

## Seminar I - June 30, 2023



**Be an All-Star Provider!**

### **“Licensed Provider Coaching Seminar”**

**A comprehensive overview of provider roles and responsibilities for licensed providers of Mental Health, Substance Use and Developmental Disability services.**

**Please Attend All 3 Sessions - Register for each seminar using the links below:**

[Seminar I: Friday, June 30, 10 a.m. -12:00 p.m.](#)

[Seminar II: Friday, July 7, 10 a.m.-1:00 p.m.](#)

[Seminar III: Friday, July 14, 10 a.m. -12:00 p.m.](#)



# Introductions – Today's Starting Line Up

- **Chesna Gore, Licensing, Administrative and Regulatory Manager**
  - [Chesna.Gore@dbhds.virginia.gov](mailto:Chesna.Gore@dbhds.virginia.gov)
- **Dwayne Lynch, Acting Quality and Information Systems Manager**
  - [Dwayne.Lynch@dbhds.virginia.gov](mailto:Dwayne.Lynch@dbhds.virginia.gov)
- **Larisa Terwilliger, Training Coordinator**
  - [Larisa.Terwiliger@dbhds.virginia.gov](mailto:Larisa.Terwiliger@dbhds.virginia.gov)

# A Few Words from the Director

# Jae Benz

## Director of Licensing

# Department of Behavioral Health and Developmental Services (DBHDS)- Office of Licensing



## Mission:

To be the regulatory authority for DBHDS licensed service delivery systems through effective oversight.



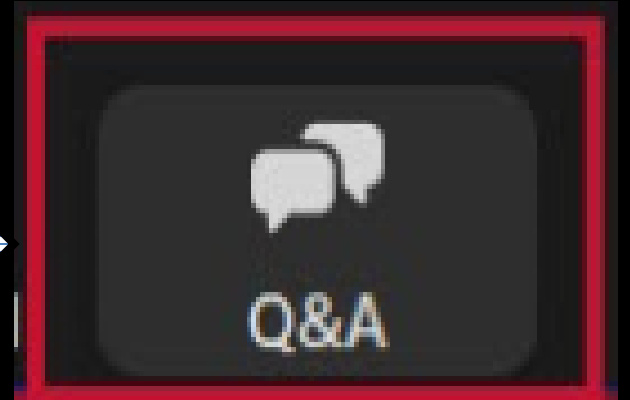
## Vision:

The Office of Licensing will provide consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients.

# Housekeeping - Field Rules



Put questions and comments in the 'Q&A' feature.



FAQs will be sent out after the training.

Slides will be posted on the Office of Licensing website.

# Purpose

- **The purpose of this Coaching Seminar is to prepare new DBHDS Licensed Providers for their role and corresponding responsibilities.**
- **Our goal is to equip new providers with the information, tools, and resources necessary to be informed, confident, and successful DBHDS Licensed Providers.**

## GAME PLAN:

### Today's Learning Objectives

Be  
Informed  
About

- The Office of Licensing website
- DBHDS Regulations

Understand

- How to utilize key features of the CONNECT system
- The types of Modifications and the submission process

Be  
Confident

- That you can become an All-Star Provider!

# Services Licensed By DBHDS

Chesna Gore

Licensing, Administrative and Regulatory Manager

# General Regulations 12VAC35-105- 30. Licenses

- ▶ A. Licenses are issued to providers who offer services to individuals who have mental illness, a developmental disability, or substance abuse (substance use disorders) or have brain injury and are receiving residential services.
- ▶ B. Providers shall be licensed to provide specific services as defined in this chapter or as determined by the commissioner. These services include:

# General Regulations 12VAC35-105-30. Licenses

- ▶ 1. Assertive community treatment (ACT);
- ▶ 2. Case management;
- ▶ 3. Clinically managed high-intensity residential care or Level of care 3.5;
- ▶ 4. Clinically managed low-intensity residential care or Level of care 3.1;
- ▶ 5. Clinically managed population specific high-intensity residential or Level of care 3.3;
- ▶ 6. Community gero-psychiatric residential;
- ▶ 7. ICF/IID;
- ▶ 8. Residential crisis stabilization;
- ▶ 9. Nonresidential crisis stabilization;
- ▶ 10. Day support;
- ▶ 11. Day treatment, includes therapeutic day treatment for children and adolescents;
- ▶ 12. Emergency;
- ▶ 13. Group home and community residential;
- ▶ 14. Inpatient psychiatric;
- ▶ 15. Intensive in-home;
- ▶ 16. Medically managed intensive inpatient service or Level of care 4.0;

# General Regulations 12VAC35-105-30. Licenses

- ▶ 17. Medically monitored intensive inpatient treatment or Level of care 3.7;
- ▶ 18. Medication assisted opioid treatment;
- ▶ 19. Mental health community support;
- ▶ 20. Mental health intensive outpatient;
- ▶ 21. Mental health outpatient;
- ▶ 22. Mental health partial hospitalization;
- ▶ 23. Psychosocial rehabilitation;
- ▶ 24. Residential treatment;
- ▶ 25. Respite care;
- ▶ 26. Sponsored residential home;
- ▶ 27. Substance abuse intensive outpatient;
- ▶ 28. Substance abuse outpatient;
- ▶ 29. Substance abuse partial hospitalization;
- ▶ 30. Supervised living residential; and
- ▶ 31. Supportive in-home.

