[](http://www.dbhds.virginia.gov/)**Department of Behavioral Health & Developmental Services**

##### TEMPORARY COVID-19

##### RESIDENTIAL SERVICE MODIFICATION

On March 12, 2020 Governor Northam declared a State of Emergency for the Commonwealth in response to the continued spread of novel coronavirus, or COVID-19. Due to the COVID-19 emergency, DBHDS understands that there may be times when a **licensed** **residential provider** needs to provide for the physical separation of COVID-19 positive and exposed individuals from other individuals, in order to protect the health and wellbeing of individuals served. In addition, we understand that there is a need for residential providers who are able to safely admit and care for individuals who are COVID-19 positive or exposed. If the licensed residential provider would like to establish an additional **temporary** service location and/or **temporarily** increase bed capacity in order to separate and care for COVID-19 positive and exposed individuals, they may do so upon completion of this service modification form and approval by their Licensing Specialist.

**PLEASE NOTE: This service modification form allows licensed residential providers to temporarily open an additional location and/or expand bed capacity, for a residential service that they are already licensed to provide, due to the COVID-19 emergency.** Once the State of Emergency ends, providers will be expected to close down the temporary location and/or decrease capacity. In order to permanently add a service location and/or increase bed capacity, providers will need to submit the standard service modification form, including all required attachments, for approval by their Licensing Specialist.

Please use a computer or print legibly using permanent, black ink. The chief executive officer, director, or other member of the governing body who has the authority and responsibility for maintaining standards, policies, and procedures for the service may complete this application.

**Applicant Information:** Identify the person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DBHDS License #: \_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief Executive Officer or Director**. Identify the person responsible for the overall management and oversight of the service(s) and facility(s) to be operated by the applicant.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select temporary service modification for which you are applying:**

Add a temporary residential location (add temporary location to serve individuals already admitted for services who are COVID-19 positive or exposed).

Temporarily expand bed capacity (will increase capacity to temporarily admit COVID-19 positive or exposed individuals in already licensed locations).

Add a temporary residential location **and** expand bed capacity (add temporary location to serve individuals already admitted for services as well as new admissions who are COVID-19 positive or exposed).

#### Certificate of Application

This certificate is to be read **before** completion and then signed by the applicant upon completion of this application. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

* *During this State of Emergency, it is my intent to utilize a temporary service location and/or temporarily expand bed capacity in order to separate COVID-19 positive and exposed individuals from other individuals served.*
* I am in receipt of and have read the applicable Licensing Regulations.
* *It is my intent to continue to comply with the Licensing Regulations during this emergency period, including requirements related to staffing, physical environment, and individual safety.*
* *Prior to temporarily moving a COVID-19 positive or exposed individual, I will discuss with the individual as well as their authorized representative, if applicable, the reason and need for the temporary move. Documentation of this conversation will be maintained within the individual’s record.*
* *I will ensure that staff providing services at any temporary location meet all regulatory staffing requirements and are adequately trained on the health and safety protocols of each individual transferred to the temporary location.*
* *If temporarily increasing bed capacity, I will ensure that I maintain sufficient staffing levels to maintain compliance with the Licensing Regulations and care for the individuals served.*
* *I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.*
* *I understand that unannounced visits may be made to determine continued compliance with the Licensing Regulations.*
* *I will cease the operation of this temporary residential location and/or increased bed capacity within 30 from the date the State of Emergency ends.*

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

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions concerning the application, please contact this office at (804) 786-1747. This application is to be mailed to:

**Office of Licensing**

**Department of Behavioral Health and Developmental Services**

**Post Office Box 1797**

###### Richmond, Virginia 23218-1797

**SERVICE MODIFICATION**

**Identify the residential service type for which you are currently licensed for.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Select One** | **SERV ID** | **PROG ID** | **Description** | **License As Statements** |
|  | 01 | 001 | DD Group Home Srv | A developmental disability residential group home service for adults. |
|  | 01 | 003 | MH/SA Group Home Srv | A mental health and/or substance abuse residential group home service for adults |
|  | 01 | 004 | Group Home Srv-REACH | A residential group home with crisis stabilization REACH service for adults with co-occurring diagnosis of developmental disability and behavioral health needs. |
|  | 01 | 005 | ICF-IID Group Home Service | An intermediate care facility for individuals with a intellectual disability (ICF-IID) residential group home service for adults |
|  | 01 | 006 | SA Residential Treatment Srv | A substance abuse residential treatment service for adults |
|  | 01 | 007 | Brain Injury Group Home Service | A brain injury residential treatment center for adults |
|  | 01 | 011 | DD Supervised Living Srv | A developmental disability supervised living residential service for adults |
|  | 01 | 013 | SA Supervised Living Srv | A substance abuse supervised living residential service for adults |
|  | 01 | 015 | MH Supervised Living Srv | A substance abuse supervised living residential service for adults |
|  | 01 | 019 | MH Crisis Stabilization Srv | A mental health residential crisis stabilization service for adults |
|  | 01 | 020 | MH Crisis Stabilization Srv | A mental health residential crisis stabilization service for children and adolescents |
|  | 01 | 021 | MH Crisis Stabilization Srv | A mental health residential crisis stabilization service for children and adolescents |
|  | 01 | 022 | DD Crisis stabilization -Residential | A developmental disability residential crisis stabilization service |
|  | 01 | 023 | MH Crisis stabilization -Residential | A mental health residential crisis stabilization service |
|  | 01 | 024 | MH Crisis stabilization -Residential | A mental health residential crisis stabilization service |
|  | 01 | 025 | Managed w'drawal - Medical Detox | A substance abuse residential managed withdrawal medical detox service for adults |
|  | 01 | 033 | Residential Txt SA Women w/Children Srv | A substance abuse residential treatment service for women and women with their children |
|  | 01 | 036 | DD Residential Respite Srv | A developmental disability residential respite service for adults |
|  | 01 | 037 | DD Residential Respite Srv | A developmental disability residential respite service for children and adolescents |
|  | 01 | 039 | DD Center-Based Respite Srv | A developmental disability center-based respite service for adults |
|  | 01 | 040 | DD Center-Based Respite Srv | A developmental disability center-based respite service for children and adolescents |
|  | 01 | 041 | DD Group Home Srv - REACH | A residential group home with crisis-stabilization REACH service for children and adolescents with co-occurring diagnosis of developmental disability and behavioral health needs |
|  | 14 | 001 | Level C MH Children Residential Tx Srv | A Level C mental health children's residential treatment service for children with serious emotional disturbance |
|  | 14 | 006 | MH Children Residential Tx Srv | A mental health children's residential treatment service for children with serious emotional disturbance |
|  | 14 | 007 | SA Children Residential Tx Srv | A substance abuse children's residential treatment service for children |
|  | 14 | 032 | MH Children Group Home Residential Srv | A mental health children's group home residential service for children with serious emotional disturbance |
|  | 14 | 034 | SA Children Group Home Residential Srv | A substance abuse children's group home residential service |
|  | 14 | 035 | DD Children Group Home Residential Srv | A developmental disability children's group home residential service |
|  | 14 | 054 | Level C - MH Children Residntial Treatment Srv | A Level C mental health children's residential treatment service for children with serious emotional disturbance |
|  | 14 | 058 | MH Children Residential Treatment Srv | A mental health children's residential treatment service for children with serious emotional disturbance |
|  | 14 | 059 | DD REACH Children Residential Treatment Srv | A residential group home with crisis stabilization REACH service for children and adolescents with a co-occurring diagnosis of developmental disability and behavioral health needs. |

**add a temporary residential location -** requiredattachments**:**

Notification of new temporary address

Proposed opening date

A schedule of staffing pattern and staff credentials, **12 VAC 35-105-590** (submit resumes of staff)

A floor plan with dimensions **§12 VAC 35-105-40.B(5).**

**temporarily Expand bed capacity-** requiredattachments**:**

A schedule of staffing pattern and staff credentials, **12 VAC 35-105-590** (submit resumes of staff)

**ADDRESS OF TEMPORARY COVID-19 Service LocatioN**

1. **Location Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of beds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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