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Emergency Regulation and Notice of Intended Regulatory Action (NOIRA) Agency Background Document

Agency name	Department of Behavioral Health and Developmental Services (DBHDS)
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-105
VAC Chapter title(s)	Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services
Action title	Amend the Licensing regulations to align with the ASAM Criteria
Date this document prepared	6/30/20

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), 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 the subject matter, intent, and goals 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 or changes. If applicable, generally describe the existing regulation.

The Department of Behavioral Health and Developmental Services (DBDHS) was directed by the 2020 General Assembly within the Appropriation Act to utilize emergency regulation authority to promulgate licensing regulations that align with the American Society of Addiction Medicine Levels of Care Criteria (ASAM) or an equivalent set of criteria to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction. The goal of this regulatory action is to amend the licensing regulations, Rules and Regulations for Licensing Providers by the DBHDS 12VAC35-105, to align with the ASAM Levels of Care Criteria which ensures individualized, clinically driven, participant-directed and outcome-informed treatment.

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.

ASAM- American Society of Addiction Medicine

DBHDS- Department of Behavioral Health and Developmental Services

State Board- State Board of Behavioral Health and Developmental Services

Mandate and Impetus (Necessity for Emergency)

Explain why this rulemaking is an emergency situation in accordance with § 2.2-4011 A and B of the Code of Virginia. In doing so, either:

- a) Indicate whether the Governor's Office has already approved the use of emergency regulatory authority for this regulatory change.*
- b) Provide specific citations to Virginia statutory law, the appropriation act, federal law, or federal regulation that require that a regulation be effective in 280 days or less from its enactment.*

As required by § 2.2-4011, also describe the nature of the emergency and of the necessity for this regulatory change. In addition, delineate any potential issues that may need to be addressed as part of this regulatory change

The 2020 General Assembly directed DBDHS to promulgate emergency regulations to become effective within 280 days or less from the enactment of the Appropriation Act. In addition to the mandate from the General Assembly, this regulatory action is needed to incorporate best practices into the licensing regulations in order to promote recovery from the disease of addiction, because substance-related disorders affect individuals, their families, the workplace and the general community. In late 2016 the Governor and the State Health Commissioner declared the opioid addiction crisis a public health emergency. Since that time DBHDS and a number of sister agencies have been working to make policy changes to address the crisis. This regulatory action is another tool to address the crisis.

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 or Acts and 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.

DBDHS was directed by the 2020 General Assembly within the Appropriation Act to utilize emergency authority to promulgate regulations which align with a set of criteria to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction. Item 318 of the 2020 Acts of Assembly Chapter 1289 charges the Department to make the changes within this regulatory action. Section 37.2-203 of the Code of Virginia gives the Board of Behavioral Health and Developmental Services the authority to adopt regulations that may be necessary to carry out the provisions of Title 37.2 of the Code and other laws of the Commonwealth administered by the DBHDS commissioner. The Board of Behavioral Health and Developmental Services voted to adopt this regulatory action on July 15th, 2020.

Purpose

Describe the specific reasons why the agency has determined that this regulation is essential to protect the health, safety, or welfare of citizens. In addition, explain any potential issues that may need to be addressed as the regulation is developed.

The purpose of this regulatory action is to align Virginia’s licensing regulations with the ASAM levels of care criteria. This alignment is necessary to incorporate best practices into licensing regulations in order to promote remission and recovery from the disease of addiction. Regulations that promote remission and recovery from the disease of addiction are essential to protecting the health and welfare of citizens.

Substance related disorders affect the individual, their families, the workplace and the general community. An essential component of Virginia’s efforts to address the opioid epidemic is ensuring that a range of quality, evidence-based substance use related services are available throughout the Commonwealth that span the spectrum of available levels of care. The alignment of Virginia’s licensing regulations with the ASAM criteria will help advance that effort.

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.

