Regulations and Guidelines

Part 3 of Navigating Therapeutic Behavioral Consultation

This training is intended to provide a basic summary and highlight information and resources for providers. It is not possible for this training to review the entirety of regulations, guidance documents, provider manuals, etc. Trainees must reference and adhere to the overarching regulations, provider manuals, and associated guidance documents to guide their service provision, documentation requirements, billing, etc.

Trainees will be provided with a basic overview, along with resources and where to find them on the following topics:

Part 1:

- Provider enrollment
- WaMS Registration
- Obtaining referrals

Part 2:

- Authorization types
- WaMS
- Required Documentation

Part 3:

- DBHDS and DMAS regulations
- DBHDS/DMAS Practice Guidelines and BSPARI
- Human Rights

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Part 1:

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- DBHDS/DMAS Practice Guidelines and BSPARI
- Human Rights

Providers must understand and adhere to the following regulations:

The regulations that govern therapeutic consultation services, specific to behavioral services:

- https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section550/

Provider Manual:

- https://vamedicaid.dmas.virginia.gov/pdf_chapter/developmental-disabilities-waivers-bi-fis-cl-services#gsc.tab=0

Allowable activities for this service shall include:

a. Interviewing the individual, family members, caregivers, and relevant others to identify issues to be addressed and desired outcomes of consultation;

b. Observing the individual in daily activities and natural environments and observing and assessing the current interventions, support strategies, or assistive devices being used with the individual;

c. Assessing the individual's need for an assistive device for a modification or adjustment of an assistive device, or both, in the environment or service, including reviewing documentation and evaluating the efficacy of assistive devices and interventions identified in the therapeutic consultation plan;

d. Developing data collection mechanisms and collecting baseline data as appropriate for the type of consultation service provided;

e. Designing a written therapeutic consultation plan or a behavioral support plan detailing the interventions, environmental adaptations, and support strategies to address the identified issues and desired outcomes, including recommendations related to specific devices, technology, or adaptation of other training programs or activities. The plan may recommend training relevant persons to better support the individual simply by observing the individual's environment, daily routines, and personal interactions;

f. Demonstrating (i) specialized, therapeutic interventions; (ii) individualized supports; or (iii) assistive devices;

g. Training family/caregivers and other relevant persons to assist the individual in using an assistive device; to implement specialized, therapeutic interventions; or to adjust currently utilized support techniques;

h. Intervening directly, by behavioral consultants, with the individual and demonstrating to family/caregivers or staff such interventions. Such intervention modalities shall relate to the individual's identified behavioral needs as detailed in established specific goals and procedures set out in the ISP; and

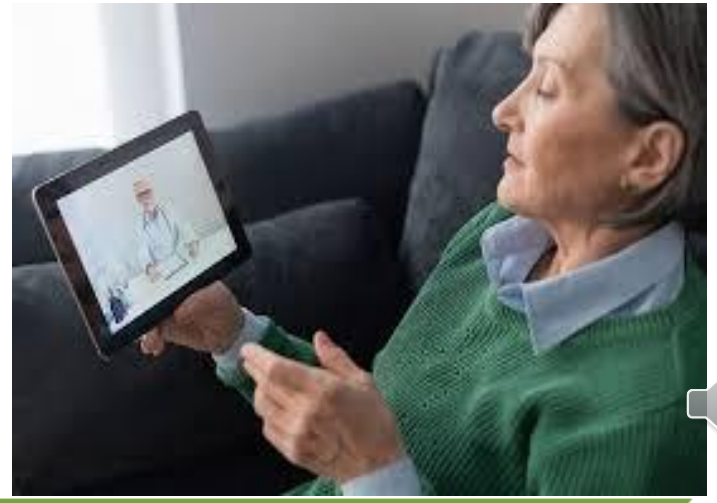
i. Consulting related to person centered therapeutic outcomes, in person, over the phone, or via video feed in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Consultation related to person centered therapeutic outcomes can be provided over the phone or via synchronous video feed in accordance with HIPAA is permitted

- **Direct therapy is not permitted via Telehealth**

Direct therapy consists of the behavioral consultant implementing strategies with the individual that can only be accomplished while being physically present in the same environment as the individual and cannot be accomplished via telehealth modalities. Examples may include, but not limited to, learning opportunities with materials that need to be physically manipulated by both the behavioral consultant and the individual, or demonstrating interventions to family/caregivers that require the behavioral consultant to be physically present in the same environment as the family/cares and individual (DMAS/DBHDS FAQ from 5/7/21 Therapeutic Behavioral Consultation Services 2021 Updates).

