



Virginia Department of Behavioral Health  
and Developmental Services

## **DBHDS Policy and Procedure Attestation Form for CRC and CSU Services**

To complete this form, it will first need to be downloaded.

This document must be submitted by all providers currently approved to provide 23-hour crisis stabilization/CRC services under 07-006 who are requesting approval to transition to A mental health center-based crisis receiving center (23-hour crisis stabilization) service (02-040 and/or 02-041) and any mental health residential crisis stabilization service, also referred to as a Crisis Stabilization Unit/CSU, (01-019 and 01-020) who plan to utilize seclusion.

This attestation form is to be read, completed, and signed by a person authorized to make changes on behalf of the provider and uploaded with the service description when submitting the service modification application in CONNECT.

- is a DBHDS licensed provider operating under organizational license number:
- **I am a DBHDS licensed provider currently approved to provide 23-hour crisis stabilization/CRC services under the 07-006 license.** As part of the abbreviated service modification process, I intend to add the following, mental health center-based crisis receiving center (23-hour crisis stabilization)” service license to the organization’s license:
- **I am a DBHDS licensed provider currently approved to provide a mental health residential crisis stabilization service, also referred to as a Crisis Stabilization Unit/CSU.** Our agency will utilize seclusion in the following service:
- I am in receipt of and have read the [Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#)
- A crisis assessment policy (12VAC35-105-1850.A), safety plan and ISP policy (12VAC35-105-1870.D), discharge policy (12VAC35-105-1880.D), policies and procedures for the use of standard precautions (12VAC35-105-1890.H), procedures for the collection of vital signs (12VAC35-105-1900.C), policies and procedures regarding audio or audio-video recordings of individuals receiving services (12VAC35-105-1930.Q) and policies and procedures governing searches (12VAC35-105-1930.R); have been developed, as needed, to comply with the requirements within the [Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#), as applicable, prior to the submission of this attestation form.
- The requirements for a crisis assessment, crisis safety plan, crisis ISP, crisis discharge criteria, nursing assessment, vital signs, and physical environment have also been updated, as needed, to comply with the requirements within the [Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#), as applicable, prior to the submission of this attestation form.
- I understand that following the submission and approval of the completed modification application and required attachments, an onsite quality review will be completed by a representative from the Department to determine compliance within 30 business days.



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- For providers applying for **A mental health center-based crisis receiving center (23-hour crisis stabilization) service (02-040 and 02-041)**: Once substantial compliance has been determined, then a conditional license will be issued for the new crisis receiving center license. Pursuant to the 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.
- For providers of **A mental health residential crisis stabilization service/CSU (01-019 and 01-020)**: The Department will approve the use of seclusion, once all revised policies and procedures have been reviewed and approved; and all seclusion requirements have been met.
- I understand that following the issuance of a conditional license, a representative of the Department will conduct an onsite inspection during the conditional period to confirm compliance with the applicable Licensing Regulations and that an annual license will not be granted unless the provider is found to be in compliance with all the applicable regulations.
- 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.
- I understand that a [DBHDS Seclusion Attestation Form for CRC and CSU Services](#) must also be submitted for all providers currently approved to provide 23-hour crisis stabilization/CRC services under the 07-006 license and are requesting approval to transition to **A mental health center-based crisis receiving center (23-hour crisis stabilization) service (02-040 or 02-041)** and any provider licensed to provide **A mental health residential crisis stabilization service (01-019 or 01-020)** who plan to provide seclusion within their program.

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:

Title:

Date: