

AGENDA PACKET

AS ADOPTED

State Board of Behavioral Health and Developmental Services

Schedule of Events

TUESDAY, SEPTEMBER 23, 2025

Western Tidewater Community Services Board 7025 Harbour View Blvd., Suite 119, Suffolk, VA	
5:00 p.m.	BOARD MEMBER PROGRAM TOUR
6:00 p.m.	DINNER MEETING <ul style="list-style-type: none"> • Attendees: Board Members, DBHDS Staff, CSB Staff • <i>NO BUSINESS WILL BE CONDUCTED</i>

WEDNESDAY, SEPTEMBER 24, 2025

DBHDS Southeastern Virginia Training Center (SEVTC) 2100 Steppingstone Square, Chesapeake, VA 23320															
<i>Meetings are in person with a physical quorum present; however, electronic meeting access is available.</i>															
8:30 a.m.	POLICY AND EVALUATION COMMITTEE MEETING <ul style="list-style-type: none"> • <i>NOTE: Planning and Budget Committee will not meet</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td colspan="2">Electronic Meeting Access:</td></tr> <tr><td>Microsoft Teams</td><td>Click here to join Committee Meeting</td></tr> <tr><td>Meeting ID:</td><td>218 615 746 187 5</td></tr> <tr><td>Passcode:</td><td>7Uh769NF</td></tr> <tr><td><i>Audio only</i></td><td></td></tr> <tr><td>Dial in by phone:</td><td>434-230-0065</td></tr> <tr><td>Phone Conference ID:</td><td>829 498 026#</td></tr> </table>	Electronic Meeting Access:		Microsoft Teams	Click here to join Committee Meeting	Meeting ID:	218 615 746 187 5	Passcode:	7Uh769NF	<i>Audio only</i>		Dial in by phone:	434-230-0065	Phone Conference ID:	829 498 026#
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9:30 a.m.	REGULAR QUARTERLY BOARD MEETING <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td colspan="2">Electronic Meeting Access:</td></tr> <tr><td>Microsoft Teams</td><td>Click here to join Full Board Meeting</td></tr> <tr><td>Meeting ID:</td><td>285 045 530 631</td></tr> <tr><td>Passcode:</td><td>TG6H9Qo2</td></tr> <tr><td><i>Audio only</i></td><td></td></tr> <tr><td>Dial in by phone:</td><td>434-230-0065</td></tr> <tr><td>Phone Conference ID:</td><td>473 948 728#</td></tr> </table>	Electronic Meeting Access:		Microsoft Teams	Click here to join Full Board Meeting	Meeting ID:	285 045 530 631	Passcode:	TG6H9Qo2	<i>Audio only</i>		Dial in by phone:	434-230-0065	Phone Conference ID:	473 948 728#
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State Board of Behavioral Health and Developmental Services

WEDNESDAY, SEPTEMBER 24, 2025

Regular Quarterly Board Meeting

9:30 a.m.

DBHDS Southeastern Virginia Training Center (SEVTC)
2100 Steppingstone Square, Chesapeake, VA 23320

ELECTRONIC MEETING ACCESS	
Microsoft Teams	Click here to join
Meeting ID:	285 045 530 631
Passcode:	TG6H9Qo2
<i>Audio only</i>	
Dial in by phone:	434-230-0065
Phone Conference ID:	473 948 728#

Meeting is in person with a physical quorum present; however, electronic meeting access is available.

1.	CALL TO ORDER		
	A. Welcome and Introductions B. Determination of Quorum C. Adoption of Agenda D. Approval of Draft Minutes	! Action Item ! Action Item	Pages 4-15
2.	PUBLIC COMMENT		
	Public comment will be accepted in person or virtually using the electronic meeting access option. Each commenter, whether in-person or virtual, will be limited to three minutes. Pre-registration is requested but not required. Persons wishing to comment are asked to email mary.broz-vaughan@dbhds.virginia.gov by 5:00 p.m., on Tuesday, Sept. 23, 2025.		
3.	COMMISSIONER’S REPORT		
	Braden Curtis Chief Deputy Commissioner		
4.	STANDING COMMITTEE REPORTS		
5.	UNFINISHED BUSINESS		
6.	FACILITY TOUR		
	Board Members and DBHDS Staff only. <i>Facility tours are not open to the public due to patient confidentiality and safety.</i>		
7.	FACILITY OVERVIEW		
	Heather Fisher SEVTC Director and CEO		

AGENDA PACKET AS ADOPTED

8.	LUNCH		
	<i>Break and collect lunch</i>		
9.	REGULATORY BUSINESS		
	A. Two Emergency Regulatory Actions:		Pages 22-23
	• Mandatory Peer Recovery Specialist-Trainee (PRS-T) designation	! Action Item	Pages 24-34
	• Alignment with Medicaid behavioral health services redesign: Community Psychiatric Support and Treatment (CPST)	! Action Item	Pages 35-62
	B. Regulatory Activity Status Report		Pages 63-64
10.	SEMI-ANNUAL GRANT UPDATE		
		Eric Billings Director of Grants Management	
		Ben Wakefield Federal Grants Manager	
11.	VIRGINIA ASSOCIATION OF COMMUNITY SERVICES BOARDS UPDATE		
		Jennifer Faison VACSB Executive Director	
12.	NEW BUSINESS		
	A. SHRC Appointment	! Action Item	Page 65
	B. Board Matters		
	C. Announcements		
13.	ADJOURNMENT		

NEXT MEETING: WEDNESDAY, DECEMBER 10, 2025
DBHDS Central Office, Jefferson Building, Richmond

Information provided is in DRAFT form and is subject to change.

The agenda and packet as approved by the Board will be made available to the public at the meeting in accordance with the Virginia Freedom of Information Act (§ 2.2-3700 et seq. of the Code of Virginia).

DRAFT MINUTES

State Board of Behavioral Health and Developmental Services

NOMINATING COMMITTEE MEETING

Tuesday, July 8, 2025

All-Virtual

*This was an **all-virtual** public meeting¹ conducted electronically pursuant to the Virginia Freedom of Information Act, as deemed necessary and convenient by the chair of the Nominating Committee.*

MEMBERS PRESENT	Sandra Price-Stroble, Committee Chair Cindy Lamb Tony Vadella
STAFF PRESENT	Mary Broz-Vaughan, Regulatory Affairs Director / State Board Liaison Susan Puglisi, Regulatory Research Specialist

CALL TO ORDER	Finding a quorum of the Board present, Ms. Price-Stroble called the meeting to order at 11:31 a.m.
ADOPTION OF AGENDA	Ms. Lamb moved to adopt the agenda. Mr. Vadella seconded the motion, which carried unanimously.
CONSIDERATION OF NOMINEES FOR SLATE	<p>Ms. Price-Stroble referenced the timeframe for nomination and election of officers outlined in the Board’s Bylaws.</p> <p>With both incumbents rotating off the board, and after communicating with members, Ms. Price-Stroble indicated that Blake Andis expressed interest in running for chair with Jane McDonald for vice chair. She said she did not know of any other nominees.</p> <p>Ms. Lamb moved to nominate as a slate, Blake Andis for the chair position and Jane McDonald for the vice chair position. Mr. Vadella seconded, and the motion carried unanimously.</p> <p>Ms. Price-Stroble announced she would report on the committee’s nominees to the full board at the July 9, 2025, meeting.</p>
ADJOURNMENT	Ms. Price-Stroble adjourned the committee meeting at 11:38 a.m.

¹ "All-virtual public meeting" means a public meeting (i) conducted by a public body, other than those excepted pursuant to subsection C of § [2.2-3708.3](#), using electronic communication means, (ii) during which all members of the public body who participate do so remotely rather than being assembled in one physical location, and (iii) to which public access is provided through electronic communication means.

DRAFT MINUTES

State Board of Behavioral Health and Developmental Services

REGULAR QUARTERLY BOARD MEETING
Wednesday, July 9, 2025

DBHDS Central Office, 13th Floor South Conference Room
 Jefferson Building, 1220 Bank Street, Richmond, VA 23219

The meeting was held in person with a physical quorum present and with electronic or phone connection available.

MEMBERS PRESENT	Sandra Price-Stroble R. Blake Andis Varun Choudhary, MD Rebecca Graser Cindy Lamb Tony Vadella
MEMBERS ABSENT	Sandy Chung, MD Moira Mazzi Jane McDonald
DBHDS STAFF PRESENT	Mary Broz-Vaughan, Regulatory Affairs Director/State Board Liaison Lauren Cunningham, Communications Director Braden Curtis, Chief Deputy Commissioner Madelyn Lent, Public Policy Manager Crystal Lipford, Director of Quality and Risk Management (virtual) Josie Mace, Legislative Affairs Director (virtual) Meghan McGuire, Deputy Commissioner, Policy and Public Affairs Heather Norton, Deputy Commissioner, Community Services Susan Puglisi, Regulatory Research Specialist Margaret Steele, Deputy Director, Office of Community Operations (virtual)
INVITED GUEST	Jennifer Faison, VACSB Executive Director (virtual)
VIRTUAL ATTENDEES	Charlotte Arbogast, DARS Senior Policy Analyst; Katie Boyle, VACo Deputy Director; Sarah Craddock; Rima Forrest, Service Facilitator; Robin Hubert, On Our Own Executive Director; Heather Linke; Leah Mills, Deputy Secretary of Health and Human Resources; Heather Pettrus; Teresa Smith, OSIG Healthcare Compliance Unit Manager; Jayda (no last name), Kameelah (no last name)

CALL TO ORDER	Finding a quorum of the board present, Vice Chair Sandra Price-Stroble called the meeting to order at 9:35 a.m.
Adoption of Agenda	Ms. Price-Stroble advised the board of one amendment to the agenda. The Commissioner’s Report was moved earlier to Item #4, after the Public Comment Period. Ms. Lamb moved to adopt the agenda as amended. Dr. Choudhary seconded the motion, which carried unanimously.
Introductions	Ms. Price-Stroble welcomed those present and asked for introductions.
Approval of Minutes	Ms. Price-Stroble opened the floor to any additions or corrections to the draft minutes of the April 1, 2025, dinner meeting, or the April 2, 2025, committee and board meetings. Hearing none, Mr. Vadella moved to approve the minutes en bloc. Ms. Graser seconded the motion, which carried unanimously.
Officer Elections	Ms. Price-Stroble reported that the Nominating Committee held an all-virtual meeting on July 8, 2025. The committee voted unanimously to nominate a slate of candidates with Blake Andis for the position of chair position and Jane McDonald for the position of vice chair. In accordance with the board’s bylaws, Ms. Price-Stroble opened the floor for any additional nominations. Hearing none, Dr. Choudhary moved to elect Blake Andis as Board Chair. Ms. Lamb seconded the motion, which carried unanimously. Dr. Choudhary moved to elect Jane McDonald as Board Vice Chair. Mr. Vadella seconded the motion, which carried unanimously.
TRANSFER OF CHAIR	Ms. Price-Stroble congratulated the newly elected officers and passed the gavel to Sheriff Andis. Sheriff Andis thanked Ms. Price-Stroble and assumed the chair.
Public Comment Period	Sheriff Andis called for public comment. No commenters were present. One written comment was received and read into the record. (<i>see attached</i>)
Commissioner’s Report	Braden Curtis, Chief Deputy Commissioner, provided an update on the Hiram W. Davis Medical Center closure process and Planning and Consensus Team. Heather Norton, Deputy Commissioner for Community Services, briefed the board on internal restructuring that will integrate and elevate recovery and prevention within the division’s behavioral health area.

REORDERING OF AGENDA	<p>Sheriff Andis noted the meeting was running ahead of schedule and requested unanimous consent to take business out of order.</p> <p>Without objection, the board agreed to reorder the agenda and take the committee report and regulatory updates up for immediate consideration.</p>
Committee Report	<p>Madelyn Lent, Public Policy Manager, reported that the Policy and Evaluation Committee received background information on the next policies scheduled for periodic review:</p> <ul style="list-style-type: none"> • Policy 2010 (ADM) 88-2 – Policy Development and Education, and • Policy 2011 (ADM) 88-3 – Naming of Buildings, Rooms and Other Areas at State Facilities. <p>Ms. Lent said the agency will recommend revisions to Policy 2011 (ADM) 88-3 for the committee to review at its next meeting.</p> <p>The committee voted to recommend Policy 5008 (FAC) 87-12 – Accreditation/Certification and Policy 5010 (FAC) 00-1 – State Facility Uniform Clinical and Operational Policies and Procedures to the full board with revisions, which Ms. Lent indicated would be included in the next quarterly meeting agenda packet.</p> <p>Ms. Lent called members’ attention to the committee’s recommended changes to Policy 5006 (FAC) 86-29 – Razing of Dilapidated Buildings for the board’s consideration, on pages 18-19 of the meeting packet.</p> <p>On a motion by Ms. Lamb, properly seconded by Ms. Graser, the board unanimously approved the revisions to Policy 5006 (FAC) 86-29.</p>
Regulatory Updates	<p>Sheriff Andis asked Ms. Broz-Vaughan and Ms. Puglisi to guide board members through the action items.</p>
<i>Action Item 1</i>	<p>Consideration of Final/Exempt Action for Conditional Certification of Recovery Residences [12VAC35-360]</p> <p>Ms. Broz-Vaughan explained that the 2025 Session of the General Assembly directed the board to establish a non-renewable, nine-month “conditional” certification for recovery residences. The draft language is narrowly drawn to comply with the requirement that exempt regulatory actions exercise no discretion.</p> <p>MOTION: Ms. Lamb moved to initiate an exempt action to adopt final amendments to Chapter 260, the Certified Recovery Residences regulations, as presented. Ms. Price-Stroble seconded, and the motion carried unanimously.</p>
<i>Action Item 2</i>	<p>Consideration of Fast-Track Action for Technical and Clarifying Revisions to Crisis Services [12VAC35-105]</p>

	<p>Ms. Puglisi reviewed the proposed “clean-up” amendments, which ease unintended administrative costs on providers and promote increased compliance, while preserving health and safety protections for individuals receiving crisis services. The changes are expected to be non-controversial because they address concerns expressed by stakeholders since the crisis regulations were first implemented last year.</p> <p>MOTION: Dr. Choudhary moved to initiate a fast-track action to make the technical and clarifying amendments to Chapter 105, the Licensing Regulations, as presented. Ms. Lamb seconded, and the motion carried unanimously.</p>
<i>Status Report</i>	Ms. Broz-Vaughan reviewed the chart of current and upcoming regulatory activity. She advised board members of recent movement on the fast-track action amending the Early Intervention System (12VAC35-225) regulations, which the Governor’s Office approved.
Recess	Sheriff Andis recessed the meeting for a short break. He announced the meeting would reconvene at 10:30 a.m.
The Board recessed at 10:20 a.m. to reconvene at 10:30 a.m.	
The Board reconvened at 10:30 a.m.	
Reconvene	Sheriff Andis reconvened the meeting to receive the VACSB presentation and complete the agenda.
VACSB Presentation	Ms. Faison briefed the board on the Virginia Association of Community Services Boards (VACSB) planning activities and major priorities related to the next General Assembly session.
New Business	Sheriff Andis directed members to Item 8 on the agenda, New Business.
<i>2025-27 Board Meeting Schedule</i>	<p>Sheriff Andis reviewed the proposed schedule for the biennium, noting it completes the post-pandemic facility visit cycle by April 2026.</p> <p>On a motion by Mr. Vadella, properly seconded by Ms. Graser, the board unanimously adopted the 2025-27 meeting schedule as presented.</p>
<i>Announcements</i>	Ms. Broz-Vaughan reminded members of the budget report handout, which was for informational purposes only and did not require any action.
ADJOURNMENT	Sheriff Andis adjourned the meeting at 11:07 a.m.
The State Board adjourned at 11:07 a.m.	

NEXT MEETING SCHEDULED FOR WEDNESDAY, SEPTEMBER 24, 2025
 DBHDS Southeastern Virginia Training Center (SVTC) in Chesapeake

Public Comment to the DBHDS State Board

Submitted by Cheryl DeHaven, BS, CPC, CPRS

July 2025

Good morning, members of the Board,

My name is Cheryl DeHaven, and I'm a Certified Peer Recovery Specialist. I offer this comment on behalf of many others in the peer recovery community who have expressed serious concerns about the recent restructuring of the Office of Recovery Services (ORS). As you listen, I ask you to consider this moment through the lens of the six principles of a trauma-informed system - principles DBHDS has long committed to.

1. Safety

Peer recovery thrives when people - and programs - feel safe, supported, and protected. The sudden restructuring of ORS, without transparency or clear communication to those most impacted, undermined that safety. ORS staff and the wider community were left uncertain about their future, their value, and their voice. That is not how a trauma-informed system operates.

2. Trustworthiness and Transparency

Trust is built when people are included in decisions that affect them. In this case, ORS staff - individuals who are the backbone of recovery leadership in Virginia - were excluded from the decision-making process. Only afterward were explanations offered. Transparency means bringing people into the room early, not informing them after the fact.

3. Peer Support

It's ironic - and heartbreaking - that the very office tasked with championing peer support was dismantled without the support of its peers. The federal Peer Support Act, introduced by Virginia's

own Senator Tim Kaine, shows how peer leadership should be elevated, resourced, and formalized. Virginia must align with this model - not drift away from it.

4. Collaboration and Mutuality

The restructuring process was not collaborative. ORS staff were not treated as partners in the change, despite years of experience and national recognition. Decisions were made about them, not with them. Collaboration means shared power - not top-down mandates.

5. Empowerment, Voice, and Choice

The peer recovery movement is rooted in the belief that lived experience should drive change. The restructuring diminished that voice, removing ORS from its clear leadership role. Furthermore, we are troubled by implications that staff acted inappropriately by reaching out to community members for support. In peer recovery, seeking connection and raising concerns is not insubordination - it is integrity. It is leadership.

6. Cultural, Historical, and Gender Responsiveness

Peer support was born from lived oppression - from voices ignored, silenced, and dismissed. Virginia has made great strides in recognizing that history and building equity through lived experience leadership. Eliminating ORS as a standalone, visible office risks returning us to systems where the voices of survivors and peers are once again placed on the margins.

We respectfully call on this Board to:

- Restore a clearly defined, peer-led structure at DBHDS with a direct seat at the executive leadership table;

- Align state efforts with the federal Peer Support Act to ensure peer leadership is meaningfully integrated and protected;
- And recommit DBHDS to the six trauma-informed principles not just in rhetoric, but in policy, process, and personnel decisions.

Virginia was once a leader in trauma-informed, recovery-focused systems. Please do not let this moment redefine that legacy.

Thank you for your time and thoughtful consideration.

- Cheryl DeHaven, BS, CPC, CPRS

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**Policy and Evaluation Committee
DRAFT MINUTES**

JULY 9, 2025

1220 BANK STREET, RICHMOND, VIRGINIA 23219

*This meeting was held in person with a physical quorum present,
with electronic or phone connection available.*

Members Present: Sandra Price-Stroble
Rebecca Graser
Cindy Lamb

Members Absent: Varun Choudhary, MD

Staff Present: Madelyn Lent, Public Policy Manager
Meghan McGuire, Deputy Commissioner, Policy and Public Affairs
Chaye Neal-Jones, Director, Office of Enterprise Management Services (virtual)
Crystal Lipford, Director of Quality and Risk Management, Division of Facility
Services (virtual)
Todd McDonald, Virginia Management Fellow

I. Call to Order

II. Welcome and Introductions

Sandra Price-Stroble called the meeting to order at 8:40 am

III. Adoption of Agenda, July 9, 2025

Rebecca Graser moved to adopt the agenda. Cindy Lamb seconded. The agenda was adopted.

IV. Adoption of Minutes, April 2, 2025

Rebecca Graser moved to adopt the minutes. Cindy Lamb seconded. The minutes were adopted.

V. Review Policy Plan for FY2025 - FY2030

Madelyn Lent presented the policy review plan to the Policy Committee.

VI. Presentation of Background Reviews

Madelyn Lent provided a brief overview of Policy 2010 (ADM) 88-2 Policy Development and Education. No revisions to the policy were recommended. The committee completed the periodic review of the policy without revisions.

Crystal Lipford provided a review of Policy 2011 (ADM) 88-3 Naming of Buildings, Rooms and Other Areas at State Facilities and discussed recommended revisions in concept. DBHDS will present a draft of proposed revisions at the next committee meeting.

VII. Introduce Draft Revisions

The committee previously received background information on Policy 6005 (FIN) 94-2 Retention of Unspent State Funds by Community Services Boards and Policy 4018 (CSB) 86-9 Community Services Board Performance Contracts at the April 2nd meeting.

Meghan McGuire and Chaye Neal-Jones presented the DBHDS recommendation to rescind Policy 6005, explaining that procedures for CSB unspent balances are defined in the performance contract and State Board requirements for the performance contract are defined in Policy 4018. They answered questions from committee members and provided performance contract language defining procedures for CSB unspent balances for the committee to reference. The committee will review the recommendation to rescind Policy 6005 at their next meeting in September.

The committee reviewed draft technical revisions for Policy 4018 presented by Chaye Neal-Jones. The committee will review the recommended revisions at their next meeting in September.

VIII. Presentation of draft revisions for recommendation to the full board

The committee reviewed and discussed draft revisions for Policy 5008 (FAC) 87-12 Accreditation/Certification and Policy 5010 (FAC) 00-1 State Facility Uniform Clinical and Operational Policies and Procedures at the April 2nd meeting. Rebecca Graser moved to recommend the amendments to the full board. Cindy Lamb seconded. The revisions were recommended unanimously.

IX. Next Quarterly Meeting: September 24, 2025.

X. Adjournment

Sandra Price-Stroble adjourned the meeting at 9:15 am.

All current policies of the State Board are here: <https://dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies/>.

DRAFT MINUTES

State Board of Behavioral Health and Developmental Services

BIENNIAL PLANNING MEETING

Wednesday, July 9, 2025

DBHDS Central Office, 13th Floor South Conference Room
 Jefferson Building, 1220 Bank Street, Richmond, VA 23219

MEMBERS PRESENT	R. Blake Andis, Chair Rebecca Graser Cindy Lamb Tony Vadella
MEMBERS ABSENT	Varun Choudhary, MD Sandy Chung, MD Moiria Mazzi Jane McDonald Sandra Price-Stroble
STAFF PRESENT	Mary Broz-Vaughan, Regulatory Affairs Director and State Board Liaison Meghan McGuire, Deputy Commissioner, Policy and Public Affairs Nathan Miles, Chief Financial Officer Susan Puglisi, Regulatory Research Specialist Chance Welfare, Manager of Strategic Planning and Execution

CALL TO ORDER	Sheriff Andis called the biennial planning meeting to order at 11:30 a.m., noting the lack of a quorum would not impede the session as it did not involve the transaction of public business.
REVIEW OF BYLAWS AND STATUTORY DIRECTIVE	<p>Ms. McGuire reviewed the board’s practice of sending a letter conveying its priorities to the Governor and the General Assembly as the new biennial budget is developed, which fulfills two statutory requirements:</p> <ul style="list-style-type: none"> • To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor; and • To advise the Governor, Commissioner, and General Assembly on matters relating to mental health, developmental, and substance abuse services. [§ 37.2-203 of the Code of Virginia] <p>Members received a copy of the 2023 letter expressing the board’s priorities for the 2024-26 biennium.</p>

PRESENTATIONS	<p>Mr. Miles provided an overview of the Department’s budget and major system funding issues.</p> <p>Mr. Welfare delivered an update on strategic continuity and Department objectives aligned with the board’s existing priorities.</p>
FACILITATED DISCUSSION	<p>Through facilitated discussion with Ms. McGuire, members drafted a list of priorities for the 2026-28 biennial budget focused on continuing the transformational system change made over the previous biennium.</p> <p>Staff will prepare and circulate a preliminary version for review by board members.</p>
ADJOURNMENT	<p>Mr. Andis adjourned the meeting at 12:45 p.m.</p>

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**Policy and Evaluation Committee
DRAFT AGENDA**

SEPTEMBER 24, 2025

SOUTHEASTERN VIRGINIA TRAINING CENTER

2100 STEPPINGSTONE SQUARE, CHESAPEAKE, VIRGINIA 23320

*This meeting will be held in person with a physical quorum present,
with electronic or phone connection available.*

- I. Call to Order**
- II. Welcome and Introductions (5 min)**
- III. Adoption of Agenda, September 24, 2025**
- IV. Adoption of Minutes, July 9, 2025**
- V. Review Policy Plan for FY2025 - FY2030 (5 min)**
- VI. Presentation of Background Reviews (15 min)**

The committee will review background information on the next policies scheduled for periodic review: Policy 3000(CO) 74-10 Department Employee Appointments to Community Services Boards and Policy 1034 (SYS) 05-1 Partnership Agreement.

VII. Introduce Draft Revisions (15 min)

The committee received background information on the Policy 2011 (ADM) 88-3 Naming of Buildings, Rooms and Other Areas at State Facilities. The committee will review and discuss draft revisions for this policy.

VIII. Presentation of draft revisions for recommendation to the full board (10 min)

The committee reviewed and discussed Policy 6005 (FIN) 94-2 Retention of Unspent State Funds including comments from the Community Services Boards (CSBs) from the initial field review of the existing policy and DBHDS staff recommendation to rescind at the July 9th meeting. The committee will review comments received from the CSBs from the second field review and the policy recommendation to rescind will be presented for the committee to vote on recommendation to the full board. The draft revisions for Policy 4018 (CSB) 86-9 Community Services Board Performance Contracts were reviewed and discussed at the July 9th meeting. Revisions will be presented for the committee to vote on recommendation to the full board.

IX. Next Quarterly Meeting: December 10, 2025.

X. Adjournment

All current policies of the State Board are here: <https://dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies/>.

Renewed: 09/13/89
Updated: 10/28/92
Updated: 01/29/04
Updated: 12/06/11
Updated: 04/11/2018

POLICY MANUAL

State Board of Behavioral Health and Developmental Services Department of Behavioral Health and Developmental Services

POLICY 5008(FAC)87-12 Accreditation or Certification of State Facilities

Authority Board Minutes Dated: December 16, 1987
Effective Date: January 27, 1988
Approved by Board Chairman: /s/ Lindsay B. West

Supersedes STATE BOARD POLICY 5005 (FAC) 85-15

References Federal Register of Regulations, February 25, 2011, Medicare and Medicaid Programs: Approval of the Joint Commission for Deeming Authority for Psychiatric Hospitals
House Joint Resolution 301, 1987.
The Joint Commission.

Background The Department operates 10 state hospitals and ~~five~~ **one** training centers, hereafter referred to as state facilities, which provide inpatient behavioral health and developmental services to individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. In this policy, state facilities do not include the Virginia Center for Rehabilitative Services, which provides only rehabilitative services to individuals admitted involuntarily as sexually violent predators. The Department is committed to maintaining an environment of continuous quality improvement that is focused on treatment, care, and positive outcomes for individuals receiving services. The Joint Commission, hereafter referred to as ~~the~~ TJC, is the nationally recognized accrediting body for psychiatric facilities and the Centers for Medicare and Medicaid Services, ~~hereafter referred to as (CMS)~~, establishes quality of care regulations that long-term care facilities must meet for federal reimbursement. In 1987, the Board established a policy that all state facilities were to be CMS-certified or, under a deemed status agreement, TJC-accredited by 1992, and they were to maintain their accreditation or certification status. This was done to reflect the intent of House Joint Resolution 301 (1987). There are five purposes for seeking and maintaining certification or accreditation:

1. Quality of Care

Accreditation and certification requirements ensure that state facilities establish processes to systematically monitor, analyze, and improve their performance in order to provide excellent services and positive outcomes for the individuals receiving services in a manner that is sensitive to and respectful of those individuals.

2. Staff Credentials and Performance

Accreditation and certification require the establishment of processes to ensure staff have the requisite knowledge and skills to provide high quality care services and there is ongoing monitoring of the quality of care and treatment provided to individuals.

3. Objective Review

The external review process associated with accreditation or certification provides an objective and unbiased assessment of the quality of services being provided to individuals.

4. Reimbursement

Accreditation and certification help to ensure that state facilities are eligible for maximum reimbursement from potential sources such as Medicaid, Medicare, and private insurers.

5. Credibility

National accreditation and certification gives the public, individuals receiving services ~~and~~ their families, advocacy groups, and funding sources confidence in the services provided in state facilities.

Beginning in 1987, all state facilities have attained the level of accreditation or certification that satisfied the requirements of ~~House Joint Resolution HJR 301~~, which prescribed a plan for achieving accreditation or certification of all state facilities by 1992.

Purpose

To assure that each state facility continually provides high quality services, maintains the applicable accreditation or certification by a nationally recognized accrediting or certifying body, and maximizes federal and private payor reimbursement for covered services.

Policy

It is the policy of the Board that each state facility shall be accredited or certified through compliance with recognized standards such as those of ~~the~~ TJC, or ~~the~~ CMS, as appropriate. Each state facility that provides applicable services, i.e., intensive psychiatric, skilled nursing, medical/surgical, chronic disease or intermediate care, shall be certified by ~~the~~ CMS or accredited by TJC.

It is also the policy of the Board that each state facility shall maintain its applicable accreditation or certification through ongoing monitoring and management of the quality of services by the facility and the Department.

Updated 8/8/1988
Updated 9/28/1994
Updated 5/19/2000
Updated 9/14/2010
Updated 04/11/2018

POLICY MANUAL
State of Behavioral Health and Developmental Services
Department of Behavioral Health and Developmental Services

POLICY 5010 (FAC) 00-1 State Facility Uniform Clinical and Operational Policies and Procedures

Authority Board Minutes Dated February 25, 1987
Effective Date March 25, 1987
Approved by Board Chairman s/James C. Windsor

References The Joint Commission, Hospital Accreditation Standards
The Joint Commission, Behavioral Health Accreditation Standards

42 CFR 483.420-460, Conditions of Participation for ICF-MR Facilities, Centers for Medicare and Medicaid Services

42 CF 482.13, Conditions of Participation for Hospitals, Centers for Medicare and Medicaid Services

Background In 1998, the Department initiated a process to develop uniform clinical and operational policies and procedures for state hospitals and training centers, hereafter referred to as state facilities. The Department convened statewide work groups comprised of state facility and central office staff to develop an initial set of uniform guidelines and procedures. These work groups focused on the specific findings and recommendations of expert consultants who had assessed the clinical care and operational practices at each state facility. The workgroups considered the plans of improvement developed by several state facilities in response to U.S. Department of Justice expectations under the Civil Rights of Institutionalized Persons Act.

The resulting clinical and operational policies and procedures were incorporated into ~~Departmental Instructions~~, the standardized policies and procedures that must be implemented by the Department's Central Office and each state facility. These ~~Departmental Instructions policies and procedures~~, were developed to:

- Assure uniformity of practice and thus ensure access to quality care for individuals served in each state facility, and
- Reduce operational inefficiencies and inconsistencies that may result in increased risk to individuals receiving services, facility staff, and the Department.

Implementation of these ~~Departmental Instructions policies and procedures~~, and the clinical and operational requirements they define, are intended to assure that individuals served in state facilities receive a single standard of care that is consistent with the applicable requirements established by external regulatory and accreditation bodies, including ~~†~~The Joint Commission and the Centers for Medicare and Medicaid Services. In the years since the original implementation of this policy, certification and

accreditation requirements, professional standards organizations, laws, and regulations have been implemented or revised to address many critical areas of clinical practice.

Purpose

To create consistency in the quality of care across all state facilities through the establishment and implementation of uniform clinical and operational policies and procedures designed to improve quality of care, provide procedural protections for individuals receiving services, and standardize facility administrative practices and documentation requirements while providing services that are culturally and linguistically appropriate and person-centered and promote dignity, choice, and recovery for those individuals.

Policy

It is the policy of the Board that the Department shall use ~~Departmental Instructions~~ **policies and procedures**, as the primary mechanism to ensure uniformity of practice in the delivery of care to individuals receiving services in state facilities. ~~Departmental Instructions~~ **policies and procedures**, shall be consistent with and reflect the unique missions of state facilities. ~~Departmental Instructions~~ **Policies and procedures**, shall establish consistent and reasonable standards of care and practice that are not overly prescriptive and offer sufficient flexibility to the greatest extent possible so that each state facility can implement requirements ~~in Departmental Instructions~~ in the most efficient manner for that facility.