- **Consultation related to person centered outcomes is permitted via telehealth**
- **Modalities of telehealth include synchronous audio only via phone, and telemedicine via HIPPA compliant video chat**
- **Services delivered via telemedicine or audio-only telehealth must be provided with the same standard of care as services provided in person**



- Log into the MES portal and go to Provider Management: PRSS Portal
  - Video Tutorial: https://www.youtube.com/watch?v=kWcV8b5jPpg

- Billing tutorials: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderTrainingLibrary

- Billing can occur daily, weekly or monthly based on your preference
  - Must bill for a service rendered within 365 days from service date

- Info on diagnostic codes:
  - Cannot use decimal points with entry, e.g., F84.0 must be entered as F840
    - Use the primary diagnostic code from qualification for waiver

- Make sure to check the Service Authorization number as it may have changed.

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Helpful Billing Links

- Link to Rates: https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/

- Appendix D: General Information Chapter for Service Authorization: https://vamedicaid.dmas.virginia.gov/sites/default/files/202408/DD%20Waiver%20App.%20D%20%28updated%208.28.24%29_Final.pdf

- DD Waiver Manual Chapter 5 Billing Instructions: https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-08/DD%20Waiver%20App.%20D%20%28updated%208.28.24%29_Final.pdf

  - Rounding Rule: *"Only whole hours can be billed. If an extra 30 or more minutes of care are provided over the course of a calendar month, the next highest hour can be billed. If less than 30 extra minutes of care are provided over the course of a calendar month, the next lower number of hours must be billed. Providers may bill for services more than one time each month per member. However, the rounding up of hours is for the total monthly hours and not each time the provider bills DMAS."*

- Billing Code Errors and Resolutions: https://dmas.virginia.gov/media/2141/top-50-error-reason-codes-with-resolutions.pdf

Therapeutic Consultation Regulations (12VAC30-122-550) outlines the following service documentation requirements
https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section550/

- Age-appropriate assessment-SIS
- Plan for Supports-Part V
- Written therapeutic consultation support plan-BSP and record of training
- Progress Notes (Contact Notes)-Each time you bill
- Quarterly and Annual Reviews
- All correspondence to the individual and their family/caregivers
- Final Disposition Summary-when services end
- File documentation requirements

DBHDS/DMAS Practice Guidelines for BSPs

- DBHDS/DMAS Practice Guidelines for Behavior Support Plans:
  - https://www.townhall.virginia.gov/L/GetFile.cfm?File=C:/TownHall/docroot/GuidanceDocs/602/GDoc_DMAS_7024_v1.pdf

- Basic guidelines on the minimum elements that constitute an adequately designed behavior support plan.

- Used to evaluate the quality of behavior support plans.

- Has information utilizing elements of positive behavior supports, person-centered thinking and planning, and incorporation a trauma informed approach as it relates to behavior support planning.

