



## CONNECT Provider Portal - How Do I Job Aid

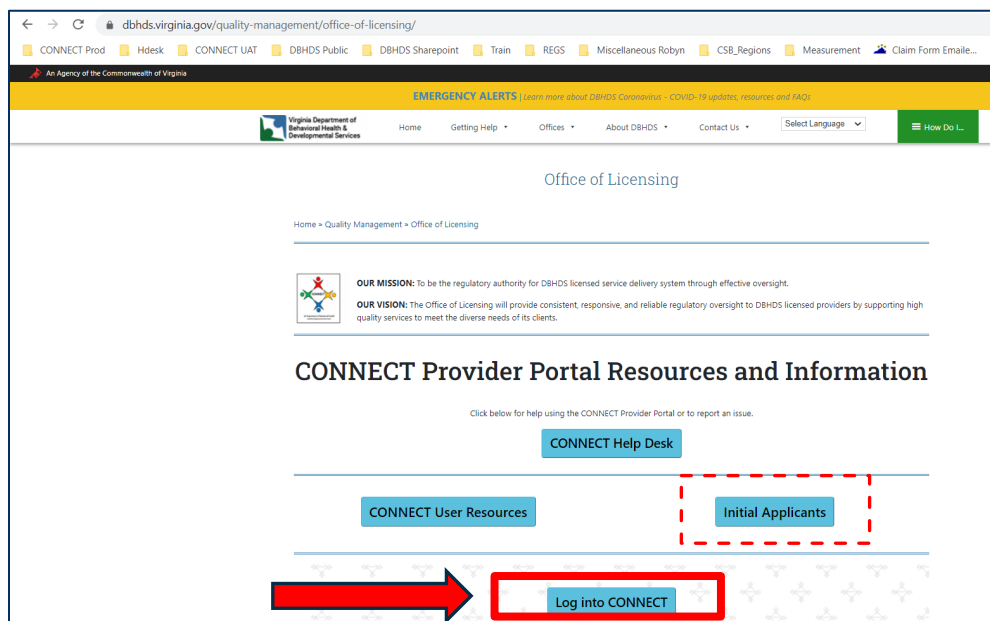
### How Do I Register for the CONNECT Provider Portal to Begin the Initial Application Process?

The following job aid provides step-by-step instructions for registering in the CONNECT Provider Portal so that you can reach the CONNECT dashboard to begin an Initial Provider Application or a Children's Residential Provider Application.

**Step 1:** Navigate to the [DBHDS Office of Licensing website](#).

Note: There is an **“Initial Applicants”** section on the DBHDS website to learn more about the requirements to submit an Initial Application.

**Step 2:** From the DBHDS Office of Licensing website, click the **Log into CONNECT** button.





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**Step 3:** From the CONNECT Provider Portal Login page, click the **Register – Initial Applicants** button.

Note: The Registration is to be used only once for the applicant/owner of the application. Please do not register your provider organization more than one time.

Virginia Department of Behavioral Health and Developmental Services  
CONNECT Provider Portal Login

Welcome to the Virginia Department of Behavioral Health and Developmental Services CONNECT Provider Portal system.

The Provider Portal Dashboard provides access to applicant and licensed provider information online and allows direct communication with the Office of Licensing. Only authorized users can complete licensing tasks online including submitting applications, renewals and modifications, as well as Corrective Action Plan management.

If you are already registered and know your login information, please enter your email address and password, then click the "Login" button. You are required to reset your password every 90 days. If you wish to reset your password, enter your email address and password; select the "Dashboard" option for your provider on the Provider Selection page; and then on the Dashboard select the "Change Login Information". If your password has expired, click the "Forgot Password?" link below.

If you are a member of a licensed provider organization and do not have login information, please select the "Request Login - Existing Licensed Providers" button. Once approved as an authorized user for the CONNECT Provider Portal by your organization, you will receive a temporary password.

If you are a new applicant and you would like to begin the initial application or change of ownership application process, click the "Register - Initial Applicants" button. Please Note: You will need to go through a security check before you are given access to the Provider Portal Dashboard. This may take 1-2 business days once the request has been processed.

[View Application Wait List](#)

Email Address  
  
[Forgot Email Address?](#)

Password  
  
[Forgot Password?](#)

[Back](#)

[Login](#)

[Request Login - Existing Licensed Providers](#)

[Register - Initial Applicants](#)

**Step 4:** From the Registration for Orientation and Training page, enter the applicant identification information for CONNECT to conduct a database search.

Note: If you have previously registered, you are currently employed by a licensed provider, or your email account is already in the DBHDS licensing system for any other reason, please use the exact email used previously so CONNECT can find the record to associate with your registration. During the registration process, you will have an opportunity to update your email to your current account.

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Virginia Department of Behavioral Health & Developmental Services

Virginia.gov | Find an Agency

Registration for Orientation and Training

Please enter your information below to begin the registration process.

First Name

Last Name

Email Address

Phone Number

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**Step 5:** The following steps vary based on whether you have a previous account on file in the CONNECT database:

Complete 5A – Find and update record already in the CONNECT database.

Complete 5B & 5C – If no record is found, create a new record.

5A) If a previous record is found, CONNECT will display the Contact Information record found. Update the account information if applicable and/or click the **Next** button.

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Virginia Department of Behavioral Health & Developmental Services

**Contact Information**

Please enter or update your contact information below, then click "Next" to continue. Please note that this information will be used for all initial communication with the DBHDS Office of Licensing. Once you have completed this registration process and gain access to the CONNECT Provider Portal Dashboard, you may designate a different authorized contact for communications.

**Contact Information**

Phone Number \*  
(404) 375-6128

Alternate Number

Email Address \*  
robyn.matland@gmail.com

Fax

**Mailing Address**

Street 1  
1302 Devers Rd

Street 2  
111

City  
Richmond

State  
VA

Zip  
23226

City/County  
Henrico County

\* Indicates a required field

Back Next

5B) If no record is found, CONNECT will display the Create New Record page. Enter the applicant information to **Create New Record**. Click the **Next** button.

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Virginia Department of Behavioral Health & Developmental Services

**Create New Record**

Based on the information provided on the previous screen, you need to create a new record in the Office of Licensing database. Please enter your information below, then click "Next" to continue.

Name Title:

First Name:  
Jorge

Middle Name:

Last Name:  
Franco

Suffix:

\* Indicates a required field.

Back Next



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### 5C) Enter your contact identification information.

**Contact Information**

Please enter or update your contact information below, then click **"Next"** to continue. Please note that this information will be used for all initial communication with the DBHDS Office of Licensing. Once you have completed this registration process and gain access to the CONNECT Provider Portal Dashboard, you may designate a different authorized contact for communications.

**Contact Information**

Phone Number: \*

Alternate Number:

Email Address: \*

Fax:

**Mailing Address**

Street 1: \*

Street 2:

City: \*

State: \*

Zip: \*

City/County: \*

\* Indicates a required field

[Back](#) [Next](#)

### Step 6: Enter your Provider Organization Information. Enter the Provider Name, Organization Type, and For Profit status.

**Provider Organization Information**

Please enter the information for the provider organization seeking licensure. Please note that by entering this information, the organization is not licensed and is not permitted to provide services. An application must be submitted and approved, and a license issued prior to providing services.

Provider Name \*

Organization Type

For Profit or Non-Profit?

\* Indicates a required field.

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Note: The name of your provider organization must match the name found on the State Corporation Commission (SCC) Certificate that authorizes you to conduct business in the Commonwealth of Virginia.



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**Step 7:** Enter the provider organization contact information.

The screenshot shows the 'Provider Organization Contact Information' page. At the top, there is a header with 'An Agency of the Commonwealth of Virginia' and 'Virginia.gov | Find an Agency'. Below the header, the Virginia Department of Behavioral Health & Developmental Services logo is displayed. The main content area is titled 'Provider Organization Contact Information' and includes a sub-header 'Please enter the address and contact information for the organization by clicking the Update links, when finished click "Next" to continue.' The form contains several fields: 'Provider Name' (with a value of 'Provider 0'), 'Physical Address' (with an 'Update' link), 'Provider Contact Information' (with an 'Update' link), 'Phone Number', 'Fax', 'Email', and 'Mailing Address' (with an 'Update' link). At the bottom of the form, there are two buttons: 'Back' and 'Next', which are highlighted with a red rectangular box.

**Step 8:** Enter “Yes” if applying for a change of ownership. If not, select “No” for your answers.

The screenshot shows the 'Change of Ownership Questions' page. At the top, there is a header with 'An Agency of the Commonwealth of Virginia' and 'Virginia.gov | Find an Agency'. Below the header, the Virginia Department of Behavioral Health & Developmental Services logo is displayed. The main content area is titled 'Change of Ownership Questions' and includes a sub-header 'Please answer the questions below to indicate if the organization is applying for a change of ownership.' The form contains three questions, each with a dropdown menu: 'Are you purchasing an existing DBHDS licensed provider organization to be licensed as a new provider organization?', 'Are you a part of an existing provider organization and applying to split service licenses?', and 'Are you a part of an existing DBHDS licensed provider organization where the owners or the percentage of ownership are changing?'. At the bottom of the form, there are two buttons: 'Back' and 'Next', which are highlighted with a red rectangular box.



