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Proposed Regulation
Agency Background Document

Agency name	Department of Behavioral health and Developmental Service (DBHDS)
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-274
VAC Chapter title(s)	Regulations for NonCenter-Based Services (12VAC35-274)
Action title	Part 3 of 7: Regulatory Restructuring; NonCenter-Based
Date this document prepared	November 14, 2025

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

In 2017, the Department of Behavioral Health and Developmental Services (DBHDS) conducted a periodic review of the Licensing Regulations. During that review, the Office of Regulatory Affairs (ORA) conducted extensive research on how other states structure their Licensing Regulations. The department also considered comments from internal subject matter experts, providers, and sister agencies when recommending the new licensing structure.

As a result of that review, DBHDS determined the regulations should be amended and broken into service-specific chapters. Therefore, DBHDS will repeal the existing Children's Residential and Licensing Regulations, replacing them with one overarching General Chapter applicable to all providers and five (5) service-specific chapters: Residential, Center-Based, NonCenter-Based, Case Management, and Crisis.

This methodology allows more detailed service-specific regulations where appropriate and offers more clarity for providers regarding exactly which provisions of the licensing regulations apply to their services. This action will enact the NonCenter-Based service-specific chapter.

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.

Board – State Board for Behavioral Health and Developmental Services

Children's Residential Regulations – Regulations for Children's Residential Facilities (12VAC35-46)

DBHDS -- Department of Behavioral Health and Developmental Services

Licensing Regulations – Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services (12VAC35-105)

ORA – DBHDS Office of Regulatory Affairs

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in the ORM procedures, "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

Section 2.2-4007.1 of the Virginia Administrative Process Act requires all regulations to be reviewed every four years to determine whether they should be continued without change or be amended or repealed. In 2017, DBHDS conducted a Periodic Review of the Licensing Regulations and recommended that the regulations should be amended.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Sections 37.2-203 and 37.2-304 of the Code of Virginia authorize the Board to adopt regulations that may be necessary to carry out the provisions of Title 37.2 and other laws of the Commonwealth administered by the Commissioner and DBHDS.

At its meeting on Wednesday December 10, 2025, the Board voted to authorize staff to initiate this regulatory action.

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it is intended to solve.

Licensing regulations are integral to protect the health, safety, and welfare of individuals served by behavioral health, substance use, and developmental disability providers within the Commonwealth of Virginia. The existing Children's Residential and Licensing Regulations often result in confusion because the regulations are necessarily lengthy and as currently structured, contain the requirements for all types of providers in a single chapter. This structure makes the regulations difficult to navigate and often leaves providers unsure or frustrated regarding which provisions of the regulations apply to them.

The purpose of this action is to solve those problems by creating the NonCenter-Based service-specific chapter as part the restructuring, which will make the regulations more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

The regulatory restructuring will repeal the existing Children's Residential and Licensing Regulations, replacing them with one overarching General Chapter applicable to all providers and five (5) service specific chapters: Residential, Center-Based, NonCenter-Based, Case Management, and Crisis. All provisions of the existing Children's Residential and Licensing Regulations would be reenacted within the new "umbrella" General Chapter and five service-specific chapters, with corrections, streamlining, and strengthening of regulations where appropriate.

This restructuring methodology allows more detailed service-specific regulations where appropriate and more clarity for providers regarding exactly which provisions of the department's regulations apply to their services.

This action retains provisions from the existing licensing regulations and limits changes to technical corrections, streamlining, and strengthening of regulations where appropriate.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

The primary advantage of this action is that it reorganizes and thus clarifies the regulatory requirements, improving ease of use and understanding by licensed providers, individuals receiving services, and other stakeholders. As the action does not remove protections for individuals, there are no known disadvantages.

The primary advantages to DBHDS and the Commonwealth are that the regulatory language is reorganized in a method that is easier for providers to use and therefore will promote increased compliance. There is no disadvantage to the agency or the Commonwealth.

There are no other pertinent matters of interest.

Requirements More Restrictive than Federal

Identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.

There are no regulatory changes more restrictive than applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Consistent with § 2.2-4007.04 of the Code of Virginia, identify any other state agencies, localities, or other entities particularly affected by the regulatory change. Other entities could include local partners such as tribal governments, school boards, community services boards, and similar regional organizations. "Particularly affected" are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. "Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.

Other State Agencies Particularly Affected

- No other state agencies are particularly affected.

Localities Particularly Affected

- No localities are particularly affected

Other Entities Particularly Affected

- CSBs involved in providing services to individuals are particularly affected as they are also licensed providers; Individuals needing or receiving services from licensed providers, as well as employees, contractors, volunteers, and interns are particularly affected by this regulatory action.

Economic Impact

Consistent with § 2.2-4007.04 of the Code of Virginia, identify all specific economic impacts (costs and/or benefits) anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Keep in mind that this is the proposed change versus the status quo.

Impact on State Agencies

For your agency: projected costs, savings, fees, or revenues resulting from the regulatory change, including: a) fund source / fund detail; b) delineation of one-time versus on-going expenditures; and c) whether any costs or revenue loss can be absorbed within existing resources.	The Department anticipates a number of cost savings associated with the regulatory action. These savings are enumerated within the ORM Economic Review Form. There are no projected costs on DBHDS from this regulatory action other than to require modifications in its web-based reporting application to update regulatory section information. Those costs can be absorbed.
For other state agencies: projected costs, savings, fees, or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.	There is no fiscal impact on other state agencies from this regulatory action.
For all agencies: Benefits the regulatory change is designed to produce.	DBHDS will have increased clarity in the use of the regulations.

Impact on Localities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a or 2) on which it was reported. Information provided on that form need not be repeated here.

Projected costs, savings, fees, or revenues resulting from the regulatory change.	There are no fiscal impacts on localities from this regulatory action.
Benefits the regulatory change is designed to produce.	Increased clarity in the use of the regulations.

Impact on Other Entities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a, 3, or 4) on which it was reported. Information provided on that form need not be repeated here.

Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.	Licensed providers shall be affected by the regulatory change. Please see the ORM Economic Impact Form. (Tables 1a and 4)
Agency's best estimate of the number of such entities that will be affected. Include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated, and; b) employs fewer than 500 full-time employees or has gross annual sales of less than $6 million.	An unknown number of small businesses that are licensed providers may be affected by this regulatory change. Please see the ORM Economic Impact Form. (Table 4)
All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Be specific and include all costs including, but not limited to: a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; c) fees; d) purchases of equipment or services; and	See the ORM Economic Impact Form. (Table 1a)

e) time required to comply with the requirements.	
Benefits the regulatory change is designed to produce.	Increased clarity in the use of the regulations.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

There are no viable alternatives to the regulatory action, which decreases the regulatory and compliance burden on providers by improving clarity.

Regulatory Flexibility Analysis

Consistent with § 2.2-4007.1 B of the Code of Virginia, describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.

The ORM Economic Impact Form reports on costs and benefits under an alternative approach.

Periodic Review and Small Business Impact Review Report of Findings

If you are using this form to report the result of a periodic review/small business impact review that is being conducted as part of this regulatory action, and was announced during the NOIRA stage, indicate whether the regulatory change meets the criteria set out in EO 19 and the ORM procedures, e.g., is necessary for the protection of public health, safety, and welfare; minimizes the economic impact on small businesses consistent with the stated objectives of applicable law; and is clearly written and easily understandable. In addition, as required by § 2.2-4007.1 E and F of the Code of Virginia, discuss the agency's consideration of: (1) the continued need for the regulation; (2) the nature of complaints or comments received concerning the regulation; (3) the complexity of the regulation; (4) the extent to the which the regulation overlaps, duplicates, or conflicts with federal or state law or regulation; and (5) the length of time since the regulation has been evaluated or the degree to which technology, economic conditions, or other factors have changed in the area affected by the regulation. Also, discuss why the agency's decision, consistent with applicable law, will minimize the economic impact of regulations on small businesses.

Not applicable. This regulatory action is related to a periodic review from 2017, not one announced during the NOIRA stage.

Public Comment

Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency's response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.

Commenter	Comment	Agency response
DH	**In Favor** In favor of the structure change to promote improved accessibility and relatedness to the applicable service category	Thank you for your support.
Allison Meyer, GPCS	**Consolidate regulatory actions** Please consider consolidating regulatory actions on Licensing regulations. DBHDS is trying to separate regulations into a general chapter and service specific chapters which no longer all align with other efforts to end certain services and establish others as part of Behavioral Health Redesign with DMAS. This is inefficient and confusing. We should be moving forward with one process that can both overhaul regulations while speaking to the services of Behavioral Health Redesign.	The Behavioral Health Redesign effort is not at odds with this regulatory action to restructure the licensing chapters. The regulatory actions for Behavioral Health Redesign have not been completed, and regulatory actions are not permitted to incorporate changes that are outside of their scope. Therefore, the DBHDS regulatory actions to incorporate Behavioral Health Redesign must move forward as separate actions. Once the Behavioral Health Redesign regulatory actions are finalized, all new services as a part of that effort will be incorporated into the new restructured licensing chapters.
Nicole Lewis, Southside Behavioral Health	**Comment on Proposed Overhaul of DBHDS Licensing Regulations** I appreciate the opportunity to provide feedback on the proposal to repeal 12VAC35-46 and 12VAC35-105 and restructure the Department of Behavioral Health and Developmental Services licensing regulations into a general chapter with multiple service-specific chapters. **Concerns:** 1. **Fragmentation of Regulations** Splitting licensing rules into six separate chapters may create unnecessary confusion for providers and staff. Many providers operate across multiple	Thank you for your comment. 1. Initially drafted as a comprehensive regulatory overhaul, this action is a project DBHDS has been undertaking carefully since 2019, in response to feedback from providers about the Licensing Regulations being lengthy and cumbersome. Providers have stated that it is often

	service types (residential, crisis, case management, etc.), which will force them to cross-reference several chapters rather than using one integrated framework. This increases the risk of misinterpretation, inconsistency, and regulatory burden without clear benefit.	difficult to determine which provisions apply to them, so the restructuring is intended to make it easier to navigate the Licensing Regulations and to clarify service specific requirements. DBHDS convened Regulatory Advisory Panels and circulated initial draft language for public comment in 2019, 2021, and 2022. However, since issuing those General Notices, many substantive provisions in the initial overhaul drafts became effective through separate actions(e.g. legislative mandates, ED 1 reductions). Therefore, this Regulatory Restructuring action is scaled back from the prior overhaul drafts. Provisions common to all services are centrally located in the General Chapter and not repeated across chapters.
	2. **Timing with DMAS Behavioral Health Redesign** The Department of Medical Assistance Services (DMAS) is still in the process of redesigning behavioral health services. The DBHDS licensing overhaul appears disconnected from this redesign effort. If the two processes move forward on separate timelines, providers will face overlapping but unaligned changes to regulations and service definitions. This timing could cause duplication, inefficiency, and added compliance costs during an already unstable transition period.	2. The Behavioral Health Redesign effort is not at odds with this regulatory action to restructure the licensing chapters. The regulatory actions for Behavioral Health Redesign have not been completed, and regulatory actions are not permitted to incorporate changes that are outside of their scope. Therefore, the DBHDS regulatory actions to incorporate Behavioral Health Redesign must move forward as separate actions. Once the Behavioral Health Redesign regulatory actions are finalized, all new services as a part of that effort will be incorporated into the new restructured licensing chapters.
	3. **Regulatory Overload for Providers** The system has seen a wave of new initiatives: Marcus Alert, crisis service transformation, new performance contract requirements, DBHDS risk management memos, and	3. The intent of the Regulatory Restructuring action is to make it easier for providers to navigate the Licensing Regulations and to clarify service specific requirements.

	pending updates on case management. Adding a full licensing restructure at the same time may overwhelm providers and divert resources away from quality improvement and direct care. 4. **No Planned Public Hearing** Given the scale of this change, not holding a public hearing reduces transparency and limits meaningful input from those most impacted. Providers, families, and advocates deserve the opportunity for live discussion and feedback before a decision is made. **Recommendations:** • **Consolidate the Process:** Align the DBHDS licensing overhaul with DMAS Behavioral Health Redesign so that regulations and services are integrated into a single, coordinated framework. • **Phase Changes Gradually:** Consider targeted updates to address urgent gaps (e.g., new service types) but delay full restructuring until DMAS redesign details are finalized. • **Maintain a Central Framework:** If DBHDS proceeds with service-specific chapters, ensure there is one consolidated reference guide or integrated portal that shows how requirements interact across service types. • **Add a Public Hearing:** Provide stakeholders the opportunity to discuss	4. DBHDS has provided multiple opportunities for stakeholder input and participation throughout the course of this project (i.e. Regulatory Advisory Panels; General Notices with comment periods) and will continue to do so with public comment periods at the proposed and final stages of the regulatory process. Public hearings are proceedings to receive testimony only; they do not allow two-way discussion. No responses to comments, questions, or concerns can be provided at a public hearing. • DBHDS and DMAS are separate agencies and must each conduct independent regulatory actions for the combined effort of the Behavioral Health Redesign. (Also refer to response #2.) • Thank you for your recommendation the Department shall take it into consideration. • As with any regulatory change the Department shall provide training and resources to educate providers. • The regulatory action will provide additional opportunities for public comment at the proposed and final stages.

