injury if they participate and which departs from established and accepted therapeutic methods appropriate to meet the participants’ needs. Human research shall be conducted in compliance with §§ 32.1-162.16 through 32.1-162-20 and 37.1-24.01 of the Code of Virginia, and 12 VAC 35-180-110 et seq., or any applicable federal policies and regulations.

“Human rights advocate” means a person employed by the commissioner upon recommendation of the State Human Rights Director to help individuals receiving services exercise their rights under this chapter. See 12 VAC 35-115-250 C.

“Individual” or “individual receiving services” means a person receiving care or treatment or other services from a provider licensed under this chapter whether that person is referred to as a patient, client, resident, student, individual, recipient, family member, relative, or other term. When the term is used, the requirement applies to every individual receiving services of the provider.

“Individualized services plan” or **“ISP”** means a comprehensive and regularly updated written plan of action to meet the needs and preferences of an individual.

“Inpatient psychiatric service” means a 24-hour intensive medical, nursing care and treatment provided for individuals with mental illness or problems with substance abuse in a hospital as defined in §32.1-123 of the Code of Virginia or in a special unit of such a hospital.

“Inspector General” means a person appointed by the Governor to provide oversight by inspecting, monitoring, and reviewing the quality of services that providers deliver.

“Intensive Community Treatment (ICT) service” means a self-contained interdisciplinary team of at least five full-time equivalent clinical staff, a program assistant, and a full-time psychiatrist that:

1. Assumes responsibility for directly providing needed treatment, rehabilitation, and support services to identified individuals with severe and persistent mental illnesses;
2. Minimally refers individuals to outside service providers;
3. Provides services on a long-term care basis with continuity of caregivers over time;
4. Delivers 75% or more of the services outside program offices; and
5. Emphasizes outreach, relationship building, and individualization of services.

The individuals to be served by ICT are individuals who have severe symptoms and impairments not effectively remedied by available treatments or who, because of reasons related to their mental illness, resist or avoid involvement with mental health services.

“Intensive in-home service” means treatment provided in a concentrated manner (involving multiple outpatient visits per week) over a period of time for individuals requiring stabilization. These services usually include multiple group therapy sessions during the week, individual and family therapy, individual monitoring, and case management.

“Investigation” means a detailed inquiry or systematic examination of the operations of a provider or its services regarding a violation of regulation or law. An investigation may be undertaken because of a complaint, an incident report or other information that comes to the attention of the department.

“Investigating authority” means any person or entity that is approved by the provider to conduct investigations of abuse and neglect.

“Authorized representative” means a person permitted by law to give informed consent for disclosure of information and give informed consent to treatment, including medical treatment, and participation in human research for an individual who lacks the mental capacity to make these decisions.

“Licensed mental health professional (LMHP)” means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, or certification as a psychiatric clinical nurse specialist.

“Local Human Rights Committee (LHRC)” means a group of at least five people appointed by the State Human Rights Committee. See 12 VAC 35-115—250 D for membership and duties.

“Location” means a place where services are or could be provided.

“Medical detoxification” means a service provided in a hospital or other 24-hour care facility, under the supervision of medical personnel using medication to systematically eliminate or reduce effects of alcohol or other drugs in the body.

“Medical evaluation” means the process of assessing an individual’s health status that includes a medical history and a physical examination of an individual conducted by a licensed medical practitioner operating within the scope of his license.

“Medication” means prescribed or over-the-counter drugs or both.

“Medication administration” means the direct application of medications by injection, inhalation, or ingestion or any other means to an individual receiving services by (i) persons legally permitted to administer medications or (ii) the individual at the direction and in the presence of persons legally permitted to administer medications.

“Medication error” means that an error has been made in administering a medication to an individual when any of the following occur: (i) the wrong medication is given to an individual, (ii) the wrong individual is given the medication, (iii) the wrong dosage is given to an individual, (iv) medication is given to an individual at the wrong time or not at all, or (v) the proper method is not used to give the medication to the individual.

“Medication storage” means any area where medications are maintained by the provider, including a locked cabinet, locked room, or locked box.

“Mental Health Community Support Service (MHCSS)” means the provision of recovery-oriented psychosocial rehabilitation services to individuals with long-term, severe psychiatric disabilities including skills training and assistance in accessing and effectively utilizing services and supports that are essential to meeting the needs identified in their individualized service plan and development of environmental supports necessary to sustain active community living as independently as possible. MHCSS Services are provided in any setting in which the individual’s needs can be addressed, skills training applied, and recovery experienced.

“Mental retardation” means substantial sub average general intellectual functioning that originates during the development period and is associated with impairment in adaptive behavior. It exists concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work.

“Mentally ill” means any person afflicted with mental disease to such an extent that for his own welfare of others he requires care and treatment, or with mental disorder or functioning classifiable under the diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, Fourth Edition, 1994, that affects the well-being or behavior of an individual.

“Neglect” means the failure by an individual or provider responsible for providing services to provide nourishment, treatment, care, goods, or services necessary to the health, safety or welfare of a person receiving care or treatment for mental illness, mental retardation or substance abuse (§37.1-1 of the Code of Virginia).

“Next friend” means a person whom a provider may appoint in accordance with 12 VAC 35-115-70 B 9 c to serve as the legally authorized representative of an individual who has been determined to lack capacity to give consent when required under these regulations.

“Opioid treatment service” means an intervention strategy that combines treatment with the administering or dispensing of opioid agonist treatment medication. An individual-specific, physician-ordered dose of medication is administered or dispensed either for detoxification or maintenance treatment.

“Outpatient service” means a variety of treatment interventions generally provided to individuals, groups or families on an hourly schedule in a clinic or similar facility or in another location. Outpatient services include, but are not limited to, (i) emergency services, (ii) crisis intervention services, (iii) diagnosis and evaluation, (iv) intake and screening, (v) counseling, (vi) psychotherapy, (vii) behavior management, (viii) psychological testing and assessment, (ix) chemotherapy and medication management services, and jail base services. “Outpatient service” specifically includes:

1. Services operated by a community services board established pursuant to Chapter 10 (§37.1-194 et seq.) of Title 37.1 of the Code of Virginia;
2. Services funded wholly or in part, directly or indirectly, by a community services board established pursuant to Chapter 10 (§37.1-194 et seq.) of Title 37.1 of the Code of Virginia; or
3. Services that are owned, operated, or controlled by a corporation organized pursuant to the provisions of either Chapter 9 (§13.1-601 et seq.) or Chapter 10 (§13.1-801 et seq.) of Title 13.1 of the Code of Virginia.

“Partial hospitalization service” means the provision within a medically supervised setting of day treatment services that are time-limited active treatment interventions, more intensive than outpatient services, designed to stabilize and ameliorate acute symptoms, and serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay.

“Program of Assertive Community Treatment (PACT) service” means a self-contained interdisciplinary team of at least 10 full-time equivalent clinical staff, a program assistant, and a full- or part-time psychiatrist that:

1. Assumes responsibility for directly providing needed treatment, rehabilitation, and support services to identified individuals with severe and persistent mental illnesses;
2. Minimally refers individuals to outside service providers;
3. Provides services on a long-term care basis with continuity of caregivers over time;
4. Delivers 75% or more of the service outside program offices; and

5. Emphasizes outreach, relationship building, and individualization of services.

The individuals to be served by PACT are individuals who have severe symptoms and impairments not effectively remedied by available treatments or who, because of reasons related to their mental illness, resist or avoid involvement with mental health services.

“Provider” means any person, entity or organization, excluding an agency of the federal government by whatever name or designation, that provides services to individuals with mental illness, mental retardation or substance addition or abuse including the detoxification, treatment or rehabilitation of drug addicts through the use of the controlled drug methadone or other opioid replacements. Such person, entity or organization shall include a hospital as defined in §37.1-194.1 of the Code of Virginia, behavioral health authority as defined in §37.1-243 of The Code of Virginia, private provider, and any other similar or related person, entity or organization. It shall not include any individual practitioner who holds a license issued by a health regulatory board of the Department of Health Professions or who is exempt from licensing pursuant to §§54.1-2901, 54.1-3001, 54.1-3501, 54.1-3601 and 54.1-3701 of the Code of Virginia. It does not include any person providing uncompensated services to a family member.

“Psychosocial rehabilitation service” means care or treatment for individuals with long-term, severe psychiatric disabilities, which is designed to improve their quality of life by assisting them to assume responsibility over their lives and to function as actively and independently in society as possible, through the strengthening of individual skills and the development of environmental supports necessary to sustain community living. Psychosocial rehabilitation includes skills training, peer support, vocational rehabilitation, and community resource development oriented toward empowerment, recovery, and competency.

“Qualified Mental Health Professional (QMHP)” means a clinician in the health professions who is trained and experienced in providing psychiatric or mental health services to individuals who have a psychiatric diagnosis; including a (i) physician: a doctor of medicine or osteopathy; (ii) psychiatrist: a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) psychologist: an individual with a master’s degree in psychology from a college or university with at least one year of clinical experience; (iv) social worker: an individual with at least a bachelor’s degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those describe) from an accredited college and with at least one year of clinical experience providing direct services to persons with a diagnosis of mental illness; (v) Registered Psychiatric Rehabilitation Provider (RPRP) registered with the International Association of Psychosocial Rehabilitation Services (IAPRS); (vi) registered nurse licensed in the Commonwealth of Virginia with at least one year of clinical experience; or (vii) any other licensed mental health professional.

“Qualified Mental Retardation Professional (QMRP)” means an individual possessing at least one year of documented experience working directly with individuals who have mental retardation or other developmental disabilities and is one of the following: a doctor of medicine or osteopathy, a registered

nurse, or holds at least a bachelor's degree in a human services field including, but not limited to, sociology, social work, special education, rehabilitation counseling, and psychology.

“Qualified Paraprofessional in Mental Health (QPPMH)” means an individual who must, at a minimum, meet one of the following criteria: (i) registered with the International Association of Psychosocial Rehabilitation Services (IAPRS) as an Associate Psychiatric Rehabilitation Provider (APRP); (ii) an Associate's Degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to persons with a diagnosis of mental illness; or (iii) a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMPH providing services to persons with mental illness and at least one year of experience (including the 12 weeks of supervised experience).

“Referral” means the process of directing an applicant or an individual to a provider or service that is designed to provide the assistance needed.

“Residential crisis stabilization service” means providing short-term, intensive treatment to individuals who require multidisciplinary treatment in order to stabilize acute psychiatric symptoms and prevent admission to a psychiatric inpatient unit.

“Residential service” means a category of service providing 24-hour care in conjunction with care and treatment or a training program in a setting other than a hospital. Residential services provide a range of living arrangements from highly structured and intensively supervised to relatively independent requiring a modest amount of staff support and monitoring. Residential services include, but are not limited to: residential treatment, group homes, supervised living, residential crisis stabilization, community intermediate care facility-MR, sponsored residential homes, medical and social detoxification, and substance abuse residential treatment for women and children.

“Residential treatment service” means providing an intensive and highly structured mental health or substance abuse treatment service in a residential setting, other than an inpatient service.

“Respite care service” means providing for a short-term, time limited period of care of an individual for the purpose of providing relief to the individual's family, guardian, or regular care giver. Individuals providing respite care are recruited, trained, and supervised by a licensed provider. These services may be provided in a variety of settings including residential, day support, in-home, or in a sponsored residential home.

“Restraint” means the use of an approved mechanical device, physical intervention or hands-on hold, or pharmacologic agent to involuntarily prevent individual receiving services from moving his body to engage in a behavior that places him or others at risk. This term includes restraints used for behavioral, medical, or protective purposes.

1. A restraint used for “behavioral” purposes means the use of an approved physical hold, a psychotropic medication or a mechanical device that is used for the purpose of controlling

behavior or involuntarily restricting the freedom of movement of the individual that is used for the purpose of controlling behavior or involuntarily restricting the freedom of movement of the individual in an instance in which there is an imminent risk of an individual harming himself or others, including staff; when nonphysical interventions are not viable; and safety issues require an immediate response.

