



Virginia Department of Behavioral Health  
and Developmental Services

## DBHDS Seclusion 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) requesting approval 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 modification application in CONNECT.

- is a DBHDS licensed provider operating under organizational license number:
- **I am completing this attestation for the following service:**
- Our agency \_\_\_\_\_ utilize seclusion.
- I am in receipt of and have read the [Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services \[12 VAC 35 - 105\]](#)
- I understand that if at any time, in the future, our agency decides to utilize seclusion, then an information modification must be submitted in CONNECT with all of required documents outlined in the Crisis Regulations Training PowerPoint.
- I understand that seclusion cannot be utilized until the modification is formally approved by the Department via the Office of Licensing.
- 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.
- **Office of Human Rights seclusion requirements:** Providers intending to implement seclusion in their program(s) must email a completed Existing Provider Compliance Verification Checklist to [OHRPolicy@dbhds.virginia.gov](mailto:OHRPolicy@dbhds.virginia.gov) Providers must: 1) Submit the Existing Provider Compliance Verification Checklist, attesting to having written policies and procedures that are in compliance with the [Human Rights Regulations](#) and 2) Submit the provider's Behavior Management Policy in accordance with 12VAC35-115-110, along with the completed Checklist. Seclusion cannot be utilized until the providers' policy about the use of seclusion has been reviewed and approved by the Office of Human Rights and until the modification is formally approved by the Department via the Office of Licensing.

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: