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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)	12VAC35-276
VAC Chapter title(s)	Regulations for Center-Based Services (12VAC35-276)
Action title	Part 4 of 7: Regulatory Restructuring; Center-Based
Date this document prepared	November 17, 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 Center-Based service-specific chapter.

Acronyms and Definitions

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

Board – State Board for Behavioral Health and Developmental Services

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

DBHDS -- Department of Behavioral Health and Developmental Services

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

ORA – DBHDS Office of Regulatory Affairs

Mandate and Impetus

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the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

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to be reviewed every four years to determine whether they should be continued without change or be amended or repealed.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

Legal Basis

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

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

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

Purpose

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

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

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

Substance

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

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

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

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

Issues

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

The primary advantage of this action is that it reorganizes and thus clarifies the regulatory requirements, improving ease of use and understanding by licensed providers, individuals receiving services, and other

stakeholders. As the action does not remove protections for individuals, there are no known disadvantages.

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

There are no other pertinent matters of interest.

Requirements More Restrictive than Federal

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

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

Agencies, Localities, and Other Entities Particularly Affected

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

Other State Agencies Particularly Affected

- No other state agencies are particularly affected.

Localities Particularly Affected

- No localities are particularly affected

Other Entities Particularly Affected

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

Economic Impact

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

Impact on State Agencies

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

Impact on Localities

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

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

Impact on Other Entities

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

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

c) fees; d) purchases of equipment or services; and 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 this 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.	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	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

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

	same time may overwhelm providers and divert resources away from quality improvement and direct care. 4. **No Planned Public Hearing** Given the scale of this change, not holding a public hearing reduces transparency and limits meaningful input from those most impacted. Providers, families, and advocates deserve the opportunity for live discussion and feedback before a decision is made. **Recommendations:** • **Consolidate the Process:** Align the DBHDS licensing overhaul with DMAS Behavioral Health Redesign so that regulations and services are integrated into a single, coordinated framework. • **Phase Changes Gradually:** Consider targeted updates to address urgent gaps (e.g., new service types) but delay full restructuring until DMAS redesign details are finalized. • **Maintain a Central Framework:** If DBHDS proceeds with service-specific chapters, ensure there is one consolidated reference guide or integrated portal that shows how requirements interact across service types. • **Add a Public Hearing:** Provide stakeholders the opportunity to discuss 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.
Valerie Patton, Prince William County Community Services Board	**Comment on Overhaul of DBHDS Regulations** The DBHDS plan to separate the Licensing Regulations into a general chapter and separate service-specific chapters does not align with the DMAS Behavioral Health Redesign efforts. PWC CSB supports moving forward with one process that can both overhaul regulations while speaking to the services of Behavioral Health Redesign.	Thank you for your comment. The Behavioral Health Redesign effort is not at odds with this regulatory action to restructure the licensing chapters. The regulatory actions for Behavioral Health Redesign have not been completed, and regulatory actions are not permitted to incorporate changes that are outside of their scope. Therefore, the DBHDS regulatory actions to incorporate Behavioral Health Redesign must move forward as separate actions. Once the Behavioral Health Redesign regulatory actions are finalized, all new services as a part of that effort will be incorporated into the new restructured licensing chapters.
Jessica Bryant, CIBH	**CIBH Comment on Regulation Overhaul** In response to the Notice of Intended Regulatory Action (NOIRA) for the *Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services, 12 VAC 35- 105-10, et seq,* please reconsider the proposed action of separating regulations into a general chapter and service specific chapters. With pending regulation and service changes related to the Behavioral Health Redesign, the proposed action action would not be in alignment with the ending of certain	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.

	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.	
Joan Rodgers, Fairfax-Falls Church Community Services Board	**Restructure of DBHDS licensing regulations** Thank you for the opportunity to provide feedback on the restructuring of the DBHDS licensing regulations into a general chapter with multiple service-specific chapters. I would like to submit the following concerns: Fragmentation: splitting licensing rules into six categories may create confusion for providers operating across multiple service types. Staff will need to cross-reference multiple sources, increasing the risk of inconsistency and compliance errors.	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 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.
	Regulatory Overload: CSBs are already implementing major initiatives, including Marcus Alert, crisis service transformation, new performance contract requirements, and overwhelming providers and diverting resources away from care.	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
	Transparency: The absence of a public hearing limits meaningful stakeholder engagement on changes of this scale. Recommendations	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.