# Regulations for Children's Residential Facilities 12VAC35-46

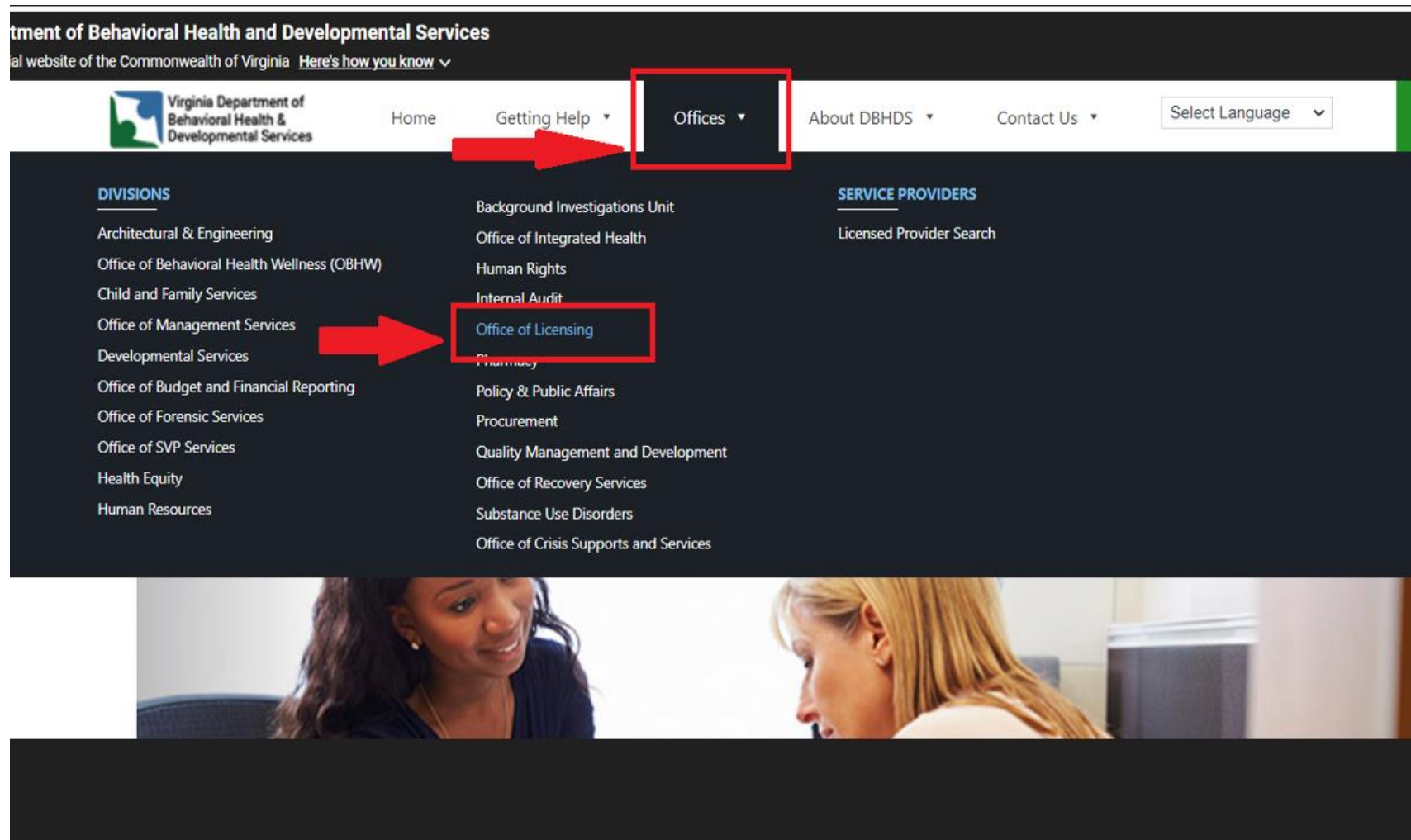
## Services Licensed

- ▶ 14 -001 MH -Psychiatric Residential Treatment Facility for children and adolescents Psychiatric RTF for C/A Residential
- ▶ 14 -008 MH Therapeutic Group Home for Children and adolescents MH Therapeutic GH for C/A Residential
- ▶ 14 -035 DD Children Group Home Residential Srv DD Group Home for C/A Residential
- ▶ 14 -060 SA Clinically Managed, Medium-Intensity Residential Srv for Children and adolescents ASAM Level 3.5 C/A Residential
- ▶ 14 -063 SA Clinically Managed, Low-Intensity Residential Srv for Children and adolescents ASAM Level 3.1 C/A Residential
- ▶ 14 -066 DD -ICF-IID for Children and adolescents ICF-IID for C/A Residential
- ▶ 14 -094 DD RESIDENTIAL RESPITE SRV DD RESIDENTIAL RESPITE C/A Residential
- ▶ 14 -097 MH RESIDENTIAL RESPITE SRV MH RESIDENTIAL RESPITE C/A Residential


# DBHDS Licensing Website


# Initial Applicants


[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)



# Initial Applicants

**Department of Behavioral Health and Developmental Services**  
An official website of the Commonwealth of Virginia [Here's how you know](#) ▾

 Find a Commonwealth Resource

 Virginia Department of Behavioral Health & Developmental Services

Home

Getting Help ▾

Offices ▾

About DBHDS ▾

Contact Us ▾

Select Language ▾


How Do I...

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Office of Licensing

Home » Quality Management » Office of Licensing

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**OUR MISSION:** To be the regulatory authority for DBHDS licensed service delivery system through effective oversight.

**OUR VISION:** The Office of Licensing will provide consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients.

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## CONNECT Provider Portal Resources and Information

Click below for help using the CONNECT Provider Portal or to report an issue.

CONNECT Help Desk

CONNECT User Resources

Initial Applicants

# Initial Applicants

Click below for help using the CONNECT Provider Portal or to report an issue.

CONNECT Help Desk

CONNECT User Resources

Initial Applicants

**Exciting News:** The DBHDS Office of Licensing is dedicated to reducing any undue administrative burden to potential licensure applicants. Therefore, as of December 21, 2022, the OL has streamlined the licensing process for all "Priority" Services to ensure the services with the greatest need can be licensed within 90 days of the submission of a completed application. Updated new applicant information will be posted to this website as of January 3, 2023. Please see below for more information:

- The Office of Licensing is prioritizing processing initial applications for priority services needed throughout the Commonwealth. [The current prioritization list can be found here.](#)
- [Changes to the Licensing Initial Application Review Process Memo](#) (December 2022)
- [Initial Applications in Review Upcoming Changes Memo](#) (December 2022)
- [2023 Initial Applicant Licensing Resources](#) (January 2023)
- [2023 Initial Applicant Training](#)

The Provider Portal Dashboard provides access to applicant information online and allows direct communication with the Office of Licensing staff regarding your application.

Click [here](#) to access the DBHDS CONNECT Provider Portal System

## Home and Community Based Services (HCBS)

Home and community-based services (HCBS) provide opportunities for individuals to receive Medicaid waiver services in their own home or community rather than in institutions or other isolated settings. *Providers of around home sponsored*



# Prioritization List

The Prioritization List identifies services licensed by DBDHS based on the Commissioner's Initiatives as well as the need for services throughout the Commonwealth of Virginia.

## DBHDS PRIORITIZATION LIST

Services highlighted are considered a DBHDS PRIORITY SERVICE

SERV ID	PROG ID	POP	Description	Program Name	Service Type
01	001	DD	DD Group Home Srv	DD Group Home	Residential
01	003	MH	MH Group Home Srv	MH Group Home	Residential
01	004	DD	Group Home Srv-REACH	REACH Group Home Adult	Residential
01	005	DD	ICF-IID	ICF-IID	Residential
01	007	BI	Brain Injury Residential Tx Service	BI Residential Treatment Serv	Residential
01	011	DD	DD Supervised Living Srv	DD Supervised Living	Residential
01	012	MH	MH Supervised Living Srv	MH Supervised Living	Residential
01	019	MH	MH Crisis Stabilization Srv	MH Crisis Stabilization	Residential
01	020	MH	MH Crisis Stabilization Srv	MH Crisis Stabilization C/A	Residential
01	022	DD	DD Crisis stabilization - Residential	DD Crisis Stab Residential	Residential
01	036	DD	DD Residential Respite Srv	DD Residential Respite Adult	Residential
01	037	DD	DD Residential Respite Srv	DD Residential Respite C/A	Residential
01	041	DD	DD Group Home Srv -	REACH Group Home	Residential

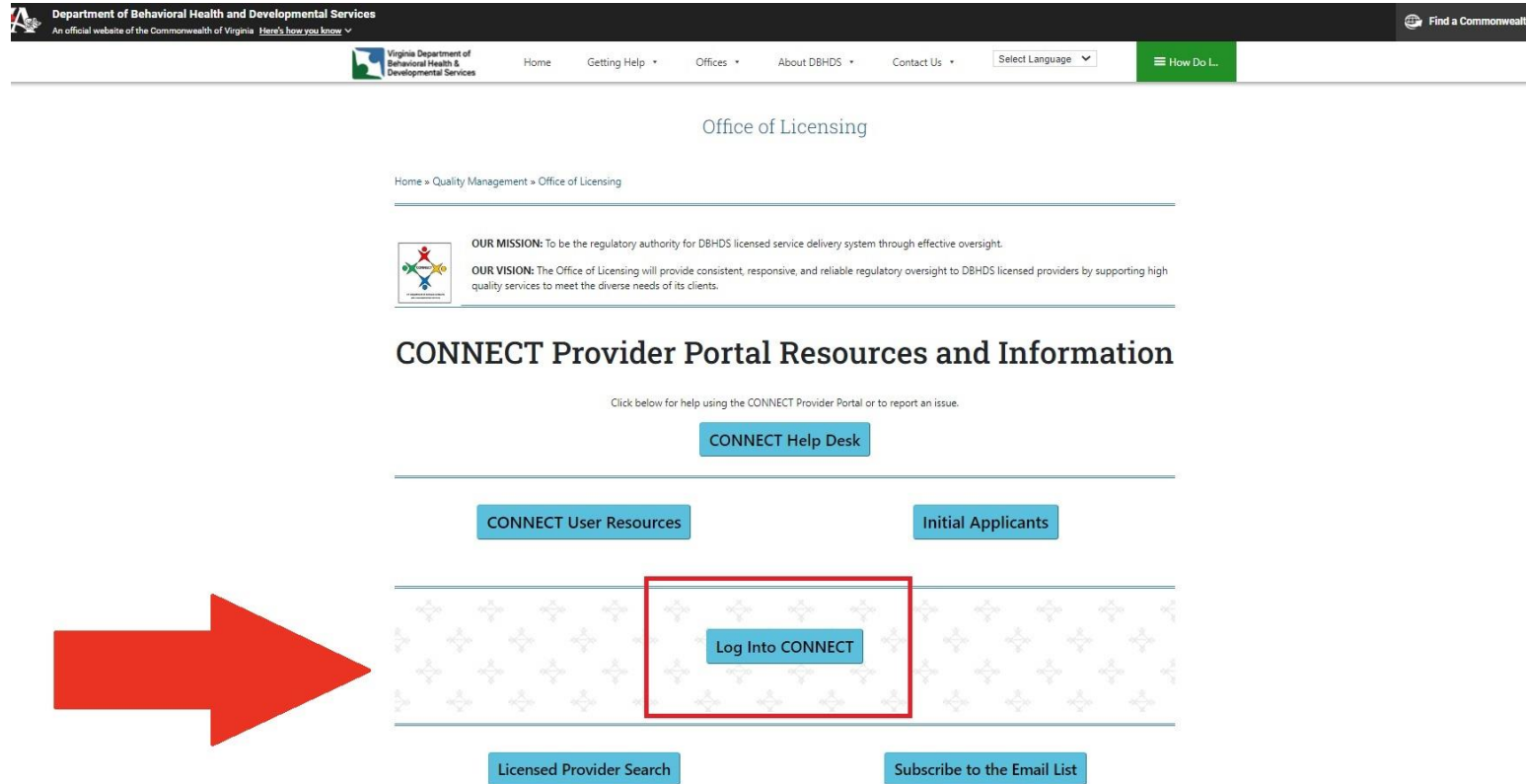
# Non - Priority Services

Serv ID	Program ID	Population	Description	Program Name	Service Type
01	001	DD	DD Group Home Srv	DD Group Home	Residential
01	005	DD	ICF-IID	ICF-IID	Residential
03	001	MH	Mental Health Community Supports Srv	Mental Health Skill Building	<u>Non Center-</u> Based/Home Based
14	066	DD	ICF-IID for Children and adolescents	ICF-IID for C/A	Residential

## Priority Services

All other services on the Prioritization List are in green and identified as Priority Services.

