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Final Regulation Agency Background Document

Agency name	Department of Behavioral Health and Developmental Services (DBHDS)
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-105
VAC Chapter title(s)	Rules and Regulations for Licensing Providers by the Department of Behavioral health and Developmental Services
Action title	Amendments to align with the ASAM Criteria
Date this document prepared	July 13, 2022

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

The Department of Behavioral Health and Developmental Services (DBHDS) was directed by the 2020 General Assembly within [Item 318. B.](#) of the 2020 *Appropriation Act* to utilize emergency authority to promulgate licensing regulations that align with the American Society of Addiction Medicine Levels of Care Criteria (ASAM) or an equivalent set of criteria to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction. The goal of this regulatory action is to amend the licensing regulation, Rules and Regulations for Licensing Providers by the DBHDS ("Licensing Regulations"), 12VAC35-105, to align with the ASAM Levels of Care Criteria which ensures individualized, clinically driven, participant-directed and outcome-informed treatment.

Acronyms and Definitions

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

ASAM – American Society of Addiction Medicine

DBHDS – Department of Behavioral Health and Developmental Services

DMAS – The Department of Medical Assistance Services

State Board – State Board of Behavioral Health and Developmental Services

Statement of Final Agency Action

Provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) the name of the agency taking the action; and 3) the title of the regulation.

The State Board voted on July 13, 2022, to initiate the final stage of the action titled “Amendments to align with the ASAM Criteria” to amend the Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services (12VAC35-105), with some clarifying edits to the language from the proposed stage to the final stage.

Mandate and Impetus

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding the mandate for this regulatory change, and any other impetus that specifically prompted its initiation. If there are no changes to previously reported information, include a specific statement to that effect.

The 2020 General Assembly directed DBHDS to promulgate emergency regulations to become effective within 280 days or less from the enactment of Item 318. B. of the 2020 *Appropriation Act*. This regulatory action is being utilized to establish permanent regulations following the emergency regulations.

In addition to the mandate from the General Assembly, this regulatory action is needed to incorporate best practices into the Licensing Regulations in order to promote recovery from the disease of addiction because substance-related disorders affect individuals, their families, the workplace, and the general community. [Executive Order 9](#) (2016) declared the opioid addiction crisis a public health emergency in Virginia. Since that time, DBHDS and a number of sister agencies have worked to make policy changes to address the crisis.

Legal Basis

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

DBHDS was directed by the 2020 General Assembly within the *Appropriation Act* to utilize emergency authority to promulgate regulations which align with a set of criteria to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction. Item 318 of the 2020 Acts of Assembly Chapter 1289 charges the Department to make the changes within this regulatory action. Section [37.2-203](#) of the Code of Virginia gives the State Board of Behavioral Health and Developmental Services the authority to adopt regulations that may be necessary to carry out the provisions of Title 37.2 of the Code of Virginia and other laws of the Commonwealth administered by the DBHDS Commissioner. The State Board of Behavioral Health and Developmental Services voted to adopt this regulatory action on July 13, 2022.

Purpose

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

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

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

Substance

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

This regulatory action amends the Licensing Regulations to align with the ASAM Levels of Care Criteria which ensures individualized, clinically driven, individual-directed, and outcome-informed treatment. The regulatory action provides the necessary definitions for the newly aligned services to be provided and creates, staff, program, admission, discharge, and co-occurring enhanced program for ASAM levels of care:

- 4.0 (Medically managed intensive inpatient services),
- 3.7 (Medically monitored intensive inpatients services),
- 3.5 (Clinically managed high-intensity residential services),
- 3.3 (Clinically managed population-specific high-intensity residential services),
- 3.1 (Clinically managed low-intensity residential services),
- 2.5 (Substance abuse partial hospitalization services),
- 2.1 (Substance abuse intensive outpatient services)
- 1.0 (Substance abuse outpatient services), and
- Medication assisted opioid treatment services.

Issues

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

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

Requirements More Restrictive than Federal

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any requirement of the regulatory change which is more restrictive than applicable federal requirements. If there are no changes to previously reported information, include a specific statement to that effect.

No requirements within the regulation exceed applicable federal requirements. The requirements regarding opioid treatment programs bring the Licensing Regulations into alignment with the federal regulations regarding Certification and Treatment Standards for Opioid Treatment Programs ([42 CFR Part 8 Subpart C](#)).