2. A restraint used for “medical” purposes means the use of an approved mechanical or physical hold to limit the mobility of the individual for medical, diagnostic, or surgical purposes and the related post-procedure care processes, when the use of such a device is not a standard practice for the individual’s condition.
3. A restraint used for “protective” purposes means the use of a mechanical device to compensate for a physical deficit, when the individual does not have the option to remove the device. The device may limit an individual’s movement and prevent possible harm to the individual (e.g., bed rail or gerichair) or it may create a passive barrier to protect the individual (e.g., helmet).
4. A “mechanical restraint” means the use of an approved mechanical device that involuntarily restricts the freedom of movement or voluntary functioning of a limb or a portion of a person’s body as a means to control his physical activities, and the individual receiving services do not have the ability to remove the device.
5. A “pharmacological restraint” means a drug that is given involuntarily for the emergency control of behavior when it is not standard treatment for the individual’s medical or psychiatric condition.
6. A “physical restraint” (also referred to “manual hold”) means the use of approved physical interventions or “hands-on” holds to prevent an individual from moving his body to engage in a behavior that places him or others at risk of physical harm. Physical restraint does not include the use of “hands-on” approaches that occur for extremely brief periods of time and never exceeds more than a few seconds duration and are used for the following purposes:
 - (i) to intervene in or redirect a potentially dangerous encounter in which the individual may voluntarily move away from the situation or hands-on approach or
 - (ii) to quickly de-escalate a dangerous situation that could cause harm to the individual or others.

“Restriction” means anything that limits or prevents an individual from freely exercising his rights and privileges.

“Screening” means the preliminary assessment of an individual’s appropriateness for admission or readmission to a service.

“Seclusion” means the involuntary placement of individual receiving services alone, in a locked room or secured area from which he is physically prevented from leaving.

“Serious injury” means any injury resulting in bodily hurt, damage, harm or loss that requires medical attention by a licensed physician.

“Service” or “services” means individually planned interventions intended to reduce or ameliorate mental illness, mental retardation or substance addiction or abuse through care and treatment, training, habilitation or other supports that are delivered by a provider to individuals with mental illness, mental retardation, or substance addiction or abuse.

“Shall” means an obligation to act is imposed.

“Shall not” means an obligation not to act is imposed.

“Skills training” means systematic skill building through curriculum-based psycho educational and cognitive-behavioral interventions. These interventions break down complex objectives for role performance into simpler components, including basic cognitive skills such as attention, to facilitate learning and competency.

“Social detoxification service” means providing nonmedical supervised care for the natural process of withdrawal from excessive use of alcohol or other drugs.

“Sponsored residential home” means a service where providers arrange for, supervise and provide programmatic, financial, and service support to families or individuals (sponsors) providing care or treatment in their own homes.

“State authority” means the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. This is the agency designated by the Governor to exercise the responsibility and authority for governing the treatment of opiate addiction with an opioid drug.

“Substance abuse” means the use, without compelling medical reason, of alcohol and other drugs which results in psychological dependency or danger to self or others as a function of continued use in such a manner as to induce mental, emotional or physical impairment and cause socially dysfunctional or socially disordering behavior.

“Substance abuse residential treatment for women with children service” means a 24-hour residential service providing an intensive and highly structured substance abuse service for women with children who live in the same facility.

“Supervised living residential service” means the provision of significant direct supervision and community support services to individuals living in apartments or other residential settings. These services differ from supportive in-home service because the provider assumes responsibility for management of the physical environment of the residence, and staff supervision and monitoring are daily and available on a 24-hour basis. Services are provided based on the needs of the individual in areas such as food preparation, housekeeping, medication administration, personal hygiene, and budgeting.

“Supportive in-home service” (formerly supportive residential) means the provision of community support services and other structured services to assist individuals. Services strengthen individual skills and provide environmental supports necessary to attain and sustain independent community residential living. They include, but are not limited to, drop-in or friendly-visitor support and counseling to more intensive support, monitoring, training, in-home support, respite care and family support services. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis.

“Time out” means assisting an individual to regain emotional control by removing the individual from his immediate environment to a different, open location until he is calm or the problem behavior has subsided.

“Volunteer” means a person who, without financial remuneration, provides services to individuals on behalf of the provider.

<p>TITLE: GENERAL PROVISIONS</p> <p>EFFECTIVE DATE: December 1, 2001 REVISION DATE: July 1, 2005 UPDATED DATE: July 30, 2008 REVIEWED DATE: June 30, 2009</p>	<p>PREPARED BY: Gale M. Price</p> <p>_____ Date: _____</p> <p>REVIEWED BY: Wilson J. Washington, Jr. Chief Executive Officer</p> <p>_____ Date: _____</p> <p>REVIEWED BY: Chief Executive Officer</p>
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