	Phase-In Changes: address urgent gaps first, delaying full restructuring until the system stabilizes.	Thank you for your recommendation the Department shall take it into consideration.
	Provide a Central Reference: if separate chapters are adopted, create a consolidated tool to show how requirements interact.	As with any regulatory change the Department shall provide training and resources to educate providers.
	Hold a Public Hearing: allow providers, families, and advocates to give direct input.	The regulatory action will provide additional opportunities for public comment at the proposed and final stages.
	Impact Analysis: Assess the administrative and financial burdens on CSBs and other community providers	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.
	While clarity is important, moving forward now with a broad restructuring risks duplications and instability, particularly with the massive DMAS changes and the need for those changes to properly align with DBHDS regulations, as they often do not. A phased, coordinated approach would better serve providers, individuals, and the Commonwealth.	Thank you for your input. The Department intends to move forward with this Regulatory Restructuring action in order to make the Licensing Regulations easier for providers to navigate and to clarify service specific provisions.
Valerie Carney	**Center Based Regulations Update Questions/Comments**	
	In the definitions section of the Center Based updated regulations in the Provider definition the term mental retardation is used - followed by intellectual disability in parenthesis. I understand that it is reflecting the Code of Virginia definition - but can we please advocate to have the Code of Virginia definition updated??	This was an error within a previous draft. The term “mental retardation” is not utilized within the Code or within the regulations.
	12VAC35-109-60 references standardized state assessment tools. Where can we access these?	Standardized state assessment tools will be available on the DBHDS Office of Licensing website when the restructured regulations are enacted.
	12VAC35-109=70 The section discussion alternate services seems like excessive documentation when working with	The language the commenter is referring to is a current requirement listed within 12VAC35-105-660 (D). This will continue to be a requirement moving forward.

	and individual seeking center based day support. Is this intended for all center based services?	
	12VAC35-109-B.14 Doesn't seem pertinent to most Center Based Day Support plans.	The commenter has omitted the subsection notation so the Department is unable to respond. If the commenter can provide clarification the Department will respond.
	12VAC35-109-80.E 1 & 2 Training and review of individual service plans is very important and something we do at regular team meetings. But if I am reading paragraph 2 correctly - we are expected to develop tests specific to each individual training plan and maintain copies of these tests? Everytime we admit a new individual? For every staff member that will work with them or be in rotation for coverage? This really sounds excessive. Over managing an already administratively burdened group of people.	The current draft retains the requirement that employees or contractors who are responsible for implementing the ISP demonstrate a working knowledge of the objectives and strategies contained within the current ISP. However, the requirement of the provider testing this knowledge has been removed from the latest draft. The Department believes this edit will address the commenters concerns.
	12VAC35-109-90F.4.b&c Center based day support initial planning isn't typically focused on discharge planning. Center based day support is generally long term, with discharge planning discussed when appropriate by the team. Why add this measure before it is appropriate for the individual? I value the work done to separate the the regulations into chapter that are more organized and meaningful - but it seems like Group Day Support is so different from other Center Based providers, that maybe a little more division would help. Great job over all - with updates that were needed.	For individuals receiving developmental disability services, a discharge plan and length of stay will look different but those individuals should still have these aspects reflected within the ISP. Thank you for your support.
	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	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, they were removed to reduce burden and streamline regulations. All regulatory

	from service provision or the ability to hire staff.	reductions completed because of Executive Directive 1 have been incorporated into the Regulatory Restructuring draft language.
	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 individual's 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. Center based day support services are defined as programming for *adults* with a developmental disability. As there is a license for center-based day support for youth the definition should be updated to match.	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. The Department will take the commenters concern into consideration.
	Thank you for specifying the number of years of experience that may be substituted for education when defining a QDDP. Shift the focus from "the service provided" to the "the population receiving the	Thank you for your support. The Department will take the commenters concerns into consideration.

