



OFFICE OF LICENSING (OL) FREQUENTLY ASKED QUESTIONS

1. **How is a provider reimbursed for services provided?**

Providers should contact the Department of Medical Assistance Services for reimbursement information.

The Office of Licensing does not assist providers with reimbursement of services. Providers can receive reimbursement through several avenues: Department of Medical Assistance Services (DMAS), Private Insurance, Title IV-E funds, local DSS (for children), local CSA (for children), and grants.

2. **How does a person file a complaint?**

The Office of Licensing only investigates allegations of regulatory noncompliance that violate DBHDS licensing regulations (12 VAC 35-105). To file a complaint regarding an alleged DBHDS licensing violation, you may submit the completed complaint form found at <http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing> or call the Office of Licensing at (804) 225-3409. Click the Tab at the bottom of the screen for Complaints.

If you suspect that Medicaid fraud or abuse, neglect or exploitation has occurred in a Medicaid facility or has been committed by someone working for a Medicaid provider, immediately report the incident to the Medicaid Fraud Control Unit (MFCU) at 1-800-371-0824.

3. **Whom do I contact regarding allegations of abuse, neglect, or suspected exploitation?**

If you have a complaint about the treatment or services provided by a DBHDS licensed provider, please contact the Office of Human Rights. Click the Links below for contact information:

Office of Human Rights

If you are in one of the DBHDS facilities and have a complaint, please file that complaint with the Human Rights Advocate at the facility where you are receiving treatment.

If you are a TTY User, please use the **TTY Relay (711) to contact the Human Rights Office.**

You may also communicate with the PAIMI or DD Programs at the disAbility Law Center of Virginia. Their toll-free number is 1-800-552-3962.

4. **What department handles certification for QMHPs, QIDP, QPPMH?**

The state of Virginia does not have a certification process for QMHPs, QIDPs, and QPPMHs; accordingly, no license or certificate is available. To qualify for these designations, coursework must be verified as **successfully completed with credit earned** and the applicant/employee's credentials and work experience must meet the following:



"Qualified Mental Health Professional-Adult (QMHP-A)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness; including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia; (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience; (iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness; (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience; (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or (viii) any other licensed mental health professional.

"Qualified Mental Health Professional-Child (QMHP-C)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness. To qualify as a QMHP-C, the individual must have the designated clinical experience and must either (i) be a doctor of medicine or osteopathy licensed in Virginia; (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents; (iii) have a social work bachelor's or master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents; (iv) be a registered nurse with at least one year of clinical experience with children and adolescents; (v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents, or (vi) be a licensed mental health professional.

"Qualified Intellectual Disability Professional (QIDP)" means a person who possesses at least one year of documented experience working directly with individuals who has an intellectual disability or other developmental disabilities and one of the following credentials: (i) a doctor of medicine or osteopathy licensed in Virginia, (ii) a registered nurse licensed in Virginia, or (iii) completion of at least a bachelor's degree in a human services field, including, but not limited to sociology, social work, special education, rehabilitation counseling, or psychology.

"Qualified Paraprofessional in Mental Health (QPPMH)" means a person who must, at a minimum, meet one of the following criteria: (i) registered with the United States Psychiatric Association (USPRA) as an Associate Psychiatric Rehabilitation Provider (APRP); (ii) has an associate's degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to individuals with a diagnosis of mental illness; or (iii) has a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP-Adult providing services to individuals with mental illness and at least one year of experience (including the 12 weeks of supervised experience).



The employee or applicant's organization should assist with making these determinations. **As always, all hiring decisions are up to the provider. However, the individual's personnel file must support the qualifications required for the position.

5. **What qualifies as experience?**

Experience means working directly with individuals identified as part of the target population in a setting where mental health treatment, practice, observation, and diagnosis occur.

For QMHP-C's the experience in providing psychiatric or mental health services must be with children who have a serious emotional disturbance or mental illness.

For QMHP-A's the experience in providing psychiatric or mental health services must be with individuals who have been diagnosed with a mental illness.