It also is the policy of Board that every individual at any state facility shall receive care that is consistent with the uniform clinical and operational policies and procedures established in ~~Departmental Instructions~~ **or policies and procedures**, issued by the Department.

Further, it is the policy of the Board that state facilities shall adhere to uniform administrative practices and documentation requirements that are necessary to assure operational consistency across all state facilities.

It also is the policy of the Board that the Department shall continue to identify areas where the standardization of clinical and operational policies and procedures is needed to improve care and operating efficiencies and to develop ~~Departmental Instructions~~ **policies and procedures**, when appropriate, to address these areas.

Further, it is the policy of the Board that the Department shall periodically review existing ~~Departmental Instructions~~ **policies and procedures**, to ensure they are still necessary and relevant and reflect current standards of care and practice. The Department shall rescind obsolete ~~Departmental Instructions~~ **policies and procedures**, in a timely manner.

Finally, it is the policy of the Board that the Department shall provide leadership to ensure these uniform policies and procedures utilize language and practices that are person-centered; culturally and linguistically appropriate; and promote dignity, choice, and recovery for individuals receiving services.

MEMORANDUM

TO: Members, State Board of Behavioral Health and Developmental Services

FROM: Mary Broz Vaughan, Director of Regulatory Affairs

DATE: September 10, 2025

RE: Two Emergency Regulatory Action Items
See the flowchart at <https://www.townhall.virginia.gov/um/chartemergencystate.pdf>

A. Mandatory Peer Recovery Specialist-Trainee (PRS-T) designation [12VAC35-105 and 12VAC35-250]

Background:

Individuals working toward certification as a Peer Recovery Specialist (PRS) have expressed difficulty in gaining their experience hours while not bringing in revenue due to the inability to bill for services.

The 2025 General Assembly amended the appropriation act ([Item 293 C](#)) to direct the board to amend its PRS regulations “as necessary” via an emergency action to allow PRS trainees to bill Medicaid for their services while working toward certification.

The authorizing budget language requires the board’s regulations to become effective by February 6, 2026. (A standard regulatory action to establish permanent regulations will follow this emergency action.)

Purpose:

This emergency regulatory action is intended to comply with the legislative mandate enacted during the 2025 Session of the General Assembly pursuant to Item 293 C of the appropriation act.

The amendments reduce the regulatory burden on those working toward certification as a PRS by establishing a “trainee” designation (PRS-T) that allows individuals to bill for their services while they are gaining the requisite 500 hours of experience. In addition to improving economic opportunities for individuals in training, this regulatory action will help increase the workforce availability of peer-supported behavioral health services.

Action Requested:

Authorize the Emergency action to establish a designation for Peer Recovery Specialist-Trainees (PRS-Ts), and direct staff to initiate the Notice of Intended Regulatory Action (NOIRA) for permanent regulations.

Next Steps:

If approved, staff submits the Emergency action for executive branch review.

B. Alignment with Medicaid behavioral health services redesign: Community Psychiatric Support and Treatment (CPST) [12VAC35-105]

Background:

Virginia's behavioral health system is undergoing a multi-phased, interagency process of transformation to enhance the service delivery system. As part of this transformative effort, the General Assembly amended the 2024-26 appropriation act ([Item 293 B](#)) to direct the board to align its licensing regulations with the modifications being made to Medicaid behavioral health services.

To comply with the legislative mandate, DBHDS intends to restructure its regulations to ensure consistency with the following newly funded Medicaid services: (1) Community Psychiatric Support and Treatment (CPST); (2) Coordinated Specialty Care (CSC); and (3) Clubhouse.

This action establishes the newly licensed service of CPST and removes provisions that would conflict with the DMAS changes. The authorizing budget language requires the board's regulations to become effective by February 6, 2026. (A standard regulatory action to establish permanent regulations will follow this emergency action.)

Purpose:

This emergency action is intended to comply with the legislative mandate by aligning DBHDS licensing regulations with ongoing interagency efforts to enhance Virginia's behavioral health services system. The changes in this action establish the newly licensed service of CPST.

The goal of CPST is to assist individuals in achieving personal independence and success in their daily lives by: (1) helping individuals access necessary services and support systems within their communities; (2) fostering hope and resilience while addressing mental health challenges through person-centered care; and (3) assisting individuals in developing daily living skills and coping strategies to manage their mental health.

This regulatory action will improve access to a continuum of high-quality behavioral health services for Virginians; ensure CPST providers adhere to a base level of model fidelity; and reduce administrative burden by aligning provider licensing regulations with Medicaid service expectations. Consistency between DBHDS licensing regulations and DMAS modifications to behavioral health services is important for licensed providers as well as for individuals receiving services and their families.

Action Requested:

Authorize the Emergency action to align with Medicaid behavioral health services redesign for Community Psychiatric Support and Treatment (CPST), and direct staff to initiate the Notice of Intended Regulatory Action (NOIRA) for permanent regulations.

Next Steps:

If approved, staff submits the Emergency action for executive branch review.



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

Agency name	Department of Behavioral Health and Developmental Services (DBHDS)
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-105 and 12VAC35-250
VAC Chapter title(s)	Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services (12VAC35-105) and Peer Recovery Specialists (12VAC35-250)
Action title	Mandatory Peer Recovery Specialist-Trainee (PRS-T) designation
Date this document prepared	June 23, 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 the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

Individuals working toward certification as a Peer Recovery Specialist (PRS) have expressed difficulty in gaining their certification hours while not bringing in revenue due to the financial constraints of providers. Therefore, the Department of Behavioral Health and Developmental Services (DBHDS) – working together with sister agencies, the Department of Health Professions (DHP) and the Department of Medical Assistance Services (DMAS) – will create a Peer Recovery Specialist Trainee (PRS-T) designation to allow these individuals to bill for their services while working toward the 500 hours of experience necessary for PRS certification.

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 of Behavioral Health and Developmental Services
 DBHDS – Department of Behavioral Health and Developmental Services
 PRS – Peer Recovery Specialist
 PRS-T – Peer Recovery Specialist-Trainee

Mandate and Impetus (Necessity for Emergency)

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

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

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

The 2025 General Assembly amended the appropriation act ([Item 293 C](#)) to direct the State Board of Behavioral Health and Developmental Services to promulgate emergency regulations to “amend its regulations as necessary for persons in the process of completing necessary hours of supervision for certification through [DBHDS] to be eligible for registration through the Department of Health Professions as a peer recovery specialist-trainee for approval as a Medicaid provider type for the provision of mental health and substance use peer supported services.”

The authorizing budget language requires the board’s emergency regulations to become effective within 280 days of the budget’s final adoption on May 2, 2025. (A regulatory action to establish permanent regulations will follow this emergency action.)

Legal Basis

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

During the 2025 Session of the General Assembly, the State Board of Behavioral Health and Developmental Services was directed through budget language to promulgate emergency regulations recognizing peer recovery specialist-trainees. [Item 293 C of the 2025 Appropriations Act \(Chapter 725\)](#) mandates the changes within this regulatory action.

Section 37.2-203 of the Code of Virginia gives the board the authority to adopt regulations that may be necessary to carry out the provisions of Title 37.2 of the Code and other laws of the Commonwealth

administered by the DBHDS commissioner generally, as well as the duty to establish qualifications, education, and experience for peer recovery specialists registered by the Board of Counseling at DHP. The board voted to adopt this regulatory action at its meeting on September 24, 2025.

Purpose

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

Individuals working toward certification as a PRS have expressed difficulty in gaining their certification hours while not bringing in revenue due to the financial constraints of providers. This action amends the PRS regulations to create and recognize a “trainee” designation (PRS-T) to allow individuals to bill for their services while they are working on the 500 hours of experience necessary for PRS certification. This will allow individuals working toward certification greater opportunities to gain the necessary hours and increase the workforce availability of peer-supported behavioral health services.

Substance

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

This action (1) adds PRS-T requirements to the Licensing Regulations (12VAC35-105) related to provider staffing requirements for supervision and (2) amends the Peer Recovery Specialist regulations (12VAC35-250) to add a PRS-T definition and minimum standards for PRS-Ts for certifying bodies.

Issues

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

The primary advantage of the regulatory action is to allow individuals working toward PRS certification more economic opportunities while earning requisite experience, which will increase the number of PRSs in the Commonwealth. This is an advantage to the public, providers, the agency, and the Commonwealth.

There are no known disadvantages to the public or the Commonwealth.

Alternatives to Regulation

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

Because this regulatory action is mandated by the General Assembly, there are no viable alternatives.

Periodic Review and Small Business Impact Review Announcement

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

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below. In addition, as required by § 2.2-4007.02 of the Code of Virginia describe any other means that will be used to identify and notify interested parties and seek their input, such as regulatory advisory panels or general notices.

The Department of Behavioral Health and Developmental Service 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 or email to Susan Puglisi, 1220 Bank Street, Richmond, VA 23219, 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 existing VAC Chapter(s) and the emergency regulation. If existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.

Table 1: Changes to Existing VAC Chapter(s)

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
12VAC35-105-590. Provider		The requirements of a provider staffing plan, including types, roles and	Change: The addition of peer recovery specialist-trainee requirements within

<p>staffing plan.</p>		<p>numbers of employees and contractors. The section also includes requirements for a transition staffing plan for new services, and requirements related to supervision.</p>	<p>the subsection related to staffing requirements for supervision.</p> <p>Intent: PRS-Ts shall not be included within provider staffing plans.</p> <p>Impact: Will allow PRS-Ts working toward their 500 hours and certified as required by the Virginia Certification Board to bill while appropriately supervised.</p>
<p>12VAC35-105-925. Standards for the evaluation of new licenses for providers of services to individuals with opioid addiction.</p>		<p>Provides the requirements for the evaluation of new licenses for providers of services to individuals with opioid addiction including staffing requirements.</p>	<p>Change: Clarifies that a PRS-T shall not be counted in the staffing plan for providing peer recovery specialist services.</p> <p>Intent: Ensures that PRS-Ts obtain appropriate supervision prior to and while providing services.</p> <p>Impact: Will allow PRS-Ts working toward their 500 hours and certified as required by the Virginia Certification Board to bill while appropriately supervised.</p>
<p>12VAC35-250-10. Definitions</p>		<p>Provides the definitions for the Peery Recovery Specialist chapter.</p>	<p>Change: Adds a definition for peer-recovery specialist-trainee</p> <p>Intent: Defines PRS-Ts</p> <p>Impact: Will allow PRS-Ts working toward their 500 hours and certified as required by the Virginia Certification Board to bill while appropriately supervised.</p>
<p>12VAC35-250-40. Minimum standards for certifying bodies.</p>		<p>Provides minimum standards for certifying bodies for peer recovery specialists.</p>	<p>Change: Adds the minimum standards for PRS-Ts from certifying bodies.</p> <p>Intent: Places requirements of PRS-Ts for certifying bodies.</p> <p>Impact: Will allow PRS-Ts working toward their 500 hours and certified as required by the Virginia Certification Board to bill while appropriately supervised.</p>

Project 8355 - Emergency

Department of Behavioral Health And Developmental Services

Peer Recovery Specialist- Trainee

12VAC35-105-590. Provider staffing plan.

A. The provider shall implement a written staffing plan that includes the types, roles, and numbers of employees and contractors that are required to provide the service. This staffing plan shall reflect the:

1. Needs of the individuals receiving services;
2. Types of services offered;
3. Service description;
4. Number of individuals to receive services at a given time; and
5. Adequate number of staff required to safely evacuate all individuals during an emergency.

B. The provider shall develop a written transition staffing plan for new services, added locations, and changes in capacity.

C. The provider shall meet the following staffing requirements related to supervision.

1. The provider shall describe how employees, volunteers, contractors, and student interns will be supervised in the staffing plan and how that supervision will be documented.
2. Supervision of employees, volunteers, contractors, and student interns shall be provided by persons who have experience in working with individuals receiving services and in providing the services outlined in the service description.
3. Supervision shall be appropriate to the services provided and the needs of the individual. Supervision shall be documented.
4. Supervision shall include responsibility for approving assessments and individualized services plans, as appropriate. This responsibility may be delegated to an employee or contractor who meets the qualification for supervision as defined in this section.
5. Supervision of mental health, substance abuse, or co-occurring services that are of an acute or clinical nature such as outpatient, inpatient, intensive in-home, or day treatment shall be provided by a licensed mental health professional or a mental health professional who is license-eligible and registered with a board of the Department of Health Professions.
6. Supervision of collaborative behavioral health, substance abuse, or co-occurring services that are of a supportive or maintenance nature, such as psychosocial rehabilitation or mental health supports, shall be provided by (i) a registered QMHP who has practiced for three years and completed the supervisor training required by the Department of Health Professions; (ii) a licensed mental health professional who has completed the supervisor training required by the Department of Health Professions; or (iii) a person under supervision who is license-eligible, registered with the Board of Counseling, Board of Psychology, or Board of Social Work, and has completed the supervisor training required by the Department of Health Professions. A registered QMHP who meets these requirements may supervise activities within the QMHP's scope. This supervision must occur under the broader required direction of and in collaboration with the LMHP or licensed eligible mental health professional.

7. A person who is a peer recovery specialist-trainee shall be a PRS-T registered with the Board of Counseling in accordance with 18VAC115-70 and shall not provide supervision.

~~7.8.~~ Supervision of developmental services shall be provided by a person with at least one year of documented experience working directly with individuals who have developmental disabilities and holds at least a bachelor's degree in a human services field such as sociology, social work, special education, rehabilitation counseling, nursing, or psychology. Experience may be substituted for the education requirement.

~~8.9.~~ Supervision of brain injury services shall be provided, at a minimum, by a clinician in the health professions field who is trained and experienced in providing brain injury services to individuals who have a brain injury diagnosis including (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a psychiatrist who is a doctor of medicine or osteopathy specializing in psychiatry and licensed in Virginia; (iii) a psychologist who has a master's degree in psychology from a college or university with at least one year of clinical experience; (iv) a social worker who has a bachelor's degree in human services or a related field (social work, psychology, psychiatric evaluation, sociology, counseling, vocational rehabilitation, human services counseling, or other degree deemed equivalent to those described) from an accredited college or university with at least two years of clinical experience providing direct services to individuals with a diagnosis of brain injury; (v) a Certified Brain Injury Specialist; (vi) a registered nurse licensed in Virginia with at least one year of clinical experience; or (vii) any other licensed rehabilitation professional with one year of clinical experience.

D. The provider shall employ or contract with persons with appropriate training, as necessary, to meet the specialized needs of and to ensure the safety of individuals receiving services in residential services with medical or nursing needs; speech, language, or hearing problems; or other needs where specialized training is necessary.

E. Providers of brain injury services shall employ or contract with a neuropsychologist or licensed clinical psychologist specializing in brain injury to assist, as appropriate, with initial assessments, development of individualized services plans, crises, staff training, and service design.

F. Staff in direct care positions providing brain injury services shall have at least a high school diploma and two years of experience working with individuals with disabilities or shall have successfully completed an approved training curriculum on brain injuries within six months of employment.

12VAC35-105-925. Standards for the evaluation of new licenses for providers of services to individuals with opioid addiction.

A. Applicants requesting an initial license to provide a service for the treatment of opioid addiction through the use of methadone or any other opioid treatment medication or controlled substance shall supply information to the department that demonstrates the appropriateness of the proposed service in accordance with this section.

B. The proposed site of the service shall comply with § 37.2-406 of the Code of Virginia.

C. In jurisdictions without zoning ordinances, the department shall request that the local governing body advise it as to whether the proposed site is suitable for and compatible with use as an office and the delivery of health care services. The department shall make this request when it notifies the local governing body of a pending application.

D. Applicants shall demonstrate that the building or space to be used to provide the proposed service is suitable for the treatment of opioid addiction by submitting documentation of the following:

1. The proposed site complies with the requirements of the local building regulatory entity;

2. The proposed site complies with local zoning laws or ordinances, including any required business licenses;
3. In the absence of local zoning ordinances, the proposed site is suitable for and compatible with use as offices and the delivery of health care services;
4. In jurisdictions where there are no parking ordinances, the proposed site has sufficient off-street parking to accommodate the needs of the individuals being served and prevent the disruption of traffic flow;
5. The proposed site can accommodate individuals during periods of inclement weather;
6. The proposed site complies with the Virginia Statewide Fire Prevention Code; and
7. The applicant has a written plan to ensure security for storage of methadone at the site, which complies with regulations of the Drug Enforcement Agency (DEA), and the Virginia Board of Pharmacy.