	service." While there may be a preference to have, for example, prior day support experience within a day support setting, a narrow focus will eliminate qualified applicants (e.g., a support coordinator or group home staff member) from obtaining a position as a QDDP. This also holds true for supervisory staff. In addition, there is a dilemma in expecting someone to have several years' experience providing direction, direct supervision, and monitoring of a service to qualify as a QDDP and the requirement for supervisors of DD services to be QDDPs. Moving forward people will not be able to acquire the required experiences; this comes across as though the actual intention is to phase out allowing experience to be substituted for education.	
	Screening information should include current medications and current dosages. Information about recent changes and discontinued medications may be helpful but should not be required in all settings.	The Department will take the commenters concerns into consideration.
	Introducing secondary screenings for individuals who have been on waitlists makes sense. However, the extent of the documentation for a secondary screening should take into consideration the varying services and situations. For example, being on a waitlist for two weeks is not equivalent for a person seeking substance abuse intensive outpatient services as for someone seeking day support services.	The latest draft of the Center Based chapter does not have a secondary screening. Rather, the draft requires that providers review all elements of the screening at the time of initial assessment and update as necessary. Therefore, individuals who have not been on a waitlist for a long period of time may not require updates to screening information.
	Prior drafts set an expectation for providers to test employees' knowledge and/or competence on ISPs of persons served. Documentation of this was expected to be retained within the personnel file. DBHDS's response to prior public comment included the idea of a verbal quiz and	The current draft retains the requirement that employees or contractors who are responsible for implementing the ISP demonstrate a working knowledge of the objectives and strategies contained within the current ISP. However, the requirement of the provider testing this knowledge has been removed from the latest draft. The Department believes this edit will address the commenters concerns.

	minimized the concerns inherent in this expectation, including: • Documentation of knowledge of people's ISPs in personnel files requires the inclusion of confidential information about participants in a personnel file. This is entirely inappropriate. • The time it would take to complete this activity will inherently decrease the amount of time employees have to actually provide services. • Some service providers hold independent licenses. One aspect of holding such a license is the expectation that a person will know and understand the ISPs of persons served. It is burdens such as this that contribute to people such as physicians, nurses, and licensed providers of mental health services to avoid work in Licensed services. Is it appropriate to quiz a licensed psychiatrist on plans? Is it good use of their time to do this for caseloads of 100 -200 people? • One "easy solution" for providers would be to avoid changing people's plans, despite other regulatory requirements and the best interests of individuals. • Another "easy solution" to ensure staff members know the content of plans is to limit the content of plans and to repeat this across individuals receiving the service as much as	

	possible. This cookie cutter approach would be another indicator that the intention of this has backfired. • This time-consuming, labor-intensive concept will ultimately *detract* from providers' ability to ensure quality and quantity of services. Providers are facing staffing crises in hiring direct support professionals, support coordinators, behavioral health case managers, licensed clinicians, nurses, and psychiatrists. Requirements such as this further undermine the service delivery system.	
	In light of the nature and intent of Respite service, is there a need for a quarterly progress review? Often, people only make use of the service for a few days in a quarter. If there is a true need for this review, align with DMAS and require a quarterly progress review only if the individual made use of the service during the quarter.	The Department will take the commenters concerns into consideration.
	Maintain awareness that individuals served may be slow to make progress. While quarterly conversations at the provider level may make sense, convening a team each quarter where a person has not made progress on one or more objectives has the potential to become burdensome and demoralizing for individuals. A more person-centered approach would be to ask the person if they would like a meeting of all treatment team members to discuss how to proceed.	The requirement for convening a team to meet to review goals and objectives only exists for those goals and objectives that were not accomplished by the identified target date. Therefore, this requirement would not apply each quarter. Further this is an existing regulatory requirement.
	Requiring consistent format for progress notes across all locations of a service, for each discipline involved is understandable. Requiring consistent format across	The Department has edited the requirement regarding consistency of progress notes to address the commenter's concerns. The latest draft requires consistency of progress

	all services and hence all disciplines does not reflect the varying expectations for members of a team. For example, in some services, a specified plan for objectives to address in the next encounter (e.g., outpatient therapy), whereas this may not be a match for other services (e.g., a residential program's shift notes). Ensure regulations do not set expectations that employees will provide interventions outside of their scope. For example, in many services, it is not appropriate for the provider to communicate the results of medical examinations to providers – that is the responsibility of the treating physician.	notes across a service rather than across all services. It seems the commenter is referring to section 12VAC35-272-120 "Health care policy". This provision requires that the provider have a health care policy which describes how and to what extent "The provider will communicate the results of physical examinations, medical assessment, and diagnostic test, treatments, or examinations conducted by the provider to the individual and the individual's authorized representative, as appropriate." Therefore the draft does not require the provider to communicate any medical examination results but rather create and implement a policy which describes to what extent the provider will communicate medical examination results.