Supervised internships, practicums and field experiences obtained as a part of a college degree program at an accredited college count towards the clinical experience requirement. The experience requirement is based on full time experience (40 hours a week). Partial credit towards the experience requirement can be counted on a prorated basis (i.e. 20 hours equals half time). Supervision should have been provided by an individual who meets DBHDS supervisory requirements.

For QPPMHs, of the one year of experience in providing psychiatric or mental health services that is required, 12 weeks must be under the direct supervision of a QMHP-A providing services to individuals with mental illness.

The 90-hours of classroom training prior to obtaining supervised experience may include:

- Orientation to Organization, Structure, Function, and Services of the Agency of employment
- CPR and First-Aid
- Management of Aggressive Behavior
- Universal Precautions/Blood Borne Pathogens, Other Health Related Concerns
- Relationships, Boundaries and Ethics: Professional Conduct and Behavior, Confidentiality
- Working in the Larger Community: Resources and Referral Sources, Collaboration with Other Professionals, Using Self-Help and Advocacy Groups, Family Contacts
- Basic Introduction to Psychopathology and Mental Illness Classification
- Principles and Practices of the Primary Service Area of Employment (staff may be required to complete this for each service in which they will work as a service provider.)
- Unique Characteristics of the Work Environment: Age Specific, Physical Disabilities, Ethnic, and/or Cultural Issues of the Program's Participants
- The ISP, Service Documentation, and Review
- Managing the Unexpected: Emergencies and Crisis Intervention, Insuring the Safety of Self and Others
- Psychotropic Medications and Side Effect



- Provider Specific Independent Study of Disorders, Service Populations and Programs. (This training component would allow providers to add other elements unique to their system or necessary for the individual's successful performance. Videotapes, assigned readings, and written reports can be used.)

For QIDP's the experience must be in providing direction, development, and implementation, direct supervision, and monitoring (observation and evaluation of staff implementing care, service plans, & interacting with clients) to the service provided. QIDPs are responsible for approving assessments and individual service plans or treatment plans to ensure appropriate services are provided to meet the needs of the individuals serviced. The QIDP must have documented experience developing, conducting, and approving assessments and individual service plans or treatment plans.

6. What is a human services degree?

Below is a list of approved Bachelors or post-graduate degrees that meet the standard for QMHPs. Qualifying degrees must have been awarded from among the schools listed on the U.S. Department of Education College Accreditation database. Schools that are not listed on the database do not meet the standard as accredited. Degrees obtained outside the United States can be reviewed individually. While this list below is comprehensive, it may not be all-inclusive given how education institutions may rename their degrees. Providers need to insure that the major studied as well as the classes taken must meet the intent of a Human Services degree.

Human Services and Related Fields Approved Degrees

- Art Therapy
- Behavioral Sciences
- Child Development
- Child and Family Studies/Services
- Cognitive Sciences
- Community Mental Health
- Counseling (MH, Vocational, Pastoral, etc.)
- Counselor Education
- Early Childhood Development
- Education (with a focus in psychology and/or special education)
- Educational Psychology
- Family Development/Relations
- Gerontology
- Health and Human Services
- Human Development
- Human Services
- Marriage and Family Therapy
- Music Therapy
- Nursing
- Pharmacy



- Psychiatric Rehabilitation
- Psychology
- Rehabilitation Counseling
- Social Work
- Sociology
- Special Education
- Speech Therapy
- Therapeutic Recreation
- Vocational Rehabilitation

7. What are accepted courses in the Human Services Field?

Courses in the human services field typically emphasize basic interpersonal communication skills, human resource development, social service business practices, and practical knowledge of the professional field. Along with general elective courses, human services courses might include speech/communications, introduction to human services, ethical and legal issues, policies, programs and services for children, programs and services for aging, social psychology, child psychology, community psychology, principles of sociology, sociology of aging and conflict and conflict resolution.

The determining provider could also look at the name of the course and letters to help identify human services classes: For example, (PSY 100- means Psychology class or SOC 201- means sociology class). If the class is a name listed on the Human Services and Related Fields Approved Degrees list then it could be considered a Human Services course.