E. Applicants shall submit information to demonstrate that there are sufficient personnel available to meet the following staffing requirements and qualifications:

1. The program sponsor means the person responsible for the operation of the opioid treatment program and who assumes responsibility for all its employees, including any practitioners, agents, or other persons providing medical, rehabilitative, or counseling at the program at any of its medication units. The program sponsor is responsible for ensuring the program is in continuous compliance with all federal, state, and local laws and regulations.
2. The program director shall be licensed or certified by the applicable Virginia health regulatory board or registered as eligible for this license or certification with relevant training, experience, or both, in the treatment of individuals with opioid addiction. The program director is responsible for the day-to-day management of the program.
3. The medical director shall be a board-certified addictionologist or have successfully completed or will complete within one year a course of study in opiate addiction that is approved by the department; and:
 - a. Is responsible for ensuring all medical, psychiatric, nursing, pharmacy, toxicology, and other services offered by the medication assisted opioid treatment provider are conducted in compliance with federal regulations at all times; and
 - b. Shall be physically present at the program for a sufficient number of hours to ensure regulatory compliance and carry out those duties specifically assigned to the medical director by regulation.
4. A minimum of one pharmacist.
5. Nurses.
6. Counselors shall be licensed or certified by the applicable Virginia health regulatory board or eligible for this license or certification.
7. Personnel to provide support services.
8. Have linkage with or access to psychological, medical, and psychiatric consultation.
9. Have access to emergency medical and psychiatric care through affiliations with more intensive levels of care.
10. Have the ability to conduct or arrange for appropriate laboratory and toxicology tests.
11. Ensure all clinical staff, whether employed by the provider or available through consultation, contract, or other means, are qualified by training and experience and appropriately licensed, certified, or registered by the appropriate health regulatory board to serve individuals admitted to the service.

F. The applicant may provide peer recovery specialists (PRS). Peer recovery specialists shall be professionally qualified by education and experience in accordance with 12VAC35-250. A registered peer recovery specialist shall be a PRS registered with the Board of Counseling in accordance with 18VAC115-70 and provide such services as an employee or independent contractor of DBHDS, a provider licensed by the DBHDS, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Virginia Department of Health. A peer recovery specialist-trainee shall not be counted in the staffing plan for providing PRS services.

G. If there is a change in or loss of any staff in the positions listed or any change in the provider's ability to comply with the requirements in subsection E of this section, the provider shall formally notify the Substance Abuse and Mental Health Services Administration (SAMHSA) and DBHDS. The provider shall also submit a plan to SAMHSA and DBHDS for immediate coverage within three weeks.

H. Applicants shall submit a description for the proposed service that includes:

1. Proposed mission, philosophy, and goals of the provider;
2. Care, treatment, and services to be provided, including a comprehensive discussion of levels of care provided and alternative treatment strategies offered;
3. Proposed hours and days of operation;
4. Plans for onsite security and services adequate to ensure the safety of patients, staff, and property; and
5. A diversion control plan for dispensed medications, including policies for use of drug screens.

I. Applicants shall, in addition to the requirements of 12VAC35-105-580 C 2, provide documentation of their capability to provide the following services and support directly or by arrangement with other specified providers when such services and supports are (i) requested by an individual being served or (ii) identified as an individual need, based on the assessment conducted in accordance with 12VAC35-105-60 B and included in the individualized services plan:

1. General.
 - a. Psychological services;
 - b. Social services;
 - c. Vocational services;
 - d. Educational services, including HIV/AIDS education and other health education services; and
 - e. Employment services.
2. Initial medical examination services.
3. Special services for pregnant patients.
4. Initial and periodic, individualized, patient-centered assessment and treatment services.
5. Counseling services.
6. Drug abuse testing services.
7. Case management services, including medical monitoring and coordination, with onsite and offsite treatment services provided as needed.

J. Applicants shall submit documentation of contact with community services boards or behavioral health authorities in their service areas to discuss their plans for operating in the area and to develop joint agreements, as appropriate.

K. Applicants shall provide policies and procedures that shall address assessment, administration, and regulation of medication and dose levels appropriate to the individual. The policies and procedures shall at a minimum require that each individual served be assessed every six months by the treatment team to determine if that individual is appropriate for safe and voluntary medically supervised withdrawal from opioid analgesics, including methadone or buprenorphine, alternative therapies including other medication assisted treatments, or continued federally approved pharmacotherapy treatment for opioid addiction.

L. Applicants shall submit policies and procedures describing services they will provide to individuals who wish to discontinue medication assisted opioid treatment services.

M. Applicants shall provide assurances that the service will have a community liaison responsible for developing and maintaining cooperative relationships with community organizations, other service providers, local law enforcement, local government officials, and the community at large.

N. The department shall conduct announced and unannounced reviews and complaint investigations in collaboration with the Virginia Board of Pharmacy and DEA to determine compliance with the regulations.

12VAC35-250-10. Definitions.

"Certifying body" means an organization approved by DBHDS that has as one of its purposes the certification of peer recovery specialists.

"DBHDS" means the Department of Behavioral Health and Developmental Services.

"DBHDS peer recovery specialist training" means the curriculum developed and approved by DBHDS for the training of persons seeking to meet the Virginia qualifications to be a peer recovery specialist.

"Individual" means a person who is receiving peer recovery support services. This term includes the terms "consumer," "patient," "resident," "recipient," and "client."

"Peer recovery specialist" means a person who by education and experience is professionally qualified to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both.

"Peer recovery specialist-trainee" or "PRS-T" means a person who by education and experience is professionally qualified to provide collaborative services to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both, but who is in the process of completing the required hours of supervision for certification as required by this chapter, and who is registered as a PRS-T with the Board of Counseling.

"Peer recovery support services" means collaborative nonclinical, peer-to-peer services that engage, educate, and support an individual's self-help efforts to improve his health, recovery, resiliency, and wellness to assist individuals in achieving sustained recovery from the effects of mental illness, addiction, or both.

"Recovery, resiliency, and wellness plan" means a set of goals, strategies, and actions an individual creates to guide him and his health care team to move the individual toward the maximum achievable independence and autonomy in the community.

"Registered peer recovery specialist" means a peer recovery specialist who is registered by the Virginia Board of Counseling.

12VAC35-250-40. Minimum standards for certifying bodies.

A. DBHDS may approve a certification obtained from a certifying body that requires its certificate holders to:

1. Adhere to a code of ethics that is substantially comparable to the Virginia Peer Recovery Specialist Code of Ethics, Department of Behavioral Health and Developmental Services, effective April 4, 2017.
 2. Have at least one year of recovery for persons having lived experience with mental illness or substance use disorder conditions, or lived experience as a family member of someone with mental illness or substance use disorder conditions.
 3. Complete at least 46 hours of training from the list of curriculum subjects in 12VAC35-250-50.
 4. Obtain a passing score on an examination offered by the certifying body testing knowledge of the curriculum subjects identified in 12VAC35-250-50.
 5. Obtain and document at least 500 hours of supervised paid or volunteer experience providing peer recovery support services in the three years prior to applying for certification. The experience hours shall have been in nonclinical, peer-to-peer recovery-oriented support activities designed to address an individual's recovery and wellness goals. The PRS-trainee shall complete the required 500 hours of peer recovery support experience necessary for certification within two years from date of registration as a PRS-trainee with the Department of Health Professions.
- B. A PRS-T must complete the requirements in A 1-3 of this section before registering as a PRS-T with the Department of Health Professions.



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

Agency name	Department of Behavioral Health and Developmental Services (DBHDS)
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-105
VAC Chapter title(s)	Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services (12VAC35-105)
Action title	Alignment with Medicaid behavioral health services redesign: Community Psychiatric Support and Treatment (CPST)
Date this document prepared	August 22, 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 the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.

[Item 293 B](#) of the 2024-2026 Appropriations Act directs the State Board of Behavioral Health and Developmental Services to promulgate emergency regulations that align its provider licensing regulations with the modifications being made to Medicaid behavioral health services pursuant to [Item 288 XX](#). [Item 288 XX](#) states, in relevant part:

Effective July 1, 2024, the Department of Medical Assistance Services (DMAS) shall have the authority to modify Medicaid behavioral health services such that: (1) legacy services that predate the current service delivery system, including Mental Health Skill Building, Psychosocial Rehabilitation, Intensive In Home

Services, and Therapeutic Day Treatment are phased out; (2) legacy youth services are replaced with the implementation of tiered community based supports for youth and families with and at-risk for behavioral health disorders appropriate for delivery in homes and schools, (3) legacy services for adults are replaced with a comprehensive array of psychiatric rehabilitative services for adults with Serious Mental Illness (SMI), including community-based and center-based services such as independent living and resiliency supports, community support teams, and psychosocial rehabilitation services, (4) legacy Targeted Case Management- SMI and Targeted Case Management- Serious Emotional Disturbance (SED) are replaced with Tiered Case Management Services.

To comply with the General Assembly mandates, the State Board intends to enact three emergency actions that restructure DBHDS Licensing Regulations to align with the following newly funded Medicaid behavioral health categories: (1) Community Psychiatric Support and Treatment (CPST); (2) Coordinated Specialty Care; and (3) Clubhouse.

This regulatory action amends the DBHDS Licensing Regulations to establish the newly licensed service of CPST and remove provisions that would conflict with the DMAS changes.

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 of Behavioral Health and Developmental Services
- CPST – Community Psychiatric Support and Treatment
- CSC – Coordinated Specialty Care
- DBHDS – Department of Behavioral Health and Developmental Services
- DMAS – Department of Medical Assistance Services

Mandate and Impetus (Necessity for Emergency)

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

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

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

The General Assembly amended the appropriation act ([Item 293 B](#)) to direct the State Board of Behavioral Health and Developmental Services to promulgate emergency regulations to “align licensing regulations with the modifications being made to Medicaid behavioral health services” in collaboration with DMAS.

The authorizing budget language requires the board’s emergency regulations to become effective within 280 days of the budget’s final adoption on May 2, 2025. (A regulatory action to establish permanent regulations will follow this emergency action.)

Legal Basis

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

The State Board of Behavioral Health and Developmental Services was directed by the General Assembly through the 2024-26 appropriation act to promulgate emergency regulations that align its provider licensing regulations with the modifications being made to Medicaid behavioral health services. [Item 293 B of the 2024-2026 Budget Bill](#) mandates the changes within this regulatory action (and the two planned emergency actions to follow).

Section 37.2-203 of the Code of Virginia gives the board the authority to adopt regulations that may be necessary to carry out the provisions of Title 37.2 of the Code and other laws of the Commonwealth administered by the DBHDS commissioner. The board voted to adopt this regulatory action at its meeting **on September 24, 2025**.

Purpose

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

The purpose of this regulatory action is to comply with the legislative mandate by aligning DBHDS licensing regulations with ongoing interagency efforts to enhance Virginia’s behavioral health services system. In particular, the changes in this regulatory action establish the newly licensed service of CPST.

As a newly funded Medicaid behavioral health category, the goal of CPST is to assist individuals in achieving personal independence and success in their daily lives by: (1) helping individuals access necessary services and support systems within their communities; (2) fostering hope and resilience while addressing mental health challenges through person-centered care; and (3) assisting individuals in developing daily living skills and coping strategies to manage their mental health.

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 substantive provisions of this regulatory action include:

- 1) Definitions necessary for the integration of CPST into the Licensing Regulations;
- 2) Admission criteria for CPST;
- 3) Discharge criteria for CPST;
- 4) Minimum requirements for CPST treatment teams and staffing; and
- 5) Minimum requirements for CPST service delivery and the location of service delivery.

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.

Virginia's behavioral health system is undergoing a multi-phased, interagency process of transformation to enhance the service delivery system. This requires coordination among agencies with responsibilities for licensing, funding, and oversight behavioral health services in the Commonwealth.

The primary advantages of this regulatory action include (1) improving access to a continuum of high-quality behavioral health services for Virginians; (2) ensuring CPST providers adhere to a base level of model fidelity; and (3) reducing administrative burden by aligning provider licensing regulations with Medicaid service expectations.

There are no known disadvantages to the public or the Commonwealth.

Alternatives to Regulation

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

There are no alternatives to the regulatory changes contained herein that could achieve the essential purpose of this action, which itself is mandated by the General Assembly.

The amendments are limited to those that are necessary to ensure consistency between DBHDS licensing regulations and DMAS modifications to Medicaid behavioral health services. Misalignment between the two would be problematic for licensed providers of behavioral health services, including small business providers, as well as for individuals receiving services and their families.

Periodic Review and Small Business Impact Review Announcement

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

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below. In addition, as required by § 2.2-4007.02 of the Code of Virginia describe any other means that will be used to identify and notify interested parties and seek their input, such as regulatory advisory panels or general notices.

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

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: <https://townhall.virginia.gov>. Comments may also be submitted by mail or email to Susan Puglisi, 1220 Bank Street, Richmond Virginia, 23219, 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 existing VAC Chapter(s) and the emergency regulation. If existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.

Table 1: Changes to Existing VAC Chapter(s)

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
12VAC35-105-20. Definitions.		Definitions for the Licensing Regulations.	Addition of the following terms: <u>"Behavioral Health Technician" or "BHT" means a person who has completed, at a minimum, an associate degree and registered with the Board of Counseling to practice in accordance with the provisions of § 54.1-3518 of the Code of Virginia and regulations of the Board of Counseling and provides collaborative behavioral health services.</u> <u>"Community Psychiatric Support and Treatment" or "CPST" means a multi-component, team-based service for adults and youth that consists of assessment, crisis and functional supports, counseling, therapeutic interventions, and care coordination. CPST services concentrate on restoring functional skills of daily living, building natural supports, and achieving identified person-centered goals and</u>

			<p><u>objectives identified in the individual's ISP. CPST services focus on the individual's ability to succeed in the community by showing improvement in school, work, and family function as well as improving the individual's family or caregiver capacity to help the individual successfully function in the home and community.</u></p> <p><u>"Early serious mental illness" means the initial onset of a diagnosable mental, behavioral, or emotional disorder that significantly impacts an individual's functioning, potentially hindering their ability to achieve expected levels of interpersonal, academic or occupational success.</u></p> <p><u>"Licensed mental health professional-resident" or "LMHP-R" means the same as "resident" as defined in 18VAC115-20-10 for licensed professional counselors, 18VAC115-50-10 for licensed marriage and family therapists, or 18VAC115-60-10 for licensed substance abuse treatment practitioners. An LMHP-R shall be in continuous compliance with the regulatory requirements of the applicable counseling profession for supervised practice.</u></p> <p><u>"LMHP-resident in psychology" or "LMHP-RP" means an individual in a residency as that term is defined in 18VAC125-20-10 for clinical psychologists. An LMHP-RP shall be in continuous compliance with the regulatory requirements for supervised experience as found in 18VAC125-20-65.</u></p> <p><u>"LMHP-supervisee in social work," "LMHP-supervisee," or "LMHP-S" means the same as "supervisee" as defined in 18VAC140-20-10 for licensed clinical social workers. An LMHP-S shall be in continuous compliance with the regulatory requirements for supervised practice as found in 18VAC140-20-50.</u></p> <p><u>"Rehabilitation skills practice" means a subcomponent of restorative evidenced-based therapeutic interventions for individuals who need individualized, collaborative, hands-on</u></p>
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			<p><u>training to build developmentally appropriate skills.</u></p> <p><u>"Restorative evidence-based therapeutic interventions" means evidence-based practices designed to decrease symptoms of the individual's mental health diagnosis, restore functional skills of daily living, build natural supports, and achieve identified person-centered goals and objectives as set forth in the ISP. Restorative evidence-based therapeutic interventions is focused on the individual's ability to succeed in the community and to show improvement in school, work, and home functioning.</u></p> <p><u>"Serious emotional disturbance" or "SED" means an individual under the age of 18 having within the past year a diagnosable mental, behavioral, or emotional disorder resulting in functional impairment that substantially interferes with or limits the individual's role or functioning in family, school, or community activities.</u></p> <p><u>"Serious mental illness" or "SMI" means an individual over the age of 18 having within the past year a diagnosable mental, behavioral, or emotional disorder that substantially interferes with the individual's life and ability to function.</u></p> <p>Likely impact: Clearer regulations. Alignment with Medicaid service changes and current evidence-based practices and terminology to provide person-centered treatment.</p>
<p>12VAC35-105-30. Licenses.</p>		<p>Lists those services which require to be licensed by DBHDS.</p>	<p>Addition of the license types: Community psychiatric support and treatment for children and adolescents and community psychiatric support and treatment.</p> <p>Likely impact: Clearer regulations. Alignment with Medicaid service changes and current evidence-based practices and terminology to provide person-centered treatment.</p>
	<p><u>12VAC35-105-1421.</u></p>		<p>Intent: Provide clear admission requirements within CPST programs.</p>

	<u>Admission criteria.</u>		Impact: Robust, effective mental health treatment within the Commonwealth that is appropriately administered.
	<u>12VAC35-105-1422. Discharge criteria.</u>		Intent: Provide clear discharge requirements within CPST programs. Impact: Robust, effective mental health treatment within the Commonwealth that is appropriately administered.
	<u>12VAC35-105-1423. Treatment team and staffing.</u>		Intent: Update the requirements of providers of CPST services specifically related to personnel. Impact: Robust, effective mental health treatment within the Commonwealth that is appropriately administered.
	<u>12VAC35-105-1424. Service delivery and location.</u>		Intent: Provide clear service delivery requirements within CPST programs. Impact: Robust, effective mental health treatment within the Commonwealth.
	<u>12VAC35-105-1425. Location requirements.</u>		Intent: Provide clear location requirements within CPST programs. Impact: Robust, effective mental health treatment within the Commonwealth.

Project 8445 - Emergency/NOIRA

Department of Behavioral Health And Developmental Services

Community Psychiatric Support and Treatment (CPST)

12VAC35-105-20. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Abuse" means, as defined by § 37.2-100 of the Code of Virginia, any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Virginia Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to an individual receiving care or treatment for mental illness, developmental disabilities, or substance abuse. Examples of abuse include acts such as:

1. Rape, sexual assault, or other criminal sexual behavior;
2. Assault or battery;
3. Use of language that demeans, threatens, intimidates, or humiliates the individual;
4. Misuse or misappropriation of the individual's assets, goods, or property;
5. Use of excessive force when placing an individual in physical or mechanical restraint;
6. Use of physical or mechanical restraints on an individual that is not in compliance with federal and state laws, regulations, and policies, professional accepted standards of practice, or the individual's individualized services plan; or
7. Use of more restrictive or intensive services or denial of services to punish an individual or that is not consistent with the individual's individualized services plan.

"Activities of daily living" or "ADLs" means personal care activities and includes bathing, dressing, transferring, toileting, grooming, hygiene, feeding, and eating. An individual's degree of independence in performing these activities is part of determining the appropriate level of care and services.

"Addiction" means a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Addiction is defined as the inability to consistently abstain, impairment in behavioral control, persistence of cravings, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

"Admission" means the process of acceptance into a service as defined by the provider's policies.

"Allied health professional" means a professional who is involved with the delivery of health or related services pertaining to the identification, evaluation, and prevention of diseases and disorders, such as a certified substance abuse counselor, certified substance abuse counseling assistant, peer recovery support specialist, certified nurse aide, or occupational therapist.

"ASAM" means the American Society of Addiction Medicine.

"Assertive community treatment service" or "ACT" means a self-contained interdisciplinary community-based team of medical, behavioral health, and rehabilitation professionals who use a

team approach to meet the needs of an individual with severe and persistent mental illness. ACT teams:

1. Provide person-centered services addressing the breadth of an individual's needs, helping the individual achieve his personal goals;
2. Serve as the primary provider of all the services that an individual receiving ACT services needs;
3. Maintain a high frequency and intensity of community-based contacts;
4. Maintain a very low individual-to-staff ratio;
5. Offer varying levels of care for all individuals receiving ACT services and appropriately adjust service levels according to each individual's needs over time;
6. Assist individuals in advancing toward personal goals with a focus on enhancing community integration and regaining valued roles, such as worker, family member, resident, spouse, tenant, or friend;
7. Carry out planned assertive engagement techniques, including rapport-building strategies, facilitating meeting basic needs, and motivational interviewing techniques;
8. Monitor the individual's mental status and provide needed supports in a manner consistent with the individual's level of need and functioning;
9. Deliver all services according to a recovery-based philosophy of care; and
10. Promote self-determination, respect for the individual receiving ACT as an individual in such individual's own right, and engage peers in promoting recovery and regaining meaningful roles and relationships in the community.

"Authorized representative" means a person permitted by law or 12VAC35-115 to authorize the disclosure of information or consent to treatment and services or participation in human research.

"Behavior intervention" means those principles and methods employed by a provider to help an individual receiving services to achieve a positive outcome and to address challenging behavior in a constructive and safe manner. Behavior intervention principles and methods shall be employed in accordance with the individualized services plan and written policies and procedures governing service expectations, treatment goals, safety, and security.

"Behavioral Health Technician" or "BHT" means a person who has completed, at a minimum, an associate degree and registered with the Board of Counseling to practice in accordance with the provisions of § 54.1-3518 of the Code of Virginia and regulations of the Board of Counseling and provides collaborative behavioral health services.

"Behavioral treatment plan," "functional plan," or "behavioral support plan" means any set of documented procedures that are an integral part of the individualized services plan and are developed on the basis of a systematic data collection, such as a functional assessment, for the purpose of assisting individuals to achieve the following:

1. Improved behavioral functioning and effectiveness;
2. Alleviation of symptoms of psychopathology; or
3. Reduction of challenging behaviors.

"Board" or "state board" means, as defined by § 37.2-100 of the Code of Virginia, the State Board of Behavioral Health and Developmental Services. The board has statutory responsibility for adopting regulations that may be necessary to carry out the provisions of Title 37.2 of the Code of Virginia and other laws of the Commonwealth administered by the commissioner or the department.

"Brain injury" means any injury to the brain that occurs after birth that is acquired through traumatic or nontraumatic insults. Nontraumatic insults may include anoxia, hypoxia, aneurysm, toxic exposure, encephalopathy, surgical interventions, tumor, and stroke. Brain injury does not include hereditary, congenital, or degenerative brain disorders or injuries induced by birth trauma.

"Care," "treatment," or "support" means the individually planned therapeutic interventions that conform to current acceptable professional practice and that are intended to improve or maintain functioning of an individual receiving services delivered by a provider.

"Case management service" or "support coordination service" means services that can include assistance to individuals and their family members in accessing needed services that are responsive to the individual's needs. Case management services include identifying potential users of the service; assessing needs and planning services; linking the individual to services and supports; assisting the individual directly to locate, develop, or obtain needed services and resources; coordinating services with other providers; enhancing community integration; making collateral contacts; monitoring service delivery; discharge planning; and advocating for individuals in response to their changing needs. "Case management service" does not include assistance in which the only function is maintaining service waiting lists or periodically contacting or tracking individuals to determine potential service needs.

"Clinical experience" means providing direct services to individuals with mental illness or the provision of direct geriatric services or special education services. Experience may include supervised internships, practicums, and field experience.

"Clinically managed high-intensity residential care" or "Level of care 3.5" means a substance use treatment program that offers 24-hour supportive treatment of individuals with significant psychological and social problems by credentialed addiction treatment professionals in an interdisciplinary treatment approach. A clinically managed high-intensity residential care program provides treatment to individuals who present with significant challenges, such as physical, sexual, or emotional trauma; past criminal or antisocial behaviors, with a risk of continued criminal behavior; an extensive history of treatment; inadequate anger management skills; extreme impulsivity; and antisocial value system.

"Clinically managed low-intensity residential care" or "Level of care 3.1" means providing an ongoing therapeutic environment for individuals requiring some structured support in which treatment is directed toward applying recovery skills; preventing relapse; improving emotional functioning; promoting personal responsibility; reintegrating the individual into work, education, and family environments; and strengthening and developing adaptive skills that may not have been achieved or have been diminished during the individual's active addiction. A clinically managed low-intensity residential care program also provides treatment for individuals suffering from chronic, long-term alcoholism or drug addiction and affords an extended period of time to establish sound recovery and a solid support system.

"Clinically managed population specific high-intensity residential services" or "Level of care 3.3" means a substance use treatment program that provides a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of individuals. The functional limitations of individuals who are placed within this level of care are primarily cognitive and can be either temporary or permanent.

"Collaborative behavioral health services" means the same as the term is defined in § 54.1-3500 of the Code of Virginia.

"Commissioner" means the Commissioner of the Department of Behavioral Health and Developmental Services.

"Community-based crisis stabilization" means services that are short term and designed to support an individual and the individual's natural support system following contact with an initial crisis response service or as a diversion to a higher level of care. Providers deliver community-

based crisis stabilization services in an individual's natural environment and provide referrals and linkage to other community-based services at the appropriate level of care. Interventions may include mobile crisis response, brief therapeutic and skill-building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Coordination of specialized services to address the needs of co-occurring developmental disabilities and substance use disorders are also available through this service. Services include advocacy and networking to provide linkages and referrals to appropriate community-based services and assist the individual and the individual's family or caregiver in accessing other benefits or assistance programs for which the individual may be eligible. Community-based crisis stabilization is a non-center, community-based service. The goal of community-based crisis stabilization services is to stabilize the individual within the community and support the individual or the individual's support system (i) as part of an initial mobile crisis response; (ii) during the period between an initial mobile crisis response and entry into an established follow-up service at the appropriate level of care; (iii) as a transitional step-down from a higher level of care if the next level of care service is identified but not immediately available for access; or (iv) as a diversion to a higher level of care.

"Community gero-psychiatric residential services" means 24-hour care provided to individuals with mental illness, behavioral problems, and concomitant health problems who are usually 65 years of age or older in a geriatric setting that is less intensive than a psychiatric hospital but more intensive than a nursing home or group home. Services include assessment and individualized services planning by an interdisciplinary services team, intense supervision, psychiatric care, behavioral treatment planning and behavior interventions, nursing, and other health-related services.

"Community Psychiatric Support and Treatment" or "CPST" means a multi-component, team-based service for adults and youth that consists of assessment, crisis and functional supports, counseling, therapeutic interventions, and care coordination. CPST services concentrate on restoring functional skills of daily living, building natural supports, and achieving identified person-centered goals and objectives identified in the individual's ISP. CPST services focus on the individual's ability to succeed in the community by showing improvement in school, work, and family function as well as improving the individual's family or caregiver capacity to help the individual successfully function in the home and community.

"Complaint" means an allegation of a violation of this chapter or a provider's policies and procedures related to this chapter.

"Conveyance" means a motor vehicle that serves as the mobile component of a mobile MAT program.

"Co-occurring disorders" means the presence of more than one and often several of the following disorders that are identified independently of one another and are not simply a cluster of symptoms resulting from a single disorder: mental illness, a developmental disability, substance abuse (substance use disorders), or brain injury.

"Co-occurring services" means individually planned therapeutic treatment that addresses in an integrated concurrent manner the service needs of individuals who have co-occurring disorders.

"Corrective action plan" means the provider's pledged corrective action in response to cited areas of noncompliance documented by the regulatory authority.

"Correctional facility" means a facility operated under the management and control of the Virginia Department of Corrections.

"Credentialed addiction treatment professional" means a person who possesses one of the following credentials issued by the appropriate health regulatory board: (i) an addiction-credentialed physician or physician with experience or training in addiction medicine; (ii) a

licensed nurse practitioner or a licensed physician assistant with experience or training in addiction medicine; (iii) a licensed psychiatrist; (iv) a licensed clinical psychologist; (v) a licensed clinical social worker; (vi) a licensed professional counselor; (vii) a licensed nurse practitioner with experience or training in psychiatry or mental health; (viii) a licensed marriage and family therapist; (ix) a licensed substance abuse treatment practitioner; (x) a resident who is under the supervision of a licensed professional counselor (18VAC115-20-10), licensed marriage and family therapist (18VAC115-50-10), or licensed substance abuse treatment practitioner (18VAC115-60-10) and is registered with the Virginia Board of Counseling; (xi) a resident in psychology who is under supervision of a licensed clinical psychologist and is registered with the Virginia Board of Psychology (18VAC125-20-10); or (xii) a supervisee in social work who is under the supervision of a licensed clinical social worker and is registered with the Virginia Board of Social Work (18VAC140-20-10).

"Crisis" means a deteriorating or unstable situation often developing suddenly or rapidly that produces acute, heightened, emotional, mental, physical, medical, or behavioral distress.

"Crisis education and prevention plan" or "CEPP" means a department-approved, individualized, client-specific document that provides a concise, clear, and realistic set of supportive interventions to prevent or de-escalate a crisis and assist an individual who may be experiencing a behavioral loss of control. The goal of the CEPP is to identify problems that have arisen in the past or are emergent in order to map out strategies that offer tools for the natural support system to assist the individual in addressing and de-escalating problems in a healthy way and provide teaching skills that the individual can apply independently.

"Crisis planning team" means the team who is consulted to plan the individual's safety plan or crisis ISP. The crisis planning team consists, at a minimum, of the individual receiving services, the individual's legal guardian or authorized representative, and a member of the provider's crisis staff. The crisis planning team may include the individual's support coordinator, case manager, the individual's family, or other identified persons, as desired by the individual, such as the individual's family of choice.

"Crisis receiving center," "CRC," or "23-hour crisis stabilization" means a community-based, nonhospital facility providing short-term assessment, observation, and crisis stabilization services for up to 23 hours. This service is accessible 24 hours per day, seven days per week, 365 days per year, and is indicated when an individual requires a safe environment for initial assessment and intervention. This service includes a thorough assessment of an individual's behavioral health crisis, psychosocial needs, and supports in order to determine the least restrictive environment most appropriate for stabilization. Key service functions include rapid assessment, crisis intervention, de-escalation, short-term stabilization, and appropriate referrals for ongoing care. This distinct service may be co-located with other services such as crisis stabilization units.

"Crisis stabilization" means direct, intensive nonresidential or residential care and treatment to nonhospitalized individuals experiencing an acute crisis that may jeopardize their current community living situation. Crisis stabilization is intended to avert hospitalization or rehospitalization; provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in crisis; and mobilize the resources of the community support system, family members, and others for ongoing rehabilitation and recovery.

"Crisis stabilization unit," "CSU," or "residential crisis stabilization unit" is a community-based, short-term residential treatment unit. CSUs serve as primary alternatives to inpatient hospitalization for individuals who are in need of a safe, secure environment for assessment and crisis treatment. CSUs also serve as a step-down option from psychiatric inpatient hospitalization and function to stabilize and reintegrate individuals who meet medical necessity criteria back into their communities.

"Day support service" means structured programs of training, assistance, and specialized supervision in the acquisition, retention, or improvement of self-help, socialization, and adaptive skills for adults with a developmental disability provided to groups or individuals in nonresidential community-based settings. Day support services may provide opportunities for peer interaction and community integration and are designed to enhance the following: self-care and hygiene, eating, toileting, task learning, community resource utilization, environmental and behavioral skills, social skills, medication management, prevocational skills, and transportation skills. The term "day support service" does not include services in which the primary function is to provide employment-related services, general educational services, or general recreational services.

"Department" means the Virginia Department of Behavioral Health and Developmental Services.

"Developmental disability" means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or a combination of mental and physical impairments other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to nine years of age, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) if the individual without services and supports has a high probability of meeting those criteria later in life.

"Developmental services" means planned, individualized, and person-centered services and supports provided to individuals with developmental disabilities for the purpose of enabling these individuals to increase their self-determination and independence, obtain employment, participate fully in all aspects of community life, advocate for themselves, and achieve their fullest potential to the greatest extent possible.

"Diagnostic and Statistical Manual of Mental Disorders" or "DSM" means the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, DSM-5, of the American Psychiatric Association.

"Direct care position" means any position that includes responsibility for (i) treatment, case management, health, safety, development, or well-being of an individual receiving services or (ii) immediately supervising a person in a position with this responsibility.

"Discharge" means the process by which the individual's active involvement with a service is terminated by the provider, individual, or individual's authorized representative.

"Discharge plan" means the written plan that establishes the criteria for an individual's discharge from a service and identifies and coordinates delivery of any services needed after discharge.