Agencies, Localities, and Other Entities Particularly Affected

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any other state agencies, localities, or other entities that are particularly affected by the regulatory change. If there are no changes to previously reported information, include a specific statement to that effect.

Other State Agencies Particularly Affected

The Department of Medical Assistance Services (DMAS) may be particularly affected by the regulatory action as DMAS is a payor to many of the DBHDS providers affected by this regulatory action. DBHDS collaborated with DMAS on the development of every stage of this regulatory action. A majority of the proposed edits from the proposed stage to the final stage are changes requested by DMAS.

Localities Particularly Affected

No locality is particularly affected to the knowledge of DBHDS.

Other Entities Particularly Affected

Providers of substance abuse services may be particularly affected by the regulation in order to come into compliance with the regulations.

Public Comment

Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.

The Department received only one comment, related to an individual receiving services no longer being able to receive private duty nursing services. As this comment is outside the scope of this action, it is not addressed here; however, the Department reached out to the commenter to assist them privately with receiving services.

Detail of Changes Made Since the Previous Stage

*List all changes made to the text since the previous stage was published in the Virginia Register of Regulations and the rationale for the changes. 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. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.*

Current chapter-section number	New chapter-section number, if applicable	New requirement from previous stage	Updated new requirement since previous stage	Change, intent, rationale, and likely impact of updated requirements
12VAC35-105-20			Addition of the term: <u>["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</u>	The addition of the term "Addiction" is a clarifying edit requested by DMAS to ensure transparency of the regulations. This definition of addiction comes from ASAM.

			<p><u>activities, addiction is progressive and can result in disability or premature death.]</u></p> <p>Within the definition of each ASAM service the numerical level of care was added.</p> <p>An edit was made to the definition of credentialed addiction treatment professional was made changing and combining the terms “a licensed clinical nurse specialist” and “a licensed psychiatric nurse practitioner” to (vii) a licensed [psychiatric clinical] nurse [; (viii) a licensed psychiatric nurse-practitioner with experience or training in psychiatry or mental health]; [(ix) (viii)]</p> <p>Edits were made to the definition of “medication assisted opioid treatment” and “medication assisted treatment” as follows: “Medication assisted opioid treatment (Opioid treatment service)” means an intervention [strategy that combines outpatient treatment with the of] administering or dispensing of [synthetic narcotics medications], such as methadone, or</p>	<p>This is a clarifying edit requested by providers, internal DBHDS subject matter experts, and other agencies as providers and specialists often refer to the level of care number rather than the name of the ASAM service.</p> <p>This edit more accurately reflects the title of these specialists within the Commonwealth of Virginia, given recent regulatory changes by the Department of Health Professions.</p> <p>These are clarifying edits requested by subject matter experts to simplify the definitions.</p>
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			<p>buprenorphine [(suboxone)], or <u>naltrexone</u> approved by the federal Food and Drug Administration for the purpose of [replacing the use of and reducing the craving for treating] opioid [substances, such as heroin or other narcotic drugs] <u>use disorder</u>.</p> <p><u>"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 assisted medications for] opioid [use disorder as well as medications for] treatment [of alcohol use disorder].</u></p> <p>The term "Substance abuse residential treatment for women and children" was removed.</p>	<p>This is no longer a licensed service as the service was subsumed by an ASAM level of care service.</p> <p>Impact of updated requirements: Clearer more transparent and more accurate regulations.</p>
12VAC35-105-30			<p>The ASAM level of care numbers were added to each of the ASAM services within the list of licensed services.</p>	<p>This is a clarifying edit requested by providers, internal DBHDS subject matter experts as well as several sister agencies.</p>

				Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-925			Correction of the reference to the peer recovery specialist regulations (12VAC35-250).	Impact of updated requirements: More accurate regulations.
12VAC35-105-950			Updating the term “state methadone authority” to the correct term “SOTA.”	Impact of updated requirements: More accurate regulations.
12VAC35-105-1430			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1440			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1450			Incorporating the numerical level of care to the section title and correcting the diagnostic criteria.	Impact of updated requirements: Clearer, more transparent, and more accurate regulations.
12VAC35-105-1460			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1470			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1480			Incorporating the numerical level of care to the section title. Noting that the assessment may be conducted by a licensed nurse practitioner or a licensed physician assistant. Clarify that MAT shall be available for individuals with opioid use disorder or alcohol use disorder.	This edit brings the provision in alignment with the ASAM Criteria. Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1490			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer, more accurate, and

