

**VIRGINIA DEPARTMENT FOR  
AGING AND REHABILITATIVE SERVICES**

**Vendor Application for Licensed  
Behavioral Health Services Provider 08/2014**

**DATE OF APPLICATION:** \_\_\_\_\_

**NAME (last, first, middle):** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**DARS VENDOR # (if applicable):** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**EDUCATIONAL DEGREE(S):** \_\_\_\_\_

**TYPE OF VIRGINIA LICENSE (*attach copy*):** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

**OTHER LICENSURE / CERTIFICATTIONS?** \_\_\_\_\_

**FLUENT IN LANGUAGE OTHER THAN ENGLISH? (*Specify*):** \_\_\_\_\_

1. Did you include a copy of your wrongful act and aggregate professional liability insurance in compliance with current Code of Virginia regulations? Yes  No

2. Did you include copies of vita/resume, supporting documentation, and any relevant licenses? Yes  No

If no, why not? \_\_\_\_\_

3. Did you sign the *DARS Provision of Services Agreement* on page 4? Yes  No

4. **CHECK AREAS OF COMPETENCE BELOW:**

*Note: If requested by DARS, you must provide verification of education/course work, training, and one year of supervised experience in competence areas checked. Verification may include graduate transcripts and letters from supervisors or peers with similar competencies who are familiar with your work.*

Academic Testing (use of individually administered academic tests)

Biofeedback

Cognitive and Adaptive Behavior Testing (use of individually administered intellectual tests)

Individual Psychotherapy

Family Psychotherapy

Group Psychotherapy

Hypnotherapy

Neuropsychological Evaluation and Testing

Objective Personality Testing for Career Development

Objective Personality Testing for Diagnostic Purposes

Projective Personality Testing for Diagnostic Purposes (Board of Psychology licensee only)

5. **CHECK COMPETENCIES WITH THE FOLLOWING:**

- |   |  |
|---|--|
| <input type="checkbox"/> Adjustment to Medical Problems                                     | <input type="checkbox"/> Adolescents   |
| <input type="checkbox"/> Adults   | <input type="checkbox"/> Anxiety Disorders: Phobias <input type="checkbox"/> PTSD <input type="checkbox"/> |
| <input type="checkbox"/> Attention Deficit and Disruptive Behavior Disorders                | <input type="checkbox"/> Brain Injury (traumatic and other acquired)                                       |
| <input type="checkbox"/> Chronic Pain   | <input type="checkbox"/> Communication Disorders (e.g., expressive language, stuttering, phonological)     |
| <input type="checkbox"/> Deaf, Hard of Hearing, Deafblind (use of sign language)            | <input type="checkbox"/> Delirium, Dementia, Amnesic, and other Cognitive Disorders                        |
| <input type="checkbox"/> Dissociative Disorders   | <input type="checkbox"/> Eating Disorders  |
| <input type="checkbox"/> Elderly  | <input type="checkbox"/> Elimination Disorders   |
| <input type="checkbox"/> Factitious Disorders   | <input type="checkbox"/> Feeding Disorders   |
| <input type="checkbox"/> Impulse Control Disorders  | <input type="checkbox"/> Learning Disabilities   |
| <input type="checkbox"/> Mental Retardation: Mild <input type="checkbox"/>                  | <input type="checkbox"/> Mood Disorders: Depression <input type="checkbox"/>                               |
| Moderate <input type="checkbox"/>   | Bipolar <input type="checkbox"/>   |
| Severe <input type="checkbox"/>   |  |
| <input type="checkbox"/> Motor Skill Disorders  | <input type="checkbox"/> Personality Disorders   |
| <input type="checkbox"/> Pervasive Developmental Disorders: Autism <input type="checkbox"/> | <input type="checkbox"/> Schizophrenia/Other Psychotic Disorders   |
| Asperger's <input type="checkbox"/>   |  |
| <input type="checkbox"/> Sexual/Gender Identity Problems                                    | <input type="checkbox"/> Sleep Disorders   |
| <input type="checkbox"/> Somatoform Disorders   | <input type="checkbox"/> Substance Use Disorders   |
| <input type="checkbox"/> Tic Disorders  |  |

**Mail completed application to:**

Virginia Department for Aging and Rehabilitative Services  
 8004 Franklin Farms Drive, Richmond, VA 23229  
 ATTN: Patricia Goodall

***08/2014 DARS Office Use Only***

APPLICATION:            Approved:             Date: \_\_\_\_\_  
                                  Pending:             Date: \_\_\_\_\_  
                                  Not Approved:             Date: \_\_\_\_\_

If application is *Pending* or *Not Approved*, what is needed for approval?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name, Title: *Patricia Goodall, Ed.S., CBIST, Manager of Brain Injury Services Coordination Unit*

## **DARS PROVISION OF SERVICES AGREEMENT FOR LICENSED BEHAVIORAL HEALTH SERVICES PROVIDER**

The following minimum standards have been established to assure the proper selection and use of quality behavioral health services for Department for Aging and Rehabilitative Services (DARS) customers. Providers must meet these standards in a cooperative, ethical manner. Vendors approved for the provision of behavioral health services to DARS customers agree to meet the following standards:

- 1.0 Service Provision.** The vendor must provide specific, qualified, adequate, and economical client services, which meet demonstrated client needs on a regional or statewide basis. The vendor shall charge only for procedures, units of service, and test instruments approved by DARS. Exceptions must be pre-approved by the agency's Director of Psychology Services or designee.
- 2.0 Licensure.** The vendor must be licensed and in good standing in the Commonwealth of Virginia as a clinical psychologist, school psychologist, clinical social worker, professional counselor, clinical nurse specialist, or physician.
- 3.0 Laws/Regulations/Ordinances.** The vendor must be in initial and continuing compliance with all appropriate and relevant federal, state, and local laws, regulations, and ordinances applicable to the vendor's operation, staffing, location, and activities (e.g., Americans with Disabilities Act, 1973 Rehabilitation Act, Civil Rights Act, Fair Labor Standards Act, Virginia Department of Health Professions).
- 4.0 Confidentiality.** The vendor shall establish and maintain confidentiality as to consumer information and records that are of a personal nature, as required by federal and state laws.
- 5.0 Ethical Conduct.** The vendor agrees to maintain high standards of business and ethical conduct in regard to all services inherent in this relationship. Especially prohibited is gift giving or other favors provided by any vendor to any Department representative.
- 6.0 Nondiscrimination.** The vendor shall provide full and equal services, comparable to those for other individuals, and without regard to race, color, religion, national origin, age, sex or disability.
- 7.0 Onsite Evaluations.** The vendor shall permit periodic onsite evaluations by the Department representatives as deemed necessary by the Department.
- 8.0 Fiscal Policies.** The vendor agrees to comply with the policies adopted by the Department for the fiscal administration and control of rehabilitative services programs, subject to Department audit and examination, upon request.
- 8.1 Agency Fees and Billing.** The vendor agrees to accept the fees established by the Department for Aging and Rehabilitative Services. The vendor shall not charge more than the maximum fee allowed for services and shall charge only for services that have been provided. Comparable third party benefits for payment of services shall be used when available. The Department shall pay only the balance remaining following payment by any third party if the balance does not exceed the agency's established maximum fee for that procedure or service. If the provider's insurance contract stipulates that its established reasonable and customary fee for a service(s) be accepted as *payment in full*, DARS shall not pay the balance which remains after the third party payment.
- 8.2 Invoices.** The vendor agrees to accept written authorizations from DARS to bill the agency for the provision of behavioral health services. Invoices should be sent to DARS at least monthly and should be accompanied by brief progress notes (or, in the case of psychotherapy and clinical counseling, a treatment plan should be submitted after the first ten sessions).
- 8.3 Consumer Payments.** The vendor shall not charge to, or accept payment from, a DARS customer or his/her family for any service authorized by the Department unless the amount of such service, charge, or payment is previously known to, and where applicable, approved by the Department for Aging and Rehabilitative Services.
- 9.0 Competency Areas.** The vendor shall provide services only in established competency areas (i.e., those in which established education and experience requirements have been met).
- 9.1 Psychometric Instruments/Testing.** Clinical psychologists, school psychologists, and professional counselors may provide psychological evaluation services with psychometric instruments. Licensed Professional Counselors wishing to provide psychological evaluation services with psychometric instruments must have documentation of graduate education

in the specific areas to be approved and one year of supervised evaluation experience to provide intellectual, achievement, information processing, and/or personality testing. An individual with appropriate credentials must sign all reports. An individual must not represent him/herself as a psychologist unless licensed by the Virginia Board of Psychology.

- 9.2 Neuropsychological Evaluations.** Only licensed clinical psychologists may perform neuropsychological evaluations. Licensed Clinical Psychologists who wish to provide neuropsychological evaluation services must provide documentation of graduate education in neuropsychology, neuropsychological evaluation and one year of supervised experience in clinical neuropsychology in order to provide this service.
- 9.3 Graduate Students.** A graduate student with appropriate course work may provide psychological or neuropsychological evaluation services when part of a university training program and supervised by a licensed behavioral health provider/faculty supervisor meeting the standards in sections 9.0, 9.1, and 9.2. An individual with appropriate credentials must sign all reports. The student must not represent him/herself as a psychologist or professional counselor unless licensed by the respective regulatory Board. Students may not bill directly for services.
- 9.4 Residents.** A resident with appropriate course work and supervised experience may provide psychological or neuropsychological evaluation services when registered with the appropriate regulatory Board and supervised by a licensed behavioral health provider meeting the standards set in sections 9.0, 9.1 and 9.2. An individual with appropriate credentials must sign all reports. The resident must not represent him/herself as a psychologist or professional counselor unless licensed by the respective regulatory Board. Residents may not bill directly for services.
- 9.5 Technicians.** A technician may be used to administer some test instruments during a psychological or neuropsychological evaluation when a licensed behavioral health provider meeting the standards in sections 9.0, 9.1, and 9.2 is present onsite and participates in part of the evaluation. The licensed behavioral health provider must provide test interpretation and complete all written reports. An individual with appropriate credentials must sign all reports. Technicians may not bill directly for services. No additional charges for technician cost are allowed.
- 10.0 Agency Standards.** The vendor must maintain all provisions of these standards to remain on the Department's list of approved, active vendors of licensed behavioral health services.

I attest that the information I have provided to the Department for Aging and Rehabilitative Services (DARS) in this *Vendor Application for Licensed Behavioral Health Services Provider* is complete and accurate. I certify that I have read carefully all of the information provided to me in this vendor application packet. I understand, and agree to abide by, the terms of the *DARS Provision of Services Agreement for Licensed Behavioral Health Services Provider*.

Signed:

Print full name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**AUGUST 2014**