# Login to CONNECT



The screenshot shows the official website of the Virginia Department of Behavioral Health and Developmental Services. The header includes the department's name and a navigation menu with links to Home, Getting Help, Offices, About DBHDS, Contact Us, and a language selection dropdown. A green button labeled 'How Do I...' is also present. The main content area is titled 'Office of Licensing' and includes a breadcrumb trail: Home » Quality Management » Office of Licensing. Below this, there is a mission and vision statement for the Office of Licensing. The section is titled 'CONNECT Provider Portal Resources and Information' and includes a sub-header: 'Click below for help using the CONNECT Provider Portal or to report an issue.' The resources are listed in a grid of buttons: 'CONNECT Help Desk', 'CONNECT User Resources', 'Initial Applicants', 'Log Into CONNECT' (highlighted with a red box and a large red arrow), 'Licensed Provider Search', and 'Subscribe to the Email List'.


Department of Behavioral Health and Developmental Services  
An official website of the Commonwealth of Virginia [Here's how you know](#)

Virginia Department of Behavioral Health & Developmental Services

Home Getting Help Offices About DBHDS Contact Us Select Language How Do I...

Office of Licensing

Home » Quality Management » Office of Licensing

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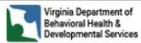
CONNECT Help Desk

CONNECT User Resources Initial Applicants

**Log Into CONNECT**

Licensed Provider Search Subscribe to the Email List

# Login to CONNECT



## 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



# CONNECT User Resources

## CONNECT Provider Portal Resources and Information

Click below for help using the CONNECT Provider Portal or to report an issue.

CONNECT Help Desk



CONNECT User Resources

Initial Applicants

Log Into CONNECT

Licensed Provider Search

Subscribe to the Email List

Use the Virginia Department of Behavioral Health and Developmental Services Provider Search System to locate licensed providers by a variety of criteria.

Sign up to get news and updates delivered to your inbox from Office Of Licensing at the Virginia Department of Behavioral Health and Developmental Services.

# Regulations

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## REGULATIONS & GUIDANCE

### Pending Exempt Action

The State Board of Behavioral Health and Developmental Services approved this [Exempt Action](#) to amend 12VAC35-105 to incorporate federal mobile Medication Assisted Treatment (MAT) requirements into Virginia regulations.

Please note that the action will not be fully visible [here](#) until the Office of the Attorney General completes and certifies its review, a date that is unknown at this time.

For more information about exempt regulatory actions, please visit the [Virginia Regulatory Town Hall](#) website.

### Public Comment Requested

There are no public comment forums at this time.



### Regulations

- [Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#)
- [Regulations for Children's Residential Facilities 12VAC35-46](#)
- [Emergency/NOIRA:12VAC35-46. Regulations for Children's Residential Facilities \(adding 12VAC35-46-1260, 12VAC35-46-1270\) Effective January 10, 2022 – January 8, 2024](#)

### Guidance

- [LIC 16: Guidance for A Quality Improvement Program](#) (November 2020)
  - [LIC 17: Guidance for Serious Incident Reporting](#) (November 2020)
  - [LIC 18: Individuals with Developmental Disabilities with High Risk Health Conditions](#) (June 2020)
  - [LIC 19: Corrective Action Plans \(CAPs\)](#) (August 2020)
  - [LIC 20: Guidance on Incident Reporting Requirements](#) (August 2020)
  - [LIC 21: Guidance for Risk Management](#) (August 2020)
- 



# Chapter 105. Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services



- ▶ Virginia Administrative Code - Title 12. Health - Agency 35. Department of Behavioral Health And Developmental Services - Chapter 105. Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services

# Chapter 46. Regulations for Children's Residential Facilities



- ▶ Virginia Administrative Code - Title 12. Health - Agency 35. Department of Behavioral Health And Developmental Services - Chapter 46. Regulations for Children's Residential Facilities

# Additional Resources

- Stay up to date by subscribing to the Office of Licensing email distribution list
- Review correspondence on the Office of Licensing website

The screenshot shows the CONNECT Help Desk website interface. At the top is a blue button labeled "CONNECT Help Desk". Below it are two blue buttons: "CONNECT User Resources" and "Initial Applicants". A large blue button labeled "Log Into CONNECT" is centered on a background with a repeating pattern of small white crosses. Below this are two blue buttons: "Licensed Provider Search" and "Subscribe to the Email List". A large red arrow points from the right towards the "Subscribe to the Email List" button. Below the buttons are two lines of text: "Use the Virginia Department of Behavioral Health and Developmental Services Provider Search System to locate licensed providers by a variety of criteria." and "Sign up to get news and updates delivered to your inbox from Office Of Licensing at the Virginia Department of Behavioral Health and Developmental Services." Below this is a blue button labeled "Waitlist". At the bottom is a section titled "CORRESPONDENCE" with a red arrow pointing from the right towards it. To the right of the "CORRESPONDENCE" section is an image of a hand holding a megaphone.

**CONNECT Help Desk**

**CONNECT User Resources** **Initial Applicants**

**Log Into CONNECT**

**Licensed Provider Search** **Subscribe to the Email List**

Use the Virginia Department of Behavioral Health and Developmental Services Provider Search System to locate licensed providers by a variety of criteria.

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**Waitlist**

**CORRESPONDENCE**

- [Upcoming Webinars for Initial Applicants and New & Experienced DBHDS Licensed Providers](#) (June 2023)
- [Changes from the Emergency BHE Regulations to the Final BHE Regulations Memo](#) (February 2023)
- [Changes from the Emergency ASAM Regulations to the Final ASAM Regulations Memo](#) (February 2023)
- [Changes from the Emergency Children's ASAM Regulations to the Final Children's ASAM Regulations Memo](#) (February 2023)
- [Revised-Care-Concern-Criteria-Level-I-Serious-Incidents-Memo](#) (February 2023)
- [2023 Annual Inspections for Providers of Developmental Services Memo](#) (January 2023)
- [Medication Assisted Opioid Treatment Services \(MAT\) legislative changes effective January 1, 2023 Memo](#) (December 2022)
- [TDT and Outpatient Memo](#) (August 2022)
- [New Regulation Affecting 12VAC35-46 Effective 1-10-22 Memo](#) (December 2021)
- [Word Version of the Sponsor Certification Form](#)
- [Sponsored Provider Certification Process](#) (November 2021)
- [December 1, 2021 Behavioral Health Enhancement \(BHE\) Licensed Services](#) (October 2021)
- [Memo – Grace Period for Documentation of ISPs](#) (March 2021)



# CONNECT OVERVIEW

DWAYNE LYNCH

ACTING QUALITY AND  
INFORMATION SYSTEMS  
MANAGER

# What Is CONNECT?



CONNECT is the DBHDS online licensing system that went live in November 2021. CONNECT provides for a better, paperless licensing experience for initial applicants and DBHDS licensed providers.

Using CONNECT, initial applicants can initiate a new application. Existing providers can submit renewal applications, service, location and information modifications; view and print licenses, manage their users, send and receive correspondences, submit corrective action plans, apply for a variance, and so much more.

CONNECT is automated with specific workflows which has streamlined the licensing process and improved the transparency of data and communication with Office of Licensing staff, providing real-time information exchange and 24/7 account access.

# Logging into CONNECT

Users that have an existing login can access CONNECT using the blue *Log Into CONNECT* button on the DBHDS Office of Licensing home page.

## CONNECT Provider Portal Resources and Information

Click below for help using the CONNECT Provider Portal or to report an issue.