			Utilizing the defined term “credentialed addiction treatment professional.”	more transparent regulations.
12VAC35-105-1500			Incorporating the numerical level of care to the section title. Updating the diagnostic criteria to more accurately reflect the ASAM Criteria.	Impact of updated requirements: Clearer, more accurate, and more transparent regulations.
12VAC35-105-1510			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1520			Incorporating the numerical level of care to the section title. Utilizing the defined term credentialed addiction treatment professional.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1530			Incorporating the level of care numerical to the section title. Clarifying edit regarding staffing, which shall be by credentialed addiction treatment professionals in addition to other allied health professionals.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1540			Incorporating the numerical level of care to the section title. Use of the defined term “credentialed addiction treatment professional.” Clarify that MAT shall be available for individuals with opioid use disorder or alcohol use disorder.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-1550			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.

12VAC35-1560			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-1570			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-1580			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-1590			Incorporating the numerical level of care to the section title. Use of the defined term “credentialed addiction treatment professional.” Clarify that MAT shall be available for individuals with opioid use disorder or alcohol use disorder.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-1600			Incorporating the numerical level of care to the section title. Updating the diagnostic criteria to more accurately reflect the ASAM Criteria.	Impact of updated requirements: Clearer more accurate and more transparent regulations.
12VAC35-105-1610			Incorporating the level of care numerical to the section title.	Impact of updated requirements: Clearer, and more transparent regulations.
12VAC35-105-1620			Incorporating the numerical level of care to the section title	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1630			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1640			Incorporating the numerical level of care to the section title. Clarify that MAT shall be available for individuals with opioid	Impact of updated requirements: Clearer and more transparent regulations.

			use disorder or alcohol use disorder.	
12VAC35-105-1650			Incorporating the numerical level of care to the section title Updating the diagnostic criteria to more accurately reflect the ASAM Criteria.	Impact of updated requirements: Clearer, more accurate, and more transparent regulations.
12VAC35-105-1660			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1670			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1680			Incorporating the level of care numerical to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1690			Incorporating the numerical level of care to the section title. Update the term “programming” with “skilled treatment services” to more accurately reflect ASAM requirements. Clarify that MAT shall be available for individuals with opioid use disorder or alcohol use disorder.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1700			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1710			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1720			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1730			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer

				and more transparent regulations.
12VAC35-105-1740			Incorporating the numerical level of care to the section title. Clarify that MAT shall be available for individuals with opioid use disorder or alcohol use disorder.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1750			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1760			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1770			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1780			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1790			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1800			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1810			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.
12VAC35-105-1820			Incorporating the numerical level of care to the section title.	Impact of updated requirements: Clearer and more transparent regulations.

Detail of All Changes Proposed in this Regulatory Action

List all changes proposed in this action and the rationale for the changes. 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. Explain the new

requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of updated requirements
12VAC35-105-20. Definitions		Provides current definitions for the Licensing Regulations.	<p>Change: Adding the following definitions for terms utilized within the ASAM criteria:</p> <ul style="list-style-type: none"> • Addiction; • Allied health professionals; • ASAM; • Clinically managed high-intensity residential care; • Clinically managed low-intensity residential care; • Clinically managed population specific high-intensity residential services; • Credentialed addiction treatment professional; • Diagnostic and Statistical Manual of Mental Disorders • Intensity of Service; • Medically managed intensive inpatient service; • Medically monitored intensive inpatient treatment; • Medication assisted treatment; • Mental health intensive outpatient services; • Mental health outpatient service; • Mental health partial hospitalization service; • Motivational enhancement; • Substance abuse intensive outpatient service; • Substance abuse outpatient service; <p>and</p> <ul style="list-style-type: none"> • Substance abuse partial hospitalization services. <p>Removing the following terms which will no longer be used due to alignment with ASAM:</p> <ul style="list-style-type: none"> • Medically managed withdrawal services; • Outpatient service; • Partial hospitalization service; • Social detoxification service;

			<ul style="list-style-type: none"> • Substance abuse intensive outpatient service; and • Substance abuse residential treatment for women and children. <p>Amending the following terms:</p> <ul style="list-style-type: none"> • Medical detoxification; and • Medication assisted opioid treatment.
12VAC35-105-30. Licenses.		Provides the current list of specific services which require a license.	<p>Change: Adding the new ASAM license titles within the list of services which require a license including:</p> <ul style="list-style-type: none"> • Clinically managed high-intensity residential care; • Clinically-managed low-intensity residential care; • Medically managed intensive inpatient service; • Medically monitored intensive inpatient treatment; • Medication assisted opioid treatment; • Mental health intensive outpatient; • Mental health outpatient; • Mental health partial hospitalization; • Specific high-intensity residential; substance abuse outpatient; and • Substance abuse partial hospitalization. <p>Removal of terms which will not be utilized due to ASAM alignment including:</p> <ul style="list-style-type: none"> • Managed withdrawal, including medical detoxification and social detoxification; • Opioid treatment/medication assisted treatment; • Outpatient; • Partial hospitalization; and • Substance abuse residential treatment for women and children. <p>Impact: Clearer regulations, and some providers may have their license type changed due to the new terminology.</p>
12VAC35-105-925. Standards for the evaluation of new licenses		Provides the standards for providers of services to individuals with opioid addictions.	Change: Update the requirements of providers of services to individuals with opioid addictions, specifically requirements related to personnel, and minimum services provided.

for providers of services to individuals with opioid addiction.			Impact: Robust, effective substance use disorder treatment within the Commonwealth.
12VAC35-105-930. Registration certification or accreditation		Provides requirements for opioid treatment services with regard to registration, certification, or accreditation.	Change: Updating the terminology within the section to reflect the ASAM terminology. Specifically, replacing the term “opioid treatment service” with “medication assisted opioid treatment service.” Impact: Clarity of the regulations.
	12VAC35-105-935. Criteria for patient admission.		Change: Adding the required patient admission criteria for providers of services to individuals with opioid addictions. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
12VAC35-105-940. Criteria for involuntary termination from treatment.		Provides requirements for opioid treatment services with regard to involuntary termination from treatment	Change: Minor corrections. Impact: Clarity of the regulations.
	12VAC35-105-945. Criteria for patient discharge.		Change: Adding the required patient discharge criteria for providers of services to individuals with opioid addictions. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
12VAC35-105-950. Service operation schedule.		Provides service operation schedule requirements for providers of opioid treatment services.	Change: Adding a requirement that each provider must have a policy that addresses medication for new and at risk patients within opioid treatment programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth. Alignment with federal regulations.
12VAC35-105-960. Initial and periodic assessment services.		Provides requirements for the physical examination of individuals receiving opioid treatment services.	Change: Clarifying that the report of the individual’s physical examination shall be documented within the individual’s service record. Adding the requirement for a consent to treatment form. Adding the requirement for additional coordination by providers to prevent medication duplication.

			Impact: Robust, effective substance use disorder treatment within the Commonwealth. Alignment with federal regulations.
	12VAC35-105-965. Special services for pregnant individuals.		Change: Adding the required services for patients who are pregnant and being treated for opioid addictions. Impact: Robust, effective substance use disorder treatment within the Commonwealth. Alignment with federal regulations.
12VAC35-105-980. Drug screens.		Provides requirements for opioid treatment services regarding drug screens.	Change: Increasing the requirements to one drug screen per month. Impact: Robust, effective substance use disorder treatment within the Commonwealth. Alignment with federal regulations.
12VAC35-105-990. Take-home medication.		Provides requirements for opioid treatment services regarding take-home medication.	Change: Adding requirements regarding the determination for approval of take home medication. Adding the requirements regarding the amount of take home medication. Additionally, adding that individuals within short-term detoxification are not qualified for unsupervised take home use. Finally, requiring that providers maintain policies and procedures to identify the theft or diversion of take home medication. Impact: Robust, effective substance use disorder treatment within the Commonwealth. Alignment with federal regulations.
12VAC35-105-1000. Preventing duplication of medication services.		Requires opioid treatment service providers to take steps to prevent the duplication of opioid treatment services.	Change: Updating the terminology within the section to reflect the ASAM terminology. Specifically, replacing the terms “opioid medication services” and “opioid treatment service” to “medication assisted opioid treatment services.” Impact: Clarity of the regulations.
12VAC35-1110. Admission assessments.		Provides the requirements for physical assessments during admission.	Change: Replaces “managed withdrawal services” with “medically monitored intensive inpatient services.”
12VAC35-105-1010		Provides the requirements for opioid treatment service	Change: Updating the terminology within the section to reflect the

