AGENDA
State and Local Advisory Team (SLAT)
August 6, 2026
9:30 a.m. – 12:00 p.m.
1604 Santa Rosa Road
Richmond, VA 23229
Second Floor Meeting Room

Note: This is an in-person meeting
To accommodate interested members of the public, the meeting will be viewable at:
https://meet.goto.com/994172701
or via phone. 872-240-3212
Meeting Passcode: 994-172-701

- **Call to Order / Welcome / Opening Remarks** Mills Jones
  - **Action Item:** Approval of Remote Participation (as needed)
  - **Action Item:** Approve Agenda and Certification of Quorum
- **Member Introductions**
- **Public Comment** (In-person and remote-5 minute limit per speaker)
- **Approval of Minutes**
  - **Action Item:** Approval of minutes from February 5, 2026 and May 7, 2026 meetings
- **Member Workgroup Updates**
- **Old Business**
  - Policy Update Kristi Schabo
  - Budget Update Kristi Schabo
  - Sponsored Residential Workgroup Amy Swift
- **SEC Report**
  - June Meeting Update Mills Jones
  - Excellence in CSA Recognition Mills Jones
- **OCS Update** Kristi Schabo
- **New Business**

- DJJ/CSA Concerns — Cristy Corbin

- **SLAT Member Reports**

State Representatives

- Virginia Department of Health — Kyndra Jackson
- Department of Juvenile Justice — Linda McWilliams
- Department of Social Services — Em Parente
- Department of Behavioral Health and Developmental Services — Kari Savage
- Department of Medical Assistance Services — Laura Reed
- Department of Education — Sabrina Gross
- Department for Aging and Rehabilitative Services — Patricia Hodge

Local Representatives

- Local Department of Social Services — Amy Swift
- Children's Services Act Coordinator — Mills Jones
- Community Services Boards — Sandy Bryant
- Court Services Units — William Stanley
- Juvenile and Domestic Relations Courts — Honorable Marilynn Goss
- Parent Representative — Cristy Corbin
- Private Provider Representative — Shannon Updike
- Public Schools Representative — Kristina Williams-Pugh
- Local Government Representative — Lesley Abashian

- **Closing Remarks / Adjourn** — Mills Jones
  - **Action Item:** Adjourn meeting

Next SEC Meeting – Thursday, September 10, 2026

Next SLAT Meeting – Thursday, November 5, 2026

2026 SLAT Meetings

November 5

STATE AND LOCAL ADVISORY TEAM (SLAT)
CHILDREN'S SERVICES ACT (CSA)
1604 Santa Rosa Road
Second Floor
Richmond, VA 23229

MINUTES
February 5, 2026

Members Present:
Mills Jones, SLAT Chair
Sabrina Gross, Vice-Chair, Department of Education (DOE)
Lesley Abashian, Community Policy and Management Team (CPMT) – Local Government Representative
Kimberly Ayers, CPMT – DSS Representative ***(virtually)***
Cristy Corbin, Parent Representative
The Honorable Marilynn Goss, Juvenile & Domestic Relations District Court (J&DR)
Patti Hodge, Department for Aging and Rehabilitative Services (DARS)
Katherine Hunter, Department of Behavioral Health and Developmental Services (DBHDS)
Grace Hughes, Virginia Department of Health (VDH)
Linda McWilliams, Department of Juvenile Justice (DJJ) **(arrived at 9:42 AM)**
Em Parente, Virginia Department of Social Services (VDSS) ***(virtually)***
Laura Reed, Department of Medical Assistance Services (DMAS)
William Stanley, CPMT – Court Services Unit (CSU) Representative **(arrived at 9:40 AM)**
Shannon Updike, Virginia Coalition of Private Provider Associations (VCOPPA)
Kristina Williams-Pugh, CPMT – School Representative

Members Absent:
Sandy Bryant, CPMT – Community Services Board (CSB) Representative

CSA Staff Members Present:
Stephanie Bacote
Mary Bell
Gezelle Glasgow
Scott Reiner
Kristi Schabo
Carrie Thompson

Welcome/Opening
Mills Jones called the meeting to order at 9:34 a.m. and welcomed everyone. Introductions were made.

Pursuant to SEC Policy 2.1.3 and § 2.2-3708.3 of the *Code of Virginia*, Kimberly Ayers and Em Parente's request to participate virtually was approved on a motion by Lesley Abashian, seconded by Grace Hughes.

Mr. Jones informed the members that the agenda item SLAT Member Reports would be amended to reflect that the listing for DARS should be *Department for Aging and Rehabilitative Services*. The amended meeting agenda was approved on a motion by Cristy Corbin, seconded by Laura Reed.

Public Comment Period
There were no public comments.

Approval of Minutes
The November 6, 2025, meeting minutes were approved on a motion by Lesley Abashian seconded by Patti Hodges and carried.

Workgroup Updates

- Cristy Corbin provided an informative update on the Center for Evidence-Based Partnerships Transformation Zone project. The work group has focused on working with local leaders to identify a local team to design and implement changes to improve access and use of high-fidelity wraparound.
- Mr. Jones provided an update on the Sponsored Residential Workgroup, outlining its purpose and current activities. He explained that the group was established to convene a broad range of stakeholders to review all aspects of sponsored residential services, including funding methodologies and the applicable match rate. The workgroup has engaged in in-depth discussions and data analysis to support equitable and sustainable practices statewide.
    - The workgroup met for the first time since December due to prior weather and scheduling conflicts. Members continue developing a comprehensive rate determination tool to enhance consistency, transparency, and informed decision-making. In addition, the group is preparing a Frequently Asked Questions (FAQ) document to address outstanding issues related to rate setting and assessment.
        - Discussion topics included:
            - Appropriate licensing requirements for children with a mental health diagnosis only
            - Exploration of a universal assessment tool to determine level of care
            - Transition planning for youth moving into the adult service system
            - Guidance regarding rate structure and its relationship to Medicaid reimbursement rates
    - Acknowledgment was given to DBHDS, DMAS, and the private provider community for their continued participation and collaboration.
    - **CHINS Workgroup**
        - Policy is currently under Public Comment period. CHINS Documentation of Eligibility Form updated language in appeal of FAPT decision (file CHINS in court NOT appeal to CPMT) and statement 3 has been edited for clear language.

- **Medicaid Redesign Workgroup**
  - The workgroup continues monitoring alignment between CSA and Medicaid redesign efforts.
    - Discussion focused on reviewing current standardized CSA service names and identifying areas requiring clearer definitions, refined language, or potential replacements.
    - Members emphasized the importance of distinguishing between:
      - Clinical services, which should be Medicaid-funded and administered, and Non-clinical, family-supportive services, where CSA programs provide primary value.

Old Business

- *Policy Update* – Kristi Schabo provided an update on the following policies:
  - *Policy 3.5.1 – Records Management*
    At its December meeting, the SEC approved for a 60-day public comment period. As of this date, no public comments have been received. Will ask the SEC for approval at the next meeting.
  - *Policy 4.1.1 – Children in Need of Services (CHINS)*
    At its December 12, 2025, meeting, the SEC approved an additional 60-day public comment period for draft Policy 4.1.1 following revisions to the language in Appendix A. The public comment period is scheduled to close on February 13, 2026. As of this date, no public comments have been received.

- *DMAS Behavioral Health Redesign Update* – Laura Reed, SLAT representative from DMAS, provided an update on the DMAS Behavioral Health Redesign Project. Ms. Reed reported that the project is scheduled for implementation on July 1, 2026, and noted that draft policies are currently posted on the DMAS website for informal public comment.

SEC Report

Mills Jones provided an update on the following items from the SEC's December 12, 2025, meeting, noting that Ms. Schabo already presented the policy updates:

- The Winchester County CSA Program was recognized as the December recipient of the Excellence in CSA Award. Established in March 2025, the award honors local CSA programs that demonstrate a strong commitment to improving outcomes for children, youth, and families through collaboration, meaningful engagement, and implementation of systems of care principles.
- Ms. Schabo encouraged members to notify Mary Bell, Anna Antell, or herself of noteworthy initiatives and activities taking place at the local level so they may be shared with OCS.

OCS Update

Ms. Schabo provided updates on the following:

- HB 1373, currently under consideration during the legislative session, directs the Office of Children's Services (OCS), in collaboration with the Department of Education, the school boards within Planning District 16, and other identified stakeholders, to evaluate the feasibility of establishing a regional

public day school in Planning District 16. The proposed school would serve students with disabilities who are otherwise placed in private day schools pursuant to their Individualized Education Programs (IEPs), if an appropriate public option was available. OCS is required to report its findings and recommendations to the Chairs of the House Appropriations and Education Committees and the Senate Education and Health and Finance and Appropriations Committees by November 1, 2026.

- The Virtual CPMT Academy launched in January 2026 and is held twice monthly on Fridays. The next session is scheduled for February 13, 2026. Members were advised to contact Anna Antell for additional information.
- The New CSA Coordinator Academy is scheduled for May 12–14, 2026. Interested participants may contact Anna Antell for details.
- Ms. Bell reminded members that the 2026 Annual CSA Conference will take place October 13–15, 2026, at Hotel Roanoke, with a focus on Systems of Care. Nominations for the Rookie of the Year Award and the Paul Baldwin Outstanding CSA Coordinator Award must be submitted by July 17, 2026.
- OCS Office Hours are held on the third Friday of each month from September through May. The February 20, 2026, session will include a presentation by VDSS.

New Business

- Ms. Thompson presented an overview of the FY 2025 CSA Service Gap Survey findings. OCS has conducted this survey annually for 17 years to assess service gaps across the Commonwealth, identify challenges in addressing those gaps, and highlight efforts underway at the local level. The survey was announced through an OCS Administrative Memorandum sent to CPMT Chairs and CSA Coordinators on March 4, 2025, with responses due by May 30, 2025. Each locality was permitted to submit one response, although some partnered and submitted jointly under a shared CPMT. Of the 126 CSA localities, 103 submitted responses, resulting in an 82% participation rate, consistent with prior survey cycles. Localities were organized by VDSS geographic regions for reporting purposes. The presentation covered survey background, statewide trends in identified service gaps, common barriers, regional patterns, and overall observations.

- The interactive dashboard remains available on the CSA website for continued reference. A follow-up survey is planned for March to gather updated information.

Member Updates

Members reported for their agencies and organizations on their projects, new programs, other ongoing activities and workforce issues. Members continue to work within their agencies and advocate through their associations for improvements to services and service delivery for Virginia's children, youth, and families.

Representatives from state agencies shared updates regarding leadership transitions effective January 17, 2026, as well as legislation currently under consideration by the General Assembly.

DSS will be participating in OCS Office Hours on February 20, 2026, where they will be discussing

Trafficking Prevention Designation, the IV-E Review, and Sponsored Residential.

DBHDS will be hosting monthly activities for parent representatives, which include peer training and support opportunities.

The DARS Vocational Rehabilitation (VR) section of the Virginia Workforce Innovation and Opportunity Act (WIOA) Combined State Plan Modification for Program Years 2026–2027 will soon be released for public comment.

Adjournment
There being no other business, the meeting adjourned at 12:21 p.m. on a motion by Cristy Corbin, seconded by Shannon Updike and carried. The next meeting is scheduled for May 7, 2026.

STATE AND LOCAL ADVISORY TEAM (SLAT)
CHILDREN'S SERVICES ACT (CSA)
1604 Santa Rosa Road
Second Floor
Richmond, VA 23229

MINUTES
May 7, 2026

Members Present:
Mills Jones, SLAT Chair, CSA Coordinators Representative
Sabrina Gross, Vice-Chair, Virginia Department of Education (DOE)
Lesley Abashian, – Local Government Representative ***(virtual)***
The Honorable Marilynn Goss, Juvenile & Domestic Relations District Court (J&DR) Representative
Karen Grabowski, Department of Behavioral Health and Developmental Services (DBHDS)
Patti Hodge, Department for Aging and Rehabilitative Services (DARS)
Em Parente, Virginia Department of Social Services (VDSS)
Laura Reed, Department of Medical Assistance Services (DMAS)
William Stanley, CPMT – Court Services Unit (CSU) Representative
Amy Swift, Loca Department of Social Services Representative (***virtual)***
Kristina Williams-Pugh, Local Education Authority Representative ***(virtual)***

Members Absent:
Sandy Bryant, CPMT – Community Services Board (CSB) Representative
Cristy Corbin, Parent Representative
Grace Hughes, Virginia Department of Health (VDH)
Linda McWilliams, Virginia Department of Juvenile Justice (DJJ)
Shannon Updike, Virginia Coalition of Private Provider Associations (VCOPPA)

CSA Staff Members Present:
Gezelle Glasgow
Scott Reiner
Kristi Schabo

Welcome/Opening
Mills Jones called the meeting to order at 9:33 a.m. and welcomed everyone. Introductions were made.

A quorum was not present; therefore, no official business was conducted and no votes were taken. Members provided various updates, and an informal discussion took place. Individuals participating online contributed informally but were not officially authorized to participate for quorum or voting purposes.

Adjournment
The meeting concluded at 11:25 a.m. The next meeting is scheduled for August 6, 2026.

State Executive Council (SEC) for Children's Services

Notice of Intent to Develop/Revise Policy

Approved for Public Comment by the SEC: June 15, 2026
Public Comment Period Ends: July 30, 2026

Number and Name of Proposed/Revised Policy:

Policy 4.5.1 – Protected Funds

Basis and Purpose of the Proposed/Revised Policy:

Section 2.2-2648.D.3 of the Code of Virginia requires the State Executive Council to "provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ 2.2-5200 et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate."

The proposed changes to the existing policy 4.5.1 align the policy with the standard policy format adopted by the State Executive Council in September 2022 by adding sections 4.5.1.1 (Purpose), 4.5.1.2 (Authority), 4.5.1.3 (Definitions), 4.5.1.4(Protected Funds), and 4.5.1.5 (Policy Review), as well as footers to denote dates of Adoption, Effect, Revision, and page numbers.

Summary of the Proposed Policy:

Policy 4.5.1 provides guidance to local Children's Services Act (CSA) programs about the allocation and utilization of CSA-protected funds.

Preliminary Fiscal Impact Analysis:

There is no anticipated fiscal impact of the revisions to this policy on either the Commonwealth or local governments as this population is currently being served through the CSA.

POLICY 4.5.1
PROTECTED FUNDS ~~(ADOPTED 1994, REVISED 1995, 1996, 1997)~~

4.5.1.1 Purpose

To provide guidance to local Children's Services Act (CSA) programs about the allocation and utilization of CSA-protected funds.

4.5.1.2 Authority

A. *Section 2.2-2648.D.3 of the Code of Virginia requires the State Executive Council to "provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ 2.2-5200 et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate."*

4.5.1.3 Definitions

***"CSA State Pool"** is the state appropriation to reimburse localities for eligible expenditures under the Children's Services Act.*

***"Local Expenditure and Data Reimbursement System (LEDRS)"** means the required electronic system for reporting state CSA reimbursements and for data collection by local governments.*

***"Mandated Population"** means children and youth for whom sum-sufficient funding must be appropriated and for specified services as defined in §2.2-5211.*

***"Non-Mandated Population"** means children and youth who meet the CSA eligibility criteria outlined in §2.2-5211, but do not fall into one of the mandated populations.*

***"Protected Funds"** means a specific amount of funds that can be used to serve youth who fall into the "non-mandated population."*

***"Sum Sufficient Funds"** as defined in §2.2-5211.C means that the "General Assembly and the governing body of each county and city shall annually appropriate such sums of money as shall be sufficient to (i) provide special education services and foster care services for children and youth identified in subdivisions B 1 through 4 and 6 and 7 and (ii) meet relevant federal mandates for the provision of these services."*

4.5.1.4 Protected Funds

Each year, localities may protect a specific portion of the state pool to provide services to ~~targeted~~ non-mandated ~~and other eligible~~ populations. The amount that each locality is permitted to protect is determined by formula and is in no case less than $10,000. Each locality will be notified of *the amount of* ~~its protection level~~ *protected funds* prior to the beginning of the fiscal year. *Expenditure of protected funds is discretionary, and local CSA programs are not required to appropriate funds to serve children and youth in the non-sum-sufficient population utilizing protected funds.*

4.5.1.5 Policy Review

This policy will be subject to periodic review by the State Executive Council for Children's Services.

State Executive Council (SEC) for Children's Services

Notice of Intent to Develop/Revise Policy

Approved for Public Comment by the SEC: June 11, 2026
Public Comment Period Ends: July 30, 2026

Number and Name of Proposed/Revised Policy:

Policy 4.6 – Denial of Funds

Basis and Purpose of the Proposed/Revised Policy:

Section 2.2-2648.D.3 of the Code of Virginia requires the State Executive Council to "provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ 2.2-5200 et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate."

Section 2.2-2648.D.20 of the Code of Virginia requires the State Executive Council to "Deny state funding to a locality, in accordance with subdivision 19, where the CPMT fails to provide services that comply with the Children's Services Act (§ 2.2-5200 et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with § 2.2-5211."

Item 268 (section B.e) of the Virginia Appropriation Act states that "The Office of Children's Services, per the policy of the State Executive Council, shall deny state pool funding to any locality not in compliance with federal and state requirements pertaining to the provision of special education and foster care services funded in accordance with § 2.2-5211, Code of Virginia."

Section 37.2-405 of the Code of Virginia (Behavioral Health and Developmental Services) requires that:

A. "No provider shall establish, conduct, maintain, or operate or continue to operate in the Commonwealth any service, without being licensed under this article, except where the provider is exempt from licensing.

B. No license issued under this article shall be assignable or transferable.

C. No person shall be admitted, placed, treated, maintained, housed, or otherwise kept, voluntarily or involuntarily, by any provider required to be licensed by subsection A, unless and until the provider is licensed by the Commissioner."

Section 16.1-309.9.A of the Code of Virginia requires the State Board of Juvenile Justice to "… develop, promulgate and approve standards for the development, implementation, operation and evaluation of the range of community-based programs, services and facilities authorized by this article. The State Board shall also approve minimum standards for the construction and equipment of detention homes or other facilities and for food, clothing, medical attention, and supervision of juveniles to be housed in these facilities and programs." Additionally, §16.1-309.9.B states that the State Board of Juvenile Justice may "…prohibit, by its order, the placement of juveniles in any place of residence which does not comply with the minimum standards. It may limit the number of juveniles to be detained or housed in a detention home or other facility and may designate some other place of detention or housing for juveniles who would otherwise be held therein."

Section 63.2-217 of the Code of Virginia authorize the State Board of Social Services to "…adopt such regulations, not in conflict with this title, as may be necessary or desirable to carry out the purpose of this title." These licensing regulations and standards Additionally, §63.2-1734 directs that the State Board of Social Services "…shall adopt regulations for the activities, services, and facilities to be employed by persons and agencies required to be licensed under this subtitle, which shall be designed to ensure that such activities, services, and facilities are conducive to the welfare of the children under the custody or control of such persons or agencies." §63.2-1701.B directs that "Every person who constitutes, or who operates or maintains, an assisted living facility, adult day center, or child welfare agency shall obtain the appropriate license from the Commissioner, which may be renewed. " Furthermore, §63.2-1737 directs that the State Board of Social Services "shall adopt regulations establishing the Department as the single licensing agency for the regulation of children's residential facilities, including group homes, which provide social services programs, with the exception of educational programs licensed by the

Department of Education and facilities regulated by the Department of Juvenile Justice."

Section 22.1-289.046 of the Code of Virginia require that the Virginia State Board of Education to "…adopt regulations for the activities, services, and facilities to be employed by persons and agencies required to be licensed under this chapter, which shall be designed to ensure that such activities, services, and facilities are conducive to the welfare of the children under the control of such persons or agencies." Additionally, §22.1-323.A directs that "No person shall open, operate, or conduct any school for students with disabilities in the Commonwealth without a license to operate such school issued by the Board. A license shall be issued for a school if it is in compliance with the regulations of the Board issued pursuant to this chapter, any fee for such license has been paid, and its facilities are approved by the Board after an inspection by the Department." Furthermore, §2.2-5211 requires that CSA funds for private special education services "shall only be expended on private educational programs that are licensed by the Board of Education or an equivalent out-of-state licensing agency."

