



**SERVICE MODIFICATION**

**Provider Request**

**Code of Virginia §37.2-405 & §35-46**

**ALL MODIFICATIONS MUST BE SUBMITTED 45 DAYS IN ADVANCE  
OF THE PROPOSED MODIFICATION DATE**

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.

**1. 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: \_\_\_\_\_

**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.

- *I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.*
- *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 will be made to determine continued compliance with regulations.*

**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: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Office of Licensing  
Department of Behavioral Health and Developmental Services  
Post Office Box 1797  
Richmond, Virginia 23218-1797**

**SERVICE MODIFICATION**

2. Identify the service type. If the service population is not listed, please identify the population served, when required, as –Adults, Adolescents, or Children in the “Licensed As Statement” section.

Check one	Service	Pgm	Description	Licensed As Statement
	01	001	DD Group Home Service	A developmental disability residential group home service for adults.
	01	003	MH/SA Group Home Service	A mental health and/or substance abuse residential group home service for adults
	01	004	DD Group Home -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 developmental disability (ICF-IDD) residential group home service for adults
	01	006	SA Residential Treatment Service	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 Service	A developmental disability supervised living residential service for adults.
	01	012	MH Supervised Living Service	A mental health supervised living residential service for adults
	01	013	SA Supervised Living Service	A substance abuse supervised living residential service for adults.
	01	019	MH Crisis Stabilization Service	A mental health residential crisis stabilization service for adults
	01	020	MH Crisis Stabilization Service	A mental health residential crisis stabilization service for children and adolescents
	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 Service	A substance abuse residential treatment service for women and women with their children
	01	036	DD Residential Respite Service	A developmental disability residential respite service for adults
	01	037	DD Residential Respite Service	A developmental disability residential respite service for children and adolescents
	02	001	SA Intensive Outpatient Service	A substance abuse intensive outpatient service for adults
	02	003	SA Intensive Outpatient Service	A substance abuse intensive outpatient service for adolescents
	02	004	DD Center-Based Respite Service	A developmental disability centered-based respite service for adults
	02	005	DD Center-Based Respite Service	A developmental disability centered-based respite service for children and adolescents.
	02	006	DD Day Support Service	A developmental disability center-based day support service for adults.
	02	007	DD Day Support Service	A developmental disability center-based day support service for children and adolescents
	02	008	DD Day Support Service	A developmental disability non center-based day support service for

				adults.
	02	009	DD Day Support Service	A developmental disability non center-based day support service for children and adolescents
	02	010	DD Day Support Service	A developmental disability day support service for (population served)
	02	011	MH Psychosocial Rehabilitation	A mental health psychosocial rehabilitation service for adults
	02	014	Therapeutic Afterschool MH Service	A mental health therapeutic afterschool service for children with serious emotional disturbance
	02	019	MH Partial Hospitalization Service	A mental health partial hospitalization service for adults with serious mental illness
	02	021	SA Partial Hospitalization Service	A substance abuse partial hospitalization service for adults with substance use disorders
	02	023	Partial Hospitalization Service	A partial hospitalization service for children and adolescents ( <i>specify MH or SA</i> )
	02	029	Therapeutic Day Treatment Service for Children and Adolescents	A mental health school based day treatment service for children with serious emotional disturbance
	03	001	Mental Health Skill Building Service	A mental health community support service for ( <i>population served</i> ) with serious mental illness
	03	004	Mental Health Supportive In-Home Service	A mental health supportive in-home service for children and adolescents
	03	011	DD Supportive In-Home Service	A developmental disability supportive in-home service for (children, adolescents and/or adults)
	04	001	Psychiatric Unit Service	A (mental health and/ or substance abuse) inpatient psychiatric service for adults
	04	005	Psychiatric Unit Service - Children	A (mental health and/or substance abuse) inpatient psychiatric service for children and adolescents
	04	011	Medical Detox/Chemical Dependency Unit Service	A substance abuse medical detox/chemical dependency service for adults
	05	001	Intensive In-Home Service for children and adolescents	A mental health intensive in-home service for children and adolescents and their families
	06	001	Medication Assisted Treatment/Opioid TX Service	A substance abuse medication assisted treatment/opioid service for adults
	07	001	Emergency Services/Crisis Intervention Service	A mental health emergency service/crisis intervention service for( children, adolescents and/or adults)
	07	002	Emergency Services/Crisis Intervention Service	A mental health emergency service/crisis intervention service for (children, adolescents and/or adults)
	07	003	Outpatient MH Service	A mental health outpatient service for ( <i>specify population served</i> )
	07	004	Outpatient MH/SA Service	A mental health and substance abuse outpatient service for ( <i>specify population served</i> )
	07	005	Outpatient SA Service	A substance abuse outpatient service for adults ( <i>specify population served</i> )