CONNECT Help Desk

CONNECT User ResourcesInitial Applicants

Log Into CONNECT

Licensed Provider SearchSubscribe to the Email List

Waitlist

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Sign up to get news and updates delivered to your inbox from Office Of Licensing at the Virginia Department of Behavioral Health and Developmental Services.

# Provider Portal Login Screen

Click the blue  
Login button to access  
CONNECT after you have  
entered your login  
information.

## 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.

[This is a test website.](#)

[View Application Wait List](#)

Email Address  
5555Test@email.com  
[Forgot Email Address?](#)

Password  
\*\*\*\*\*  
[Forgot Password?](#)

[Back](#)

[Login](#)

[Request Login - Existing Licensed Providers](#)

[Register - Initial Applicants](#)

Provider Portal Dashboard

Application Test, LLC - 7864

Log Out

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

View Wait List

If your organization will be undergoing a change in ownership, please click [here](#) to submit a notification to the Office of Licensing. Note: this is not the change of ownership application, it is an alert to the Office of Licensing so they know of the upcoming change.

Communication Center:

The communication center allows you to correspond with the DBHDS Office of Licensing and manage your organization's contacts and access to this Provider Portal.

[Correspondence Inbox](#) 1 1

[Messaging](#) 1 1

[Login Request](#) 1 1

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](#)?

Pending Applications: 1

Pending Modifications: 1

Authorized Contacts: 1

Name	Title	Address	Phone Number	Email	Provider Portal Access
Test Staff	Owner - Main Authorized Contact	12 Test Ave Richmond, VA 23223	(804) 555-5555	9000Test@email.com	Provider Portal Access

Mailing Address

12 Test Ave  
Richmond , VA 23223  
(804) 555-5555  
9000Test@email.com

Physical Address

12 Test Ave  
Richmond , VA 23223

Training Links:

CONNECT Provider Portal Training:

[How do I manage additional CONNECT Portal Users?](#)

[How do I manage Background Check Contacts?](#)

[How do I check Background Check Status?](#)

[How do I view and print a Corrective Action Plan?](#)

[How do I respond to my Corrective Action Plan?](#)

[How do I know it is time to renew my license?](#)

[How do I submit my renewal?](#)

[How do I submit a Service Modification?](#)

[How do I submit an application to add a location to an existing service?](#)

[How do I submit an Information Modification?](#)

[How do I submit more than one Information Modification at a time?](#)

[How do I initiate a new application?](#)

[How do I submit my requirements?](#)

[How do I know if my application is submitted and on the waitlist?](#)

[How do I know if I need to respond to a deficient requirement?](#)

# Provider Portal Dashboard



# Provider Portal Dashboard Menu

Select one of the Application options shown here to begin the application. For this example, we are going to select the *Initial Provider Application* option.

## 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.

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- > [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](#)



# Service Modifications in CONNECT

# How to Add a New Service in CONNECT

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.

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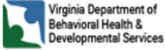
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- > [Manage Authorized Contacts?](#)
- > [Initial Provider Application?](#)
- > [Children’s Residential Provider Application?](#)
- > [Background Checks?](#)
- > [Service Modification?](#)
- > [Location Modification?](#)
- > [Information Modification?](#)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


# Adding a New Service

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

Commonwealth of Virginia

 Virginia Department of Behavioral Health & Developmental Services

Vir

 **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



suat.glsuite.us/GLSuiteWeb/Clients/vadbhds/Private/AddServiceModification/AddServiceModificationInstructions.aspx

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

Downloads

 Add-Service-Instructions-Page.docx

[Open file](#)

[See more](#)

# Selecting a Service

In the **Select** column, click the appropriate radio dial button next to the service for which you are applying



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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 - Residential	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"/>

# Adding a New Service

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
<a href="#">Service Program Information</a>	Incomplete
<a href="#">Upload Service Description</a>	Incomplete
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Incomplete
<a href="#">Upload Proposed Working Budget</a>	Incomplete
<a href="#">Upload Proposed Staffing Plan</a>	Incomplete
<a href="#">Upload Position Descriptions</a>	Incomplete
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
<a href="#">Upload Building Floor Plan</a>	Incomplete
<a href="#">Upload Current Fire Inspection</a>	Incomplete
<a href="#">Upload Current Health Inspection</a>	Incomplete

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

Withdraw Application

# Requirements Checklist

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
<a href="#">Service Program Information</a>	Incomplete
<a href="#">Upload Service Description</a>	Incomplete
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Incomplete
<a href="#">Upload Proposed Working Budget</a>	Incomplete
<a href="#">Upload Proposed Staffing Plan</a>	Incomplete
<a href="#">Upload Position Descriptions</a>	Incomplete
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
<a href="#">Upload Building Floor Plan</a>	Incomplete
<a href="#">Upload Current Fire Inspection</a>	Incomplete
<a href="#">Upload Current Health Inspection</a>	Incomplete

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

[Withdraw Application](#)

**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
<a href="#">Service Program Information</a>	Completed
<a href="#">Upload Service Description</a>	Incomplete
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Incomplete
<a href="#">Upload Proposed Working Budget</a>	Incomplete
<a href="#">Upload Proposed Staffing Plan</a>	Incomplete
<a href="#">Upload Position Descriptions</a>	Incomplete
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
<a href="#">Upload Building Floor Plan</a>	Incomplete
<a href="#">Upload Current Fire Inspection</a>	Incomplete
<a href="#">Upload Current Health Inspection</a>	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](#)

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](#)

# Repeat Process to Meet all Requirements

**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
<a href="#">Service Program Information</a>	Completed
<a href="#">Upload Service Description</a>	Incomplete
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Incomplete
<a href="#">Upload Proposed Working Budget</a>	Incomplete
<a href="#">Upload Proposed Staffing Plan</a>	Incomplete
<a href="#">Upload Position Descriptions</a>	Incomplete
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Incomplete
<a href="#">Add Location Property Owner (optional)</a>	Incomplete
<a href="#">Add Location Manager</a>	Incomplete
<a href="#">Add Community Liaison</a>	Incomplete
<a href="#">Upload Building Floor Plan</a>	Incomplete

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

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

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

[Withdraw Application](#)

Commonwealth of Virginia

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### Modification Documents Upload

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

Service Description	<a href="#">Upload Document</a>
Evidence of Financial Resources for 90 Days	<a href="#">Upload Document</a>
Proposed Staffing Plan	<a href="#">Upload Document</a>
Proposed Working Budget	<a href="#">Upload Document</a>
Building Floor Plan	<a href="#">Upload Document</a>
Current Fire Inspection	<a href="#">Upload Document</a>
Current Health Inspection	<a href="#">Upload Document</a>

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

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### Description of Program/Service Description

[Choose File](#) No file chosen

[Back](#) [Save](#)

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### Modification Documents Upload

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

Service Description	<a href="#">Upload Document</a>	<a href="#">Link to Document</a>
Evidence of Financial Resources for 90 Days	<a href="#">Upload Document</a>	
Proposed Staffing Plan	<a href="#">Upload Document</a>	
Proposed Working Budget	<a href="#">Upload Document</a>	
Building Floor Plan	<a href="#">Upload Document</a>	
Current Fire Inspection	<a href="#">Upload Document</a>	
Current Health Inspection	<a href="#">Upload Document</a>	

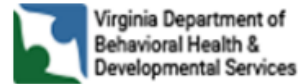
[Back](#) [Next](#)

# Modification Documents Uploaded

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



## Commonwealth of Virginia



### Modification Documents Upload

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

Service Description	<a href="#">Upload Document</a>	<a href="#">Link to Document</a>
Evidence of Financial Resources for 90 Days	<a href="#">Upload Document</a>	<a href="#">Link to Document</a>
Proposed Staffing Plan	<a href="#">Upload Document</a>	<a href="#">Link to Document</a>
Proposed Working Budget	<a href="#">Upload Document</a>	<a href="#">Link to Document</a>
Building Floor Plan	<a href="#">Upload Document</a>	<a href="#">Link to Document</a>
Current Fire Inspection	<a href="#">Upload Document</a>	<a href="#">Link to Document</a>
Current Health Inspection	<a href="#">Upload Document</a>	<a href="#">Link to Document</a>

Back

Next



# Requirements Checklist Continued...

- ▶ You will be directed back to the **Service Modification** application page. The **Status** of the requirements 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. Optional requirements will not prevent you from submitting your modification application.