The proposed changes to the existing policy 4.6 align the policy with the standard policy format adopted by the State Executive Council in September 2022 by adding sections 4.6.1 (Purpose), 4.6.2 (Authority), 4.6.3 (Definitions), 4.6.4(Denial of CSA State Matching Funds), 4.6.5 (Investigating Suspected or Determined Non-Compliance by a Local CSA Program), and 4.6.6 (Policy Review), as well as footers to denote dates of adoption, effect, revision, and page numbers.

Summary of the Proposed Policy:

Policy 4.6 provides guidance to local Children's Services Act (CSA) programs about the denial of CSA state matching funds

Preliminary Fiscal Impact Analysis:

There is no anticipated fiscal impact of the revisions to this policy on either the Commonwealth or local governments as this population is currently being served through the CSA.

POLICY 4.6
DENIAL OF FUNDS

4.6.1 Purpose

To provide guidance to local Children's Services Act (CSA) programs about the denial of CSA state matching funds.

4.6.2 Authority

A. *Section 2.2-2648.D.3 of the Code of Virginia requires the State Executive Council to "provide for the establishment of interagency programmatic and fiscal policies developed by the Office of Children's Services, which support the purposes of the Children's Services Act (§ 2.2-5200 et seq.), through the promulgation of regulations by the participating state boards or by administrative action, as appropriate."*

B. *Section 2.2-2648.D.20 of the Code of Virginia requires the State Executive Council to "Deny state funding to a locality, in accordance with subdivision 19, where the CPMT fails to provide services that comply with the Children's Services Act (§ 2.2-5200 et seq.), any other state law or policy, or any federal law pertaining to the provision of any service funded in accordance with § 2.2-5211."*

C. *Item 268, B. 1. e. of the Virginia Appropriation Act states that "The Office of Children's Services, per the policy of the State Executive Council, shall deny state pool funding to any locality not in compliance with federal and state requirements pertaining to the provision of special education and foster care services funded in accordance with § 2.2-5211, Code of Virginia."*

D. *Section 37.2-405 of the Code of Virginia (Behavioral Health and Developmental Services) requires that:*

    A. *"No provider shall establish, conduct, maintain, or operate or continue to operate in the Commonwealth any service, without being licensed under this article, except where the provider is exempt from licensing.*

    B. *No license issued under this article shall be assignable or transferable.*

    C. *No person shall be admitted, placed, treated, maintained, housed, or otherwise kept, voluntarily or involuntarily, by any provider required to be licensed by subsection A, unless and until the provider is licensed by the Commissioner."*

E. *Section 16.1-309.9. A. of the Code of Virginia requires the State Board of Juvenile Justice to "… develop, promulgate and approve standards for the development, implementation, operation and evaluation of the range of community-based programs, services and facilities authorized by this article. The State Board shall also approve minimum standards for the construction and equipment of detention homes or other facilities and for food, clothing, medical attention, and supervision of juveniles to be housed in these facilities and programs." Additionally, §16.1-309.9.B states that the State Board of Juvenile Justice may "…prohibit, by its order, the placement of juveniles in any place of residence which does not comply with the minimum standards. It may limit the number of juveniles to be detained or housed in a detention home or other facility and may designate some other place of detention or housing for juveniles who would otherwise be held therein."*

F. *Section 63.2-217 of the Code of Virginia authorizes the State Board of Social Services to "…adopt such regulations, not in conflict with this title, as may be necessary or desirable to carry out the purpose of this title." Additionally, §63.2-1734 directs that the State Board of Social Services "…shall adopt regulations for the activities, services, and facilities to be employed by persons and agencies required to be licensed under this subtitle, which shall be designed to ensure that such activities, services, and facilities are conducive to the welfare of the children under the custody or control of such persons or agencies." §63.2-1701.B directs that "Every person who constitutes, or who operates or maintains, an assisted living facility, adult day center, or child welfare agency shall obtain the appropriate license from the Commissioner, which may be renewed." Furthermore, §63.2-1737 directs that the State Board of Social Services "shall adopt regulations establishing the Department as the single licensing agency for the regulation of children's residential facilities, including group homes, which provide social services programs, with the exception of educational programs licensed by the Department of Education and facilities regulated by the Department of Juvenile Justice."*

G. *Section 22.1-289.046 of the Code of Virginia requires the Virginia State Board of Education to "…adopt regulations for the activities, services, and facilities to be employed by persons and agencies required to be licensed under this chapter, which shall be designed to ensure that such activities, services, and facilities are conducive to the welfare of the children under the control of such persons or agencies." Additionally, §22.1-323.A. directs that "No person shall open, operate, or conduct any school for students with disabilities in the Commonwealth without a license to operate such school issued by the Board. A license shall be issued for a school if it is in compliance with the regulations of the Board issued pursuant to this chapter, any fee for such license has been paid, and its facilities are approved by the Board after an inspection by the Department." Furthermore, §2.2-5211 requires that CSA funds for private special education services "shall only be expended on private educational programs that are licensed by the Board of Education or an equivalent out-of-state licensing agency."*

4.6.3 Definitions

"Community Policy and Management Team (CPMT)" *is the entity that develops, implements, and monitors the CSA local program through policy development, quality assurance, and oversight of functions.*

"CSA State Matching Funds" *is the state share of the financial contributions provided by localities through the Children's Services Act, as determined by the established state and local CSA state match rates.*

"Local Expenditure and Data Reimbursement System (LEDRS)" *is the required electronic system for reporting state CSA reimbursements and for data collection by local governments.*

"Family Assessment and Planning Team (FAPT)" *implements the CSA by recommending services for children and families. The team considers every child and family's strengths and challenges to address their specific needs as best they can. Families are included in all FAPT assessments, service planning, and decision-making.*

"Multidisciplinary Team (MDT)" *is an alternative to a "standard" FAPT that provides an option to local CSA programs to provide review and recommendations for an identified group or type of cases, and can complete all of the statutory duties of a standard FAPT, including recommending services for authorization by the CPMT.*

"Office of Children's Services (OCS)" *serves as the administrative entity of the executive branch of state government and the SEC to ensure that the decisions and policies of the Council are implemented in accordance with the powers and duties granted by statute in the Code of Virginia.*

"Participating Agencies," for the purpose of this policy, refers to any state or local child-serving agencies *represented in the CSA system of care. These include, but are not limited to, the Department of Social Services, the Department of Education, the Department of Behavioral Health and Developmental Services, the Department of Medical Assistance Services, the Department of Juvenile Justice, local court services units, local school divisions, local departments of social services, and community services boards or behavioral health authorities.*

4.6.4 Denial of CSA State Matching Funds

~~All of the requirements specific to the CSA are outlined in the Code of Virginia and the Appropriation Act. The statutory requirements and authority of the Council (§2.2-2648), the State and Local Advisory Team (§2.2-5202), the OCS (§2.2-2649), the local Community Policy and Management Team (§2.2-5206), and the local Family Assessment and Planning Team (§ 2.2-5208) are described. Additional requirements are found in the CSA (§2.2-5200 et. seq.), the Appropriation Act and Council policy. Violations of any state or federal law or policy may result in denial of funds.~~

~~Denials of CSA state matching funds are based on a locality's failure to comply with, or violations of, statutory requirements and/or policy, whether they are specific to the CSA or are those promulgated by the participating agencies.~~

A. *Denials of CSA state matching funds are based on a locality's failure to comply with, or violations of, statutory, regulatory, and/or policy requirements, whether they are specific to the CSA or are promulgated by the participating agencies.*

B. Any service ~~which~~ *that* requires licensure can only be rendered by a provider licensed to provide that service in Virginia *or, for private special education services, by the Board of Education or an equivalent out-of-state licensing agency*. ~~State law requiring licensure of providers may be found at §37.2-405. (NOTE: This citation is specific to services licensed by the Virginia Department of Behavioral Health and Developmental Services. §16.1-309.9 authorizes the Department of Juvenile Justice to regulate community-based facilities and services; §§ 63.2-217, 63.2-1732, 63.2-1733, 63.2-1734 authorize the State Board of Social Services and Child Day Care Council to regulate facilities and agencies serving adults and children; §22.1-323 authorizes the Board of Education to license private schools for students with disabilities.)~~

C. Any state or local agency, or CPMT, that has cause to believe that the statutory requirements of CSA, including those relating to licensure, are not being met *for CSA-funded services* ~~by a locality~~ shall contact the *Executive* Director of the OCS. State agencies are responsible for notifying the OCS when a provider *licensed by that agency* loses *its license or is subject to an adverse licensure action*, even if that provider is not currently billing for *CSA-funded* services. OCS will make reasonable efforts to notify localities *of such actions*.

D. Copies of *annual local Single Audit and Annual Comprehensive Financial Reports*, which include a review of CSA funding, must be provided to the OCS within three business days from presentation to the local governing body. If the local audit determines that services provided that affect CSA, for example, Title IV-E, were inappropriate, the locality must inform the OCS.

4.6.5 Investigating Suspected Non-Compliance

~~Steps A-F outline the procedures followed to investigate suspected or determined non-compliance by a locality.~~

A. The OCS will investigate the issue ~~complaint~~ by reviewing available data, including but not limited to documentation submitted *with the report* ~~by the complainant~~, CSA ~~data set~~

LEDRS Data and CSA state matching funds reimbursed to the locality ~~fiscal pool fund reporting reimbursement~~, local financial and program records, including CPMT and FAPT*/MDT* minutes, *relevant licensure data bases*, other information supplied by the locality and interviewing appropriate individuals, if necessary. The OCS may consult with the Office of the Attorney General and any other parties it deems appropriate.

B. State and local agencies, including ~~the one~~ *those* reporting ~~the alleged~~ *potential* ~~inappropriate use of funds~~ *violations*, shall supply any necessary and/or requested supporting documentation relevant to the ~~allegation~~ *situation*.

C. If the OCS is unable to determine the validity of the report or determines there was no violation, the incident is closed with notification to the reporting ~~state~~ agency and the CPMT in question.

D. If the OCS suspects non-compliance but has not yet made *such* a determination, ~~of such,~~ the OCS shall communicate with the chief administrative officer of the locality and the CPMT Chair, as appropriate, to resolve the issue.

