

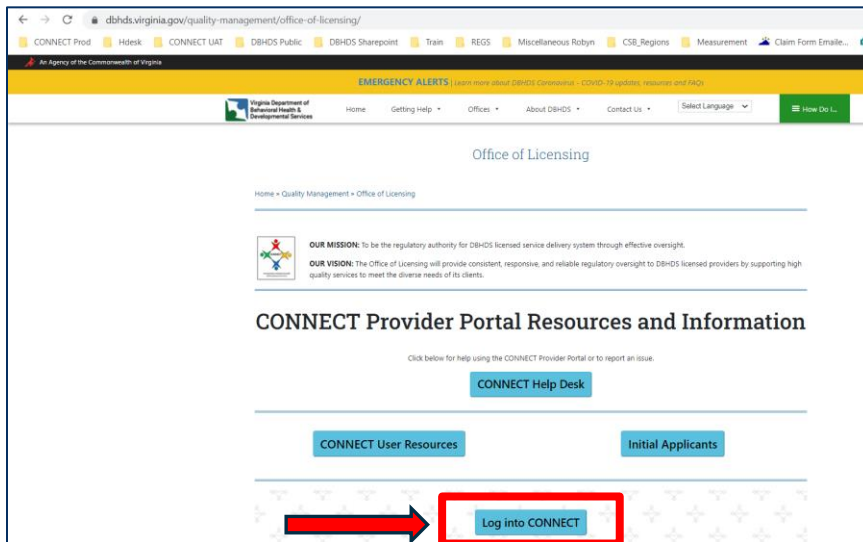


# CONNECT Provider Portal - How do I Job Aid

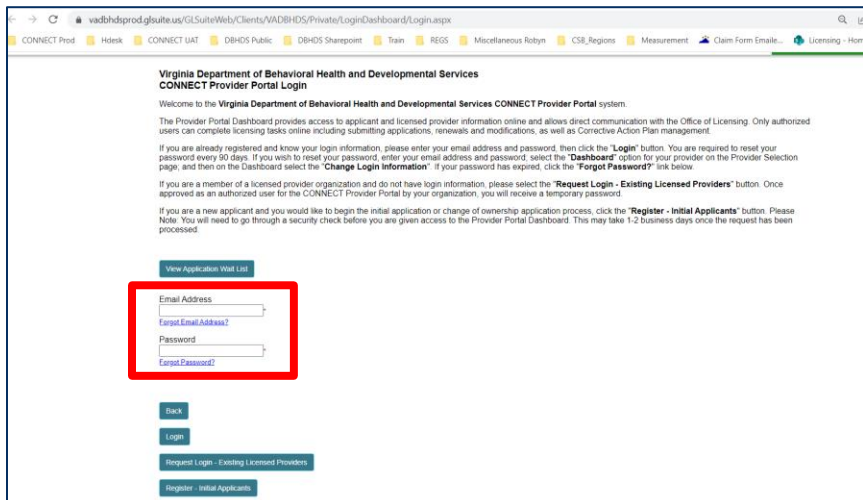
## How do I Submit a Renewal in the CONNECT Provider Portal?

The following job aid provides step-by-step instructions for submitting a renewal in the CONNECT Provider Portal. CONNECT will open a renewal window 90 days prior to the service license expiring. A notification is sent to the Main Authorized Contact (“MAC”) to log into the portal and view the renewal correspondence which identifies the license(s) ready for renewal.

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



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





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

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Virginia Department of Behavioral Health & Developmental Services

### Provider Selection

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

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

Provider Name	Provider Number	Status	Select
		Active	<a href="#">Dashboard</a>

[Change of Ownership Application](#)

[Logout](#)

**Step 4:** From the Provider Portal Dashboard the provider will select **License Renewal** from the menu. The menu selection moves to the active licenses on the dashboard.

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Virginia Department of Behavioral Health & Developmental Services

### Provider Portal Dashboard

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

[View Wall 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](#) (3)

[Messages](#) (4)

[Login Request](#) (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](#)
- [Background Checks](#)
- [Service Modification](#)
- [Location Modification](#)
- [Information Modification – Children's Residential](#)
- [License Renewal](#)
- [Corrective Action Plans](#)
- [Print License](#)
- [Change Login Information](#)



## CONNECT Provider Portal - How do I Job Aid

**Step 5:** CONNECT displays Active Licenses that are eligible for renewal. The **Renew** button will appear next to each license eligible for renewal, including the organizational license. Select the **Renew** button.

**Note:** You must have *all access* or *renewal provider portal access* to see the **Renew** button.

Pending Modifications: ?

Active Licenses ?

License Type	License Number	Service	Period	Status	
Provider License - Annual	9999		11/22/2021-11/21/2022	Active	<b>Renew</b>
Service License - Annual	9999-05-001	Intensive In-Home Service for Children and Adolescents	11/22/2021-11/21/2022	Active	<b>Renew</b> View/Add Location

Provider Owner(s)/Officer(s) ?

Name	Title	Address	Phone Number	Email	Percent Owned

Authorized Contacts: ?

Name	Title	Address	Phone Number	Email	Provider Portal Access
robyn mailand	tech				Provider Portal Access

Mailing Address

Physical Address

Training Links:

CONNECT Provider Portal Training:  
[How do I manage additional CONNECT Portal Users?](#)  
[How do I manage Background Check Contacts?](#)

**Step 6:** Select the checkbox next to each service to be renewed. Click the **Next** button.

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### License Renewal Selection Page

Please select the Services that you want to renew in the Renew column, and then click "Next". Any licenses left un-checked will remain unchanged at this time. If the Provider License is due for renewal, it will be listed below. If you are only renewing the Provider License, you may click "Next" to continue without selecting a Service License.

