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Proposed Regulation
Agency Background Document

Agency name	Department of Behavioral health and Developmental Services (DBHDS)
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-270
VAC Chapter title(s)	General Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services (12VAC35-270)
Action title	Part 1 of 7: Regulatory Restructuring; General Provisions
Date this document prepared	October 8, 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 overarching General Provisions 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 "umbrella" General Chapter applicable to all license types as part of the restructuring, which will make the regulations more accessible and understandable while allowing space to provide more detail in service specific chapters 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 is no fiscal impact 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
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.	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.
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 service types (residential, crisis, case management, etc.), which will force them to cross-reference several chapters rather than using	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 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

	one integrated framework. This increases the risk of misinterpretation, inconsistency, and regulatory burden without clear benefit.	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 pending updates on case management. Adding a full licensing restructure at the same time may overwhelm providers and divert resources away from	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.

	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 these changes openly before they move forward.	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.

	• **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.
Lynn Brackenridge, Alleghany Highlands Community Services	**Regulatory actions** Thank you for the opportunity to post comments. Please consider consolidating regularity actions on Licensing regulations. Separating regulations in a general chapter may/will be confusing. DBHDS and DMAS partnering together to have one uniform process in overhauling regulations will be beneficial for all.	Thank you for your comment. DBHDS and DMAS are separate agencies and must both conduct separate regulatory actions for the combined effort of the Behavioral Health Redesign. 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.
Mount Rogers Community Services	**comments** Our agency has concerns about moving forward with an overhaul of the regulations, particularly given the many changes underway at the Department of Medical Assistance (DMAS). The DMAS redesign changes are significant, and moving forward simultaneously could create confusion and inconsistency for providers. This would place an added burden on agencies and staff who are already working hard to learn and adapt to the coming DMAS changes. We believe it would be most effective to	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.

	allow DMAS redesign to be finalized before undertaking additional regulatory overhauls. If DBHDS does decide to continue with revisions at this time, we respectfully request that the new regulations be aligned with DMAS and the MCO's to ensure consistency across agencies.	
Anonymous	**Comment on Proposed Licensing Restructure** As a provider committed to trauma-informed, person-centered care across both adult and children's services, I respectfully urge DBHDS to reconsider the decision to merge regulatory oversight for these distinct populations under a single Residential Services chapter. While I appreciate the intent to streamline and clarify licensing expectations, combining children's and adult regulations introduces unnecessary complexity and operational risk. These populations differ significantly in developmental needs, legal protections, supervision requirements, and therapeutic approaches. Merging them into one chapter—however well-intentioned—creates ambiguity for providers, especially those serving both groups. Key concerns include: • Policy Clarity: Providers must now parse which provisions apply to children, adults, or both—without the benefit of separate chapters. This increases the risk of misinterpretation and noncompliance. • Staff Training Burden: Training must now be bifurcated internally, with staff needing to distinguish between overlapping but divergent standards within a single regulatory document. • Audit Vulnerability: Licensing specialists may interpret provisions differently depending on population served, creating inconsistency and confusion during audits. • ISP and Service Planning: Children's services often require more intensive coordination with	Thank you for your comment. The Department recognizes that adults and children are distinct populations with differing needs. Although the Children's Residential regulations will be within the Residential chapter, they will be set apart within a separate Part. Therefore, parsing which provisions apply to adults and children will not be necessary. The Department has done as the commenter has suggested and created a clearly demarcated subsection (a separate Part) for Children's residential services to ensure the clarity of the newly restructured regulations.

	guardians, schools, and legal systems. Adult services emphasize autonomy and recovery. These distinctions deserve regulatory separation. • Trauma-Informed Practice: Children and adults experience and respond to trauma differently. Regulatory language should reflect these nuances explicitly, not implicitly. I strongly recommend reinstating separate chapters for Children's Residential Services and Adult Residential Services, or at minimum, embedding clearly demarcated subsections within the Residential chapter that distinctly address each population. Doing so would preserve clarity, reduce administrative burden, and better support providers in delivering safe, dignified, and developmentally appropriate care. Thank you for your consideration.	
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	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.