	these changes openly before they move forward. • **Conduct Impact Analysis:** Before adoption, DBHDS should assess the administrative and financial impact on providers, particularly smaller CSBs and community agencies already under resource strain. **Conclusion:** While the goal of clarity and service-specific detail is understood, moving forward now with this broad regulatory overhaul risks creating confusion, duplication, and instability across the system. A more coordinated, phased approach that aligns with DMAS redesign would better serve providers, individuals, and the Commonwealth.	• A financial impact analysis is required of every regulatory action. The required economic impact analysis for this action is a part of the regulatory package.
Valerie Patton, Prince William County Community Services Board	**Comment on Overhaul of DBHDS Regulations** The DBHDS plan to separate the Licensing Regulations into a general chapter and separate service-specific chapters does not align with the DMAS Behavioral Health Redesign efforts. PWC CSB supports moving forward with one process that can both overhaul regulations while speaking to the services of Behavioral Health Redesign.	Thank you for your comment. The Behavioral Health Redesign effort is not at odds with this regulatory action to restructure the licensing chapters. The regulatory actions for Behavioral Health Redesign have not been completed, and regulatory actions are not permitted to incorporate changes that are outside of their scope. Therefore, the DBHDS regulatory actions to incorporate Behavioral Health Redesign must move forward as separate actions. Once the Behavioral Health Redesign regulatory actions are finalized, all new services as a part of that effort will be incorporated into the new restructured licensing chapters.
Jessica Bryant, CIBH	**CIBH Comment on Regulation Overhaul** In response to the Notice of Intended Regulatory Action (NOIRA) for the *Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services, 12 VAC 35- 105-10, et seq,* please reconsider the proposed action of separating regulations into a general chapter and service specific chapters. With pending regulation and service changes related to the Behavioral	Thank you for your comment. The Behavioral Health Redesign effort is not at odds with this regulatory action to restructure the licensing chapters. The regulatory actions for Behavioral Health Redesign have not been completed, and regulatory actions are not permitted to incorporate changes that are outside of their scope. Therefore, the DBHDS regulatory actions to incorporate Behavioral Health Redesign must move forward as separate actions. Once the Behavioral Health Redesign regulatory actions are finalized, all new services as a part of that effort will be incorporated into the new restructured licensing chapters.

	Health Redesign, the proposed action would not be in alignment with the ending of certain services and establishing of other services in the Redesign model. We should be moving forward with one process that can both overhaul regulations while speaking to the services of Behavioral Health Redesign	

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.

The Department of Behavioral Health and Developmental Services is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, and (iii) the potential impacts of the regulation.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: https://townhall.virginia.gov. Comments may also be submitted by mail, email or fax to Susan Puglisi, 1220 Bank Street, Richmond Virginia, 23219, and susan.puglisi@dbhds.virginia.gov. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will not be held following the publication of the proposed stage of this regulatory action.

Detail of Changes

List all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.

If an existing VAC Chapter(s) is being amended or repealed, use Table 1 to describe the changes between the existing VAC Chapter(s) and the proposed regulation. If the existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.

If a new VAC Chapter(s) is being promulgated and is not replacing an existing Chapter(s), use Table 2.