E. If the OCS determines that a violation of state law or policy, or any federal law pertaining to the provision of any service funded in accordance with §2.2-5211 has occurred, the OCS will notify the chief administrative officer of the local government and the CPMT chair within five *(5)* business days. The OCS will request *that* the locality immediately discontinue ~~that practice~~ *the identified service*, and the locality should notify any affected providers *and service recipients*. The OCS will also describe ~~the~~ any *additional* actions it intends to take, if any. Such action*s* may include, but ~~is~~ *are* not limited to, a corrective action plan developed in consultation with the locality and/or denial of state funding. Failure of the OCS to meet the *five-day* timeline does not ~~preclude~~ *prevent* the OCS from denying funds or recovering payments.

F. If another state *or local* agency learns during the course of its work (routine reviews, audits, complaint investigations, etc.) of a violation of state law affecting the provision of services under the CSA, the agency shall contact the *Executive Director of the* OCS. They shall ~~and~~ explain what agency policy or federal or state law is involved, how the other agency believes the violation has occurred, and the impact of, or relationship to, the CSA.

G. If the OCS becomes aware of a violation of another agency's laws, policies, or requirements that affect~~s~~ the provision of services funded by the CSA, the Executive Director (or designee) will contact the ~~appropriate staff person at the~~ other agency. The OCS will provide any supporting documentation requested by the other agency.

H. The OCS may review payments and conduct audits for a period of time, three years before or after the date of the alleged noncompliance (not to exceed a total of three years), regardless of the date of discovery of the alleged noncompliance.

I. Should the OCS discover noncompliance, the OCS may request that the Auditor of Public Accounts (APA) or the Office of the Inspector General (OSIG) determine whether to ~~pursue~~ *request* an *independent* audit *or investigation* of a locality. This policy should not be construed to put any limitations on the APA*, OSIG,* or other parties that have responsibilities regarding the *use of* Commonwealth~~'s~~ or federal funds and their investigation of the use of those funds.

~~This policy takes effect July 1, 2011. Pursuant to §2.2-2648, the OCS may deny funding to local governments not in compliance with the provisions of the CSA and federal and state law.~~

4.6.6 Policy Review

This policy will be subject to periodic review by the State Executive Council for Children's Services.

Sponsored Residential
Frequently Asked Questions Guide

I. Program Overview and Purpose

Q1: What is Sponsored Residential (SR)?

Sponsored Residential (SR) is a residential level of care that takes place in a DBHDS licensed family home where the adult caretaker(s) – referred to as "sponsors" – in the home are the service providers trained and contracted through the SR agency.

While historically utilized for individuals with intellectual and developmental disabilities and funded through an ID/DD waiver, SR has recently been utilized as a resource for children in foster care who have high acuity needs and are difficult to place in traditional settings.

The Code of Virginia (12VAC30-122-530) defines SR as a residential level of care and states that SR will be provided up to 24 hours a day by the sponsor family or qualified backup staff. SR sponsors are responsible for delivering all services outlined in the Code of Virginia (12VAC35-105-1235, Section VI, Article 4).

Link to policy: Developmental Disabilities Waivers (BI, FIS, CL) Services | MES

Q2: What are ID/DD waivers?

ID/DD waivers are a Medicaid Home and Community-Based Services (HCBS) program that "waives" certain federal requirements, allowing states to use Medicaid funds to pay for services delivered outside institutional settings. Virginia offers three types of ID/DD waivers under the Department of Medical Assistance Services (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS). Each waiver supports individuals with ID/DD diagnoses based on their level of need and living situation.

A. *Community Living (CL) Waiver:*
    a. Designed for individuals who need intensive supports to live safely in the community.

b. **Covers services such as sponsored residential, group home, and supported living.**
c. Often used for people transitioning from institutional settings or requiring 24-hour supervision.

***The CL waiver is abbreviated to and referred to as "waiver" throughout the rest of this FAQ*

B. *Family and Individual Supports (FIS) Waiver:*
   a. Supports individuals living with family or independently who need less intensive services.
   b. Includes in-home supports, respite, therapeutic consultation, and assistive technology.
   c. Focuses on maintaining community integration and family involvement.

C. *Building Independence (BI) Waiver:*
   a. For adults with developmental disabilities who do not require 24-hour supervision.
   b. Provides supports like supported employment, community engagement, and independent living skills training.
   c. Encourages autonomy and participation in community life.

These waivers form the foundation of Virginia's system for supporting individuals with ID/DD needs through person-centered, community-based services that help them avoid institutional care and live as independently as possible. **Specifically, the CL waiver covers SR placement and is the waiver referred to in subsequent questions.**

Q3: Are youth in foster care placed in SR eligible for respite care?

No, respite cannot be funded for youth placed in SR. If/when the sponsor is unable to provide 24-hour care (as required in the regulations above), they can/must utilize their trained backup staff for coverage. **Sponsors identify and "hire" backup staff as part of their licensing approval process.**

Like the sponsors themselves, backup staff must complete background checks and training. Backup staff members are paid directly (by the sponsor) out of the overall reimbursement the sponsor receives.

Q4: How is SR licensed?

SR is licensed through the DBHDS licensing programs. There are two types of SR licenses, ID/DD and Mental Health (MH). **ID/DD licenses specify if they are licensed to serve adults or children (MH licenses encompass both adults/children).** In addition to the specific SR license (which is held by the provider), each SR home operated by the provider must be listed in the provider's licensing Addendum.

Youth placed in an ID/DD licensed SR **must** have an ID/DD diagnosis and can only be placed a SR that holds a DD license for children. **Children without an ID/DD diagnosis can only be placed in an MH-licensed home that is approved to serve children**.

When selecting a MH-licensed SR, CSA programs should verify that the-SR program holds a MH license and is approved to serve children by utilizing the instructions located in the Appendix for looking up a DBHDS license for DD and MH-SR providers. (The demographics section of the MH license will indicate the age population served by the provider.)

***See Appendix for a comprehensive step-by-step visual guide to looking up and verifying that provider licensing and approval match the child's diagnosis.*

Q5: Can an ID/DD licensed provider obtain a variance to allow for placement of a youth with a MH diagnosis?

There are no variances allowing for a child with an MH diagnosis to be placed with an ID/DD SR. The DBHDS Office of Licensing maintains that a youth must be placed with a provider that holds the correct license for their identified needs.

Q6: How many children can be placed in an SR home?

A maximum of two individuals may be served in an SR home. The total number of occupants in the home cannot exceed seven.

Q7: How is SR categorized for CSA match rates?

SR is licensed as a residential level of care and, as a result, is categorized under the "congregate care" match rate for CSA-funded placements. For CSA funded SR placements, all local policies and procedures for congregate care should be followed.

II. Eligibility, Assessment, and Funding

Q8: Who is SR designed to serve?

SR has historically been utilized to serve members of the ID/DD population who have an ID/DD Community Living Waiver and require long- term residential level of care ~~long-term~~. While SR has recently been utilized as a resource for children in foster care who have high acuity needs and are difficult to place in traditional settings, **SR is intended to serve individuals diagnosed with ID/DD**.

***An Intellectual Disability must be diagnosed before age 18; Developmental Disability must be diagnosed before age 22.*

Q9: Are youth in foster care eligible for ID/DD waivers?

Yes. Though misinformation about waivers has been prevalent, a youth's legal status in foster care does not render them ineligible for waivers. **Youth in foster care with ID/DD diagnoses are technically eligible for waivers and should be assessed regardless of their current or intended placement type.** Youth in question who are without a formal ID/DD diagnosis should be evaluated by their local CSB as soon as possible to ensure they have access to all the supportive services available. The assessment process can be initiated for a youth at any age.

However, waiver *eligibility* does *not* equate to waiver *provision* for youth in foster care, as their access to CSA monies (an "alternative" funding source per DMAS/DBHDS) reduces their priority status. In most cases, waiver assessment for youth in foster care will result in "Priority 3" designation on the waiver waitlist, regardless of the severity of their *functional* needs. "Priority 3" status indicates that eligibility criteria have been met, but there are no immediate health or safety risks. **Though displacement (homelessness) is considered an immediate risk to health and safety in child welfare, it is not considered so by waiver assessment when CSA funding could be used for mitigation.** Individuals who receive waivers are typically on Priority 1 status.

***Regardless of the waitlist designation outcome, ensuring that youth with ID/DD needs are known to and established with their CSB through a Virginia Individual Developmental Disabilities Eligibility Survey (VIDES) assessment is an important part of immediate and long-term service planning.*

If SR placement is being considered for a youth in foster care who is not already on the waiver waitlist, LDSS should connect with their local CSB to begin the waiver

assessment process right away. Formal determination of eligibility can support justification for SR placement and is a proactive step towards transition planning for older youth with ID/DD diagnoses.

Q10: Can CSA fund SR for youth without a CL waiver?

A. SR can be appropriate for waiver-eligible youth in foster care diagnosed with ID/DD who need a residential level of care, when other and available placement options have been exhausted. Local CSA documentation should reflect ongoing discharge and permanency planning work. Documentation should also reflect ongoing efforts to connect youth to a waiver, especially for those who will be eligible for, or need, the SR level of care on a long-term basis.

B. SR can be appropriate for non-waiver-eligible youth in foster care diagnosed with ID/DD who need a residential level of care when other appropriate and available placement options have been exhausted. These placements should be short-term and serve as a bridge to a lower level of care, such as a TFC home, local foster home, or family placement. Local CSA documentation should reflect discharge planning to include individual youth progress and efforts to identify and prepare the youth to succeed in a lower level of care. SR is not a permanency pathway for youth who are not waiver-eligible; as a result, local CSA documentation should also reflect ongoing permanency and/or transition planning (for older youth without a permanency plan).

C. SR may be appropriate for high acuity foster youth without ID/DD diagnosis (MH diagnoses only), when all other available and appropriate placement options have been exhausted. These placements should be short-term and serve as a bridge to a lower level of care to continue to address their treatment needs. Local CSA documentation should reflect discharge planning to include individual youth progress and efforts to identify and prepare the youth to succeed in a lower level of care. SR is not a permanency pathway for youth who are non-waiver-eligible, and as a result, local CSA documentation should also reflect ongoing permanency planning and/or transition planning (for older youth without a permanency plan) efforts.