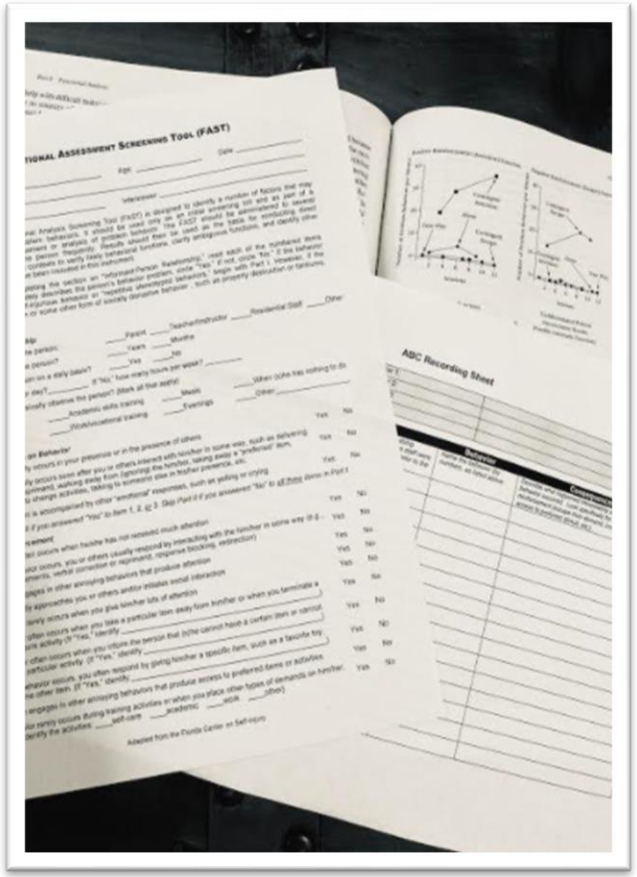
- Contains a brief summary table on authorization types

Minimum Required BSP Content Areas

- Demographic information
- Person centered information
- History and rationale for services
- Functional behavior assessment (FBA)
- Hypothesized functions of behavior
- Behaviors targeted for decrease
- Behaviors targeted for increase
- Antecedent strategies
- Consequence strategies
- Safety or crisis guidelines (if applicable)
- Plan for training
- Appropriate signatures (consent)
- Graphical displays and analysis

Example of Minimum Element

Functional Behavior Assessment	*Minimum elements:* *Include information as to 1) when/where the FBA was conducted, 2) the FBA methods used (e.g. interviews with caregivers, ABC recording techniques, behavior checklists/rating scales, functional analysis, etc.) and 3) the associated results and analyses (e.g. setting events/motivation operations, antecedents, and consequences associated with the target behavior). Include data results and/or graphical displays of findings from the FBA as appropriate. If there are any known non-operant conditions that influence behavior, include such information in this section. In conjunction with the preparation for the shared planning meeting, the behaviorist must review the FBA and treatment data and make a determination if the functions are still valid or if the FBA must be revised and updated. A reassessment of the functions of behavior is required when data suggest treatment expectations are not being met or there has been a significant change in status of the individual that is negatively effecting the treatment outcomes. The review of the continued validity of the FBA, or the reassessment results from the FBA, must be documented in the FBA section of the BSP annually.* *Note: Basing the behavior support plan solely on the results of indirect FBA methods (e.g. interviews, rating scales) is not adequate. Such methods may be useful in formulating hypothesis to inform the FBA process, but overall indirect FBA methods have significant reliability and validity limitations. At a minimum, descriptive assessment that analyzes the relationship between antecedents and consequences surrounding challenging behavior must be conducted. The FBA should be conducted in the setting in which behavioral treatment is to occur. There is also a BSP content area on hypothesized functions of behavior, which can be incorporated into the FBA area. Include information on setting events if this is apparent based on the FBA process. Functional analysis (e.g. experimental functional analysis procedures) has the highest degree of validity amongst all FBA methodologies and is the "gold standard" in the research literature; however, functional analysis also requires a high level of training and experience to design, conduct, and interpret results. Only licensed practitioners with the appropriate level of competence should conduct functional analysis and the risks, benefits, and resources available must be carefully considering and described to those consenting for behavioral assessment and treatment prior to initiation.*



Behavior Support Plan Adherence Review Instrument (BSPARI)

- Evaluates 69 elements across 13 content areas in BSPs
- Elements in content areas are weighted
- Plans must achieve a score of 85% (34/40 points)
- Includes definitions of elements as well as links to resources
- Randomized samples of plans are reviewed for each provider
- Feedback is given on plan quality

DBHDS Behavior Support Plan Adherence Review Instrument (BSPARI)

DBHDS Virginia Department of Behavioral Health and Developmental Services

DBHDS Virginia Department of Behavioral Health and Developmental Services

Individual's name:	Scott Summers	***Authorization type:***	annual
Clinician & Credentials:	Charles Xavier, Ph.D., BCBA-D	*Date of current plan:*	9/10/2024
Clinician contact:	804-555-5273	*Authorization start date:*	9/1/2024
Date of review:	7/7/2023	*CSB:*	Alexandria
Support Coordinator:	Jean Gray	*Region:*	2
Date of review w/ clinician:		*TC Provider:*	Xavier's Community Based Services
DBHDS Reviewer:	Logan	*BSPARI completion status:*	This BSPARI is complete.
Total Score:	29	*Percentage:*	73%

Required BSP content area & minimum elements	**√ if present, X if element absent or inadequate**	**Reviewer's Notes**
Demographics		
Individual's name	√	
DOB (or age)	√	
Gender identification	√	
Medical/behavioral health diagnostic information	X	
Current living situation & location where BSP is being implemented	√	
Medicaid ID	√	
Medications (if known)	√	
Legal status	√	
Date of initial plan and revisions (and nature of revisions)	√	
Authoring clinician's name/credentials/contact information	√	
Points for BSP content area:	0	
History and Rationale		
Current and/or relevant historical info about this person and their life	√	
The reason, rationale for BSP/necessity for intervention	√	
Dangerous behavior: topographies, intensities, risks and/or negative outcomes	√	
Risk and benefits related to prescribed behavioral programming	√	
Known history of previous services and impact on behavior	√	

BSPARI | Resources | BSPARI Definitions | Tracker

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Total Score:	29	*Percentage:*	73%

Demographics	
Individual's name	√
DOB (or age)	√
Gender identification	√
Medical/behavioral health diagnostic information	X
Current living situation & location where BSP is being implemented	√
Medicaid ID	√
Medications (if known)	√
Legal status	√
Date of initial plan and revisions (and nature of revisions)	√
Authoring clinician's name/credentials/contact information	√
Points for BSP content area:	0

Current and/or relevant historical info about this person and their life	√
The reason, rationale for BSP/necessity for intervention	√
Dangerous behavior: topographies, intensities, risks and/or negative outcomes	√
Risk and benefits related to prescribed behavioral programming	√

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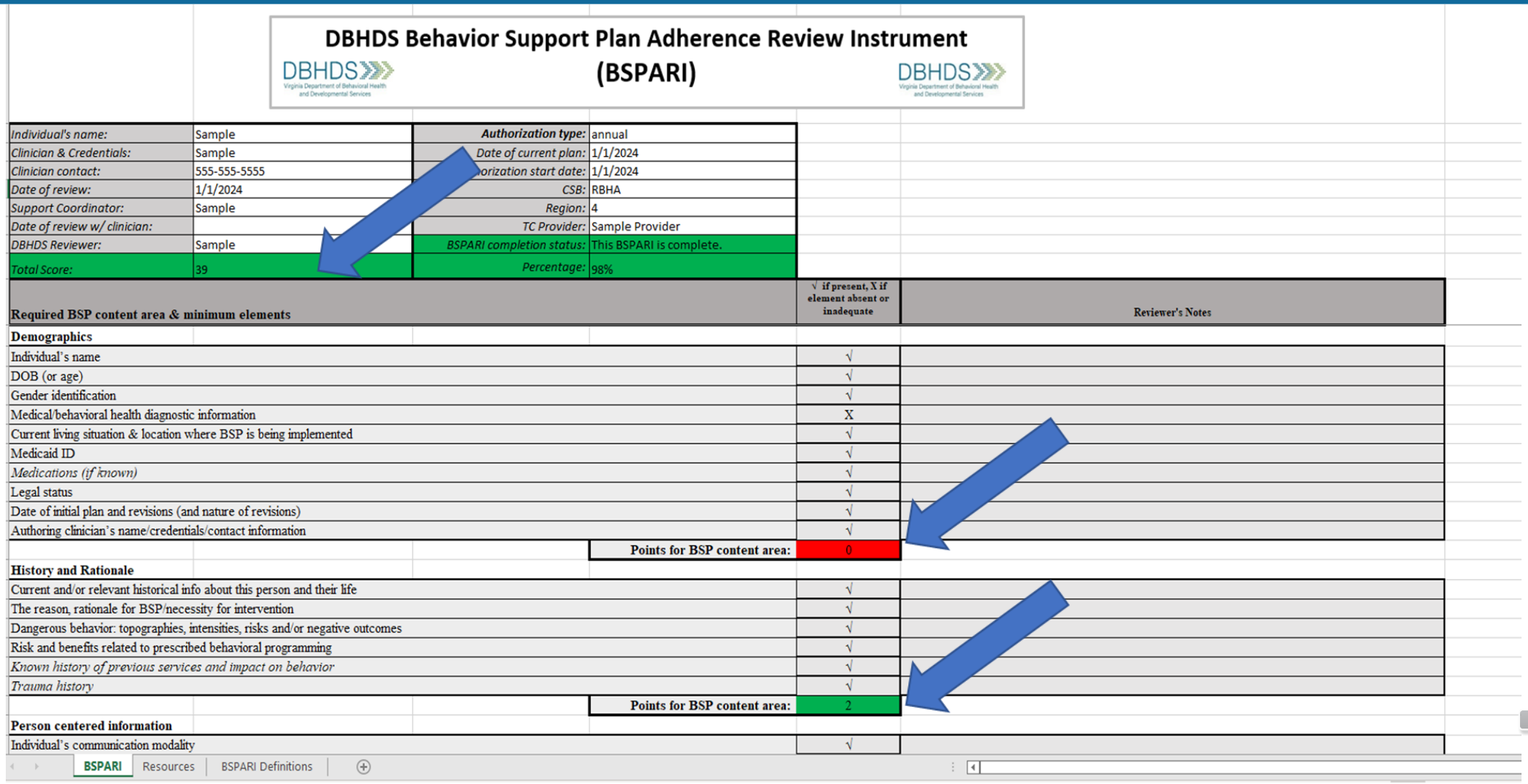