	changes related to the Behavioral Health Redesign, the proposed action 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.	
Loudoun County MHSADS	**Support of licensing regulation overhaul** We support DBHDS's intent to structure the licensing regulations into separate chapters. We are supportive of proposed actions Virginia's behavioral health and developmental disability services for long-term modernization. We urge DBHDS to be mindful when creating the chapters to clearly distinguish between services that may fall under two categories (for example crisis residential services which are both residential and crisis). The NOIRA bulletin mentions reviews that have occurred as far back as 2017. We urge DBHDS to thoughtfully review the previous drafts shared with the public. Many codes and regulations have changed between 2017 and 2025 and the some of the content in the draft regulations and comments from 2019 and 2021 may be obsolete.	Thank you for your support. The Department has continuously updated the Regulatory Restructuring drafts since it's inception in 2019, incorporating both changes to the Virginia Code and regulations.
Dana Dewing, HRCSB	**Concerns with Overhaul of DBHDS Licensing Regs** Before moving forward with overhauling the licensing regulations, DBHDS should assess the administrative burden and financial impact on providers, who are already under resource strain. The greatest concern is that DBHDS is proposing regulation changes at the same time DMAS is proposing the BH Redesign. These plans would not be in alignment with each other, creating confusion and inconsistency. If these two	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. 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

	proposals move forward separately, the regulations will be overlapping yet unaligned. This a big problem. Please consider the timing.	part of that effort will be incorporated into the new restructured licensing chapters.
RBHA	**regulatory action concerns** DBHDS is proposing major regulation changes at the same time that DMAS is proposing BH redesign. These actions occurring at the same time without being in alignment will create additional administrative and financial burdens on providers who are already under resource strain. It will also create inconsistency and inefficiency. Please consider the timing of this initiative so one process can be established to overhaul the regulations while taking into account the BH 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.
Valerie Carney	**Comments & Questions on General Chapter Overhaul** VAC35-106-30.C.3 States that the non-residential providers license identifies the maximum capacity of enrolled individuals the provider may serve. I don't see that on our license - will this be added? 12VAC35-106-250 - Are these requirements for contents of personnel files intended for all provider staff or just those working in direct support roles? 12VAC35-106-290.B.2.a Are all providers staff required to be CPR certified including those who work in Administrative roles? Are all direct support staff required to be CPR certified?	VAC35-106-30-C.3. Within the current Regulatory Restructuring Drafts the elements required by the license addendum provision are the same elements within the existing 12VAC35-105-30 C. which states “For residential and inpatient services, the license identifies the number of individuals each residential location may serve at a given time.” The current draft of the General chapter requires the following personnel information for all provider staff: 1. Individual identifying information; 2. Verified education history if specific education is a requirement within the employee’s job description or a legal requirement; 3. Employment or training history; and 4. A record of disciplinary action taken by the provider, if any. All employee and contractor training is required to be “as appropriate according to each employee's or contractor's function or job-specific responsibilities.” Therefore, not all staff are required to be CPR certified. The draft does require “There shall be at least one employee or contractor on duty at each location at all times during service hours who holds a current certificate issued by the American Red Cross, the American Heart

		Association, or comparable authority in standard first aid and cardiopulmonary resuscitation (CPR)."
	12VAC35-106-290.B.2.b Is medical administration training required for all direct support staff - even those who do not administer medication?	As noted above all training should be "as appropriate according to each employee's or contractor's function or job-specific responsibilities."
Jonina (Nina) Moskowitz on behalf of SOAR 365	SOAR365 agrees with DBHDS's plan to shift to a General Provisions Chapter and a series of service-type specific chapters. 2025's regulatory reduction successfully removed requirements identified as going beyond the scope of the Office of Licensing; this approach should be continued. In addition, changes should avoid creating administrative burdens that detract from service provision or the ability to hire staff.	Thank you for your support. The regulatory provisions which were reduced in 2025 were not eliminated because they were outside of the scope of the authority of the Office of Licensing. Reductions were made at the direction of the Office of the Governor through Executive Directive 1, those provisions eliminated were within the authority of the Department however were removed to reduce burden and streamline regulations. All regulatory reductions completed because of Executive Directive 1 have been incorporated into the Regulatory Rescruturing drafts.
	Clarification is needed related to Respite services not provided in an individual's home. The definition of Residential Services does not include respite services; prior drafts of both the Center-based and Residential Services chapters include Respite. There should be no distinction between the requirements for adults and for minors receiving this service. While they should be served separately, the intention and delivery of the service are the same – to provide relief for a care giver while providing for the needs of the individuals. Placing respite services for youth under the requirements of Children's Residential Services would result in establishing a series of irrelevant, prohibitive requirements (e.g., involvement of the Interstate Compact administrator, placement agreements, educational planning, mental health services, PT/OT/Speech & Language therapy, many aspects of case management services, allowance, dental treatment information, etc.)	Respite services provided in an individuals home shall be located within the NonCenter Based chapter. Those respite services provided within a respite center will be located and governed by the Center-Based chapter. Those respite services provided within a group home or a residential service setting shall be located and governed by the Residential chapter. The Department has considered the commenter's notes regarding placing respite services for youth under the requirements of the Children's Residential Services and in the current draft has made edits, so respite is not required to comply with irrelevant provisions.