D. SR is not appropriate for youth only with a mental health diagnosis (no co-occurring ID/DD) being placed through a CSA Parental Agreement. If a youth presents with an ID/DD diagnosis and MH needs, and SR is requested (through a CSA Parental

Agreement), the youth's eligibility for CSA should be determined, they should be assessed for an ID/DD waiver, and a waiver applied for, if eligible. For youth who are not waiver-eligible, or for whom a waiver is not available, the local CSA program must determine if the youth requires a residential level of care and must exhaust other available and appropriate placement options before recommending SR. Any placement in SR through a Parental Agreement should be short-term and treatment-driven. Local CSA documentation should reflect how progress is monitored, the engagement of the biological family in the treatment, and discharge planning work (focused on returning the youth home).

Q11: What process must LDSS/CSA follow to refer a child to SR?

For CSA to fund an SR placement, the locality must follow their local process for bringing the youth/family to FAPT and for funding requests to go before CPMT.

When referring a youth to SR, it is important for local CSA Programs to be aware that:

- The SR agency/sponsor must hold the appropriate SR license, as indicated by the child's diagnosis (as noted previously, youth without an ID/DD diagnosis cannot be placed in an SR licensed to serve the ID/DD population), the specific SR home must be listed on the provider's SR licensing addendum and
- The SR Tier must be determined by assessing the child's needs using the recommended tool.
- Note: If a foster child has a waiver, you will still need to go before FAPT to pay for the rent (Room & Board) and any negotiated age appropriate allowance fees.

Q12: Which assessment tool is used to determine the necessary level of support and reimbursement?

The Supports Intensity Scale (SIS) is the standard tool. An adapted version, the DAP ID/DD Placement Exceptional Needs Assessment, may be used to rate exceptional medical and behavioral support needs.

Q13: What is a Tier?

SR services are provided and paid based on Tiers. The four Tiers correspond to both the individual's level of need and the intensity and type of services the sponsor provides. For waiver-funded SR placements, the SIS is the standard tool to determine the Tier.

Q14: What are the four DMAS reimbursement Tiers within the Community Living Waiver?

Tier 1 – Low Support:

- *Needs:* Mild/infrequent assistance with everyday tasks, no significant medical or mental health/behavioral needs
- *Services:* Routine supervision for safety, occasional personal care, skill building for independence, encouragement to participate in community activities

Tier 2 – Moderate Support:

- *Needs:* Moderate support to complete daily living tasks, some assistance with personal care and decision-making, limited medical/mental health/behavioral
- *Services:* Frequent support for daily living, community engagement support, structured skill-building routines

Tier 3 – Increased Complexity:

- *Needs:* Moderate to higher daily support needs, behavioral challenges
- *Services:* Enhanced behavior support, modeling and encouragement of coping skills, structured routines, support for complex ADL needs, intensive community engagement support, consistent coaching

Tier 4 – Intensive, Complex Support Needs:

- *Needs:* Maximum daily support, significant medical needs, significant behavioral, and mental health needs
- *Services:* 24/7 supervision and support, medical support and coordination, intensive behavioral intervention and safety planning, crisis prevention and intervention, individualized skill-building.

Q15: Can CSA pay more than the Medicaid rate?

CSA localities should not pay above Medicaid-established rates.

These rates can be found and referenced here: Rate Setting

It is important to note that SR agencies can identify a Usual & Customary Rate (UCR) for their service. That UCR is **subjective** as it is based upon the provider's own individual determination. ***However***, that UCR has no bearing on what the state will pay for a service. DMAS will only pay for DD Waiver SR services based on what appears on the fee schedule/established rates for services.

Furthermore, even if an agency claims their UCR exceeds the Medicaid rate, they cannot pass the additional costs on to the member or their family. **Medicaid pays what Medicaid rates allow. CSA follows the same funding rules as Medicaid**, and regardless of funding stream, SR providers are operating under a DBHDS license for SR.

Q16: What is a Customized Rate?

A customized rate is an individualized rate for individuals who present exceptional challenges and require support above what is provided through the standard tiered rate. **Customized Rates should be the exception, not the standard.**

If a Customized Rate is deemed necessary, it should be developed based on the youth's needs. It should be individualized and supported by documentation that clearly describes and gives context to the youth's unique needs. It should also detail the specific supports that will be implemented to meet those needs.

For ID/DD waiver-funded SR, Customized Rates apply to outliers (approximately 2% of all cases) and require extensive documentation and review by a centralized committee at DBHDS.

For CSA-funded SR placement, Customized Rates should be reviewed as part of the local Service Planning and Utilization Review process. This review should reflect ongoing monitoring of progress and readiness to transition off a Customized Rate. These cases are approved with time-specific renewals, usually at least every three months.

Q17: Is Room and Board (R&B) covered by the Daily Rate (Waiver)?

The Daily Rate covers the "service" of SR, for youth with the Community Living Waiver; it is fully covered by the waiver (as noted earlier, these rates are set by Medicaid).

R&B is billed separately every month. **There is no set R&B rate.** All SR are required to have a lease that you can request.

For individuals placed in SR through their waiver (non-CSA), R&B is funded through an individual's Supplemental Security Income (SSI). For CSA-funded placements, the monthly R&B would be CSA's responsibility. **The local CSA program should negotiate the monthly R&B rate prior to the youth's placement in SR.**

***For youth in foster care who receive SSI, the LDSS should follow standard procedures to refund the local CSA program.*

Q18: Who is responsible for funding costs outside of the Daily Rate and R&B (such as clothing) for youth placed in SR?

For youth in foster care, the standard supplemental clothing allowance covers their clothing needs. **The Daily Rate covers hygiene and personal care items.**

For youth placed in SR through a CSA Parental Agreement, as stated in the model Parental Agreement located on the Office of Children's Services website, the parent/legal guardian continues to be responsible for the child's care, which are normal and customary parental responsibilities, including but not limited to clothing, toiletries, personal care items, and spending allowances.

III. Local CSA Program Responsibilities

Q19: How can I verify that a SR is appropriately licensed for the youth?

You must verify that the SR agency holds the correct license for the youth being served. Use the DBHDS Office of Licensing provider search tool (see Appendix) to verify the license type (DD, MH, or SA) and ensure that the specific SR home is listed on the provider's license addendum.

***See Section 1, Question 3 and 4 for details on types of licenses for SR.*

Q20: What should CPMTs know about SR?

When developing local policy, engaging in contracting, and employing Utilization Review (UR) procedures for SR, it may be helpful for the CPMT to consult the administrative code for SR, the DD waiver manual, the home and community-based settings regulations, and the licensing requirements for SR.

Things you may want to consider:

- Licensing requirements around the development of the ISP
- The completion of the daily log
- Progress reporting
- Requirements around completing and sharing Serious Incident Reports (SIR)
- The monthly cost of Room and Board and to whom the Room and Board will be paid

Administrative code for SR:

- 12VAC35-105-1160. Sponsored residential home information.

DD waiver manual:

- Developmental Disabilities Waivers (BI, FIS, CL) Services | MES

Home and community-based setting regulations:

- Home and Community Based Services Toolkit

Licensing requirements:

- Licensing Information for Providers and Applicants - Virginia Department of Behavioral Health and Developmental Services (DBHDS)

IV. Ongoing Service Planning, Utilization Review, and Discharge Planning

Q21: What are the service planning and UR requirements for SR?

If SR is recommended by FAPT and approved by CPMT, FAPT – along with the Family Services Specialist (LDSS case manager) – should engage in continuous review of these

placements. At the time SR is recommended by FAPT, the IFSP (Individual Family Service Plan) should reflect the decision to recommend the SR level of care. Documentation should include the needs of the youth, as rated on the Child and Adolescent Needs and Strengths (CANS) assessment, as well as in other assessment documentation, and how these needs drive the level of care recommendation. Objectives in the IFSP should connect to the SR placement and the resolution (or improvement) of the needs driving that level of care.

***Because SR is a residential level of care, a locality's UR policy for residential care should be followed*.

When reviewing a SR placement, FAPT should review provider documentation to assess progress and the ongoing need for the level of care (to include the assigned Tier). The IFSP should document this progress as well as ongoing needs and concerns. FAPT's review of the SR placement should be evident in the IFSP and **continued recommendation of SR should be supported by data (CANS, provider documentation, and\or other service and assessment data).**

Discharge planning should be concurrent with placement in SR:

- **Discharge planning is <u>not</u> solely making referrals to step-down services** (though a discharge plan will likely include community-based services), but rather a part of the service planning process that considers the needs that must be resolved or improved to move to a lower level of care, and anticipates the needs that will remain present at the time of discharge.

When engaging in discharge planning, the FAPT should consider "what is working/helping" in the SR home:

- In support of permanency planning for youth in foster care, discharge planning should consider how what is working can inform the identification of kinship or non-relative foster families who have these skills, the connection to services to develop these skills, and planning for transition visits. LDSS, the SR provider, and the youth should be involved in this planning.

If discharge planning is related to the youth turning 18:

- See Question 20 below.

If a youth is placed through a Parental Agreement discharge planning should utilize the things that are working to inform the youth's transition home:

- FAPT, along with the Case Manager, should build off "what is working/helping" to transfer skills to the youth's caregiver (this may involve community-based services for the youth's caregiver). Discharge planning should also include utilizing the information shared from the SR provider about what is helping/working to identify and initiate services and supports to meet the youth's needs in the community.

Q22: How often should a Tier be reviewed?

Overview:

- Tier levels are used to determine the appropriate level of support and funding for individuals in SR. Regular review of tier levels ensures that the individual's needs are accurately reflected and that reimbursement rates remain aligned with those needs. Best practice supports a review of the individual's need for a level of service at each FAPT review.

Contractual requirements:

- The original contract between the SR agency, the sponsor, and the local CSA office should include the agreed-upon rate for the SR placement.
- The contract should explicitly state that the rate can/may change based on Tier level evaluations conducted at the recommended frequency for each case.

Tier level review frequency:

- Tier levels should be reviewed at the intervals recommended by DBHDS or local CSA policy (e.g., annually or as significant changes occur in the individual's needs).
- Any adjustments to Tier levels must be documented and communicated to all parties involved.

Q23: How and when should transition planning begin for youth turning 18?

