

# Chapter

# 3

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# Chapter

# 3

## MANAGEMENT AND ADMINISTRATION

### 12 VAC 35-105-140

Richmond Behavioral Health Authority shall prominently display the current license for public inspection on the third floor. Copies of the license will be displayed in all locations.

### 12 VAC 35-105-150

1. The RBHA staff, contractors, students and volunteers shall comply with license regulations, the terms of the license, and all applicable federal, state and local laws including, but not limited to:
  - a) laws regarding employment practices including Equal Employment Opportunity Act
  - b) Americans with Disabilities Act
  - c) Occupational Safety and Health Administration regulations
  - d) Virginia Department of Health regulations
  - e) laws or regulations of the Department of Health Professions
  - f) Uniform Statewide Building Code; and
  - g) Uniform Statewide Fire Prevention Code
  - h) Section 37.1-84.1 of the Code of Virginia on the human rights of individuals receiving services and related human rights regulations
  - i) Section 37.1-197.1 of the Code of Virginia regarding prescreening and predischarge planning.
2. Each division director has created and maintains a list of each service provider certified to perform prescreenings for all disability groups. All service providers are responsible for providing predischarge planning services for their consumers placed in local hospitals. Predischarge planning services for consumers placed in state hospitals will be primarily managed by hospital liaison staff.
3. All RBHA staff will complete predischarge plans prior to an individual's discharge in consultation with the hospital staff which:

- a) Involve the individual or his legally authorized representative and reflect the individual's preferences to the greatest extent possible consistent with the individual's needs.
- b) Include the mental health, mental retardation, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge into the community and identify the public or private agencies or persons that have agreed to provide them.

## **12 VAC 35-105-160**

- A. RBHA shall permit representatives from DBHDS to conduct reviews to:
  - Verify application information
  - Assure compliance with this chapter; and
  - Investigate complaints
- B. All RBHA staff shall cooperate fully with inspections and investigations as well as provide information requested to assist representatives from the department who conduct inspections and investigations.
- C. Richmond Behavioral Health Authority will collect, maintain and report:
  - Each allegation of abuse or neglect to the assigned human rights advocate within 24 hours from the receipt of the initial allegation and the investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the provider and the human rights advocate within 10 working days, unless an exemption has been granted, from the date the investigation began. The report shall include but not be limited to the following: whether abuse, neglect or exploitation occurred; type of abuse; and whether the act resulted in physical or psychological injury.
  - Deaths and serious injuries in writing to the department within 24 hours of discovery and by phone to the legally authorized representative as applicable within 24 hours to include but not be limited to the following: the date and place of death or serious injury; nature of injuries and treatment required; and circumstances of death or serious injury.
  - 3. Each instance of seclusion or restraint that does not comply with the human rights regulations or approved variances, or that results in injury to an individual, shall be reported to the legally authorized representative and the assigned human rights advocate within 24 hours.
- D. Richmond Behavioral Health Authority shall submit, or make available, reports and information that the department requires to establish compliance with human rights regulations and other applicable statutes.

- E. Richmond Behavioral Health Authority will adhere to all federal and state laws governing the confidentiality, disclosure and right of access of records except as permitted by law, pursuant to §8.01-581.17 of the Code of Virginia.
- F. If compliance with a regulation cannot be determined by the department, RBHA shall comply with requests for additional information and submit within 10 business days of the issuance of the licensing report. RBHA director/or designee will request extensions prior to due date, when warranted.

### **12 VAC 35-105-170**

- A. Richmond Behavioral Health Authority shall cooperate with the department during an initial or ongoing review or investigation and submit a corrective action plan upon request.
- B. RBHA will implement the corrective action plan for each regulation found to be in noncompliance with regulations to include:
  - C.
    1. Description of the corrective actions to be taken
    2. Date of completion of each action; and
    3. Signature of the person responsible for the service
  - D. The Richmond Behavioral Health Authority shall submit corrective action plans to the Department within 15 business days of the issuance of the licensing report. RBHA will submit an immediate corrective action plan if the department determines that a violation poses a danger to individuals.
  - E. RBHA shall seek initial approval of the corrective action from the department and provide a revised corrective action plan within 10 business days, post a notice from the department that the plan was not approved.
  - F. RBHA shall monitor the implementation of pledged corrective action and include plan for such monitoring in our quality assurance activities as specified in 12 VAC 30-105-620.

### **12 VAC 35-105-180**

- A. RBHA will seek approval and notify the department in writing prior to implementing changes that affect:
  - Organizational or administrative structure, including the name of the agency
  - Geographic location or its services
  - Service description
  - Significant changes in qualifications required for a position or qualifications of an individual occupying a position or bed capacity for services providing residential services

- B.** RBHA shall provide all documentation necessary for the department to determine continued compliance with these regulations after such changes are implemented.
- C.** RBHA will:
- notify the department in writing of its intent to discontinue services 30 days prior to the cessation of services
  - continue to provide all services that are identified in every individual's services plan after giving an official notice of our intent to cease operations and until each individual is appropriately discharged
  - further continue to maintain substantial compliance with all applicable regulations as services are discontinued
  - notify all individuals receiving services of our intent to cease services in writing 30 days prior to the cessation of services and document in each individual's ISP

### **12 VAC 35-105-190**

The Richmond Behavioral Health Authority was created by means of General Assembly resolution number 96-R106-100 on July 1, 1996. The Richmond Community Services Board was recognized as the governing body of this Authority.

See Attachments:

- Exhibit A House Bill and Resolution
- Exhibit B Table of Organization
- Exhibit C RBHA Bylaws
- Exhibit D RBHA Board of Directors

1996 SESSION  
ENGROSSED

9615282(0)

HOUSE BILL NO. 748

House Amendments in [ ] -- February 5, 1996

A BILL to amend and reenact §§ 15.1-1677 through 15.1-1680, 15.1-1682, 15.1-1684, 15.1-1685 and 15.1-1686 of the Code of Virginia, relating to behavioral health authorities.

Patrons—DeBoer and Rhodes

Referred to Committee on Counties, Cities and Towns

Be it enacted by the General Assembly of Virginia:

1. That §§ 15.1-1677 through 15.1-1680, 15.1-1682, 15.1-1684, 15.1-1685 and 15.1-1686 of the Code of Virginia are amended and reenacted as follows:

§ 15.1-1677 Definitions.

As used in this chapter, unless a different meaning clearly appears from the context:

"Authority" means a behavioral health authority, a public body and a body corporate and politic organized in accordance with the provisions of this chapter for the purposes and with the powers and duties hereinafter set forth.

"Behavioral health" means the full range of mental health care, mental retardation, developmental disabilities and substance abuse services, and the full range of treatment modalities including, but not limited to, emergency, prevention, early intervention, outpatient, inpatient, day support, residential, and other appropriate services to effect an accessible and integrated continuum of care.

"Behavioral health authority board of directors" means the public body organized in accordance with provisions of this chapter and accountable to the local governing bodies.

"Behavioral health project" means all facilities suitable for providing adequate facilities and care for concentrated centers of population, and shall also include structures, buildings, improvements, additions, extensions, replacements, appurtenances, lands, rights in land, franchises, machinery, equipment, furnishings, landscaping, approaches, roadways and other facilities necessary or desirable in connection therewith or incidental thereto.

"Member" means the respective local governing body's appointee to the behavioral health authority board of directors.

"Service area" means the ~~city~~ locality participating in and formulating the behavioral health authority.

"State Board" means the Virginia Mental Health, Mental Retardation and Substance Abuse Services Board.

"Unit" means any department, institution or commission of the Commonwealth and any public corporate instrumentality thereof, and any district, and shall include counties and municipalities.

§ 15.1-1678 Governing body to pass resolution.

The governing body of any [ ] city with a population of 350,000 or greater ~~locality~~, any city with a population between 200,000 and 250,000 and any county with a population between 200,000 and 210,000 [ ] wishing to establish a behavioral health authority shall declare its intention by resolution.

§ 15.1-1679 Board of directors; appointment; membership.

Every such ~~city~~ locality establishing a behavioral health authority, before it comes within the provisions of this chapter, shall establish a board of directors with neither less than five nor more than eighteen members. When any such ~~city~~ locality establishes a behavioral health authority, the board of directors shall be appointed by the governing body of the ~~city~~ locality. Appointments to the board of directors shall be broadly representative of the community, to include consumers and family members of consumers when practical.

No board of directors shall be composed of a majority of elected officials as members.

The board of directors appointed pursuant to this section shall be responsible to the governing body of the ~~city~~ locality which established such authority.

§ 15.1-1680 Board of directors; terms; vacancies; removal.

The term of office of each member of the behavioral health authority board of directors shall be for three years from January 1 of the year of appointment, or, at the option of the governing body of the ~~city~~ locality, from July 1 of the year of appointment, except that of the members first appointed,

9615282(0)

HB748E

2/5/96 19:33

1 several shall be appointed for terms of one year each, several for terms of two years each, and the  
2 remaining members for terms of three years each. The selection of members for one, two, and  
3 three-year terms shall be as nearly equal as possible with regard to the total number of members. If  
4 the governing body has appointed members for terms commencing January 1 or July 1 but desires to  
5 change the date the terms of office commence, the governing body may, as the terms of the members  
6 then in office expire, appoint successors for terms of two and one-half or three and one-half years so  
7 as to expire on June 30 or December 31. Vacancies shall be filled for unexpired terms in the same  
8 manner as original appointments. No person shall be eligible to serve more than two successive terms,  
9 although persons appointed to fill vacancies may serve two additional successive terms. Any member  
10 of the board of directors may be removed by the appointing governing body for cause, after being  
11 given a written statement of the causes and an opportunity to be heard thereon.

12 § 15.1-1682 Behavioral health authorities; powers and duties.

13 Every authority shall be deemed to be a public instrumentality, exercising public and essential  
14 governmental functions to provide for the public mental health, welfare, convenience and prosperity  
15 of the residents and such other persons who might be served by the authority and to provide  
16 behavioral health care and related services to such residents and persons. An authority is authorized to  
17 exercise the following powers:

18 1. Review and evaluate all existing and proposed public community mental health, mental  
19 retardation, and substance abuse services and facilities available to serve the community and such  
20 private services and facilities as receive funds through the authority and advise the *city locality* as to  
21 its findings.

22 2. Within amounts allocated by local, state, federal, Medicaid, and other payers, execute programs  
23 and services for consumers in need.

24 3. Make and enter into all contracts or agreements, as the authority may determine, which are  
25 necessary or incidental to the performance of its duties and to the execution of powers granted by this  
26 chapter, including contracts with any federal agency, the Commonwealth, or with any unit thereof,  
27 behavioral health providers, insurers, and managed care/health care networks on such terms and  
28 conditions as the authority may approve.

29 4. Make rules or regulations concerning the rendition or operation of services and facilities under  
30 its direction or supervision, subject to applicable standards or regulations promulgated by the State  
31 Mental Health, Mental Retardation and Substance Abuse Services Board.

32 5. Appoint a chief executive officer of the behavioral health authority and prescribe his duties. The  
33 compensation of such chief executive officer shall be fixed by the authority and he shall serve at the  
34 pleasure of the authority.

35 6. Empower the chief executive officer to maintain a complement of professional staff to operate  
36 the behavioral health authority's service delivery system.

37 7. Prescribe a reasonable schedule of fees for services provided by personnel or facilities under the  
38 jurisdiction or supervision of the authority and collection of the same. Every authority shall institute a  
39 reimbursement system to maximize the collection of fees from persons receiving services under the  
40 jurisdiction or supervision of the authority consistent with the provisions of § 37.1-202.1 and from  
41 responsible third-party payers.

42 8. Accept loans, grants or assistance from the federal government, the Commonwealth, any  
43 municipality thereof, or from any other sources, public or private, to carry out any of its purposes and  
44 enter into any agreement or contract regarding or relating to the acceptance or use or repayment of  
45 any such loan, grant or assistance.

46 9. Notwithstanding any provision of law to the contrary, disburse funds allocated to it in  
47 accordance with applicable regulations.

48 10. Develop joint annual written agreements, consistent with policies and procedures established  
49 by the State Board, with local school divisions; health departments; boards of social services; housing  
50 agencies, where they exist; courts; sheriffs; area agencies on aging and regional Department of  
51 Rehabilitative Services offices. The agreements shall specify what services will be provided to  
52 consumers. All participating agencies shall develop and implement the agreements and shall review  
53 the agreements annually.

54 11. Fulfill all other duties specified in the Code of Virginia pertaining to community services

House Bill No. 748

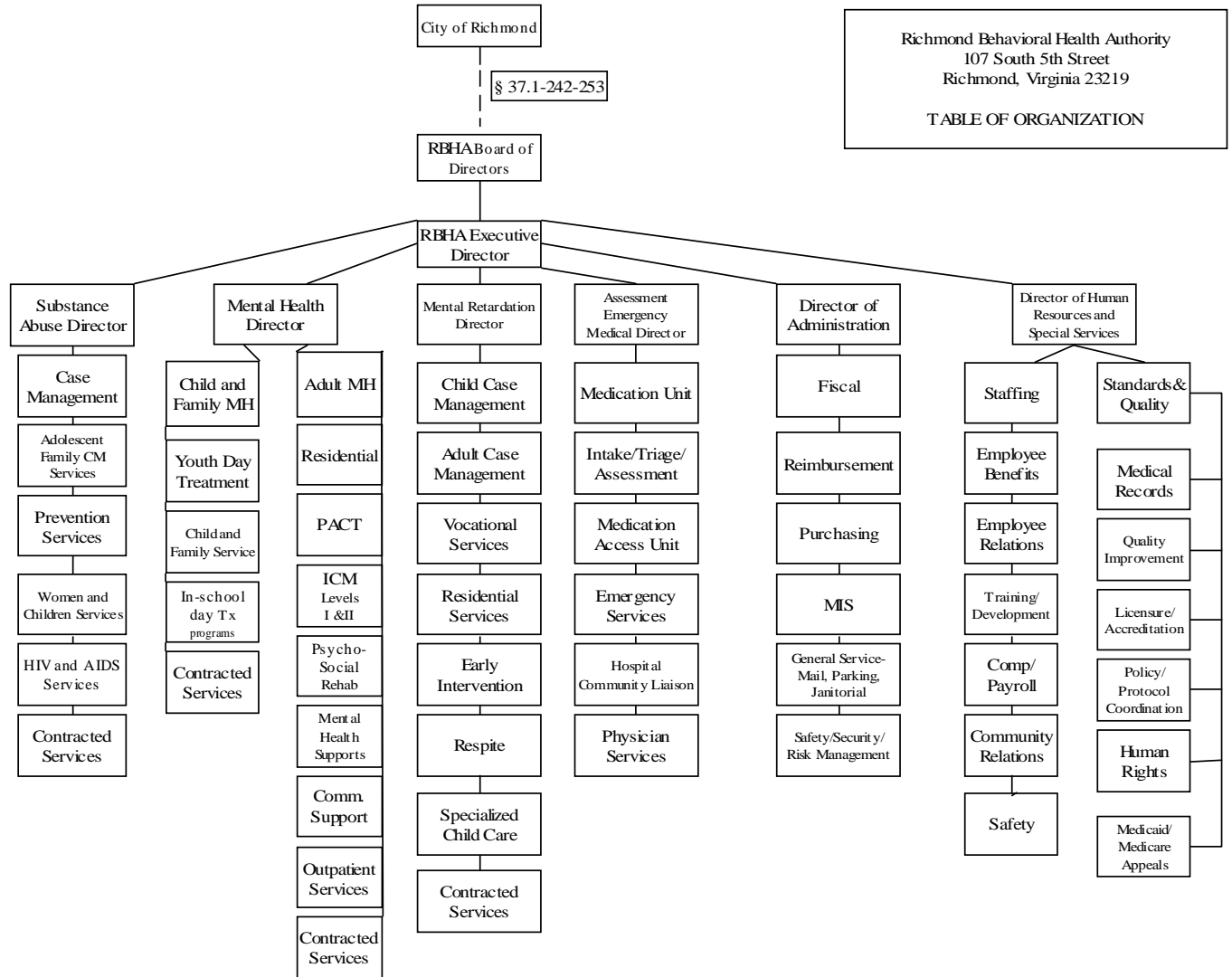
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- 1 boards including: § 37.1-65.1 - judicial certification of eligibility for admission of mentally retarded  
2 persons; §§ 37.1-67.1 through 37.1-67.6 - involuntary detention; § 37.1-197.1 - prescription team;  
3 § 37.1-198 - plans and budgets; § 37.1-199 - allocation of funds by the Department of Mental Health,  
4 Mental Retardation, and Substance Abuse Services; and § 37.1-202.1 - consumer liability for expenses  
5 of services.
- 6 12. Fulfill all applicable rules, regulations and standards pertaining to the rendition of mental  
7 health, mental retardation, and substance abuse services including, but not limited to, confidentiality,  
8 human research assurances, service and facility licensing, and client rights' protection.
- 9 13. As a public instrumentality, ensure compliance with all applicable organizational and  
10 administrative rules, regulations and standards pertaining to human resources; equal employment; fair  
11 labor practices; public procurement; risk management; and governmental finance and accounting  
12 requirements.
- 13 14. Make loans and provide other assistance to corporations, partnerships, associations, joint  
14 ventures or other entities in carrying out any activities authorized by this chapter.
- 15 15. Transact its business, locate its offices and control, directly or through stock or nonstock  
16 corporations or other entities, facilities that will assist the authority in carrying out the purposes and  
17 intent of this chapter, including without limitations the power to own or operate, directly or indirectly,  
18 behavioral health facilities in its service area.
- 19 16. Plan, design, construct, renovate, enlarge, equip, maintain and operate programs for the  
20 purpose of providing behavioral health care and related services and other appropriate purposes.
- 21 17. Acquire property, real or personal, by purchase, gift, devise on such terms and conditions, and  
22 in such manner as it may deem proper, and such rights, easements or estates therein as may be  
23 necessary for its purposes, and sell, lease and dispose of the same, or any portion thereof or interest  
24 therein, whenever it shall become expedient to do so.
- 25 18. Participate in joint ventures with individuals, corporations, partnerships, associations or other  
26 entities for providing behavioral health care or related services or other activities that the authority  
27 may undertake to the extent that such undertakings assist the authority in carrying out the purposes  
28 and intent of this chapter.
- 29 19. Conduct or engage in any lawful business, activity, effort or project, necessary or convenient  
30 for the purposes of the authority or for the exercise of any of its powers.
- 31 20. As a public instrumentality, operationalize its administrative management infrastructure in  
32 whole or in part independent of the local governing body; however, nothing in the chapter precludes  
33 behavioral health authorities from acquiring support services through existing government entities.
- 34 21. Operationalize capital improvements and bonding through existing economic or industrial  
35 development authorities.
- 36 22. Establish retirement, group life insurance, and group accident and sickness insurance plans or  
37 systems for its employees in the same manner as cities, counties and towns are permitted under  
38 § 51.1-801.
- 39 23. Make an annual report to the State Mental Health, Mental Retardation and Substance Abuse  
40 Services Board of the authority's activities.
- 41 24. Ensure a continuation of all client services during any transition period.
- 42 § 15.1-1684 Transfer of facilities and assets.
- 43 The governing body of the ~~city~~ locality is authorized to transfer to the authority the operation and  
44 maintenance of such suitable facilities as are now or may be hereafter owned by the ~~city~~ locality, on  
45 such terms and conditions which it may prescribe; but this section shall not be construed as  
46 authorizing the authority to maintain and operate such facilities until the operation thereof has been  
47 transferred by the governing body of the ~~city~~ locality.
- 48 § 15.1-1685 Local appropriations.
- 49 The ~~city~~ locality is authorized to make appropriations and to provide funds for the operation of the  
50 authority and to further its purposes.
- 51 § 15.1-1686 Proceedings for dissolution.
- 52 Whenever it appears to the board of directors of a behavioral health authority that the need for  
53 such authority in the ~~city~~ locality in which it was created no longer exists, then upon petition by the  
54 board of directors of the authority to the circuit court of such ~~city~~ locality after giving to the city

- 1 thirty days' notice, and upon the production of the satisfactory evidence in support of such petition,
- 2 the court may, in its discretion, enter an order declaring that the need for such authority in the ~~city~~
- 3 *locality* no longer exists and approving a plan for the winding up of the business of the authority, the
- 4 payment or assumption of its obligations, and the transfer of its assets.

<b>Official Use By Clerks</b>	
<b>Passed By</b>	
<b>The House of Delegates</b>	<b>Passed By The Senate</b>
without amendment <input type="checkbox"/>	without amendment <input type="checkbox"/>
with amendment <input type="checkbox"/>	with amendment <input type="checkbox"/>
substitute <input type="checkbox"/>	substitute <input type="checkbox"/>
substitute w/amdt <input type="checkbox"/>	substitute w/amdt <input type="checkbox"/>
Date: _____	Date: _____
_____ Clerk of the House of Delegates	_____ Clerk of the Senate

**Exhibit B**



Richmond Behavioral Health Authority  
 107 South 5th Street  
 Richmond, Virginia 23219  
 TABLE OF ORGANIZATION

05/07/09-Needs to be finalized and replaced

## **Exhibit C**

### **BY-LAWS**

#### **Richmond Behavioral Health Authority**

##### **ARTICLE I - Name**

The name of the organization shall be the Richmond Behavioral Health Authority (the “Authority”).

##### **ARTICLE II - Purpose, Duties, Membership and Authority**

**Section 1** - The purposes and duties of the Authority shall be as set forth in City Council Resolution No. 96-R106-100, adopted July 1, 1996, as amended by City Council Resolution No. 96-R145-146, adopted October 14, 1996, as amended by City Council Resolution No. 97-R93-145, adopted July 28, 1997 (as further amended and in effect from time to time, the “Creating Resolution”), and Chapter 15, Title 37.1 of the Code of Virginia of 1950, as amended (the “Enabling Act”). The powers of the Authority shall be vested in the members of the board of directors thereof (the “Board”) in office from time to time and appointed in accordance with the Enabling Act. Each member shall hold office for the term prescribed in accordance with law, and vacancies in the membership of the Board shall be filled as provided by law. The Authority shall have such powers and authority as are prescribed by the Creating Resolution, the Enabling Act and all such other powers and authority as may be granted now and in the future by the Council of the City of Richmond, Virginia and the General Assembly of Virginia.

**Section 2** - Each member of the Board shall before taking office subscribe to the oath prescribed by Section 49-1 of the Code of Virginia of 1950, as amended.

##### **ARTICLE III - Officers of the Board and their Duties**

**Section 1** - In accordance with the Enabling Act, the officers of the Board shall consist of a Chairman, a Vice Chairman, a Secretary and a Treasurer, all of whom shall be elected by the Board.

**Section 2** - The Chairman, or in his or her absence, the Vice Chairman, shall preside at all meetings of the Board, perform all of the duties commonly incident to such office and shall have such other duties, powers and authority as may be conferred from time to time by the Board in accordance with law, including but not limited to the following duties:

- (a) To preside at all meetings of the Board and Executive Committee.
- (b) To appoint, subject to the approval of the Board, the chairmen of the standing committees. This shall be done at the first meeting of the Board following election to office.
- (c) To appoint, subject to the approval of the Board, the members of the standing committees and the chairmen and members of the *ad hoc* committees deemed necessary for the operation of the Board.
- (d) To establish a coordinated and effective working relationship with the Chief Executive Officer (the “Chief Executive Officer”) of the Authority.
- (e) To keep the Authority informed of the activities of the Board.
- (f) To insure that accurate records are kept of all meetings of the Board and the Executive Committee.

- (g) To insure that notices of regular meetings of the Board are sent to the members in sufficient time to arrive at the members' official address before the day of the meeting.
- (h) To notify members of the Board of special meetings.
- (i) To call the meetings of the Executive Committee and notify the members thereof of the meetings.
- (j) To perform any other duties determined by the Board.

**Section 3** - The Vice Chairman shall, in the absence of the Chairman, perform the duties of the Chairman and such other duties as the Board may from time to time determine.

**Section 4** - The Secretary shall perform the duties commonly incident to such office and such other duties as the Board may from time to time determine. He or she shall maintain the seal and be responsible for its use on official documents. The Secretary will attest the signature or facsimile of the Chairman or Vice-Chairman when necessary.

The Treasurer shall perform the duties commonly incident to such office and such other duties as the Board may from time to time determine and shall be a member of the Finance Committee. Investment of Authority funds shall be as prescribed by law.

The Secretary and the Treasurer, respectively, shall, in the absence of the Chairman and Vice-Chairman, perform the duties of the Chairman. The same person may serve as both Secretary and Treasurer.

**Section 5** - In the absence of all officers, the duties of the Chairman shall pass to the chairmen of the standing committees in the order presented in Article VII, Section 1, and then to the senior member of the Board present (in terms of continuous service on the Board) as *chairman pro tempore*.

#### **Article IV - Election and Terms of Office**

**Section 1** - The Board shall elect its officers at the last regularly scheduled meeting of the fiscal year; newly elected officers to assume office on the first day of July. Should a quorum not be present at such meeting or should the last regularly scheduled meeting of the year be canceled or postponed beyond the end of the fiscal year, the Board shall elect its officers at the first regular or special meeting of the new fiscal year as the first order of business following the approval of the minutes. Should all outgoing officers and the chairmen of all standing committees have concluded their service on the Board or be otherwise absent, then the senior Board member present, in terms of continuous service, shall preside as *chairman pro tempore*. Newly elected officers shall assume office immediately upon election.

**Section 2** - The term of office for each officer shall be for the fiscal year or until their successors are duly elected or qualified, unless their term of office shall expire or they are removed prior to such time. Officers may be reelected, ***provided, however***, that no officer may serve more than three consecutive partial or complete terms in the same office.

**Section 3** - Elections shall be by ballot if there is more than one nominee for the same office. Should no single candidate obtain an absolute majority (when there are more than two candidates) of the members voting, the candidate having the smallest number of votes shall be dropped and balloting shall continue with the remaining candidates. This procedure shall be repeated until a single candidate obtains an absolute majority of the votes of the members voting.

**Section 4** - When a vacancy occurs it shall be filled for the remainder of the term at the first meeting after the determination of the vacancy. The procedures prescribed in this article shall be followed.

### **ARTICLE V - Meetings**

**Section 1** - As required by the Enabling Act, regular meetings of the Board shall be held at least once each month, at a time to be determined by the Board.

**Section 2** - Special meetings of the Board may be called by the Chairman, by the Executive Committee, or upon written notice to all members from at least one third of its current membership or three members, whichever number is the greater.

**Section 3** - The Executive Committee, standing committees, and *ad hoc* committees shall meet at the discretion of their respective chairmen.

**Section 4** - Except as otherwise specifically set forth in these By-Laws as to a particular matter or procedure, a majority of the current members of the Board and of any committee, respectively, shall constitute a quorum for the transaction of business. No action may be taken by the Board or a committee in the absence of a quorum.

**Section 5** - Voting of the Board and committees shall normally be by voice. However, where a vote other than a simple majority is required for passage, or at the discretion of the Chairman, or upon the demand of any member, the vote shall be by show of hands. The vote of any member will be recorded in the minutes at the request of the member.

**Section 6** - Board and committee meetings will generally be public meetings in accordance with law, *provided, however*, that in special circumstances when allowed by the Virginia Freedom of Information Act or applicable law, the Board and/or its committees may meet in executive session with others present only by invitation.

### **ARTICLE VI - Executive Committee**

**Section 1** - The elected officers of the Board and one member-at-large, appointed by the Chairman, shall constitute the Executive Committee. The Chairman of the Board shall serve as Chairman of the Executive Committee. Chairmen of committees and other Board members may be invited to participate with the Executive Committee in its meetings, but shall have no vote in the Executive Committee and shall not be considered in determining a quorum.

**Section 2** - To the extent permitted by law, the Executive Committee shall conduct any necessary business of the Board between Board meetings, and any action for which final authority has not been lawfully delegated to the Executive Committee shall be considered for ratification or confirmation at the next meeting of the Board. Final actions taken by the Executive Committee in the exercise of powers lawfully delegated by the Board shall be reported to the Board at its next regular meeting.

**Section 3** - Unless the Board establishes otherwise, the duties of the Executive Committee shall be as follows:

- (a) Develop the Board agenda, including items from Board members or standing or program committees submitted to them through the Chief Executive Officer.
- (b) Review and evaluate the Chief Executive Officer on a periodic basis and undertake such other personnel matters as the Board may prescribe.
- (c) Review and consider governance and policy issues, other relevant committee business not otherwise assigned as the responsibility of other standing and/or *ad hoc* committees and such other duties as the Board may prescribe.

**ARTICLE VII - Standing Committees**

**Section 1** - There shall be the following standing committees:

- (a) Finance Committee
- (b) Such other committees as are established by the Board from time to time

**Section 2** - The duties of the standing committees shall be as follows:

- (a) Each committee shall:
  - (1) Participate, as provided by approved or established Authority policy, in strategic service and/or fiscal planning and oversight activities.
  - (2) Review and conduct oversight activities regarding programs and services operated either directly by the Authority or through contractual agreement, initiating governance and/or policy recommendations to the Board where necessary, to insure the adequacy of service and conformance to accepted or required standards.
- (b) Each Committee shall perform any other task or duties which are referred to it by the Board or the Executive Committee and/or exercise any power lawfully delegated to it by the Board.

**Section 3** - Committees may invite non-Board members to participate in committee meetings and other committee activities as non-voting members.

**Section 4** - Each standing committee shall keep and publish to all Board members complete minutes of its meetings.

**Section 5** - The Board shall appoint a Nominating Committee for recommendations of election of officers under Article IV hereof and to make recommendations to City Council for the appointment from time to time of Board members under the Enabling Act.

**Section 6** - Other *ad hoc* committees may be established by the Chairman or the Board who will in such action, determine the committee charge, membership composition and duration.

**ARTICLE VIII - Order of Business**

**Section 1** - The order in which business shall be conducted at any meeting of the Board shall be established as a Board agenda by the Executive Committee, and will include a public comment period. Any Board member may add an item to the agenda being prepared by the Executive Committee. After the Executive Committee has established and distributed the agenda, additional items may only be added with approval of the Board. If not so approved, any such items shall carry over to the next meeting.

The Executive Committee may designate a standard "Consent Agenda" for Board meetings, including all housekeeping or non-controversial items, which may be acted on with one vote. Any Board member may request that an item be removed from the consent agenda and voted on separately.

**Section 2** - The Chief Executive Officer and Authority staff may be invited to participate at any time during the proceedings of the Board or its committees when such participation might assist the Board or committee in its deliberations, unless excluded during executive session.

**Section 3** - Visitors to the Board or committee meetings may be invited, at the discretion of the Chairman, to speak to the Board or one of its committees at any point in the order of business when the remarks of the visitors might assist the Board or committee in its undertakings.

**Section 4** - The Board and its committees may adopt standing rules relating to the allotment of time to speakers discussed in Sections 1 and 3 of this article and/or to the number of speakers who may be heard on any issue.

**Section 5** - Committees of the Board are not bound by the provisions of Section 1 of this Article.

#### **ARTICLE IX - Standing Rules and Policies**

**Section 1** - The Board may adopt standing rules for its operation and statements of policy in accordance with the Enabling Act and applicable law.

**Section 2** - The Chairman shall provide incoming new members of the Board with a complete set of current by-laws, standing rules and policy statements.

#### **ARTICLE X - Rules of Procedure**

If any disagreement in the conduct of a meeting of the Board or a committee should arise, the rules of parliamentary procedure as set forth in Robert's Rules of Order (Revised), shall govern to the extent such rules are not inconsistent with these By-Laws, the Code of Virginia or applicable law.

#### **ARTICLE XI - Amendments**

These By-Laws may be amended or repealed and new By-Laws may be made at any regular or special meeting of the Board by vote of not less than two thirds of the members present, a copy of the proposed amendment(s) or new By-Laws having been submitted to each member in writing not less than ten days prior to the meeting.

**Exhibit D****RICHMOND BEHAVIORAL HEALTH AUTHORITY BOARD OF DIRECTORS****Frances M. Christian, Ph.D., Chair**

3302 Hazelhurst Avenue  
Richmond, VA 23222  
Telephone: (H) 329-2136  
(O) 355-9322 355-9322 (Fax)  
**E-mail: [frchrist@hsc.vcu.edu](mailto:frchrist@hsc.vcu.edu)**  
**Term Expires: 9-23-2009**

**Margaret N. Crowe, Immediate Past Chair**

701 E. Franklin St., Suite 807  
Richmond, Virginia 23219  
Telephone: (c) 519-9444  
**E-mail: [margaret\\_nimmo@yahoo.com](mailto:margaret_nimmo@yahoo.com)**  
**Serving 2<sup>nd</sup> Term - Expires: 10-27-2009**

**Andrew C. Epps, III**

4030 Forest Hill Avenue #18  
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**E-mail: [clayw10@aol.com](mailto:clayw10@aol.com)**  
**Serving 2<sup>nd</sup> Term - Expires: 10-26-2010**

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**Serving 1<sup>st</sup> Term - Expires: 6-22-2010**

**Ms. Rose Stith-Singleton, M.Ed**

City of Richmond Social Services  
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Richmond, VA 23219  
Telephone: (H) 788-4660  
(O) 646-3335 646-3340 (Fax)  
**Email: [singlers@ci.richmond.va.us](mailto:singlers@ci.richmond.va.us)**  
**Serving 3<sup>rd</sup> Term - Expires: 03-24-2011**

**Ms. Betty L. Squire**

900 East Broad Street, Suite 200  
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**Email: [Betty.Squire@Richmondgov.com](mailto:Betty.Squire@Richmondgov.com)**  
**Liaison: Mr. Sam Patterson**  
**Telephone: 646-3012**  
**Email: [Sam.Patterson@Richmondgov.com](mailto:Sam.Patterson@Richmondgov.com)**

**Mr. Wayne Blanks, Vice Chair**

5202 New Kent Road  
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(O) 357-0753  
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**Serving 1<sup>st</sup> Term - Expires: October 22, 2010**

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**E-mail: [hfbulifant@aol.com](mailto:hfbulifant@aol.com)**  
**Serving 1<sup>st</sup> Term - Expires 01-12-20012**

**Mr. Tracy L. Causey, Secretary/Treasurer**

Capital Area Health Network  
2025 E. Main St. Suite ,101  
Richmond, VA 23223  
Telephone: (H) 364-2869 (C) 690-9416 (fax) 253-1979  
**E-mail: [tcausey@cahealthnet.org](mailto:tcausey@cahealthnet.org)**  
**Serving 1<sup>st</sup> Term - Expires: 11-27-2009**

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**Serving 1<sup>st</sup> Term - Expires: 10-12-2011**

**Mr. William C. Mims**

900 E. Main Street  
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**Telephone: 786-5713 (Fax) 371-0200**

**Jodi Mincemoyer**

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**Napoleon L. Peoples, Ph.D.**

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**12 VAC 35-105-200**

The Richmond Behavioral Health Authority Board of Directors appoints the Chief Executive Officer to direct the day-to-day operation of the Authority. The Chief Executive Officer is empowered to delegate duties for the operation of the divisions within the organization to designated division directors.

**Position Description- Chief Executive Officer (Exhibit E)****Classification Description/General Description of Work:**

Responsible for the overall operation of the Authority; including planning, budgeting, Contracts, personnel, MIS, and all clinical services. Reports directly to the Board of Directors and maintains primary responsibility for the coordination of their activities including policy and procedure development, Board meetings and reports. Interfaces with high level representatives from public and private entities, on a local, state and federal level. Represents the authority to a wide variety of audiences, including professional organizations, consumer groups, advocacy groups, etc. Lead the organization in mission and vision developing.

**Essential Tasks**

(These are intended only as illustrative of the various types of work performed. The omission of specific duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.)

Responds and is accountable to the Board of Directors directly. Provides Board member's orientation, ensures meeting schedules, agendas and minutes are prepared and disseminated. Facilitates the Board's meetings and provides recommendations, guidance and advice on Board policies and procedures. Is responsible for Board development and compliance with legal and sound fiscal practices. Serves as the Board's designated representative to City and State governments. Serves as the official manager of the Board's legal services. Ensures that the agency complies with all applicable local, state and federal laws pertaining to program and staff credentialing, auditing personnel and service provision. Responsible for negotiating and completing the Board's contractual obligations. Obligates the Board's resources through issuing contracts, agreements, etc. Makes decisions regarding personnel policies, financial obligations, contractual obligations, employee concerns, legal matters and consumer issues. Represents the RBHA to many audiences through meetings, presentations, work groups, task forces, etc. Hires, orients, supervises and evaluates Division Directors. Provides guidance and assistance as needed. Performs related work as required.

## Exhibit E

**Knowledge/Skills/Abilities Required:**

Extensive knowledge of the principles and practices of community-based behavioral health services and delivery systems. Extensive knowledge of public administration and community organization. Comprehensive knowledge of current socioeconomic problems related to behavioral health issues. Considerable knowledge of the principles and methods of program planning, organization and direction. Comprehensive skill in assessing, relating and coordinating various activities of department staffs and groups of individuals in serving behavioral health populations. Comprehensive skill in planning the diversified functions and services of a large department. Comprehensive skill in developing long-range delivery of programs. Comprehensive skill in resolving major policy issues and complex administrative problems. Considerable skill in maintaining good effective relationships with public officials and the public.

**Minimum Qualifications (Education, Experience, Credentials)**

Master's degree in psychology, social work, counseling or related field. Extensive experience in behavioral health administration including an administrative or managerial capacity.

**12 VAC 35-105-210**

This section provides standards for organizational structure, financial management information and the assignment of responsibilities for financial and accounting procedures. The standards are based on generally accepted accounting principles, those promulgated by the GASB, and the State Auditor of Public Accounts.

**Management Responsibilities**

- A.** All fiscal information is retained by the Chief Executive Officer and the Comptroller for Richmond Behavioral Health Authority (RBHA) and is available for review upon request. Financial records are governed by the Governmental Standards Board (GASB) and the rules and regulations from the Virginia Department of Behavioral Health and Developmental Services.
- B.** The requirement of a line of credit sufficient to cover 90 days of operating expenses is not applicable to the Authority. The RBHA has established a line of credit at BB & T Bank of \$1,000,000 to help cover fluctuations between revenue, receipts and expenditure outlays.

At the end of each fiscal year, Richmond Behavioral Health Authority shall prepare a balance sheet, according to generally accepted accounting principles (GAAP) and/or those standards promulgated by the Governmental Accounting Standards Board (GASB).

RBHA Operating/Balance Sheet 2009	
INCOME	<b>\$38,505,410</b>
OPERATING EXPENSES	<b>28,247,943</b>
DEPRECIATION	<b>386,666</b>
<b>TOTAL EXPENSES</b>	<b>\$28,634,609</b>
CURRENT ASSETS	<b>\$ 4,535,328</b>
CAPITAL ASSETS	<b>1,090,485</b>
<b>TOTAL ASSETS</b>	<b>\$ 5,625,813</b>
LIABILITIES	<b>\$ 3,575,492</b>
NET ASSETS	<b>2,050,321</b>
<b>TOTAL LIABILITIES/NET ASSETS</b>	<b>\$ 5,625,813</b>

The organizational structure and management responsibilities are as follows:

1. The RBHA Board of Directors has oversight and fiduciary responsibilities including:
  - safeguard Authority assets;
  - establish policy
  - approve the plan or budget;
  - monitor progress; and
  - independently evaluate the financial health and results of operations of the Authority

In order to perform these responsibilities, the Board must receive timely and accurate information from the Chief Executive Officer concerning the financial activities of the Authority. Included in the required information will be the status of audits and the final audit report with copies of the auditor's management letter and the plan of correction, if needed, with implementation reports.

## 2. Committees

The Board functions with an Executive Committee of Board Officers, Board Standing Committee Chairs, and an At-Large Board member. The Executive Committee reviews and considers governance and policy issues, develops and approves Board meeting agendas, reviews/evaluates the Chief Executive Officer on a periodic basis, undertakes other personnel matters as the Board may prescribe, and assumes other Board-directed Committee business not assigned otherwise to another Board committee. The Board utilizes other designated Standing Committees to focus on monitoring and review of fiscal/funding, programmatic, advocacy, and development issues/needs of the organization. Currently these standing Committees are: Finance, Access/Service Delivery, Advocacy/Community Education, and Fund Raising. The Board Chair may appoint Ad Hoc Committees of the Board, as needed, to accomplish other time-limited specific Committee functions.

## 3. Chief Executive Officer

The Chief Executive Officer is responsible for providing information to the Board in a timely manner. As part of that duty, the Chief Executive Officer should have an understanding of fiscal matters and will be well-versed in fiscal operations. As an agent of the Board, the Chief Executive Officer is also responsible for making fiscal decisions regarding the Authority's operations in accordance with the policies established by the Board.

Fiscal duties include:

- Schedule the Authority's internal budget preparations process within the appropriate time frame for the Department and other revenue sources.
- Communicate to the Authority's staff the requisite procedures for budget and objectives.
- Assess budgetary alternatives and recommend the Authority's budget to the Richmond Behavioral Health Authority Board for approval in a timely manner.
- Provide appropriate fiscal information to the Board on a regularly scheduled basis, including items of explanation and clarifications.
- Assess the fiscal impact of unexpected programmatic or environmental changes.
- Review and develop strategies for future funding requirements for Authority programs in order to maximize funding.

#### 4. Comptroller

The Comptroller has management responsibilities for budget, finance, billing, reimbursement, information systems and contract functions for the Authority. He/she is responsible for the development, implementation and revisions of fiscal and administrative policies and procedures governing financial management. The Comptroller also has oversight responsibilities for the preparation of operating budgets with the division directors.

#### 5. Accounting Director

Under the direction of the Comptroller, the Accounting Director is the designated individual charged with the financial management responsibilities for the Authority. The three primary financial functions are as follows:

- Financial Accounting – recording, classifying and summarizing transaction and events that are of a financial character
- Financial Management – providing support to other senior management by measuring, analyzing and interpreting the financial effect of resource decisions
- Compliance Assurance – establish and enforce policies and procedures related to the areas of financial management to ensure that legal restrictions and administrative rules and regulations imposed by appropriate governmental bodies, the Authority Board, and other sources are followed

The principle functions include:

- To provide for the design, development, and implementation and maintenance of effective systems of internal accounting controls that ensure that the financial transactions of the Board are properly recorded and summarized, appropriate internal checks are established; and, the assets of the Board are safeguarded
- To propose and participate in the formation of the Board's fiscal policies
- To provide senior management, the Comptroller, the Chief Executive Officer, and the Board information concerning the financial condition of the Authority on a defined regular schedule
- To provide annually, a set of financial statements disclosing the financial condition of the Board that are in conformity with GAAP
- To ensure that the Board complies with federal, state, local and Board regulations and policies related to the position's areas of responsibilities
- To ensure that the Board's accounting policies and procedures manual is kept current
- To ensure that all financial records are maintained and retained appropriately and to supervise the destruction of records according to the recommendations of the Virginia Library and Archive Services.

## 6. Accounting Staff

(See job descriptions for these positions in appendix A) Position descriptions for the accounting staff are revised whenever there is a change in the assigned duties of the position.

## 7. Separation of Duties

Key duties such as authorizing, approving, and recording transactions, issuing and receiving assets, making payments, and reviewing or auditing of same are assigned to separate individuals to maximize the effectiveness of internal control and to minimize the risk of loss. Internal control depends largely on the elimination of opportunities to conceal errors or irregularities. This, in turn, depends on the assignment of work in such a manner that no one individual controls all phases of an activity or transaction, thereby creating a situation that would permit errors or irregularities to go undetected.

## 8. Supervision

Qualified and continuous supervision is provided to ensure that approved procedures are followed. Lines of authority and accountability are clearly defined in the position descriptions and organization charts of the Authority.

## 9. Competent Personnel

The Authority will exercise reasonable care to ensure that key personnel have high standards of integrity and competency. This assurance is demonstrated by the education, training, and relevant experience of each staff member.

## 10. Organization and Technology

The Comptroller is responsible for maintaining a financial management information (FMI) system that will provide the necessary financial information to the Board and senior management. The Accountant Director will be proficient in the operation of the FMI system; providing analyses that include trend analysis, actual to budget comparisons, and revenue to expenditure reports.

The Authority has installed the CMHC System computer software. This software has 5 major reporting systems with the capability of providing a variety of reports necessary for effective management. The General Reporting System, complete with descriptive and inferential statistics, accesses all the databases (inventory, payroll, account receivable, client records and financial) allowing for the user to specify a sort criteria and the data desired. In addition, payroll data is input from the external ADP payroll service. Event Reporting System is designed to provide for fast and efficient reporting and summarization of service event data. General Purpose Billing handles the account receivable functions of billing clients and third party insurances claim submission. The Application Generating System is designed to access multiple databases simultaneously to perform analyses. It also includes word-processing capabilities. The final report system is the Financial Report Generator. This system prepares the general ledger information and financial reports, including standard financial statements, budget variance reports and revenue analyses. Some of the fundamental elements of an FMI System include:

- **Timely Information** – Information is most effective when it is provided to the user in a timely manner. At the end of this section is a table listing the regularly produced financial reports and their frequency.
- **Accurate Information** – The Comptroller is responsible to ensure that the reports generated are accurate and correctly describe the financial status of the Authority and each individual program.
- **Consistent Information** – Appropriate financial analysis can only occur when comparisons of the current period's information can be made with historical or industry data. Report formats should be consistent to allow comparisons and also to highlight areas of concern. It is also important that the financial information distributed is consistent with generally accepted accounting principles.
- **Information Satisfying User Needs** – Financial information must be responsive to the needs of its users. The FMI system needs to coordinate

with the Board and senior management to develop reports that meet the required need. There are several format and types of reports utilized:

- a. Comparative Reporting – allows for comparison of current period information to prior year, prior period, budget, etc.
- b. Trend Analysis – certain key information is tracked over time such as the amount of services delivered in a program each month of the year or over several years. Often reported in the chart or graph format.
- c. Exception Reporting – provides information to senior management of actual operational situations that significantly vary from expected values.
- d. Highlight Reporting – a reporting format where information is provided on only the key financial activities that require management attention.
- e. **Basic Financial Statements** – prepared for Board and senior management for internal use and also for external reporting criteria. Included are the following:

*Balance Sheet* – financial status at one point in time

- Statement of Revenues, Expenditures and Changes in Fund Balances – shows details of revenue by source, expenditures by function and all other changes in the fund balances for a period of time
- Budget to Actual Comparison, Statement of Revenue, Expenditures and Changes in Fund Balances – presents the information in the item above along with budgeted values
- Notes to Financial Statements – provides additional information that is useful for interpreting the statements

**Management Summary Reports** – presents financial and related statistical information in more detail than the financial statements listed

**Analytical Reports** – identifies variances and provides information to assist in understanding causes of the conditions highlighted

**regularly produced financial reports****DISTRIBUTION**

<b>REPORT TYPE</b>	<b>BOARD</b>	<b>SENIOR MANAGEMENT STAFF</b>	<b>PROGRAM ADMINISTRATOR</b>
Balance Sheet	Monthly	Monthly	
Revenues & Expenditures	Monthly	Monthly	Monthly
Budget to Actual	Monthly	Monthly	Monthly
Cash Flow	Monthly	Monthly	
Budget Variance	Monthly	Monthly	Monthly
Executive Summary	Monthly	Monthly	

1. It is the responsibility of the Chief Executive Officer to assure that the Authority has a strong system of internal controls that will safeguard the Authority's assets. Internal controls can minimize the Authority's exposure to the following:
  - fraud, abuse and waste;
  - budget deficits;
  - non-compliance with Board policies and procedures;
  - inaccurate financial reporting; and
  - financial improprieties
  
2. It will fall under the purview of the Comptroller to implement a program of internal controls to protect the assets of the Authority. The State has identified nine (9) standards which are the foundation of the Authority's program.
  - Documentation – this includes written policies and procedures for each aspect of financial management, organizational charts identifying the channels of authority and the associated job descriptions detailing job tasks and responsibilities.
  - Recording – a process for promptly and accurately recording each transaction as it is executed and classifying the transaction properly. Part of this process may include the use of logs and pre-numbered receipts.

- Authorization – there is a clearly defined chain of command and each transaction is appropriately authorized. Periodic inspections will be conducted to verify that the proper authority was obtained for the transactions.
  - Structure – the financial organization of the Authority will be structured such that key duties are separated so that one individual will not have all the control over the entire financial process. For example, the same person would not be responsible for approving, processing, recording and reviewing a transaction.
  - Supervision – it is critical that there is appropriate and immediate supervision to ensure that the prescribed processes are followed.
  - Security – access to assets is limited to authorized personnel. For example, petty cash is kept in a locked drawer with limited access. This will also apply to critical forms, checks and receipts.
  - Competent personnel – the hiring process for key personnel will focus on obtaining competent and experienced individuals with high standards of honesty and integrity.
  - Reasonable assurance – it is important that the controls implemented are workable, not restrictive and also cost effective.
  - Records – efforts should be made to safeguard the records from unauthorized use. Possible security measures may include multilevel passwords to secure computer records, locked cabinets for hard-copy financial records and rotated daily backups of computer records.
3. The Code of Virginia section 2.1-155.3 requires the reporting of the discovery of circumstances suggesting a reasonable possibility that a fraudulent transaction has occurred involving funds or property under the direction of the Authority. The Chief Executive Officer shall report such information to the following:

Virginia Auditor of Public Accounts  
James Monroe Building, 8<sup>th</sup> Floor  
P.O. Box 1295  
Richmond, Virginia 23210  
(804) 225-3350; and

Virginia State Police  
7700 Midlothian Turnpike  
Richmond, Virginia 23235  
(804) 674-2000

Verbal notification is to be followed up within five with a written confirmation of the circumstances. The Chief Executive Officer will be responsible for keeping the Commissioner advised during the investigative process and will also issue a final report. Failure to report suspected fraud will constitute a Class Three misdemeanor.

**D.** The Comptroller has the authority and responsibility for the fiscal Management of RBHA and shall be bonded or otherwise indemnified.

## **12 VAC 35-105-220**

To protect the interests of individuals, employees, and the RBHA from risks of liability, the Authority maintains the following indemnity coverage:

1. General liability in the amount of \$1,000,000 for each occurrence
2. Professional liability in the amount of \$1,000,000 per occurrence
3. Vehicular liability in the amount of \$1,000,000 per occurrence and
4. Property damage in the amount of \$1,000,000 per occurrence

## **False Claims Act: Employee Educational Requirements and Reporting**

### **BACKGROUND:**

Section 6032 of the Deficit Reduction Act of 2005 and Section 1902(a) (68) of the Social Security Act requires entities that make or receive annual Medicaid payments of \$5 million or more to provide in written policies (on paper or in electronic form) applicable to employees, contractors and agents, detailed information about the False Claims Act, any state laws that pertain to civil or criminal penalties for making false claims and statements, and whistleblower protection. As a requirement for Medicaid payment, those entities must establish written policies that:

1. Provide detailed information about the federal False Claims Act and comparable state anti-fraud statutes, including whistleblower provisions in those laws
2. Detailed descriptions regarding the company's policies and procedures for detecting and preventing waste, fraud, and abuse.
3. Include in any employee handbook (if already provided) a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers

The Deficit Reduction Act of 2005 establishes compliance with Section 6032 as a condition of receiving Medicaid payment, failure to meet the requirements could result in the forfeiture of all Medicaid payments during the period of noncompliance.

### **PURPOSE:**

Richmond Behavioral Health Authority (RBHA) has adopted educational requirements and procedures for detecting and preventing waste, fraud, abuse and protecting the rights of employees as whistleblowers; internal process policies and procedures for false claims, detecting and preventing waste, fraud and abuse protocols and procedures which require employees, volunteers, and contract agents (hereafter referred to workforce) to comply with all applicable sections of the False Claims Act and comparable state anti-fraud statutes. These protocols and procedures were developed in accordance with the Deficit Reduction Act of 2005, and the Virginia Fraud Against Taxpayers Act, Code of Virginia Title 8.01, Chapter 3 (8.01-216.1 through 8.01-216.19).

RBHA is committed to implementing policies and procedures which will detect and prevent fraud as required by law, professional ethics, and accreditation and/or licensure requirements. These protocols establish agency procedures, guidance, and standards for workforce performance expectations in carrying out the provisions of the False Claims Act, and the corrective action(s) that may be imposed to address fraud and reporting violations.

### **DEFINITIONS (Source: Centers for Medicare and Medicaid Services, CMS)**

- **Entity-** includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for profit or not for profit, which receives or makes payments, under a State plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.
- **Employee-** includes any officer or employee of the entity
- **Contractor or Agent-** includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of Medicaid health care items or services, performs billing or coding functions, or is involved in monitoring of health care provided by the entity.
- **Fraud-** the intentional deception perpetrated by an individual or individuals, or an organization or organizations, either internal or external to Agency, which could result in a tangible or intangible benefit to themselves, others, or could cause detriment to others or the Agency. Fraud includes a false representation of a matter of fact, whether by words or by conduct, by false or misleading

statements, or by concealment of that which should have been disclosed, which deceives and is intended to deceive.

## **REPORTING POLICY:**

### **Initial Reporting:**

Employees who observe or are aware of violations of the False Claims Act (including possible fraudulent or corrupt activity of any employee, vendor or any other party with any association with RBHA, must immediately report it to his/her Supervisor. The Supervisor will report the violation to the Division Director who will notify the Chief Executive Officer and Quality and Standards Director.

### **Investigations:**

All allegations of fraudulent or corrupt activity of any employee, contractors, and agents of RBHA will be investigated promptly by the Chief Executive Officer or his/her designee. Upon discovery of circumstances suggesting a reasonable possibility that a fraudulent transaction has occurred, the Chief Executive Officer shall report such information immediately to the Virginia State Police.

## **EMPLOYEE TRAINING PROTOCOL/PROCEDURES:**

All employees, contractors, and agents of RBHA shall receive training on policies, procedures and laws about the False Claims Act as mandated by the Deficit Reduction Act of 2005. Access to training materials may be obtained in group and/or intranet format. Each employee, contractor, and agent is required to sign an attestation form to verify the receipt of this training for existing employees and within a 7 day period for all new hired.

### **Protection of Employees Who Are Whistleblowers:**

- The employee reporting suspicious activity is acting in good faith on the belief that the RBHA employee has engaged in conduct that is unlawful or otherwise violates professional or clinical standards; or,
- That the conduct, care, services and conditions provided by the RBHA employee potentially endangers one (or more) RBHA consumer, employee or a member of the general public; or,

- The report is made to a federal or state health oversight agency or public health authority authorized by law to oversee the relevant conduct or conditions of the covered entity; or,
- The report is made to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the RBHA; or
- The report is made to law officers or an attorney retained by or on behalf of the employee or business associate for the purpose of determining legal options regarding suspicious activity.

### **Retaliation:**

The RBHA will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an individual who:

- Exercises his rights or participates in the RBHA reporting process; or,
- Files a complaint with the Secretary of Health and Human Services; or,
- Testifies, assists, or participates in an investigation, compliance review, proceeding or hearing; or,
- Opposes any act or practice unlawful under the False Claims Act, providing that the individual acted in good faith, believing that the practice was unlawful, the manner of opposition is reasonable, and does not involve disclosure of PHI in violation of HIPAA regulations.

### **PROCEDURES:**

#### **Disciplinary Sanctions:**

Employees found to have violated False Claims Act provisions will be disciplined in accordance with RBHA ***Employee Handbook***, up to and including termination of employment. Violations under this protocol include but are not limited to breaches of RBHA's billing policy.

Failure to report a breach of which one has knowledge will result in appropriate disciplinary action. Reporting of a breach in bad faith or for malicious reasons will result in appropriate disciplinary action.

RBHA will not participate in nor tolerate any form of retaliation against anyone filing a complaint against the agency. The central point of contact to report violations of this policy provides direct access to the Chief Executive Officer.

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**Fraud, Waste and Abuse; Amendments to third party Medicare Part D Contracts and Community Resource Pharmacy (CRP) Compliance:**

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In response to a memorandum dated September 4, 2008 from Commissioner Reinhard, the Community Resource Pharmacy (CRP) must ensure compliance to third party contract amendments regarding Fraud, Waste and Abuse (FWA) within the DBHDS Community Resource Pharmacy network. The Chief Executive Officer of Richmond Behavioral Health Authority (RBHA) is required to certify compliance with these new Fraud, Waste and Abuse (FWA) standards and mandates.

**PROCEDURES:**

The following criteria will be met on an annual basis by all RBHA staff “administering or delivering the Medicare Part D program.” RBHA shall maintain a signature log to act as proof of delivery of prescription drugs. This is a requirement of the third party contracts as well as the CRP as evidence for an auditable process, (medication handling) as each clinic is responsible to maintain *accurate auditable documentation* for medication request, receipt, disposition, and current balances. Each recipient, or an individual acting on behalf of the recipient, must sign the log each time a prescription drug is distributed from the Richmond Behavioral Health Authority.

Please note that all documentation must be retained at RBHA for a period of not less than ten years from the end of the contract year and, must be provided upon request for verification.

Specific Requirements:

- A. Conflict of Interest (COI) RBHA must verify that applicable staff have reviewed and signed a conflict of interest certification and Code of Conduct documentation upon hire and annually thereafter. All documentation should be sent to:
  - ✓ Quality and Standards Director (or designee)
  - ✓ Human Resources Director (or designee), to be placed in personnel records to ensure accurate and auditable documentation at the end of each cycle
  
- B. Exclusion List verification: To ensure evidence of compliance, the Human Resources Department will print the screen showing that the database has been checked for the applicable parties. "Confirmations" will then be sent to the Quality and Standards Director and a copy will be placed in the personnel records to ensure accurate and auditable documentation at the end of each cycle; must be performed annually.
  
- C. Signature Log: The RBHA Medication Access Manager will maintain a signature log that contains the prescription number, date the prescription was picked up and the signature of the person picking up the prescription. If multiple prescriptions are being picked up, a single signature will be sufficient for all of the consumer's prescriptions. An approved RBHA employee may sign for the receipt & distribution of the medications on behalf of the consumer. RBHA may keep the signature log in an electronic form, including electronic signatures, provided that paper copies of the information, including signatures, can be printed from the electronic form and provided upon request.

<p><b>TITLE:</b> CHAPTER 3 ADMINISTRATIVE SERVICES FALSE CLAIMS ACT</p> <p><b>EFFECTIVE DATE:</b> January 1, 2007  <b>Revised:</b> October 3, 2008  <b>Updated:</b> October 8, 2009  <b>Reviewed:</b></p>	<p><b>PREPARED BY:</b> Gale M. Price</p> <p><b>REVIEWED BY:</b> _____ <b>Date:</b> _____                  Wilson J. Washington, Jr.                  Chief Executive Officer</p> <p><b>REVIEWED BY:</b> _____ <b>Date:</b> _____                  _____                  Chief Executive Officer</p>
---	--

## False Claims Training

I \_\_\_\_\_ have completed the Fraud Awareness Training.

(Please Print Name)

I am aware that it is my responsibility to report any fraudulent activity as defined by the training and by Richmond Behavioral Health Authority Policy. It is also my understanding that if I have a question about the Fraud policies it is my responsibility to ask for clarification from my supervisors, Division Director, Quality and Standards Director or the Human Resources Director.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer signature

\_\_\_\_\_  
Date

**Verification:**

Please check the boxes and submit to the CRP Manager when compliance is met.

**YES**

1.  Applicable staff have reviewed and signed the "Code of Conduct / Employee Handbook" upon hire and annually thereafter.

**YES**

2.  Applicable staff have signed a conflict of interest certification indicating that the individual is free of any Conflicts of Interest (COI) upon hire and annually thereafter.

**YES**



**CONFLICT OF INTEREST STATEMENT**

**I hereby certify that I am free from any conflict of interest in ADMINISTERING or delivering Medicare Part D benefits.**

**Examples may include, (but not limited to), proprietary, financial, professional, or other personal interest of any nature or kind with any product, service or company that could be construed as influencing the delivery of the Medicare Part D program.**

\_\_\_\_\_  
**Employee signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (printed)**

\_\_\_\_\_  
**Position/Title**

**Exhibit A****VIRGINIA MUNICIPAL LIABILITY POOL****CONTRIBUTION SUMMARY**

**COVERAGE PERIOD FROM 07/01/04 TO 07/01/05  
AT 12:01 A.M. STANDARD TIME AT YOUR ADDRESS SHOWN BELOW**

**NAMED ENTITY/MEMBER COVERED:** Richmond Behavioral Health Authority

**MAILING ADDRESS:** 107 South Fifth Street, Richmond, Virginia 23219

**TYPE OF POLITICAL SUBDIVISION:** Authority

IN RETURN FOR THE PAYMENT OF THE CONTRIBUTION, SHOWN AND SUBJECT TO ALL THE TERM OF THE COVERAGE DOCUMENTS, WE AGREE WITH YOU TO PROVIDE THE COVERAGE DESCRIBED BELOW.

The coverage consists of the following parts for which a contribution is indicated.

**BASIC**

The contribution may be subject to adjustment

**CONTRIBUTION**

AUTOMOBILE COVERAGE PART	\$42,390
LOCAL GOVERNMENT LIABILITY PART ( <i>Occurrence</i> )	\$21,761
EXCESS LIABILITY COVERAGE PART	\$5,803
PROPERTY COVERAGE PART	\$2,002
CRIME COVERAGE PART	\$1,361
<b>TOTAL</b>	<b>\$73,317</b>

**CONTRIBUTION SHOWN IS PAYABLE:** \$73,317 at inception

**SERVICING COMPANY:**

**VML Insurance Programs**

**P. O. Box 12164**

Richmond, Virginia 23241

TELEPHONE: 1-888-295-4865

Authorized Signature

3-37

Revised 12/04  
Revised 02/20/07  
Revised July 30, 2008  
Revised October 3, 2008  
Updated October 8, 2009

**Exhibit B****VIRGINIA MUNICIPAL LIABILITY POOL**

## CRIME COVERAGE PART RENEWAL DECLARATIONS

**MEMBER COVERAGE NUMBER: VMLPCR000473**  
**COVERAGE PERIOD FROM 07/01/04 TO 07/01/05**  
**AT 12:01 A.M. STANDARD TIME AT YOUR ADDRESS SHOWN BELOW**

**NAMED ENTITY/MEMBER COVERED:** Richmond Behavioral Health Authority

**MAILING ADDRESS:** 107 South Fifth Street, Richmond, Virginia 23219

**TYPE OF POLITICAL SUBDIVISION:** Authority

IN RETURN FOR THE PAYMENT OF THE CONTRIBUTION, SHOWN AND SUBJECT TO ALL THE TERM OF THE COVERAGE DOCUMENTS, WE AGREE WITH YOU TO PROVIDE THE COVERAGE DESCRIBED BELOW

<b>Coverage Forms Forming Part of this Policy Amount</b>	<b>Limit of Insurance</b>	<b>Deductible</b>
FORM A -Public Employees Dishonesty Coverage Form _____	_____	_____
FORM B -Forgery or Alteration Coverage Form _____	_____	_____
FORM C -Theft, Disappearance, and Destruction Coverage Form Section 1. Inside the Premises _____	_____	_____
Section 2.- Outside the Premises _____	_____	_____
FORM D -Robbery and Safe Burglary Coverage Form _____	_____	_____
FORM O -Public Employees Dishonesty Coverage Form	<u>\$100,000</u>	<u>\$0</u>
FORM P -Public Employees Dishonesty Coverage Form, per person	_____	_____

**ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED:**

CR10 00 06 95; CCC 6903; IL 01 48 06 95; CR16 10 90; CR 1 044 12: 1L9; CR 10 22 01

ANNUAL CONTRIBUTION:

\$1,361

---

**SERVICING COMPANY**

**VML Insurance Programs**

**P. O. Box 12164**

**Richmond, Virginia 23241**

**TELEPHONE: 1-888-295-4865**

\_\_\_\_\_

Authorized Signature

Date

**Exhibit C****VIRGINIA MUNICIPAL LIABILITY POOL****BUSINESS AUTOMOBILE COVERAGE/RENEWAL DECLARATIONS****MEMBER COVERAGE NUMBER: VMLPAL000473****COVERAGE PERIOD FROM 07/01/04 TO 07/01/05****AT 12:01 A.M STANDARD TIME AT YOUR ADDRESS SHOWN BELOW****NAMED ENTITY/MEMBER COVERED: Richmond Behavioral Health Authority****MAILING ADDRESS: 107 South Fifth Street, Richmond, Virginia 23219****TYPE OF POLITICAL SUBDIVISION: Authority****ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOMOBILES**

This coverage document provides only those coverages where a charge is shown in the contribution column below. Each of the coverages will apply to those AUTOMOBILES shown as covered AUTOMOBILES. AUTOMOBILES are shown as covered AUTOMOBILES for a particular coverage by the entry of one or more symbols as described in ITEM THREE next to the name of the coverage.

COVERAGES	COVERED AUTOS CONTRIBUTION	THE MOST THE VIRGINIA MUNICIPAL LIABILITY POOL WILL PAY FOR ANY ONE ACCIDENT OR LOSS	LIMIT
LIABILITY COVERAGE	1	\$1,000,000 Combined Single Limit	\$31,473
NO FAULT PROPERTY DAMAGE	2	\$10,000	N/A
AUTO MEDICAL PAYMENTS COVERAGE	2	\$10,000	Included
UNINSURED MOTORIST COVERAGE	6	\$25,000 Bodily Injury Per Person \$50,000 Bodily Injury Per Accident \$20,000 Property Damage	Included
<b>PHYSICAL DAMAGE COVERAGE</b>			
COMPREHENSIVE COVERAGE	7, 8	Actual Cash Value or Cost of Repair.	Deductible for each covered auto \$FULL for all loss except fire or lightning \$10,917
COLLISION	7, 8	Whichever is less Minus: \$	Deductible for \$1,000 each covered auto Included
Coverage document numbers of endorsements forming a part			BASIC AUTOMOBILE

of this coverage on above effective date: **CA 01 16 03 04** CONTRIBUTION \$42,390  
CA 99 37  
Endorsements 1,2,3,4,5,7,9,13,14,15,16,17,18, 20, 28&CC O116

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**SERVICING COMPANY:**

**VML Insurance Programs**

**P. O. Box 12164**

**Richmond, Virginia 23241**

**TELEPHONE: 1-888-295-4865**

\_\_\_\_\_  
Authorized Signature

Date

**12 VAC 35-105-230**

It is the policy of Richmond Behavioral Health Authority that all consumers will be afforded mental health, mental retardation and substance abuse services based on their needs and within available resources. No consumer will be denied services due solely to financial considerations. The Authority recognizes its responsibility to provide quality services at a reasonable cost. Charges not paid by consumers and/or third party payers are costs that must be funded by Authority appropriations. The Authority utilizes appropriate measures to ensure that all accounts are paid by consumers to the extent of their ability to pay without undue hardship to themselves or their dependents. The Richmond Behavioral Health Authority maintains a reimbursement system for accounts receivable that is in compliance with the Code of Virginia and with the DBHDS Policies and Procedures for Community Service Boards.

**1. Financial Assessment**

- Intake data and financial information is usually collected on or before the date of the first appointment. A staff member of the Business Office conducts the financial assessment interview at that time and advises the consumer of the fee for services.
- Financial assessment interviews and intake data collection may be postponed when emergency diagnostic or treatment procedures are required until the consumer can participate appropriately in the financial assessment
- During the interview, a member of the financial staff will determine the gross income of the consumer or the consumer's family and the number of independents in that family.
- It will also be determined if the consumer is eligible for any type of medical assistance. If financial information indicates that the consumer is below the poverty level, then the primary service provider will refer the consumer to the on site Medicaid worker from Department of Social Services/Medicaid.

**2. Reimbursement Options**

After obtaining insurance, family size and income information, the reimbursement option required of the consumer will be determined. After determining whether the consumer is below level, the Business Office staff will assess the appropriate reimbursement option as follows:

- Insurance Option – If a consumer has insurance coverage, the consumer will be responsible for those amounts not paid by the insurance carrier

- Under the Poverty Level – If the income and family size of the consumer are below the poverty level, the consumer will be charged a flat fee for services. That fee is based on income and family size. The Business Office staff will then determine the flat fee required based on the Board approved Chart of Income Levels on page 35. (NOTE: Regardless of the fee selected, the charges to any consumer under the poverty level will be capped at \$50.00 per month.)
- Over the Poverty Level – If the income and family size of the consumer are above the poverty level, the consumer will be charged a percentage of the actual cost of the service provided. That percentage is based on income and family size. The Business Office staff member will use the fee analysis matrix to determine that percentage.
- Regardless of the reimbursement option, each consumer will be sent a Statement of Account monthly showing the amount owed by that consumer for services provided by the Richmond Behavioral Health Authority. Consumers in arrears will be required to meet a staff member of the Business Office to make satisfactory payment arrangements. (NOTE: If satisfactory arrangements can not be made, the Comptroller has the authority to waive any or all charges assessed to a consumer).

ATTACHMENT B

Year	Total Family Income			Number of Family Members									
	Month	Week		1	2	3	4	5	6	7	8	9+	
	\$2,215	\$185	\$43	5									
\$ 4,430	\$ 369	\$ 85	\$ 10										
\$ 6,645	\$ 554	\$ 128	\$ 15										
\$ 8,859	\$ 738	\$ 170	\$ 20										
\$ 2,985	\$ 249	\$ 57			\$ 5								
\$ 5,970	\$ 498	\$ 115			\$ 10								
\$ 8,955	\$ 746	\$ 172			\$ 15								
\$ 11,940	\$ 995	\$ 230			\$ 20								
\$ 3,755	\$ 313	\$ 72				\$ 5							
\$ 7,510	\$ 626	\$ 144				\$ 10							
\$ 11,265	\$ 939	\$ 217				\$ 15							
\$ 15,020	\$ 1,252	\$ 289				\$ 20							
\$ 4,525	\$ 377	\$ 87					\$ 5						
\$ 9,050	\$ 754	\$ 174					\$ 10						
\$ 13,575	\$ 1,131	\$ 261					\$ 15						
\$ 18,100	\$ 1,508	\$ 348					\$ 20						
\$ 5,295	\$ 441	\$ 102						\$ 5					
\$ 10,590	\$ 883	\$ 204						\$ 10					
\$ 15,885	\$ 1,324	\$ 305						\$ 15					
\$ 21,180	\$ 1,765	\$ 407						\$ 20					
\$ 6,065	\$ 505	\$ 117							\$ 5				
\$ 12,130	\$ 1,011	\$ 233							\$ 10				
\$ 18,195	\$ 1,516	\$ 350							\$ 15				

\$ 24,260	\$ 2,022	\$ 467	\$ 20	
\$ 6,835	\$ 570	\$ 131	\$ 5	
\$ 13,670	\$ 1,139	\$ 263	\$ 10	
\$ 20,505	\$ 1,709	\$ 394	\$ 15	
\$ 27,340	\$ 2,278	\$ 526	\$ 20	
\$ 7,605	\$ 634	\$ 146		\$ 5
\$ 15,210	\$ 1,268	\$ 293		\$ 10
\$ 22,815	\$ 1,901	\$ 439		\$ 15
\$ 30,420	~ 2,535	\$ 585		\$ 20
\$ 8~375	\$ 698	\$ 161		\$
5				
\$ 16,750	\$ 1,396	\$ 322		\$
10				
\$ 25,125	\$ 2,094	\$ 483		\$
15				
\$ 33,500	\$ 2,792	\$ 644		\$
20				

**12 VAC 35-105-240**

- A. Handling Funds of Individuals Receiving Services -  
 The Richmond Behavioral Health Authority does not manage, distribute, or otherwise handle funds of individuals receiving services. Consumers who need assistance with management of their funds will be directed to organizations that perform these services. Consumers who engage in paid employment at the RBHA shall be treated as employees and enjoy all benefits and responsibilities that accompany such employment. At all times, RBHA staff shall comply with mandated reporting of exploitation of consumers, including consumers at risk for exploitation who are 60 years of age or older or who have a disability and who are 18 years of age or older, as set forth by Section 18.2-369 of the Code of Virginia.
- B. Financial Controls to Minimize the Risk of Theft or Embezzlement of Funds of Individuals Receiving Services Deposited With the Provider –
- C. Providing Assurance for the Security of All Funds of Individuals Receiving Services Deposited With the Provider –

Richmond Behavioral Health Authority (RBHA) has established a closely monitored fiscal transaction tracking system to minimize the risk of theft, embezzlement and provide assurance for the security of all funds of individuals receiving services deposited with RBHA. Payments received for individuals receiving services are deposited by a member of the accounting department with oversight from the Fiscal Manager. The record of the bank deposit is documented in RBHA’s accounting database system, by an RBHA accountant.

In the annual process of auditing, the auditor's findings indicate RBHA's financial internal financial tracking procedures are in compliance with regulations promulgated by the Generally Accepted Accounting Principles (GAAP).

#### **12 VAC 35-105-250**

- A. Richmond Behavioral Health Authority shall not use any advertising that contains false, misleading or deceptive statements or claims, or false or misleading disclosure of fees and payment of services.
- B. Richmond Behavioral Health Authority's name and service names shall not imply it is offering services for which it is not licensed.

### **Building Inspection and Classification**

#### **12 VAC 35-105-260**

- A. All buildings in which Richmond Behavioral Health Authority (RBHA) business is conducted shall be inspected in accordance with City building codes and regulations. RBHA shall maintain a valid Certificate of Use and Occupancy as required by local and state law. Such documentation shall be on file with the Comptroller. (please see Attachment A for current copy of Certificate of Use and Occupancy)
- B. In the event future building modifications are made to any location under the license, an interim plan will be developed to address modifications. Such changes will be submitted for review by DBHDS to determine compliance with licensing regulations.

### **Building Modifications**

#### **12 VAC 35-105-270**

In the event future building modifications are made to any location under the license to include new construction, change in use, or structural; an interim plan will be developed to address modifications. Such changes will be submitted for review by the Department of Behavioral Health and Developmental Services to determine compliance with licensing regulations.

## Physical Environment

### 12 VAC 35-105-280

- A. Richmond Behavioral Health Authority shall maintain an environment that is appropriate to the population served and the services provided.
- B. The physical environment and furnishings shall be clean, dry, and free of foul odors, safe and well maintained.
- C. The physical environment, design, structure, furnishing, and lighting shall appropriate to the population served and the services provided.
- D. Floor surfaces and floor covering shall promote mobility in areas used by individuals and shall promote maintenance of sanitary conditions.
- E. The physical environment shall be well ventilated. Temperatures shall be maintained between 65°F and 80°F.
- F. Adequate hot and cold running water of a safe and appropriate temperature shall be available. Hot water accessible to individuals being served shall be maintained within a range of 100-120°F. If temperatures cannot be maintained within the specified range, the provider shall make provisions for protecting individuals from injury due to scalding.
- G. Lighting shall be sufficient for the activities being performed and areas within building and outside entrances and parking areas shall be lighted for safety.
- H. Recycling, composting, and garbage disposal shall not create a nuisance, permit transmission of disease, or create a breeding place for insects or rodents.
- I. If smoking is permitted, RBHA shall make provisions for alternate smoking areas separate from the service environment. This regulation does not apply to home-based services.
- J. For all program areas added after September 19, 2002, minimum room height shall be 7 ½ feet.
- K. All RBHA sponsored residential services shall certify compliance of sponsored residential homes with this regulation

**12 VAC 35-105-290**

All locations at RBHA where food is prepared or served to consumers shall be inspected and approved by the state or local health authorities at RBHA's request. Inspections by local health authorities shall include general sanitation and food service. Such inspections shall take place at the time of the initial request and annually thereafter. Documentation of the three most recent inspections and approval shall be kept on file with the director responsible for this service.

**12 VAC 35-105-300**

Water and sewer services are provided by the City of Richmond.

**12 VAC 35-105-310**

No firearms, pellet guns, air rifles, switchblades, pocket knives with blades longer than 3 inches or any other similar items (ex. Pipes, sticks, hacksaws, box cutters) that can be used as a weapon will be permitted on the premises of the facility unless they are in the possession of law enforcement officers, licensed security personnel, and or other authorized personnel. This applies to look alike or facsimiles of weapons.

**Procedures: Staff Responsibilities**

1. Staff members are not permitted to have weapons on the premise at any time.
2. Consumers are not to bring weapons of any sort to any facility under the management of the RBHA. Staff will advise consumers to leave the premises if a weapon is discovered to be in the consumer's possession. Law enforcement authorities will be notified should the consumer be uncooperative or is clinically determined to be a threat. Any incident involving a weapon, including its possession, will be documented in the consumer's record, on the RBHA incident report form and reported to the Human Resources' Director.

**12 VAC 35-105-320**

The Richmond Behavioral Health Authority maintains evidence of current fire inspections. (See attached verification)

**Physical Environment of Residential/Inpatient Service Locations****12 VAC 35-105-330 Beds****12 VAC 35-105-340 Bedrooms**

**12 VAC 35-105-350 Condition of Beds****12 VAC 35-105-360 Privacy****12 VAC 35-105-370 Ratios of Toilets, Basins and Showers or Baths****12 VAC 35-105-380 Lighting**

The Richmond Behavioral Health Authority does not directly operate any Residential/Inpatient facilities. These services are carried out through contract agencies.

**Human Resources****12 VAC 35-105-390**

- A. RBHA employees may work with, and may have access to, information that must be kept confidential. Such information includes without limitation consumer data, personnel records, personnel records, personnel matters, payroll data, and financial data. All personnel files are maintained in locked cabinets. This information is confidential and shall not be disclosed to co-workers who have no need to know or to persons outside the workplace.
- B. Electronic data pertaining to employees is password protected. All RBHA employees shall protect the security of computer files that contain confidential information.
- C. The Richmond Behavioral Health Authority complies with the requirements of the Americans with Disabilities Act regarding retention of employee health-related information. Such information is maintained in a file that is separate from personnel files.

**12 VAC 35-105-400**

- A. Richmond Behavioral Health Authority requires the criminal history and registry checks for all employees, contractors, students and volunteers. Any offer of employment or placement shall be contingent upon successful completion of a background investigation, which includes reference checks, criminal history record check and Division of Motor Vehicle driving record check.
- B. RBHA shall comply with the background check requirements for direct care positions outlined in §37.1-183.3 of the Code of Virginia.
- C. The Richmond Behavioral Health Authority does not use DBHDS to supply information for criminal background checks on candidates for employment or placement. If the results background investigation and/or inquiries are not satisfactory in the sole discretion of the RBHA, the employee will not be offered employment or placement.
- D. RBHA has established a standard that division interviews of candidates will be conducted within fourteen (14) working days of Human Resources receiving a division request/support material to recruit for a vacancy

- E. RBHA shall obtain the employee's written consent and personal information necessary to obtain a search of the registry of founded complaints of child abuse and neglect maintained by the Department of Social Services. Results of the search of the registry shall be maintained in the employee's personnel record.
- F. RBHA shall maintain employee disclosure statements, agreements and certification.

### **12 VAC 35-105-410**

Each employee at Richmond Behavioral Health Authority has a written job description on file in the Human Resources Division. The job descriptions include:

1. Job title
2. Duties and responsibilities required of the position
3. Job title of the immediate supervisor; and
4. Minimum knowledge, skills and abilities, experience and/or professional qualifications required for entry level as specified in 12 VAC 35-105-420.

RBHA employees are given a copy of their job descriptions. Changes in job description will be presented to the employee by his/her immediate supervisor or the Human Resource Director.

### **12 VAC 35-105-420**

- A. All employees of the Richmond Behavioral Health Authority meet the minimum qualifications of the position as determined by their current job descriptions.
- B. Employees and contractors comply with the regulations of the Department of Health Professions. Professional credentials are verified by means of documentation of required professional training and reference checks prior to offering the position to the candidate.
- C. Service directors possess experience in working with the population served and in providing the services outlined in the services descriptions.
  - D. All RBHA job descriptions include minimum knowledge, skills and abilities, professional qualification and experience appropriate to the duties and responsibilities required of the position.

### **12 VAC 35-105-430**

All RBHA employee and contractor personnel records, whether hard-copy or electronic, include:

1. Identifying information
2. Education and training history
3. Employment history

4. Results of RBHA's credentialing process including methods of verification of applicable professional licenses or certificates
5. Results of reasonable efforts to secure job-related references and reasonable verification of employment history
6. Results of criminal background checks and a search of registry founded complaints of child abuse and neglect, if any;
7. Results of performance evaluations
8. A record of disciplinary action taken by RBHA, if any;
9. A record of adverse action by any licensing bodies and organizations and state human rights regulations, if any;
10. A record of participation in employee development activities, including orientation

All employee or contractor personnel records shall be retained in its entirety for a minimum of three years after termination of employment.

### **12 VAC 35-105-440**

The Richmond Behavioral Health strongly believes in the importance of getting new staff members off to a great start from their first day of work. With that goal in mind, all new employees, contractors, volunteers, and students shall be oriented commensurate with their function or job-specific responsibilities within 15 business days. Orientation to each of the following policies shall be documented on the Orientation form:

1. Objectives and philosophy of the RBHA;
2. Practices of confidentiality including access, duplication, and dissemination of any portion of an individual's record;
3. Practices that assure an individual's rights including orientation to human rights regulations;
4. RBHA personnel policies
5. Emergency preparedness procedures
6. Infection control practices and measures;
7. Division/program policies and procedures that apply to specific positions and specific duties and responsibilities

### **12 VAC 35-105-450**

Richmond Behavioral Health Authority fully implemented the RBHA University as the established mechanism for training development and delivery within the organization to emphasize the importance of training, continuing education, and re-training of all staff members. Improving training structure and opportunities for all employees and improving employee career development and advancement opportunities are the two priority goals of the RBHA University. RBHA will additionally support the following staff training and development goals:

1. Through training, develop the professional capabilities of our employees so that they will be able to provide the highest quality service and care to our consumers, our partners, and the community at large.
2. RBHA will routinely provide specific training and retraining in the following areas to ensure compliance with regulatory agencies, to ensure staff readiness and to ensure that consumers are receiving the highest quality of service possible:
  - a. Human Rights and Required Reporting
  - b. Medication Administration
  - c. Crisis Prevention Intervention (CPI) Behavioral Management training
  - d. CPR
  - e. HIPAA
  - f. Emergency Preparedness and Evacuation
  - g. New Employee Orientation
  - h. Medical Records
  - i. Workplace Diversity
  - j. Health and Wellness
  - k. Blood-borne Pathogens and TB
  - l. Sexual Harassment
  - m. Computer Training
  - n. Supervisor/Manager Training (FMLA, FLSA, Employee Evaluation Process, Hiring Process to include EEO, Accident and Injury reporting, Worker's Compensation)
  - o. Other Health, Safety, Policy and Procedure, or Legally mandated training
3. All records of employee training are maintained in employee personnel files which are secured in the RBHA's Human Resources Department
4. The RBHA's Human Resources Department and the Quality and Standards Division will review this policy annually and update the process in accordance with state, federal, and local requirements.

## 12 VAC 35-105-460

There is at least one employee on duty at each RBHA location that holds a current emergency medical or first aid certificate; issued by the American Red Cross or other recognized authority. These individuals are certified in standard first aid and cardiopulmonary resuscitation (CPR) or emergency medical training. The Nursing Supervisory staff holds certification in both first aid and CPR. Designated staff in Assessment, Emergency, and Medical Services also holds such credentials.

**12 VAC 35-105-470**

All employees and contractors shall be kept informed of policy changes that affect performance of duties by the Director of Human Resources or his/her designee.

**12 VAC 35-105-480**

The RBHA Human Resources' Department developed and implemented a procedure for evaluating employee or contractor performance in July 2004. The performance appraisal system embraces best practices for evaluation system development as prescribed by the Society for Human Resource Management. Employment development needs and plans are included in the performance evaluation process which is conducted on an interim basis and at least annually.

(see Performance Evaluations Forms in Attachment B)

**12 VAC 35-105-490**

The Richmond Behavioral Health Authority encourages the resolution of employee problems and complaints as quickly and as fairly as possible. To that end, employees are encouraged to discuss such issues with their immediate supervisor(s). If these concerns cannot be resolved informally, certain non-probationary employees can take their unresolved concerns or problems through a structured resolution process. RBHA offers the following alternatives for resolving complaints:

- Mediation- a voluntary process whereby a mediator assists individuals in exploring their differences in the hopes of reaching an agreement
  - The Grievance Procedure- disputes can be grieved to two (2) successive levels of RBHA management. If management does not resolve the dispute, then the employee may seek to have the grievance resolved by an independent hearing officer. However, only certain types of grievances will qualify to be heard before a hearing officer which is detailed in the Employee Handbook.
- A. **The Grievance Procedure** may contain up to four (4) phases:
1. The Resolution Steps- First resolution step; Second resolution step
  2. Qualifications for a Hearing
  3. The Hearing
  4. Review of the Hearing Decision
- B. Informal **Discussion**-Prior to initiating a grievance, the employee should discuss the issues with his supervisor in an attempt to resolve the problem informally
- C. Initiating a **Grievance**- even if such informal discussions are ongoing, a written grievance must be initiated within 30 calendar days of the date that the

employee knew, or should have known, of the event that formed the basis of the dispute. This 30-day requirement may be extended only if the parties agree, in writing: (1) to waive the requirement; or (2) to mediate the dispute.

Once a grievance is initiated, the employee remains obligated to observe and follow all applicable policies, rules and procedures of the RBHA, and to maintain standards of conduct at all times.

**D. Access to the Grievance Procedure-**

1. All non-probationary full-time and part-time employees are eligible to initiate grievances, except:
  - Temporary, seasonal and limited term employees
  - Employees whose terms of employment are limited by law;
  - Officials and employees who by charter or other law serve at the will or pleasure of the Board of the Authority;
  - Any employee who elects to pursue his/her grievance or complaint by any other existing procedure in the resolution of their grievance.
  
2. An employee must meet all the following criteria:
  - He must not have voluntarily resigned his employment
  - The grievance must pertain directly and personally to the complaining employee's own employment
  - He must not have filed his grievance more than 30 days after the event that formed the basis of the dispute
  - He must not have filed other grievances challenging the same action or arising out of the same facts
  - He must not have filed the grievance as a form of harassment or retaliation against the RBHA
  - Eligible non-probationary employees may use the grievance procedure for the resolution of employment issues without fear of retaliation

**12 VAC 35-105-500**

The Richmond Behavioral Health Authority provides opportunities for students to practice their professional training. RBHA also utilizes the particular expertise and skills of volunteers to provide services either direct or indirect. Under no circumstances are students or volunteers to be viewed as a replacement or substitute to augment staffing shortages.

**Definitions:**

1. Student- persons receiving professional on-site training and should be held to a "Student Placement Contract"

2. Volunteer- shall mean a person who provides services, by his own volition, without regard to financial remuneration.

Procedures:

1. Students and volunteers will be assigned to a qualified professional who shall be responsible for screening and selection
2. All students and volunteers shall receive orientation with a clear focus on agency policies and procedures and specific job responsibilities.
3. The assigned professional shall provide assignments, evaluations, monitoring, direct supervision and training
4. The assigned professional will communicate orally and in writing performance expectations/progress with student/volunteer and the learning institution
5. Direct supervision includes a systematic evaluation provides an ongoing mechanism for assessing student/volunteer strengths, learning and resource needs

## **12 VAC 35-105-510**

The Occupational Safety and Health Administration has produced a standard (1910.1030) pertaining to occupational exposure to bloodborne pathogens. Occupational exposure has been defined as “reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.”

Hepatitis and AIDS are two of the more serious communicable diseases that are transmitted by exposure to blood and body fluids. The OSHA standard provides that employees with occupational exposure to bloodborne pathogens be given guidelines and training to reduce exposure.

Definitions:

- Parenteral Contact – means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions
- Potentially Infectious Materials – semen, vaginal secretions, cerebrospinal fluid, synovial fluid (bursa or tendon sheath), pleural fluid (thorax and lungs), pericardial fluid (heart), peritoneal fluid (abdomen), amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

- Exposure Incident – means a specific eye, mouth, other mucous membrane, non-intact skin (dermatitis, hang-nails, etc.), or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties
- Contaminated – means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface
- Contaminated Laundry – means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps
- Regulated Waste – means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials

### **Tuberculosis**

1. Mycobacterium tuberculosis is carried through the air in infectious droplet nuclei which are produced when persons with tuberculosis of the lung or larynx sneeze, cough, speak or sing. Screening for tuberculosis infection with a tuberculin skin test should be done in groups that experience disease and infection rates substantially in excess of that of the general population.
  - a. Persons with HIV infection
  - b. Close contacts, those who most frequently share the same air with the infectious case
  - c. Persons with medical risk factors known to substantially increase the risk of tuberculosis once infection has occurred:
    - HIV infection
    - Silicosis
    - Abnormal chest radiographic showing fibrotic lesions which are likely to represent old healed tuberculosis
    - Diabetes mellitus
    - Prolonged corticosteroid therapy
    - Immunosuppressive therapy
    - Hematologic and reticuloendothelial diseases (e.g. leukemia and Hodgkin's disease)
    - End stage renal disease
    - Intestinal bypass
    - Post-gastrectomy
    - Chronic malabsorption syndromes
    - Carcinomas of the oropharynx and upper gastrointestinal tract
    - 10 percent or more below ideal body weight

- d. Foreign-born persons from high prevalence countries (e.g. those from Asia, Africa, and Latin America).
- e. Medically under-served low income populations, including high-risk minorities, especially African-Americans, Hispanics, and Native Americans.
- f. Alcoholics and intravenous drug users
- g. Persons with chronic neuropsychiatric disorders
- h. Residents of long-term care facilities, such as correctional institutions, nursing homes, and assisted living facilities
- i. Certain other populations which have been identified

## 2. Initial Tuberculosis Screening and Subsequent Screening

- A. Each new RBHA employee, contractor, student or volunteer who will have direct contact with individuals being served shall obtain a statement of certification by the medical facility that provides RBHA's employment medical services indicating the absence of tuberculosis in a communicable form within 30 days of employment of contact with individuals. (Certification shall be recorded on **Report of Tuberculosis Screening (B) form**)
- B. All RBHA employees, contractors, students or volunteers in substance abuse outpatient or substance abuse residential treatment services shall be certified as tuberculosis free on an annual basis by a qualified licensed practitioner.
- C. Any RBHA employee, contractor, student or volunteer who comes in contact with a known case of active tuberculosis disease or who develops symptoms of active tuberculosis disease (including, but not limited to fever, chills, hemoptysis, cough, fatigue, night sweats, weight loss or anorexia) of three weeks duration shall be screened as determined appropriate on consultation with Richmond Health Department.
- D. Any RBHA employee, contractor, student or volunteer suspected of having active tuberculosis shall not be permitted to return to work or have contact with employees, contractors, students, volunteers or individuals receiving services until rendered non-infectious as documented by three consecutive negative smears for acid fast bacilli (AFB).  
**Note:** Consumers that have active tuberculosis are still considered communicable will not come to clinics for appointments. As soon as the Health Department reports the consumer is no longer communicable, consumer may Resume attendance at clinics.
- E. Face Mask- When providing services to a consumer with a known active case of tuberculosis, the employee should wear a face mask that covers the nose and mouth to guard against this highly infectious, air-borne disease.

## Health and Safety Management

### 12 VAC 35-105-520

All new employees as a part of their initial orientation shall be introduced to the Richmond Behavioral Health Authority's Health and Safety procedures. These procedures will be reviewed at least annually and updated as necessary.

- A. The Quality and Standards' Director has been designated as the responsible party for the risk management function of the RBHA.
- B. The RBHA Chief Executive Officer, Quality Leadership Council (QLC), and Senior Management Team shall collaborate on risk management efforts of this agency. Risk reduction efforts are identified by assessment measures, data gathering and analysis, and exposure loss history. Loss prevention is addressed by terminating, treating, transferring, or tolerating the risks.

#### Identification of Risks:

- 1) All consumer incidents shall be submitted to the Consumer Affairs Office within 24 hours of discovery. All non-consumer incidents, worker's compensation, accident and public safety reports shall be provided to the risk manager within two days or soon as available thereafter. The reporting requirements of other policies and procedures shall not be construed to negate the reporting hereby required or to render to others null and void.
- 2) A permanent file for OSHA, workers compensation, consumer and staff incidents, accidents, inspection, health, fire, sanitation and other safety reports shall be provided to and maintained for risk management purposes. Confidentiality requirements shall be maintained.
- 3) The Human Resources Director has been designated as the health officer (HO) and the Director of Quality and Standards . has been designated as the safety officer (SO).

#### Treating Risks:

- 1) Material Safety Data Sheets (MSDS) on hazardous chemicals used at each site shall be obtained and readily available as necessary.
- 2) All health and safety policies and procedures shall be reviewed annually by the risk management component in conjunction with the permanent standing committee pertinent to the particular

- issue.
- 3) The OSHA 300 Log pertaining to employee illness and injury reports shall be completed and posted prominently in each facility when distributed January 31<sup>st</sup> of each year.
  - 4) As a rule, RBHA will fight unjustified and unfounded workers compensation and unemployment insurance claims, OSHA, FLSA complaints, employee allegations and all legal action taken against the agency vigorously. The decision to settle a legal claim shall be made upon careful investigation of the merits of the case, assessment of the matter on the agency's standing in the community, and after evaluation of the potential financial impact on the agency.
  - 5) Required and general health and safety, disaster, driver safety, clinical PIC, behavioral and general loss prevention training shall be provided annually to staff, security personnel as relevant to their duties and contract employees who work on site. Other contract provider staff shall be invited to attend training as availability slots permit. (Please refer to the current Consultation and Education Plan for a more detailed listing of proposed training for the year).
  - 6) Credentials, privileges and required licensing verification are monitored by the Quality and Standards Director.
  - 7) Recyclables and trash shall be emptied regularly and clutter shall be kept to a minimum to maintain clean and orderly facilities.
  - 8) Class A and B consumer incidents, all accidents involving staff, consumers and visiting persons occurring on and off agency's premises (as warranted), sexual harassment and discrimination allegations shall be reviewed and investigated with recommendations made and action taken to prevent recurrence.
  - 9) A listing of all policies and procedures related to health, safety and risks shall be developed and reviewed annually by the RBHA Quality Leadership Council to continually improve loss prevention efforts.

Transferring Risks:

- 1) Contracts shall include provisions regarding regarding hold harmless, insurance coverage types and limits, bonding of employees in a fiduciary capacity, compliance with all applicable laws, regulations and existing qualification to provide the services to which the contracts pertain.
- 2) All insurance coverage for the agency and its staff shall be reviewed annually and recommendations for better protection shall be made to the risk manager.

Terminating Risks:

- 1) Agency vehicles shall not be used for an employee's personal business.
- 2) Employee performance and behavior determined to be unacceptable shall be corrected or disciplinary action up to and including dismissal may be pursued.
- 3) Disruptive and dangerous consumer behavior is to be addressed immediately and appropriately to the relevant policy and procedures and presenting clinical issues.
- 4) Unlawful behavior and wrongdoing shall not be tolerated on the premises of the Richmond Behavioral Health Authority. When agency security is unable to handle a situation, law enforcement officials are to be called for law violators and persons disturbing the peace.

Tolerating Risks:

- 1) Loss by theft and risks tolerated in the area of inventory control shall be evaluated on a continuous basis for possible different treatment of risks.
- C. Each facility shall be inspected monthly by HSO to identify health and safety hazards, barriers to access, needed auxiliary aids to facilitate service participation, required repairs, equipment readiness, stock of supplies and cleanliness. The findings and subsequent action taken are to be logged and provided to QLC and internal risk management office upon request.

The Unit Supervisors shall monitor vehicle road readiness, maintenance and ensure that drivers have valid licenses for operation of the agency's vehicles.

- D. Richmond Behavioral Health Authority shall document serious injuries to employees, contractors, students, volunteers and visitors on the appropriate incident reports. Documentation shall be kept on file for three years. The RBHA Board shall review this policy within a four year period. The procedures shall be monitored by the Quality Leadership Council and the Human Resources Director annually. The Director of Administration shall manage and monitor risks associated with funding, cash, and bank deposits.
- E. Richmond Behavioral Health Authority recommends that universal precautions be practiced by all staff in consumer related services and activities where there is potential for exposure to blood and body fluids.

All employees shall use the CDC recommended “universal precautions” below to reduce the risk of exposure to blood and body fluid of consumers. Additionally, the following items are considered as infectious waste:

1. Blood and body fluids- blood, urine, vomit, feces, semen and vaginal secretions.
2. Articles soiled with blood or body fluids- gloves, swabs, bandages
3. Sharps- needles, syringes, scalpels, knives, broken glass, etc.
4. Laboratory waste- cultures, specimens, vaccines, pasteur pipettes and other items contaminated with human blood or blood products.
5. When a mucous membrane has been exposed to blood or body fluids, the area is to be flushed with water for 5-10 minutes immediately or as soon as feasible.
6. Some consumer equipment is reusable, such as toys. These items should be cleansed with a 1:10 bleach to water solution and allowed to air dry before use.

Employees who come in contact with infectious waste shall use appropriate barrier protection and dispose of these items as outlined in procedure given below.

Handwashing/Kitchen Duties:

- Proper handwashing techniques are to be used by personnel to assure sanitary conditions. Hands should be washed before and after preparing and administering medications, before and after laboratory procedures, after handling soiled articles, before preparing meals, and after each visit to the toilet.
- The proper technique is:
  - 1) wet hands, add soap, wash carefully and pay particular to fingernails and between fingers
  - 2) rinse thoroughly, dry hands with paper towels
  - 3) Turn off water with paper towel and discard towel
- When handwashing facilities are not readily available then an appropriate antiseptic hand cleanser (i.e. antiseptic towelettes) is advised.
- All staff and consumers shall thoroughly wash hands prior to food preparations.
- All dishes and utensils shall be sterilized in a dishwasher or thoroughly washed by hand using dish detergent and hot water.

Gloving:

- Disposable nonsterile gloves are recommended for use with consumers if possible contact with blood, body fluids, excretion, and/or secretions is anticipated. This is especially important for personnel who have abrasions or cuts on their hands.
- It is recommended that gloves be turned inside out when being removed and dispose in the red biohazard bag.
- All staff and consumers shall wear disposable gloves when handling dirty dishes. Care should be taken to make sure all cuts and cracks in the skin are covered.
- When staff is out in the field and comes across a syringe/needle (such as in the consumer's home) the employee is not to touch the item, but to request the consumer to discard in an appropriate manner. At no time, should the staff touch the item and should dispose of it using mechanical means (i.e. tongs).
- Disposable nonsterile gloves shall be available in all first aid areas. These gloves should be used when applying first aid and blood is present.

First Aid and CPR:

- Resuscitation of all consumers/staff should be performed by utilizing disposable oral airways that are available with each first aid kits.
- The disposable baffle portion of the ventilation device is to be disposed of in the red biohazard bags. Never reuse the baffle of a ventilation device.

Clean-up and Disposal:

- Disposable nonsterile gloves should be worn during the clean-up process blood and body fluid spills.
- Use paper towels to remove all extraneous material and place used towels in red biohazard bags.
- Cover affected area with germicide solution (or 1:10 bleach to water solution) and let stand for several minutes.
- Using paper towels, dry the affected area and dispose of towels and gloves; wash hands.
- Sharps and discarded tubes of blood must be placed directly into rigid, puncture resistant containers. Full puncture resistant containers are to be discarded in the biohazard cartons located in the Medication Services lab area. At no time should an employee place or reach their hand into the container.
- All other infectious waste shall be placed in red biohazard bags. Seal bags with binding tape or closing device so that no liquid can

leak. Label bags as “infectious waste.” Discard the bags in the biohazard cartons listed above.

- Once a kit is full, approximately 45 lbs., call WMI Medical Services at 1-800-MED-WAST (633-9278) for pick-up and replacement.

Richmond Behavioral Health Authority has established guidelines to be followed when performing venipuncture. The following materials should be assembled before performing the procedure:

- Tourniquet
- Alcohol wipes
- Vacutainer or syringe and needle
- Necessary specimen tubes
- Sterile Bandaid(s)
- Gloves (well-fitting, disposable, and nonsterile)
- Cotton balls

Procedure:

- Place gloves on hands
- Apply tourniquet to either mid upper arm to use the antecubital space; or mid forearm for use of the hand
- Palpate for and locate vein, then cleanse the site with an alcohol wipe
- Insert needle into vein and hold with one hand
- Collect specimen by pulling back on plunger of syringe with the other hand; or if vacutainer is used, insert tube into unit and remove tube when sufficient quantity of blood has been obtained or when tube is full. Insert new tube if additional blood is needed.
- Remove tourniquet with one hand
- Apply cotton ball to site simultaneously as needle is removed from site
- Apply pressure to the puncture site for 2-3 minutes to prevent bleeding
- Apply bandaid to puncture site
- Dispose of needle in the puncture resistant container provided. **Do not recap needle. Do not** bend the needle or break it off at the hub.
- Label specimens with the consumer’s name, date, test and name of doctor ordering the test.
- Complete lab request form with the appropriate test and forward to the laboratory.
- Discard any disposable articles that have been contaminated with blood or body fluids in the red biohazard bags.

- Hands should be thoroughly washed after procedure is completed.
- Any surface or nondisposable items that are contaminated with blood and/or body fluids are to be cleansed with a 1:10 bleach to water solution.
- All specimens of blood and body fluids are to be capped and transported in an enclosed second container to prevent leakage.
- Employee Injury: If an employee receives an injury as a result of this procedure, such as a needlestick injury, the employee shall report the incident to their supervisor, who shall complete the Accident Incident Report.