		providers with regards to guest medication.	ASAM terminology. Adding a definition of guest. Impact: Clarity of the regulations.
	12VAC35-105-1420 (Reserved).		Intent: Space saver section.
	12VAC35-105-1430. Medically managed intensive inpatient Level of care 4.0 staff criteria		Intent: Provide clear staff requirements within medically managed intensive inpatient programs, which are programs provided within an acute care inpatient setting such as an acute care hospital. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1440. Medically managed intensive inpatient Level of care 4.0 program criteria.		Intent: Provide clear program requirements within medically managed intensive inpatient programs which are programs provided within an acute care inpatient setting such as an acute care hospital. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1450 Medically managed intensive inpatient Level of care 4.0 admission criteria		Intent: Provide clear admission requirements within medically managed intensive inpatient programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered.
	12VAC35-105-1460. Medically managed intensive inpatient Level of care 4.0 discharge criteria		Intent: Provide clear discharge requirements within medically managed intensive inpatient programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered.
	12VAC35-105-1470. Medically managed intensive inpatient Level of care 4.0 co-		Intent: Provide additional licensing requirements for medically managed intensive inpatient programs that treat individuals with co-occurring disorders. Impact: Clarity of the regulations. Clear requirements for providers

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

	occurring enhanced programs.		treating individuals with co-occurring disorders.
	12VAC35-105-1530. Clinically managed high-intensity residential services Level of care 3.5 staff criteria		<p>Intent: Provide clear staff requirements within clinically managed high intensity residential care programs, which provide 24 hour supportive treatment. The individuals served by clinically managed high-intensity residential care are individuals who are not sufficiently stable to benefit from outpatient treatment regardless of intensity of service.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1540. Clinically managed high-intensity residential services Level of care 3.5 program criteria		<p>Intent: Provide clear program requirements within clinically managed high intensity residential care programs, which provide 24 hour supportive treatment. The individuals served by clinically managed high intensity residential care are individuals who are not sufficiently stable to benefit from outpatient treatment regardless of intensity of service.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1550. Clinically managed high-intensity residential services Level of care 3.5 admission criteria		<p>Intent: Provide clear admission requirements within clinically managed high-intensity residential service programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1560. Clinically managed high-intensity residential services Level of care 3.5 discharge criteria		<p>Intent: Provide clear discharge requirements within clinically managed high-intensity residential service programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth which is appropriately administered.</p>
	12VAC35-105-1570.		Intent: Provide additional licensing requirements for clinically managed

	Clinically managed high-intensity residential services Level of care 3.5 co-occurring enhanced programs.		high-intensity residential service programs, which treat individuals with co-occurring disorders. Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.
	12VAC35-105-1580 Clinically managed population-specific high-intensity residential services Level of care 3.3 staff criteria		Intent: Provide clear staff requirements within high intensity residential services programs, which provide a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of the individuals served. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1590. Clinically managed population-specific high-intensity residential services Level of care 3.3 program criteria		Intent: Provide clear program requirements within high intensity residential services programs, which provide a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of the individuals served. Impact: Robust, effective substance use disorder treatment within the Commonwealth.
	12VAC35-105-1600. Clinically managed population-specific high-intensity residential services Level of care 3.3 admission criteria		Intent: Provide clear admission requirements within high intensity residential services programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered
	12VAC35-105-1610. Clinically managed population specific high intensity residential		Intent: Provide clear discharge requirements within high intensity residential services programs. Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered

	services Level of care 3.3 discharge criteria.		
	12VAC35-105-1620. Clinically managed population-specific high-intensity residential services Level of care 3.3 co-occurring enhanced programs.		<p>Intent: Provide additional licensing requirements for high intensity residential services programs, which treat individuals with co-occurring disorders.</p> <p>Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.</p>
	12VAC35-105-1630. Clinically managed low-intensity residential service Level of care 3.1 staff criteria		<p>Intent: Provide clear staff requirements within clinically managed low-intensity residential service program, which provide ongoing therapeutic environment for individuals requiring some structured support.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1640. Clinically managed low-intensity residential services Level of care 3.1 program criteria		<p>Intent: Provide clear program requirements within clinically managed low-intensity residential service programs, which provide ongoing therapeutic environment for individuals requiring some structured support.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1650. Clinically managed low-intensity residential services Level of care 3.1 admission criteria		<p>Intent: Provide clear admission requirements within clinically managed low-intensity residential service programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered.</p>
	12VAC35-105-1660. Clinically managed low-intensity residential		<p>Intent: Provide clear discharge requirements within clinically managed low-intensity residential service programs.</p>