Planning for a youth to transition out of SR placement may look very different depending on a youth's needs, diagnoses, and permanency plan.

Regardless of the youth's diagnosis/legal status (foster care or CSA Parental Placement), <u>CSA is NOT an available funding source for SR placements after age 18</u>.

For waiver-eligible youth with an ID/DD diagnosis <u>who are also in foster care</u>:

- SR may be an appropriate long-term placement option, depending on the youth's permanency plan. If the plan is not for the youth to achieve permanency and exit

foster care before turning 18, planning for long-term care in a SR placement is very appropriate.

- Planning for this transition **MUST begin long before turning 18 *and* MUST involve the youth's ID/DD case manager at the CSB**. This work should begin when the youth is 16 to 17-years-old. For ID/DD youth in foster care who need a long-term SR placement (e.g., youth who will be unable to live independently as an adult), LDSS must work with the CSB to secure a Community Living Waiver, which can fund the daily SR services on an ongoing basis.
- **LDSS should initiate an SSI application and explore the necessity and options for the youth's guardianship.**

For non-waiver-eligible youth with an ID/DD diagnosis who are also in foster care:

- **SR placement should be utilized only if there are no other placements available.**
- For these youth, placements must be short-term and focused on discharge planning from the very beginning of placement, particularly because SR placements are not a path to permanency.
- Transition efforts should focus on what is working for the youth in the SR placement and how those efforts could be translated into step-down placements such as Treatment Foster Care or Therapeutic Group Home.
- For high-acuity youth, placement in SR may be an opportunity to demonstrate and document stability and success that can be leveraged into a successful referral for placement in a lower level of care. Depending on the youth's permanency goal, successes in SR may also be used to inform plans for reunification and/or relative placement.
- For youth in this category aged 16 and who may not discharge from foster care prior to age 18, there is no funding stream available for SR placements after age 18 (because they are non-waiver-eligible). Transition planning for youth approaching 18 should include the determination of the appropriateness for entry into Fostering Futures and/or adult services.
- **LDSS should initiate an SSI application and explore the necessity and options for the youth's guardianship.**

***For a comprehensive guide to transition planning for youth with an ID/DD diagnosis, please consult the VDSS "Strategies to Support a Successful Transition for Youth with Disabilities in Foster Care" (see Appendix).*

For youth who do not have an ID/DD diagnosis (youth with MH diagnosis only) who are also in foster care:

- **SR placements should only be utilized if there are no other placements available.** For these youth, SR placements must be short-term and **discharge planning must begin on day one of placement** because SR placements are not a path to permanency.
- For high-acuity youth with MH-only diagnoses, SR placements may provide an opportunity to demonstrate and document stability and success that can be leveraged into a successful referral into a lower level of care, such as Treatment Foster Care (TFC) or Therapeutic Group Home (TGH). Depending on the youth's permanency goal, successes in SR may also inform plans for reunification and/or relative placement.
- For youth who will not achieve permanency before turning 18, transition planning should focus on informing them of their option to enter Fostering Futures. That work should begin at least 6 months before the youth turns 18 (though starting this process earlier is highly recommended).

For youth with an ID/DD diagnosis who are placed in SR through a CSA Parental Agreement (i.e., youth who are NOT in foster care):

- **Transition planning must begin immediately upon placement and must be focused on the youth's return home** (as required by the CSA Parental Agreement). Placement in SR for these youth must be short-term. Transition planning should focus on how to translate any success and stability in the SR placement back into the home of origin. FAPT discussion and documentation should support the youth's successful reunification.
- **If at any point it appears the youth cannot return home, the placement no longer falls within the guidelines of a CSA Parental Agreement** and should return to the FAPT for discharge planning.

APPENDIX

Quick Guide: Verifying Sponsored Residential Licensure & Certified Locations

Introduction:

This document provides step-by-step guidance on verifying the licensing for SR agencies and the SR homes they operate to prevent placing youth in unapproved placements.

While historically utilized for individuals with intellectual and developmental disabilities and funded through Medicaid via an ID/DD "Community Living" waiver, Sponsored Residential (SR) has recently been utilized as a resource for children in foster care who have high acuity needs and are difficult to place in traditional settings. SRs are licensed through the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

Important Terminology:

In the world of foster care, the word "provider" is often used interchangeably to refer to both "agency" and "caregiver". This is also the case in the DBHDS world, but terminology has often led to confusion when the two worlds collide.

The official language used by DBHDS in reference to SRs relevant to this guide is as follows:

- *Provider* = SR agency, or owner of the SR agency
- *Sponsor(s)* = caregiver(s) who reside in the SR home and provide direct care to clients placed with them
- *Licensed Sponsor Locations* = SR homes certified under an active license to take clients based on age and diagnoses; sometimes abbreviated to "locations" in conversation

Licensing Basics:

There are three types of SR licenses: 1) ID/DD-Adults, 2) ID/DD-Children/Adolescents, and 3) Mental Health (MH).

ID/DD licenses specify if the SR provider is licensed to serve adults *or* children.

- **08-011** – DD Sponsored Residential Home Service **for Adults**: Residential supports for adults with developmental disabilities in approved sponsored residential homes.
- **08-013** – DD Sponsored Residential Home Service **for Children and Adolescents**: Residential supports for children and adolescents with developmental disabilities in approved sponsored residential homes.
    - **Youth placed in an ID/DD licensed SR must have a formal ID/DD diagnosis.**

MH licenses encompass *both* adults and children.

- **08-014** – MH Sponsored Residential Home Service: Sponsored residential services **for individuals receiving mental health services**.
- LDSS should verify that an MH-SR provider is licensed to also serve children by utilizing the instructions below to check the "Demographics" section of the MH license. *See the first screenshot under Step 3 for an example of this specific scenario.*
    - **Youth who do not have an ID/DD diagnosis can only be placed in an MH-licensed home that is also specified to serve children, and only if they have a MH diagnosis. Youth *without* a MH diagnosis are ineligible for this service.**

However!

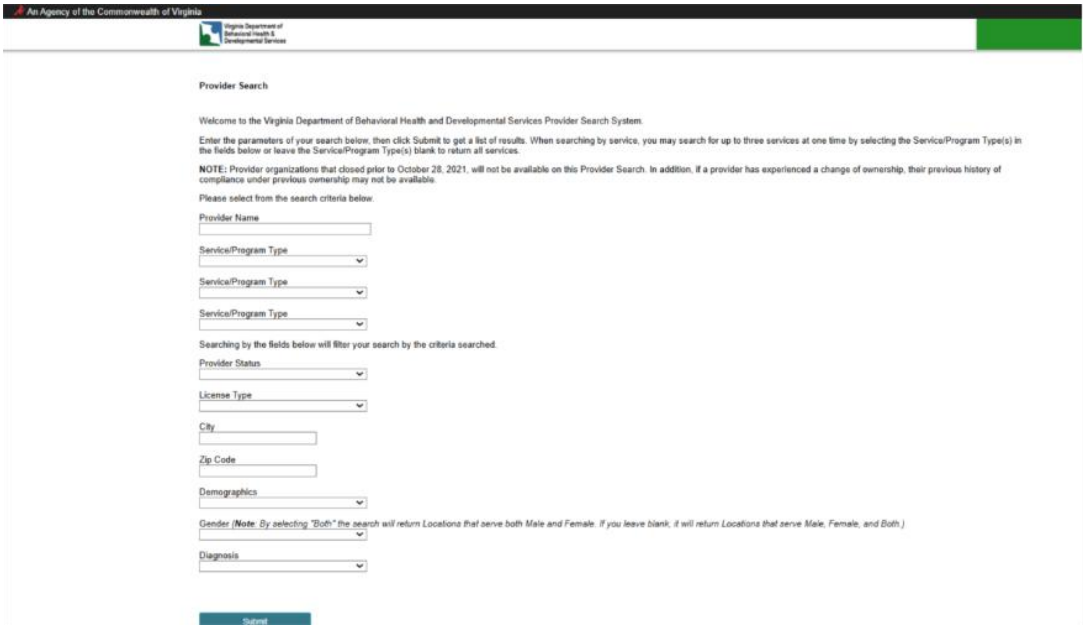
It is not enough to verify only that the SR provider (agency) is actively licensed and carries the appropriate type(s) of license(s).

The crucial first step in considering any SR placement: Request the address of the intended location (i.e., home) from the SR provider and verify that it is currently certified under the license that aligns with the youth's diagnosis**.**