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
<a href="#">Service Program Information</a>	Completed
<a href="#">Upload Service Description</a>	Pending Review
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Pending Review
<a href="#">Upload Proposed Working Budget</a>	Pending Review
<a href="#">Upload Proposed Staffing Plan</a>	Pending Review
<a href="#">Upload Position Descriptions</a>	Incomplete
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
<a href="#">Upload Building Floor Plan</a>	Pending Review
<a href="#">Upload Current Fire Inspection</a>	Pending Review
<a href="#">Upload Current Health Inspection</a>	Pending Review

[Edit Service Program Information](#)

### 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
<a href="#">Service Program Information</a>	Completed
<a href="#">Upload Service Description</a>	Pending Review
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Pending Review
<a href="#">Upload Proposed Working Budget</a>	Pending Review
<a href="#">Upload Proposed Staffing Plan</a>	Pending Review
<a href="#">Upload Position Descriptions</a>	Pending Review
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Incomplete
Add Location Property Owner (optional)	Incomplete
Add Location Manager	Incomplete
<a href="#">Upload Building Floor Plan</a>	Pending Review
<a href="#">Upload Current Fire Inspection</a>	Pending Review
<a href="#">Upload Current Health Inspection</a>	Pending Review

[Edit Service Program Information](#)

### Service Program Information

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

# Adding a Location to 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
<a href="#">Service Program Information</a>	Completed
<a href="#">Upload Service Description</a>	Pending Review
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Pending Review
<a href="#">Upload Proposed Working Budget</a>	Pending Review
<a href="#">Upload Proposed Staffing Plan</a>	Pending Review
<a href="#">Upload Position Descriptions</a>	Pending Review
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Incomplete
<a href="#">Add Location Property Owner (optional)</a>	Incomplete
<a href="#">Add Location Manager</a>	Incomplete
<a href="#">Upload Building Floor Plan</a>	Pending Review
<a href="#">Upload Current Fire Inspection</a>	Pending Review
<a href="#">Upload Current Health Inspection</a>	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](#)

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## 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](#)

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## 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 "O'Lea\*ie". 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](#)

(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](#)

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## 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)			

# Entering 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:

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

wealth of Virginia

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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

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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:

Location Contact Information

Office Phone:

Fax:

Email:

Mailing Address:

# Final Review



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
<a href="#">Service Program Information</a>	Completed
<a href="#">Upload Service Description</a>	Pending Review
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Pending Review
<a href="#">Upload Proposed Working Budget</a>	Pending Review
<a href="#">Upload Proposed Staffing Plan</a>	Pending Review
<a href="#">Upload Position Descriptions</a>	Pending Review
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete
<a href="#">Add Location</a>	Completed
<a href="#">Add Location Property Owner (optional)</a>	Incomplete
<a href="#">Add Location Manager</a>	Incomplete
<a href="#">Upload Building Floor Plan</a>	Pending Review
<a href="#">Upload Current Fire Inspection</a>	Pending Review
<a href="#">Upload Current Health Inspection</a>	Pending Review

[Edit Service Program Information](#)

**Service Program Information**

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

**Location**

Location Address: 000 Test Street  
Richmond, VA 23219

[Edit Location](#)

**Location Information**

Location Name: Test Name

[Edit Location Information](#)

**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
<a href="#">Service Program Information</a>	Completed
<a href="#">Upload Service Description</a>	Pending Review
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Pending Review
<a href="#">Upload Proposed Working Budget</a>	Pending Review
<a href="#">Upload Proposed Staffing Plan</a>	Pending Review
<a href="#">Upload Position Descriptions</a>	Pending Review
<a href="#">Upload Staff Resumes (optional)</a>	Pending Review
<a href="#">Add Location</a>	Incomplete
<a href="#">Add Location Property Owner (optional)</a>	Completed
<a href="#">Add Location Manager</a>	Incomplete
<a href="#">Upload Building Floor Plan</a>	Completed
<a href="#">Upload Current Fire Inspection</a>	Pending Review
<a href="#">Upload Current Health Inspection</a>	Pending Review

[Edit Service Program Information](#)

**Service Program Information**

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

**Location**

Location Address: 000 Test Street  
Richmond, VA 23219

[Edit Location](#)

**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

[Edit Location Information](#)

# Submitting the Service Modification

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**



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**

12VAC35-105-110. Denial, revocation, or suspension of a license.

A. An application for a license or license renewal may be denied and a full, conditional, or provisional license may be revoked or suspended for one or more of the following reasons

7. The provider or applicant submits any misleading or false information to the department.

12VAC35-46-120. Denial.

A. An application for licensure may be denied when the applicant:


4. Has made false statements on the application or misrepresentation of facts in the application process;

# How Do I Know the Service Modification Application Has Been Successfully Submitted



Pending Modifications: ?

Type	Application Number	Description	Status	
Service Modification	0000 -01-001	01-001 - DD Group Home Service	Pending Submission	Service Modification <a href="#">Continue</a>
Service Modification	0000 -02-004	02-004 - DD Center-Based Respite Service	<b>Submitted</b>	Service Modification <a href="#">Continue</a> <a href="#">Print Application</a>

A large red arrow pointing from the bottom center towards the 'Submitted' status of the second row in the table.

CONNECT VIDEO:

- [How Do I Submit a Service Modification?](#)

# Location Modifications in CONNECT

\*Sponsored Residential Services need to follow the [Sponsored Provider Certification Process](#) (November 2021) in order to add a new sponsored residential location.



# Adding a New Location in CONNECT

**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](#)

# To which service are you adding a new location?

Locate the service in which you would like to add a new location then Click on the “**View/Add Location**” button.

Active Licenses?					
License Type	License Number	Service	Period	Status	
Provider License - Annual	517		12/15/2022-12/14/2023	Active	
Service License - Annual	517-03-001	Supports Service	12/15/2022-12/14/2023	Active	 <a href="#">View/Add Location</a>
Service License - Annual	517-07-006	Outpatient Service /Crisis Stabilization	12/15/2022-12/14/2023	Active	<a href="#">View/Add Location</a>



Details of the service will be listed, and you will need to click the Add Location button on the next page.

**Location(s)**

**License Number:** 517-03-001

**Description:** Supports Service

**License Period:** 12/15/2022-12/14/2023

[Add Location](#)  [Return to Dashboard Page](#)

Location Name	Physical Address	Bed Capacity	Effective Date	Location Manager
Main	25 Main Street Richmond, VA 23223		02/25/2014	

# Modification Instructions

Read the details on how to process a Location Modification instructions. Once completed, Click the “Continue to Add Location Modification” button.



## DBHDS Licensing Process Overview

### Add Location Modification

**IMPORTANT**– This process is an application to add a location to an already licensed service. Once approved, the new location will show under the selected license on your License Addendum.

If a licensed location is moving to a new address, submit the add location modification for the new address. Once the location modification has been submitted, the provider will need to submit an information modification to close the previous location.

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

Application Instructions:

[Add Location Modification Instructions](#)

Cancel

Continue to Add Location Modification



# Location Modification Application Page

From the **Location Modification** application page, the following requirements must be completed to add the new location. Requirements listed as optional are not required for the application to be submitted. Begin by clicking on the first requirement Add Location.

**Location Modification**

Return To Dashboard

Print Application

**Application Instructions:**

Click the link below to return to the Application Instructions.

[Add Location Modification Instructions](#)

**Provider Name:** Supportive Services

**Mailing Address:** 25 Main Street Suite 20  
Richmond, VA 23223

**Phone Number:**

**Email Address:**

**Service:** 03-001 Supports 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
<a href="#">Add Location</a>	Incomplete
<a href="#">Add Location Property Owner (optional)</a>	Incomplete
<a href="#">Add Location Manager</a>	Incomplete
<a href="#">Upload Proposed Opening Date</a>	Incomplete
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Incomplete
<a href="#">Upload Proposed Working Budget</a>	Incomplete
<a href="#">Upload Proposed Staffing Plan</a>	Incomplete
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete

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

Withdraw Application


# Searching for and adding the location

**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: 03-001 - Supports Service

Location Name:  
Physical Address:

**Add Location** 

**Back**



**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.

**Street 1\***


**Street 2:**

**City:\***

**State:\***

**Zip:\***

\* Indicates a required field.

**Back** **Search** 



Please read the directions carefully. You must enter the address of your new location you would like to add and click the **"Search"** button. The search feature must be done to allow you to associate new service locations to existing locations you already have on your record. If the record is not found, you will be able to create a new one.



# Create a New Record

## Location Selection

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 an existing location is being added as an Administrative Office, select the location record below and indicate that the office is an Administrative Office by checking the Administrative Office box. If a location has multiple suites or units, each suite/unit needs to have a separate location record.

Create New Record

Back

Next

## Location Information

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

The total bed capacity is the total bed capacity for the location for all services. If the location will not have beds, please enter "0" in the total bed capacity.

Service: 03-001 - Mental Health Community Supports 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:

\* Indicates a required field

Back

Next

**Note:** All fields with an asterisk must be completed as they are required fields to submit your application.

# Location Address

## Location Address

Please enter the address and contact information for the location by clicking the Update links, then click **"Next"** to continue.

**Location Name:**  
Supports Service

**Physical Address:** [Update](#)  
1234, Street Road Richmond, VA 23220 Richmond City

**Location Contact Information** [Update](#)  
Office Phone: (804) 771-7711  
Fax:  
Email:

**Mailing Address:** [Update](#)  
1234, Street Road Richmond, VA 23220 Richmond City

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

## 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 Location Modification to add one location to the selected Service. 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 this service by submitting separate location modifications for each location to be added.

Service: 03-001 - Supports Service

**Location Name:** Supports Service

**Physical Address:** 1234, Street Road  
Richmond, VA 23220

[Add Location](#)

[Back](#)

# Remaining Requirements

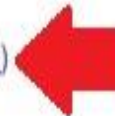
Once returned to the Location Modification application page, continue uploading the required documents for each requirement until the status is completed. Requirements listed as **optional** are not required to submit the application.

## 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
<a href="#">Add Location</a>	Completed
<a href="#">Add Location Property Owner (optional)</a>	Incomplete
<a href="#">Add Location Manager</a>	Completed
<a href="#">Upload Proposed Opening Date</a>	Completed
<a href="#">Upload Evidence of Financial Resources for 90 Days</a>	Completed
<a href="#">Upload Proposed Working Budget</a>	Completed
<a href="#">Upload Proposed Staffing Plan</a>	Completed
<a href="#">Upload Staff Resumes (optional)</a>	Incomplete



# Submitting your application



[Withdraw Application](#)

**Certificate of Application**

This certificate is to be read before completion and then signed upon completion of this location 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").
- The staffing plan for my organization 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.
- If medication will be administered at the new location, 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.
- 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 [§ 7.2-416](#), [§ 7.2-506](#), and [§ 7.2-601](#) of the Code of Virginia.
- 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.
- All center-based and residential locations where services are to be provided will comply with the physical site requirements within the Licensing Regulations.
- 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 LOCATION MODIFICATION APPLICATION.**

Signature of Applicant: \*  Title: \*  Date: \*  **Sign and Date**

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

[Submit Location Modification](#)



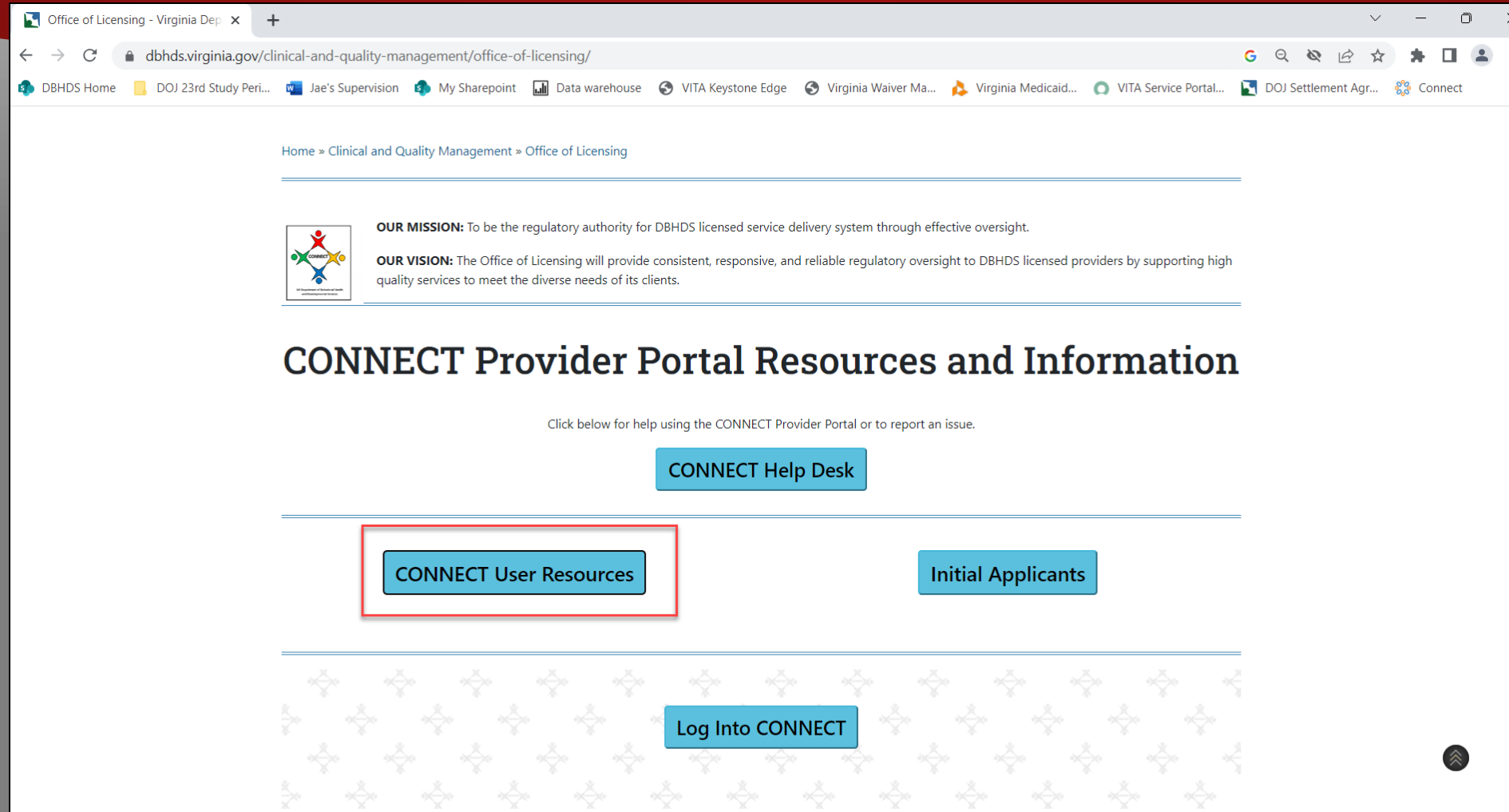
Pending Modifications: ?			
Type	Application Number	Description	Status
Location Modification	003468		Submitted
			Location Modification



## CONNECT Video:

- [How Do I Submit an Application to Add a Location to an Existing Service?](#)

# CONNECT User Resources




Office of Licensing - Virginia Dep x

dbhds.virginia.gov/clinical-and-quality-management/office-of-licensing/

DBHDS Home DOJ 23rd Study Peri... Jae's Supervision My Sharepoint Data warehouse VITA Keystone Edge Virginia Waiver Ma... Virginia Medicaid... VITA Service Portal... DOJ Settlement Agr... Connect »

Home » Clinical and Quality Management » Office of Licensing

 **OUR MISSION:** To be the regulatory authority for DBHDS licensed service delivery system through effective oversight.

**OUR VISION:** The Office of Licensing will provide consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients.

## CONNECT Provider Portal Resources and Information

Click below for help using the CONNECT Provider Portal or to report an issue.