## 12 VAC 35-105-530

This plan provides guidance to be used during the emergency evacuations for the protection and safety of consumers, employees, and visitors to the Richmond Behavioral Health Authority (RBHA) at 107 South 5<sup>th</sup> Street. Although general in scope, these guidelines are designed to handle evacuation of all rooms used in the building. The plan is subject to change, by written or oral directive, through the Chief Executive Officer, the Human Resources Director, or their designee when certain emergency conditions exist such as the following:

1. Natural Disasters
  2. Flooding
  3. Workplace Violence or Terrorism
  4. Missing Persons
  5. Severe Injuries
  6. Fire
  7. Bomb Threat
  8. Severe Weather
  9. Loss of Utilities
  10. Other threats to the safety of life and property
- A. A Safety Team will be appointed for RBHA by the Management Team. They should be individuals that can remain calm in a crisis and instill trust in others. They must be able to demonstrate leadership and “thinking on their feet.” Members of that team will serve as the emergency evacuation team during an emergency which consists of the following representatives:

Safety Officer (Designee of the Chief Executive Officer)

Comptroller’s staff representative

1 Staff member from each major program area (MR, MH, SA, Admin, AEM)

1 Staff member from Quality and Standards

Lobby Receptionist  
Representative from Security  
Consumer Representative

### Responsibilities:

1. **Safety Officer** – is responsible for seeing that a written emergency preparedness plan is developed and implemented at every site. This may include having evacuation routes posted and lighted exit signs made clearly visible. The Safety Officer functions as the Team Leader of the Safety Team, and along with the members, ensures that all employees are familiar with the emergency procedures and that proper training takes place. The Safety Officer also ensures that safety drills (including fire drills) and quarterly safety audits are routinely conducted, documented, and reviewed. The Safety Officer is the point-of-contact for emergency personnel, landlords, etc. He/She has the ultimate authority over personnel during an emergency. If significant service disruption occurs, the Chief Executive Officer, or his/her designee, will notify the Board of Directors and the Office of Licensure of conditions, status of consumers and staff, and the facility as soon as possible. **Please note:** In the event of service disruption, Primary Service Providers are responsible for notifying family members and legal guardians in collaboration with Safety Team members.
2. **Safety Team Members** – direct employees and consumers toward exits during evacuations and drills, monitor stairwells, assist disabled consumers and employees to the stairwells, maintain order during the evacuation of the building, report injuries to the Safety Officer, and assist by performing head counts, announcing ‘all-clear,’ and reporting the location of physically challenged persons that might need help exiting the building.
3. **Training and Equipment** – The Safety Team will develop a safety check list, coordinate and conduct audits and training as well as drills for employees and consumers at least annually. The building is equipped with an alarm and sprinkling system that is inspected and maintained on a regular and as needed basis by an outside firm. The fire alarm sounds simultaneously at the fire department when it is activated. Emergency lighting is in the ceilings and along stairwells. Emergency lighting in the stairwells is checked monthly and documented. Fire extinguishers are checked monthly and serviced annually.
4. **Notification/Alarm** – The Safety Team will develop scripts which will be germane to the specific warnings to be announced by the lobby receptionist on the public address system.
  1. **Fire** – The Safety Officer shall be notified by the lobby receptionist of the location and details of the fire. The Safety Team is responsible for evacuating any physically challenged consumers and/or employees to the entrance or the nearest stairwell. All staff should immediately evacuate

consumers and guests from the area of the fire and assess whether in-house extinguisher is adequate or if the fire department is needed. If extinguisher is not adequate, staff should activate the alarm at the nearest pull station and evacuate the building. The alarm sounds at the fire station simultaneously.

2. **All Others** – All other notifications and specific safety instructions will be made by word of mouth and/or public address system.
5. **Evacuation** – In the case of a **fire**, notice to evacuate the building is a loud and distinctive alarm accompanied by a flashing strobe light to warn all individuals of danger and the need to evacuate the building. This alarm sounds at the fire station when it is activated. Exit routes lead to stairwells located at the North and South ends of the building. These routes are made clearly visible by lighted exit signs, location signs, and emergency lighting. To ensure everyone has safely exited the building, an assembly area has been designated to help with the task of accountability. Once outside, it is important to report directly to the parking lot across 5<sup>th</sup> street away from emergency personnel and equipment. Individuals are instructed to remain there until instructed to return to the building.

To avoid confusion and congestion in the stairwell, it is suggested that physically challenged individuals, and those assigned to assist them during evacuations, be held at the entrance to the stairwell until it is determined that they should be moved down and out of the building. The Evacuation Team will report the names and locations of consumers and staff waiting to the Safety Officer. The Fire Department will handle the evacuation of physically challenged persons.

6. **Bomb Threat and Other Subversive Acts** – In the event of a bomb threat, the person taking the call should:
  - A. Get accurate message – try to write down word-for-word.
  - B. Try to get caller to repeat. Do not get excited and fail to get the statement of the caller. Again, try to get the caller to repeat, even if you did get the message word for word the first time, for the following reasons:
    1. Identify voice – male or female
    2. Try to detect accent or dialect
    3. Try to determine sobriety
    4. Note caller's speech and message – erratic or firm and emphatic
    5. Note any background noises or conversation
    6. Ask caller where bomb is located and when it is set to go off.
    7. Ask name of caller – oddly, there have been cases where correct name and address have been given

8. If Caller I.D. is available, note the calling number
  - C. Try to determine the length of the call
  - D. Person receiving call should not “BROADCAST” the matter and cause panic
  - E. The Safety Officer designee and/or the Human Resources Director and Emergency Communications – 911- will be notified as soon as possible. If someone is nearby, try to get them a note to call Administration and report that such a call is in progress and on what phone. The announcement to evacuate the building will be given over the public address system.
7. **Severe Weather** – All members of the Safety Team will listen to local radio and
  - A. TV broadcasts for weather predictions and safety recommendations.
  - B. Should local businesses close due to weather conditions, the Chief Executive Officer, in conjunction with the Safety Officer designee and/or Human Resources Director, will decide whether to keep the facility open or not.
  - C. If the weather is such that you cannot leave the facility, all staff, consumers, and visitors should gather in the parking garage near an inside wall, away from the doors. This will be announced via the RBHA public address system. Safety Team members should bring available first aid kits and portable radios if available. **DO NOT GO OUTSIDE!!**
  - D. If severe weather occurs prior to the beginning of the business day, employees and consumers should listen to local radio (Clear Channel Stations), call RBHA inclement weather hot line 819-8715 or watch TV broadcasts (WRIC TV-8) to see if RBHA is open or not. This decision will be made by the Chief Executive Officer, in conjunction with the Human Resources Director.
8. **Accessing Emergency Medical Information for Individuals Receiving Services** – Emergency medical information for individuals receiving services can be accessed from the Emergency Care Plan/Health & Medical History Form in each consumer’s medical record (is a green form which the first page on top of the first section).

#### **DR. REDD PROCEDURES FOR VISITORS OR PERSONS ALREADY IN AN OFFICE OR ON PROGRAM PREMISES**

- A. A Dr. Redd is initiated by calling the front desk staff @ extension 4000; clearly announce your location and “Dr. Redd.” A public address announcement is made indicating location AND “Dr. Redd”. Available staff nearest the Dr.

Redd location promptly responds and building security also moves to the designated area. The first RBHA employee to arrive at the site of the Dr. Redd will assume leadership for the intervention until the arrival of the service area supervisor, if available. No action should be taken until a second person arrives on the scene unless it is determined that immediate intervention is necessary. All employees not participating in the intervention are to return to and secure their respective service areas, and to attempt to keep others from entering the vicinity of the emergency.

- B. All staff will utilize the Crisis Prevention Institute's (CPI) Nonviolent Crisis Intervention team techniques and interventions with an emphasis on strengthening care, welfare, safety and security
- A. Ideally, at least three persons should be available prior to attempting to intervene with a potentially violent individual. The first senior staff member on the scene is designated as the lead responder. Upon arriving at the scene, with three people available to advance practical applications of CPI: defusing the situation with paraverbal communication, personal safety techniques (blocks and grab releases) and Supportive Stance.
- B. Use the technique of the CPI Supportive Stance and Personal Safety Techniques which stresses personal space, body posture that is nonconfrontational, nonchallenging, and nonthreatening; body position permitting escape or evasion of physical attacks and remaining aware of how a verbal intervention may impact the individual.
- C. Avoid invading the individual's personal space (generally 11/2 to 3 feet); make a quick assessment of the situation, rather than rushing into the area where the individual is.
- D. If the area or office door is open, determine whether a weapon is involved, an injury has occurred, or physical assault is occurring. If any of these are determined, the lead responder will direct one of the staff to summon the Security Officer (if on site) who will call for police back up immediately and will coordinate police back-up, including briefing the police upon arrival. If Security Officer is unavailable at program site, the lead responder will notify the program manager and coordinate police back up if needed. The lead responder will identify staff to locate the consumer's medical record for review of the emergency medical information, emergency contact person and recent clinical condition. The staff remaining at the scene will attempt to distract or divert the aggressor or if needed, seek the help of other staff.
- E. If consumer is in an office with the door closed, the lead responder will knock on the door and state: the name of the person in the office, "this is....(name of

the person responding), I am sorry to interrupt you, but I need to see you for a moment.” The goal is to get the door open and staff member who is inside, out of the office. If there is no response for 10 seconds, the lead responder will enter the office cautiously and make a determination of what action to take.

- F. If it is determined that there is no imminent danger, the respondents will take their cues for assistance or action from the lead responder:
  - 1. Assist with diffusing the situation or
  - 2. Retreat to an area outside the office to continue monitoring the situation until the individual leaves the office or until the lead responder indicates that assistance is no longer required
- G. All other staff is responsible for ensuring the safety of any consumers or visitors by clearing the hallways and waiting rooms in the immediate vicinity of the incident. Supervisors will direct staff to assist with moving individuals to another area of the building. Staff not responding to the incident is to remain in their work area and to prohibit visitors and consumers from entering the area of the incident.
- H. Staff will not allow or participate in “spectating” when an incident is occurring
- I. If the aggressor can be escorted to a “quiet room” designated by the lead responder, two staff will accompany the aggressor and will continue to attempt to establish therapeutic rapport. The third staff member will remain outside the “quiet room” to continue to re-direct staff/consumers/visitors and to brief security/police when they arrive.
- J. If the aggressor cannot be escorted to a “quiet room”, the respondents will continue attempts to establish therapeutic rapport in an area as open/safe as possible in order to provide ample space for rapid exits if needed.
- K. The lead responder will authorize interventions; whether that is consultation with the psychiatrist, medication evaluation, prescreening for hospitalization, legal interventions, etc.
- L. We will immediately intervene in situations where SED children are engaging in destruction of property and aggressive to self or others. The cycle of escalation in SED children often occurs rapidly, therefore, any employee witnessing or is in the vicinity need to assist as soon as possible. Additionally, when SED children leave the grounds and do not return immediately or do not respond to verbal prompts, the police and the guardians of the children will be notified and staff will reasonably monitor the whereabouts of the child.

**12 VAC 35-105-540**

Telephones are accessible to staff and consumers in emergency situations. Telephones are located in all reception areas and in each office. Primary Service Providers will assist consumers with calls in emergencies such as illness, fires, or life threatening emergencies. Emergency telephone numbers of the nearest hospital, ambulance service, rescue squad, trained medical personnel, poison control center, fire station and police are accessible on each office telephone throughout the building. A posting of these numbers can also be found on each computer in the reception area.

**12 VAC 35-105-550**

The RBHA maintains well stocked first aid kits in readily accessible locations within all of its sites. These first-aid kits are in **red boxes** and are readily accessible by staff for minor injuries and medical emergencies. Employees or contractors providing in-home services or traveling with individuals are also provided with first aid kits. All kits contain the following supplies:

- Thermometer
- Bandages
- Saline solution
- Band-aids
- Sterile gauze
- Tweezers
- Instant ice-pack
- Adhesive tape
- First –aid cream
- Antiseptic soap
- An accessible, unexpired 30 cc bottle of Syrup of Ipecac (for use at the direction of a physician or the Poison Control Center)
- Activated charcoal (for use at the direction of a physician or the Poison Control Center)

(See RBHA First Aid locations on page 70)

**12 VAC 35-105-560**

Operable flashlights or battery lanterns are accessible to employees and contractors in services that operate between dusk and dawn to use in emergencies.

**RBHA  
FIRST AID KIT LOCATIONS**

DEPT	ROOM/AREA	Is kit complete?	DESIGNEE	Extension
Reception	Lobby	Yes	Rita Gray	4000
CSU	Basement	Yes	Kathy Tierney	343-7668
Crisis	Basement	Yes	Kirk Morton	4118
Med Unit	174	Yes	Kirk Morton	4118
Quality & Standards	127A	Yes	Melissa Hobson	8731
Reimbursement	Outside of room 136	Yes	Harriet Futrell	4121
Substance Abuse	104	Yes	Daphne Taylor	4180
Substance Abuse	215	Yes	Martha Stevens	4028
Substance Abuse	234 copy room	Yes	Ernestine Joyner	4080
Substance Abuse	213 copy room	Yes	Ernestine Joyner	4080
Mental Retardation	Outside of room 383	Yes	Meleese Evans	4114
Adult Mental Health	Outside of room 347	Yes	Jessica Johnson	4146
Community Support	164	Yes	Crystal Ball	4150
Children Mental Health	281	Yes	Toni Stewart	5238
Administration	204	Yes	Bonnie Martin	4094
Marshall Center	Kitchen, Room 105C, Room 100C, Room 107A and 107B	Yes	John Schartzer	387-1274
Broad St. Center	Kitchen, Reception desk, Nurse's office, room 107, room 102 and staff restroom	Yes	John Schartzer	387-1274
Human Resources	3 <sup>rd</sup> floor hallway near elevators	Yes	Jinny Roberts	4086
Executive Office	3 <sup>rd</sup> floor hallway near elevators	Yes	Jinny Roberts	4086
Reimbursement	318	Yes	Loretta Dennis	4010

<p><b>TITLE:</b> ADMINISTRATIVE SERVICES</p> <p><b>EFFECTIVE DATE:</b> December 1, 2001</p> <p><b>REVISION DATE:</b> June 20, 2002</p> <p><b>REVISION DATE:</b> December 1, 2004</p> <p><b>REVISION DATE:</b> July 1, 2005</p> <p><b>REVISION DATE:</b> October 10, 2006</p> <p><b>REVISION DATE:</b> February 20, 2007</p> <p><b>Updated Date:</b> July 30, 2008</p> <p><b>REVIEWED:</b> June 30, 2009</p>	<p><b>PREPARED BY:</b> Gale M. Price</p> <p>_____ Date: _____</p> <p><b>REVIEWED BY:</b> Dr. Steve Ashby Chief Executive Officer</p> <p>_____ Date: _____</p> <p><b>REVIEWED BY:</b> Wilson J. Washington, Jr. Chief Executive Officer</p> <p>_____ Date: _____</p> <p><b>REVIEWED BY:</b> Chief Executive Officer</p>
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