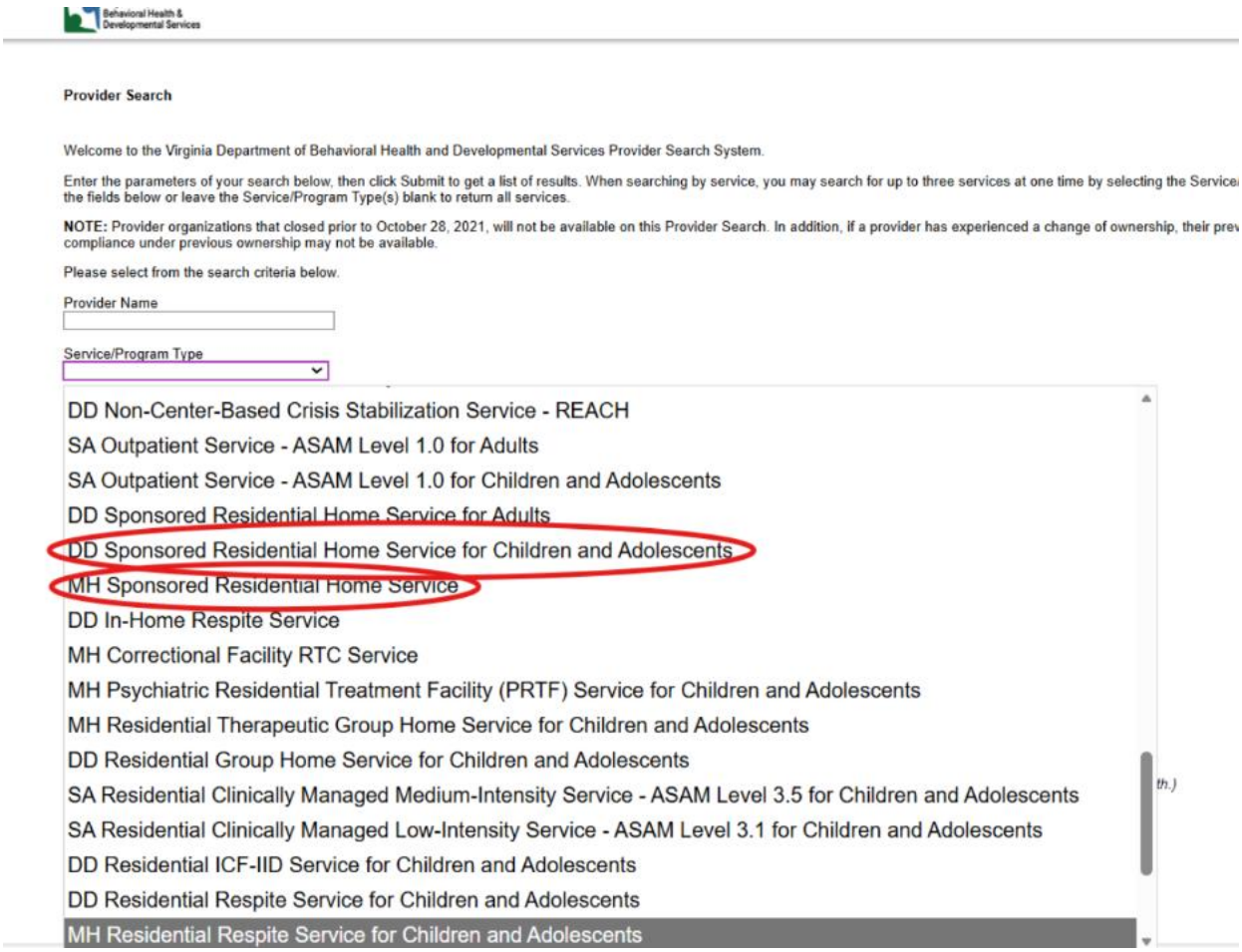
- This should be done well before a placement date is identified! *See the note under Step 5, Example B, for additional details on identifying specific addresses.*
- Taking this action will prevent last-minute delays in transitioning the youth to the home and/or potential displacement.

Here's how to do it:

Step 1: When you receive the address for the intended SR home, navigate to this search tool: DBHDS Provider Search. The page will look like this:

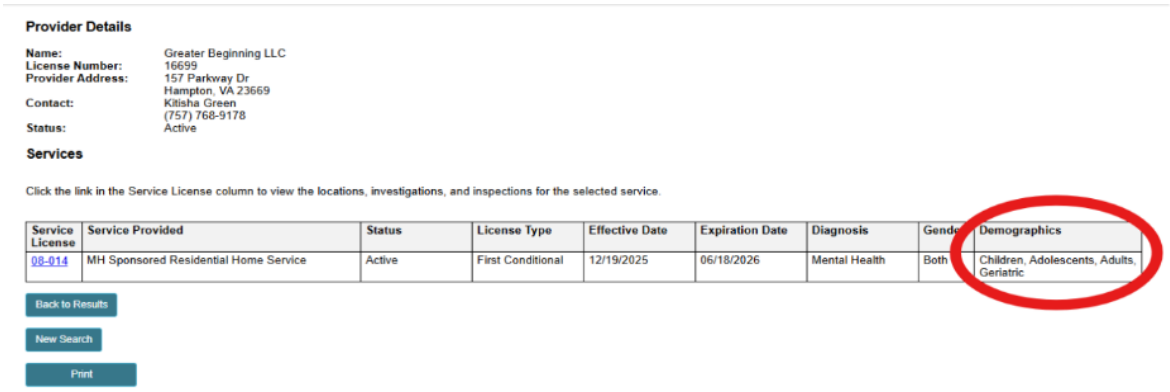


Step 2: Type in the name of the provider (SR agency). For example, “Wall Residences” or "United and Empowered". Select the search criteria (circled in red below) to narrow results. Other providers with similar names may result if you search by name only. Narrowing the search will help ensure you're reviewing the correct provider.



Step 3: Click on the provider license you want to look up. The "Demographics" section will show which age group(s) the provider is licensed to serve.

Example A: Some providers may carry only one type of license.



Provider Details

Name: Greater Beginning LLC
License Number: 16699
Provider Address: 157 Parkway Dr
Hampton, VA 23669
Contact: Kitisha Green
(757) 768-9178
Status: Active

Services

Click the link in the Service License column to view the locations, investigations, and inspections for the selected service.

Service License	Service Provided	Status	License Type	Effective Date	Expiration Date	Diagnosis	Gende	Demographics
08-014	MH Sponsored Residential Home Service	Active	First Conditional	12/19/2025	06/18/2026	Mental Health	Both	Children, Adolescents, Adults, Geriatric

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Example B: Other providers may carry many types.

Provider Details

Name: United and Empowered Care
License Number: 585
Provider Address: 101 Research Dr.
Hampton, VA 23666
Contact: Valda Claiborne
(757) 224-3328
Status: Active

Services

Click the link in the Service License column to view the locations, investigations, and inspections for the selected service.

Service License	Service Provided	Status	License Type	Effective Date	Expiration Date	Diagnosis	Gender	Demographics
08-013	DD Sponsored Residential Home Service for Children and Adolescents	Active	Annual	04/11/2026	04/10/2027	Developmental Disability		
01-001	DD Residential Group Home Service for Adults	Active	Triennial	04/11/2024	04/10/2027	Developmental Disability	Both	Adults
02-008	DD Non-Center-Based Day Support Service for Adults	Active	Triennial	04/11/2024	04/10/2027	Developmental Disability	Both	Adolescents, Adults
08-011	DD Sponsored Residential Home Service for Adults	Active	Triennial	04/11/2024	04/10/2027	Developmental Disability	Both	Adults
02-006	DD Center-Based Day Support Service for Adults	Active	Triennial	04/11/2024	04/10/2027	Developmental Disability	Both	Adults

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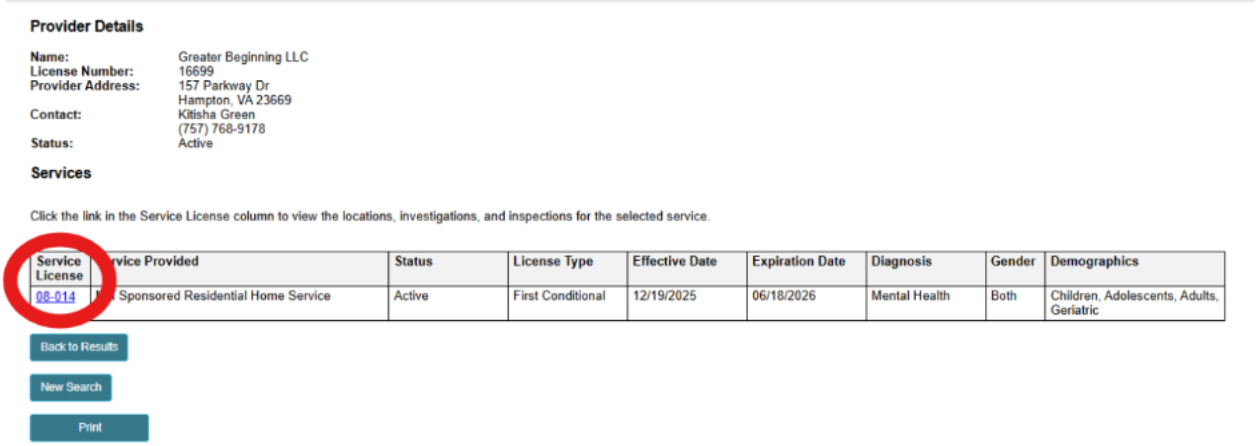
NOTE: The license to serve children with ID/DD in SR settings will always be numbered "08-013". The license to serve children with mental health (MH) diagnoses only in SR settings will always be numbered "08-014". ***MH licenses are far less common; be careful here!**

Step 4: Click the license link (in the first column of the screenshot above) that aligns with the type of service/placement you're looking for.



Provider Details

Name: Greater Beginning LLC
License Number: 16699
Provider Address: 157 Parkway Dr
Hampton, VA 23669
Contact: Kitisha Green
(757) 768-9178
Status: Active

Services

Click the link in the Service License column to view the locations, investigations, and inspections for the selected service.

Service License	rvice Provided	Status	License Type	Effective Date	Expiration Date	Diagnosis	Gender	Demographics
08-014	Sponsored Residential Home Service	Active	First Conditional	12/19/2025	06/18/2026	Mental Health	Both	Children, Adolescents, Adults, Geriatric

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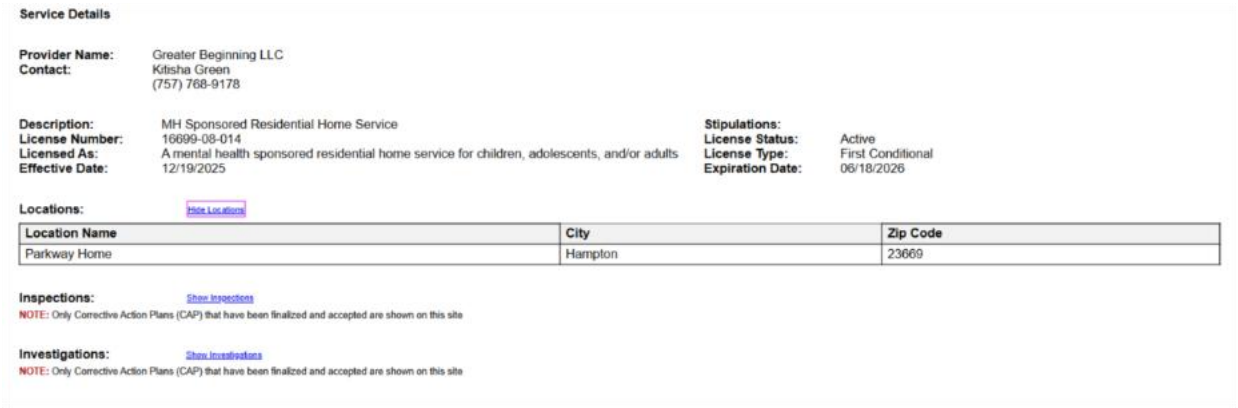
Step 5: Under the "Effective Date" line, you will see "Locations". Click on the link that says, "Show Locations" (boxed in red below). You will be presented with a new screen that lists the locations (homes) currently certified/approved under that specific license type.