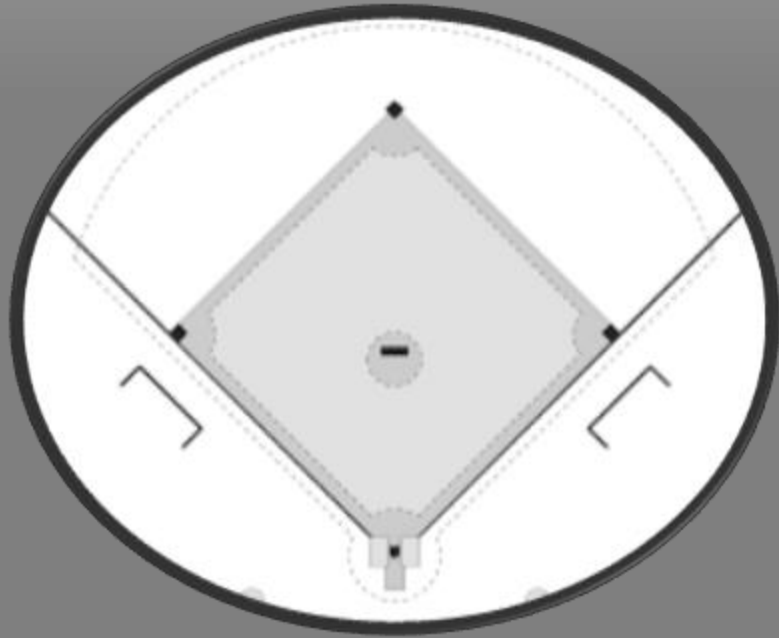
[CONNECT Help Desk](#)

[CONNECT User Resources](#)

[Initial Applicants](#)

[Log Into CONNECT](#)

# CONNECT User Resources



## CONNECT User Resources

### CONNECT Blast Newsletters

- [CONNECT Blast Newsletter](#) (June 2023)
- [CONNECT Blast Newsletter](#) (May 2023)
- [CONNECT Blast Newsletter](#) (April 2023)
- [CONNECT Blast Newsletter](#) (March 2023)
- [CONNECT Blast Newsletter](#) (February 2023)
- [CONNECT Blast Newsletter](#) (January 2023)
- [CONNECT Blast Newsletter](#) (November 2022)
- [CONNECT Blast Newsletter](#) (October 2022)
- [CONNECT Blast Newsletter](#) (September 2022)
- [CONNECT Blast Newsletter](#) (July 2022)
- [CONNECT Blast Newsletter](#) (June 2022)

### CONNECT FAQs

#### Job Aids

- [How Do I Use the Forgot Password Link?](#)
- [How Do I Add a Service in the CONNECT Provider Portal?](#)
- [How Do I Send a Message in the CONNECT Provider Portal Job Aid?](#)
- [How Do I Reset My Password in CONNECT When It Is Expiring or Has Expired?](#)
- [How Do I Submit a Variance Application in CONNECT?](#)
- [How Do I Submit a Corrective Action Plan \(CAP\) in CONNECT?](#)
- [How do I Manage Authorized Contacts and Password Resets in the CONNECT Provider Portal?](#)
- [How do I View Licensing Information from the CONNECT Provider Portal Dashboard?](#)
- [How do I Submit a Renewal in the CONNECT Provider Portal?](#)
- [How Do I Register for the CONNECT Provider Portal to Begin the Initial Application Process?](#)
- [How Do I Determine which Modification Application to Submit in CONNECT when a Change Needs to Be Made?](#)

#### Training Videos

- [How Do I Submit an Application to Add a Location to an Existing Service?](#)
- [How Do I Submit a Service Modification?](#)
- [How Do I Know if My Application Is Submitted and on the Waitlist?](#)
- [How Do I Know if I Need to Respond to a Deficient Requirement?](#)
- [How Do I Initiate a New Application?](#)
- [How Do I Submit My Requirements?](#)
- [How do I Login to CONNECT?](#)

#### Help Desk Protocols

- [New CONNECT Provider Portal Help Desk Protocols](#) (April 2022)



# Help Desk

## CONNECT Provider Portal Resources and Information

Click below for help using the CONNECT Provider Portal or to report an issue.

CONNECT Help Desk

### CONNECT Help Instructions

If you are having trouble accessing or using the CONNECT Provider Portal, please click the **Report an Issue** button below.

Please allow up to two business days for the Help Desk staff to respond to your issue.

Report an Issue

Your device sometimes may not allow the above button to function as intended. In that case, please send an email directly to [licensingconnectinquiry@dbhds.virginia.gov](mailto:licensingconnectinquiry@dbhds.virginia.gov) with the information below:

- Name
- Provider ID
- Service License (If Applicable)
- Provider Name (Optional)
- Best Contact Phone Number
- Describe the issue that is occurring

You must provide the Provider ID and Service License in order to not delay the resolution of your issue.

Thank you for contacting the DBHDS Office of Licensing's CONNECT Help Desk.

CONNECT User Resources

Initial Applicants

- For assistance with the CONNECT Provider Portal, go to the DBHDS Office of Licensing homepage and click the blue CONNECT Help Desk button.

A close-up, slightly blurred image of a baseball with red stitching on a white leather surface, serving as the background for the central text box.

# Modifications: An Overview

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Larisa Terwilliger  
Training Coordinator

# Modifications

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- Providers must have an active annual or triennial license to submit a modification.
- Only users that have All Access or Modification Access to the CONNECT Provider Portal can submit a modification.



# Types of Modifications

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- Service Modification
- Location Modification
- Information Modification



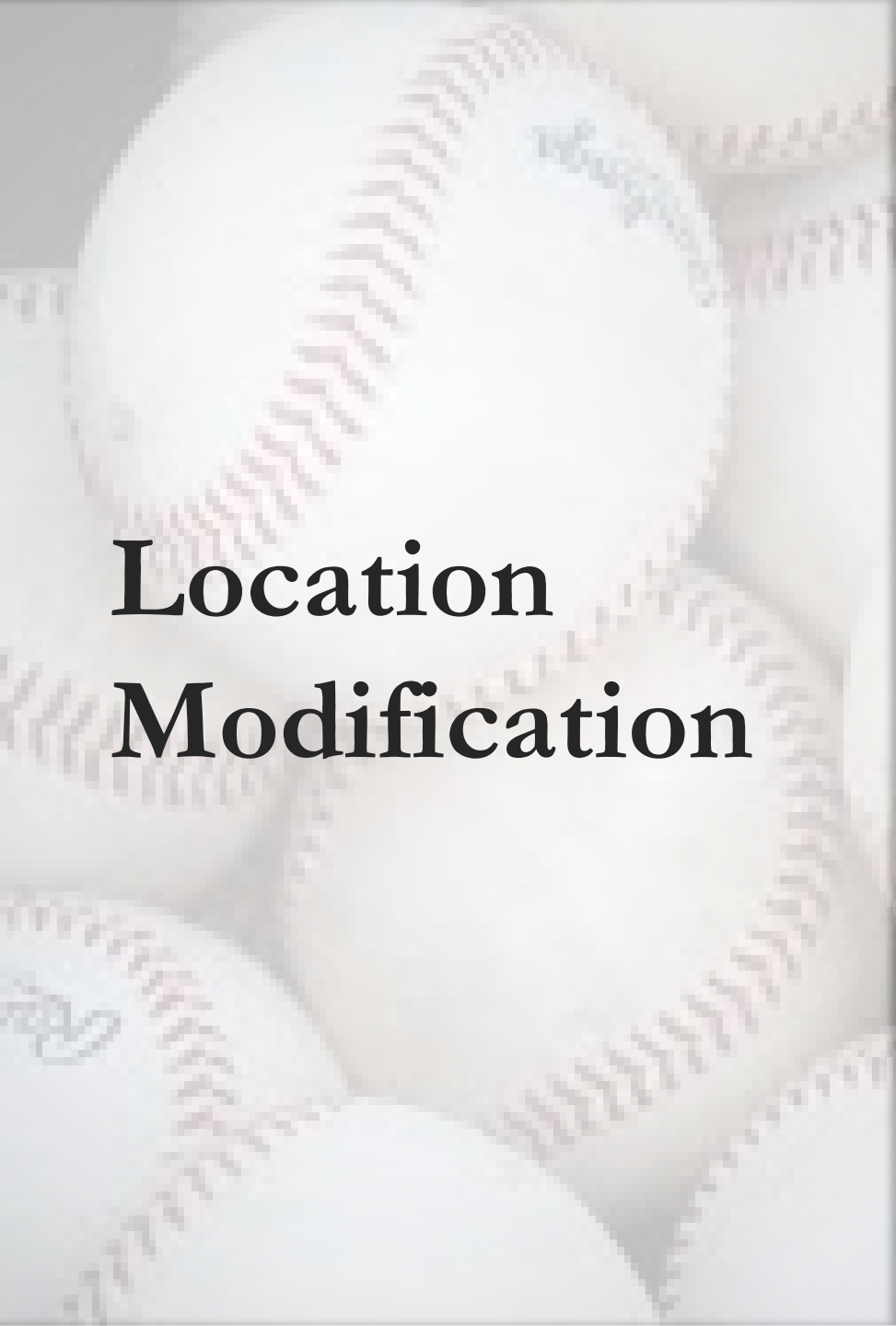


# Service Modification

- Submit a service modification to add a new service to the provider organization.
- Service modifications are not applicable to children's residential services.

# Service Modification Example

- The organization currently provides Mental Health services and is adding a Substance Use service to their offered services.

