Virginia Department of Behavioral Health & Developmental Services

SERVICE MODIFICATION

# Provider Request

**Code of Virginia** § **37.2-405**

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

**The provider shall not implement the specified changes without the prior approval of the department**

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

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

Organization Name: Click or tap here to enter text.

DBHDS License #: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text. County: Click or tap here to enter text. State: Click or tap here to enter text.

Zip: Click or tap here to enter text. Phone: Click or tap here to enter text.

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

Name: Click or tap here to enter text. Title: Click or tap here to enter text. Phone: Click or tap here to enter text.

Fax: Click or tap here to enter text. Email: Click or tap here to enter text.

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# Certificate of Application

This certificate is to be read and signed by the applicant upon completion of this application.

* *I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.*
* *I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.*
* *I understand that unannounced visits will be made to determine continued compliance with regulations.*

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

Signature of Applicant: Click or tap here to enter text. Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

If you have any questions concerning the application, please contact this office at (804) 786-1747.

**Please return the completed application to licensingadminsupport@dbhds.virginia.gov.**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **SERV ID** | **PROG ID** | **POP** | **Description** | **Program Name** | **License As Statements** |
|  | 01 | 001 | DD | DD Group Home Srv | DD Group Home | A developmental disability residential group home service for adults |
|  | 01 | 002 | DD | DD Group Home Srv  | DD Group Home | A developmental disability residential group home service for adults |
|  | 01 | 003 | MH | MH Group Home Srv  | MH Group Home | A mental health residential group home service for adults |
|  | 01 | 004 | DD | Group Home Srv-REACH | REACH Group Home | A residential group home with crisis stabilization REACH service for adults with co-occurring diagnosis of developmental disability and behavioral health needs |
|  | 01 | 005 | DD | ICF-IID  | ICF-IID  | An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential service for adults |
|  | 01 | 007 | BI | Brain Injury Residential Tx Service | Brain Injury Residential treatment service | A brain injury residential treatment center for adults |
|  | 01 | 011 | DD | DD Supervised Living Srv  | DD Supervised Living | A developmental disability supervised living residential service for adults |
|  | 01 | 012 | MH | MH Supervised Living Srv  | MH Supervised Living | A mental health supervised living residential service for adults |
|  | 01 | 014 | MH | MH Supervised Living Srv | MH Supervised Living | A mental health supervised living residential service for adults |
|  | 01 | 019 | MH | MH Crisis Stabilization Srv  | MH Crisis Stabilization | A mental health residential crisis stabilization service for adults  |
|  | 01 | 020 | MH | MH Crisis Stabilization Srv  | MH Crisis Stabilization | A mental health residential crisis stabilization service for children and adolescents |
|  | 01 | 022 | DD | DD Crisis stabilization -Residential | DD Crisis Stab Residential | A developmental disability residential crisis stabilization service |
|  | 01 | 023 | MH | MH Crisis stabilization -Residential  | MH Crisis Stab Residential | A mental health residential crisis stabilization service |
|  | 01 | 036 | DD | DD Residential Respite Srv  | DD Residential Respite | A developmental disability residential respite service for adults |
|  | 01 | 037 | DD | DD Residential Respite Srv  | DD Residential Respite | A developmental disability residential respite service for children and adolescents |
|  | 01 | 041 | DD | DD Group Home Srv - REACH | DD Group Home - REACH | A residential group home with crisis stabilization REACH service for children and adolescents with co-occurring diagnosis of developmental disability and behavioral health needs |
|  | 01 | 043 | SA | SA Clinically Managed High-Intensity Residential Srv | SA Clinically managed high-intensity residential | ASAM Level 3.5: Clinically managed high-intensity residential care for adults |
|  | 01 | 044 | SA | SA Specific High-Intensity Residential Srv | SA Specific high-intensity residential | ASAM Level 3.3: Specific high-intensity residential service for adults |