DBHDS Behavior Support Plan Adherence Review Instrument (BSPARI)

DBHDS Virginia Department of Behavioral Health and Developmental Services

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Individual's name:	Sample	***Authorization type:***	annual
Clinician & Credentials:	Sample	*Date of current plan:*	1/1/2024
Clinician contact:	555-555-5555	*orization start date:*	1/1/2024
Date of review:	1/1/2024	*CSB:*	RBHA
Support Coordinator:	Sample	*Region:*	4
Date of review w/ clinician:		*TC Provider:*	Sample Provider
DBHDS Reviewer:	Sample	*BSPARI completion status:*	This BSPARI is complete.
Total Score:	39	*Percentage:*	98%

Required BSP content area & minimum elements	**√ if present, X if element absent or inadequate**	**Reviewer's Notes**
Demographics		
Individual's name	√	
DOB (or age)	√	
Gender identification	√	
Medical/behavioral health diagnostic information	X	
Current living situation & location where BSP is being implemented	√	
Medicaid ID	√	
Medications (if known)	√	
Legal status	√	
Date of initial plan and revisions (and nature of revisions)	√	
Authoring clinician's name/credentials/contact information	√	
Points for BSP content area:	0	
History and Rationale		
Current and/or relevant historical info about this person and their life	√	
The reason, rationale for BSP/necessity for intervention	√	
Dangerous behavior: topographies, intensities, risks and/or negative outcomes	√	
Risk and benefits related to prescribed behavioral programming	√	
Known history of previous services and impact on behavior	√	
Trauma history	√	
Points for BSP content area:	2	
Person centered information		
Individual's communication modality	√	

