



COMMONWEALTH of VIRGINIA

DEPARTMENT OF

BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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MEMORANDUM

To: All DBHDS Licensed Providers

From: Jae Benz, Director, Office of Licensing

Date: July 10, 2019

Re: Necessity for Service Modification Submission

Please be advised that per the [Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#), 12VAC35-105-60, “A provider shall submit a written service modification application at least 45 days in advance of a proposed modification to its license. The modification **may address** the characteristics of individuals served (disability, age, or gender), the services offered, the locations where services are provided, existing stipulations, or the maximum number of individuals served under the provider license.” In addition, per the Office of Licensing Service Modification Form, providers are expected to submit a service modification form when the following modifications have been made to a licensed service: 1) Modification to Service Description; 2) Modification to the organizational or administrative structure; 3) Name change; 4) Telephone number change; 5) E-mail address change; 6) Adding a new service; 7) Adding/closing locations; and 8) When requesting a change in the number served or capacity if stated on license.

In addition, providers are also expected to submit a service modification form when they wish **to add or subtract a primary contact** to the licensed service, or when the name of a primary contact has changed. The Office of Licensing (OL) understands the desire to add multiple primary contacts as this is currently the only way for multiple members from one provider to receive provider memos and updates from the Office. However, this expectation is to ensure that only authorized users are allowed to receive confidential information regarding the licensed service and/or make changes to the licensed service(s). We are currently working to establish a means by which any interested stakeholder can sign up to receive notifications and updates directly from the Office even if they are not listed as a primary contact for a provider.

While regulation does not stipulate a timeframe in which OL must respond to requests for service modifications, in an effort to increase accountability and transparency, effective August 1st, 2019, the Office will implement the below processes and time-frames:

- ✓ Service Modifications should be sent to Central Office where they will be date stamped by licensing administrative support staff on the day the packet is received.
 - Due to the large number of service modifications received and the importance of tracking those service modifications, it is important to know that service modifications must be sent to Central Office for processing. **A licensing specialist will not accept service modifications directly.**
- ✓ The assigned licensing specialist will make contact with the provider to acknowledge receipt of information within 10 business days from when the service modification is received by Central Office administrative staff. This does not mean the specialist has reviewed the application for completeness.
- ✓ The licensing specialist will review the application and attachments within 30 business days. Please note the timeline is based on receipt of all required documentation. Failure, by a provider, to submit a completed service modification, will result in delays in processing.
- ✓ The licensing specialist will schedule and conduct site reviews within 60 business days from the receipt of the **completed** service modification.
- ✓ Upon approval of the service modification and completion of an on-site inspection, the Office may need to revise the provider license. Approval of such a request shall be at the sole discretion of the Office of Licensing under the approval of the Commissioner.
 - Service Modifications may be denied if a provider is not in substantial compliance with regulations as evidenced by concerns noted during inspections or investigations, or a history of non-compliance as noted on Corrective Action Plans. Other occurrences may also determine if a provider is able to modify services, such as significant staff turnover which may affect the provider's ability to meet the staffing levels needs of the individuals receiving services.
- ✓ A change requiring a modification of the license shall not be implemented prior to approval of the service modification plan, and as appropriate modification of the current license.

Additionally, requests by sponsored provider agencies to process additional locations may not follow the same timeline as noted above. If there is sufficient capacity in a geographic area to serve the number of individuals in need of services in the area, and there is not a specific individual identified to receive services at that specific location within the following 60 business days, a specialist may be delayed in processing the service modification in order to prioritize other responsibilities. Under these circumstances, the review and inspection may be delayed by up to an additional 30 business days. Sufficient capacity in a geographic area will be determined by looking at the number of licensed providers in the area, the number of locations with vacancies in the identified area, and by conferring with the Office of Developmental Services (ODS) and the Department of Medical Assistance Services (DMAS).

Site visits, including travel time, review, and documentation, take up a significant amount of time for a licensing specialist. Therefore, if during a site visit, a provider is determined not to be in compliance with the required rules and regulations, the specialist will require a provider to submit proof of corrective actions within 15 business days. The specialist will then have an additional 30 business days from receipt of the information to review it, and 45 additional business days to complete a second onsite review. If a provider remains out of compliance at the next onsite review, a specialist will have 90 business days in which to complete the third onsite review. In addition, for any service modification to add a residential or center based service, the provider must provide the completed checklist for the physical plant included within the application packet before the onsite review will be conducted by the licensing specialist.

Lastly, please note that if a provider submits a service modification to change from one licensed service to another but they plan to continue to serve the same individuals they are currently serving, the provider must have documented evidence of the individual's informed consent to receive the new service. For example, for licensed providers providing services to individuals with a DD Waiver, this means that the licensed provider

will need to have a completed [Virginia Informed Choice Form](#) for each individual who continues to receive the newly licensed service.

Service Modifications must be sent to the DBHDS Central Office Location for processing. A Licensing Specialist will not accept a service modification directly from a provider. The Service Modification Form and any required attachments may be sent by email to licensingadminsupport@dbhds.virginia.gov, or mailed to: The Office of Licensing, DBHDS, P.O. Box 1797, Richmond, Virginia 23218.

If you have any concerns regarding the information contained within this memo or questions as to whether you should submit a service modification form, please contact your assigned licensing specialist.

Sincerely,

Jae Benz

Jae Benz
Director, Office of Licensing
DBHDS