|  | 01 | 045 | SA | SA Clinically Managed Low-Intensity Residential Srv | SA Clinically managed low-intensive residential | ASAM Level 3.1: Clinically managed low-intensity residential care for adults |
|  | 02 | 004 | DD | DD Center-Based Respite Srv  | DD Center-Based Respite | A developmental disability center-based respite service (children, adolescent, and/or adults) |
|  | 02 | 006 | DD | DD Day Support Srv  | DD Day Support | A developmental disability center-based day support service for adults. |
|  | 02 | 007 | DD | DD Day Support Srv  | DD Day Support | A developmental disability center-based day support service for children and adolescents |
|  | 02 | 008 | DD | DD Day Support Srv  | DD Day Support | A developmental disability non center-based day support service for adults |
|  | 02 | 009 | DD | DD Day Support Srv  | DD Day Support | A developmental disability non center-based day support service for children and adolescents |
|  | 02 | 010 | DD | DD Day Support Srv  | DD Day Support | A developmental disability day support service for (population served) |
|  | 02 | 011 | MH | MH Psychosocial Rehabilitation  | Psychosocial Rehabilitation | A mental health psychosocial rehabilitation service for adults |
|  | 02 | 012 | MH | MH Psychosocial Rehabilitation  | Psychosocial Rehabilitation | A mental health psychosocial rehabilitation service for adults |
|  | 02 | 014 | MH | Therapeutic Afterschool MH Srv | TDT Center Based | A mental health nonschool-based therapeutic day treatment service for children with serious emotional disturbance |
|  | 02 | 015 | MH | Therapeutic Afterschool MH Srv  | TDT Center Based | A mental health non school-based therapeutic day treatment service for children with serious emotional disturbance |
|  | 02 | 019 | MH | MH Partial Hospitalization Srv  | MH Partial Hospitalization | A mental health partial hospitalization service for adults with serious mental illness |
|  | 02 | 020 | MH | MH Partial Hospitalization Srv  | MH Partial Hospitalization | A mental health partial hospitalization service for adults with serious mental illness |
|  | 02 | 029 | MH | Therapeutic Day Treatment Srv for Children and Adolescents | TDT School Based | A mental health school-based therapeutic day treatment service for children and adolescents with serious emotional disturbance |
|  | 02 | 030 | MH | Therapeutic Day Treatment Srv for Children and Adolescents  | TDT School Based | A mental health school-based therapeutic day treatment service for children and adolescents with serious emotional disturbance |
|  | 02 | 032 | MH | MH Partial Hospitalization Srv  | MH Partial Hospitalization | A mental health partial hospitalization for children and adolescents with serious mental illness |
|  | 02 | 033 | SA | SA Partial Hospitalization Srv  | SA Partial Hospitalization | ASAM Level 2.5: Substance Abuse Partial Hospitalization service for adults |
|  | 02 | 034 | SA | SA Partial Hospitalization Srv  | SA Partial Hospitalization | ASAM Level 2.5: Substance Abuse Partial Hospitalization service for children and adolescents |
|  | 02 | 035 | SA | SA Intensive Outpatient Srv  | SA Intensive Outpatient | ASAM Level 2.1: Substance Abuse Intensive Outpatient service for adults |
|  | 02 | 036 | SA | SA Intensive Outpatient Srv  | SA Intensive Outpatient | ASAM Level 2.1: Substance Abuse Intensive Outpatient for children and adolescents |
|  | 02 | 037 | MH | MH Intensive Outpatient Srv | MH Intensive Outpatient | A mental health intensive outpatient service for adults with serious mental illness (to be added AFTER 7/1/2021) |
|  | 02 | 038 | MH | MH Intensive Outpatient Srv | MH Intensive Outpatient | A mental health intensive outpatient service for children and adolescents with serious mental illness (to be added AFTER 7/1/2021) |
|  | 03 | 001 | MH | Mental Health Community Supports Srv  | Mental Health Skill Building | A mental health community support service for (population served) with serious mental illness |
|  | 03 | 002 | MH | Mental Health Community Supports Srv  | Mental Health Skill Building | A mental health community support service for (population served) with serious mental illness |
|  | 03 | 004 | MH | Mental Health Supportive In-Home Srv  | MH Supportive In-Home | A mental health supportive in-home service for children and adolescents |
|  | 03 | 011 | DD | DD Supportive In-Home Srv  | DD Supportive In-Home | A developmental disability supportive in-home service for children, adolescents, and adults |
|  | 04 | 001 | MH | Psychiatric Unit Srv  | Inpatient Psychiatric  | A mental health inpatient psychiatric service for adults |
|  | 04 | 005 | MH | Psychiatric Unit Srv-Children | Inpatient Psychiatric - Child | A mental health and inpatient psychiatric service for children and adolescents |