"Dispense" means to deliver a drug to an ultimate user by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery (§ 54.1-3400 et seq. of the Code of Virginia).

"Early serious mental illness" means the initial onset of a diagnosable mental, behavioral, or emotional disorder that significantly impacts an individual's functioning, potentially hindering their ability to achieve expected levels of interpersonal, academic or occupational success.

"Emergency service" means unscheduled and sometimes scheduled crisis intervention, stabilization, and referral assistance provided over the telephone or face-to-face, if indicated,

available 24 hours a day and seven days per week. Emergency services also may include walk-ins, home visits, jail interventions, and preadmission screening activities associated with the judicial process.

"Group home or community residential service" means a congregate service providing 24-hour supervision in a community-based home having eight or fewer residents. Services include supervision, supports, counseling, and training in activities of daily living for individuals whose individualized services plan identifies the need for the specific types of services available in this setting.

"HCBS Waiver" means a Medicaid Home and Community Based Services Waiver.

"Home and noncenter based" means that a service is provided in the individual's home or other noncenter-based setting. This includes noncenter-based day support, supportive in-home, and intensive in-home services.

"Individual" or "individual receiving services" means a current direct recipient of public or private mental health, developmental, or substance abuse treatment, rehabilitation, or habilitation services and includes the terms "consumer," "patient," "resident," "recipient," or "client". When the term is used in this chapter, the requirement applies to every individual receiving licensed services from the provider.

"Individualized services plan" or "ISP" means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.

"Informed choice" means a decision made after considering options based on adequate and accurate information and knowledge. These options are developed through collaboration with the individual and the individual's authorized representative, as applicable, and the provider with the intent of empowering the individual and the individual's authorized representative to make decisions that will lead to positive service outcomes.

"Informed consent" means the voluntary written agreement of an individual or that individual's authorized representative to surgery, electroconvulsive treatment, use of psychotropic medications, or any other treatment or service that poses a risk of harm greater than that ordinarily encountered in daily life or for participation in human research. To be voluntary, informed consent must be given freely and without undue inducement; any element of force, fraud, deceit, or duress; or any form of constraint or coercion.

"Initial assessment" means an assessment conducted prior to or at admission to determine whether the individual meets the service's admission criteria; what the individual's immediate service, health, and safety needs are; and whether the provider has the capability and staffing to provide the needed services.

"Inpatient psychiatric service" means intensive 24-hour medical, nursing, and treatment services provided to individuals with mental illness or substance abuse (substance use disorders) in a hospital as defined in § 32.1-123 of the Code of Virginia or in a special unit of a hospital.

"Instrumental activities of daily living" or "IADLs" means meal preparation, housekeeping, laundry, and managing money. A person's degree of independence in performing these activities is part of determining appropriate level of care and services.

"Intellectual disability" means a disability originating before 18 years of age, characterized concurrently by (i) significant subaverage intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning administered in conformity with

accepted professional practice that is at least two standard deviations below the mean and (ii) significant limitations in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.

"Intensity of service" means the number, type, and frequency of staff interventions and other services provided during treatment at a particular level of care.

"Intensive in-home service" means family preservation interventions for children and adolescents who have or are at risk of serious emotional disturbance, including individuals who also have a diagnosis of developmental disability. Intensive in-home service is usually time-limited and is provided typically in the residence of an individual who is at risk of being moved to out-of-home placement or who is being transitioned back home from an out-of-home placement. The service includes 24-hour per day emergency response; crisis treatment; individual and family counseling; life, parenting, and communication skills; and case management and coordination with other services.

"Intermediate care facility/individuals with intellectual disability" or "ICF/IID" means a facility or distinct part of a facility certified by the Virginia Department of Health as meeting the federal certification regulations for an intermediate care facility for individuals with intellectual disability and persons with related conditions and that addresses the total needs of the residents, which include physical, intellectual, social, emotional, and habilitation, providing active treatment as defined in 42 CFR 435.1010 and 42 CFR 483.440.

"Investigation" means a detailed inquiry or systematic examination of the operations of a provider or its services regarding an alleged violation of regulations or law. An investigation may be undertaken as a result of a complaint, an incident report, or other information that comes to the attention of the department.

"Licensed mental health professional" or "LMHP" means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, certified psychiatric clinical nurse specialist, licensed behavior analyst, or licensed psychiatric/mental health nurse practitioner.

"Licensed mental health professional-resident" or "LMHP-R" means the same as "resident" as defined in 18VAC115-20-10 for licensed professional counselors, 18VAC115-50-10 for licensed marriage and family therapists, or 18VAC115-60-10 for licensed substance abuse treatment practitioners. An LMHP-R shall be in continuous compliance with the regulatory requirements of the applicable counseling profession for supervised practice.

"LMHP-resident in psychology" or "LMHP-RP" means an individual in a residency as that term is defined in 18VAC125-20-10 for clinical psychologists. An LMHP-RP shall be in continuous compliance with the regulatory requirements for supervised experience as found in 18VAC125-20-65.

"LMHP-supervisee in social work," "LMHP-supervisee," or "LMHP-S" means the same as "supervisee" as defined in 18VAC140-20-10 for licensed clinical social workers. An LMHP-S shall be in continuous compliance with the regulatory requirements for supervised practice as found in 18VAC140-20-50.

"Location" means a place where services are or could be provided.

"Mandatory outpatient treatment order" means an order issued by a court pursuant to § 37.2-817 of the Code of Virginia.

"Medical detoxification" means a service provided in a hospital or other 24-hour care facility under the supervision of medical personnel using medication to systematically eliminate or reduce the presence of alcohol or other drugs in the individual's body.

"Medical evaluation" means the process of assessing an individual's health status that includes a medical history and a physical examination of an individual conducted by a licensed medical practitioner operating within the scope of his license.

"Medically managed intensive inpatient service" or "Level of care 4.0" means an organized service delivered in an inpatient setting, including an acute care general hospital, psychiatric unit in a general hospital, or a freestanding psychiatric hospital. This service is appropriate for individuals whose acute biomedical and emotional, behavioral, and cognitive problems are so severe that they require primary medical and nursing care. Services at this level of care are managed by a physician who is responsible for diagnosis, treatment, and treatment plan decisions in collaboration with the individual.

"Medically monitored intensive inpatient treatment" or "Level of care 3.7" means a substance use treatment program that provides 24-hour care in a facility under the supervision of medical personnel. The care provided includes directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. The care provided may include the use of medication to address the effects of substance use. This service is appropriate for an individual whose subacute biomedical, emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment but who does not need the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program.

"Medication" means prescribed or over-the-counter drugs or both.

"Medication administration" means the legally permitted direct application of medications, as enumerated by § 54.1-3408 of the Code of Virginia, by injection, inhalation, ingestion, or any other means to an individual receiving services by (i) persons legally permitted to administer medications or (ii) the individual at the direction and in the presence of persons legally permitted to administer medications.

"Medication-assisted opioid treatment" or "opioid treatment service" means an intervention of administering or dispensing of medications, such as methadone, buprenorphine, or naltrexone approved by the federal Food and Drug Administration for the purpose of treating opioid use disorder.

"Medication-assisted treatment" or "MAT" means the use of U.S. Food and Drug Administration approved medications in combination with counseling and behavioral therapies to provide treatment of substance use disorders. Medication-assisted treatment includes medications for opioid use disorder as well as medications for treatment of alcohol use disorder.

"Medication error" means an error in administering a medication to an individual and includes when any of the following occur: (i) the wrong medication is given to an individual, (ii) the wrong individual is given the medication, (iii) the wrong dosage is given to an individual, (iv) medication is given to an individual at the wrong time or not at all, or (v) the wrong method is used to give the medication to the individual.

"Medication storage" means any area where medications are maintained by the provider, including a locked cabinet, locked room, or locked box.

"Mental Health Community Support Service" or "MHCSS" means the provision of recovery-oriented services to individuals with long-term, severe mental illness. MHCSS includes skills training and assistance in accessing and effectively utilizing services and supports that are essential to meeting the needs identified in the individualized services plan and development of environmental supports necessary to sustain active community living as independently as possible. MHCSS may be provided in any setting in which the individual's needs can be addressed, skills training applied, and recovery experienced.

"Mental health intensive outpatient service" means a structured program of skilled treatment services focused on maintaining and improving functional abilities through a time-limited,

interdisciplinary approach to treatment. This service is provided over a period of time for individuals requiring more intensive services than an outpatient service can provide and may include individual, family, or group counseling or psychotherapy; skill development and psychoeducational activities; certified peer support services; medication management; and psychological assessment or testing.

"Mental health outpatient service" means treatment provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or in another location. Mental health outpatient services may include diagnosis and evaluation, screening and intake, counseling, psychotherapy, behavior management, psychological testing and assessment, laboratory, and other ancillary services, medical services, and medication services. Mental health outpatient service specifically includes:

1. Mental health services operated by a community services board or a behavioral health authority established pursuant to Chapter 5 (§ 37.2-500 et seq.) or Chapter 6 (§ 37.2-600 et seq.) of Title 37.2 of the Code of Virginia;
2. Mental health services contracted by a community services board or a behavioral health authority established pursuant to Chapter 5 (§ 37.2-500 et seq.) or Chapter 6 (§ 37.2-600 et seq.) of Title 37.2 of the Code of Virginia; or
3. Mental health services that are owned, operated, or controlled by a corporation organized pursuant to the provisions of either Chapter 9 (§ 13.1-601 et seq.) or Chapter 10 (§ 13.1-801 et seq.) of Title 13.1 of the Code of Virginia.

"Mental health partial hospitalization service" means time-limited active treatment interventions that are more intensive than outpatient services, designed to stabilize and ameliorate acute symptoms and serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay. Partial hospitalization is provided through a minimum of 20 hours per week of skilled treatment services focused on individuals who require intensive, highly coordinated, structured, and interdisciplinary ambulatory treatment within a stable environment that is of greater intensity than intensive outpatient, but of lesser intensity than inpatient.

"Mental illness" means, as defined by § 37.2-100 of the Code of Virginia, a disorder of thought, mood, emotion, perception, or orientation that significantly impairs judgment, behavior, capacity to recognize reality, or ability to address basic life necessities and requires care and treatment for the health, safety, or recovery of the individual or for the safety of others.

"Missing" means a circumstance in which an individual is not physically present when and where he should be and his absence cannot be accounted for or explained by his supervision needs or pattern of behavior.

"Mobile crisis response" means a type of community-based crisis stabilization service that is available 24 hours per day, seven days per week, 365 days per year to provide rapid response, assessment, and early intervention to individuals experiencing a behavioral health crisis. Services are deployed in real time to the location of the individual experiencing a behavioral health crisis. The purpose of this service is to (i) de-escalate the behavioral health crisis and prevent harm to the individual or others; (ii) assist in the prevention of the individual's acute exacerbation of symptoms; (iii) develop an immediate plan to maintain safety; and (iv) coordinate care and linking to appropriate treatment services to meet the needs of the individual.

"Mobile medication-assisted treatment program" or "mobile MAT program" means a MAT operating from a motor vehicle or conveyance that serves as a mobile component to a licensed MAT location registered with the U.S. Drug Enforcement Administration as required by 21 CFR 1301.11 et seq.

"Motivational enhancement" means a person-centered approach that is collaborative, employs strategies to strengthen motivation for change, increases engagement in substance use

services, resolves ambivalence about changing substance use behaviors, and supports individuals to set goals to change their substance use.

"Neglect" means, as defined by § 37.2-100 of the Code of Virginia, the failure by a person or a program or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, developmental disabilities, or substance abuse.

"Neurobehavioral services" means the assessment, evaluation, and treatment of cognitive, perceptual, behavioral, and other impairments caused by brain injury that affect an individual's ability to function successfully in the community.

"Office of Human Rights" means the Department of Behavioral Health and Developmental Services Office of Human Rights.

"Person-centered" means focusing on the needs and preferences of the individual; empowering and supporting the individual in defining the direction for his life; and promoting self-determination, community involvement, and recovery.

"Provider" means, as defined by § 37.2-403 of the Code of Virginia, any person, entity, or organization, excluding an agency of the federal government by whatever name or designation, that delivers (i) services to individuals with mental illness, developmental disabilities, or substance abuse (substance use disorders) or (ii) residential services for individuals with brain injury. The person, entity, or organization shall include a hospital as defined in § 32.1-123 of the Code of Virginia, community services board, behavioral health authority, private provider, and any other similar or related person, entity, or organization. It shall not include any individual practitioner who holds a license issued by a health regulatory board of the Department of Health Professions or who is exempt from licensing pursuant to §§ 54.1-2901, 54.1-3001, 54.1-3501, 54.1-3601, and 54.1-3701 of the Code of Virginia.

"Psychosocial rehabilitation service" means a program of two or more consecutive hours per day provided to groups of adults in a nonresidential setting. Individuals must demonstrate a clinical need for the service arising from a condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities. This service provides education to teach the individual about mental illness, substance abuse, and appropriate medication to avoid complication and relapse and opportunities to learn and use independent skills and to enhance social and interpersonal skills within a consistent program structure and environment. Psychosocial rehabilitation includes skills training, peer support, vocational rehabilitation, and community resource development oriented toward empowerment, recovery, and competency.

"Qualified developmental disability professional" or "QDDP" means a person who possesses at least one year of documented experience working directly with individuals who have a developmental disability and who possesses one of the following credentials: (i) a doctor of medicine or osteopathy licensed in Virginia, (ii) a registered nurse licensed in Virginia, (iii) a licensed occupational therapist, or (iv) completion of at least a bachelor's degree in a human services field, including sociology, social work, special education, rehabilitation counseling, or psychology.

"Qualified mental health professional" or "QMHP" means the same as the term is defined in § 54.1-3500 of the Code of Virginia.

"Qualified mental health professional-trainee" or "QMHP-T" means the same as the term is defined in § 54.1-3500 of the Code of Virginia.

"Qualified paraprofessional in mental health" or "QPPMH" means a person who meets at least one of the following criteria: (i) is registered with the United States Psychiatric Association (USPRA) as an Associate Psychiatric Rehabilitation Provider (APRP); (ii) has an associate degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to individuals with a diagnosis of mental illness; (iii) is licensed as an occupational therapy assistant, and supervised by a licensed occupational therapist, with at least one year of experience providing direct services to individuals with a diagnosis of mental illness; or (iv) has a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP providing services to individuals with mental illness and at least one year of experience, including the 12 weeks of supervised experience.

"Quality improvement plan" means a detailed work plan developed by a provider that defines steps the provider will take to review the quality of services it provides and to manage initiatives to improve quality. A quality improvement plan consists of systematic and continuous actions that lead to measurable improvement in the services, supports, and health status of the individuals receiving services.

"Recovery" means a journey of healing and transformation enabling an individual with a mental illness to live a meaningful life in a community of his choice while striving to achieve his full potential. For individuals with substance abuse (substance use disorders), recovery is an incremental process leading to positive social change and a full return to biological, psychological, and social functioning. For individuals with a developmental disability, the concept of recovery does not apply in the sense that individuals with a developmental disability will need supports throughout their entire lives although these may change over time. With supports, individuals with a developmental disability are capable of living lives that are fulfilling and satisfying and that bring meaning to themselves and others they know.

"REACH crisis therapeutic home" or "REACH CTH" means a residential home with crisis stabilization REACH service for individuals with a developmental disability and who are experiencing a mental health or behavior crisis.

"REACH mobile crisis response" means a REACH service that provides mobile crisis response for individuals with a developmental disability and who are experiencing a mental health or behavior crisis.

"Referral" means the process of directing an applicant or an individual to a provider or service that is designed to provide the assistance needed.

"Regional education assessment crisis services habilitation" or "REACH" means the statewide crisis system of care that is designed to meet the crisis support needs of individuals who have a developmental disability and are experiencing mental health or behavior crisis events that put the individuals at risk for homelessness, incarceration, hospitalization, or danger to self or others.

"Rehabilitation skills practice" means a subcomponent of restorative evidenced-based therapeutic interventions for individuals who need individualized, collaborative, hands-on training to build developmentally appropriate skills.

"Residential" or "residential service" means providing 24-hour support in conjunction with care and treatment or a training program in a setting other than a hospital or training center. Residential services provide a range of living arrangements from highly structured and intensively supervised to relatively independent and requiring a modest amount of staff support and monitoring. Residential services include residential treatment, group homes, supervised living, community gero-psychiatric residential, ICF/IID, sponsored residential homes, medical and social detoxification, and neurobehavioral services.

"Residential crisis stabilization service" means (i) providing short-term, intensive treatment to nonhospitalized individuals who require multidisciplinary treatment in order to stabilize acute

psychiatric symptoms and prevent admission to a psychiatric inpatient unit; (ii) providing normative environments with a high assurance of safety and security for crisis intervention; and (iii) mobilizing the resources of the community support system, family members, and others for ongoing rehabilitation and recovery.

"Residential treatment service" means providing an intensive and highly structured clinically based mental health, substance abuse, or neurobehavioral service for co-occurring disorders in a residential setting other than an inpatient service.

"Restorative evidence-based therapeutic interventions" means evidence-based practices designed to decrease symptoms of the individual's mental health diagnosis, restore functional skills of daily living, build natural supports, and achieve identified person-centered goals and objectives as set forth in the ISP. Restorative evidence-based therapeutic interventions is focused on the individual's ability to succeed in the community and to show improvement in school, work, and home functioning.

"Respite care service" 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. Persons providing respite care are recruited, trained, and supervised by a licensed provider. These services may be provided in a variety of settings including residential, day support, in-home, or a sponsored residential home.

"Restraint" means the use of a mechanical device, medication, physical intervention, or hands-on hold to prevent an individual receiving services from moving his body to engage in a behavior that places him or others at imminent risk. There are three kinds of restraints:

1. Mechanical restraint means the use of a mechanical device that cannot be removed by the individual to restrict the individual's freedom of movement or functioning of a limb or portion of an individual's body when that behavior places him or others at imminent risk.
2. Pharmacological restraint means the use of a medication that is administered involuntarily for the emergency control of an individual's behavior when that individual's behavior places him or others at imminent risk and the administered medication is not a standard treatment for the individual's medical or psychiatric condition.
3. Physical restraint, also referred to as manual hold, means the use of a physical intervention or hands-on hold to prevent an individual from moving his body when that individual's behavior places him or others at imminent risk.

"Restraints for behavioral purposes" means using a physical hold, medication, or a mechanical device to control behavior or involuntarily restrict the freedom of movement of an individual in an instance when all of the following conditions are met: (i) there is an emergency; (ii) nonphysical interventions are not viable; and (iii) safety issues require an immediate response.

"Restraints for medical purposes" means using a physical hold, medication, or mechanical device to limit the mobility of an individual for medical, diagnostic, or surgical purposes, such as routine dental care or radiological procedures and related post-procedure care processes, when use of the restraint is not the accepted clinical practice for treating the individual's condition.

"Restraints for protective purposes" means using a mechanical device to compensate for a physical or cognitive deficit when the individual does not have the option to remove the device. The device may limit an individual's movement, for example, bed rails or a gerichair, and prevent possible harm to the individual or it may create a passive barrier, such as a helmet to protect the individual.

"Restriction" means anything that limits or prevents an individual from freely exercising his rights and privileges.

"Risk management" means an integrated system-wide program to ensure the safety of individuals, employees, visitors, and others through identification, mitigation, early detection, monitoring, evaluation, and control of risks.

"Root cause analysis" means a method of problem solving designed to identify the underlying causes of a problem. The focus of a root cause analysis is on systems, processes, and outcomes that require change to reduce the risk of harm.

"Screening" means the process or procedure for determining whether the individual meets the minimum criteria for initial assessment.

"Seclusion" means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical means so that the individual cannot leave the area.

"Serious emotional disturbance" or "SED" means an individual under the age of 18 having within the past year a diagnosable mental, behavioral, or emotional disorder resulting in functional impairment that substantially interferes with or limits the individual's role or functioning in family, school, or community activities.

"Serious mental illness" or "SMI" means an individual over the age of 18 having within the past year a diagnosable mental, behavioral, or emotional disorder that substantially interferes with the individual's life and ability to function.

"Serious incident" means any event or circumstance that causes or could cause harm to the health, safety, or well-being of an individual. The term "serious incident" includes death and serious injury.

"Level I serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident. Level I serious incidents do not result in significant harm to individuals but may include events that result in minor injuries that do not require medical attention or events that have the potential to cause serious injury, even when no injury occurs.

"Level II serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. "Level II serious incident" includes a significant harm or threat to the health or safety of others caused by an individual. Level II serious incidents include:

1. A serious injury;
2. An individual who is or was missing;
3. An emergency room visit;
4. An unplanned psychiatric or unplanned medical hospital admission of an individual receiving services other than licensed emergency services, except that a psychiatric admission in accordance with an individual's wellness plan shall not constitute an unplanned admission for the purposes of this chapter;
5. Choking incidents that require direct physical intervention by another person;
6. Ingestion of any hazardous material; or
7. A diagnosis of:
 - a. A decubitus ulcer or an increase in severity of level of previously diagnosed decubitus ulcer;
 - b. A bowel obstruction; or
 - c. Aspiration pneumonia.

"Level III serious incident" means a serious incident, whether or not the incident occurs while in the provision of a service or on the provider's premises, that results in:

1. Any death of an individual;
2. A sexual assault of an individual; or
3. A suicide attempt by an individual admitted for services, other than licensed emergency services, that results in a hospital admission.

"Serious injury" means any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner.

"Service" means, as defined by § 37.2-403 of the Code of Virginia, (i) planned individualized interventions intended to reduce or ameliorate mental illness, developmental disabilities, or substance abuse (substance use disorders) through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, developmental disabilities, or substance abuse (substance use disorders). Services include outpatient services, intensive in-home services, medication-assisted opioid treatment services, inpatient psychiatric hospitalization, community gero-psychiatric residential services, assertive community treatment and other clinical services; day support, day treatment, partial hospitalization, psychosocial rehabilitation, and habilitation services; case management services; and supportive residential, special school, halfway house, in-home services, crisis stabilization, and other residential services; and (ii) planned individualized interventions intended to reduce or ameliorate the effects of brain injury through care, treatment, or other supports provided in residential services for persons with brain injury.

"Shall" means an obligation to act is imposed.

"Shall not" means an obligation not to act is imposed.

"Signed" or "signature" means a handwritten signature, an electronic signature, or a digital signature, as long as the signer showed clear intent to sign.

"Skills training" means systematic skill building through curriculum-based psychoeducational and cognitive-behavioral interventions. These interventions break down complex objectives for role performance into simpler components, including basic cognitive skills such as attention, to facilitate learning and competency.

"Sponsored residential home" means a service where providers arrange for, supervise, and provide programmatic, financial, and service support to families or persons (sponsors) providing care or treatment in their own homes for individuals receiving services.

"State methadone authority" means the Virginia Department of Behavioral Health and Developmental Services, which is authorized by the federal Center for Substance Abuse Treatment to exercise the responsibility and authority for governing the treatment of opiate addiction with an opioid drug.

"Substance abuse (substance use disorders)" means, as defined by § 37.2-100 of the Code of Virginia, the use of drugs enumerated in the Virginia Drug Control Act (§ 54.1-3400 et seq.) without a compelling medical reason or alcohol that (i) results in psychological or physiological dependence or danger to self or others as a function of continued and compulsive use or (ii) results in mental, emotional, or physical impairment that causes socially dysfunctional or socially disordering behavior; and (iii), because of such substance abuse, requires care and treatment for the health of the individual. This care and treatment may include counseling, rehabilitation, or medical or psychiatric care.

"Substance abuse intensive outpatient service" or "Level of care 2.1" means structured treatment provided to individuals who require more intensive services than is normally provided in an outpatient service but do not require inpatient services. Treatment consists primarily of

counseling and education about addiction-related and mental health challenges delivered a minimum of nine to 19 hours of services per week for adults or six to 19 hours of services per week for children and adolescents. Within this level of care an individual's needs for psychiatric and medical services are generally addressed through consultation and referrals.

"Substance abuse outpatient service" or "Level of care 1.0" means a center-based substance abuse treatment delivered to individuals for fewer than nine hours of service per week for adults or fewer than six hours per week for adolescents on an individual, group, or family basis. Substance abuse outpatient services may include diagnosis and evaluation, screening and intake, counseling, psychotherapy, behavior management, psychological testing and assessment, laboratory and other ancillary services, medical services, and medication services. Substance abuse outpatient service includes substance abuse services or an office practice that provides professionally directed aftercare, individual, and other addiction services to individuals according to a predetermined regular schedule of fewer than nine contact hours a week. Substance abuse outpatient service also includes:

1. Substance abuse services operated by a community services board or a behavioral health authority established pursuant to Chapter 5 (§ 37.2-500 et seq.) or Chapter 6 (§ 37.2-600 et seq.) of Title 37.2 of the Code of Virginia;
2. Substance abuse services contracted by a community services board or a behavioral health authority established pursuant to Chapter 5 (§ 37.2-500 et seq.) or Chapter 6 (§ 37.2-600 et seq.) of Title 37.2 of the Code of Virginia; or
3. Substance abuse services that are owned, operated, or controlled by a corporation organized pursuant to the provisions of either Chapter 9 (§ 13.1-601 et seq.) or Chapter 10 (§ 13.1-801 et seq.) of Title 13.1 of the Code of Virginia.

"Substance abuse partial hospitalization services" or "Level of care 2.5" means a short-term, nonresidential substance use treatment program provided for a minimum of 20 hours a week that uses multidisciplinary staff and is provided for individuals who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment. This level of care is designed to offer highly structured intensive treatment to those individuals whose condition is sufficiently stable so as not to require 24-hour-per-day monitoring and care, but whose illness has progressed so as to require consistent near-daily treatment intervention.

"Suicide attempt" means a nonfatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior regardless of whether it results in injury.

"Supervised living residential service" means the provision of significant direct supervision and community support services to individuals living in apartments or other residential settings. These services differ from supportive in-home service because the provider assumes responsibility for management of the physical environment of the residence, and staff supervision and monitoring are daily and available on a 24-hour basis. Services are provided based on the needs of the individual in areas such as food preparation, housekeeping, medication administration, personal hygiene, treatment, counseling, and budgeting.

"Supportive in-home service" (formerly supportive residential) means the provision of community support services and other structured services to assist individuals, to strengthen individual skills, and that provide environmental supports necessary to attain and sustain independent community residential living. Services include drop-in or friendly-visitor support and counseling to more intensive support, monitoring, training, in-home support, respite care, and family support services. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis.

"Systemic deficiency" means violations of regulations documented by the department that demonstrate multiple or repeat defects in the operation of one or more services.

"Telehealth" shall have the same meaning as "telehealth services" in § 32.1-122.03:1 of the Code of Virginia.

"Telemedicine" shall have the same meaning as "telemedicine services" in § 38.2-3418.16 of the Code of Virginia.

"Therapeutic day treatment for children and adolescents" means a treatment program that serves (i) children and adolescents from birth through 17 years of age and under certain circumstances up to 21 years of age with serious emotional disturbances, substance use, or co-occurring disorders or (ii) children from birth through seven years of age who are at risk of serious emotional disturbance, in order to combine psychotherapeutic interventions with education and mental health or substance abuse treatment. Services include: evaluation; medication education and management; opportunities to learn and use daily living skills and to enhance social and interpersonal skills; and individual, group, and family counseling.

"Time out" means the involuntary removal of an individual by a staff person from a source of reinforcement to a different, open location for a specified period of time or until the problem behavior has subsided to discontinue or reduce the frequency of problematic behavior.

"Volunteer" means a person who, without financial remuneration, provides services to individuals on behalf of the provider.

"Written," "writing," and "in writing" include any representation of words, letters, symbols, numbers, or figures, whether (i) printed or inscribed on a tangible medium or (ii) stored in an electronic or other medium and retrievable in a perceivable form and whether an electronic signature authorized by Chapter 42.1 (§ 59.1-479 et seq.) of Title 59.1 of the Code of Virginia is or is not affixed.

12VAC35-105-30. Licenses.

A. Licenses are issued to providers who offer services to individuals who have mental illness, a developmental disability, or substance abuse (substance use disorders) or have brain injury and are receiving residential services.

B. Providers shall be licensed to provide specific services as defined in this chapter or as determined by the commissioner. These services include:

1. Assertive community treatment (ACT);
2. Case management;
3. Clinically managed high-intensity residential care or Level of care 3.5;
4. Clinically managed low-intensity residential care or Level of care 3.1;
5. Clinically managed population specific high-intensity residential or Level of care 3.3;
6. Community gero-psychiatric residential;
7. Community-based crisis stabilization;
8. Community psychiatric support and treatment for children and adolescents;
9. Community psychiatric support and treatment;
- ~~8-10.~~ Crisis receiving center;
- ~~9-11.~~ Crisis stabilization unit;
- ~~10-12.~~ Day support;
- ~~11-13.~~ Day treatment, including therapeutic day treatment for children and adolescents;
- ~~12-14.~~ Group home and community residential;
- ~~13-15.~~ ICF/IID;

- ~~14-16.~~ Inpatient psychiatric;
- ~~15-17.~~ Intensive in-home;
- ~~16-18.~~ Medically managed intensive inpatient service or Level of care 4.0;
- ~~17-19.~~ Medically monitored intensive inpatient treatment or Level of care 3.7;
- ~~18-20.~~ Medication assisted opioid treatment;
- ~~19-21.~~ Mental health community support;
- ~~20-22.~~ Mental health intensive outpatient;
- ~~21-23.~~ Mental health outpatient;
- ~~22-24.~~ Mental health partial hospitalization;
- ~~23-25.~~ Psychosocial rehabilitation;
- ~~24-26.~~ REACH CTH;
- ~~25-27.~~ REACH mobile crisis response;
- ~~26-28.~~ Residential treatment;
- ~~27-29.~~ Respite care;
- ~~28-30.~~ Sponsored residential home;
- ~~29-31.~~ Substance abuse intensive outpatient;
- ~~30-32.~~ Substance abuse outpatient;
- ~~31-33.~~ Substance abuse partial hospitalization;
- ~~32-34.~~ Supervised living residential; and
- ~~33-35.~~ Supportive in-home.

C. A license addendum shall describe the services licensed, the disabilities of individuals who may be served, the specific locations where services are to be provided or administered, and the terms and conditions for each service offered by a licensed provider. For residential and inpatient services, the license identifies the number of individuals each residential location may serve at a given time.

Article 8

Community Psychiatric Support and Treatment (CPST)

12VAC35-105-1421. Admission criteria.

A. Before a CPST provider may admit an individual to Tier 1 CPST, the individual shall meet the criteria for admission as defined by this chapter and the provider's policies. The provider's policy regarding admission to Tier 1 CPST shall, at a minimum, meet the requirements of 12VAC35-105-650 and the assessment required by that section shall document that the individual:

1. Has a primary ICD diagnosis or DSM diagnosis for mental illness; or
2. An unspecified or provisional diagnosis indicating behavioral health needs; and
3. For children and adolescents, an identified caregiver who lives in the same household shall be willing to participate in the service, as clinically appropriate.

B. Before a CPST provider may admit an individual to Tier 2 CPST, the individual shall meet the criteria for admission as defined by this chapter and the provider's policy. The provider's policy regarding admission to Tier 2 CPST shall, at a minimum, meet the requirements of 12VAC35-105-650 and the assessment required by that section shall document that the individual:

1. Has a primary ICD diagnosis or DSM diagnosis for mental illness;

2. Meets the criteria for early serious mental illness, serious mental illness, or serious emotional disturbance; and
3. For children and adolescents, an identified caregiver who lives in the same household shall be willing to participate in the service, as clinically appropriate.

12VAC35-105-1422. Discharge criteria.

Before a CPST provider may discharge an individual, the individual shall meet the criteria for discharge as defined by this chapter and the provider's policies, which shall meet all the requirements of 12VAC35-105-693. The provider's policy regarding discharge shall, at a minimum, also require the individual to:

1. No longer meet admission criteria; or
2. Successfully met the specific goals outlined in the treatment plan for discharge; or
3. Have not made progress on established service goals, nor is there expectation of any progress with continued service; or
4. No longer be engaged in the service, despite multiple attempts on the part of the provider to apply engagement strategies as defined within their policies; or
5. No longer need the service, as the individual is obtaining similar benefit through other services and resources.

