



CONNECT Provider Portal - How Do I Job Aid

How Do I Add a Service in the CONNECT Provider Portal?

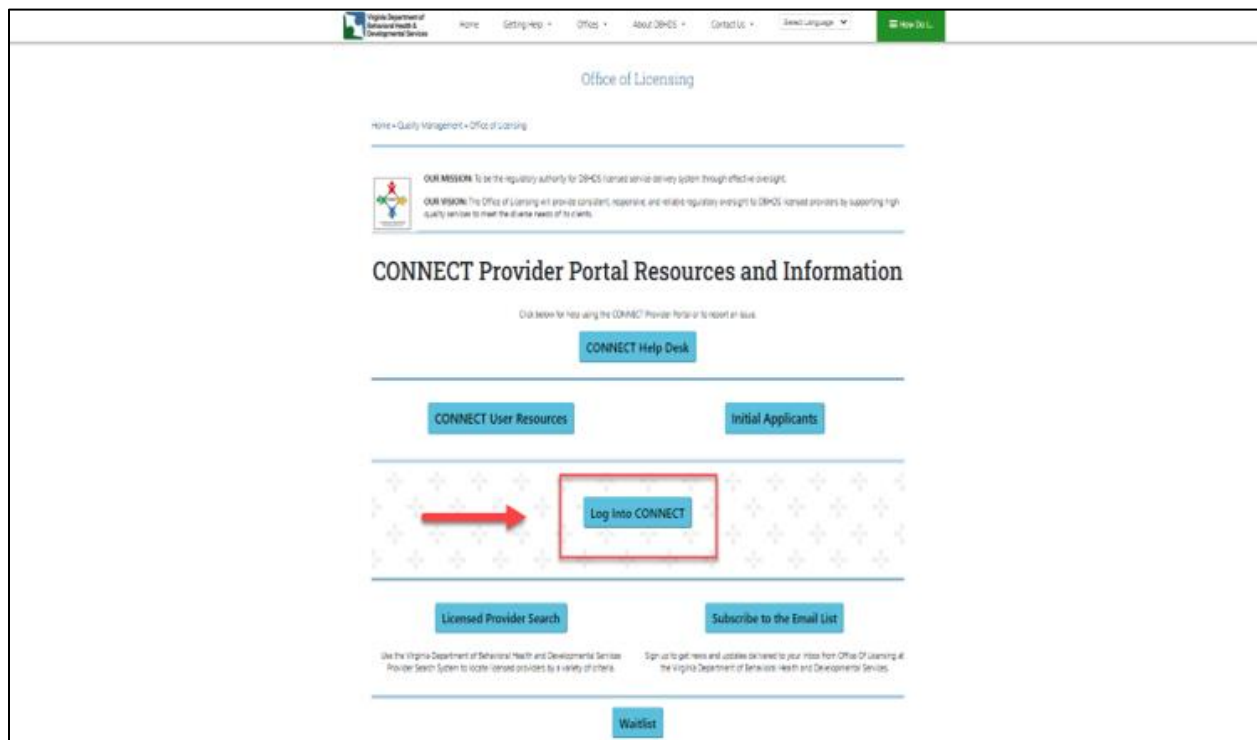
The following guide will help providers understand how to add a service in the CONNECT Provider Portal. This guide will help the provider understand how to locate the Service Modification function, submit the required supporting documentation, and assist the provider in submitting the Service Modification application. Please note that there may be different requirements depending upon the service type.

The following Job Aid provides step-by-step instructions on how to add a service in the CONNECT Provider Portal as follows:

1. How Do I Locate the Service Modification Function in CONNECT?
2. How Do I Submit the Service Modification Requirements?
3. How Do I Know the Service Modification Application Has Been Successfully Submitted?

Section 1: How Do I Locate the Service Modification Function in CONNECT?

Step 1: From the DBHDS Office of Licensing website, click the **Log into CONNECT** button.



Step 2: From the CONNECT Provider Portal Login page, enter the User Account **Email Address** and **Password**. Click the **Login** button.

An Agency of the Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Virginia.gov | Find an Agency

Virginia Department of Behavioral Health and Developmental Services CONNECT Provider Portal Login

Welcome to the Virginia Department of Behavioral Health and Developmental Services CONNECT Provider Portal system.

The Provider Portal Dashboard provides access to applicant and licensed provider information online and allows direct communication with the Office of Licensing. Only authorized users can complete licensing tasks online including submitting applications, renewals and modifications, as well as Corrective Action Plan management.

If you are already registered and know your login information, please enter your email address and password, then click the **"Login"** button. You are required to reset your password every 90 days. If you wish to reset your password, enter your email address and password; select the **"Dashboard"** option for your provider on the Provider Selection page, and then on the Dashboard select the **"Change Login Information"**. If your password has expired, click the **"Forgot Password?"** link below.

If you are a member of a licensed provider organization and do not have login information, please select the **"Request Login - Existing Licensed Providers"** button. Once approved as an authorized user for the CONNECT Provider Portal by your organization, you will receive a temporary password.

If you are a new applicant and you would like to begin the initial application or change of ownership application process, click the **"Register - Initial Applicants"** button. Please Note: You will need to go through a security check before you are given access to the Provider Portal Dashboard. This may take 1-2 business days once the request has been processed.

[View Application Wait List](#)

Email Address

[Forgot Email Address?](#)

Password

[Forgot Password?](#)

[Back](#)

[Login](#)

[Request Login - Existing Licensed Providers](#)

[Register - Initial Applicants](#)

*Indicates a required field

Step 3: From the provider landing page, click the **Dashboard** button to open the Provider Dashboard.

An Agency of the Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Provider Selection

In order to complete an initial provider application, renew a license, submit a modification, manage contacts, print licenses, or access the communication center please select the Provider Portal Dashboard you would like to access. If the Provider Portal Dashboard is showing Access Pending, your access is pending approval. You will be able to select the dashboard once the request for access has been approved.

