Office of Regulatory Management

Economic Review Form

Agency name	Department of Behavioral Health and Developmental Services (DBHDS)
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-108
VAC Chapter title(s)	Regulations for Noncenter-Based Services
Action title	Regulatory Restructuring - Noncenter-Based Services (Part 3 of 7)
Date this document prepared	12/17/2025
Regulatory Stage (including Issuance of Guidance Documents)	NOIRA

Cost Benefit Analysis

Complete Tables 1a and 1b for all regulatory actions. You do not need to complete Table 1c if the regulatory action is required by state statute or federal statute or regulation and leaves no discretion in its implementation.

Table 1a should provide analysis for the regulatory approach you are taking. Table 1b should provide analysis for the approach of leaving the current regulations intact (i.e., no further change is implemented). Table 1c should provide analysis for at least one alternative approach. You should not limit yourself to one alternative, however, and can add additional charts as needed.

Report both direct and indirect costs and benefits that can be monetized in Boxes 1 and 2. Report direct and indirect costs and benefits that cannot be monetized in Box 4. See the ORM Regulatory Economic Analysis Manual for additional guidance.

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

(1) Direct & Indirect Costs & Benefits (Monetized)	Chapter 108, Noncenter-based Services chapter, applies specifically to providers that are licensed by DBHDS and providing a service in the individual's home or other noncenter-based setting. This includes noncenter-based day support, supportive in-home, and intensive in-home services. The purpose of this chapter is to reduce the effects of regulatory accumulation on firms providing non-center-based services by restructuring fractured regulations applicable to residential treatment providers into one cohesive chapter. This regulatory overhaul will reduce the administrative burden providers face while navigating the Virginia Administrative Code as well as the licensing specialists that provide technical assistance to providers navigating the once fractured and disjointed regulatory body. Costs: • 12VAC35-108-40 and 12VAC35-108-50: One-time providers compliance costs updating screening and assessment tools. Estimated per-provider one-time staff and administrative time: 10 hours. At an assumed cost of $30/hour for total compensation: $300. • 12VAC35-108-190: Assertive Community Treatment services teams shall have sufficient capacity to provide multiple contacts per week to individuals experiencing severe symptoms or significant problems in daily living. An ACT generalist team member has been estimated to have a salary of approximately $60,000. If each ACT generalist team member is expected to spend an estimated time of five to six hours a week reaching out to individuals experience severe symptoms or significant problems daily, then this would cost approximately $200 per ACT generalist team member per week. Benefits: • Restructuring the entirety of 12VAC35-105 is to achieve the goal of reducing the effects of regulatory accumulation on firms as well as reducing the impact of fragmented regulatory accumulation on licensing staff at DBHDS. Staff surveys revealed that licensing specialists spend an average of 6.5 hours per week answering technical questions regarding licensing regulations from providers. The average annual compensation package for licensing staff is $107,400 which translates to an hourly rate of $51.63, thus 6.5 hours spent assisting providers

	navigate licensing regulations comes to an annual department expenditure of $536,664.37 after accounting for indirect Medicaid reimbursement for licensing work**.** Regulatory restructuring is projected to save the Department and thus taxpayers $536,664.37 dollars.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) $500	(b) $536,664.37
(3) Net Monetized Benefit	$536,164.37	
(4) Other Costs & Benefits (Non-Monetized)	Benefits: • 12VAC35-108-10: Reorganized and new definitions for a variety of terms benefits providers through increased clarity and ease of access. • 12VAC35-108-30: Reorganized definitions of services listed in previous code sections eliminate arbitrariness for providers. • 12VAC35-108-40: Providers benefit from better screening documentation to aid staff in the provision of services for individuals seeking services. • 12VAC35-108-50: Providers benefit from the restructuring of regulations specific to assessment requirements for non-center-based services. Costs: No non-monetized cots were identified.	
(5) Information Sources	Agency staff	

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct & Indirect Costs & Benefits (Monetized)	The non-center-based services chapter contains regulations specific to non-center based services. Prior to the regulatory overhaul that reorganized the rules and regulations for licensing providers by the Department of Behavioral Health and Developmental Services, licensing regulations were unorganized, confusing, and difficult for providers to navigate. The regulatory accumulation that resulted in a buildup unorganized regulatory code caused significant burdens for both providers and licensing specialists within DBHDS. Maintenance of the status quo would result in continued waste of resources by both providers and licensing staff communicating with each other; providers seeking technical assistance due to unorganized and sprawling regulations and

	licensing staff providing assistance helping providers navigating an unorganized and sprawling regulatory code. Table 1a describes the savings the regulatory restructuring will bring taxpayers by reducing the time licensing staff responds to provider questions about the regulations under the status quo. Maintaining the regulations as they currently exist will continue to cost taxpayers $536,664.37 annually. Direct Costs: None Indirect Costs: None Direct Benefits: None Indirect Benefits: None

(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) $0	(b) $0
(3) Net Monetized Benefit		

(4) Other Costs & Benefits (Non-Monetized)	Non-monetary costs: Maintaining the existing code will ensure the continuation of providers spending time on the phone with DBHDS licensing specialists attempting to understand the code that regulate the services they provide instead of focusing on the successful operation of their practice. Non-monetary benefits: There are not expected to be any non-monetary benefits as a result of maintaining the existing regulatory structure.
(5) Information Sources	

Table 1c: Costs and Benefits under Alternative Approach(es)

(1) Direct & Indirect Costs & Benefits (Monetized)	The alternative approaches to these regulatory actions include not implementing regulatory changes or clarifications, thus leaving providers, individuals served, and their families with information that is not updated or in the best interest for the care of individuals served.

(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits

	(a) $0	(b) $0
(3) Net Monetized Benefit		
(4) Other Costs & Benefits (Non-Monetized)		
(5) Information Sources		

Impact on Local Partners

Use this chart to describe impacts on local partners. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 2: Impact on Local Partners

(1) Direct & Indirect Costs & Benefits (Monetized)	There are not expected to be any monetary costs or benefits to local partners as a result of new regulations. Direct Costs: None Indirect Costs: None Direct Benefits: None Indirect Benefits: None	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) $0	(b) $0
(3) Other Costs & Benefits (Non-Monetized)	There are not expected to be any non-monetary costs or benefits to local partners as a result of new regulations.	
(4) Assistance		
(5) Information Sources		

Impacts on Families

Use this chart to describe impacts on families. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 3: Impact on Families

(1) Direct & Indirect Costs & Benefits (Monetized)	There are not expected to be any monetary costs or benefits to families as a result of new regulations. Direct Costs: None Indirect Costs: None Direct Benefits: None Indirect Benefit: None	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) $0	(b) $0
(3) Other Costs & Benefits (Non-Monetized)	There are not expected to be any non-monetary costs or benefits to families as a result of new regulations.	
(4) Information Sources		

Impacts on Small Businesses

Use this chart to describe impacts on small businesses. See Part 8 of the ORM Cost Impact Analysis Guidance for additional guidance.

Table 4: Impact on Small Businesses

(1) Direct & Indirect Costs & Benefits (Monetized)	There are not expected to be any monetary costs or benefits to small businesses as a result of new regulations. Direct Costs: None Indirect Costs: None Direct Benefits: None

	Indirect Benefits: None	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) $0	(b) $0
(3) Other Costs & Benefits (Non-Monetized)	There are not expected to be any non-monetary costs or benefits to small businesses as a result of new regulations.	
(4) Alternatives		
(5) Information Sources		

Changes to Number of Regulatory Requirements

Table 5: Regulatory Reduction

For each individual action, please fill out the appropriate chart to reflect any change in regulatory requirements, costs, regulatory stringency, or the overall length of any guidance documents.

Change in Regulatory Requirements

VAC Section(s) Involved*	Authority of Change	Initial Count	Additions	Subtractions	Total Net Change in Requirements
	(M/A):				
	(D/A):				
	(M/R):				
	(D/R):				
				Grand Total of Changes in Requirements:	(M/A):
					(D/A):
					(M/R):
					(D/R):

Key:
Please use the following coding if change is mandatory or discretionary and whether it affects externally regulated parties or only the agency itself:
(M/A): Mandatory requirements mandated by federal and/or state statute affecting the agency itself
(D/A): Discretionary requirements affecting agency itself
(M/R): Mandatory requirements mandated by federal and/or state statute affecting external parties, including other agencies
(D/R): Discretionary requirements affecting external parties, including other agencies

Cost Reductions or Increases (if applicable)

VAC Section(s) Involved*	Description of Regulatory Requirement	Initial Cost	New Cost	Overall Cost Savings/Increases

Other Decreases or Increases in Regulatory Stringency (if applicable)

VAC Section(s) Involved*	Description of Regulatory Change	Overview of How It Reduces or Increases Regulatory Burden

Length of Guidance Documents (only applicable if guidance document is being revised)

Title of Guidance Document	**Original Word Count**	**New Word Count**	**Net Change in Word Count**

*If the agency is modifying a guidance document that has regulatory requirements, it should report any change in requirements in the appropriate chart(s).