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42	**FBA**		
43	The FBA methods include descriptive assessment and/or functional analysis	X	
44	The FBA methods used are described	√	
45	FBA conducted in location where services are occurring	√	
46	Setting events/motivating operations	√	
47	Antecedents	√	
48	Consequences	√	
49	Data results and/or graphical displays	√	
50	FBA is current (since most recent shared planning mtg or statement of recent validity of fx)	√	
51	*Non-operant conditions that influence (if applicable)*	√	
52	**Points for BSP content area:**	1	
53	**Hypothesized functions**		
54	Hypothesized functions listed	√	
55	Functions match to accepted operant functions	√	
56	**Points for BSP content area:**	2	
57	**Behaviors targeted for decrease**		
58	Lists each behavior targeted for decrease	√	
59	Operational definition	√	
60	Method of measurement	√	
61	Inclusion in definition of examples and/or non-examples	√	
62	**Points for BSP content area:**	3	
63	**Behaviors targeted for increase**		
64	Lists each behavior targeted for increase	√	
65	Operational definition	√	
66	Method of measurement	√	
67	Inclusion in definition of examples and/or non-e	√	
68	**Points for BSP content area:**	3	
69	**Antecedent interventions**		

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Inclusion in definition of examples and/or non-examples	Johnston, J.M., & Pennypacker, H.S. (2009). Part two: Measurement. (pp. 67-124). In J.M. Johnson & H.S. Pennypacker (Eds). Strategies and Tactics of Behavioral Research: Third Edition. New York, Ne
Antecedent interventions	Therapeutic consultation service. 12VAC30-122-550. (2021). https://law.lis.virginia.gov/admincode/title12/agency30/chapter122/section550/
Tactics promote environment in which FERB acquisition will occur	Heineman, M. (2015). Positive behavior support for individuals with behavior challenges. Behavior Analysis in Practice 8(1), 101-108. McKenna, J.W., Flower, A., Falcomata, T., & Adamson, R.M. (2017). Function based replacement behavior interventions for students with challenging behavior. *Behavioral Interventions, 32,* 379-398. Positive Environments, Network of Trainers. Essential 10: Essential Components of Behavior Intervention Plans. (2021). Retrieved December 11, 2021 from https://www.pent.ca.gov/bi/essential10/documents/ Sulzer-Azaroff, B., Hoffman, A.O., Horton, C.B., Bondy, A., & Frost, L. (2009). The picture exchance communication system (PECS): what do the data say? *Focus on Autism and Other Developmental D* Tiger, J.H., Hanley, G.P., & Bruzek, J. (2008). Functional communication training: a review and practical guide. *Behavior Analysis in Practice, 1(1),* 16-23
Tactics that address setting events and/or MOs	Horner, R.H., Sugai, G., Todd, A.W., & Lewis-Palmer, T. (2000). Elements of behavior support plans: a technical brief. *Exceptionality, 8(3),* 205-215. https://doi.org/10.1207/S15327035EX0803_6 O'Reilly, M., Aguilar, J., Fragale, C., Lang, R., Edrisinha, C., Sigafoos, J., Lancioni, G., & Didden, R. (2012). Effects of a motivating operation manipulation on the maintenance of mands. *Journal of Applied* Tang, J, Kennedy, C.H., Koppekin, A., & Caruso, M. (2002). Functional analysis of stereotypical ear covering in a child with autism. *Journal of Applied Behavior Analysis, 35,* 95-98. Phillips, C.L, Iannoccone, J.A., Rooker, G.W., & Hagopian, L.P. (2017). Noncontingent reinforcement for the treatment of severe problem behavior: an analysis of 27 consecutive applications. *Journal of Ap*
Tactics/de-escalation strategies that address immediate antecedents and/or precursors	Ardoin, S.P., Martens, B.K., & Wolfe, L.A. (1999). Using high-probability instruction sequences with fading to increase student compliance during transitions. *Journal of Applied Behavior Analysis, 32(3),* Cengher, M., Budd, A., Farrell, N., & Fienup, D.M. (2018). A review of prompt fading procedures: implications for effective and efficient skill acquisition. *Journal of Developmental and Physical Disabilit* Horner, R.H., Sugai, G., Todd, A.W., & Lewis-Palmer, T. (2000). Elements of behavior support plans: a technical brief. *Exceptionality, 8(3),* 205-215. https://doi.org/10.1207/S15327035EX0803_6 Libby, M.E., Weiss, J.S., Bancroft, S., & Ahearn, W.H. (2008). A comparison of most-to-least and le https://doi.org/10.1207/S15327035EX0803_ y play skills. *Behavior Analysis In Practice, 1,* 37-4 6 - Click once to follow. Click and hold to select this cell. Luiselli, J. K., Dunn, E. K., & Pace, G. M. (2005). Antecedent assessment and intervention to reduce p d adolescents with acquired brain injury. *Behavioral I* Rettig, L.A., Fritz, J.N., Campbell, K.E., Williams, S.D., Smith, L.D., & Dawson, K.W. (2019). Comparison of blocking strategies informed by precursor assessment to decrease pica. *Behavioral Interventi* Quigley, S.P., Ross, R.K., Field, S., & Conway, A.A. (2018). Toward an understanding of the essential components of behavior analytic service plans. *Behavior Analysis In Practice, 11,* 436-444. https://d
Strategies that describe stimuli that should or should not be present	Adelinis, J. D., & Hagopian, L. P. (1999). The use of symmetrical "do" and "don't" requests to interrupt ongoing activities. *Journal of Applied Behavior Analysis, 32,* 519-523. doi:10.1901/jaba.1999.32-51 Boyle, M.A., Bacon, M.T., Sharp, D.S., Mills, N.D., & Janota, T.A. (2021). Incorporating an activity schedule during schedule thinning in treatment of problem behavior. *Behavioral Interventions, 36(4),* 1 Charlop-Christy, M.H., Carpenter, M., Le, L., LeBlanc, L. A., & Kellet, K. (2002). Using the picture exchange communication system (PECS) with children with autism: an assessment of PECS acquisition, s 231. Jessel, J., Hanley, G.P., & Ghaemmaghami, M. (2016). A translational evaluation of transitions. *Journal of Applied Behavior Analysis, 49(2),* 359-376. Johnson, R.R. & Miltenberger, R.G. (1994). The direct and generalized effects of self instructions and picture prompts on vocational task performance. *Behavioral Interventions, 11(1),* 19-34. Petursdottir, A. L., McComas, J., McMaster, K., & Horner, K. (2007). The effects of scripted peer tutoring and programming common stimuli on social interactions of a student with autism spectrum disorde Schneider, N. & Goldstein, H. (2010). Using Social Stories and visual schedules to improve socially appropriate behaviors in children with autism. *Journal of Positive Behavior Interventions, 12(3),* 149-1