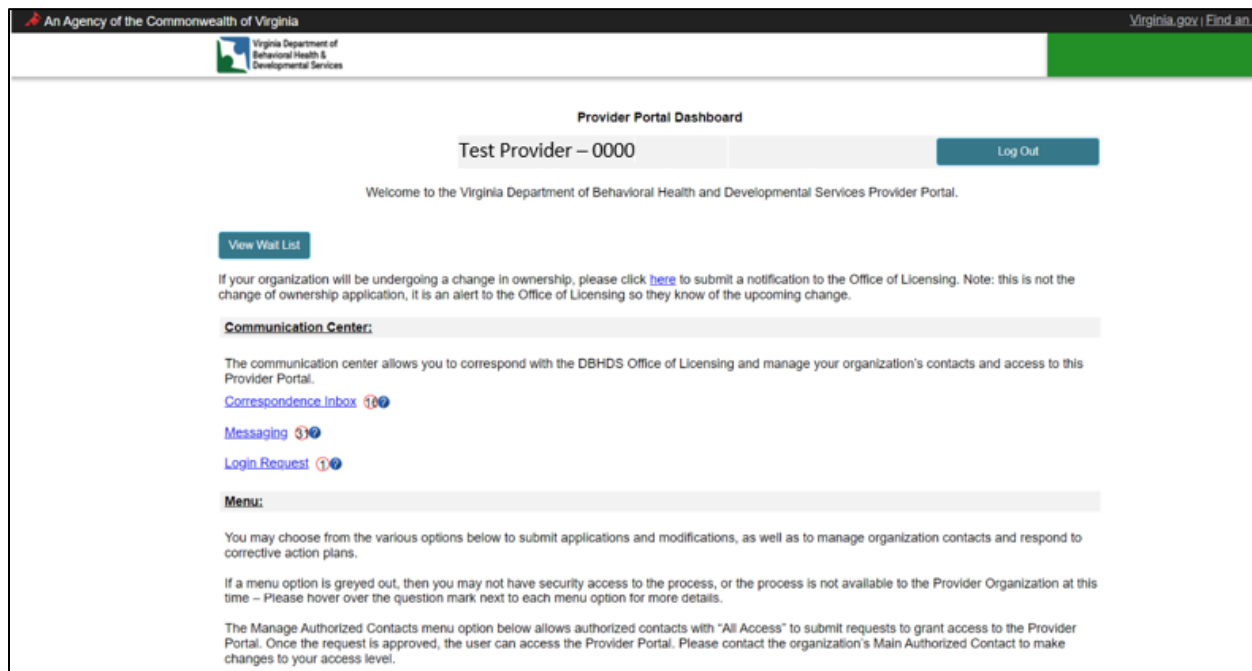
IMPORTANT: If you are applying for a change in ownership, you must submit the application under the new provider organization record that the license(s) will be issued to after the change in ownership takes place. If you see the provider organization with a Pending - Change of Ownership listed below, click the Dashboard link for that organization. Otherwise, click the "Change of Ownership Application" button below the table.

Provider Name	Provider Number	Status	Select
Test Provider	0000	Active	Dashboard

[Change of Ownership Application](#)

[Logout](#)

Step 4: From the Provider Portal Dashboard landing page, click the **Service Modification** menu link.



Menu:

You may choose from the various options below to submit applications and modifications, as well as to manage organization contacts and respond to corrective action plans.

If a menu option is greyed out, then you may not have security access to the process, or the process is not available to the Provider Organization at this time – Please hover over the question mark next to each menu option for more details.

The Manage Authorized Contacts menu option below allows authorized contacts with "All Access" to submit requests to grant access to the Provider Portal. Once the request is approved, the user can access the Provider Portal. Please contact the organization's Main Authorized Contact to make changes to your access level.

NOTE: Licenses on a License Status Letter or a Conditional License Type are not eligible for modifications. If an emergency change is required, please send a message to your Licensing Specialist using the Message Center above.

When navigating between screens on the CONNECT Provider Portal, always use the Back and Next buttons on the screen. Do not use the back button on the browser.

If you need assistance navigating the processes available to you or the organization, please contact the organization's primary contact before contacting the DBHDS Office of Licensing for assistance.

- > [Manage Authorized Contacts?](#)
- > [Initial Provider Application?](#)
- > [Children's Residential Provider Application?](#)
- > [Background Checks?](#)
- > [Service Modification?](#)
- > [Location Modification?](#)
- > [Information Modification?](#)
- > [Information Modification – Children's Residential?](#)
- > [License Renewal?](#)
- > [Corrective Action Plans?](#)
- > [Print License?](#)
- > [Change Login Information?](#)
- > [Return to Provider Selection Page](#)

Section 2: How Do I Submit the Service Modification Requirements?

Step 1: From the Provider Portal Dashboard landing page, click the **Service Modification** menu link to begin the Service Modification application.

Menu:

You may choose from the various options below to submit applications and modifications, as well as to manage organization contacts and respond to corrective action plans.

If a menu option is greyed out, then you may not have security access to the process, or the process is not available to the Provider Organization at this time – Please hover over the question mark next to each menu option for more details.

The Manage Authorized Contacts menu option below allows authorized contacts with "All Access" to submit requests to grant access to the Provider Portal. Once the request is approved, the user can access the Provider Portal. Please contact the organization's Main Authorized Contact to make changes to your access level.

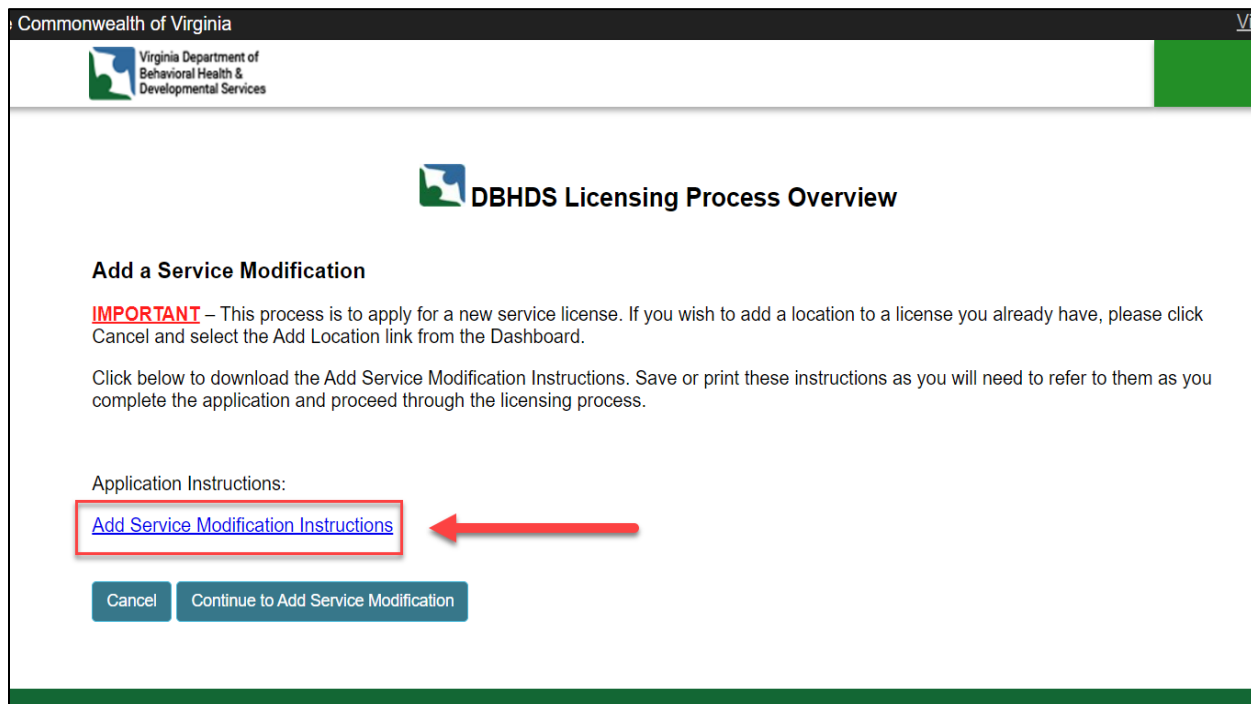
NOTE: Licenses on a License Status Letter or a Conditional License Type are not eligible for modifications. If an emergency change is required, please send a message to your Licensing Specialist using the Message Center above.