Public Participation

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

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

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

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

Detail of Changes

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

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

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

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

New chapter-section number	New requirements to be added to VAC	Other regulations and laws that apply	Change, intent, rationale, and likely impact of new requirements
12VAC35-276-10. Definitions	Definitions required to implement the new Center Based service specific chapter.		Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-20. License required.	Center Based licenses required by the Department of Behavioral Health and Developmental Services to provide services within the Commonwealth of Virginia.		Listing of license types necessary to provide center based services within the Commonwealth of Virginia. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-30. Service descriptions.	Listing of service descriptions of center based services within the Commonwealth of Virginia		Listing of center based service descriptions. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where

			appropriate for specific provider types.
12VAC35-276-40. Screening	Listing of screening requirements for center based services. Screenings will determine if an individual may be appropriate for the provider's service and assessment or referral to other services.		Listing of screening requirements for center based services. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-50. Assessments.	Listing of assessment requirements for center based services. Assessments determine whether the individual qualifies for admission and to initiate an ISP.		Listing of assessment requirements for center based services. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-60. Individualized services plan (ISP); service planning	The timeline requirements for ISPs as well as requirements to ensure that individuals are provided informed choice.		Listing of service planning requirements for center based services. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-70. ISP minimum requirements.	The minimum requirements for center based ISPs. This section includes the requirements for both initial and comprehensive ISPs.		Listing of minimum requirements for center based ISPs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-80. Reassessments and quarterly ISP reviews.	Reassessment requirements as well as quarterly ISP requirements which documents the individual's progress, the		Listing of reassessment and quarterly ISP requirements. Intent and likely impact: Clearer regulations which are more accessible and

	section includes the required elements of the quarterly ISP review.		understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-90. Progress notes.	Lists the minimum requirements of center based service progress notes.		Lists the minimum requirements of center based service progress notes. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-100. Staffing	Provides the minimum staffing requirements for all center based services.		Provides the minimum staffing requirements for all center based services. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-110. Health care policy.	Lays out the minimum requirements of center based provider's health care policies.		Lays out the minimum requirements of center based provider's health care policies. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-120. Emergency preparedness and response plan.	Lays out the required elements of the provider's written emergency preparedness and response plan, evacuation plan, written communication plan, continuity of operations plan, and annual emergency preparedness and response training.		Lays out the required elements of the provider's written emergency preparedness and response plan, evacuation plan, written communication plan, continuity of operations plan, and annual emergency preparedness and response 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.
12VAC35-276-130. Food service and nutrition.	Minimum requirements for center based providers who prepare or serve food.	VDH Food Regulations (12VAC5-421).	Minimum requirements for center based providers who prepare or serve food. 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.
12VAC35-276-140. Laundry areas	Minimum requirements for those providers who do laundry at their location.		Minimum requirements for those providers who do laundry at their location. 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.
12VAC35-276-150. Building inspection and classification.	Provides that all center based service locations shall be inspected and approved by the appropriate building regulatory entity.		Provides that all center based service locations shall be inspected and approved by the appropriate building regulatory entity. 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.
12VAC35-276-160. Physical environment.	Physical environment requirements for center based services.		Physical environment requirements for center based services. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.

12VAC35-276-170. Building and grounds.	Additional physical environment requirements for center based services specific to the building and grounds.		Additional physical environment requirements for center based services specific to the building and grounds. 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.
12VAC35-276-180. Building and modifications.	Requirements related to building modifications.		Requirements related to building modifications. 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.
12VAC35-276.190. Sewer and water inspections.	Requirements related to water and sewage systems for center based services, including water testing.		Requirements related to water and sewage systems for center based services, including water testing. 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.
12VAC35-276-200. Reserved	No requirements listed.		N/A
12VAC35-276-210. Standards for the evaluation of new licenses for providers of services to individuals with opioid addiction.	Lists the additional application requirements for those center based service providers who wish to provide medication for opioid use disorder treatment services.		Lists the additional application requirements for those center based service providers who wish to provide opioid treatment 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.