	07	006	Outpatient Service /Crisis Stabilization	A mental health non-residential crisis stabilization service for (adults, children and/or adolescents)
	07	007	MH Outpatient Service/Crisis Stabilization - REACH	A non-residential crisis stabilization REACH service for (children, adolescent, and/or adults) with a co-occurring diagnosis of developmental disability and behavioral health needs
	07	009	DD Crisis Stabilization- Non-Residential Service	A developmental disability non-residential crisis stabilization service
	07	011	Outpatient Managed w'drawal - Medical Detox Service	A substance abuse outpatient managed withdrawal medical detox service for adults
	08	011	Sponsored Residential Homes Service	A developmental disability sponsored residential home service for adults
	08	013	Sponsored Residential Homes Service	A developmental disability sponsored residential home service for children and adolescents
	08	014	MH Sponsored Residential Homes Service	An mental health sponsored residential home service for ( <i>specify population served</i> )
	09	001	Out-of-Home Respite Service	An out-of-home respite service for adults
	09	002	Out-of-Home Respite Service	An out-of-home respite service for children and adolescents
	09	003	Out-of-Home Respite Services	An out-of-home respite crisis stabilization service for ( <i>specify population served</i> )
	10	001	In-Home Respite Service	An in-home respite crisis stabilization service for adults
	10	002	In-Home Respite Service	An in-home respite crisis stabilization service for children and adolescence
	10	003	In-Home Respite Service	An in-home respite crisis stabilization service for ( <i>specify population served</i> )
	11	001	Correctional Facility RTC Service	A mental health service in a correctional facility
	14	001	Level C MH Children Residential Service	A Level C mental health children's residential service for children with serious emotional disturbance
	14	004	MH Children Residential Service	A mental health children's residential service for children with serious emotional disturbance
	14	007	SA Children Residential Service	A substance abuse children's residential service for children
	14	008	MH Children Group Home Residential Service	A mental health group home residential service for children with serious emotional disturbance
	14	033	SA Children Group Home Residential Service	A substance abuse group home residential service for children
	14	035	DD Children Group Home Residential Service	A developmental disability group home residential service for children
	14	048	ICF-IDD Children Group Home Residential Service	An intermediate care facility for individuals with a developmental disability (ICF-IDD) group home residential service for children
	14	59	REACH Children's Residential Service	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
	16	001	Case Management Service	A (MH, DD, SA )case management services for( children, adolescents and/or adults)

	16	002	DD Case Management Service	A developmental disability case management service for ( children, adolescents and/ or adults)
	16	003	SA Case Management Service	A substance abuse case management service for ( children, adolescents and/ or adults)
	16	004	MH Case Management Service	A mental health case management service for adults with serious mental illness
	16	005	Children and Adolescents MH Case Management Service	A mental health case management service for children and adolescents
	17	001	Intensive Community Treatment (ICT) Service	A mental health intensive community treatment (ICT) service for adults with serious mental illness
	18	001	Program of Assertive Community Treatment (PACT) Service	A mental health program of assertive community treatment (PACT) service for adults with serious mental illness

**ADD A SERVICE - REQUIRED ATTACHMENTS:**

- Service description, meeting all of the requirements outlined in §12 VAC 35-105-40, §570, & §580 (B)(C)
- Discharge criteria as outlined in §12VAC35-105-693
- A schedule of staffing pattern, staff credentials, §12 VAC 35-105-590, (submit resumes of staff)
- The proposed working budget for the first year of the service's operation, §12 VAC 35-105-40.A (1),
- Evidence of financial resources or a line of credit sufficient to cover operating expenses for ninety-days and ongoing, §12VAC35-105-210 (A) & §12 VAC 35-105-40.(A)(2),
- Copies of ALL position descriptions, §12VAC35-105-40 & §12 VAC 35-105-410 (A),
- Certificate of occupancy for the physical plant, §12 VAC 35-105-260,

*And for residential services,*

- A current health inspection (if not on public water or sewage), §12 VAC 35-105-290
- A current fire inspection §12 VAC 35-105-320, and
- A floor plan with dimensions (for residential facilities), §12 VAC 35-105-40.(B) (5).