When navigating between screens on the CONNECT Provider Portal, always use the Back and Next buttons on the screen. Do not use the back button on the browser.

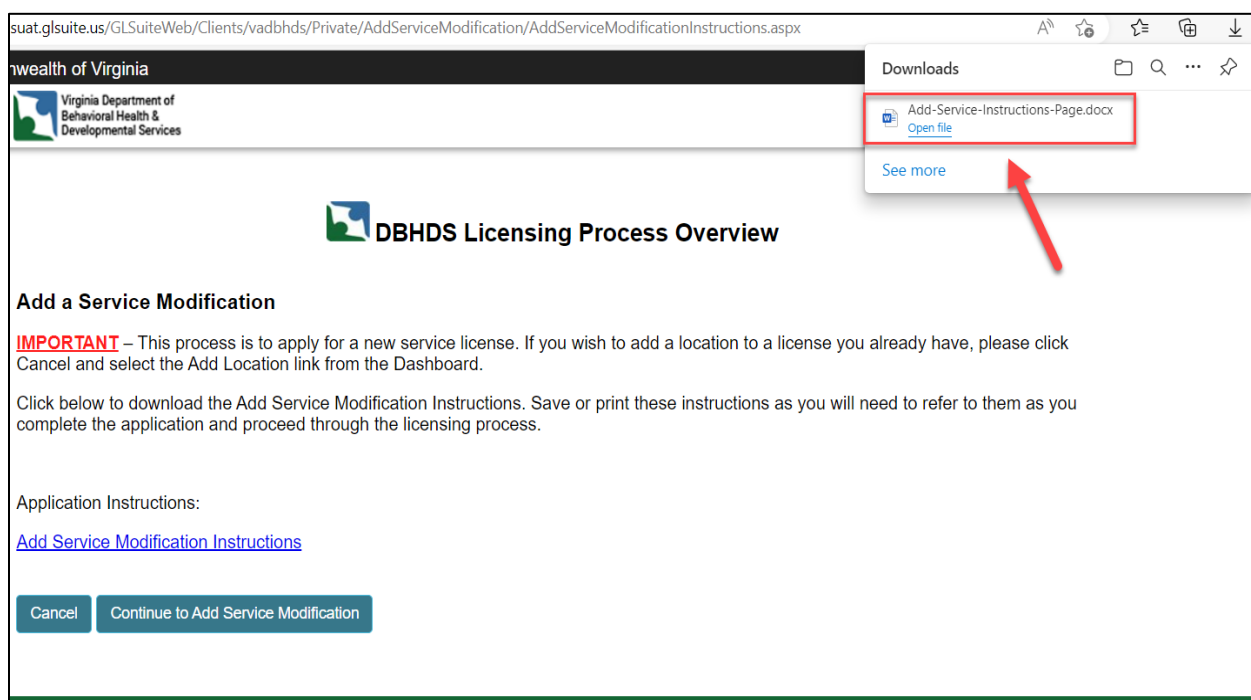
If you need assistance navigating the processes available to you or the organization, please contact the organization's primary contact before contacting the DBHDS Office of Licensing for assistance.

- > [Manage Authorized Contacts?](#)
- > [Initial Provider Application?](#)
- > [Children's Residential Provider Application?](#)
- > [Background Checks?](#)
- > [Service Modification?](#)
- > [Location Modification?](#)
- > [Information Modification?](#)
- > [Information Modification – Children's Residential?](#)
- > [License Renewal?](#)
- > [Corrective Action Plans?](#)
- > [Print License?](#)
- > [Change Login Information?](#)
- > [Return to Provider Selection Page](#)

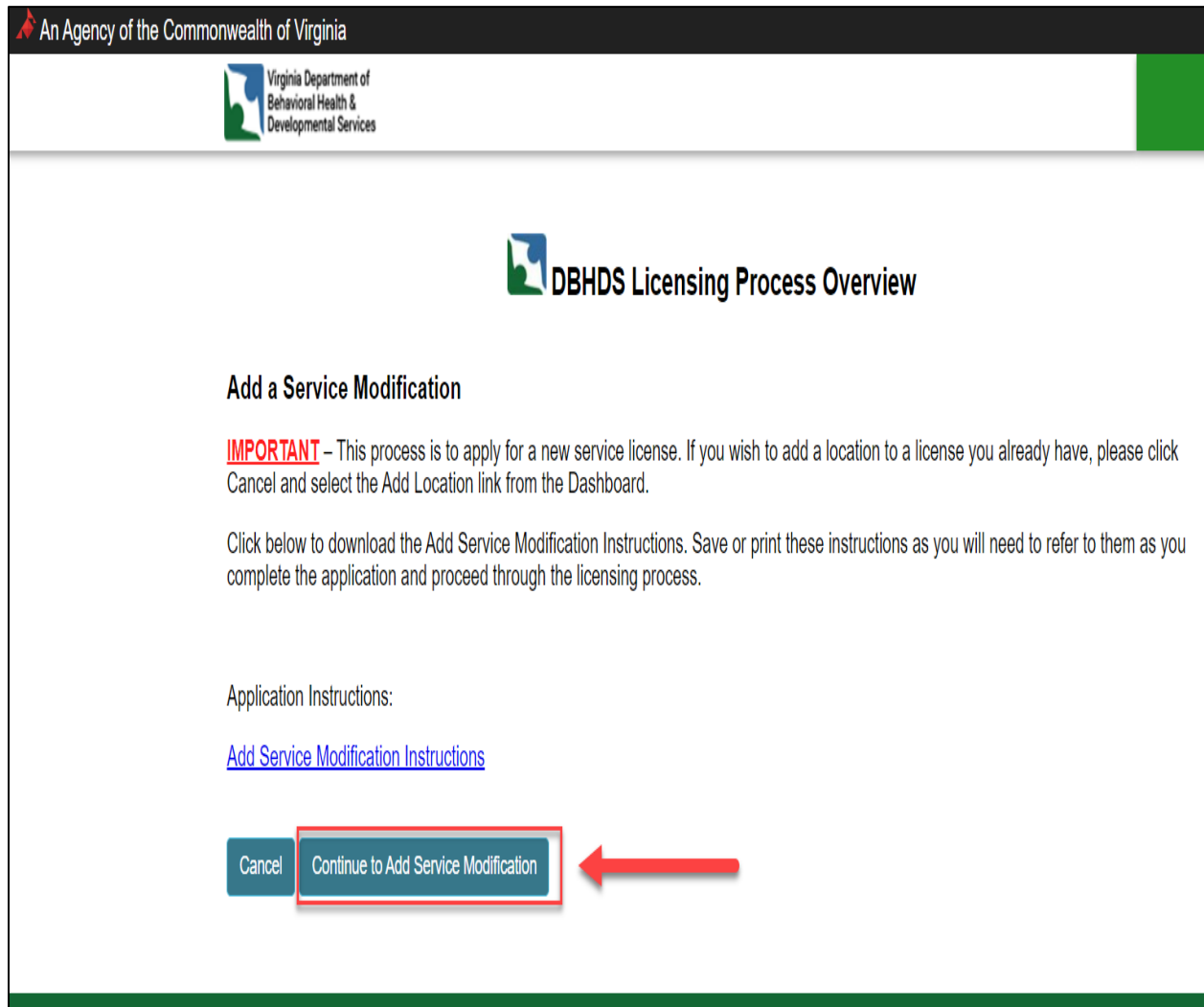
Step 2: From the **DBHDS Licensing Process Overview** landing page, click the **Add a Service Modification Instructions** link prior to continuing forward.



