



## Virginia Department of Behavioral Health & Developmental Services

### PROJECT BRAVO & ASAM ABBREVIATED SERVICE MODIFICATION FORM

This abbreviated service modification form shall be completed by licensed providers **currently** licensed to provide substance use disorder services who are applying for the corresponding ASAM Level of Care license, pursuant to the [Amendments to align the Children's Residential Regulations with ASAM criteria](#) and the [Amendments to align the General Regulations with ASAM criteria](#). In addition, this form shall be utilized by providers **currently** licensed to provide PACT or ICT services who will be transitioning to an ACT team license or licenses in alignment with the [Amendments to Align the General Regulations with Enhanced Behavioral Health Services](#).

Providers are encouraged to submit their service modification and requested information to the Office of Licensing at [licensingadminsupport@dbhds.virginia.gov](mailto:licensingadminsupport@dbhds.virginia.gov) as soon as possible, but no later than **May 15, 2021** in order to ensure the new service license(s) will be effective by July 1, 2021. Please note that only electronic versions of the abbreviated service modification applications will be accepted. Hard copy submissions will not be accepted and may result in a delay in processing. Service modifications submitted in accordance with this process will be prioritized and the Office of Licensing will notify DMAS, the Managed Care Organizations (MCOs), and Magellan of Virginia of license approvals each business day as applications are approved. **The Office of Licensing cannot guarantee that modification forms received after May 15, 2021 will be processed prior to July 1, 2021. Providers who do not have this conditional license issued by July 1, 2021 will not meet the DMAS requirements for reimbursement through the Addiction and Recovery Treatment Services (ARTS) benefit.**

**Please note that this expedited process is in place only for providers transitioning from their current license to the corresponding ASAM Level of Care license and for providers of ICT/PACT who will be transitioning to an ACT Team license.** If providers would like to add additional services that they are **not** currently licensed to provide, they should submit the standard service modification form and all required attachments. The process to add new, additional services will not be expedited.

For providers of Substance Abuse Partial Hospitalization (SA-PHP), Substance Abuse Intensive Outpatient Services (SA-IOP), Substance Abuse Outpatient Services (SA-OP), and Medication Assisted Treatment Services (MAT), providers should submit the abbreviated service modification form in order to apply for the corresponding ASAM Level of Care service licenses: Partial hospitalization (ASAM Level 2.5), Substance abuse intensive outpatient (ASAM Level 2.1); Substance abuse outpatient services (ASAM Level 1.0), and Medication assisted opioid treatment (Opioid Treatment Programs). For ASAM Levels 3.7, 3.5, 3.3 and 3.1, providers should use the abbreviated service modification form to apply for the level(s) of care they were certified by DMAS's contractor, Westat Inc., to provide for purposes of Medicaid reimbursement through the ARTS benefit.

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#### 1. Applicant Information:

Organization Name: Click or tap here to enter text.

DBHDS License #: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text. County: Click or tap here to enter text.

State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

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**2. 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: Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Fax Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

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**3. Select the service(s) you are applying for** – by including an “X” in the far left-hand column. If you are applying for more than one service, please select all that apply.

	<b>SERV ID</b>	<b>PROG ID</b>	<b>Description</b>	<b>Program Name</b>	<b>License As Statements</b>
	1	043	SA Clinically Managed High-Intensity Residential Srv	SA Clinically managed high-intensity residential	ASAM Level 3.5: Clinically managed high-intensity residential care for adults
	1	044	SA Specific High-Intensity Residential Srv	SA Specific high-intensity residential	ASAM Level 3.3: Specific high-intensity residential service for adults
	1	045	SA Clinically Managed Low-Intensity Residential Srv	SA Clinically managed low-intensive residential	ASAM Level 3.1: Clinically managed low-intensity residential care for adults
	2	033	SA Partial Hospitalization Srv	SA Partial Hospitalization	ASAM Level 2.5: Substance Abuse Partial Hospitalization service for adults
	2	034	SA Partial Hospitalization Srv	SA Partial Hospitalization	ASAM Level 2.5: Substance Abuse Partial Hospitalization service for children and adolescents
	2	035	SA Intensive Outpatient Srv	SA Intensive Outpatient	ASAM Level 2.1: Substance Abuse Intensive Outpatient service for adults
	2	036	SA Intensive Outpatient Srv	SA Intensive Outpatient	ASAM Level 2.1: Substance Abuse Intensive Outpatient for children and adolescents
	4	013	SA Medically Managed Intensive Inpatient Srv	SA Intensive Inpatient	ASAM Level 4.0: Substance Abuse Medically Managed Intensive Inpatient for adults
	4	014	SA Medically Managed Intensive Inpatient Srv	SA Intensive Inpatient	ASAM Level 4.0: Substance Abuse Medically Managed Intensive Inpatient for children and adolescents
	4	015	SA Medically Monitored Intensive Inpatient Srv	SA Intensive Inpatient	ASAM Level 3.7: Substance Abuse Medically Monitored Intensive Inpatient for adults
	4	016	SA Medically Monitored High-Intensity Inpatient Services	SA Intensive Inpatient	ASAM Level 3.7: Substance Abuse Medically Monitored High-Intensity Inpatient Services for children and adolescents
	6	003	Medication Assisted Opioid Treatment Srv	MAT/Opioid Treatment	OTS: A substance abuse medication assisted treatment/opioid service
	7	013	Outpatient SA Srv	SA Outpatient	ASAM Level 1.0: Substance abuse outpatient service for adults
	7	014	Outpatient SA Srv	SA Outpatient	ASAM Level 1.0: Substance abuse outpatient service for children and adolescents
	14	60	SA Clinically Managed, Medium-Intensity Residential Srv	SA Clinically managed, Medium-Intensity Residential	ASAM Level 3.5: Substance abuse clinically managed high-intensity residential care for children and adolescents
	14	61	SA Clinically Managed, Medium-Intensity Residential Srv	SA Clinically Managed, Medium-Intensity Residential	ASAM Level 3.5: Substance abuse clinically managed high-intensity residential care for children and adolescents
	14	62	SA Clinically Managed, Medium-Intensity Residential	SA Clinically Managed, Medium-Intensity Residential	ASAM Level 3.5: Substance abuse clinically managed high-intensity residential care for children and

			Srv		adolescents
	14	63	SA Clinically Managed, Low-Intensity Residential Srv	SA Clinically Managed, Low-Intensity Residential	ASAM Level 3.1: Substance abuse clinically managed low-intensity residential care for children and adolescents
	14	64	SA Clinically Managed, Low-Intensity Residential Srv	SA Clinically Managed, Low-Intensity Residential	ASAM Level 3.1: Substance abuse clinically managed low-intensity residential care for children and adolescents
	14	65	SA Clinically Managed, Low-Intensity Residential Srv	SA Clinically Managed, Low-Intensity Residential	ASAM Level 3.1: Substance abuse clinically managed low-intensity residential care for children and adolescents
	18	002	ACT Srv (Small Team)	ACT	A mental health assertive community treatment (ACT) small team for adults with serious mental illness
	18	003	ACT Srv (Medium Team)	ACT	A mental health assertive community treatment (ACT) medium team for adults with serious mental illness
	18	004	ACT Srv (Large Team)	ACT	A mental health assertive community treatment (ACT) large team for adults with serious mental illness

4. **Required Attachments:** Be sure to submit all required attachments with your completed service modification form. Incomplete packets will not be processed and will be sent back to the provider to resubmit once all attachments are included.

**Add An Act Team(s) - (currently licensed for PACT and/or ICT):**

- A service description for each service, meeting all of the requirements outlined in 12 VAC 35-105;
- Discharge criteria for each service, as outlined in 12VAC35-105;
- A schedule of staffing pattern for each service, meeting all requirements as outlined in 12VAC35-105;
- Copies of ALL position descriptions and resumes for each service; and
- Signed policy and procedure attestation form.

**Add An ASAM Level of Care Substance Use Disorder Service(s) – (currently licensed for corresponding substance use disorder service):**

- A service description for each service, meeting all of the requirements outlined in 12 VAC 35-105;
- Discharge criteria for each service, as outlined in 12VAC35-105;
- A schedule of staffing pattern for each service meeting, all requirements as outlined in 12VAC35-105; and
- Signed policy and procedure attestation form.

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5. **Previous ASAM Levels of Care Certifications:** List below any ASAM Levels of Care you have been certified by Westat to provide and the certification date.

- 1) Click or tap here to enter text.
- 2) Click or tap here to enter text.
- 3) Click or tap here to enter text.
- 4) Click or tap here to enter text.
- 5) Click or tap here to enter text.

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6. **Service Locations:** Copy and paste as needed for all service locations.

**Example:** If a provider is currently licensed to provide substance abuse intensive outpatient at three different locations and substance abuse partial hospitalization at two different locations, they should include the information for all five service locations below.

Service: Click or tap here to enter text.

Location Name: Click or tap here to enter text.

Location Manager: Click or tap here to enter text.

Number of Beds (if applicable): Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text. County: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

7. **Service Close Information:** Select the license numbers you are choosing **TO CLOSE** and are surrendering by including an “X” in the far left-hand column.

**Example:** A provider currently licensed for substance abuse intensive outpatient (02-001) transitioning to the ASAM Level 2.1 Substance Abuse Intensive Outpatient license (02-035) should mark that they are closing out their 02-001 license below.

	<b>SERV ID</b>	<b>PROG ID</b>	<b>Description</b>	<b>Program Name</b>	<b>License As Statements</b>
	01	006	SA Residential Treatment Srv	SA Residential	A substance abuse residential treatment service for adults
	01	013	SA Supervised Living Srv	SA Supervised Living	A substance abuse supervised living residential service for adults
	01	016	SA Halfway House	SA Halfway House	A substance abuse residential halfway house for adults
	01	025	Managed w/drawal - Medical Detox	Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	026	Managed w/drawal - Medical Detox	Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	027	Managed w/drawal - Medical Detox	Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	028	Managed w/drawal - Medical Detox	Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	029	Managed w/drawal - Medical Detox	Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	030	Managed w/drawal - Medical Detox	Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	031	Managed w/drawal - Medical Detox	Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	032	Managed w/drawal - Medical Detox	Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	033	Residential Txt SA Women w/Children Srv	SA Res Svc Women w/Children	A substance abuse residential treatment service for women and women with their children
	01	034	Residential Txt SA Women w/Children Srv	SA Res Svc Women w/Children	A substance abuse residential treatment service for women and women with their children
	01	035	Residential Txt SA Women w/Children Srv	SA Res Svc Women w/Children	A substance abuse residential treatment service for women and women with their children
	02	001	SA Intensive Outpatient Srv	SA Intensive Outpatient	A substance abuse intensive outpatient service for adults
	02	002	SA Intensive Outpatient Srv	SA Intensive Outpatient	A substance abuse intensive outpatient service for adults
	02	003	SA Intensive Outpatient Srv	SA Intensive Outpatient	A substance abuse intensive outpatient service for adolescents
	2	021	SA Partial Hospitalization Srv	SA Partial Hospitalization	A substance abuse partial hospitalization service for adults with substance use disorders

	02	022	SA Partial Hospitalization Srv	SA Partial Hospitalization	A substance abuse partial hospitalization service for adults with substance use disorders
	02	023	Partial Hospitalization Srv	MH/SA Partial Hospitalization	A mental health and/or substance abuse partial hospitalization service for children and adolescents
	02	024	Partial Hospitalization Srv	MH/SA Partial Hospitalization	A mental health and/or substance abuse partial hospitalization service for children and adolescents
	02	025	Partial Hospitalization Srv	MH/SA Partial Hospitalization	A mental health and/or substance abuse partial hospitalization service for children and adolescents
	02	026	Partial Hospitalization Srv	MH/SA Partial Hospitalization	A mental health and/or substance abuse partial hospitalization service for children and adolescents
	02	027	Partial Hospitalization Srv	MH/SA Partial Hospitalization	A mental health and/or substance abuse partial hospitalization service for children and adolescents
	02	028	Partial Hospitalization Srv	MH/SA Partial Hospitalization	A mental health and/or substance abuse partial hospitalization service for children and adolescents
	04	011	Medical Detox/Chemical Dependency Unit Srv	SA Medical Detox	A substance abuse medical detox/chemical dependency service for adults
	04	012	Medical Detox/Chemical Dependency Unit Srv	SA Medical Detox	A substance abuse medical detox/chemical dependency service for adults
	06	001	Medication Assisted Treatment/Opioid TX Srv	MAT/Opioid Treatment	A substance abuse medication assisted treatment/opioid service for adults
	06	002	Medication Assisted Treatment/Opioid TX Srv	MAT/Opioid Treatment	A substance abuse medication assisted treatment/opioid service for adults
	07	004	Outpatient MH/SA Srv	MH/SA Outpatient	A mental health and substance abuse outpatient service for (population served)
	07	005	Outpatient SA Srv	SA Outpatient	A substance abuse outpatient service for adults (population served)
	07	011	Outpatient Managed w'drawal - Medical Detox	Outpatient Medical Detox	A substance abuse outpatient managed withdrawal medical detox service for adults
	14	007	SA Children Residential Tx Srv	SA Children Residential	A SUBSTANCE ABUSE CHILDREN'S RESIDENTIAL TREATMENT SERVICE FOR CHILDREN
	14	033	SA Children Group Home Residential Srv	SA Children Group Home	A SUBSTANCE ABUSE CHILDREN'S GROUP HOME RESIDENTIAL SERVICE
	14	034	SA Children Group Home Residential Srv	SA Children Group Home	A substance abuse children's group home residential service
	17	001	ICT Srv	ICT	A mental health intensive community treatment (ICT) service for adults with serious mental illness

	18	001	PACT Srv	PACT	A mental health intensive community treatment (PACT) service for adults with serious mental illness
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**8. Certificate of Application:** This certificate is to be read before completion and then signed upon completion of this abbreviated service modification application by a person authorized to make changes on behalf of the provider.

- 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.
- 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.
- I understand that approval of the service modification is at the sole discretion of the Commissioner of DBHDS and that a change requiring a modification of the license shall not be implemented prior to approval by the Commissioner.

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.

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If you have any questions concerning this application, please contact your assigned licensing specialist directly.