	services Level of care 3.1 discharge criteria.		Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered.
	12VAC35-105-1670. Clinically managed low-intensity residential services Level of care 3.1 co-occurring enhanced programs.		<p>Intent: Provide additional licensing requirements for clinically managed low-intensity residential service programs, which treat individuals with co-occurring disorders.</p> <p>Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.</p>
	12VAC35-105-1680. Substance abuse partial hospital services Level of care 2.5 staff criteria		<p>Intent: Provide clear staff requirements within partial hospitalization programs, which provide services for individuals who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1690. Substance abuse partial hospital services Level of care 2.5 program criteria.		<p>Intent: Provide clear program requirements within partial hospitalization programs, which provide services for individuals who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	12VAC35-105-1700. Substance abuse partial hospitalization Level of care 2.5 admission criteria		<p>Intent: Provide clear admission requirements within partial hospitalization programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered.</p>
	12VAC35-105-1710. Substance abuse partial hospitalization Level of care 2.5 discharge criteria		<p>Intent: Provide clear discharge requirements within partial hospitalization programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered.</p>

	<p>12VAC35-105-1720. Substance abuse partial hospitalization Level of care 2.5 co-occurring enhanced programs.</p>		<p>Intent: Provide additional licensing requirements for partial hospitalization programs, which treat individuals with co-occurring disorders.</p> <p>Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.</p>
	<p>12VAC35-105-1730. Substance abuse intensive outpatient Level of care 2.1 staff criteria</p>		<p>Intent: Provide clear staff requirements within intensive outpatient service programs, which provide between 9 and 19 hours of structured treatment consisting primarily of counseling and education. Within this level of care an individual's needs for psychiatric and medical services are generally addressed through referrals.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	<p>12VAC35-105-1740. Substance abuse intensive outpatient services Level of care 2.1 program criteria</p>		<p>Intent: Provide clear program requirements within intensive outpatient programs, which provide between 9 and 19 hours of structured treatment consisting primarily of counseling and education.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	<p>12VAC35-105-1750. Substance abuse intensive outpatient service Level of care 2.1 admission criteria</p>		<p>Intent: Provide clear admission requirements within intensive outpatient service programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered.</p>
	<p>12VAC35-105-1760. Substance abuse intensive outpatient services Level of care 2.1 discharge criteria.</p>		<p>Intent: Provide clear discharge requirements within intensive outpatient service programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered.</p>

	<p>12VAC35-105-1770. Substance abuse intensive outpatient service Level of care 2.1 co-occurring enhanced programs.</p>		<p>Intent: Provide additional licensing requirements for intensive outpatient service programs, which treat individuals with co-occurring disorders.</p> <p>Impact: Clarity of the regulations. Clear requirements for providers treating individuals with co-occurring disorders.</p>
	<p>12VAC35-105-1780. Substance abuse outpatient services Level of care 1.0 staff criteria</p>		<p>Intent: Provide clear staff requirements within outpatient service programs, which provide an organized nonresidential service for fewer than 9 contact hours a week.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	<p>12VAC35-105-1790. Substance abuse outpatient services Level of care 1.0 program criteria</p>		<p>Intent: Provide clear program requirements within outpatient programs, which provide an organized nonresidential service for fewer than 9 contact hours a week.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth.</p>
	<p>12VAC35-105-1800. Substance abuse outpatient services Level of care 1.0 admission criteria</p>		<p>Intent: Provide clear admission requirements within outpatient service programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered.</p>
	<p>12VAC35-105-1810. Substance abuse outpatient services Level of care 1.0 discharge criteria</p>		<p>Intent: Provide clear discharge requirements within outpatient service programs.</p> <p>Impact: Robust, effective substance use disorder treatment within the Commonwealth that is appropriately administered.</p>
	<p>12VAC35-105-1820. Substance abuse outpatient services Level of care 1.0 co-occurring</p>		<p>Intent: Provide additional licensing requirements for outpatient service programs, which treat individuals with co-occurring disorders.</p> <p>Impact: Clarity of the regulations. Clear requirements for providers</p>

	enhanced programs.		treating individuals with co-occurring disorders.
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