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1	Required BSP content area	Required minimum elements	Scoring criteria (unless otherwise indicated, an X constitutes absence of what is listed as criteria for a √)
36	Hypothesized functions	Hypothesized functions listed	√ = For all behaviors targeted for decrease in the BSP, hypothesized function(s) listed
37	Hypothesized functions	Functions match to accepted operant functions	√ = For all behaviors with a hypothesized function, the hypothesized functions are accepted operant functions
38	Behaviors targeted for decrease	Lists each behavior targeted for decrease	√ = Provides a name for each behavior targeted for decrease (e.g. Aggression, Property Destruction). X = There are no names listed for behaviors targeted for decrease, or there are no behaviors targeted for decrease in the BSP.
39	Behaviors targeted for decrease	Operational definition	√ = For each behavior targeted for decrease, an operational definition is included.
40	Behaviors targeted for decrease	Method of measurement	√ = For each behavior targeted for decrease, a method of measurement is included. If not explicitly listed in the section of the BSP with behaviors for decrease, the method of measurement is included on the graph(s) for each behavior targeted for decrease.
41	Behaviors targeted for decrease	Inclusion in definition of examples and/or non-examples	√ = At least one behavioral definition for behaviors targeted for decrease includes an example and/or a non-example
42	Behaviors targeted for increase	Lists each behavior targeted for increase	√ = Provides a name for each behavior targeted for increase (e.g. Mands for attention, Request break). X = There are no names listed for behaviors targeted for increase, or there are no behaviors targeted for increase in the BSP.
43	Behaviors targeted for increase	Operational definition	√ = For each behavior targeted for increase, an operational definition is included.
44	Behaviors targeted for increase	Method of measurement	√ = For each behavior targeted for increase, a method of measurement is included. If not explicitly listed in the section of the BSP with behaviors for increase, the method of measurement is included on the graph(s) for each behavior targeted for increase.
45	Behaviors targeted for increase	Inclusion in definition of examples and/or non-examples	√ = At least one behavioral definition for behaviors targeted for increase includes an example and/or a non-example
46	Antecedent interventions	Tactics promote environment in which FERB (and/or desirable behavior) acquisition will occur	√ = Includes information about how to set up the environment to promote at least 1 functionally equivalent replacement behavior (or desirable behavior) that is targeted for acquisition in the plan. May itemize how to set up the environment to foster FERB (and/or desirable behavior) for each behavior targeted for increase, or may have general information not specifically tied to each behavior targeted for increase
47	Antecedent interventions	Tactics that address setting events and/or MOs	√ = The plan provides information about how to abate challenging behavior for at least one setting event/MO as outlined in the FBA. Or, if this information was not listed in the FBA, the plan includes information about how to abate challenging behavior based on the hypothesized function(s) listed in the FBA for at least one behavioral function.
48	Antecedent interventions	Tactics/de-escalation strategies that address immediate antecedents and/or precursors	√ = The plan provides at least one tactic/strategy that addresses at least one immediate antecedent (or precursor) as listed from the FBA
49	Antecedent interventions	Strategies that describe stimuli that should or should not be present	√ = The plan provides information about stimuli that should be present or should not be present as an antecedent modification to reduce the likelihood that challenging behavior will occur, or to increase the likelihood that desirable behavior will occur
50	Consequence interventions	Tactics incorporate a function-based treatment approach for challenging behavior	√ = As derived from the FBA, a function based treatment is incorporated for at least 1 challenging behavior
51	Consequence interventions	Tactics use the least-restrictive approach for challenging behavior	√ = No restrictions, restraint, exclusionary time out, or programmed punishment are in the plan. If these are present, rationale is provided that outlines the necessity of such approaches
52	Consequence interventions	Tactics minimize reinforcement for challenging behavior(s)	√ = Reinforcers for challenging behavior as outlined in the FBA are not provided contingent on challenging behavior. If the reinforcer is provided, it is clear why it is provided (e.g. reinforcement of precursor behavior)

