# AGENDA
## State and Local Advisory Team (SLAT)
**November 5, 2026**
**9:30 a.m. – 12:00**
**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 August 6, 2026 meeting
- **Member Workgroup Updates**
- **Old Business**
  - Policy Update Kristi Schabo
  - Sponsored Residential Workgroup Mills Jones
- **SEC Report**
  - September Meeting Update Mills Jones
  - Excellence in CSA Recognition Mills Jones
- **OCS Update** Kristi Schabo
- **New Business**
  - Opioid Abatement Authority Charlie Lintecum

- **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, December 10, 2026**

**Next SLAT Meeting – Thursday, February 5, 2027**

**2027 SLAT Meetings**

February 5
May 6
August 5
November 4

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

**MINUTES**
**August 6, 2026**

**Members Present:**
Mills Jones, SLAT Chair
Sabrina Gross, Vice-Chair, Department of Education (DOE)
Lesley Abashian, Local Government Representative
Cristy Corbin, Parent Representative
Patti Hodge, Department for Aging and Rehabilitative Services (DARS)
Grace Hughes, Virginia Department of Health (VDH)
Linda McWilliams, Department of Juvenile Justice (DJJ)
Em Parente, Virginia Department of Social Services (VDSS)
Laura Reed, Department of Medical Assistance Services (DMAS)
William Stanley, Court Services Unit (CSU) Representative
Amy Swift, Local Department of Social Services Representative
Shannon Updike, Virginia Coalition of Private Provider Associations (VCOPPA)
Kristina Williams-Pugh, Local Education Authority Representative

**Members Absent:**
Sandy Bryant, Community Services Board (CSB) Representative
The Honorable Marilynn Goss, Juvenile & Domestic Relations District Court (J&DR) Representative
Kari Savage, Department of Behavioral Health and Developmental Services (DBHDS) Representative

**CSA Staff Members Present:**
Anna Antell
Stephanie Bacote
Gezelle Glasgow
Scott Reiner
Kristi Schabo
Courtney Sexton

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

**Public Comment Period**
Cristy Corbin, parent representative, shared a success story highlighting effective cross-system collaboration and the importance of supporting family stability during significant life events.

**Approval of Minutes**
The February 5, 2026, meeting minutes were approved on a motion by Amy Swift seconded by Cristi Corbin and carried.

The May 7, 2026, meeting minutes were approved on a motion by Em Parente seconded by William Stanley 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.
- The CSA Coordinator workgroup continues to meet monthly and provide subject-matter expertise related to behavioral health redesign and the CSA Service Names Project.
- The CSA Coordinator's Policy workgroup is also expected to resume meetings.

**Old Business**

- *Policy Update* – Kristi Schabo provided an update on the following policies:
    - *Policy 4.5.1 – Protected Funds*
      At its June 11, 2026, meeting, the SEC approved a 45-day public comment period. No public comment was received. Following SEC review, the policy is expected to proceed to a 60-day public comment period.
    - *Policy 4.6 – Denial of Funds*
      At its June 11, 2026, meeting, the SEC approved a 45-day public comment period for draft Policy 4.6. One public comment was received and will be presented to the State Executive Council for consideration. Following SEC review, the policy is expected to proceed to a 60-day public comment period.

- *CSA Budget Update* – The enacted budget includes an increase of just under 10% for CSA in FY27 and an additional increase of approximately 7% in FY28. Despite these increases, CSA costs have been growing at approximately 12% annually.
    - Key budget provisions include:
        - A 2.5% cap on the amount the state will reimburse for increases in private day special education rates.
        - A reduction in the maximum state share for community-based services from approximately 83% to 71%, resulting in revised local match rates.
        - Continued appropriation of approximately $2.2 million for special education wraparound services, with revised eligibility requirements tied to CSA eligibility criteria.

- *Sponsored Residential Work Group* – The Sponsored Residential Work Group presented a draft FAQ/resource document developed to help localities better understand sponsored

residential services, eligibility, licensing, payment structures, waivers, and placement requirements.

- The work group was created in response to increased use of sponsored residential placements for high-acuity children, particularly children in foster care for whom traditional foster care or residential placements were unavailable.
- Representatives from OCS, VDSS, DBHDS, DMAS, localities, and the provider community participated in development of the resource.

**SEC Report**

Mills Jones provided an update on the following item from the SEC's June 11, 2026, meeting:

- The Lee County CSA Program was recognized as the June 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 the implementation of systems of care principles.

**OCS Update**

Ms. Schabo provided updates on the following:

- CSA Service Names Project
  - OCS continues to refine CSA standard service names to improve consistency, accountability, utilization management, and statewide data quality. The project will seek to remove outdated service names, better define existing services, and establish clearer parameters while maintaining appropriate CSA flexibility.
- CSA User Guide
  - Revisions to the CSA User Guide are underway. OCS is targeting October 1 for release of the updated guide.
- CSA Coordinator Mentor Training
  - OCS is partnering with Virginia Tech to provide professional mentor training for CSA coordinators participating in the coordinator mentor program. Training is scheduled for September 28 and will focus on developing effective mentoring skills and practices.
- 2026 CSA Conference
  - The 2026 CSA Conference, themed **"Collaborate, Innovate, Transform: Together We Make It Happen,"** will be held October 14–15 in Roanoke.
  - A pre-conference session for CSA coordinators and CPMT members is planned for October 13.
- Accessibility Initiatives
  - Additional grant funding has been secured to update training materials available through the Commonwealth Learning Center. Updates will address both accessibility and training content.
  - OCS staff have also developed an accessible Parent Rights document following participation in language-access training.