This regulatory action amends the licensing regulations, Rules and Regulations for Licensing Providers by the DBHDS 12VAC35-105, to align with the ASAM Levels of Care Criteria which ensures individualized, clinically driven, participant-directed and outcome-informed treatment. The regulatory action provides the necessary definitions for the newly aligned services to be provided and creates staff, program admission, discharge and co-occurring enhanced program criteria for ASAM levels of care 4.0 (Medically managed intensive inpatient services), 3.7 (Medically monitored intensive inpatient services), 3.5 (Clinically managed high-intensity residential services), 3.3 (Clinically managed population-specific high-intensity residential services), 3.1 (Clinically managed low-intensity residential services), 2.5 (Substance abuse partial hospitalization services), 2.1 (Substance abuse intensive outpatient services), 1.0 (Substance abuse outpatient services) and OTS (Medication assisted opioid treatment services).

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 the regulatory change is Licensing Regulations that incorporate best practices related to treatment of substance related conditions, which in turn will result in citizens of the Commonwealth receiving more effective treatment of substance related conditions. This is an advantage to the public, the agency, and the Commonwealth. The primary disadvantage is that some providers may experience a financial burden in order to comply with the new regulations. There are no known disadvantages to the agency or the Commonwealth.

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.

As this regulatory action is the result of a General Assembly mandate. There are no viable alternatives.

Periodic Review and Small Business Impact Review Announcement

This Emergency/NOIRA is not being used to announce a periodic review or a small business impact review.

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. In addition, as required by § 2.2-4007.02 of the Code of Virginia describe any other means that will be used to identify and notify interested parties and seek their input, such as regulatory advisory panels or general notices.

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, Phone Number: 804-371-2709, email: 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 emergency 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 existing VAC Chapter(s) and the emergency regulation. If 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.

Table 1: Changes to Existing VAC Chapter(s)

Current section number	New section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
12VAC35-105-20. Definitions.		<p>Provides current definitions for the Licensing Regulations.</p> <p>The following term is being amended: "Medication assisted opioid treatment (Opioid treatment service)" means an intervention strategy that combines outpatient treatment with the administering or dispensing of synthetic narcotics, such as methadone or buprenorphine (suboxone), approved by the federal Food and Drug Administration for the purpose of replacing the use of and reducing the craving for opioid substances, such as heroin or other narcotic drugs.</p>	<p>Change: Adding the following definitions for terms utilized within the ASAM criteria:</p> <ul style="list-style-type: none"> • Allied health professionals; • ASAM; • Clinically managed high-intensity residential care; • Clinically managed low-intensity residential care; • Credentialed addiction treatment professional; • Intensity of Service; • Medically managed intensive inpatient service; • Medically monitored intensive inpatient treatment; • Medication assisted treatment; • Mental health intensive outpatient services; • Mental health outpatient service; • Mental health partial hospitalization service; • Motivational enhancement; • Physician extenders; • Specific high-intensity residential services; • Substance abuse intensive outpatient service; • Substance abuse outpatient service; and • Substance abuse partial hospitalization services. <p>Removing the following terms which will no longer be used due to alignment with ASAM:</p> <ul style="list-style-type: none"> • Medically managed withdrawal services; • Outpatient service; • Partial hospitalization service; • Social detoxification service; and • Substance abuse intensive outpatient service.

			<p>The current term “medication assisted treatment” is being updated to “medication assisted opioid treatment.” The definition is unchanged and as follows: “means an intervention strategy that combines outpatient treatment with the administering or dispensing of synthetic narcotics, such as methadone or buprenorphine (suboxone), approved by the federal Food and Drug Administration for the purpose of replacing the use of and reducing the craving for opioid substances, such as heroin or other narcotic drugs.”</p> <p>In addition a new definition has been created for “Medication assisted treatment” as follows: “means the use of FDA-approved medications in combination with counseling and behavioral therapies to provide treatment of substance use disorders Medication assisted treatment includes but not limited to medication assisted opioid treatment..”</p> <p>Impact: Clear regulations</p>
<p>12VAC35-105-30. Licenses.</p>		<p>Provides the current list of specific services which require a license</p>	<p>Change: Adding the new ASAM license titles within the list of services which require a license including: Clinically-managed high-intensity residential care; clinically-managed low-intensity residential care; medically managed intensive inpatient service; medically monitored intensive inpatient treatment; medication assisted opioid treatment; mental health intensive outpatient; mental health outpatient; mental health partial hospitalization; specific high-intensity residential; substance abuse outpatient; and substance abuse partial hospitalization.</p> <p>Removal of terms which will not be utilized due to ASAM alignment including:</p> <ul style="list-style-type: none"> • Managed withdrawal, including medical detoxification and social detoxification; • Opioid treatment/medication assisted treatment; • Outpatient; and