BSPARI | Resources | BSPARI Definitions

- Brief virtual meeting between behaviorist and DBHDS reviewer(s) for any plans not at 34 points or above
- Reviewer will provide trend areas in adherence and those not in adherence
- Presence or absence of core and minimum elements; not a clinical or peer review

Feedback Process

DBHDS will request the plan author to revise the plan and resubmit it

- Plan author revises plan and resubmits to the reviewer, or can upload to WaMS and notify the reviewer
- DBHDS will review the revised plan and rescore it on a new BSPARI
- DBHDS will provide provider with additional feedback based on the plan's resubmission
- Subsequent programming should see improvement in areas that were not in adherence and maintain areas in adherence

Freedoms of everyday life include the freedom to:

- Move within the services setting, its grounds, and community
- Communicate, associate, privately meet with anyone
- Have and spend personal money
- See, hear, or receive TV, radio, books, newspapers
- Keep and use personal clothing, personal items
- Use recreational facilities, enjoy the outdoors
- Make purchases in canteens, vending machines, stores selling a basic selection of food and clothing

Human Rights: Restrictions and Freedoms

- Conversations about implementing restrictions should be person centered!
- Restrictions must be approved by the LHRC when restrictions last longer than 7 days, and/or the restriction is imposed three or more times during a 30-day period. Plans incorporating a timeout procedure or restraint must be reviewed by the LHRC and IRC prior to implementation.
- Restrictions, Behavioral Treatment Plans, & Restraints: https://dbhds.virginia.gov/wp-content/uploads/2024/11/Restrictions-BTPs-Restraints.pdf

- See Chapter 115: Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services
  - https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/
- Restrictions on freedoms of everyday life
  - https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section100/
- Behavioral treatment plans
  - https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section105/
- Use of seclusion, restraint & time out
  - https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/section110/
- DBHDS Office of Human Rights
  - https://dbhds.virginia.gov/clinical-and-quality-management/human-rights/

- Behavioral Services Page Website
  - https://dbhds.virginia.gov/developmental-services/behavioral-services/