**New Business**

CSA and DJJ Funding Responsibilities

Members discussed ongoing issues regarding responsibility for funding services for youth who are involved with the juvenile justice system and also eligible for CSA services.

Concerns were raised regarding situations in which CSA and DJJ each expected the other system to

assume funding responsibility, potentially resulting in interruptions in services.
Members emphasized that funding decisions frequently require blending available resources rather than applying a single payer rule. Localities should consider eligibility, mandated versus non-mandated CSA populations, protected funds, DJJ resources, Medicaid, and other available funding sources.
Ms. Schabo shared that she is participating in a workgroup with DJJ staff to develop guidance for local CSA programs and court services units regarding to the interplay between DJJ and CSA funding for services.

**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.

Members discussed the importance of ensuring that local coordinators, case managers, and other system partners understand where to report suspected fraud, waste, abuse, licensing violations, and provider concerns. The group discussed developing or distributing a concise reference identifying appropriate reporting contacts and hotline information.

DJJ reported recent legislation established age 11 as the minimum age for delinquency proceedings. Cases involving younger children will instead be considered through CHINS-related processes to identify appropriate services and supports. Additional legislative changes address indeterminate commitments and increase opportunities for diversion, including allowing certain felony offenses to be considered for informal handling and diversion plans.

DARS reported ongoing implementation planning associated with legislation directing expansion of programming at the Wilson Workforce and Rehabilitation Center for students with disabilities, including vocational evaluation, career exploration, and independent living components. Planning is expected to continue through 2027. The Vocational Rehabilitation portion of Virginia's Workforce Innovation and Opportunity Act combined state plan was approved by the Rehabilitation Services Administration.

Cristy Corbin, parent representative, reported a free online learning platform developed through a partnership between Anthem HealthKeepers Plus and Three Strands Global Foundation. The platform is available to individuals throughout Virginia regardless of Medicaid or foster care status and includes separate learning tracks.

VCOPPA reported the Critical Issues Symposium will be held on September 22-23, 2026, at the Shineforth campus.

**Adjournment**
There being no other business, the meeting adjourned at 12:27 p.m. on a motion by Shannon Updike, seconded by Sabrina Gross and carried. The next meeting is scheduled for November 5, 2026.

# State Executive Council (SEC) for Children's Services

## Notice of Intent to Develop/Revise Policy

**Approved for Public Comment by the SEC:** September 10, 2026
**Public Comment Period Ends:** November 13, 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 the conditions of the proposed policy changes are already in place.

# 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."*

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### *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.*

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# State Executive Council (SEC) for Children's Services

## Notice of Intent to Develop/Revise Policy

**Approved for Public Comment by the SEC:** September 10, 2026
**Public Comment Period Ends:** November 13, 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 the conditions of the proposed policy changes are already in place.

# 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."*

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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."*

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## 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 *and the relevant state agencies 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.

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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.*

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# Sponsored Residential (SR) Frequently Asked Questions and Glossary of Terms

**Developed by a Workgroup of the State and Local Advisory Team (SLAT)**

**November 2026**

# SUMMARY

The Virginia System of Care is facing a critical crisis in its ability to meet the needs of children and families. Across the Commonwealth, the availability of appropriate services is falling far short of the increasingly complex challenges that youth and families present. This strain is visible in several concerning trends:

1. Children placed in unlicensed settings because suitable, licensed alternatives are not available.
2. Children sleeping in local DSS offices under staff supervision while workers search for safe placements
3. Children experiencing extended waits in emergency departments due to the unavailability of appropriate behavioral health services.
4. Children remaining in acute care facilities far beyond clinical necessity because there are no viable discharge placements.

In response to the severe shortage of appropriate placements, state and local agencies have increasingly turned to other licensed services to fill the gap. Sponsored Residential (SR) homes—designed for adults with developmental disabilities—have rapidly become a default placement option for children in foster care.

Though the Sponsored Residential model is not designed for child-welfare populations, its use has been increasing for high acuity youth across Virginia in recent years. This practice comes with many challenges:

1. Medicaid funding is largely inaccessible due to waiver allocation rules that deprioritize foster youth in favor of reliance on CSA funding, making Medicaid-funded SR nearly unattainable even when clinically appropriate.
2. As a result, local agencies must rely on CSA funding at rates typically above the standard Medicaid Tiers, creating major fiscal strain and inequitable access for youth from smaller localities.
3. Inconsistent costs (customized daily rates), non–child-welfare training standards, and regulatory gaps further undermine placement stability and safety. Combined with fragmented oversight across VDSS, DBHDS, DMAS, and CSA, SR is currently a placement of last resort rather than the coordinated, therapeutic service it has the potential to become.
4. The need for children in foster care to move towards permanent placement options.