|  | 04 | 013 | SA | SA Medically Managed Intensive Inpatient Srv | SA Intensive Inpatient | ASAM Level 4.0: Substance Abuse Medically Managed Intensive Inpatient for adults |
|  | 04 | 014 | SA | SA Medically Managed Intensive Inpatient Srv | SA Intensive Inpatient | ASAM Level 4.0: Substance Abuse Medically Managed Intensive Inpatient for children and adolescents |
|  | 04 | 015 | SA | SA Medically Monitored Intensive Inpatient Srv | SA Intensive Inpatient | ASAM Level 3.7: Substance Abuse Medically Monitored Intensive Inpatient for adults |
|  | 04 | 016 | SA | SA Medically Monitored High-Intensity Inpatient Services | SA Intensive Inpatient | ASAM Level 3.7: Substance Abuse Medically Monitored High-Intensity Inpatient Services for children and adolescents |
|  | 05 | 001 | MH | Intensive In-Home Srv for children and adolescents  | Intensive In-Home | A mental health intensive in-home service for children and adolescents and their families |
|  | 05 | 002 | MH | Intensive In-Home Srv for children and adolescents  | Intensive In-Home | A mental health intensive in-home service for children and adolescents and their families |
|  | 06 | 003 | SA | Medication Assisted Opioid Treatment Srv | MAT/Opioid Treatment | OTS: A substance abuse medication assisted treatment/opioid service |
|  | 07 | 001 | MH | Emergency Services/Crisis Intervention Srv | MH/SA Crisis Intervention (CSB and private providers) or Emergency Services (CSB only) | A mental health/substance abuse emergency/crisis intervention service for children, adolescents, and adults |
|  | 07 | 002 | MH | Emergency Services/Crisis Intervention Srv | MH Crisis Intervention (CSB and private providers) or Emergency Services (CSB only) | A mental health emergency service/crisis intervention service for children, adolescents, and adults |
|  | 07 | 003 | MH | Outpatient MH Srv | MH Outpatient | A mental health outpatient service for (population served) |
|  | 07 | 006 | MH | Outpatient Srv /Crisis Stabilization | Crisis Stabilization | A mental health non-residential crisis stabilization service for adults/children/adolescents |
|  | 07 | 007 | DD | DD Outpatient Srv/Crisis Stabilization -REACH | DD Crisis Stabilization-REACH | A non-residential crisis stabilization REACH service for (children, adolescent, and/or adults) with a co-occurring diagnosis of developmental disability and behavioral health needs |
|  | 07 | 009 | DD | DD Crisis Stabilization - Non –Residential | DD Crisis Stabilization | A developmental disability non-residential crisis stabilization service |
|  | 07 | 012 | MH | Outpatient Srv /Crisis Stabilization | Crisis Stabilization | A mental health non-residential crisis stabilization service for adults/children/adolescents |
|  | 07 | 013 | SA | Outpatient SA Srv  | SA Outpatient | ASAM Level 1.0: Substance abuse outpatient service for adults |
|  | 07 | 014 | SA | Outpatient SA Srv  | SA Outpatient | ASAM Level 1.0: Substance abuse outpatient service for children and adolescents |
|  | 07 | 015 | MH | Crisis Intervention | MH Crisis Intervention PRIVATE PROVIDERS only | A mental health crisis intervention service for children, adolescents, and adults |
|  | 08 | 011 | DD | DD Sponsored Residential Homes Srv | DD Sponsored Residential | A developmental disability sponsored residential home service for adults |
|  | 08 | 013 | DD | DD Sponsored Residential Homes Srv | DD Sponsored Residential | A developmental disability sponsored residential home service for children and adolescents |
|  | 08 | 014 | MH | MH Sponsored Residential Homes Srv | MH Sponsored Residential | A mental health sponsored residential home service for (population served) |
|  | 10 | 001 | DD | DD In-Home Respite Srv | DD In-Home Respite | An in-home respite service for (children, adolescent, and/or adults)  |
|  | 11 | 001 | MH | MH Correctional Facility RTC Service | MH Correctional Facility RTC | A mental health service in a correctional facility  |
|  | 14 | 001 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 002 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 003 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 008 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 009 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 010 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 011 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 012 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 015 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 016 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 017 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 018 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 019 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 022 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 023 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 026 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 028 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 030 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 031 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 032 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents  | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE  |
