Virginia Department of Behavioral Health & Developmental Services

Policy and Procedure Attestation Form

This attestation form is to be read, completed and signed by a person authorized to make changes on behalf of the provider prior to submission of the abbreviated service modification form.

* **(Provider Insert Name)** is a DBHDS licensed provider operating under organizational license number **(XXXX).**
* As part of the abbreviated service modification process, I intend to add the following service licenses to the organization license for license number **(XXXX): (XX-XXX, XX-XXX**, etc).
* I am in receipt of and have read the [Amendments to align the Children’s Residential Regulations with ASAM criteria](https://townhall.virginia.gov/L/ViewXML.cfm?textid=14889), [Amendments to align the General Regulations with ASAM criteria](https://townhall.virginia.gov/L/ViewStage.cfm?stageid=9015), and/or the [Amendments to Align the General Regulations with Enhanced Behavioral Health Services](https://townhall.virginia.gov/L/ViewStage.cfm?stageid=9017).
* The policies and procedures for (**Provider Insert Name**) have been updated, as needed, to comply with the requirements within the [Amendments to align the Children’s Residential Regulations with ASAM criteria](https://townhall.virginia.gov/L/ViewXML.cfm?textid=14889), [Amendments to align the General Regulations with ASAM criteria](https://townhall.virginia.gov/L/ViewStage.cfm?stageid=9015), and the [Amendments to Align the General Regulations with Enhanced Behavioral Health Services](https://townhall.virginia.gov/L/ViewStage.cfm?stageid=9017), as applicable, prior to the submission of this attestation form.
* The service description, staffing plan, discharge criteria, admission criteria, and programming criteria for (**Provider Insert Name**) have also been updated, as needed, to comply with the requirements within the [Amendments to align the Children’s Residential Regulations with ASAM criteria](https://townhall.virginia.gov/L/ViewXML.cfm?textid=14889), [Amendments to align the General Regulations with ASAM criteria](https://townhall.virginia.gov/L/ViewStage.cfm?stageid=9015), and the [Amendments to Align the General Regulations with Enhanced Behavioral Health Services](https://townhall.virginia.gov/L/ViewStage.cfm?stageid=9017), as applicable, prior to the submission of this attestation form.
* I understand that following the submission of the completed service modification application, a conditional license will be issued for each new service as part of the transition process. 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 following the issuance of a conditional license, 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 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: Click or tap here to enter text. Title: Click or tap here to enter text.

Date: Click or tap here to enter text.