The following guidance document is a year-long multi agency effort to examine the use of Sponsored Residential placements, provide guidance to localities on how to most effectively utilize Sponsored Residential programs to serve children and families, and recommend high level system changes to meet the needs of children currently placed in these programs.

## About This Document

The **SR FAQ & Glossary** consolidates guidance from state agencies, regulations, and practice experience to support effective, well-informed use of Sponsored Residential Services across the Commonwealth.

This resource includes:

- A detailed Frequently Asked Questions guide
- Step-by-step instructions for verifying provider licensure and approved SR homes
- A comprehensive glossary of key terminology used across LDSS, CSA, DBHDS, DMAS, and provider networks

This document is intended to strengthen accuracy, consistency, and shared understanding across systems.

## Intended Use

This document is designed to function as:

- A professional reference guide for caseworkers, CSA teams, and SR providers
- A training and onboarding tool for new staff and partner agencies
- A policy-aligned support document to guide licensing verification, tier determination, and case documentation
- A service-planning resource to help ensure that SR placements are appropriate, purposeful, and aligned with permanency goals

Localities are encouraged to incorporate this tool into internal practice manuals, orientation materials, and ongoing staff development.

# Acknowledgment of the SR Workgroup Members

The State & Local Advisory Team (SLAT) appointed a Sponsored Residential (SR) Workgroup to address the growing need for clarity, statewide alignment, and practical tools related to SR services. The workgroup met bi-weekly for nearly an entire year, collaborating across systems to develop this comprehensive resource.

The Sponsored Residential (SR) Workgroup demonstrated exceptional dedication and professionalism throughout this near year-long effort, faithfully meeting every two weeks and contributing their deep, specialized expertise to a shared mission. Each member brought unique knowledge, perspective, and insight to the table, working seamlessly across agencies and disciplines to develop a meaningful and practical tool for the greater good. Their sustained commitment, collaborative spirit, and unwavering focus on improving outcomes for Virginia's youth made this accomplishment possible, and their service stands as a model of effective teamwork and public-sector leadership.

## Workgroup Members

- Amy Swift – Virginia League of Social Service Executives; State and Local Advisory Team Member; Director, Spotsylvania Department of Social Services
- Samantha Brooks – Special Projects Manager, High Acuity Team Supervisor, Virginia Department of Social Services
- Michelle Guziewicz – Program Administration Specialist II, Department of Behavioral Health and Developmental Services
- Gail Schreiner – Virginia League of Social Service Executives, Children's Services Act/Assistant Director, Isle of Wight Department of Social Services
- Dayna Bandy – Children's Services Act Coordinator, Virginia Beach
- Grace McCown – Children's Services Act Coordinator, Roanoke County and City of Salem
- Mills Jones – Director of Human Services, Goochland County; State and Local Advisory Team Chair
- Christy Corbin – President and Director, Family Support Partners of Virginia; State and Local Advisory Team Member
- Jason Perkins – Behavioral Health Senior Program Advisor, Department of Medical Assistance Services
- Shannon Updike – Chief Compliance Officer, HopeTree Family Services; State and Local Advisory Team Member
- Anna Antell – Lead Program Consultant, Office of Children's Services
- Kristi Schabo – Policy and Operations Officer, Office of Children's Services
- Gary Wilburn – Vice President of Developmental Disabilities, DePaul Community Resources

# 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. 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: 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.

## Q13: 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.

## Q14: Which assessment tool is used to determine the necessary level of support and reimbursement?

The Supports Intensity Scale (SIS) is the standard assessment tool used to determine the reimbursement Tier for youth with ID/DD diagnoses who have a waiver. Only trained and certified assessors can provide the SIS through the CSB waiver process.

For CSA-funded SR placements, CSA localities, with case manager involvement, should use the youth's Child and Adolescent Needs and Strengths (CANS) and other treatment documentation to collaborate with the SR provider in identifying the Tier that best meets the youth's needs.

## 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 ~~current~~ 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.