			<ul style="list-style-type: none"> • Partial hospitalization. <p>Impact: Clear regulations, some providers may have their license type changed due to the new terminology</p>
12VAC35-105-925. Standards for the evaluation of new licenses for providers of services to individuals with opioid addiction.		Provides the standards for providers of services to individuals with opioid addictions	<p>Change: Updating the terminology within the section to reflect the ASAM terminology. Specifically updating the name of the Article from Medication Assisted Treatment to “Medication Assisted Opioid Treatment” and removal of the term “Opioid Treatment Services”</p> <p>Impact: Clarity of the regulations</p>
12VAC35-105-930. Registration, certification or accreditation		Provides requirements for opioid treatment services with regarding to registration, certification or accreditation	<p>Change: Updating the terminology within the section to reflect the ASAM terminology. Specifically replacing the term “opioid treatment service” with “medication assisted opioid treatment service.”</p> <p>Impact: Clarity of the regulations</p>
12VAC35-105-960. Physical examinations.		Provides requirements for the physical examination of individuals receiving opioid treatment services	<p>Change: Updating the terminology within the section to reflect the ASAM terminology. Specifically replacing the term “opioid agonist service” with “medication assisted opioid treatment service.”</p> <p>Impact: Clarity of the regulations</p>
12VAC35-105-1000. Preventing duplication of medication services.		Requires opioid treatment service providers to take steps to prevent the duplication of opioid treatment services	<p>Change: Updating the terminology within the section to reflect the ASAM terminology. Specifically replacing the terms “opioid medication services” and “opioid treatment service” to “medication assisted opioid treatment services.”</p> <p>Impact: Clarity of the regulations</p>
12VAC35-105-1055. Description of level of care provided.		Requires providers of medically managed withdrawal services to describe the level of their services and medical management provided	<p>Change: Updating the terminology within the section to reflect the ASAM terminology. Specifically updating the name of the Article from Medically Managed Withdrawal Services to Medically Monitored Intensive Inpatient Services (this change does not require the section to be included in the action).</p> <p>Impact: Clarity of the regulations</p>
12VAC35-105-1110.		Lists the requirements that medically managed	<p>Change: Updating the terminology within the section to reflect the ASAM</p>

Admission assessments.		withdrawal service providers must fulfill upon admission of an individual receiving their services.	terminology. Specifically updating the term “managed withdrawal services” to “medically monitored intensive inpatient services.” Impact: Clarity of the regulations
	12VAC35-105-1420. (Reserved).		Intent: Space saver section.
	12VAC35-105-1430. Medically managed intensive inpatient (ASAM LOC 4.0) staff criteria.		Intent: Provide clear staff requirements within medically managed intensive inpatient programs, which are programs provided within an acute care inpatient setting such as an acute care hospital. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1440. Medically managed intensive inpatient (ASAM 4.0) program criteria.		Intent: Provide clear program requirements within medically managed intensive inpatient programs which are programs provided within an acute care inpatient setting such as an acute care hospital.. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1450. Medically managed intensive inpatient (ASAM 4.0) admission criteria.		Intent: Provide clear admission requirements within medically managed intensive inpatient programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.
	12VAC35-105-1460. Medically managed intensive inpatient (ASAM 4.0) discharge criteria.		Intent: Provide clear discharge requirements within medically managed intensive inpatient programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.
	12VAC35-105-1470. Medically managed intensive inpatient co-occurring enhanced programs. (ASAM 4.0)		Intent: Provide additional licensing requirements for medically managed intensive inpatient programs which treat individuals with co-occurring disorders. Impact: Clarity of the regulations. Clear requirements for providers