Table 2: Promulgating New VAC Chapter(s) without Repeal and Replace

New chapter-section number	New requirements to be added to VAC	Other regulations and laws that apply	Change, intent, rationale, and likely impact of new requirements
12VAC35-274-10. Definitions	Definitions required to implement the new NonCenter Based service specific chapter.		Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-20. License required.	NonCenter Based licenses required by the Department of Behavioral Health and Developmental Services to provide services within the Commonwealth of Virginia.		Listing of license types necessary to provide noncenter based services within the Commonwealth of Virginia. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-30. Service descriptions.	Listing of service descriptions of noncenter based services within the Commonwealth of Virginia		Listing of noncenter based service descriptions. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-40. Screening	Listing of screening requirements for noncenter based services. Screenings will determine if an individual may be appropriate for the provider's service and assessment or referral to other services.		Listing of screening requirements for noncenter based services. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-50. Assessments.	Listing of assessments for noncenter based services. Assessments determine whether the individual qualifies for admission and to initiate an ISP.		Listing of assessment requirements for noncenter based services. Intent and likely impact: Clearer regulations which are more accessible and understandable while

			allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-60. Individualized services plan (ISP); service planning	The timeline requirements for ISPs as well as requirements to ensure that individuals are provided informed choice.		Listing of service planning requirements for noncenter based services. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-70. ISP minimum requirements.	The minimum requirements for noncenter based ISPs. This section includes the requirements for both initial and comprehensive ISPs.		Listing of minimum requirements for noncenter based ISPs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-80. Reassessments and quarterly ISP reviews.	Reassessment requirements as well as quarterly ISP requirements which documents the individual's progress, the section includes the required elements of the quarterly ISP review.		Listing of reassessment and quarterly ISP requirements. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-90. Progress notes.	Lists the minimum requirements of noncenter based service progress notes.		Lists the minimum requirements of noncenter based service progress notes. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-100. Health care policy.	Lays out the minimum requirements of noncenter based		Lays out the minimum requirements of noncenter based provider's health care policies.

	provider's health care policies.		Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-110. Provider staffing plan; supervision requirement	Lays out the additional requirements of the noncenter based provider's staffing plan in addition to those within the General chapter.		Lays out the additional requirements of the noncenter based provider's staffing plan in addition to those within the General chapter. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-120. Staffing.	Provides the minimum staffing requirements for all noncenter based services.		Provides the minimum staffing requirements for all noncenter based services. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-130. Medication errors and drug reactions.	Lists the requirements the provider must follow in the event of a medication error or adverse drug reaction.		Lists the requirements the provider must follow in the event of a medication error or adverse drug reaction. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-140. Crisis or emergency interventions; required elements.	Requires that the provider have a policy regarding prompt intervention in the event of a crisis. Includes the minimum requirements of those policies and procedures.		Requires that the provider have a policy regarding prompt intervention in the event of a crisis. Includes the minimum requirements of those policies and procedures.

			Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-150. Reserved.			
12VAC35-274-160. Emergency preparedness and response plan.	Lays out the required elements of the provider's written emergency preparedness and response plan.		Lays out the required elements of the provider's written emergency preparedness and response plan. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-170. Reserved.			
12VAC35-274-180. ACT admission and discharge criteria.	Provides clear admission and discharge requirements within ACT programs.		Provides clear admission and discharge requirements within ACT programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-190. ACT contacts	Defines minimum number of contacts that ACT teams must make with individuals receiving services and requires face-to-face contact, or attempts to make face-to-face contact with individuals in accordance with the individual's individualized services plan.		Defines minimum number of contacts that ACT teams must make with individuals receiving services and requires face-to-face contact, or attempts to make face-to-face contact with individuals in accordance with the individual's individualized services plan. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide

			more detail where appropriate for specific provider types.
12VAC35-274-200. ACT daily operation and progress notes.	Requires daily organizational meetings and progress notes be maintained by ACT teams.		Requires daily organizational meetings and progress notes be maintained by ACT teams. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-210. ACT self-assessment.	Requires that the ACT provider solicit the individual's assessment of his needs, strengths, goals, preferences, and abilities.		Requires that the ACT provider solicit the individual's assessment of his needs, strengths, goals, preferences, and abilities. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-220. ACT service requirements.	Defines minimum service requirements for ACT teams.		Defines minimum service requirements for ACT teams. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-230. Admission criteria.	Provides clear admission requirements within CPST programs.		Provides clear admission requirements within CPST programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.

12VAC35-274-240. Discharge criteria.	Provides clear discharge requirements within CPST programs.		Provides clear discharge requirements within CPST programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-250. Treatment team and staffing.	Provides the requirements of providers of CPST services related to personnel.		Provides the requirements of providers of CPST services related to personnel. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-260. Service delivery and location.	Provides clear service delivery requirements within CPST programs.		Provide clear service delivery requirements within CPST programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-274-270. Location requirements.	Provides clear location requirements within CPST programs.		Provides clear location requirements within CPST programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.