Note: Once the **Add Service Modification Instructions** link is clicked, the file may be downloaded. It is vital to read the instructions thoroughly, as the instructions outline important information regarding timelines and submission requirements.



Step 3: After reading the **Add Service Modification Instructions**, click the **Continue to Add Service Modification** button.



An Agency of the Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

DBHDS Licensing Process Overview

Add a Service Modification

IMPORTANT – This process is to apply for a new service license. If you wish to add a location to a license you already have, please click Cancel and select the Add Location link from the Dashboard.

Click below to download the Add Service Modification Instructions. Save or print these instructions as you will need to refer to them as you complete the application and proceed through the licensing process.

Application Instructions:

[Add Service Modification Instructions](#)

Cancel Continue to Add Service Modification

Step 4: In the **Select** column, click the appropriate radio dial button next to the service you are applying for.

An Agency of the Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Please select the service that you are applying for, and then click "Next" to continue

IMPORTANT: Please ensure that the service selected is the correct one. Once this application is submitted you will not be able to change the service/program you are applying for. If an application is submitted with the wrong service, the application will need to be withdrawn and a new application will need to be submitted.

Service/Program	Description	Licensed As	Select
01-001	DD Group Home Service	A developmental disability residential group home service for adults	<input type="radio"/>
01-002	DD Group Home Service	A developmental disability residential group home service for adults	<input type="radio"/>
01-003	MH Group Home	A mental health residential group home service for adults	<input type="radio"/>
01-004	Group Home Service - REACH	A residential group home with crisis stabilization REACH service for adults with co-occurring diagnosis of developmental disability and behavioral health needs	<input type="radio"/>
01-005	ICF-IID	An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential service for adults	<input type="radio"/>
01-007	Brain Injury Residential Tx Service	A brain injury residential treatment center for adults	<input type="radio"/>
01-011	DD Supervised Living Service	A developmental disability supervised living residential service for adults	<input type="radio"/>
01-012	MH Supervised Living Service	A mental health supervised living residential service for adults	<input type="radio"/>
01-014	MH Supervised Living Service	A mental health supervised living residential service for adults	<input type="radio"/>
01-019	MH Crisis Stabilization - Residential	A mental health residential crisis stabilization service for adults	<input type="radio"/>
01-020	MH Crisis Stabilization - Residential	A mental health residential crisis stabilization service for children and adolescents	<input type="radio"/>
01-022	DD Crisis Stabilization - Residential	A developmental disability residential crisis stabilization service	<input type="radio"/>
01-023	MH Crisis Stabilization	A mental health residential crisis stabilization service	<input type="radio"/>

01-043	SA Clinically Managed High-Intensity Residential Service	ASAM Level 3.5: Clinically managed high-intensity residential care for adults	<input type="radio"/>
01-044	SA Specific High-Intensity Residential Service	ASAM Level 3.3: Specific high-intensity residential service for adults	<input type="radio"/>
01-045	SA Clinically Managed Low-Intensity Residential Service	ASAM Level 3.1: Clinically managed low-intensity residential care for adults	<input type="radio"/>
02-004	DD Center-Based Respite Service	A developmental disability center-based respite service (children, adolescent, and/or adults)	<input checked="" type="radio"/>
02-007	DD Day Support Service	A developmental disability center-based day support service for children and adolescents	<input type="radio"/>
02-009	DD Day Support Service	A developmental disability non center-based day support service for children and adolescents	<input type="radio"/>
02-010	DD Day Support Service	A developmental disability day support service for (population served)	<input type="radio"/>
02-011	MH Psychosocial Rehabilitation	A mental health psychosocial rehabilitation service for adults	<input type="radio"/>
02-012	MH Psychosocial Rehabilitation	A mental health psychosocial rehabilitation service for adults	<input type="radio"/>
02-014	Therapeutic Afterschool MH Service	A mental health nonschool-based therapeutic day treatment service for children with serious emotional disturbance	<input type="radio"/>
02-015	Therapeutic Afterschool MH Service	A mental health non school-based therapeutic day treatment service for children with serious emotional disturbance	<input type="radio"/>
02-019	MH Partial Hospitalization Service	A mental health partial hospitalization service for adults with serious mental illness	<input type="radio"/>
02-020	MH Partial Hospitalization Service	A mental health partial hospitalization service for adults with serious mental illness	<input type="radio"/>
02-029	Therapeutic Day Treatment Service for Children and Adolescents	A mental health school-based therapeutic day treatment service for children and adolescents with serious emotional disturbance	<input type="radio"/>
02-030	Therapeutic Day Treatment Service for Children and Adolescents	A mental health school-based therapeutic day treatment service for children and adolescents with serious emotional disturbance	<input type="radio"/>
02-032	MH Partial Hospitalization Service	A mental health partial hospitalization for children and adolescents with serious mental illness	<input type="radio"/>
02-033	SA Partial Hospitalization Service	ASAM Level 2.5: Substance Abuse Partial Hospitalization service for adults	<input type="radio"/>
02-034	SA Partial Hospitalization Service	ASAM Level 2.5: Substance Abuse Partial Hospitalization service for children and adolescents	<input type="radio"/>

Step 5: After selecting the service in which you are applying, click the **Next** button.

	Stabilization - REACH	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	<input type="radio"/>
07-012	Outpatient Service/Crisis Stabilization	A mental health non-residential crisis stabilization service for adults/children/adolescents	<input type="radio"/>
07-015	Crisis Intervention	A mental health crisis intervention service for children, adolescents, and adults	<input type="radio"/>
08-014	MH Sponsored Residential Homes Service	A mental health sponsored residential home service for (population served)	<input type="radio"/>
10-001	DD In-Home Respite Service	An in-home respite service for (children, adolescent, and/or adults)	<input type="radio"/>
11-001	MH Correctional Facility RTC Service	A mental health service in a correctional facility	<input type="radio"/>
16-002	DD Case Management Service	A developmental disability case management service	<input type="radio"/>
16-003	SA Case Management Service	A substance abuse case management service	<input type="radio"/>
16-004	Adult MH Case Management Service	A mental health case management service for adults with serious mental illness	<input type="radio"/>
16-005	Children and Adolescents MH Case Management Service	A mental health case management service for children and adolescents	<input type="radio"/>
17-001	ICT Service	A mental health intensive community treatment (ICT) service for adults with serious mental illness	<input type="radio"/>
18-002	ACT Service (Small Team)	A mental health assertive community treatment (ACT) small team for adults with serious mental illness	<input type="radio"/>
18-003	ACT Service (Medium Team)	A mental health assertive community treatment (ACT) medium team for adults with serious mental illness	<input type="radio"/>
18-004	ACT Service (Large Team)	A mental health assertive community treatment (ACT) large team for adults with serious mental illness	<input type="radio"/>

Back Next

Step 6: After clicking the **Next** button, you will be directed to the **Service Modification** application page. **Note:** Prior to submission, the service type can be changed by clicking the **Edit Service** link.

of the Commonwealth of Virginia
Vir

Print Application

Service Modification

Return to Dashboard

Application Instructions:

Click the link below to return to the Application Instructions.

[Add Location Modification Instructions](#)

Provider Name: Test Provider

Mailing Address: 000 Test Street Richmond, VA 23219
Richmond City

Phone Number:

Email Address:

Service: 02-004-DD Center-Based Respite Service Edit Service

Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until these requirements are met and show a status of Pending Review or Complete.

NOTE: Application progress is automatically saved each time you select the "Next" button throughout this process. You may exit and continue the application anytime.

Requirement	Status
Service Program Information	Incomplete
Upload Service Description	Incomplete

Step 7: In the **Requirements Checklist** menu, the status for each requirement will be listed as Incomplete until requirements are entered.

Service: 02-004-DD Center-Based Respite Service [Edit Service](#)

Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until these requirements are met and show a status of Pending Review or Complete.

NOTE: Application progress is automatically saved each time you select the "Next" button throughout this process. You may exit and continue the application anytime.

Requirement	Status
Service Program Information	Incomplete
Upload Service Description	Incomplete
Upload Evidence of Financial Resources for 90 Days	Incomplete
Upload Proposed Working Budget	Incomplete
Upload Proposed Staffing Plan	Incomplete
Upload Position Descriptions	Incomplete
Upload Staff Resumes (optional)	Incomplete
Add Location	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
Upload Building Floor Plan	Incomplete
Upload Current Fire Inspection	Incomplete
Upload Current Health Inspection	Incomplete

To cancel this application and discard the submission please select the **"Withdraw Application"** button below.

Withdraw Application

Step 8: In the **Requirements Checklist** menu, click each link to enter the required information and/or upload required documentation.

Service: 02-004-DD Center-Based Respite Service [Edit Service](#)

Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until these requirements are met and show a status of Pending Review or Complete.

NOTE: Application progress is automatically saved each time you select the **"Next"** button throughout this process. You may exit and continue the application anytime.

Requirement	Status
Service Program Information	Incomplete
Upload Service Description	Incomplete
Upload Evidence of Financial Resources for 90 Days	Incomplete
Upload Proposed Working Budget	Incomplete
Upload Proposed Staffing Plan	Incomplete
Upload Position Descriptions	Incomplete
Upload Staff Resumes (optional)	Incomplete
Add Location	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
Upload Building Floor Plan	Incomplete
Upload Current Fire Inspection	Incomplete
Upload Current Health Inspection	Incomplete

To cancel this application and discard the submission please select the **"Withdraw Application"** button below.

[Withdraw Application](#)

Virginia Department of Behavioral Health & Developmental Services

Service Program Information

Please enter the information for the service and program below.

Service: 02-004 - DD Center-Based Respite Service

Program Name:*

Gender:*

Age Range From:

Age Range To:

Demographic:*

☐ Childrens
☐ Adolescents
☒ Adults
☐ Geriatric

Accreditation:*

* Indicates a required field

[Back](#) [Next](#)

Step 9: Once the **Requirement** is met the status will be updated. **Note:** You will not be able to submit the application until all requirements are met and have a status of **Pending Review** or **Completed**.

Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until these requirements are met and show a status of Pending Review or Complete.

NOTE: Application progress is automatically saved each time you select the "Next" button throughout this process. You may exit and continue the application anytime.

Requirement	Status
Service Program Information	Completed
Upload Service Description	Incomplete
Upload Evidence of Financial Resources for 90 Days	Incomplete
Upload Proposed Working Budget	Incomplete
Upload Proposed Staffing Plan	Incomplete
Upload Position Descriptions	Incomplete
Upload Staff Resumes (optional)	Incomplete
Add Location	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
Upload Building Floor Plan	Incomplete
Upload Current Fire Inspection	Incomplete
Upload Current Health Inspection	Incomplete



Service Program Information

[Edit Service Program Information](#)

Program Name: Test Program

Gender: Both

Accreditation: Other association or organization

To cancel this application and discard the submission please select the "Withdraw Application" button below.

Withdraw Application

Step 10: In the **Requirements Checklist** menu, proceed to the next **Requirement** to repeat this process by clicking each link to enter the required information and/or upload required documentation.

Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until these requirements are met and show a status of Pending Review or Complete.

NOTE: Application progress is automatically saved each time you select the "Next" button throughout this process. You may exit and continue the application anytime.