12VAC35-105-1423. Treatment team and staffing.

A. CPST providers shall have sufficient staffing composition to meet the varied needs of individuals served by the provider as required by this section. Each CPST provider shall meet the following minimum position requirements:

1. A full-time clinical director who is a LMHP.
2. A LMHP with a minimum of two years experience working with individuals experiencing SMI or SED shall be available for consultation 24 hours a day, seven days a week.

B. Each CPST team shall meet the following minimum staffing requirements:

1. A LMHP who shall supervise the team, oversee the assessment and the ISP, and authorize the ISP. Assessments and ISPs may be completed by an LMHP, LMHP-R, LMHP-RP or LMHP-S; and
2. Every LMHP, LMHP-R, LMHP-RP, LMHP-S, and QMHP shall be trained in evidence-based practices and decision models for assessment, treatment planning, and implementation of behavioral health interventions.

C. All CPST staff shall provide services under the direct supervision of an LMHP.

D. Applicants for an initial conditional CPST license may submit a transition plan to the department for approval that will allow for "start-up" when newly forming providers are not in full compliance with the CPST model relative to staffing patterns and individuals receiving services capacity. A transition plan must be approved prior to the issuance of the license. Approved transition plans shall be limited to a six-month period.

12VAC35-105-1424. Service delivery and location.

A. CPST Tier 1 and Tier 2 programs shall meet the following programmatic requirements. The program shall provide:

1. Crisis support 24 hours a day, seven days per week. Crisis support shall include the development and implementation of a crisis mitigation plan, any additional crisis planning necessary for the individual, crisis avoidance, and crisis intervention. The crisis mitigation plan shall not include referral to a crisis provider (CRC, CSU, or community-based crisis stabilization, including mobile crisis response) as a means of addressing the crisis. Crisis support shall be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, or QMHP.

a. Crisis support may occur via telephone or telemedicine. The individual's needs and preferences shall be the determining factor regarding whether crisis support is provided in person, via telemedicine, or via telephone.

b. If the individual's condition progresses and requires a higher level of care the individual shall be referred to the appropriate level of care.

2. Restorative evidence-based therapeutic interventions by a LMHP, LMHP-R, LMHP-RP, LMHP-S, or QMHP. If restorative evidence-based therapeutic Interventions is provided in a group with multiple individuals the ratio of team members to individuals served shall not exceed 1:6 for children and adolescents and 1:10 for adults.

3. Psychotherapy or counseling by a LMHP, LMHP-S, LMHP-R, or LMHP-RP acting within his scope of practice. If psychotherapy or counseling is provided in a group with multiple individuals the ratio of team members to individuals served shall not exceed 1:6 for children and adolescents and 1:10 for adults.

4. Care coordination on an individual basis by an LMHP, LMHP-R, LMHP-RP, LMHP-S, or QMHP.

B. CPST Tier 2 programs shall provide all the programmatic elements within A 1-4 and rehabilitation skills practice by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T, or BHT. Rehabilitation skills practice shall be provided on an individual basis.

C. CPST programming shall take place in:

1. An individual's home;

2. An individual's community or natural settings; or

3. A provider's department-licensed office location. Services provided in the provider's department-licensed office location shall not exceed one hour a week per individual served and shall be for the benefit of the individual.

12VAC35-105-1425. Location requirements.

A. All CPST providers shall have an office location. The office location shall be within the Commonwealth of Virginia and have regular business hours. The office location shall be staffed during regular business hours.

B. The CPST office location shall be appropriate for storage of records and group programming. Records storage space shall meet the requirements of 12VAC35-105-870. Programming space shall ensure the privacy of individuals served.

REGULATORY ACTIVITY STATUS REPORT

VAC CITATION Chapter and Title	SHORT DESCRIPTION	Action Summary	Regulatory Stage	Current Status
RECENT/UPCOMING ACTIONS				
1	Chapter 225 (12VAC35-225): Requirements for Virginia's Early Intervention System	Periodic Review: Adding Professions	To address workforce shortages, adds new disciplines to the list of qualified personnel eligible to apply for early intervention certification.	Fast-Track <i>Sept. 2024 Board Vote</i> Effective 9/25/2025
2	Chapter 260 (12VAC35-260): Certified Recovery Residences	Mandatory reporting of death or serious injury occurring in a recovery residence	Pursuant to SB 19 (2024), incorporates statutory requirement for certified recovery residences to report any death or serious injury that occurs in the residence. (Also, periodic review.)	Fast-Track <i>July 2024 Board Vote</i> Comment period ends 9/24/2025 Effective 10/9/2025
3	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Amendments to align with Medication for Opioid Use Disorder (MOUD) federal rule	Aligns with federal regulatory changes to increase access to lifesaving, evidence-based medication for opioid use disorder (MOUD).	Fast-Track <i>Dec. 2024 Board Vote</i> Comment period ends 10/22/2025 Effective 12/1/2025
4	Chapter 105 (12VAC35-105): Provider Licensing Regulations + Chapter 46 (12VAC35-46): Regulations for Children's Residential Facilities	Comprehensive Regulatory Overhaul Seven actions: 1. General Chapter 2. Residential 3. NonCenter-Based 4. Center-Based 5. Crisis 6. Case Management 7. Repeal and replace	Applicable provisions of existing licensing regulations are reenacted within a new "umbrella" General Chapter and five service-specific chapters, with corrections, streamlining, and strengthening of regulations where appropriate. (Seventh action will repeal current two chapters when new overhaul chapters become effective.)	NOIRA <i>April 2025 Board Vote</i> Comment period ends 9/24/2025 <i>Proposed stage deadline 180 days</i>
UNDER EXECUTIVE BRANCH REVIEW				
1	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Mandatory reporting of previous negative actions by applicants	Pursuant to HB 597 (2020), incorporates statutory requirements for initial provider applicants to report prior disciplinary or other negative actions.	Fast-Track <i>July 2024 Board Vote</i> Submitted to HHR 5/5/25 <i>DPB approved 5/5/25; OAG certified 3/17/25</i>
2	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Mandatory valid discharge plans by substance abuse treatment facilities	Pursuant to HB 434 (2024), incorporates additional statutory requirement for substance use disorder treatment facilities upon discharging an individual from services or when an individual withdraws from a program.	Fast-Track <i>Sept. 2024 Board Vote</i> Submitted to HHR 5/2/25 <i>DPB approved 5/2/25; OAG certified 3/17/25</i>
3	Chapter 115 (12VAC35-115): Regulations to Assure the Rights of Individuals	Updates to Human Rights Regulations; conform to Health Care Decisions Act	Amendments to improve the ability of the Office of Human Rights to protect individuals receiving services; also makes necessary updates to align with Code of Virginia where applicable.	NOIRA <i>April 2025 Board Vote</i> Submitted to HHR 4/23/25

4	Chapter 105 (12VAC35-105): Provider Licensing Regulations + Chapter 46 (12VAC35-46): Regulations for Children's Residential Facilities	Amendments to align with VDH Regulations	Technical and clarifying amendments to reflect current practice and update outdated references.	Fast-Track <i>April 2025 Board Vote</i>	Submitted to OAG 4/23/25
5	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Technical and clarifying revisions for crisis services	Reduces administrative burden, clarifies provisions, and makes technical amendments to newly implemented crisis services regulations.	Fast-Track <i>July 2025 Board Vote</i>	Submitted to OAG 7/10/25
6	Chapter 260 (12VAC35-260): Certified Recovery Residences	Conditional certification of recovery residences	Pursuant to SB 838 (2025), incorporates statutory provision for temporary, non-renewable certification for recovery residences working toward full certification.	Final/Exempt <i>July 2025 Board Vote</i>	Submitted to GOV 9/10/25 OAG certified 9/10/25

ANTICIPATED ACTIONS

1	Chapter 105 (12VAC35-105): Provider Licensing Regulations + Chapter 250 (12VAC35-250): Peer Recovery Specialists	Mandatory Peer Recovery Specialist-Trainee (PRS-T) designation	Pursuant to 2024-2026 Appropriation Act, creates a trainee designation to allow individuals to bill for services while working on the 500 hours of experience necessary for full Peer Recovery Specialist certification.	Emergency	PENDING BOARD ACTION <i>(see Agenda, pages 24-34)</i>
2	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Alignment with Medicaid behavioral health redesign: CPST	Pursuant to 2024-2026 Appropriation Act, aligns Licensing Regulations with modifications made by DMAS to Medicaid behavioral health services for Community Psychiatric Support and Treatment (CPST).	Emergency	PENDING BOARD ACTION <i>(see Agenda, pages 35-62)</i>
3	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Alignment with Medicaid behavioral health redesign: CSC	Pursuant to 2024-2026 Appropriation Act, aligns Licensing Regulations with modifications made by DMAS to Medicaid behavioral health services for Coordinated Specialty Care (CSC).	Emergency	<i>Draft in progress for December Board meeting agenda</i>
4	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Alignment with Medicaid behavioral health redesign: Clubhouse	Pursuant to 2024-2026 Appropriation Act, aligns Licensing Regulations with modifications made by DMAS to Medicaid behavioral health services for Clubhouse.	Emergency	<i>Draft in progress for December Board meeting agenda</i>

STATE HUMAN RIGHTS COMMITTEE

Will Childers, Chairperson
Hardy
Betty Crance,
Vice-Chairperson
Fincastle
John Shepherd,
Charlottesville
Renee F. Valdez
Alexandria
Christopher Olivo
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D. Bruce Ellsworth,
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COMMONWEALTH of VIRGINIA
Department of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia 23218

NELSON SMITH, COMMISSIONER

September 5, 2025

R. Blake Andis, Chair
State Board of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia 23218

Dear Mr. Andis:

On August 14, 2025, the State Human Rights Committee (SHRC) voted to recommend the appointment of Mary "Betsy" Lang to serve an initial three-year term on the SHRC, ending June 30, 2028.

Ms. Lang holds a bachelor's degree in Nursing from Syracuse University and a master's degree in Health Administration from Western Connecticut State University. She has also obtained Nurse Executive Certification (NE-BC) and is recognized as a Certified Professional in Healthcare Quality (CPHQ). Ms. Lang has been an RN for 40 years working with patients and community agencies across age groups, gender and ability within acute care facility settings. Most recently she was leader in the implementation of a stand-alone Psychiatric Emergency Department where she is currently employed at Riverside Health in southeastern Virginia. Ms. Lang also has germane experience as a member of the Hampton Roads Local Human Rights Committee and expressed how serving on the SHRC would be an opportunity to expand her knowledge and provide insight into current industry patient care standards and practices. If appointed, she would serve in the role of a Healthcare Provider fulfilling the SHRC's Code mandate per §37.2-204 that "at least one appointment . . . shall be a health care provider." Ms. Lang resides in Hampton.

On behalf of the State Human Rights Committee, I respectfully ask that you consider this appointment at your September 24, 2025, Board meeting. The application and a current SHRC roster are attached for your review. Thank you for your consideration.

Respectfully submitted,

Will Childers, Chairperson
State Human Rights Committee

State Human Rights Committee
Department of Behavioral Health and Developmental Services

<p>Chair Will Childers Hardy Region 3</p> <p>Appointed July 2018 7/1/2017 – 6/30/2020 Vacancy 7/1/2020 - 6/30/2023 Term 1 7/1/2023 - 6/30/2026 Term 2</p> <p>→Professional</p>	<p>Vice-Chair Betty Crance Fincastle Region 1</p> <p>Appointed March 2022 7/1/2021 – 6/30/2024 Vacancy 7/1/2024 – 6/30/2027 Term 1</p> <p>→ Family Member/Healthcare Provider</p>	<p>John B. Shepherd Charlottesville Region 1</p> <p>Appointed June 2023 7/1/2023 – 6/30/2026 Term 1</p> <p>→Professional</p>
<p>Renee F. Valdez Alexandria Region 2</p> <p>Appointed June 2023 7/1/2023 – 6/30/2026 Term 1</p> <p>→Individual</p>	<p>Christopher Olivo Yorktown Region 5</p> <p>Appointed September 2024 7/1/2024 – 6/30/2027 Vacancy</p> <p>→ Family Member</p>	<p>D. Bruce Ellsworth Crozet Region 1</p> <p>Appointed April 2025 7/1/2024 – 6/30/2027 Vacancy</p> <p>→ Professional</p>
<p>Kimberly Hunt Roanoke Region 3</p> <p>Appointed April 2025 7/1/2024 – 6/30/2027 Vacancy</p> <p>→ Individual/Healthcare Provider</p>		

State Human Rights Committee
C/o Taneika Goldman, State Human Rights Director
P.O. Box 1797
Richmond, VA 23218

Fax: 804-371-4609
www.dbhds.virginia.gov
shrc@dbhds.virginia.gov

State Board of Behavioral Health and Developmental Services

TUESDAY, SEPTEMBER 23, 2025

Dinner Meeting

6:00 p.m.

WTCSB Isle of Wight Community Counseling Center
1913 S. Church St., Suite 2, Smithfield, VA 23430

NO BUSINESS WILL BE CONDUCTED AT THIS MEETING

6:00 p.m.	WELCOME AND INTRODUCTIONS
6:10 p.m.	DINNER
6:30 p.m.	PRESENTATION – WESTERN TIDEWATER COMMUNITY SERVICES BOARD <ul style="list-style-type: none">• Brandon Rodgers, WTCSB Executive Director
7:00 p.m.	COMMENTS / DISCUSSION
7:25 p.m.	CLOSING REMARKS <ul style="list-style-type: none">• Meghan McGuire, DBHDS Deputy Commissioner, Policy & Public Affairs
7:30 p.m.	ADJOURNMENT

DRIVING DIRECTIONS

Hilton Garden Inn Chesapeake/Suffolk

5921 Harbour View Blvd.

Suffolk, VA 23435

757-484-9001

- ! Hotel check-in time is 3:00 p.m.
 - ! Board Members should **meet in the hotel lobby no later than 4:25 p.m.** to depart for the Community Program Tour.
 - ! At 4:30 p.m., Board Members will be transported by van to the Program Tour and Dinner Meeting.
 - ! Western Tidewater CSB will return Board Members to the hotel by 8:00 p.m.
-

FROM POINTS EAST (VIA I-64 WEST):

- From I-64 East, take Exit 264 for I-664 South
- Follow I-664 South toward Downtown Newport News/Chesapeake/Suffolk
- Take Exit 8A to merge onto College Drive
- At traffic circle, take 2nd exit onto Harbour View Boulevard
- Destination will be on the right

FROM POINTS NORTH (VIA US-17 SOUTH):

- Follow US-17 South toward Newport News
- Merge onto I-64 East toward Hampton/Norfolk
- Take Exit 264 for I-664 South
- Follow I-664 South toward Downtown Newport News/Chesapeake/Suffolk
- Take Exit 8A to merge onto College Drive
- At traffic circle, take 2nd exit onto Harbour View Boulevard
- Destination will be on the right

DRIVING DIRECTIONS

DBHDS Southeastern Virginia Training Center
2100 Steppingstone Square
Chesapeake, VA 23320

! Travel time from the hotel to SEVTC is approximately 30 minutes.

FROM SUFFOLK

- From hotel on Harbour View Boulevard, turn left onto Bridge Road
- Take I-664 South toward Chesapeake
- Continue on I-664 South
- Take Exit 15B for I-64 toward Chesapeake/Virginia Beach
- Continue on I-64 West
- Take Exit 289A to Greenbrier Parkway North
- Turn right onto Military Highway
- Turn right at Smith Avenue
- Continue to end of the street to enter SEVTC campus

FROM RICHMOND

- Take I-64 East through the Hampton Roads Bridge Tunnel
- Continue on I-64 to Chesapeake
- Take Exit 284A for I-264 West toward Norfolk
- Exit onto Military Highway
- Turn left at Smith Avenue
- Continue to end of the street to enter SEVTC campus

Upon arriving at SEVTC campus . . .

- Turn left and proceed in the direction of the homes
- The entrance to the parking lot is located just prior to the stop sign
- Obtain a visitor badge from the Reception Office in the Administration Building (Building 1, on the right before the stop sign)

SEVTC Reception Office
(757) 424-8240

If you have any questions about the information in this meeting packet,
contact Mary Broz Vaughan, mary.broz-vaughan@dbhds.virginia.gov, 804-903-1390.