

2023 Initial Applicant Licensing Resources



**Department of Behavioral Health and Developmental Services
Office of Licensing
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**This packet includes tools and resources for initial applicants for a DBHDS provider license. Please note all initial applications will be submitted through CONNECT, the new online-based licensing system.

For additional resources on how to use the CONNECT system, including how to submit an initial application, please visit the [Office of Licensing Website](#).**

DBHDS Licensing Process Overview Prioritized Services

Welcome to the Licensing Process Overview Page for the DBHDS Office of Licensing.

When applying for an initial license from the Department of Behavioral Health and Developmental Services (DBHDS), it is important for all applicants to understand the DBHDS licensing process.

The Office of Licensing is currently prioritizing processing initial applications for priority services needed throughout the Commonwealth. At this time, the service you are applying to provide is considered a “prioritized service”. DBHDS is committed to working with providers of prioritized services in order ensure a prompt licensing process. The [prioritization list](#) can be found on the DBHDS Licensing Website.

The Four-Phase Licensing Process for PRIORITIZED SERVICES is as follows:

PHASE ONE:

1. New applicants will submit the following documentation for review through the DBHDS CONNECT Provider Portal:
 - A completed **Licensing Application** with the required attachments **AND**
 - The **Licensing Policies and Procedures (P & Ps)**.
2. Once the prioritized applicant submits a complete initial application, they will receive a welcome letter with additional instructions for beginning the background check and central registry search processes. The applicant should begin the background check and central registry search processes **immediately** as a DBHDS licensed provider may not serve individuals until they have requested background and central registry checks for all direct care staff. Please see additional information related to the background check and central registry search processes below.

PHASE TWO:

1. A Policy Review Specialist will review the application and attachments to determine compliance with the Licensing Regulations and Code of Virginia.
2. If the submitted documentation requires revisions, the Policy Review Specialist will send a letter to the applicant citing the necessary revisions.
3. If necessary, the applicant makes required corrections and submits the updated documentation to the Policy Review Specialist through the DBHDS CONNECT Provider Portal.
4. Revisions must be received within **30 calendar days** from the date on the last revision letter.

Please note: Applicants that do not provide revisions within **30 calendar days** of a request for revisions will be closed for review.

PHASE THREE (RESIDENTIAL SERVICES ONLY):

1. The Policy Review Specialist will assign the applicant to a Licensing Specialist.

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2. The assigned Licensing Specialist will call the applicant to schedule their onsite inspection. If the applicant fails to schedule an onsite inspection, within **30 calendar days** of the date on the letter assigning the applicant to the Licensing Specialist, the applicant's application will be closed.
3. During the on-site inspection, the Licensing Specialist will review the regulations that apply to the physical plant. Prior to the issuance of an annual license, the Licensing Specialist will conduct a second onsite inspection where they will review individual records, personnel records, and additional documentation, as appropriate, for compliance with the Licensing Regulations.
4. Once the on-site inspection is completed, the Licensing Specialist will make a licensing recommendation to the Office of Licensing management staff for review, who then, will forward the recommendation to the DBHDS Commissioner for the final approval.

PHASE THREE (NONRESIDENTIAL SERVICES)

1. The Policy Review Specialist will assign the applicant to a Licensing Specialist.
2. No additional action is needed from the applicant.

PHASE FOUR:

1. The finalized license is provided to the new provider.
2. Applicant will receive notification through the CONNECT portal once their license has been approved.

DBHDS Licensing Process Overview Non-Prioritized Services

Welcome to the Licensing Process Overview Page for the DBHDS Office of Licensing.

When applying for an initial license from the Department of Behavioral Health and Developmental Services (DBHDS), it is important for all applicants to understand the DBHDS licensing process.

The Office of Licensing is currently prioritizing processing initial applications for priority services needed throughout the Commonwealth. At this time, the service you are applying to provide is not considered a “prioritized service”. Therefore, until you are confident that you are near the end of the licensing process, please delay buying a home for a service, renting office space, buying insurance, and hiring staff.

The Four-Phase Licensing Process is as follows:

PHASE ONE:

1. New applicants will submit the following documentation for review through the DBHDS CONNECT Provider Portal:
 - A completed **Licensing Application** with the required attachments **AND**
 - The **Licensing Policies and Procedures (P & Ps)**.
2. When the Office of Licensing has a waiting list, the application is placed on the waiting list. The waiting list can be viewed on the DBHDS website. An up-to-date waitlist can be viewed from the CONNECT Provider Portal Dashboard at any time.