8. What are acceptable official transcripts for providers to review when determining credentials?

Providers should obtain an official transcript or transcripts from the applicant. The major studied as well as the classes taken must meet the intent of a Human Services degree. When reviewing transcripts, providers should pay close attention to what classes were passed because only those credits may be counted toward the total human services class hours. Acceptable forms of transcripts include:

- Electronic transcripts from:
 - eSCRIP-SAFE, Parchment/Naviance/Avow/Docufide, OKCollegeStart (XAP), National Student Clearinghouse, Credentials Solutions, Join Service Transcripts (military JST)
- Electronic transcripts in PDF format sent directly from the counselor or registrar of the high school or university/college's email account (.edu)
- Transcripts mailed or hand-delivered with a print date in a sealed envelope from the institution.
- Faxed transcripts from institutions which have a signed and returned Admissions/Registrar's Fax Agreement form indicating the document is official.

9. How do I check on the status of my application at DBHDS?



The status of each application is updated on the 15th of every month and can be viewed at <http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing>.

10. How do I know when my license expires?

The expiration date for the overall license is located on the 1st page of your license. The expiration date for each service is located on the addendum attached to the license.

11. What is the difference between a sale and a split as it pertains to licensing?

A sale occurs when the current provider sells his entire company to another entity. The new entity must submit, among other things, a new application, and proof of sale to the Office of Licensing for expedited processing. Once the process has completed, the new owner receives a new licensing number and a conditional license for the company he has purchased.

A split occurs when the current partners in a licensed company decide to terminate their partnership. The partners and their attorneys (optional), not the Office of Licensing, determine which partner retains the company. The partner who does not retain the company must apply for a new license by submitting a new application and the required documents to the Office of Licensing. The processing of this application is not expedited.

12. What is considered a change in ownership?

Because licenses are non-transferable, when ownership of a licensed organization changes, the provider must notify the Office of Licensing and the new owners must be issued a new license. There are several different ways a change of ownership can occur; these are the most common:

- *Partnership.* The removal, addition (new partner is taking a large percentage of the company), or substitution of a partner, unless the partners expressly agree otherwise as permitted by applicable State law.
- *Asset sale.* Transfer of all or substantially all of the assets of the business to another party.
- *Corporation.* The merger of the sponsor's corporation into another corporation or the consolidation of the sponsor's organization with one or more other corporations, resulting in a new corporate body.

Please see instructions online at this link: [Change of Ownership](#)

13. How long does it take to get initially licensed?

It takes approximately 6 to 12 months on average. The timeframe largely depends on the completeness and accuracy of the applications. Applications reviewed as a priority are determined by identified state initiatives.

14. How does a new provider obtain clients?

The Office of Licensing does not assist providers in obtaining clients; this task is the responsibility of the provider.



15. What are the priority areas of services?

The priority services for licensing are based on identified state initiatives.

16. Does the Office of Licensing staff sign for the mail it receives?

No, it does not. The central mail office located in downtown Richmond usually signs for mail received and then the mail is routed to the OL which may take a few days. Upon receipt, OL staff date stamps it and enters the required information into the Office of Licensing Data System (OLIS). You can also send documents electronically to LicensingAdminSupport@dbhds.virginia.gov.

17. What is the cost of the licensing application packet?

- Download for FREE the Initial Provider Application packet documents; or
- Send a completed order form (located on the Licensing web page) and **\$35.00** for the application packet ONLY; or
- Order the New Applicant Training DVD for **\$75.00**—the application packet is included. The New Applicant Training is strongly encouraged prior to submitting your application. The training will provide you with information that will help you to successfully apply for a license and manage your program.

18. How long does it take to modify or add a service to a license?

According to 12VAC35-105-60. Modification. A provider shall submit a written service modification application at least 45 days in advance of a proposed modification to its license. Therefore, providers must submit modification applications and all supporting documents at least 45 days prior to the planned implementation of the modification. After they have submitted their modification application to Central Office, providers should contact their licensing specialist directly to schedule onsite visits. Modification request forms can be found online. Service modifications that do not include all the required attachments will not be processed until all appropriate items are submitted.