Requirement	Status
Service Program Information	Completed
Upload Service Description	Incomplete
Upload Evidence of Financial Resources for 90 Days	Incomplete
Upload Proposed Working Budget	Incomplete
Upload Proposed Staffing Plan	Incomplete
Upload Position Descriptions	Incomplete
Upload Staff Resumes (optional)	Incomplete
Add Location	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
Add Community Liaison	Incomplete
Upload Building Floor Plan	Incomplete


Service Program Information[Edit Service Program Information](#)

Program Name: DD Group Home
Gender: Both
Accreditation: Accreditation Council for Services for People with Development Disabilities

To cancel this application and discard the submission please select the "Withdraw Application" button below.

Withdraw Application

Commonwealth of Virginia

 Virginia Department of
Behavioral Health &
Developmental Services

Modification Documents Upload

Please upload the required documentation for each of the items listed below.

Service Description	Upload Document
Evidence of Financial Resources for 90 Days	Upload Document
Proposed Staffing Plan	Upload Document
Proposed Working Budget	Upload Document
Building Floor Plan	Upload Document
Current Fire Inspection	Upload Document
Current Health Inspection	Upload Document


BackNext

Step 11: Click the **Choose File** button to upload required documentation and then click the **Save** button.

An Agency of the Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Description of Program/Service Description


 No fil...osen

y of the Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Description of Program/Service Description

Sam....docx



Step 12: Click **Link to Document** to view the document that has been uploaded.

Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Modification Documents Upload

Please upload the required documentation for each of the items listed below.

Service Description	Upload Document Link to Document
Evidence of Financial Resources for 90 Days	Upload Document
Proposed Staffing Plan	Upload Document
Proposed Working Budget	Upload Document
Building Floor Plan	Upload Document
Current Fire Inspection	Upload Document
Current Health Inspection	Upload Document

[Back](#) [Next](#)

Step 13: Once all required documents have been uploaded, click the **Next** button.

Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Modification Documents Upload

Please upload the required documentation for each of the items listed below.

Service Description	Upload Document Link to Document
Evidence of Financial Resources for 90 Days	Upload Document Link to Document
Proposed Staffing Plan	Upload Document Link to Document
Proposed Working Budget	Upload Document Link to Document
Building Floor Plan	Upload Document Link to Document
Current Fire Inspection	Upload Document Link to Document
Current Health Inspection	Upload Document Link to Document

[Back](#) [Next](#)

Step 14: You will be directed back to the **Service Modification** application page. The **Status** of the requirement will be updated to Pending Review. Proceed to the remaining **Requirements**, until all requirements are met. **Note:** Requirements listed as **Optional** will maintain the status of **Incomplete** if no documentation is uploaded.

Service: 02-004-DD Center-Based Respite Service [Edit Service](#)

Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until these requirements are met and show a status of Pending Review or Complete.

NOTE: Application progress is automatically saved each time you select the **"Next"** button throughout this process. You may exit and continue the application anytime.

Requirement	Status
Service Program Information	Completed
Upload Service Description	Pending Review
Upload Evidence of Financial Resources for 90 Days	Pending Review
Upload Proposed Working Budget	Pending Review
Upload Proposed Staffing Plan	Pending Review
Upload Position Descriptions	Incomplete
Upload Staff Resumes (optional)	Incomplete
Add Location	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
Upload Building Floor Plan	Pending Review
Upload Current Fire Inspection	Pending Review
Upload Current Health Inspection	Pending Review

Service Program Information [Edit Service Program Information](#)

Program Name: Test Program
 Gender: Both
 Accreditation: Other association or organization

Service: 02-004-DD Center-Based Respite Service [Edit Service](#)

Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until these requirements are met and show a status of Pending Review or Complete.

NOTE: Application progress is automatically saved each time you select the **"Next"** button throughout this process. You may exit and continue the application anytime.

Requirement	Status
Service Program Information	Completed
Upload Service Description	Pending Review
Upload Evidence of Financial Resources for 90 Days	Pending Review
Upload Proposed Working Budget	Pending Review
Upload Proposed Staffing Plan	Pending Review
Upload Position Descriptions	Pending Review
Upload Staff Resumes (optional)	Incomplete
Add Location	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
Upload Building Floor Plan	Pending Review
Upload Current Fire Inspection	Pending Review
Upload Current Health Inspection	Pending Review

Service Program Information [Edit Service Program Information](#)

Program Name: Test Program
 Gender: Both
 Accreditation: Other association or organization

Step 15: From the **Requirements Checklist**, click the **Add Location** link to add the location information for the new service.

Service: 02-004-DD Center-Based Respite Service [Edit Service](#)

Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until these requirements are met and show a status of Pending Review or Complete.

NOTE: Application progress is automatically saved each time you select the **"Next"** button throughout this process. You may exit and continue the application anytime.

Requirement	Status
Service Program Information	Completed
Upload Service Description	Pending Review
Upload Evidence of Financial Resources for 90 Days	Pending Review
Upload Proposed Working Budget	Pending Review
Upload Proposed Staffing Plan	Pending Review
Upload Position Descriptions	Pending Review
Upload Staff Resumes (optional)	Incomplete
Add Location	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
Upload Building Floor Plan	Pending Review
Upload Current Fire Inspection	Pending Review
Upload Current Health Inspection	Pending Review

Service Program Information [Edit Service Program Information](#)

Program Name: Test Program
Gender: Both
Accreditation: Other association or organization

Documents [Edit Documents](#)

Service Description [View](#)

Step 16: Click the **Add Location** button.

he Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Location

If there is not a current Location displayed, please select **"Add Location"** below to add the location for the service. Once the location is added, it will be displayed on this page. When finished, please click **"Back"** to continue your application.

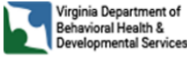
Service: 02-004 - DD Center-Based Respite Service

Add Location

Back

Step 17: From the **Location Search** page, enter the location information, then click the **Search** button.

Commonwealth of Virginia



Virginia Department of
Behavioral Health &
Developmental Services

Location Search

Location records are created and stored in the Office of Licensing database and a record for the location you are adding may already exist. Please search the Office of Licensing database for an existing location record using the various inputs below. If a record is not found, you will be able to create one.

Wild card searches can be used in the properties if you do not know a full name or address. To use a wild card search, enter an * at the beginning or end of your search. Street 1, Street 2, and City will look for "sounds like" matches, for example "O'Leary" can be found if you type "OLearie". You must enter information into at least two fields in order to search. If you are using a wild card, you must enter at least four characters, not including the asterisk.

Street 1:*

Street 2:

City:*

State:*

▼

Zip:*

* Indicates a required field.

Back

Search

Step 18: From the **Location Selection Page**, select the location to be added and check the appropriate box if it is an administrative office. If the location is not listed or there were no results returned, click the **Create New Record** button.

Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Location Selection Page

If results are displayed below, please select the location to be added for the service and indicate if it is an administrative office for this service, then click **"Next"** to continue. If the location you are looking for is not listed, or if no results were returned, click **"Create New Record"** to create a new record for the location in the Office of Licensing database.

If the location you searched for is shown as not available, the location is already linked to another provider's service license. If you believe the message is received in error, please contact the Office of Licensing for further assistance.

NOTE: If a location has multiple suites or units, there should be a separate location record for each suite/unit.

Physical Address	Current Service at this Location	Select	Administrative Office
(Location Not Available)		<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)		<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)	03-001 - Mental Health Community Supports Service	<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)	05-001 - Intensive In-Home Service for Children and Adolescents	<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)	02-019 - MH Partial Hospitalization Service	<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)		<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)		<input type="radio"/>	<input type="checkbox"/>

(Location Not Available)	05-001 - Intensive In-Home Service for Children and Adolescents	<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)	07-003 - Outpatient MH Service	<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)	07-013 - Outpatient SA Service	<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)	07-006 - Outpatient Service /Crisis Stabilization	<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)	03-011 - DD Supportive In-Home Service	<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)	03-001 - Mental Health Community Supports Service	<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)	03-004 - Mental Health Supportive In-Home Service	<input type="radio"/>	<input type="checkbox"/>
(Location Not Available)			

[Create New Record](#)

Step 19: From the **Location Information** landing page, enter the location information.

Location Information

Please enter the information for the location below, then click **"Next"** to continue.

Service: 02-004 - DD Center-Based Respite Service

Is this location the Administrative Office for the service? ☐

Location Name: *

Location Information

Gender: *

Total Bed Capacity: *

Demographic: *

☐ Childrens
☐ Adolescents
☐ Adults
☐ Geriatric

Hours of Operation:
Enter the hours of operation, if applicable, for the location. If the location is an administrative office, please enter the days and times of the office hours only.

Days Open:

☐ Sunday
☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday

Hours:

Time Open:

Time Closed:

Step 20: Once complete, click the **Next** button.

Location Name: *

Location Information

Gender: *

Total Bed Capacity: *

Demographic: *

☐ Childrens
☐ Adolescents
☒ Adults
☐ Geriatric

Hours of Operation:
Enter the hours of operation, if applicable, for the location. If the location is an administrative office, please enter the days and times of the office hours only.

Days Open:

☒ Sunday
☒ Monday
☒ Tuesday
☒ Wednesday
☒ Thursday
☒ Friday
☒ Saturday

Hours:

Time Open:

Time Closed:

* Indicates a required field

Step 21: Click the **Update** link to update the required information, and then click the **Next** button.

Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Location Address

Please enter the addresses for the location by clicking the Update links, then click "Next" to continue.

Location Name:
Testing Name

Physical Address: [Update](#)

Location Contact Information: [Update](#)

Office Phone:
Fax:
Email:

Mailing Address: [Update](#)

[Back](#) [Next](#)

Step 22: Select the **Back** button to continue the application.

Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

Location

If there is not a current Location displayed, please select "Add Location" below to add the location for the service. Once the location is added, it will be displayed on this page. When finished, please click "Back" to continue your application.

NOTE: You may only submit a Service Modification to add a service with one location. If you need to change the location selected, you may select the "Add Location" button again, but the previously added location will be removed. Additional locations may be added to services once the license type is renewed to be an annual license.

Service: 02-004 - DD Center-Based Respite Service

Location Name: Test Name
Physical Address: 000 Testing Street
Richmond, VA 23219

[Add Location](#)

[Back](#)

Step 23: After clicking the **Back** button, you will be returned to the **Service Modification** application page. Proceed to the next **Requirement** until all requirements have been met. **Note:** To edit the location information prior to submission, click the **Edit Location Information** link.

Service: 02-004-DD Center-Based Respite Service [Edit Service](#)

Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until these requirements are met and show a status of Pending Review or Complete.

NOTE: Application progress is automatically saved each time you select the "Next" button throughout this process. You may exit and continue the application anytime.

Requirement	Status
Service Program Information	Completed
Upload Service Description	Pending Review
Upload Evidence of Financial Resources for 90 Days	Pending Review
Upload Proposed Working Budget	Pending Review
Upload Proposed Staffing Plan	Pending Review
Upload Position Descriptions	Pending Review
Upload Staff Resumes (optional)	Incomplete
Add Location	Completed
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
Upload Building Floor Plan	Pending Review
Upload Current Fire Inspection	Pending Review
Upload Current Health Inspection	Pending Review

Service Program Information

[Edit Service Program Information](#)

Program Name: Test Program

Gender: Both

Accreditation: Other association or organization

Location

[Edit Location](#)

Location Address: 000 Test Street
Richmond, VA 23219

Location Information

[Edit Location Information](#)

Location Name: Test Name

Step 24: Once all requirements have been met, the **Certificate of Application** will appear, along with the **Signature of Applicant** field, **Title** field, **Date** field, and **Submit Service Modification** button.

Requirements Checklist

The requirements below are required for submission of the application. You will not be able to submit the application until these requirements are met and show a status of Pending Review or Complete.

NOTE: Application progress is automatically saved each time you select the "Next" button throughout this process. You may exit and continue the application anytime.

Requirement	Status
Service Program Information	Completed
Upload Service Description	Pending Review
Upload Evidence of Financial Resources for 90 Days	Pending Review
Upload Proposed Working Budget	Pending Review
Upload Proposed Staffing Plan	Pending Review
Upload Position Descriptions	Pending Review
Upload Staff Resumes (optional)	Incomplete
Add Location	Completed
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Completed
Upload Building Floor Plan	Pending Review
Upload Current Fire Inspection	Pending Review
Upload Current Health Inspection	Pending Review

Service Program Information [Edit Service Program Information](#)

Program Name: Test Program
 Gender: Both
 Accreditation: Other association or organization

Location [Edit Location](#)

Location Address: 000 Test Street
 Richmond, VA 23219

Location Information [Edit Location Information](#)

Location Name: Test Name
 Gender: Both
 Total Bed Capacity: 0
 Hours of Operation: 8:00 AM- 5:00 PM
 Days of Operation: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

To cancel this application and discard the submission please select the "Withdraw Application" button below.

[Withdraw Application](#)

Certificate of Application

This certificate is to be read before completion and then signed upon completion of this service modification application.

- I am in receipt of and have read the [Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#) ("Licensing Regulations") and 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 ("Human Rights Regulations").
- My organization's policies and procedures have been updated, as applicable, with the requirements within the Licensing Regulations prior to the submission of this application.
- The service description, discharge criteria, admission criteria, and programming criteria have also been updated, as applicable, to comply with the Licensing Regulations prior to the submission of this application.
- The staffing plan has been updated, as applicable, and complies with the requirements for supervision within 12VAC35-105-590(C). All staff hired will meet the qualifications outlined in the position description for their position and staffing allocations will be appropriate for the service provided.
- In accordance with 12VAC35-105-460, there will be at least one employee or contractor on duty at each location who holds a current certificate (i) issued by the American Red Cross, the American Heart Association, or comparable authority in standard first aid and cardiopulmonary resuscitation (CPR) or (ii) as an emergency medical technician.
- In accordance with 12VAC35-105-510, each new employee, contractor, student, or volunteer who will have direct contact with individuals receiving service shall obtain a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form within 30 days of employment or initial contact with individuals receiving services.
- My organization has and will continue to comply with the requirements for obtaining criminal history background checks and central registry searches as outlined in §§ 37.2-416, 37.2-506, and 37.2-607 of the Code of Virginia.
- If the service to be added includes the administration of medication, the staffing plan includes qualified staff to administer medication in accordance with my organization's medication administration policy, the Licensing Regulations, and applicable state laws.
- All center-based and residential locations where services are to be provided will comply with the physical site requirements within the Licensing Regulations.
- In accordance with 12VAC35-105-900, when not in use, active and closed paper records for individuals receiving services shall be stored in a locked cabinet or room. In addition, personnel files are maintained in an organized system to manage and protect the confidentiality and employee health-related information is maintained in a file separate from personnel files in accordance with 12VAC35-105-390, the Americans with Disabilities Act and the Virginians with Disabilities Act.
- I understand that following the submission of the completed service modification application, a conditional license will be issued for each new service, as applicable. Pursuant to Code of Virginia § 37.2-415, a conditional license may be granted to a provider to operate a new service in order to permit the provider to demonstrate compliance with all licensing standards.
- I understand that prior to the issuance of a conditional license for a residential service, representatives of the Department will conduct a remote or onsite inspection to confirm compliance with the applicable Licensing Regulations.
- I understand that following the issuance of a conditional license for non-residential center based services, representatives of the Department will conduct remote or onsite inspections to confirm compliance with the applicable Licensing Regulations and that an annual license will not be granted until compliance with all the applicable regulations is demonstrated.
- I understand that pursuant to 12VAC35-105-110 A.7, an application for a license or license renewal may be denied and a full, conditional, or provisional license may be revoked or suspended if the provider submits any misleading or false information to the Department.

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 SERVICE MODIFICATION APPLICATION.

Signature of Applicant: * Title: * Date: *

If you have any questions concerning this service modification application, please submit them directly to your assigned licensing specialist through the provider portal communication center.

[Submit Service Modification](#)

Step 25: Once finished, clicked the **Submit Service Modification** button.

To cancel this application and discard the submission please select the **"Withdraw Application"** button below.

[Withdraw Application](#)

Certificate of Application

This certificate is to be read before completion and then signed upon completion of this service modification application.

- I am in receipt of and have read the [Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#) ("Licensing Regulations") and 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](#) ("Human Rights Regulations").
- My organization's policies and procedures have been updated, as applicable, with the requirements within the Licensing Regulations prior to the submission of this application.
- The service description, discharge criteria, admission criteria, and programming criteria have also been updated, as applicable, to comply with the Licensing Regulations prior to the submission of this application.
- The staffing plan has been updated, as applicable, and complies with the requirements for supervision within 12VAC35-105-590(C). All staff hired will meet the qualifications outlined in the position description for their position and staffing allocations will be appropriate for the service provided.
- In accordance with 12VAC35-105-460, there will be at least one employee or contractor on duty at each location who holds a current certificate (i) issued by the American Red Cross, the American Heart Association, or comparable authority in standard first aid and cardiopulmonary resuscitation (CPR) or (ii) as an emergency medical technician.
- In accordance with 12VAC35-105-510, each new employee, contractor, student, or volunteer who will have direct contact with individuals receiving service shall obtain a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form within 30 days of employment or initial contact with individuals receiving services.
- My organization has and will continue to comply with the requirements for obtaining criminal history background checks and central registry searches as outlined in §§ 37.2-416, 37.2-506, and 37.2-607 of the Code of Virginia.
- If the service to be added includes the administration of medication, the staffing plan includes qualified staff to administer medication in accordance with my organization's medication administration policy, the Licensing Regulations, and applicable state laws.
- All center-based and residential locations where services are to be provided will comply with the physical site requirements within the Licensing Regulations.
- In accordance with 12VAC35-105-900, when not in use, active and closed paper records for individuals receiving services shall be stored in a locked cabinet or room. In addition, personnel files are maintained in an organized system to manage and protect the confidentiality and employee health-related information is maintained in a file separate from personnel files in accordance with 12VAC35-105-390, the Americans with Disabilities Act and the Virginians with Disabilities Act.
- I understand that following the submission of the completed service modification application, a conditional license will be issued for each new service, as applicable. Pursuant to Code of Virginia § 37.2-415, a conditional license may be granted to a provider to operate a new service in order to permit the provider to demonstrate compliance with all licensing standards.
- I understand that prior to the issuance of a conditional license for a residential service, representatives of the Department will conduct a remote or onsite inspection to confirm compliance with the applicable Licensing Regulations.
- I understand that following the issuance of a conditional license for non-residential center based services, representatives of the Department will conduct remote or onsite inspections to confirm compliance with the applicable Licensing Regulations and that an annual license will not be granted until compliance with all the applicable regulations is demonstrated.
- I understand that pursuant to 12VAC35-105-110.A.7, an application for a license or license renewal may be denied and a full, conditional, or provisional license may be revoked or suspended if the provider submits any misleading or false information to the Department.

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 SERVICE MODIFICATION APPLICATION.

Signature of Applicant: * Title: * Date: *

Test Applicant Test Title 04/14/2023

If you have any questions concerning this service modification application, please submit them directly to your assigned licensing specialist through the provider portal communication center.

[Submit Service Modification](#)

Section 3: How Do I Know the Service Modification Application Has Been Successfully Submitted?

Step 1: From the Provider Portal Dashboard landing page, the **Pending Modifications** section the **Status** column will display the updated status of the Service Modification as **Submitted**.

Pending Modifications: ⓘ				
Type	Application Number	Description	Status	
Service Modification	0000-01-001	01-001 - DD Group Home Service	Pending Submission	Service Modification Continue
Service Modification	0000-02-004	02-004 - DD Center-Based Respite Service	Submitted	Service Modification Continue Print Application

This completes the **How Do I Add a Service in the CONNECT Provider Portal?** job aid.