**NOTE:** If a Service License is not going to be renewed, please complete the Information Service Modification to close the Service. Information Service Modifications are available from the Provider Dashboard. Click [here](#) to return to the Provider Dashboard and submit the Information Modification.

Provider License - 3501

Service Program	Description	Expiration Date	Renew
05 001	Intensive In-Home Service for Children and Adolescents	11/21/2022	<input checked="" type="checkbox"/>

Cancel **Next**



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**Step 7:** Submit proof that your agency's State Corporation Commission certificate (SCC) is in good standing.

Note: The State Corporation Commission (SCC) certificate authorizes organizations to conduct business in the Commonwealth of Virginia. Please make sure a current copy of the SCC certificate is saved electronically.

**Step 7.a:** Click the **Add/Edit Proof of SCC** button.

Virginia Department of Behavioral Health & Developmental Services

Service License Renewal [Print Renewal Form](#)

Provider Name: [Redacted]  
Organization Type: Individual (Proprietorship)  
Public Provider: No  
For-Profit or Non-Profit: For-Profit  
Mailing Address: [Redacted]  
Physical Address: [Redacted]  
Phone Number:  
Email Address:

**Provider License**

3501 - Provider License

Proof of SCC in Good Standing [Add/Edit Proof of SCC](#)

Proof of SCC [View](#)

**Service License(s)**

Please click the link next to each of the licenses to confirm that the information is up to date and correct before submitting the renewal.

3501-05-001 - Intensive In-Home Service for Children and Adolescents Pending Renewal [Review License Information](#)

**Certificate of Application**

This Certificate of Application is to be read and signed by the applicant. 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.

IT IS MY INTENT TO: (a) COMPLY WITH ALL APPLICABLE STATUES AND (b) TO MAINTAIN COMPLIANCE WITH ALL APPLICABLE REGULATIONS

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 7.b:** Click the **Upload Document** link to upload the SCC document.

Virginia Department of Behavioral Health & Developmental Services

**Proof of SCC Upload**

Please upload proof that the Provider Organization's SCC is in good standing. Acceptable proof includes a screenshot from the SCC site that includes a date stamp, showing that the organization is in good standing, or a copy of the SCC Certificate.

Proof of SCC [Upload Document](#) [Link to Document](#)

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



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**Step 7.c:** Select the **Choose File** button and locate the copy of the SCC document.

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Virginia Department of Behavioral Health & Developmental Services

Proof of SCC

[Link to Document](#)

Choose File No file chosen

Cancel Save Changes

**Step 7.d:** Once the file is uploaded and viewable as an attachment, select the **Save Changes** button.

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Virginia Department of Behavioral Health & Developmental Services

Proof of SCC

[Link to Document](#)

Choose File scc.docx

Cancel Save Changes



## CONNECT Provider Portal - How do I Job Aid

**Children's Residential Facility providers ONLY: Please complete Step 8.**

**Step 8:** Children's Residential Facility providers will have to pay a renewal fee in order to process the renewal.

Please complete the invoice payment steps by selecting the **Pay Renewal Fees** link. You will need to have a credit card/debit card available to complete the payment.

[Proof of SCC in Good Standing](#) [Add/Edit Proof of SCC](#)

Proof of SCC

**Service License(s)**

Please click the link next to each of the licenses to confirm that the information is up to date and correct before submitting the renewal.

2171-14-001 - Level C - MH Children Residential Treatment Service Pending Renewal [Review License Information](#)

Renewal Fee Total: \$100.00 [Pay Renewal Fees](#)



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**Step 9:** The final step is for the applicant to enter their signature, title and date then select the **Submit Renewal** button.

**Service License Renewal** Print Renewal Form

Provider Name: [Redacted]  
Organization Type: individual (proprietorship)  
Public Provider: No  
For-Profit or Non-Profit: For-Profit  
Mailing Address: [Redacted]  
Physical Address: [Redacted]  
Phone Number: [Redacted]  
Email Address: [Redacted]

**Provider License**  
3501 - Provider License

**Proof of SCC in Good Standing** [Add/Edit Proof of SCC](#)  
Proof of SCC [View](#)

**Service License(s)**  
Please click the link next to each of the licenses to confirm that the information is up to date and correct before submitting the renewal.  
3501-05-001 - Intensive In-Home Service for Children and Adolescents Pending Renewal [Review License Information](#)

**Certificate of Application**  
This Certificate of Application is to be read and signed by the applicant. 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.

IT IS MY INTENT TO: (a) COMPLY WITH ALL APPLICABLE STATUTES AND (b) TO MAINTAIN COMPLIANCE WITH ALL APPLICABLE REGULATIONS

Signature of Applicant: [Redacted] Title: [Redacted] Date: [Redacted]

[Submit Renewal](#)

**Step 10:** Once the renewal(s) have been submitted, go to the Provider Portal Dashboard to view the license status and confirm that the renewal was successfully submitted. If there are any additional requirements, the licensing specialist will reach out through the CONNECT Provider Portal Message Center.

Pending Modifications: 0

**Active Licenses**

License Type	License Number	Service	Period	Status
Provider License - Annual	9999		11/22/2021-11/21/2022	Active - Renewal Submitted
Service License - Annual	9999-05-001	Intensive In-Home Service for Children and Adolescents	11/22/2021-11/21/2022	Active - Renewal Submitted

[View/Add Location](#)

This completes the How do I Submit a Renewal in the CONNECT Provider Portal Job Aid.