|  | 14 | 035 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 036 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 041 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 042 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 043 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 044 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 045 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 046 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 048 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 049 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 050 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 051 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 054 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents  | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 055 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents  | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 056 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents  | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 60 | SA | SA Clinically Managed, Medium-Intensity Residential Srv for Children and adolescents | SA Clinically managed, Medium-Intensity Residential for Children and adolescents | ASAM LEVEL 3.5: SUBSTANCE ABUSE CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 61 | SA | SA Clinically Managed, Medium-Intensity Residential Srv for Children and adolescents | SA Clinically Managed, Medium-Intensity Residential for Children and adolescents | ASAM LEVEL 3.5: SUBSTANCE ABUSE CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 62 | SA | SA Clinically Managed, Medium-Intensity Residential Srv for Children and adolescents | SA Clinically Managed, Medium-Intensity Residential for Children and adolescents | ASAM LEVEL 3.5: SUBSTANCE ABUSE CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 63 | SA | SA Clinically Managed, Low-Intensity Residential Srv for Children and adolescents | SA Clinically Managed, Low-Intensity Residential for Children and adolescents | ASAM LEVEL 3.1: SUBSTANCE ABUSE CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 64 | SA | SA Clinically Managed, Low-Intensity Residential Srv for Children and adolescents | SA Clinically Managed, Low-Intensity Residential for Children and adolescents | ASAM LEVEL 3.1: SUBSTANCE ABUSE CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 65 | SA | SA Clinically Managed, Low-Intensity Residential Srv for Children and adolescents | SA Clinically Managed, Low-Intensity Residential for Children and adolescents | ASAM LEVEL 3.1: SUBSTANCE ABUSE CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 66 | DD | ICF-IID for Children and adolescents | ICF-IID for Children and adolescents | AN INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY (ICF-IID) SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 094 | DD | DD Residential Respite Srv | DD Residential Respite C/A | A DEVELOPMENTAL DISABILITY RESIDENTIAL RESPITE SERVICE FOR CHILDREN AND ADOLESCENTSFOR ALL NEW CHILDREN RESPITE SERVICES |
|  | 14 | 097 | MH | MH Residential Respite Srv | MH Residential Respite C/A | A MENTAL HEALTH RESIDENTIAL RESPITE SERVICE FOR CHILDREN AND ADOLESCENTSFOR ALL NEW CHILDREN RESPITE SERVICES |
|  | 16 | 002 | DD | DD Case Management Srv | DD Case Management | A developmental disability case management service  |
|  | 16 | 003 | SA | SA Case Management Srv | SA Case Management | A substance abuse case management service  |
|  | 16 | 004 | MH | Adult MH Case Management Srv | Adult MH Case Management | A mental health case management service for adults with serious mental illness |
|  | 16 | 005 | MH | Children and Adolescents MH Case Management Srv | C/A MH Case Management | A mental health case management service for children and adolescents |
|  | 17 | 001 | MH | ICT Srv | ICT | A mental health intensive community treatment (ICT) service for adults with serious mental illness |
|  | 18 | 002 | MH | ACT Srv (Small Team) | ACT  | A mental health assertive community treatment (ACT) small team for adults with serious mental illness |
|  | 18 | 003 | MH | ACT Srv (Medium Team) | ACT  | A mental health assertive community treatment (ACT) medium team for adults with serious mental illness |
|  | 18 | 004 | MH | ACT Srv (Large Team) | ACT  | A mental health assertive community treatment (ACT) large team for adults with serious mental illness |
|  |  |  |  |  |  |  |