	Licensing regulations should not specify that services are only available to “unpaid” caregivers as reimbursement is beyond the scope of the Office of Licensing.	The Department is unsure of what the commenter is referring to. The current draft of the Licensing regulations state that “"Respite care" means providing for a short-term, time-limited period of care of an individual for the purpose of providing relief to the individual's family, guardian, or regular caregiver.” The definition, service description etc. does not refer to “unpaid” caregivers.
	Ensure the regulations and CONNECT are aligned. Specifically, the use of an on-line system eliminates the need for Corrective Action Plans to be signed. For some modifications, the date within CONNECT defaults to 45 days and cannot be shortened, although the regulatory requirement is for 30 days’ notice.	The requirement for signed corrective action plans was removed during the regulatory reduction efforts as a result of Executive Directive 1. All changes made due to the regulatory reduction efforts have been incorporated into the Regulatory Restructuring drafts. There will be an extensive overhaul of CONNECT requirements to align with the Regulatory Restructuring.
	A previously proposed definition of a succession plan seems most applicable to providers owned by a single individual. While planning for unexpected changes in leadership, this definition should be more widely applicable across types of providers and, therefore, not require the signature of the “license holder.” If there is a specific concern, consider requiring a corporate will for single ownership providers.	The Department shall take this comment into consideration.
	While records should be available for DBHDS staff to review in a timely manner and considerations for historical records is appreciated, similar considerations may be needed for providers operating across a large geographic area, where more than two hours may be required to gather and transport information (such as HR files) to a program site.	Thank you for your comment.
	There should be recognition that not all violations of regulations involve a systemic deficiency and, therefore, not all violations require systemic corrections. Evaluate the use and the merits of the	The Department realizes that not all violations require systemic changes to be made and a CAP would simply need to note that the violation was not systemic in nature. However, systemic changes can be made to

	requirement to submit a revised corrective action plan when a previous plan, on its own, is insufficient.	ensure that even isolated incidents are not repeated.
	Previous drafts included a new requirement to notify DBHDS of "any changes that cause a provider to be unable to provide services to any individual for a significant period of time." As written, the expectation was unclear. Does this refer to an inability to serve any people, in which case the request is logical, or does this refer to a provider's inability to serve a particular individual? If the latter, is the more ethical expectation to have a provider refer an individual to another program if unable to meet a person's needs for an extended period? Would that not fall within exclusion and discharge criteria within the program description?	This language was entered due to circumstances where providers lose program staff that are necessary to fulfill certain individuals ISP requirements. In these instances, the provider may choose to discharge the individual or may request a variance until appropriate staff are hired. However, the Department needs to be aware of the change and involved in the course of action to address the change.
	Previous iterations discussed the need for the executive director/administrator or their designee to be on the premises during regular business hours and that each site must have an appointed designee who has access to all files on site. While there is no disagreement that someone with decision-making authority must be readily available and that files should be accessible to the Department, this expectation fails to take reasonably common scenarios into account, such as leadership retreats, provider trainings, times when all group home residents are away from home during the day. Similarly, separation of duties may make it unwise for one person to have access to all types of files. This requirement does not consider how modern technology (i.e., cell phones) increases the availability of leadership. Consider approaching this differently.	Licensing Specialists frequently encounter providers who state no one on the premises has decision-making authority or access to files necessary to perform inspections, and the necessary point of contact is also unable to be reached via cell-phone. This provision is necessary to ensure that the Department can continue to perform meaningful unannounced site visits.