PHASE TWO:

1. A Policy Review Specialist will review the application and attachments to determine compliance with the Licensing Regulations and Code of Virginia.
2. If the submitted documentation requires revisions, the Policy Review Specialist will send a letter to the applicant citing the necessary revisions.
3. The applicant makes required corrections and submits the updated documentation to the Policy Review Specialist through the DBHDS CONNECT Provider Portal.
4. Revisions must be received within **90 calendar days** from the date on the last revision letter

Please note: Applicants that do not provide revisions within **90 calendar days** of a request for revisions, will be closed for review.

5. Once the Policy Review Specialist determines the application and attachments meet requirements within the Licensing Regulations and Code of Virginia, they will utilize the revision letter to request for non-prioritized applicants of center based and residential services to upload their location address, certificate of occupancy, and any additional physical site documentation, as appropriate, prior to assignment to a Licensing Specialist.

PHASE THREE (RESIDENTIAL SERVICES ONLY):

1. The Policy Review Specialist will assign the applicant to a Licensing Specialist.
2. During this time, the applicant will contact the DBHDS Background Investigation Unit and register with Fieldprint to initiate the **Criminal Background Check** process (please see additional information related to the background check and central registry search processes below).
3. The assigned Licensing Specialist will call the applicant to schedule their onsite inspection. If the applicant fails to schedule an onsite inspection, within **90 calendar days** of the date on the letter assigning the applicant to the Licensing Specialist, the applicant's application will be closed.
4. During the on-site inspection, **the Licensing Specialist** will review the regulations that apply to the physical plant. Prior to the issuance of an annual license, the Licensing Specialist will conduct a second onsite inspection where they will review individual records, personnel records, and additional documentation, as appropriate, for compliance with the Licensing Regulations.
5. Once the on-site inspection is completed, the Licensing Specialist will make a licensing recommendation to the Office of Licensing management staff for review, who then, will forward the recommendation to the DBHDS Commissioner for the final approval.

PHASE THREE (NONRESIDENTIAL SERVICES)

1. The Policy Review Specialist will assign the applicant to a Licensing Specialist.
2. During this time, the applicant will contact the DBHDS Background Investigation Unit and register with Fieldprint to initiate the Criminal Background Check process (please see additional information related to the background check and central registry search processes below).
3. No additional action is needed from the applicant.

PHASE FOUR:

1. The finalized license is provided to the new provider.
2. Applicant will receive notification through the CONNECT portal once their license has been approved.

APPLICANTS: Please review this document carefully as it thoroughly explains the DBHDS licensing process.

To be licensed by DBHDS the applicant must:

1. Submit and receive preliminary approval of the initial application, required attachments, policies and procedures by a Policy Review Specialist.
2. Set up the appropriate accounts and request both criminal history background checks and central registry searches for identified staff as required by Code of Virginia § 37.2-416.

INITIAL APPLICATION

1. The applicant submits the completed application, along with all required policies, procedures and attachments to the Office of Licensing through the DBHDS CONNECT Provider Portal. **Children’s Residential Services will also include a \$500 application fee which will be processed through the DBHDS CONNECT Provider Portal.**
2. When the Office of Licensing has a waiting list, the application is placed on the waiting list.
3. The waiting list can be viewed on the DBHDS website. An up to date waitlist can be viewed from the CONNECT Provider Portal Dashboard at any time. Please note: The Office of Licensing will prioritize processing initial applications for priority services needed throughout the Commonwealth.
4. When the application is up for review, it is then assigned to a Policy Review Specialist.
5. The Policy Review Specialist will determine subjectivity of the application by reviewing the applicant’s service description to determine what service will be provided. Code of Virginia **§37.2-405**, defines “service” as “individually planned interventions intended to reduce or ameliorate mental illness, developmental disability or substance addiction or abuse through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, developmental disability or substance addiction or abuse...”
6. If the Policy Review Specialist determines that the service to be provided by the applicant is NOT SUBJECT to licensing by DBHDS, the applicant will be sent formal correspondence through the DBHDS CONNECT Provider Portal explaining that determination.
7. If the application is complete and determined to be subject to licensing by the DBHDS, but there are questions about the application, the Policy Review Specialist will contact the applicant directly through the DBHDS CONNECT Provider Portal.

POLICIES AND PROCEDURES

All copies of service descriptions and policies and procedures should have a footer or header noting the date they were developed (or revised) and page numbers.

WHAT ARE ACCEPTABLE POLICIES AND PROCEDURES?

Applicants should carefully read the regulations to determine when a written policy or procedure is required. A written policy is required when the regulation calls for a “policy” and a written procedure is required when the regulation calls for a “procedure.”

“**Policy**” defines what the plan or guiding principle of the organization is, as related to the required regulation.

“**Procedures**” are the process (or steps) the applicant takes to ensure the policy is carried out. Procedures should answer the questions of who, where and how a policy will be implemented.

Policies and procedures are not the re-statement of a regulation.

Applicants may also need to develop other policies to guide the delivery of services even when not required by the regulations.

DEFICIENCY LETTERS

The Policy Review Specialist will inform the applicant, through a deficiency letter, of needed revisions to their application materials citing the specific regulation that is not yet in compliance, with a brief narrative explaining why the regulation has not been met. The applicant makes all required corrections and submits the updated application documents or policies and procedures to the Policy Review Specialist through the DBHDS CONNECT Provider Portal. This process will continue until the Policy Review Specialist determines that the reviewed application materials are in compliance with the Licensing Regulations. Once, the Policy Review Specialist determines the reviewed application materials are in compliance with the Licensing Regulations, they will send the applicant a correspondence through the DBHDS CONNECT Provider Portal notifying the applicant of their assignment to a Licensing Specialist.

Please Note: If the applicant does not provide revisions **within 30 days** from the date the review letter was sent for **priority services** and **90 days** from the date the review letter was sent for **non-priority services**, the application will be closed.

CRIMINAL HISTORY AND CENTRAL REGISTRY BACKGROUND CHECKS

When the Administrative Assistant assigns the applicant to the waitlist **for priority services**, they will send the applicant a welcome letter which will include additional instructions regarding the submission of criminal history background checks and central registry searches.

When the Policy Review Specialist assigns an applicant **for non-priority services** to a Licensing Specialist, the assignment letter will include additional instructions regarding the submission of criminal history background checks and central registry searches.

A DBHDS licensed provider may not serve individuals until they have requested background and central registry checks for all direct care staff.

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In addition, if you are applying for a children's residential service, pursuant to Code of Virginia § 37.2-408.1, no person shall be allowed to work, volunteer, or provide services at a children's residential facility unless all components of the background check have been **received** by the children's residential facility. A children's residential facility may employ a person pending the results of the check of the central registry maintained by the Department of Social Services provided that the person has received qualifying results on the fingerprint-based criminal history background check, the person does not work in the children's residential facility or any other location where children placed in such facility are present, and such employment is permitted under 42 U.S.C. § 671 and regulations promulgated pursuant thereto.

HUMAN RIGHTS REGULATIONS

Working with the Office of Human Rights, the applicant must:

1. Develop policies that are in compliance with [*The Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services.*](#)
2. Complete and send in the "[Human Rights Compliance Verification Checklist](#)" as well as their complaint resolution policy to OHRpolicy@dbhds.virginia.gov.
 - Within 20 working days of receipt of the "Human Rights Verification Checklist," the Office of Human Rights will notify the applicant of the status of their complaint resolution policy. If approved, the applicant will be referred via e-mail to their assigned Human Rights advocate. If the applicant's complaint resolution policy is not approved, the Office of Human Rights will provide guidance for compliance.
 - The Human Rights advocate will schedule a visit to the program within 30 days of the initial license to review the provider's Human Rights policies for compliance.

ON-SITE INSPECTION

ATTENTION: When the application documents and policies and procedures have been reviewed by the Policy Review Specialist and deemed to be complete and in compliance with the Licensing Regulations, the applicant will be assigned to a Licensing Specialist.

On-Site Inspections: Priority Residential

- The assigned Licensing Specialist will call the applicant to schedule their onsite inspection. If the applicant fails to schedule and complete an onsite inspection within **30 days** of the date on the letter assigning the applicant to the Licensing Specialist, the applicant's application will be closed.

On-Site Inspections: Priority Non-Residential

- No additional action is needed from the applicant.