12VAC35-276-220. Registration, certification, or accreditation.	Requirements regarding additional registrations and certifications for providers of medication for opioid use disorder treatment programs.		Requirements regarding additional registrations and certifications for providers of medication for opioid use disorder treatment programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-230. Criteria for patient admission.	Provides clear admission requirements within medication for opioid use disorder treatment programs.		Provides clear admission requirements within medication for opioid use disorder treatment programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-140. Involuntary termination from treatment.	Lays out the requirements providers of medication for opioid use disorder treatment programs must abide by in order to involuntary terminate individuals served from treatment.		Lays out the requirements providers of medication for opioid use disorder treatment programs must abide by in order to involuntary terminate individuals served from treatment. 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.
12VAC35-276-250. Criteria for patient discharge.	Provides clear discharge requirements within medication for opioid use disorder treatment programs.		Provides clear discharge requirements within medication for opioid use disorder treatment programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while

			allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-260. Operating schedule	Lays out the operating schedule requirements for providers of medication for opioid use disorder treatment programs.		Lays out the operating schedule requirements for providers of medication for opioid use disorder treatment programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-270. Initial and periodic assessment services.	Lays out the initial and periodic assessment requirements of providers of medication for opioid use disorder treatment services.		Lays out the initial and periodic assessment requirements of providers of medication for opioid use disorder treatment 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.
12VAC35-276-280. Special services for pregnant individuals.	Lays out additional requirements for providers of medication for opioid use disorder treatment services in the event the provider is treating and individual who is pregnant at the time of service.		Lays out additional requirements for providers of medication for opioid use disorder treatment services in the event the provider is treating and individual who is pregnant at the time of service. 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.
12VAC35-276-290. Counseling sessions.	Minimum requirements regarding counseling sessions for providers of medication for opioid use disorder treatment.		Minimum requirements regarding counseling sessions for providers of medication for opioid use disorder treatment.

			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.
12VAC35-276-300. Drug screens.	Minimum requirements regarding drug screens for providers of medication for opioid use disorder treatment services.		Minimum requirements regarding drug screens for providers of medication for opioid use disorder treatment 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.
12VAC35-276-310. Take-home medication.	Provides the criteria to determine if an individual is appropriate for take-home medication and the maximum allowable schedule for take-home medication.		Provides the criteria to determine if an individual is appropriate for take-home medication and the maximum allowable schedule for take-home medication. 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.
12VAC35-276-320. Prevention of duplication of medication services.	Providers of medication for opioid use disorder treatment services are required to meet these requirements in order to ensure prevention of duplication of medication services.		Additional requirement in order to ensure prevention of duplication of medication 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.
12VAC35-276-330. Medication services for guests.	Additional requirements for providers of medication for opioid use disorder treatment		Additional requirements for providers of medication for opioid use disorder treatment services if the

	services if the provider is to allow guest dosing.		provider is to allow guest dosing. 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.
12VAC35-276-340. Withdrawal management prior to involuntary discharge.	Minimum requirements providers of medication assisted treatment must follow prior to involuntary discharge.		Minimum requirements providers of medication assisted treatment must follow prior to involuntary discharge. 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.
12VAC35-276-350. Opioid agonist medication renewal.	Minimum requirements for providers of medication for opioid use disorder treatment for renewal of opioid agonist medication.		Minimum requirements for providers of medication for opioid use disorder treatment for renewal of opioid agonist medication. 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.
12VAC35-276-360. Security of opioid agonist medication supplies.	Minimum requirements to ensure the safety of opioid agonist medication.		Minimum requirements to ensure the safety of opioid agonist medication. 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.
12VAC35-276-370. Application for operation of a mobile	Additional application requirements for providers of mobile medication-assisted treatment programs.		Additional application requirements for providers of mobile medication-assisted treatment programs.