**Incomplete Service Modifications without all the required attachments will not be processed and will be sent back to the provider for completion.**

**Add a Service – Required Attachments:**

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

**And for residential services:**

* A current health inspection (if not on public water or sewage) 12VAC35-105-290;
* A current fire inspection (if housing more than 8 residents) 12VAC35-105-320; and
* A floor plan with dimensions (for residential facilities) 12VAC35-105-40.(B)(5).

**Add a Location/Address Change – Required Attachments:**

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

**And for school-based services:**

* Memoranda of Understanding (MOU) from the school.

**And for residential services:**

* A current health inspection (if not on public water or sewage) 12VAC35-105-290;
* A current fire inspection (if housing more than 8 residents) 12VAC35-105-320;
* A floor plan with dimensions (for residential facilities) 12VAC35-105-40.B(5); and
* Name & number of Community Liaison 12VAC35-105-325.

**Add a Children’s Residential Service – Required Attachments:**

* Application Fee of $500.00 as required in 12VAC 35-46-20 (D)(1);
* Complete Service Description (including philosophy and objectives of the organization, comprehensive description of population to be served, and services to be offered, brochures, pamphlets distributed to the public, etc.) 12VAC 35-46-20(D)(1);
* The proposed working budget for the first year of the service’s operation 12VAC35-46-20-(D)(1);
* Evidence of financial resources or a line of credit sufficient to cover operating expenses for ninety-days

12 VAC35-46-20-(D)(1);

* A schedule of the proposed staffing/supervision plan/ staff credentials 12VAC35-46-180 (send resumes);
* Copies of ALL position (job) descriptions 12VAC35-46-20 (D)(1), 12VAC35-46-270 (B)(1), 12VAC 35-46-280, 12VAC35-46-340 & 12VAC35-46-350;
* Evidence of the applicant’s authority to conduct business in the Commonwealth of Virginia - State Corporation Commission Certificate 12VAC35-46-20(D)(1) & 12VAC35-46-320;
* A copy of the building floor plan, outlining the dimensions of each room 12 VAC 35-46-20(D)(1);
* Certificate of occupancy 12VAC35-46-20(D);
* A current health inspection 12VAC35-46-20(B);
* A current fire inspection, if over eight residents 12VAC35-46-20(D)(1-4); and
* Name & number of Community Liaison 12VAC35-46-1000(C).
	+ Name: Click or tap here to enter text.
	+ Number: Click or tap here to enter text.

(The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

**Other Modifications:**

* Population Served (Age, Gender, Disability)
* Name change (include SCC)
* Number of beds or capacity
* Service Description (include)
* Removal of geographical location (indicate below)
* Organizational or administrative structure (include organizational chart)
* Telephone number changes: Click or tap here to enter text.
* Other: Click or tap here to enter text.
1. **Service Information:** Client Demographics (Select all that apply)

[ ]  Male [ ]  Child (Min. & Max. Age Range) Click or tap here to enter text.

[ ]  Female [ ]  Adolescent (Min. & Max. Age Range) Click or tap here to enter text.

[ ]  Both [ ]  Adult

 [ ]  Geriatric

1. **Service Close Information**: Please list the license numbers you are choosing **TO CLOSE** and are surrendering. A provider shall notify the department in writing of its intent to discontinue services 30 days prior to the cessation of services. 12VAC35-105-180.D.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.
6. Click or tap here to enter text.
7. Click or tap here to enter text.

**Service Locations: Copy and Paste as Needed**

1. Location Name: Click or tap here to enter text.

Number of Beds: Click or tap here to enter text.

Address: Click or tap here to enter text. City: Click or tap here to enter text.

County: Click or tap here to enter text. State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

Location Manager: Click or tap here to enter text. Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Directions: Click or tap here to enter text.

1. Location Name: Click or tap here to enter text.

Number of Beds: Click or tap here to enter text.

Address: Click or tap here to enter text. City: Click or tap here to enter text.

County: Click or tap here to enter text. State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

Location Manager: Click or tap here to enter text. Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Directions: Click or tap here to enter text.

1. Location Name: Click or tap here to enter text.

Number of Beds: Click or tap here to enter text.

Address: Click or tap here to enter text. City: Click or tap here to enter text.

County: Click or tap here to enter text. State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

Location Manager: Click or tap here to enter text. Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Directions: Click or tap here to enter text.