19. What is the amount of time to expect a return phone call from the Office of Licensing?

Most calls are returned within 24 – 48 business hours. You can also email the Office of Licensing at LicensingAdminSupport@dbhds.virginia.gov.

20. What does it mean to have “sufficient qualified staff” to start the service?

To begin providing services following your onsite inspection, the applicant must hire qualified staff trained to assess clients and to begin providing treatment, training or intervention activities. If everything goes well during the onsite inspection, the specialist may give the provider a pending letter which will act as the license until the official license is received in the mail. With a pending letter, a new provider can begin accepting clients immediately. However, if the provider does not have qualified staff hired and trained, the provider cannot demonstrate their readiness to provide services which is a prerequisite for initiating services.

21. How much money do I need to start a service?



Each service and service location is different. In determining the sufficiency of each individual provider's start-up funds, the following is taken into account: the service being provided, the location of the service, and the number of staff required to provide that service. When a new applicant submits their budget and proof of funds, the information is not approved until the new applicant has scheduled an initial onsite visit with their licensing specialist. The proof of funds sent with the original application must be up to date by the time the initial onsite visit is scheduled.

22. What is considered “funds” or “a line of credit”?

A line of credit is a contractual arrangement between financial institution, bank, trust company, brokerage firms, life insurance plan (depending on the type of plan) or investment dealers and the provider. The line of credit should be in the provider's or owner's name. The financial institution then establishes a maximum loan balance that the financial institution allows the provider to borrow against, access, or maintain. The provider may be able to access funds from the line of credit at any time.

23. Who must have a DBHDS license to provide services?

A license is required before offering services to individuals who have the following: mental illness, substance abuse (substance use disorders), a developmental disability and served under the IFDDS Waiver, or who have a brain injury and are receiving residential services.

24. How is “provider” defined?

Provider" means any person, entity, or organization, excluding an agency of the federal government by whatever name or designation, that delivers (i) services to individuals with mental illness, intellectual disability, or substance abuse, (ii) services to individuals who receive day support, in-home support, or crisis stabilization services funded through the Individual and Families Developmental Disabilities Support Waiver, or (iii) residential services for persons with brain injury. The person, entity, or organization shall include a hospital as defined in § 32.1-123, community services board, behavioral health authority, private provider, and any other similar or related person, entity, or organization. It shall not include any individual practitioner who holds a license issued by a health regulatory board of the Department of Health Professions or who is exempt from licensing pursuant to § 54.1-3501, 54.1-3601, or 54.1-3701.

25. What services does DBHDS license?

1. Case management;
2. Community gero-psychiatric residential;
3. Intermediate care facility (ICF-IID);
4. Residential crisis stabilization;
5. Nonresidential crisis stabilization;
6. Day support;
7. Day treatment, includes therapeutic day treatment for children and adolescents;
8. Group home and community residential;
9. Inpatient psychiatric;
10. Intensive Community Treatment (ICT);
11. Intensive in-home;
12. Managed withdrawal, including medical detoxification and social detoxification;
13. Mental health community support;



14. Opioid treatment /medication assisted treatment;
15. Emergency;
16. Outpatient;
17. Partial hospitalization;
18. Program of assertive community treatment (PACT);
19. Psychosocial rehabilitation;
20. Residential treatment;
21. Respite care;
22. Sponsored residential home;
23. Substance abuse residential treatment for women with children;
24. Substance abuse intensive outpatient;
25. Supervised living residential; and
26. Supportive in-home.

26. Where do I find the definitions of these services?

Please look in the regulation book titled “Rules and Regulation for Licensed Providers by the Department of Behavioral Health and Developmental Services” or the regulation book titled “Standards for the Regulation of Children’s Residential Facilities”. Both can be downloaded from the DBHDS website.

27. Is DBHDS the only agency that licenses services?

No, there are several state agencies that license services in the Commonwealth of Virginia. Please check the Virginia Department of Social Services, Virginia Department of Health, Virginia Department of Aging and Rehabilitative Services, and Virginia Department of Professional and Occupational Regulation for services that are licensed through them, if you do not see the service you want to provide listed.

28. Where can I find DBHDS safety and/or quality alerts online?

This information can be found at **Health and Safety Quality Alerts (Link)**

<http://www.dbhds.virginia.gov/professionals-and-service-providers/health-safety-and-quality-alerts>



TELEMEDICINE FREQUENTLY ASKED QUESTIONS

1. What are Telemedicine Services in Virginia?

Telemedicine services, as it pertains to the delivery of health care services, means the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. "Telemedicine services" does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire. VA. CODE ANN. § 38.2-3418. 16(b).

The [Virginia Board of Social Work](#), the [Virginia Board of Medicine](#), and the [Virginia Board of Counseling](#) have each published guidance documents concerning their guidelines for practicing telemedicine services respective to their specific licensed practitioners.

2. What is covered under Telemedicine services?

The Virginia General Assembly has not established statutory parameters regarding the provision and delivery of telemedicine services; accordingly, providers must apply existing law and regulations to the administration of these services. While there are no hard and fast rules responsive to this question, §38.2-3418.16(c) does provide some guidance: "An insurer, corporation, or health maintenance organization shall not exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through face-to-face consultation or contact between a health care provider and a patient for services appropriately provided through telemedicine services." § 38.2-3418.16(c).

Further 16(d) states that while treating providers are not required to be reimbursed for technical fees or costs for the provision of telemedicine services, they **are required** to be reimbursed for the "diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis that the insurer, corporation, or health maintenance organization is responsible for coverage...through face-to-face consultation or contact." Essentially, reimbursement for telemedicine services must be the same as in-person services.

3. What about confidentiality?

Telemedicine must be conducted confidentially. Any sharing of protected health information, regardless of the method, must be consistent with applicable state and federal laws and regulations.

4. Are there any general restrictions/guidelines that should be followed in the administration of telemedicine services?

Yes. Per the Virginia Board of Medicine, Guidance Document 85-12 ("linked" above in FAQ #1),



“A practitioner is discouraged from rendering medical advice and/or care using telemedicine services without (1) fully verifying and authenticating the location and, to the extent possible, confirming the identity of the requesting patient; (2) disclosing and validating the practitioner’s identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine services. An appropriate practitioner-patient relationship has not been established when the identity of the practitioner may be unknown to the patient.”

Per the Board of Counseling Guidance Document 115-1.4 (“linked” above),

“Counseling is best in the traditional sense, in person in a face-to-face relationship, in the same room. Counseling may be continued using technology-assisted means after it is initiated in a traditional setting. Counseling that from the outset is delivered in a technology-assisted manner is less than desirable in that issues of the counseling relationship, client identity and other issues may be compromised.”

5. Are there any specific requirements regarding documentation of telemedicine services?

The provider should maintain documentation evidencing both the client’s informed consent to receive telemedicine services and the policies/procedures implemented by the provider to ensure the security and confidentiality of the client’s medical records (See [Telemedicine, adopted February 19, 2015](#) for some useful guidance).

6. What are the criteria for establishing the requisite professional relationship between provider and patient via telemedicine services?

Per the Virginia Board of Medicine [Guidance Document](#),

“[A] practitioner using telemedicine services in the provision of medical services to a patient (whether existing or new) must take appropriate steps to establish the practitioner-patient relationship... some situations and patient presentations are appropriate for the utilization of telemedicine services... while others are not. The practitioner is responsible for making this determination, and in doing so must adhere to applicable laws and standards of care.”

[Social workers](#) must, “... inform clients of potential risks and benefits of services and the limitations on confidentiality and ensure that clients have provided informed written consent to treatment.”

7. Are there any specific licensing requirement related to the provision of telemedicine services?

A license issued by each respective licensing board is generally required before an individual is able to practice psychiatry, psychology, social work, or counseling. Further, it is recommended



that the practitioner seek training or otherwise demonstrate expertise in the use of technology-assisted devices, especially as a means of protecting confidentiality and security of patient information.

8. What are the requirements governing the prescription of “controlled” substances?

Follow [this link](#) for the Code section governing the prescribing of controlled substances in Virginia and [this guidance document](#) applying the aforementioned Code section to the administration of telemedicine services specifically.