			treating individuals with co-occurring disorders.
	12VAC35-105-1480. Medically monitored intensive inpatient services (ASAM LOC 3.7) staff criteria.		<p>Intent: Provide clear staff requirements within medically monitored intensive inpatient treatment programs, which provide 24 hour care in a facility under the supervision of medical personnel providing directed evaluation, observation, and medical monitoring.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1490. Medically monitored intensive inpatient services (ASAM 3.7) program criteria.		<p>Intent: Provide clear program requirements within medically monitored intensive inpatient treatment programs, which provide 24 hour care in a facility under the supervision of medical personnel providing directed evaluation, observation, and medical monitoring.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1500. Medically monitored intensive inpatient (ASAM 3.7) admission criteria.		<p>Intent: Provide clear admission requirements within medically monitored intensive inpatient programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1510. Medically monitored intensive inpatient (ASAM 3.7) discharge criteria.		<p>Intent: Provide clear discharge requirements within medically monitored intensive inpatient programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1520. Medically monitored intensive inpatient co-occurring enhanced programs.(ASAM 3.7)		<p>Intent: Provide additional licensing requirements for medically monitored intensive inpatient programs which treat individuals with co-occurring disorders.</p> <p>Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.</p>
	12VAC35-105-1530. Clinically managed high-		Intent: Provide clear staff requirements within clinically managed high intensity residential care programs, which

	intensity residential services (ASAM LOC 3.5) staff criteria.		<p>provide 24 hour supportive treatment. The individuals served by clinically managed high-intensity residential care are individuals who are not sufficiently stable to benefit from outpatient treatment regardless of intensity of service.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1540. Clinically managed high-intensity residential services (ASAM 3.5) program criteria.		<p>Intent: Provide clear program requirements within clinically managed high intensity residential care programs, which provide 24 hour supportive treatment. The individuals served by clinically managed high-intensity residential care are individuals who are not sufficiently stable to benefit from outpatient treatment regardless of intensity of service.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1550. Clinically managed high-intensity residential services (ASAM 3.5) admission criteria.		<p>Intent: Provide clear admission requirements within clinically managed high-intensity residential service programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1560. Clinically managed high-intensity residential services (ASAM 3.5) discharge criteria.		<p>Intent: Provide clear discharge requirements within clinically managed high-intensity residential service programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1570. Clinically managed high-intensity residential services co-occurring enhanced programs. (ASAM 3.5)		<p>Intent: Provide additional licensing requirements for clinically managed high-intensity residential service programs which treat individuals with co-occurring disorders.</p> <p>Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.</p>
	12VAC35-105-1580. Clinically		<p>Intent: Provide clear staff requirements within high intensity residential</p>

	managed population - specific high-intensity residential services (ASAM LOC 3.3) staff criteria.		<p>services programs, which provide a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of the individuals served.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1590. Clinically managed population-specific high-intensity residential services (ASAM 3.3) program criteria.		<p>Intent: Provide clear program requirements within high intensity residential services programs, which provide a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of the individuals served.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1600. Clinically managed population-specific high-intensity residential services (ASAM 3.3) admission criteria.		<p>Intent: Provide clear admission requirements within high intensity residential services programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1610. Clinically managed population-specific high intensity residential services (ASAM 3.3) discharge criteria.		<p>Intent: Provide clear discharge requirements within high intensity residential services programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered</p>
	12VAC35-105-1620. Clinically managed population-specific high-intensity residential services co-occurring enhanced programs. (ASAM 3.3)		<p>Intent: Provide additional licensing requirements for high intensity residential services programs which treat individuals with co-occurring disorders.</p> <p>Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.</p>
	12VAC35-105-1630. Clinically		<p>Intent: Provide clear staff requirements within clinically managed low-intensity</p>

	managed low - intensity residential services (ASAM LOC 3.1) staff criteria.		residential service program, which provide ongoing therapeutic environment for individuals requiring some structured support. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1640. Clinically managed low-intensity residential services (ASAM 3.1) program criteria.		Intent: Provide clear program requirements within clinically managed low-intensity residential service programs, which provide ongoing therapeutic environment for individuals requiring some structured support. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1650. Clinically managed low-intensity residential services (ASAM 3.1) admission criteria.		Intent: Provide clear admission requirements within clinically managed low-intensity residential service programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.
	12VAC35-105-1660. Clinically managed low-intensity residential services (ASAM 3.1) discharge criteria.		Intent: Provide clear discharge requirements within clinically managed low – intensity residential service programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.
	12VAC35-105-1670. Clinically managed low-intensity residential services co-occurring enhanced programs.(ASAM 3.1)		Intent: Provide additional licensing requirements for clinically managed low-intensity residential service programs which treat individuals with co-occurring disorders. Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.
	12VAC35-105-1680. Substance abuse partial hospitalization services (ASAM LOC 2.5) staff criteria.		Intent: Provide clear staff requirements within partial hospitalization programs, which provide services for individuals who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment.

			Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1690. Substance abuse partial hospitalization services (ASAM 2.5) program criteria.		<p>Intent: Provide clear program requirements within partial hospitalization programs which provide services for individuals who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1700. Substance abuse partial hospitalization (ASAM 2.5) admission criteria.		<p>Intent: Provide clear admission requirements within partial hospitalization programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1710. Substance abuse partial hospitalization (ASAM 2.5) discharge criteria.		<p>Intent: Provide clear discharge requirements within partial hospitalization programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1720. Substance abuse partial hospitalization co-occurring enhanced programs. (ASAM 2.5)		<p>Intent: Provide additional licensing requirements for partial hospitalization programs which treat individuals with co-occurring disorders.</p> <p>Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.</p>
	12VAC35-105-1730. Substance abuse intensive outpatient services (ASAM LOC 2.1) staff criteria.		<p>Intent: Provide clear staff requirements within intensive outpatient service programs, which provide between 9 and 19 hours of structured treatment consisting primarily of counseling and education. Within this level of care an individual's needs for psychiatric and medical services are generally addressed through referrals.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1740. Substance abuse intensive		<p>Intent: Provide clear program requirements within intensive outpatient programs, which provide</p>

	outpatient services (ASAM 2.1) program criteria.		between 9 and 19 hours of structured treatment consisting primarily of counseling and education. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1750. Substance abuse intensive outpatient services (ASAM 2.1) admission criteria.		Intent: Provide clear admission requirements within intensive outpatient service programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.
	12VAC35-105-1760. Substance abuse intensive outpatient services (ASAM 2.1) discharge criteria.		Intent: Provide clear discharge requirements within intensive outpatient service programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.
	12VAC35-105-1770. Substance abuse intensive outpatient services co-occurring enhanced programs. (ASAM 2.1)		Intent: Provide additional licensing requirements for intensive outpatient service programs which treat individuals with co-occurring disorders. Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.
	12VAC35-105-1780. Substance Abuse Outpatient Services (ASAM LOC 1.0) staff criteria.		Intent: Provide clear staff requirements within outpatient service programs, which provide an organized nonresidential service for fewer than 9 contact hours a week. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1790. Substances abuse outpatient services (ASAM 1.0) program criteria.		Intent: Provide clear program requirements within outpatient programs, which provide an organized nonresidential service for fewer than 9 contact hours a week. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1800. Substance abuse outpatient services (ASAM 1.0) admission criteria.		Intent: Provide clear admission requirements within outpatient service programs. Impact: Robust, effective substance use disorder treatment within the

			Commonwealth which is appropriately administered.
	12VAC35-105-1810. Substance abuse outpatient services (ASAM 1.0) discharge criteria.		<p>Intent: Provide clear discharge requirements within outpatient service programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1820. Substance abuse outpatient services co-occurring enhanced programs. (ASAM 1.0)		<p>Intent: Provide additional licensing requirements for outpatient service programs which treat individuals with co-occurring disorders.</p> <p>Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.</p>
	12VAC35-105-1830. Medication assisted opioid treatment (ASAM LOC OTS) staff criteria.		<p>Intent: Provide clear staff requirements within opioid treatment programs, which provide medications to treat opioid use disorders.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1840. Medication assisted opioid treatment (ASAM OTS) program criteria.		<p>Intent: Provide clear program requirements within opioid treatment programs, which provide medications to treat opioid use disorders.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1850. Medication assisted opioid treatment (ASAM OTS) admission criteria.		<p>Intent: Provide clear admission requirements within opioid treatment programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1860. Medication assisted opioid treatment (ASAM OTS) discharge criteria.		<p>Intent: Provide clear discharge requirements within opioid treatment programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>