On-Site Inspections: Non-Priority Residential

- The assigned Licensing Specialist will call the applicant to schedule their onsite inspection. If the applicant fails to schedule and complete an onsite inspection within

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90 days of the date on the letter assigning the applicant to the Licensing Specialist, the applicant's application will be closed.

On-Site Inspections: Non-Priority Non-Residential

- No additional action is needed from the applicant.

The on-site inspection verifies the applicant's compliance with several Licensing Regulations including, but not limited to, the physical plant requirements.

FINAL STEPS

1. Achieving compliance with the Licensing and Human Rights Regulations are separate, yet concurrent processes. Each office independently reviews submitted documentation for compliance with its own regulations.
2. When the applicant is deemed to be in compliance with all applicable regulations, the Office of Licensing will make a recommendation to issue a license to the Commissioner. Only the Commissioner can issue a license.
3. Providers may not begin service operation until they have received written notification from the Office of Licensing. The provider may receive a Pending Letter if there will be a delay in issuing the license.
4. All new providers are issued a conditional license for a period not to exceed six (6) months, for one service and one location.

DENIAL OF A LICENSE

For General Regulations, according to Licensing Regulation 12VAC35-105-110, an application for a license may be denied by the Commissioner if:

1. The provider or applicant has violated any provisions of Article 2 (§ 37.2-403 et seq.) of Chapter 4 of Title 37.2-403 of the Code of Virginia or the licensing regulations;
2. The provider's or applicant's conduct or practices are detrimental to the welfare of any individual receiving services or in violation of human rights identified in § 37.2-400 of the Code of Virginia or the Human Rights Regulations (12VAC35-115);
3. The provider or applicant permits, aids, or abets the commission of an illegal act
4. The provider or applicant fails or refuses to submit reports or to make records available as requested by the department;
5. The provider or applicant refuses to admit a representative of the department who displays a state-issued photo identification to the premises;
6. The provider or applicant fails to submit or implement an adequate corrective action plan; or
7. The provider or applicant submits any misleading or false information to the department. <https://law.lis.virginia.gov/vacode/37.2-416/https://law.lis.virginia.gov/vacode/63.2-1726/>

For Children's Regulations, according to Licensing Regulation 12VAC35-46-120, an application for a license may be denied by the Commissioner if the applicant:

1. Violates any provision of applicable laws or regulations made pursuant to such laws;

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2. Has a founded disposition of child abuse or neglect after the appeal process has been completed;
3. Has been convicted of a crime listed in § 37.2-416 or 63.2-1726 of the Code of Virginia;
4. Has made false statements on the application or misrepresentation of facts in the application process;
5. Has not demonstrated good character and reputation as determined through references, background investigations, driving records, and other application materials;
6. Has a history of adverse licensing actions or sanctions;
7. Permits, aids, or abets in the commission of an illegal act in services delivered by the provider;
or
8. Engages in conduct or practices detrimental to the welfare of any individual receiving services from the provider.

NOTE: Should an application be denied, applicants may have to wait at least six months before they can re-apply pursuant to Virginia Code § 37.2-418. For Children's Residential Services an additional \$500 application fee will be required.

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Required Initial Application Attachments

A complete application for licensing DBHDS includes **all of** the following.

REQUIRED ATTACHMENTS FOR ALL APPLICANTS

- | | Regulations Reference |
|---|---|
| 1. The Completed Application form; | General Regulations: 12VAC35-105-40(A)
Children's Regulations: 12VAC35-46-20(D)(1) |
| 2. A working budget showing projected revenue and expenses for the first year of operation, including a revenue plan; | General Regulations: 12VAC35-105-40(A)
Children's Regulations: 12VAC35-46-20(D)(1) |
| 3. Documentation of working capital to include (i) documentation of funds or a line of credit in the name of the applicant or owner sufficient to cover at least 90 days of operating expenses if the provider is a corporation, an unincorporated organization or association, a sole proprietor, or a partnership or (ii) appropriated revenue if the provider is a state or local government agency, board, or commission; | General Regulations: 12VAC35-105-40(A)(2) & 210(A)
Children's Regulations: 12VAC35-46-20(D)(1) & 190 |
| 4. A copy of the organizational structure, showing the relationship of the management and leadership to the service; | General Regulations: 12VAC35-105-40 & 190(B)
Children's Regulations: 12VAC35-46-180(B) |
| 5. A description of the applicant's program that addresses all the requirements, including admission, exclusion, continued stay, discharge/termination criteria, and a copy of the proposed program schedule, descriptions of all services or interventions proposed; | General Regulations: 12VAC35-105-40(B)(3), 570 & 580(C)
Children's Regulations: 12VAC35-46-20(B)(1-5) & 180(C) |
| 6. A schedule of the proposed staffing plan, relief staffing plan, comprehensive supervision plan; | General Regulations: 12VAC35-105-590
Children's Regulations: 12VAC35-46-20(D)(1) & 320 |

