Virginia Department of Behavioral Health & Developmental Services

# SERVICE MODIFICATION

## Provider Request

## Code of Virginia §37.2-405 & §35-46

## 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.

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

Organization Name:_____

DBHDS License #: _____

Mailing Address:_____

City: _____ County: _____ State: _____

Zip _____ Phone: _____

**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: _____ Title _____
Phone: _____ Fax Number: _____ Email: _____

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### CERTIFICATE OF APPLICATION

This certificate is to be read before completion and then signed by the applicant upon completion of this application. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

- *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: _____ Date:_____ Title:_____

If you have any questions concerning the application, please contact this office at (804) 786-1747. This application is to be returned to licensingadminsupport@dbhds.virginia.gov , faxed to (804)692-0066 or mailed to:

**Office of Licensing**
**Department of Behavioral Health and Developmental Services**
**Post Office Box 1797**
**Richmond, Virginia 23218-1797**

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## SERVICE MODIFICATION

**2.** 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.

| Check one | Service | Pgm | Description | Licensed As Statement |
|---|---|---|---|---|
| ☐ | 01 | 001 | DD Group Home Service | A developmental disability residential group home service for adults. |
| ☐ | 01 | 003 | MH/SA Group Home Service | A mental health and/or substance abuse residential group home service for adults. |
| ☐ | 01 | 004 | Group Home Service - REACH | A developmental disability residential group home service for adults-REACH. |
| ☐ | 01 | 005 | ICF-DD Group Home Service | An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential group home service for adults. |
| ☐ | 01 | 006 | SA Residential Treatment Service | A substance abuse residential treatment service for adults. |
| ☐ | 01 | 007 | Brain Injury Group Home Service | A brain injury residential treatment center for adults. |
| ☐ | 01 | 011 | DD Supervised Living Service | A developmental disability supervised living residential service for adults. |
| ☐ | 01 | 012 | MH Supervised Living Service | A mental health supervised living residential service for adults. |
| ☐ | 01 | 013 | SA Supervised Living Service | A substance abuse supervised living residential service for adults. |
| ☐ | 01 | 019 | MH Crisis Stabilization Service | A mental health residential crisis stabilization service for adults. |
| ☐ | 01 | 020 | MH Crisis Stabilization Service | A mental health residential crisis stabilization service for children and adolescents. |
| ☐ | 01 | 021 | MH Crisis Stabilization Service- REACH | A mental health residential crisis stabilization service for adults-REACH. |
| ☐ | 01 | 025 | Managed w'drawal - Medical Detox | A substance abuse residential managed withdrawal medical detox service for adults. |
| ☐ | 01 | 033 | Residential Txt SA Women w/Children Service | A substance abuse residential treatment service for women and women with their children. |
| ☐ | 01 | 036 | DD Residential Respite Service | A developmental disability residential respite service for adults. |
| ☐ | 01 | 037 | DD Residential Respite Service | A developmental disability residential respite service for children and adolescents. |
| ☐ | 02 | 001 | SA Intensive Outpatient Service | A substance abuse intensive outpatient service for adults. |
| ☐ | 02 | 003 | SA Intensive Outpatient Service | A substance abuse intensive outpatient service for adolescents. |
| ☐ | 02 | 004 | DD Center-Based Respite Service | A developmental disability centered-based respite service for adults. |
| ☐ | 02 | 005 | DD Center-Based Respite Service | A developmental disability centered-based respite service for children and adolescents. |
| ☐ | 02 | 006 | DD Day Support Service | A developmental disability center-based day support service for adults. |
| ☐ | 02 | 007 | DD Day Support Service | A developmental disability center-based day support service for children and adolescents. |
| ☐ | 02 | 008 | DD Day Support Service | A developmental disability non center-based day support service for adults. |
| ☐ | 02 | 009 | DD Day Support Service | A developmental disability non center-based day support service for children and adolescents. |
| ☐ | 02 | 010 | DD Day Support Service | A developmental disability day support service for (population served). |
| ☐ | 02 | 011 | MH Psychosocial Rehabilitation | A mental health psychosocial rehabilitation service for adults. |
| ☐ | 02 | 014 | Therapeutic Afterschool MH Service | A mental health therapeutic afterschool service for children with serious emotional disturbance. |
| ☐ | 02 | 019 | MH Partial Hospitalization Service | A mental health partial hospitalization service for adults with serious mental illness. |
| ☐ | 02 | 021 | SA Partial Hospitalization Service | A substance abuse partial hospitalization service for adults with substance use disorders. |