	When establishing the requirements for the executive director or administrator, take into consideration the wide variety of providers, some of which also house programs that do not fall under the purview of the Office of Licensing and are different in nature. One option would be to allow for both an executive director and an administrator, who between them cover the responsibilities outlined in a previous draft. This would also allow for the administrator to have relevant education and experience, whereas an executive director may have a background in business, public, or health care administration. Evidence of a valid driver's license for employees who transport individuals is logical. Specifying that this must be a Virginia driver's license is limiting. Providers may be located near other states, Virginia is home to a high number of military families who may have official residency in another state, and licenses from other states, as well as international licenses are accepted in Virginia.	The Department has expanded the field of qualifications for executive directors or administrators in the current draft and has removed the requirement that employees have a Virginia Driver's License.
	Allow for more than 14 – 15 business days to train new employees in behavior intervention policies and procedures, including those related to restrictive interventions and physical restraint. Like First Aid and CPR, these courses require trainers with specific certification. In addition, these trainers must come from within the provider's organization. It is difficult for providers to provide these trainings (often requiring two full days) multiple times within one month. A 30-business day timeframe is more reasonable.	Behavior intervention policies and procedures are too important to allow 30 business days to pass prior to an employee to be trained appropriately. The timeline provided within the draft protects individuals served as well as employees and the Department feels this timeline is reasonable.
	Setting an expectation that the provider will notify the Department of substantive changes to policies creates an unnecessary burden for both providers and the Department, without benefit to individuals served. It is well within the scope of	This provision ensures that the Department has the most up to date copies of policies and procedures for unannounced site visits. The provision does not require Department approval prior to implementation simply notification.

	a Licensing Specialist to review any policies required under these regulations during site visits or to request specific policies as germane to specific events (e.g., corrective actions, investigations).	
	In previous drafts, the section on transportation was highly prescriptive and may be able to be scaled back. Regarding on-going checks of driving records, include the option of DMV Driver Alert, which allows a provider to receive notification of related violations. Those providers would not need to demonstrate the latest check of a sample of employees' driving records.	The Department has made several edits to the section on Transportation.
	Eliminate expectations to conduct root cause analyses related to thresholds. They have proven to be of little value; training from the Eunice Kennedy Shriver Center advised against this approach.	The requirements regarding root cause analyses related to thresholds is an existing regulatory requirement and will remain unchanged within the Regulatory Restructuring.
	It is sufficient to state that Licensed providers are required to comply with the Human Rights Regulations (12VAC35-115) without including restatement of the details of those regulations. Avoid adding duplicative requirements (e.g., reporting the use of seclusion or restraint that does not involve a Level II or Level III serious incident to both departments), having two compliant processes (it would be a rare complaint that does not involve a Human Right), or setting of any requirements that are more appropriately within the domain of the Human Rights Regulations (e.g., access to computers and the internet). Of note, providing computer and internet access "at the individual's request" may pose a conflict for some providers as DMAS expects to see how the use of these connects to the service being provided vs. on demand access and use.	The Department does utilize cross references where appropriate, however some providers have expressed frustration regarding the use of cross references as they find the use of the regulations difficult. The Department will reconsider the use of cross references and whether they should be reinserted rather than the restatement of requirements. The proposed "Licensing Complaint process" the commenter references has been removed from the latest draft. The Department has moved the computer and internet access provision to service specific chapters in order to address the commenter's concerns.
	Similarly, these regulations might state that providers are required to	As with any regulatory change the Department shall provide training and

	comply with the Americans with Disabilities Act (although even that is a given), without additional details.	resources to educate providers once the draft regulations are ready to take effect. Compliance with the Americans with Disability Act is an existing regulatory requirement located within 12VAC35-105-150 (3) (b).
	Remove the requirement to have CPR face guards or masks in First Aid kits. Multiple sources indicate that mouth-to-mouth is not indicated, and many trainings no longer include this component.	The Department will consider the commenter's notes regarding CPR face guards or masks.

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.

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

12VAC35-270-10. Authority and applicability.	Establishes the authority and applicability of the chapter.		Establishes the authority and applicability of the 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.
12VAC35-270-20. Definitions.	Definitions required to implement the new 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.
12VAC35-270-30. Necessity for license.	Lays out the requirement that all providers of mental health, developmental disability, or substance abuse or residential brain injury services must have a license from the Department of Behavioral Health and Developmental 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.
12VAC35-270-40. Initial applications.	Lays out the required elements of an application for the provision of 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.
12VAC35-270-50. License types.	Lays out the different license types and timelines for license types.		Lays out the different license types and timelines for license types. 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.
12VAC35-270-60. Inspection requirements.	Lays out the requirements of announced an unannounced provider inspections.		Lays out the requirements of announced an unannounced provider inspections. 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.
12VAC35-270-70. Renewals	Lays out the requirements for providers to renew their license.		Lays out the requirements of announced an unannounced provider inspections. 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.
12VAC35-270-80. Changes to licenses and notifications to the department.	Lays out the requirements in order for a provider to modify their license or submit a change of ownership license. Provides the methodology the department will utilize to evaluate change of ownership applications.		Lays out the requirements in order for a provider to modify their license or submit a change of ownership license. Provides the methodology the department will utilize to evaluate change of ownership applications. 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.
12VAC35-270-90. Variances	Provides the process for obtaining a variance.		Provides the process for obtaining a variance. 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.
12VAC35-270-100. Investigations.	States that the department shall investigate all complaints.		States that the department shall investigate all complaints. 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.
12VAC35-270-110. Compliance.	Lays out those applicable federal, state or local laws that providers must comply with.		Lays out those applicable federal, state or local laws that providers must comply with. 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.
12VAC35-270-120. Corrective action plan.	Provides what must be included within a corrective action and how it must be submitted in the event a provider has been found noncompliant with any applicable regulation.		Provides what must be included within a corrective action and how it must be submitted in the event a provider has been found noncompliant with any applicable regulation. 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.
12VAC35-270-130. Sanctions	Provides which instances the commissioner may invoke sanctions against providers.		Provides which instances the commissioner may invoke sanctions against providers. 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.
12VAC35-270-140. Denial, revocation, or suspension of a license.	Provides those instances in which a license, license renewal or modification may be denied, revoked or suspended.		Provides those instances in which a license, license renewal or modification may be denied, revoked or suspended. 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.
12VAC35-270-150. Summary suspension.	For those instances in which a license is revoked, denied or suspended and the conditions within the service pose an immediate and substantial threat to the health, safety and welfare the commissioner may issue a summary suspension.		For those instances in which a license is revoked, denied or suspended and the conditions within the service pose an immediate and substantial threat to the health, safety and welfare the commissioner may issue a summary suspension. 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.
12VAC35-270-160. Consent agreements.	If the provider and the department seek to facilitate the provider's operation in accordance with applicable regulations without the need to enter further adverse action, the provider and department may enter into a consent agreement and this section lays out the elements of such an agreement.		If the provider and the department seek to facilitate the provider's operation in accordance with applicable regulations without the need to enter further adverse action, the provider and department may enter into a consent agreement and this section lays out the elements of such an agreement. 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.
12VAC35-270-170. Informal conferences.	Provides how a provider may request an informal conference.		Provides how a provider may request an informal conference. 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.
12VAC35-270-180. Governance	Lays out the requirements regarding the governance of licensed providers.		Lays out the requirements regarding the governance of licensed providers.

			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.
12VAC35-270-190. Organizational structure.	Lays out the requirements regarding a licensed provider's organizational structure.		Lays out the requirements regarding a licensed provider's organizational structure. 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.
12VAC35-270-200. Executive director or administrator.	Provides the required responsibilities and minimum qualifications of an executive director or administrator.		Provides the required responsibilities and minimum qualifications of an executive director or administrator. 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.
12VAC35-270-210. Finances	Lays out the requirements for a provider's finances.		Lays out the requirements for a provider's finances. 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.
12VAC35-270-220. Liabilities and insurance.	Lays out the requirements regarding insurance coverage.		Lays out the requirements regarding insurance coverage. 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.
12VAC35-270-230. Confidentiality and security of personnel records.	Provides that providers must maintain a organized record system to protect the confidentiality and security of personnel records.		Provides that providers must maintain a organized record system to protect the confidentiality and security of personnel records. 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.
12VAC35-270-240. Criminal background checks and registry searches.	Lays out the requirements regarding criminal background check and registry searches.		Lays out the requirements regarding criminal background check and registry searches. 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.
12VAC35-270-250. Personnel records.	Lays out the required elements of personnel records.		Lays out the required elements of personnel records. 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.
12VAC35-270-260. Tuberculosis screening	Lays out the requirements regarding tuberculosis screening of employees, contractors, students and volunteers.		Lays out the requirements regarding tuberculosis screening of employees, contractors, students and volunteers. 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.