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7. Copies of **all** position (job) descriptions that address all the requirements; **General Regulations: 12VAC35-105-410**
Children’s Regulations: 12VAC35-46-20(D)(1) & 280
8. Evidence of the applicant’s authority to conduct business in the Commonwealth of Virginia. Generally, this will be a copy of the applicant’s State Corporation Commission Certificate; AND **General Regulations: 12VAC35-105-40(A)(3) & 190(A)(2)**
Children’s Regulations: 12VAC35-46-20(D)(1)
9. A certificate of occupancy for the building where services are to be provided, except home based services. **General Regulations: 12VAC35-105-260**
Children’s Regulations: 12VAC35-46-20(D)(1) & 420(A)

ADDITIONAL REQUIRED ATTACHMENTS FOR RESIDENTIAL AND CENTER BASED PROVIDER APPLICANTS

10. A copy of the building floor plan, outlining the dimensions of each room; **General Regulations: 12VAC35-105-40 (B)(5)**
Children’s Regulations: 12VAC35-46-20(D)(1)
11. A current health inspection; AND **General Regulations: 12VAC35-105-290**
Children’s Regulations: 12VAC35-46-420(D)(1-4)
12. A current fire inspection **General Regulations: 12VAC35-105-320**
Children’s Regulations: 12VAC35-46-420(B)

***Copies of service descriptions, policies and procedures, should have page numbers and a “header” or “footer” indicating the dates it was created and most recently revised.**

SAMPLE Annual Operating Budget

Name of Service: Click or tap here to enter text.

Type of Service: Click or tap here to enter text.

Date: Click or tap to enter a date.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1. ADMINISTRATION													
Office equipment & supplies													
Accounting													
Licensing fees													
Legal fees													
Insurance(s):													
<i>Professional liability</i>													
<i>General liability</i>													
<i>Property liability</i>													
<i>Commercial</i>													
<i>Vehicular liability</i>													
<i>Employee Bonding</i>													
<i>Advertising</i>													
2. SALARIES, WAGES & BENEFITS													
Salaries: (List each separately)													
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
FICA (Social Security)													
Health Insurance													
Life Insurance													
Employee training (special)													
Other benefits													
3. OPERATIONS													
Food													
Rent/Mortgage													
Utilities:													
<i>Electricity</i>													
<i>Gas</i>													

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<i>Cable</i>														
<i>Water</i>														
<i>Sewage</i>														
<i>Internet</i>														
Auto Fuel														
Auto Maintenance														
Facility Maintenance														
Equipment/Supplies														
Motor vehicles														
Laundry/Linens														
Cleaning supplies														
Toiletries														
Staff Travel														
Staff Training (routine)														
Client recreation														
Client allowances														
Office equipment														
Contractual Services														
OTHER:														
Employee taxes														
TOTALS														

SAMPLE of Acceptable Policy & Procedures

Area: Record Management	Policy: 12 VAC 35-105-870	Page 1 of 4 pages
Title: Paper and Electronic Records Management Policy	Issued: 9/20/22	Revised:

Policy:

In order to comply with the regulation a written policy has been established for record management and includes confidentiality, accessibility, security and retention of paper and electronic records pertaining to individuals being served. This policy will cover electronic and paper documents.

Procedures:

An individual file will be maintained as a record of services delivered for all persons participating in this program. Records will be paper unless noted as electronic file.

A. Access and limitation of access, duplication, or dissemination of individual information to persons who are authorized to access such information according to federal and state laws.