*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!***

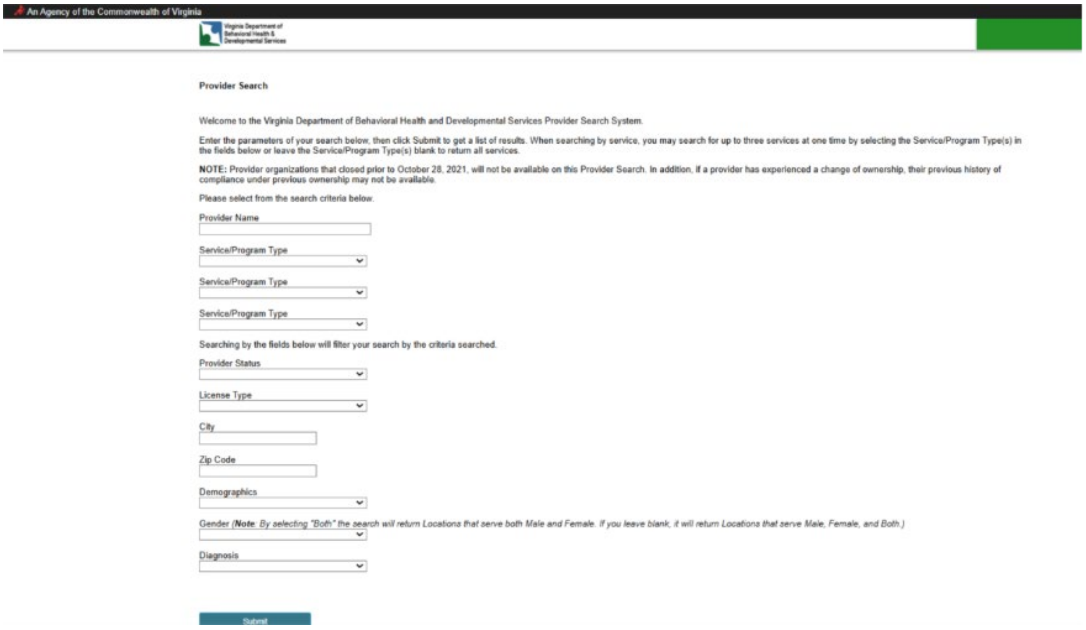
It is not enough to verify only that the SR provider (agency) is actively licensed and carries the appropriate type(s) of license(s).

**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**.**

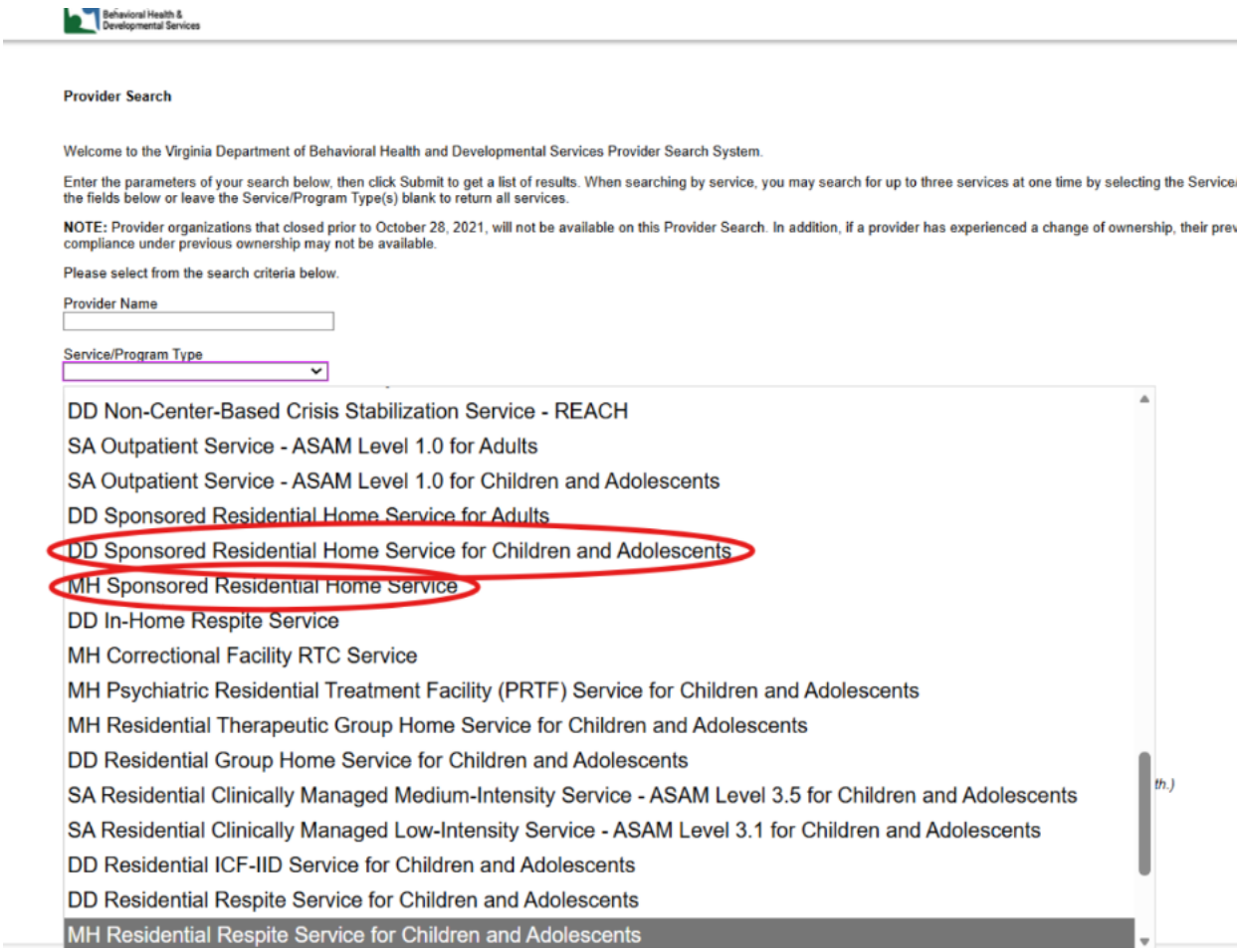
- This should be done well before a placement date is identified! *See the note under Step 5, Example B, for additional details on identifying specific addresses.*
- Taking this action will prevent last-minute delays in transitioning the youth to the home and/or potential displacement.