12VAC35-270-270. Job description	Provides the requirements of job descriptions.		Provides the requirements of job 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.
12VAC35-270-280. Qualifications of employees or contractors.	Lays out that employees or contractors shall meet minimum qualifications as required by the provider's job description or required regulations.		Lays out that employees or contractors shall meet minimum qualifications as required by the provider's job description or required regulations. 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.
12VAC35-270-290. Employee training.	Provides the minimum requirements and timeline for employee training.		Provides the minimum requirements and timeline for employee training. 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.
12VAC35-270-300. Provider staffing plan.	Lays out the minimum requirements of the provider's staffing plan.		Lays out the minimum requirements of the provider's staffing 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.
12VAC35-270-310. Notification of policy changes.	Requires that a provider notify employees, contractors and the department of all changes made to the provider's policies.		Requires that a provider notify employees, contractors and the department of all changes made to the provider's 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.
12VAC35-270-320. Performance evaluation.	Lays out the requirements for provider performance evaluation.		Lays out the requirements for provider performance evaluation. 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.
12VAC35-270-330. Disciplinary actions.	Lays out the minimum requirements of a provider's policies and procedures governing employee discipline.		Lays out the minimum requirements of a provider's policies and procedures governing employee discipline. 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.
12VAC35-270-340. License availability.	Requires that providers prominently display licenses for public inspection.		Requires that providers prominently display licenses for public inspection. 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.
12VAC35-270-350. Appropriate name.	Requires that providers submit to the department with their legal name at the time of application, modification or change of ownership.		Requires that providers submit to the department with their legal name at the time of application, modification or change of ownership. 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.
12VAC35-270-360. Regular business hours.	Requires that providers have regular business hours.		Requires that providers have regular business hours. 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.
12VAC35-270-370. Office and service locations.	Lays out the requirements of office and service locations.		Lays out the requirements of office and service locations. 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.
12VAC35-270-380. Fee schedule.	Provides that a provider publish their fee schedule.		Provides that a provider publish their fee schedule 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.
12VAC35-270-390. Deceptive or false advertising.	Prohibits deceptive or false advertising.		Prohibits deceptive or false advertising. 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.
12VAC35-270-400. Cessation of services.	Lays out the requirements should a provider cease operation of services.		Lays out the requirements should a provider cease operation of 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.
12VAC35-270-410. Transition of individuals among services by the same provider.	Lays out the requirements if a provider transitions a individual among the provider's services.		Lays out the requirements if a provider transitions a individual among the provider's 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.
12VAC35-270-420. Emergency transfers.	Lays out the required elements of a provider's emergency transfer policy.		Lays out the required elements of a provider's emergency transfer policy. 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.
12VAC35-270-430. Discharge planning.	Lays out the minimum requirements of provider's discharge planning policies and procedures, discharge instructions and discharge summary.		Lays out the minimum requirements of provider's discharge planning policies and procedures, discharge instructions and discharge summary. 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.
12VAC35-270-440. Involuntary termination from treatment.	Requires that a provider shall establish criteria for the involuntary termination from treatment of a individual.		Requires that a provider shall establish criteria for the involuntary termination from treatment of a individual. 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.
12VAC35-270-450. Policies.	Lays out those policies and procedures a provider must have and implement.		Lays out those policies and procedures a provider must have and implement. 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.
12VAC35-270-460. Emergency medical information; face sheets.	Provides the minimum requirements of a emergency medical information face sheet.		Provides the minimum requirements of a emergency medical information face sheet. 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.
12VAC35-270-470. Documenting interventions that occur during a crisis or emergency.	Provides the minimum requirements for documenting interventions that occur during a crisis or emergency.		Provides the minimum requirements for documenting interventions that occur during a crisis or emergency. 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.
12VAC35-270-480. Service description requirements.	Provides the minimum requirements for the provider's service descriptions.		Provides the minimum requirements for the provider's 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.