**ADD A LOCATION - REQUIRED ATTACHMENTS:**

- Notification of address, proposed opening date,
- A schedule of staffing pattern, staff credentials, §12 VAC 35-105-590 (submit resumes of staff)
- Certificate of occupancy, §12 VAC 35-105-260
- Verification that new location is affiliated with local human rights committee and current human rights policies and procedures are approved. §12VAC35-105-50
- The proposed working budget for the first year of the service's operation. §12 VAC 35-105-40.A (1),
- Evidence of financial resources, or a line of credit sufficient to cover estimated operating expenses for ninety-days and ongoing, §12VAC35-105-210 (A) & §12 VAC 35-105-40.(A)(2),

*And for school based services,*

- Memoranda of Understanding (MOU) from the school: Must be signed by the principal or superintendent that outlines duties and responsibilities and gives permission to operate in the school.

*And for residential services,*

- A current health inspection (if not on public water or sewage), §12 VAC 35-105-290
- A current fire inspection (if housing more than 8 residents), §12 VAC 35-105-320, and
- A floor plan with dimensions (for residential facilities), §12 VAC 35-105-40.B(5).
- Name & number of Community Liaison, §12VAC35-105-325, \_\_\_\_\_ ( ) \_\_\_\_\_  
(The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

**ADD A CHILDREN'S RESIDENTIAL SERVICE - REQUIRED ATTACHMENTS:**

- Application Fee of \$500.00 as required in §12VAC 35-46-20 D1;
- Complete service description (including philosophy and objectives of the organization, comprehensive description of population to be served, and services to be offered, brochures, pamphlets distributed to the public, etc.), §VAC 35-46-20 D1;
- The proposed working budget for the first year of the service's operation, §12 VAC 35-46-20 D1;
- Evidence of financial resources or a line of credit sufficient to cover operating expenses for ninety-days, §12 VAC 35-46-20-

D1

- A schedule of the proposed staffing/supervision plan/ staff credentials, §12 VAC 35-46-180
- Copies of ALL position (job) descriptions, §12 VAC 35-46-20 D1; §12 VAC 35-46-270 B1; §12 VAC 35-46-280; §12 VAC 35-46-340 & §12 VAC 35-46-350
- Evidence of the applicant's authority to conduct business in the Commonwealth of Virginia- State Corporation Commission Certificate, §12 VAC 35-46-20 D1 & §12 VAC 35-46-320
- A copy of the building floor plan, outlining the dimensions of each room, §12 VAC 35-46-20 D1
- Certificate of occupancy, §12 VAC 35-46-20 D
- A current health inspection, §12 VAC 35-46-20 B
- A current fire inspection, §12 VAC 35-46-20 D [1-4]
- Name & number of Community Liaison, §12VAC35-46-1000.C, \_\_\_\_\_ ( ) \_\_\_\_\_  
(The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

**NOTE: No fee is required when a children residential facility relocates to another location.**

**Other Modifications:**

- Population Served (Age, Gender, Disability)
- Add a Track to Current Service
- Number of beds or capacity
- Service Description (include)
- Geographical location change (add or delete)
- Organizational or administrative structure (include organization chart)
- Name change (include SCC)
- Address change (relocation of current service)
- Telephone number change \_\_\_\_\_
- Other: \_\_\_\_\_

**3. Service Information:**

Client Demographics (check all that apply):

- Male  Female  Both  Child  Adolescent (Min. & Max. Age Range) \_\_\_\_\_  Adult  Geriatric

**SERVICE LOCATION(S)**

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

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

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

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

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

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

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

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

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

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

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**4. Service Close Information:** Please list the license numbers you are choosing to **CLOSE** and are surrendering. The provider shall notify the Department in writing of its intention to discontinue services 30 days prior to the cessation of services. 12VAC 35-105- 180.D. **Date of Closure:** \_\_\_\_\_

1. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_