1. The files cabinets containing the service record for each individual will a locked, flame-retardant file cabinet which will be located in the administrative office; this office has a locked door and must be opened by the employees authorized to share the key.
2. Access to the individual’s file will be limited to employees having a role in the development of the Individual Support Plan (ISP), and dependent on the level of support being provided.
3. Limited access to the individual’s files will be determined by the role of the professional requesting access and having responsibilities for supports such as: assessment and admission determination, medical care, direct care, and clinical interventions etc.
 - a. Supervisor and directors or designees will determine level of employees and grant permission to access the individuals file of record.
 - b. Limited access the file by the individual is dependent on their capacity as determined by a medical professional such as a psychiatrist, primary physician etc.
4. Duplication of the individual’s file may only be completed by the supervisor, director or designee and the purpose of the duplication must be documented on the “Record Retrieval Form” and include the date of the duplication, and employee name and title.

5. Dissemination of the record must be with written approval of the individual when applicable, placing agent, legally authorized representative (LAR), authorized representative (AR) etc. and documented on the “Authorization to Release Information Form.”
 - a. The written approval to disseminate record must be placed in the file.
 - b. No general written approval will be accepted for dissemination of record.
 - c. The written notice must have the name of the recipient, business name, business address, relationship to the individual, name of the person given the permission to dissemination the record and the time frame in which the written authorization is valid.
 - d. Dissemination to state or federal law enforcement personnel will be completed by following their agency’s guidelines and then immediately notify the placing agency, LAR or AR when it is appropriate to do so.
 - e. Provider will comply with the state licensing representative and grant access, duplication and dissemination of the individuals file of records when requested and or during required agency business such as investigation, inspections and annual reviews etc.

A.2 Storage, processing, and handling of active and closed records

1. All files will be stored in a locked flame-retardant cabinet, in a locked office.

Storage of the file of records will be individually for each person receiving service.

There will be one record with three sections (medical, program service and financial) for easy access to the documents; For example, a program service section of the record would have assessments, initial and annual individual support plan (ISP), monthly data sheet, quarterly progress reports, documentation of special supports or revision of the ISP. The documents in the record will be filed in chronological dates with the most recent item on the top.

2. The stored file of records will be monitored and maintained by the supervisor or designee of the program.
3. Files must be checked out for specific purposes and then returned; documented of usage must be on the file in/out form.
4. Active files will be maintained separately from closed files and reviewed quarterly for quality assurance (QA); compliance with table of content will be the focus of the QA review.
5. Closed files will be stored in a separate flame-retardant file cabinet labeled with the month, year (for beginning and ending dates of the content) and the alphabet of names

contained in the file. For example, January 2022-March 2022 (A-C).

6. Closed files documents will be kept in storage for a minimum of ten years or as specified by state and federal requirements.
7. Duplication and dissemination of the stored material from active or closed files will be documented on required agency form.

A.3 Storage, processing and handling of electronic records

1. Electronic record will not be used at this time.

A.4 Security measures that protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information and transportation of records between service sites

1. Paper Records
 - a. All employees access the file cabinet must lock in after each use to protect the content from unauthorized use.
 - b. Loss information must be reported to the supervisor, directors and designee who will inform the individual, family, authorized responsible agent and significant others of the loss of information. Retrieval of the loss information from other sources must be done immediately to ensure continuity of care and service.
 - c. Assessment of the incident involving the loss of information must be completed within 24 hours to avoid any future incidents. Outcome of investigation may include, retraining and record security, change in storage procedures, suspension or termination (depends on severity and volume of loss information).
 - d. Errors in documents must be identified by sticking through the error and writing the word “error” and the “employees initial” above the inaccurate information.
 - e. Employees will be trained on monitoring where they sit /stand when working in the records and to avoid leaving the files unsupervised in public places or in places where someone can look into the record without permission.
 - f. All disclosures and exchange of information must be done with permission and only to persons or facilities identified in writing on the approved agency “authorization to release information form” for each individual.
 - g. Authorization forms may not be used after the documented end date.

- h. Records must be transported or shared between program and authorized persons or facility by facsimile, encrypted emails, postal services or delivered in person. Records used between services sited must be placed in locked box, briefcase or a similar case and placed in the trunk when the vehicle is unmanned.
- i. Records must be returned to the appropriate locked file cabinet when not in use or is undeliverable.

2. Electronic records

- a. Electronic Records will not be used at this time.

A.5 Strategies for service continuity and record recovery from interruptions that result from disasters or emergencies including contingency plans, electronic or manual back-up system and data retrieval system.

1. The employees will be reminded that safety and well-being is the priority; however, services not documented (abridged or full range) means no service rendered.
2. In the event of service interruption, the supervisor, director or designee will provide copies of paper documents/forms for the employees to use when documenting services in their temporary location or current location.
3. Records not immediately retrievable from file cabinets will be sought through requesting copies from placing agency, AR, LAR, or other persons who may have records due to exchange of information or service provider to a mutual individual.
4. Records may be recreated from the data where possible in the form reports and identified and a duplicated record due to interruption of services by disaster or emergency. The reason for the duplicated record must be identified.

A.6 Designation of person responsible for records management

1. The supervisor, director or their designee will be tasked with monthly quality assurance review of the files of records.
2. The records will be checked against the table of content and other agency policies and procedures for completing forms, and documents for service delivered.
3. All findings from the monthly QA review that requires further attention or need to be completed will be responded to by the appropriate employee within fourteen days.

A.7 Disposition of records

1. In the event that the service ceases operation the records will be returned to the placing agency. The face sheet, copies of vital records documents, health history, application for admission, discharge information will be shared with AR, LAR, placing agency representative.
2. If the provider opens another business, the face sheet, application for admission, discharge information will be stored in a secured location to be identified prior to placing the files in that location for ten years or until they cease operation of the new business. They will notify the original placing agency of this business and records stored. Records may be destroyed with permission of the placing agency and or their representative when it deemed to be no longer needed.
3. If the records will be transfer to another provider, the provider must have a written agreement with the provider whose business is ceasing. A document containing the name of both providers (sender and receiver parties) will be completed and files in the permanently stored record.
4. The transferred records receipt will be shared with the placing agency, AR, LAR and stored a copy of the transfer agreement with the archived record held by the provider.

B Record management policy will comply with state and federal regulations including:

1. Records will comply with Section 32.1-127.1:03 of the Code of Virginia;
2. 42 USC § 290dd;
3. 42 CFR Part 2; and
4. Records will be maintained and handled according to the Health Insurance Portability and Accountability Act (Public Law 104-191) and implementing regulation (45 CFR Parts 160, 162, and 164).

ACCEPTABLE

SAMPLE of Unacceptable Policy & Procedures

Area:	Policy: 12 VAC 35-105-390	Page 1 of 2 pages
Title: Confidentiality and Security of Personnel Records	Issued:	Revised:

Policy:

Provider will keep all employees records confidential and secure.

Procedures:

New employees, contractors, volunteers and students to this provider will have personnel record.

1. Personnel records will be kept at the office.
2. Staff may access the personnel file only with permission because of confidentiality.
3. Provider will not use electronic record for personnel files.
4. Separate file will be kept for medical, background and registry checks and general personnel records.
5. Personnel record will contain all training documents.

This policy and procedures would be unacceptable because:

- *The policy statement needed additional information;*
- *The heading is incomplete;*
- *The procedures do not give clear steps as to how the provider will protect the confidentiality of the personnel records;*
- *The policy and procedures are not specific as to which office the records will be kept in; and*
- *There is no identification of who, how, when and why- for all staff having access to the employee records.*

UNACCEPTABLE

Checklist 870 Written Records Management Policy

870.	Written records management policy	Describes confidentiality, accessibility, security, and retention of records pertaining to individuals, including:		
	870.A.1	Access, duplication and dissemination of information only to persons legally authorized according to federal and state laws;		
	870.A.2	Storage, processing and handling of active and closed records;		
	870.A.3	Storage, processing and handling of electronic records;		
	870.A.4	Security measures to protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information and transportation of records between service sites; physical and data security controls shall exist for electronic records;		
	870.A.5	Strategies for service continuity and record recovery from interruptions that result from disasters or emergencies including contingency plans, electronic or manual back-up systems, and data retrieval systems;		
	870.A.6	Designation of person responsible for records management; and		
	870.A.7	Disposition of records in event the service ceases operation. If the disposition of records would involve a transfer to another provider, the provider shall have a written agreement with that provider.		
	870.B	The records management policy shall be consistent with state and federal laws and regulations including:		
	870.B.1	Section 32.1-127.1:03 of the Code of Virginia;		
	870.B.2	42 USC § 290dd;		
	870.B.3	42 CFR Part 2; and		