12VAC35-270-490. Medication management.	Lays out the minimum requirements of a provider's medication management policy.		Lays out the minimum requirements of a provider's medication management policy. 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.
12VAC35-270-500. Policies and procedures on behavior interventions and supports.	Provides the minimum requirements of a provider's behavior intervention policies and procedures.		Provides the minimum requirements of a provider's behavior intervention 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.
12VAC35-270-510. Behavioral treatment plan.	Lays out the minimum requirements of behavioral treatment plans.		Lays out the minimum requirements of behavioral treatment plans. 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.
12VAC35-270-520. Fundraising	Requires that providers must have permission before using individuals in fundraising activities.		Requires that providers must have permission before using individuals in fundraising activities. 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.
12VAC35-270-530. Privacy	Providers are required to have written policies regarding privacy, social media, photography and recordings of individuals.		Providers are required to have written policies regarding privacy, social media, photography and recordings of individuals.

			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.
12VAC35-270-540. Transportation.	Lays out the minimum requirements should a provider transport individuals served.		Lays out the minimum requirements should a provider transport individuals served. 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.
12VAC35-270-550. Reporting to the department.	Lays out the requirements if of a provider reporting serious incidents.		Lays out the requirements if of a provider reporting serious incidents. 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.
12VAC35-270-560. Risk management.	Provides the minimum requirements of a provider's risk management functions including designation of an individual responsible and the minimum requirements of a risk management policy.		Provides the minimum requirements of a provider's risk management functions including designation of an individual responsible and the minimum requirements of a risk management policy. 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.
12VAC35-270-570. Monitoring and evaluating service quality.	Lays out the minimum requirements of a provider's quality improvement program.		Lays out the minimum requirements of a provider's quality improvement program.

			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.
12VAC35-270-580. Individual records.	Lays out the minimum requirements a provider's records management policy.		Lays out the minimum requirements a provider's records management policy. 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.
12VAC35-270-590. Onboarding of individuals.	Lays out the minimum requirements of a provider's policy regarding the onboarding of individuals.		Lays out the minimum requirements of a provider's policy regarding the onboarding of individuals. 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.
12VAC35-270-600. Human rights.	Requires the provider, including all employees, contractors, students and volunteers must comply with the Human Rights Regulations (12VAC35-115).		Requires the provider, including all employees, contractors, students and volunteers must comply with the Human Rights Regulations (12VAC35-115). 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.
12VAC35-270-610. Prohibited actions.	Provides a list of prohibited actions.		Provides a list of prohibited actions. 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.
12VAC35-270-620. Choice of provider.	Requires that each individual has the right to choose their health care provider.		Requires that each individual has the right to choose their health care provider. 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.
12VAC35-270-630. Least restrictive treatment	Requires that each individual shall receive the least restrictive treatment possible.		Requires that each individual shall receive the least restrictive treatment possible. 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.
12VAC35-270-640. Personal necessities.	Lays out the minimum requirements regarding the personal necessities of individuals served.		Lays out the minimum requirements regarding the personal necessities of individuals served. 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.
12VAC35-270-650. Animals	Lays out the minimum requirements regarding animals on a provider's premises.		Lays out the minimum requirements regarding animals on a provider's premises. 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.

12VAC35-270-660. Weapons	Requires that a provider have a policy regarding the use and possession of weapons.		Requires that a provider have a policy regarding the use and possession of weapons. 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.
12VAC35-270-670. Computers and internet access.	Requires that provider's have access to technology including computer and internet access in order to comply with the Department's regulations.		Requires that provider's have access to technology including computer and internet access in order to comply with the Department's regulations. 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.
12VAC35-270-680. Access to communication systems in emergencies; emergency telephone numbers.	Requires that providers have redundant communication systems in the event of emergencies.		Requires that providers have redundant communication systems in the event of emergencies. 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.
12VAC35-270-690. First aid kit accessible.	Requires that all providers have first aid kits for minor injuries and medical emergencies.		Requires that all providers have first aid kits for minor injuries and medical emergencies. 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.

12VAC35-270-700. Operable flashlights or battery lanterns.	Requires that all providers have flashlights or battery lanterns readily accessible to employees to use in emergencies.		Requires that all providers have flashlights or battery lanterns readily accessible to employees to use in emergencies. Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.