Example A: This provider has *only one* fully approved/certified sponsored home that can serve youth with MH-only diagnoses under their MH license.



Service Details

Provider Name: Greater Beginning LLC
Contact: Kitisha Green
(757) 768-9178

Description: MH Sponsored Residential Home Service
License Number: 16699-08-014
Licensed As: A mental health sponsored residential home service for children, adolescents, and/or adults
Effective Date: 12/19/2025
Stipulations:
License Status: Active
License Type: First Conditional
Expiration Date: 06/18/2026

Locations: Hide Locations

Location Name	City	Zip Code
Parkway Home	Hampton	23669

Inspections: Show Inspections
NOTE: Only Corrective Action Plans (CAP) that have been finalized and accepted are shown on this site

Investigations: Show Investigations
NOTE: Only Corrective Action Plans (CAP) that have been finalized and accepted are shown on this site

Example B: This provider has *four* fully approved/certified sponsored homes that can serve youth with ID/DD-only diagnoses under their ID/DD for children license.

Service Details

Provider Name: United and Empowered Care
Contact: Valda Claiborne
(757) 224-3328

Description: DD Sponsored Residential Home Service for Children and Adolescents
License Number: 585-08-013
Licensed As: A developmental disability sponsored residential home service for children and adolescents
Effective Date: 04/11/2026

Stipulations:
License Status: Active
License Type: Annual
Expiration Date: 04/10/2027

Locations: Hide Locations

Location Name	City	Zip Code
CHILDREN SPONSOR RESIDENTIAL	Lynchburg	24551
Leesville Road	Lynchburg	24502
Blairmont Drive	Danville	24540
Breezewood Drive	Lynchburg	24502

NOTE: The first location in Example 2 shows that the home is in Lynchburg, but it does not identify a street address. This can be a point of confusion, as locations (homes) may be listed under the family name and/or street name. **It is helpful to verify the location name with the provider prior to searching.**

RESULTS: If the address of the intended location (home) for placement is not listed, the home is not approved/certified under this license type. That does not mean the home identified for your youth is not pending or close to approval; there's just no way to know the status without inquiring further with the provider/DBHDS. **Pending locations are not visible to the public.**

BEST PRACTICE: Always request the License Addendum from the provider prior to making a placement decision. The License Addendum is another option for verifying certified locations that also provides additional details not visible in the search results, such as bed capacity (how many clients are allowed to reside in the home, which is no more than two for SRs) and the exact addresses of all locations certified under the license.

GLOSSARY

Assessment — Evaluation process used by LDSS/CSA to determine a youth's needs, diagnosis, and appropriate service level.

CPMT (Community Policy and Management Team) — Local governing body that oversees CSA implementation and approves funding decisions for youth services.

CSA (Children's Services Act) — Virginia legislation coordinating funding and services for children with emotional, behavioral, or developmental needs. People reading this should know what the CSA is.

CSA Documentation — Required records demonstrating eligibility, progress monitoring, and family engagement for CSA-funded placements.

CSA Match Rates — The percentage of funding that a local government must contribute toward the cost of services approved under the CSA. Match rates vary by locality and are established annually by the OCS.

CSB (Community Services Board) — Local public agencies that provide mental health, developmental disability, and substance use services. They act as the point of entry for residents seeking publicly funded behavioral health and developmental services.

Customized Rate – A negotiated daily amount (time-limited, justified by detailed documentation of the youth's needs, and subject to UR) that is approved by the local FAPT and/or CPMT when a youth's needs exceed what is covered by the standard Medicaid rate.

Daily Rate – The total amount paid per day to an SR provider for the care, supervision, and support of a client placed in the home.

DBHDS (Department of Behavioral Health and Developmental Services) — State agency managing mental health, substance use, and developmental disability services.

Discharge Planning — Coordination of supports and services for youth returning home or transitioning to a less restrictive environment.

DMAS (Department of Medical Assistance Services) — Virginia's Medicaid authority, administering health-care coverage and waivers.

FAPT (Family Assessment and Planning Team) — Local multidisciplinary team that reviews cases and recommends funding and service plans under CSA.

Funding Request — Formal submission to FAPT/CPMT for CSA financial support of a placement or service.

HCBS (Home and Community-Based Services) — A Medicaid program that allows states to use federal funds to provide long-term care and support services in community settings rather than institutions. The goal is to promote independence, inclusion, and quality of life by enabling individuals to receive personalized care in their own homes or community-based environments.

ID/DD (Intellectual Disability/Developmental Disability) — Diagnostic categories determining eligibility for certain Medicaid waivers and service tiers. ID must be diagnosed before age 18; DD before age 22.

LDSS (Local Department of Social Services) — County or city agency responsible for child welfare, foster care, and family services. People reading this should know what an LDSS is.

Local Policy & Procedures — Each LDSS's internal process for initiating referrals and securing CSA funding.

Medicaid Rate — Standardized reimbursement amount established by DMAS for specific services provided under Medicaid. In the SR context, the Medicaid rate determines how much an SR agency receives via waiver for approved care. Medicaid rates are based on service type, level of need, licensing requirements, and physical region (i.e., there are different rates for Northern Virginia).

MH Diagnosis — A clinical determination made by a qualified mental health (MH) professional identifying specific emotional, behavioral, or psychological conditions that affect an individual's functioning. In the SR context, a mental health diagnosis guides eligibility for MH-Only placements.

MH-Only — Individuals with mental health (MH) diagnoses who are not also diagnosed with intellectual or developmental disabilities (ID/DD).

Non-Waiver Eligible — Individuals who do not meet the criteria for Medicaid waiver services. In the SR context, while a youth in foster care may be technically waiver-eligible, their access to CSA funding typically prevents them from receiving a waiver and results in their being listed as "Priority 3" on the waiver waitlist.

OCS (Office of Children's Services) — State office overseeing CSA implementation and compliance.

Parental Agreement — Arrangement in which a parent voluntarily places a child in residential care while retaining custody; used for short-term, treatment-driven placements.

"Priority 3" — A waiver waitlist classification used by DMAS for individuals queued to receive Medicaid waiver services. These individuals are considered lower priority compared to Priority 1 (urgent need) and Priority 2 (significant but not critical need) and remain on the waitlist until higher-priority cases are served or additional waiver slots become available.

Residential Level of Care — Intensity of supervision and therapeutic support required; higher levels correspond to more structured environments.

Respite Care — Temporary, short-term care provided to a youth in foster care when their primary caregiver(s) have other obligations that prevent them from providing supervision, such as travel, major medical procedures, etc. Respite homes must be licensed to be approved placements, just as typical foster homes are.

R&B (Room and Board) — Portion of SR cost that covers housing and daily living expenses (utilities, food, etc.) that is *not* covered by the daily rate (waiver) and requires an alternative funding source. Note: The Daily Rate is intended to cover personal hygiene items. R&B payments are distinct from service reimbursement, which compensates the sponsor for providing supervision, support, and therapeutic services under the SR license.

SA (Substance Abuse) – A type of waiver designation (as it relates to the reference in Section III of the FAQ).

SR (Sponsored Residential) – DBHDS-licensed residential placement where a sponsor (or sponsors) care for clients with specific intellectual or developmental needs in their home.

SR Agency — A DBHDS-licensed provider organization that recruits, trains, and supports individual sponsors who deliver care to clients placed in their homes to clients. The SR agency holds the SR license, ensures compliance with state regulations, manages reimbursement, and oversees sponsor performance, training, and backup staffing.

SR Backup Staff — Trained individuals identified and hired by sponsors directly as part of the licensing approval process to serve as substitute caregivers when the primary sponsor is unavailable (who are then compensated directly by the sponsor).

SR License — Formal authorization issued by DBHDS permitting an SR agency to operate Sponsored Residential (SR) homes. Each license confirms that the sponsor and any backup staff meet required training, background check, and service standards outlined in Virginia regulations (12VAC35-105). The license defines the scope of care, capacity, and compliance expectations for the SR program.

SR Tier — Classification of sponsored residential placements based on youth needs and provider qualifications.

SR Sponsor(s) — Individual(s) residing in the licensed sponsored residential home who are trained service providers contracted through the SR agency to be full-time caregivers for client(s) placed in the home and responsible for delivering all services outlined in the Code of Virginia (12VAC35-105-1235, Section VI, Article 4).

SSI (Supplemental Security Income) — A federal income-support program administered by the Social Security Administration (SSA) that provides monthly payments to individuals with limited income and resources who are aged, blind, or disabled. In the SR context, SSI may contribute to R&B costs or the provision of personal allowance.

Transition Planning — Process of preparing youth to move to a different placement or type of placement, particularly when moving to a lower level of care or permanent family setting.

UR (Utilization Review) — Systematic process used to evaluate the necessity, efficiency, and appropriateness of services provided to individuals. In the SR context, UR refers to periodic evaluation of SR placement and service level to ensure they remain appropriate for the youth's needs.

UCR (Usual & Customary Rate) — A subjective, non-standardized reimbursement amount for a specific service that is based on the SR agency's individual determination.

Variance — A formal, written approval granted by DBHDS allowing an SR agency to deviate from a specific regulatory requirement under defined conditions. Variances are issued only when the agency demonstrates that the alternative practice maintains or exceeds the intent of the regulation and ensures the health, safety, and welfare of individuals served. *There are no variances that allow children with MH-only diagnoses to be placed with an SR licensed to serve only ID/DD populations.*

VIDES (Virginia Individual Developmental Disabilities Eligibility Survey) — A tool used by DBHDS/CSBs to determine whether an individual meets the criteria for DD services through evaluating their functional limitations and support needs across areas such as communication, self-care, mobility, learning, and independent living.

Waiver — Medicaid funding mechanism allowing individuals with ID/DD to receive community-based services and reside in community-based placements instead of institutional care. *For appendix: list names/types of waivers for ID/DD population*

Waiver Eligibility Determination — Assessment confirming whether a youth qualifies for Medicaid waiver services.