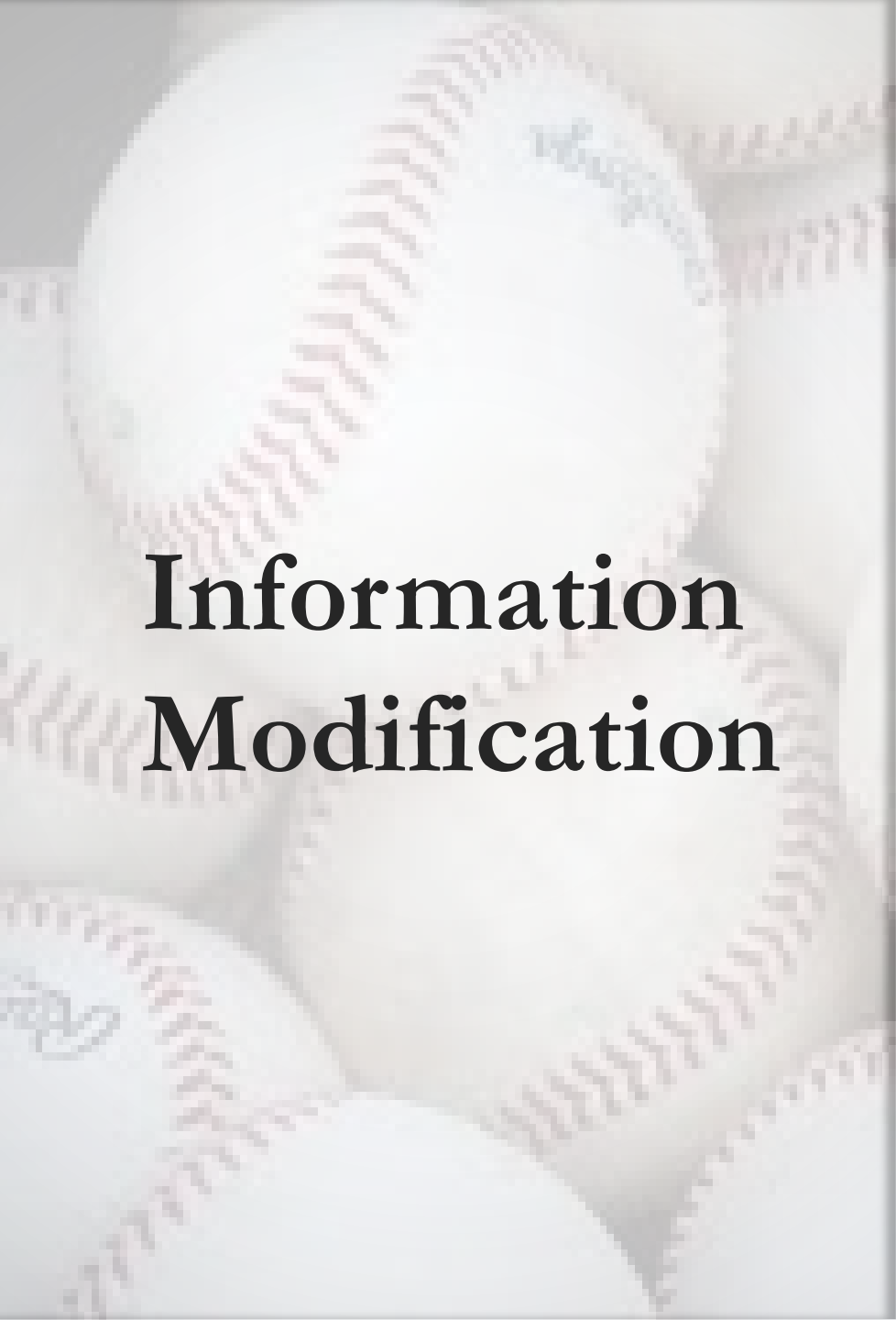


# **Location Modification**

- Submit a location modification to add a new location to an already licensed service.
- Location modifications do not apply to Children's services

# Location Modification Example

- An organization currently has a mental health group home in one location and is adding another mental health group home in another location.



# Information Modification

- Submit an information modification to update information for a licensed organization or service.

# Information Modification Examples

- General organizational changes or updates which effect the whole service or organization
- Organization or administrative structure changes
- Updating service descriptions
- Changing number of beds at a location
- Updating demographic information (age of individuals served, male/female, etc.)
- Closing the organization
- Closing a service
- Closing a service location

# Modifications Process

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- One of the top initiatives for DBHDS is to have all modifications processed within 30 days.
- All modifications will be reviewed by a Modifications Specialist within 3 business days of a completed application being submitted.
- After review, if the application is not complete or is out of compliance, the provider will receive a deficiency letter noting needed revisions via the CONNECT Provider Portal.
- The provider has 10 calendar days to make required revisions and resubmit. Providers will receive a reminder email on day 8.
- DBHDS will review all submitted revisions within 5 business days.
- If additional revisions are needed, the provider will receive another deficiency letter via the CONNECT Provider Portal.
- Once everything has been reviewed and approved by the Modifications Specialist, the modification will be assigned to a Licensing Specialist.
- An onsite inspection will be scheduled for only Residential/Inpatient and Medication Assisted Opioid Treatment (MAT) services

## Required Items for Submission of Location or Service Modifications

Required Item	Corresponding Regulation	Location Modification	Service Modification
Proposed Opening Date	N/A	✗	✗
Basic Demographic Information	N/A	✗	✗
Service Description	12VAC-35-105-40(B)(3), 570 & 580(C)		✗
Budget	12VAC35- 105-40(A)(1)	✗	✗
Evidence of Financial Resources	12VAC35-105-210(A) & 40.(A)(2)(a)	✗	✗
Position Descriptions	12VAC35-105-40(B)(2) & 410(A)		✗
Staffing Plan	12VAC35-105-40(B)(1) & 590	✗	✗
Floor Plan with Dimensions (if applicable)	12VAC35-105-265	✗	✗
Health Inspection (if applicable)	12 VAC35-105-290	✗	✗
Certificate of Occupancy (if applicable)	12VAC35-105-260	✗	✗
Current Fire Inspection (if applicable)	12VAC35-105-320	✗	✗
Name & Number of Community Liaison (for residential services)	12VAC35-105-325	✗	✗

# Inspections: Residential/Inpatient/MAT Service Modifications



For providers of Residential, Inpatient and MAT Services, the Licensing Specialist (LS) will reach out to the provider within 3 business days of assignment to LS to schedule an onsite inspection.



Onsite inspections for Residential, Inpatient and MAT Services must be scheduled *to occur* within 10 business days of assignment to LS.



The onsite inspection will consist only of a review of the Physical Environment (12VAC35- 105-260 - 12VAC35-105-380).



The LS will remind the provider that they have signed an attestation stating they are in compliance with the Rules and Regulations for Licensing Providers, including understanding that a DBHDS licensed provider may not serve individuals until they have requested background and central registry checks for all direct care staff.



The onsite inspection must occur prior to the license being issued.

# All-Star Player Spotlight: DBHDS Licensed Mental Health Provider

Larisa Terwilliger  
Training Coordinator





# All-Star Player Spotlight: DBHDS Licensed Mental Health Provider

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**Veronica Onsurez-Pannell, LPC, MAC**

EPIC Health Partners, LLC

Managing and Senior Director of Behavioral Health  
and Addiction and Recovery Treatment Services  
(ARTS)

# Wrap Up: Post Assessment

## Help US to Help YOU!

- At the conclusion of today's Seminar, you will receive an email with this link to a brief survey about today's training:  
[Survey- Licensed Provider Coaching Seminar I](#)
- You can also scan this QR code to complete the Post Assessment on your mobile device ----->
- Completing the Post Assessment provides an opportunity for you to share your feedback and assists us with improving future training events.



# Wrap Up: The Final Inning



Thank you for attending  
Licensed Provider  
Coaching Seminar I!



## REMINDERS:

- FAQs and Slides from today's Seminar will be posted on the OL website after the conclusion of Seminar III.
- Don't forget to join us for Seminar II on Friday, July 7!  
Visit the OL website for registration information.

# Helpful Resources: Seminar I

- Websites:

- [Office of Licensing Website](#)
- [Prioritization List](#)
- [Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#)
- [Regulations for Children's Residential Facilities](#)
- [DBHDS CONNECT Provider Portal System](#)

- Forms:

- [CONNECT Blast Newsletter \(June 2023\)](#)

- Videos:

- [How Do I Submit a Service Modification?](#)
- [How Do I Submit an Application to Add a Location to an Existing Service?](#)



Thank you for being part of our Team!