medication-assisted treatment 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.
12VAC35-276-380. Physical security controls; mobile MAT programs; storage areas	Incorporates physical security controls for mobile medication assisted treatment programs.		Incorporates physical security controls for mobile medication assisted treatment programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-390. Other security controls for mobile MATs.	Incorporates security controls for mobile medication assisted treatment programs.		Incorporates security controls for mobile medication assisted treatment programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-400. Records for mobile MATs.	Incorporates record requirements for mobile medication assisted treatment programs.		Incorporates record requirements for mobile medication assisted treatment programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-410. Physical plant exemption for mobile MATs.	Exempts mobile medication assisted treatment programs from the physical plant requirements of other medication assisted treatment programs.		Exempts mobile medication assisted treatment programs from the physical plant requirements of other medication assisted treatment programs.

			Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-420. Substance abuse partial hospitalization services program criteria.	Provides clear program requirements within partial hospitalization programs, which provide services for individual who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment.		Provides clear program requirements within partial hospitalization programs, which provide services for individual who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment. 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.
12VAC35-276-430. Substance abuse partial hospitalization admission criteria.	Provide clear admission requirements within partial hospitalization programs.		Provide clear admission requirements within partial hospitalization programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-440. Substance abuse partial hospitalization discharge criteria.	Provide clear discharge requirements within partial hospitalization programs.		Provide clear discharge requirements within partial hospitalization programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-450. Substance abuse partial hospitalization co-occurring	Provide additional licensing requirements for partial hospitalization programs, which treat		Provide additional licensing requirements for partial hospitalization programs, which treat individuals with co-occurring disorders.

enhanced programs.	individuals with co-occurring disorders.		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.
12VAC35-276-460. Substance abuse intensive outpatient services program criteria.	Provides clear program requirements within intensive outpatient programs, which provide between 9 and 19 hours of structured treatment consisting primarily of counseling and education.		Provides clear program requirements within intensive outpatient programs, which provide between 9 and 19 hours of structured treatment consisting primarily of counseling and education. 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.
12VAC35-276-470. Substance abuse intensive outpatient services admission criteria.	Provides clear admission requirements within intensive outpatient service programs.		Provides clear admission requirements within intensive outpatient service programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-480. Substance abuse intensive outpatient services discharge criteria.	Provides clear discharge requirements within intensive outpatient service programs.		Provides clear discharge requirements within intensive outpatient service programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-490. Substance	Provides additional licensing requirements for		Provides additional licensing requirements for intensive

abuse intensive outpatient services co-occurring enhanced programs.	intensive outpatient service programs, which treat individuals with co-occurring disorders.		outpatient service programs, which treat individuals with co-occurring disorders. 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.
12VAC35-276-500. Substance abuse outpatient services program criteria.	Provides clear program requirements within substance abuse outpatient programs, which provide an organized nonresidential service for fewer than 9 contact hours a week.		Provides clear program requirements within substance abuse outpatient programs, which provide an organized nonresidential service for fewer than 9 contact hours a week. 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.
12VAC35-276-510. Substance abuse outpatient services admission criteria.	Provides clear admission requirements within substance abuse outpatient service programs.		Provides clear admission requirements within substance abuse outpatient service programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-520. Substance abuse outpatient services discharge criteria.	Provides clear discharge requirements within substance abuse outpatient service programs.		Provides clear discharge requirements within substance abuse outpatient service programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.

12VAC35-276-530. Substance abuse outpatient services co-occurring enhanced programs.	Provides additional licensing requirements for substance abuse outpatient service programs, which treat individuals with co-occurring disorders.		Provides additional licensing requirements for substance abuse outpatient service programs, which treat individuals with co-occurring disorders. 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.
12VAC35-276-540. Mental health partial hospitalization program criteria.	Provides clear program requirements within mental health partial hospitalization programs.		Provides clear program requirements within mental health partial hospitalization programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-550. Mental health intensive outpatient program criteria.	Provides clear program requirements within mental health intensive outpatient programs.		Provides clear program requirements within mental health intensive outpatient programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.
12VAC35-276-560. Mental health outpatient services program criteria.	Provides clear program requirements within mental health outpatient programs.		Provides clear program requirements within mental health outpatient programs. Intent and likely impact: Clearer regulations which are more accessible and understandable while allowing space to provide more detail where appropriate for specific provider types.