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|---|---|---|---|---|
| ☐ | 02 | 023 | Partial Hospitalization Service | A (MH, SA, or both) partial hospitalization service for children and adolescents. |
| ☐ | 02 | 029 | Therapeutic Day Treatment Service for Children and Adolescents | A mental health school based day treatment service for children with serious emotional disturbance. |
| ☐ | 03 | 001 | Mental Health Skill Building Service | A mental health community support service for (*population served*) with serious mental illness. |
| ☐ | 03 | 004 | Mental Health Supportive In-Home Service | A mental health supportive in-home service for children and adolescents. |
| ☐ | 03 | 011 | DD Supportive In-Home Service | A developmental disability supportive in-home service for children, adolescents and adults. |
| ☐ | 03 | 013 | REACH DD Supportive In-Home Service | A REACH developmental disability supportive in-home service for children, adolescents and adults. |
| ☐ | 04 | 001 | Psychiatric Unit Service | A mental health and substance abuse inpatient psychiatric service for adults. |
| ☐ | 04 | 005 | Psychiatric Unit Service - Children | A mental health and substance abuse inpatient psychiatric service for children and adolescents. |
| ☐ | 04 | 011 | Medical Detox/Chemical Dependency Unit Service | A substance abuse medical detox/chemical dependency service for adults. |
| ☐ | 05 | 001 | Intensive In-Home Service for children and adolescents | A mental health intensive in-home service for children and adolescents and their families. |
| ☐ | 06 | 001 | Medication Assisted Treatment/Opioid TX Service | A substance abuse medication assisted treatment/opioid service for adults. |
| ☐ | 07 | 001 | Emergency Services/Crisis Intervention Service | A mental health emergency service/crisis intervention service for children, adolescents and adults. |
| ☐ | 07 | 002 | Emergency Services/Crisis Intervention Service | A mental health emergency service/crisis intervention service for children, adolescents and adults. |
| ☐ | 07 | 003 | Outpatient MH Service | A mental health outpatient service for (*population served*). |
| ☐ | 07 | 004 | Outpatient MH/SA Service | A mental health and substance abuse outpatient service for *(population served*). |
| ☐ | 07 | 005 | Outpatient SA Service | A substance abuse outpatient service for adults (*population served*). |
| ☐ | 07 | 006 | Outpatient Service /Crisis Stabilization | A mental health non-residential crisis stabilization service for adults/children/adolescents. |
| ☐ | 07 | 007 | MH Outpatient Service/Crisis Stabilization - REACH | A mental health crisis stabilization outpatient service for adults – REACH. |
| ☐ | 07 | 009 | DD Crisis Stabilization- Non-Residential Service | A developmental disability NON-residential crisis stabilization service. |
| ☐ | 07 | 011 | Outpatient Managed w'drawal - Medical Detox Service | A substance abuse outpatient managed withdrawal medical detox service for adults. |
| ☐ | 08 | 011 | Sponsored Residential Homes Service | A developmental disability sponsored residential home service for adults. |
| ☐ | 08 | 013 | Sponsored Residential Homes Service | A developmental disability sponsored residential home service for children and adolescents. |
| ☐ | 08 | 014 | MH Sponsored Residential Homes Service | A mental health sponsored residential home service for (*population served*). |
| ☐ | 09 | 001 | Out-of-Home Respite Service | An out-of-home respite service for adults. |
| ☐ | 09 | 002 | Out-of-Home Respite Service | An out-of-home respite service for children and adolescents. |
| ☐ | 09 | 003 | Out-of-Home Respite | An out-of-home respite crisis stabilization service for (*population served*). |
| ☐ | 10 | 001 | In-Home Respite Service | An in-home respite crisis stabilization service for adults. |
| ☐ | 10 | 002 | In-Home Respite Service | An in-home respite crisis stabilization service for children and adolescence. |
| ☐ | 10 | 003 | In-Home Respite Service | An in-home respite crisis stabilization service for (*population served*). |
| ☐ | 11 | 001 | Correctional Facility RTC Service | A mental health service in a correctional facility. |
| ☐ | 14 | 001 | Level C MH Children Residential Service | A Level C mental health children's residential service for children with serious emotional disturbance. |
| ☐ | 14 | 004 | MH Children Residential Service | A mental health children's residential service for children with serious emotional disturbance. |
| ☐ | 14 | 007 | SA Children Residential Service | A substance abuse children's residential service for children. |
| ☐ | 14 | 008 | MH Children Group Home Residential Service | A mental health group home residential service for children with serious emotional disturbance. |

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|---|---|---|---|---|
| ☐ | 14 | 033 | SA Children Group Home Residential Service | A substance abuse group home residential service for children. |
| ☐ | 14 | 035 | DD Children Group Home Residential Service | A developmental disability group home residential service for children. |
| ☐ | 14 | 048 | ICF-DD Children Group Home Residential Service | An intermediate care facility for individuals with a developmental disability (ICF-DD) group home residential service for children. |
| ☐ | 16 | 001 | Case Management Service | A MH, ID, SA case management services for children, adolescents and adults. |
| ☐ | 16 | 002 | DD Case Management Service | A developmental disability case management service. |
| ☐ | 16 | 003 | SA Case Management Service | A substance abuse case management service. |
| ☐ | 16 | 004 | MH Case Management Service | A mental health case management service for adults with serious mental illness. |
| ☐ | 16 | 005 | Children and Adolescents MH Case Management Service | A mental health case management service for children and adolescents. |
| ☐ | 17 | 001 | Intensive Community Treatment (ICT) Service | A mental health intensive community treatment (ICT) service for adults with serious mental illness. |
| ☐ | 18 | 001 | Program of Assertive Community Treatment (PACT) Service | A mental health program of assertive community treatment (PACT) service 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 **§12 VAC 35-105-40, §570,** & **§580 (B)(C)**
- ☐ Discharge criteria as outlined in **§12VAC35-105-693**
- ☐ A schedule of staffing pattern, staff credentials, **§12 VAC 35-105-590**,(send resumes of staff)
- ☐ The proposed working budget for the first year of the service's operation, **§12 VAC 35-105-40.A (1),**
- ☐ Evidence of financial resources or a line of credit sufficient to cover operating expenses for ninety-days, **§12VAC35-105-210 (A)** &§12 VAC 35-105-40.(A)(2),
- ☐ Copies of ALL position descriptions, **§12VAC35-105-40 &§12 VAC 35-105-410 (A),**
- ☐ Certificate of occupancy for the physical plant, **§12 VAC 35-105-260,**

***And for residential services,***

- ☐ A current health inspection (if not on public water or sewage), **§12 VAC 35-105-290**
- ☐ A current fire inspection (if housing more than 8 residents), **§12 VAC 35-105-320,** and
- ☐ A floor plan with dimensions (for residential facilities), **§12 VAC 35-105-40.(B) (5).**

☐ **ADD A LOCATION/ADDRESS CHANGE -** REQUIRED ATTACHMENTS**:**

- ☐ Notification of address, proposed opening date
- ☐ A schedule of staffing pattern, staff credentials, **§12 VAC 35-105-590 (send resumes of staff)**
- ☐ Certificate of occupancy, **§12 VAC 35-105-260**
- ☐ 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. **§12 VAC 35-105-40.A (1),**
- ☐ Evidence of financial resources, or a line of credit sufficient to cover estimated operating expenses for the first ninety-days, **§12VAC35-105-210 (A) &§12 VAC 35-105-40.(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), **§12 VAC 35-105-290**
- ☐ A current fire inspection (if housing more than 8 residents), **§12 VAC 35-105-320,** and
- ☐ A floor plan with dimensions (for residential facilities), **§12 VAC 35-105-40.B(5).**
- ☐ **Name & number of Community Liaison, §12VAC35-105-325,** _____

**(** ___ **)** _____

**(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.)**

☐ **ADD A CHILDREN'S RESIDENTIAL SERVICE -** REQUIRED ATTACHMENTS**:**

- ☐ Application Fee of $500.00 as required in **§12VAC 35-46-20 D1**;
- ☐ 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.) **§VAC 35-46-20 D1;**
- ☐ The proposed working budget for the first year of the service's operation**;§12 VAC 35-46-20-D1;**
- ☐ Evidence of financial resources or a line of credit sufficient to cover operating expenses for ninety-days,**§12 VAC 35-46-20-D1**
- ☐ A schedule of the proposed staffing/supervision plan/ staff credentials**;§12 VAC 35-46-180 (send resumes)**
- ☐ Copies of ALL position (job) descriptions, **§12 VAC 35-46-20 D1; §12 VAC 35-46-270 B1; §12 VAC 35-46-280 ; §12 VAC 35-46-340 & §12 VAC 35-46-350**
- ☐ Evidence of the applicant's authority to conduct business in the Commonwealth of Virginia- State Corporation Commission Certificate, **§12 VAC 35-46-20 D1 & §12 VAC 35-46-320**
- ☐ A copy of the building floor plan, outlining the dimensions of each room, **§12 VAC 35-46-20 D1**
- ☐ Certificate of occupancy, **§12 VAC 35-46-20 D**
- ☐ A current health inspection, **§12 VAC 35-46-20 B**
- ☐ A current fire inspection, **if over eight residents; §12 VAC 35-46-20 D [1-4]**
- ☐ Name & number of Community Liaison**, §12VAC35-46-1000.C,** _____

**(** ___ **)** _____

(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.)

**NOTE: No fee is required when a children residential facility relocates to another location.**

## 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 change**(** ___**)** _____
☐ Other: _____

**3. Service Information:**
Client Demographics (check all that apply):
☐ Male ☐ Female ☐ Both ☐ Child(Min. & Max. Age Range) _____ ☐ Adolescent (Min. & Max. Age Range) _____ ☐ Adult ☐ Geriatric

**4. 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
**Date of closure:** _____

**1.** _____ **-(**___ **-** _____
**2.** _____ **-(**___ _____
**3.** _____ **-(**___ **-** _____
**4.** _____ **-(**___ **-** _____
**5.** _____ **-(**___ **-** _____
**6.** _____ **-(**___ **-** _____

**SERVICE LOCATION(S)**

1. **Location Name**: **(** _ # of beds: **(** ___
Address: _
City: _ County : _ State: : _ Zip: : _
Location Manager: : _ Phone:**(** ___**)** _____ E-mail: _
Directions: **(** _
**(** _

2. **Location Name**: **(** _ # of beds: **(** ___
Address: _
City: _ County : _ State: : _ Zip: : _
Location Manager: : _ Phone:**(** ___**)** _____ E-mail: _
Directions: **(** _
**(** _

3. **Location Name**: **(** _ # of beds: **(** ___
Address: _
City: _ County : _ State: : _ Zip: : _

Location Manager: : Phone:( ) E-mail:

Directions: (

(