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**Step 9:** Enter your relationship to the organization (e.g., owner, executive director, etc.).

**Step 10:** The Orientation and Training page displays. You must take the CONNECT Provider Portal Training to become a CONNECT Portal User. Please follow the instructions on this page to download only the required videos as indicated by an asterisk (\*). After viewing, you must attest you have viewed the training videos before continuing.



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**Step 11:** The “Process Complete” confirmation page appears, which indicates you have successfully completed the registration process.

As the instructions indicate, a temporary password to log into CONNECT will be sent to your email used for registration. Look for the temporary password email within an hour of registration.

Click the **Return to Login Page** button.

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Virginia Department of Behavioral Health & Developmental Services

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### Process Complete

You have successfully requested access to the Virginia Department of Behavioral Health and Developmental Services CONNECT Provider Portal. Your request has been submitted for approval. Once approved, you will be granted the appropriate access.

You will receive an email shortly with a temporary password to login to the Provider Portal Dashboard. To be sure you receive your temporary password, please add smtprelay@gsolutions.com to your email contact list. In addition, if you are a member of a larger organization, you will need to speak with your IT department to ensure emails sent from smtprelay@gsolutions.com are not blocked by the organization's firewall. If you request a temporary password and do not receive it within one business day, be sure to check your SPAM box to see if the email was sent there.

Note: Your username is the email address you provided during this online registration process.

Next Steps:

1. Click the button below to return to the Login Page.
2. Login using your email address and the temporary password sent to your email.
3. Upon login, you will be prompted to reset your password and setup your security questions and answers.
4. Once the request for access has been approved, you will be able to access the Provider Portal Dashboard and follow the instructions to submit an Initial Application.

[Return to Login Page](#)

Now that you have completed your CONNECT Provider Portal registration, you can set up your permanent login password credentials.

**Step 12:** Locate the temporary password sent to the email you used to register your account.

Note: The temporary password expires within 48 hours. You may need to look in your SPAM folder for your email to locate the temporary password email from smtprelay@gsolution.com.

Now log into the CONNECT Provider Portal by entering your Email Account and the Temporary Password found in the email sent.

An Agency of the Commonwealth of Virginia

Virginia Department of Behavioral Health & Developmental Services

### Virginia Department of Behavioral Health and Developmental Services CONNECT Provider Portal Login

Welcome to the Virginia Department of Behavioral Health and Developmental Services CONNECT Provider Portal system.

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[View Application Wait List](#)

Email Address

[Forgot Email Address?](#)

Password

[Forgot Password?](#)

[Back](#)

[Login](#)

[Request Login - Existing Licensed Providers](#)

[Register - Initial Applicants](#)

\*Indicates a required field



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**Step 13:** CONNECT will ask you to set up your Login Account (email), Password, and Security Questions.

Note: The login account should be the email account you used to register. Please remember your security question answers to enable you to request password resets in the future.

**Change Login Information**

Please enter or update the following information for your login information.

**Email Address:**  
Email:   
Confirm Email:

**Password:**  
**NOTE:** Password must be at least 8 characters long and contain one special character(ex. !, @, #), one upper case letter, one lower case letter, and one number.  
Password:   
Confirm Password:

**Security Questions:**  
Security Question 1  
(What is your mother's maiden name?)  
Answer:

Security Question 2  
(In what city or town was your first job?)  
Answer:

Security Question 3  
(What is your favorite movie?)  
Answer:

☐ By checking this box, you are affirming that you are responsible for maintaining all authorized contacts for your Provider Organization and that you will remove user accounts within 24 hours of employee separation from the organization.

\*Indicates required field

**Step 14:** When you log into CONNECT after registering in the CONNECT Portal, on the landing page you will note your Provider Name, Provider Number, Status and your Select access will be pending during a security review of your account to access a DBHDS system. This security check can take 24-48 hours. Please check back in the next couple of days.

**Provider Selection**

In order to complete an initial provider application, renew a license, submit a modification, manage contacts, print licenses, or access the communication center please select the Provider Portal Dashboard you would like to access. If the Provider Portal Dashboard is showing Access Pending, your access is pending approval. You will be able to select the dashboard once the request for access has been approved.

**IMPORTANT:** If you are applying for a change in ownership, you must submit the application under the new provider organization record that the license(s) will be issued to after the change in ownership takes place. If you see the provider organization with a Pending – Change of Ownership listed below, click the Dashboard link for that organization. Otherwise, click the "Change of Ownership Application" button below the table.

Provider Name	Provider Number	Status	Select
Sample Delete	6385	Pending	Access Pending





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**Step 15:** After your account is validated through the security review, there will be a Dashboard link available from the landing page. Click the **Dashboard** link to get to the CONNECT Dashboard.

**Provider Selection**

In order to complete an initial provider application, renew a license, submit a modification, manage contacts, print licenses, or access the communication center please select the Provider Portal Dashboard you would like to access. If the Provider Portal Dashboard is showing Access Pending, your access is pending approval. You will be able to select the dashboard once the request for access has been approved.

**IMPORTANT:** If you are applying for a change in ownership, you must submit the application under the new provider organization record that the license(s) will be issued to after the change in ownership takes place. If you see the provider organization with a Pending – Change of Ownership listed below, click the Dashboard link for that organization. Otherwise, click the **Change of Ownership Application** button below the table.

Provider Name	Provider Number	Status	Select
Sample Delete	6385	Pending	<a href="#">Dashboard</a>

[Change of Ownership Application](#)

[Logout](#)

**Step 16:** The CONNECT Portal Dashboard now displays.

From the dashboard, you can begin the Initial Provider Application or Children's Residential Initial Application by selecting the menu.

From the dashboard, you can also send a message to the Office of Licensing to receive support as you begin your initial application submission process.

**Provider Portal Dashboard**

Sample Delete - 6385 [Log Out](#)

Welcome to the Virginia Department of Behavioral Health and Developmental Services Provider Portal.

[View Wait List](#)

Please notify the Office of Licensing any time a change of ownership for this organization is going to take place by clicking [here](#).

**Communication Center:**

The communication center allows you to correspond with the DBHDS Office of Licensing and manage your organization's contacts and access to this Provider Portal.

[Correspondence Inbox](#) (0)

[Messaging](#) (0)

[Login Requests](#) (0)

**Menu:**

You may choose from the various options below to submit applications and modifications, as well as to manage organization contacts and respond to corrective action plans.

If a menu option is greyed out, then you may not have security access to the process, or the process is not available to the Provider Organization at this time. The Manage Authorized Contacts menu option below allows the organization to grant access and control security for each Provider Portal user.

If you need assistance navigating the processes available to you or the organization, please contact the organization's primary contact before contacting the DBHDS Office of Licensing for assistance.

- [Manage Authorized Contacts](#)
- [Initial Provider Application](#)
- [Children's Residential Provider Application](#)
- [Background Checks](#)
- [Service Modification](#)
- [Location Modification](#)
- [Information Modification](#)
- [Information Modification – Children's Residential](#)
- [License Renewal](#)
- [Corrective Action Plans](#)



## CONNECT Provider Portal - How Do I Job Aid

**Step 17:** You are now ready to begin the initial application process. If you scroll to the bottom of your dashboard, you will find training videos. We recommend that you view **How to Submit an Initial Application** training before you get started so you can understand what you must do to participate and complete the initial application process.

Pending Applications: [?](#)

Pending Modifications: [?](#)

Authorized Contacts: [?](#)

Name	Title	Address	Phone Number	Email	Provider Portal Access
Jorge Franco	CEO - Main Authorized Contact	1302 Devers Rd, 18 Richmond, VA 23226	(404) 375-6128	robyn.maitland@gmail.com	Provider Portal Access

Mailing Address

1201 Devers Rd, 18  
Richmond, VA 23226  
(404) 375-6128  
robyn.maitland@gmail.com

Physical Address

1201 Devers Rd, 18  
Richmond, VA 23226

Training Links:

CONNECT Provider Portal Training:

- [How do I manage additional CONNECT Portal Users?](#)
- [How do I manage Background Check Contacts?](#)
- [How do I check Background Check Status?](#)
- [How do I view and edit a Corrective Action Plan?](#)
- [How do I respond to my Corrective Action Plan?](#)
- [How do I know it is time to renew my license?](#)
- [How do I submit my renewal?](#)
- [How do I submit a Service Modification?](#)
- [How do I submit an application to add a location to an existing service?](#)
- [How do I submit more than one information modification at a time?](#)
- [How do I initiate a new application?](#)
- [How do I submit my requirements?](#)
- [How do I know if my application is submitted and on the waitlist?](#)
- [How do I know if I need to respond to a deficient requirement?](#)

This completes the “How Do I Register for the CONNECT Provider Portal to Begin the Initial Application Process?” job aid.