**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:

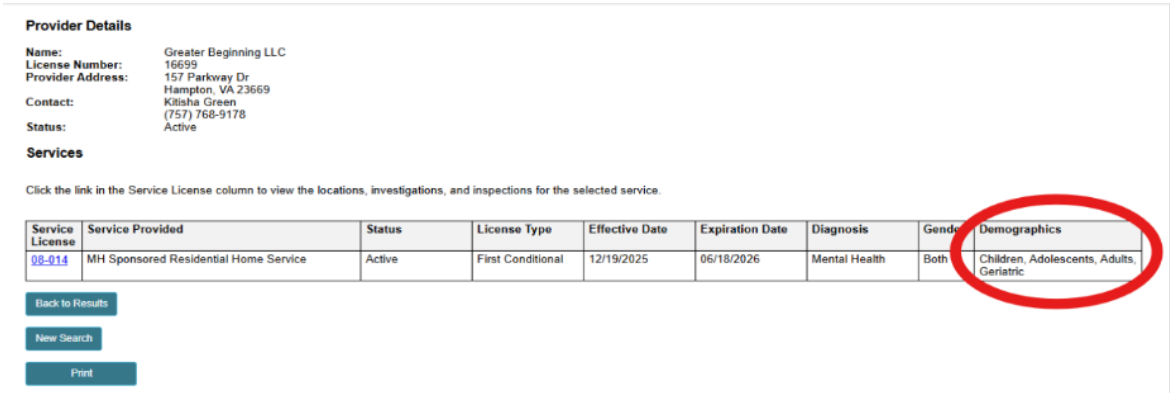



**Step 2:** Type in the name of the provider (SR agency). For example, “Wall Residences” or "United and Empowered". Select the search criteria (circled in red below) to narrow results. Other providers with similar names may result if you search by name only. Narrowing the search will help ensure you're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

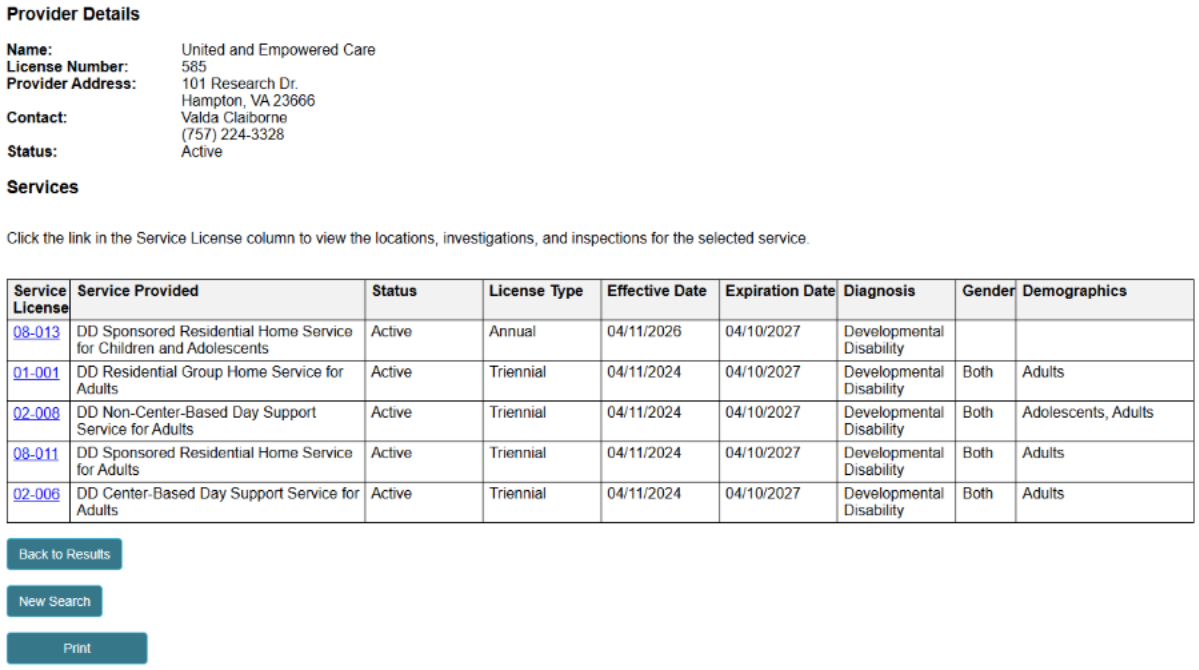



**Step 3:** Click on the provider license you want to look up. The "Demographics" section will show which age group(s) the provider is licensed to serve.

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



**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**

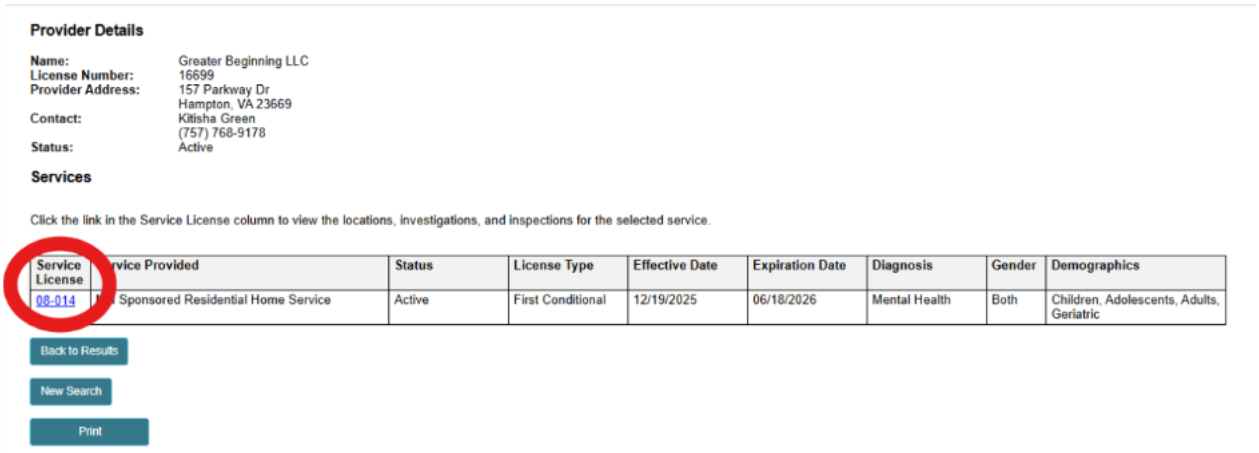
Click the link in the Service License column to view the locations, investigations, and inspections for the selected service.

| 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 |

Back to Results
New Search
Print

**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.

# STRATEGIES TO SUPPORT A SUCCESSFUL TRANSITION FOR YOUTH WITH DISABILITIES IN FOSTER CARE

## BACKGROUND

Youth with disabilities who exit foster care without achieving permanency and/or permanent connections are especially vulnerable in their transition to adulthood. A November 2009 study by the Virginia Department of Social Services (VDSS) Office of Research found that almost 17 percent of foster care youth aged 16 and older have been diagnosed with at least one disability, the most common being emotional disturbance, followed by other medical conditions such as (a) intellectual disability, (b) physical disability, and (c) visual/hearing impairment. Many youth with disabilities will be able to function independently in adulthood with minor supports in place, while others will need access to comprehensive, ongoing services and supports to be successful in their next life stage. Youth with multiple and/or significant disabilities require the highest level of support and services and therefore will require substantial transition planning. The needs of youth with disabilities vary greatly and the extent of the needs will determine the level of support and planning required of foster care and adult services staff.

There are many factors that contribute to transition difficulty for youth with disabilities who are exiting care. These include a lack of preparation early in life, a geographically and/or socially isolated living environment, a lack of support from adults who will advocate on their behalf, and a lack of information about opportunities to obtain a standard diploma and find integrated competitive employment or seek higher education. During transition, youth with disabilities may need extra support to ensure their medical, mental health, educational, vocational, and other needs are met.

The purpose of this document is to provide additional guidance to foster care and adult services staff in local departments of social services (LDSS), families, guardians, and advocates regarding the transition of youth with a disability out of foster care and into adulthood. This document is not all-inclusive as there may well be other specialized services that will be needed to assist the child with special needs but it has been developed with input from representatives from adult serving agencies in order to provide as much and as accurate information as possible.

## WHEN SHOULD TRANSITION PLANNING OCCUR?

Transition planning for foster care youth with a disability must begin early in life. The Virginia Board for People with Disabilities recommends that transition planning for youth with a disability begin as early as elementary school and no later than middle school. Such concepts as career options may be introduced early, as with all children. Transition services must be a coordinated set of activities oriented toward the individual and their family, and person-centered approaches in the development of any planning processes is key.

Families, guardians and advocates working in the interest of foster youth need sufficient information to support the youth as they grow and learn how to connect to programs and services that are beneficial to all children. Though many children and youth in foster care have been exposed to emotional trauma or neglect in their lives, an emphasis upon their strengths and capacity to contribute should be the focus of transition planning.

For youth with disabilities in foster care, making sure they receive a proper evaluation is essential to identifying what supports they will need. In addition, due to the Supreme Court Decision, Olmstead v. L.C. and Virginia's Settlement Agreement with the U.S. Department of Justice, the rights of all individuals with disabilities include access to and placement in the most integrated setting possible. Congregate care, nursing homes, and large residential settings would be the most restrictive placements and should be considered only when there are no other options when planning for children and youth with disabilities. Every child, even those perceived to have medical, developmental, or sensory impairments, should be given the same opportunities to have a life in a fully integrated setting. To achieve the goal of a youth living in an integrated setting appropriate for his/her diagnosis, the workers and advocates need to identify the appropriate community resources, services, and supports to support appropriate for his/her diagnosis, the workers and advocates need to locate the proper community resources, services, and supports to lead to eventual independence and self-sufficiency.

## WHO SHOULD BE INVOLVED IN TRANSITION PLANNING?

Preparing youth with disabilities for adult living involves a wide range of skills areas and activities and may involve considerable planning with focused, coordinated services. Some of the individuals who may need to be involved in transition planning include:

- The youth with a disability in foster care
- Foster care workers/supervisors in LDSS
- LDSS adult services workers/supervisors
- LDSS eligibility workers/supervisors
- Family members and/or caregivers
- Family partnership teams
- Health care professionals
- Teachers and other educational professionals
- Housing coordinators
- Job specialists
- Community services boards/mental health professionals
- Other adults with a legitimate interest in the child's welfare

Youth should have an active role in his/her transition planning and be a central participant on the team. Involving the young person increases his/her self-awareness and motivation to participate in services.

The worker must engage the youth, family members, and other appropriate individuals whom the youth defines as significant and chooses to have on the transition team (unless it is deemed that those individuals will not act in the youth's best interest). The youth must identify whom he/she wants to involve in the team to help represent the youth's needs and provide support during the process. These individuals can provide diverse roles and resources for youth during and after their transition to adulthood.

**Guardianship and Supported Decision-Making:** There is movement across the country to have conversations with youth about the decisions they need to make once they are a legal adult (age 18) and to provide the help they may need to make those decisions. These decisions can concern finances, health, education, and even relationships. There is a spectrum of Supported Decision Making ranging from having someone (family member, friend) be a dual signature on a bank account or act as an authorized representative for Social Security and Medicaid; to being the Power of Attorney to assist with medical and/or other financial decisions; and, at the far end of the spectrum, Guardianship, where the person is deemed incompetent by a Court and someone is appointed to make a variety of personal decisions for the youth. Pursuant to § 64.2-2002 of the Code of Virginia, anyone including family,

friends, or another interested party may petition for guardianship. As guardianship limits a person's ability to exercise complete control over his daily activities, less restrictive options of Supported Decision Making should be explored before pursuing guardianship. Given the extremely restrictive nature of guardianship, it is imperative to distinguish between a youth who is truly incapacitated and requiring a guardian, and a youth who may not be making seemingly appropriate or wise decisions. The Supreme Court of Virginia has developed a comprehensive document about guardianship proceedings. It is available at: Guardianship and Conservatorship | Virginia Court System

More information on Supported Decision-Making can be found at: Supported Decision-Making | National Resource Center. In the rare event that guardianship is necessary, the youth's foster parents or other natural support persons should be considered as potential guardians.

## TEAMING

The core value of teaming is that the entire team shares the responsibility to strengthen the family and help support children and youth to reach their fullest potential. The team should develop a unified

vision of what would need to happen for the youth to leave foster care. With this concept in mind, the team assesses, prepares for, and implements a plan for the youth to safely exit foster care and transition to adulthood.

In Virginia, several models of teaming are used to engage children, youth, and their families as partners in shared decision-making in child welfare. These models include:

- Family Partnership Meetings (FPM)

- Family Assessment and Planning Teams (FAPTs) are used with the Children's Services Act (CSA) process.
- Youth teams work collaboratively with older youth as they prepare for adulthood and establish permanent, lifelong connections with significant adults.
- Child and family-specific teams (CFTs) are used in some communities to provide continuity in communication and goal setting with team members over time, adding key partners as needed.

*Whichever model is chosen, it is important that the assembled team be utilized to focus on the youth's needs.*

# RESOURCES FOR TRANSITIONING YOUTH WITH A DISABILITY

The Virginia Department of Health sponsors a program called Care Connection for Children, a resource for care coordination and transition services for youth transitioning to adulthood who have a condition that is of a physical nature and is long term. There are six centers located across Virginia and most of them are associated with major medical centers. The transition service consists of staff meeting with families to assess their transition readiness using a tool that is based on national recommendations.

After completion of the assessment, staff help the family prepare for transition by addressing any issues that are identified. More information about the Care Connection for Children Program can be found on the VDH website at: Office of Family Health - VDHLiveWell

## BENEFIT PROGRAMS

Income and health care are important issues to address for youth aging out of foster care. Medicaid eligibility and Supplemental Security Income should be considered early in the transition process.

**Auxiliary Grant (AG):** The AG Program is a state and locally funded assistance program to supplement the income of a recipient of Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in a licensed assisted living facility (ALF) or adult foster care (AFC) to ensure that recipients are able to maintain a standard of living that meets a basic level of need. Adult services workers at LDSS, as well as other qualified assessors (including employees of health departments, community services boards, and area agencies on aging) conduct the assessments for AG eligibility. Additional information can be found at: Mandated Reporters - Training & Resources - Virginia Department of Social Services

The General Assembly sets the AG rate which includes a monthly personal care allowance (currently $82 per month). The individual must reside in an ALF or AFC that accepts AG and that meets the criteria for a qualifying placement. More information on qualifying ALFs can be found at: Assisted Living Facilities (ALF) - Virginia Department of Social Services

LDSS eligibility staff determines whether an individual meets the financial requirements. To be eligible for an AG in Virginia, an individual must meet all of the following:

- Be 65 or over or be blind or be disabled;
- Reside in a licensed ALF or approved AFC;
- Be a citizen of the United States or an alien who meets specified criteria;
- Have a non-exempted (countable) income less than the total of the AG rate approved for the ALF plus the personal needs allowance;
- Be a Virginia Resident or meet the exception;
- Have non-exempted resources at the current established levels; and
- Have been assessed and determined to be in need of care in an ALF or AFC.

**Medicaid Eligibility:** All youth in foster care are eligible for Medicaid and most are enrolled. The LDSS that holds custody is generally also the LDSS that maintains the youth's Medicaid case. When the youth is ready to transition out of foster care, the foster care worker should coordinate with the agency eligibility staff to ensure there is an evaluation for continued Medicaid coverage without having to file a new application. The eligibility worker must be notified of any changes in the youth's circumstances that could impact continued eligibility, such as receipt of Supplemental Security Income (SSI), pregnancy or change in state residence.

Virginia Medicaid covers former foster care children who were enrolled in Medicaid at the time the youth "aged out" of foster care at age 18 or older. This coverage is available to any foster care child who was in the custody of a state agency in any state, but is not available to children whose custody was held by a non-governmental child-placing agency. There is no income or resource test for this type of Medicaid coverage. A former foster care child may continue to be eligible for this coverage up to age 26 years, provided youth is not eligible for Medicaid in another mandatory Medicaid covered group (low income families with children, pregnant woman, child under age 19, or SSI recipient).

If a youth is discharged from foster care before turning 18, the eligibility worker will evaluate him or her for Medicaid coverage under other covered groups to which he or she may be eligible.

Additional information about Medicaid eligibility is available here: Virginia Medicaid Eligibility Guidance

**Supplemental Nutrition Assistance Program (SNAP):** The Supplemental Nutrition Assistance Program or SNAP helps families or individuals have a bigger food budget available to buy nutritious food. SNAP households are usually based on individuals or groups of people who live together and who buy, prepare, and eat food together.

Households must file an application for SNAP in the city or county where they live. Application forms are available at the LDSS. Completed applications may be turned in at or mailed to the LDSS. Applicants may also file the application online here: Virginia CommonHelp. Upon receipt of an application for SNAP, the LDSS will schedule an interview. Applicants may choose whether to have the interview at the local office or to have it by telephone.

The amount of SNAP benefits eligible households receive is dependent on how much income there is for a month and the monthly amount of allowable expenses. Income may be from a job or sources such as Supplemental Security Income or child support, etc. Allowable expenses include rent,

utilities, childcare costs, and for certain persons, medical expenses that are not covered by insurance.

Eligible SNAP households receive an electronic benefits transfer (EBT) card to use at grocery stores to buy food.

SNAP benefits may be used only to buy food. SNAP benefits may also be used at participating farmers' markets. EBT cards look like a debit or credit card. SNAP benefits are added to the EBT account each month. SNAP benefits become available in the EBT account on the 1st, 4th, 7th, or 9th of each month.

Eligible households may be eligible for a period of one month or up to 12 months before another application is needed.

**Supplemental Security Income (SSI):** SSI is a Federal income supplement program to help aged, blind, and disabled people who have low income and few resources. Monthly payments help eligible individuals meet basic needs for food, clothing, and shelter. This link will take you to the Benefit Eligibility Screening Tool. See also more detailed information at SSI Eligibility Requirements. By taking a few minutes to answer some questions, a person can determine if he or she may be eligible for SSI or other benefits. For more information, go to Supplemental Security Income (SSI) | SSA.

Family service workers should consider filing an SSI application if a child shows significant deficits for his or her age in cognition, communication, motor skills, social skills, personal/behavioral development, or concentration in combination with any chronic illnesses or special supports which assist with their daily functioning, i.e. Special education services, adaptive/assistive equipment or other special accommodations.

## SERVICES

**Adult Day Care:** Adult day care centers are regulated, non-residential facilities that provide a variety of health, social and related support services in a setting during part of the day to at least four older adults or individuals with disabilities and who reside elsewhere. Information about non-residential adult centers can be found at: Licensed Care - Virginia Department of Social Services

**Adult Foster Care (AFC):** An optional program for LDSS. Fewer than 20 LDSS currently have an active AFC program. AFC providers are approved, trained, and monitored by the LDSS. Only three or fewer adults can be placed in the home. Adults in an AFC may be eligible for an Auxiliary Grant (AG). A resource parent may be approved as an AFC home or receive dual approval as a resource parent and an AFC home, depending on the needs of the young adult and other children residing in the home. This situation may allow siblings living with a resource parent to remain together if an older sibling with a disability ages out of foster care. Contact the LDSS Adult Services Program in the appropriate locality to confirm if it offers this program. Contact information for LDSS can be found here: Find Your Local Department - Virginia Department of Social Services

**Adult Services:** Each LDSS provides Adult Services. These services are provided to adults with impairments who are 18 or older and, when appropriate, to their families. An adult with impairment means any person whose physical or mental capacity is diminished to the extent that he or she needs counseling or supervisory assistance or assistance with activities of daily living (ADLs) such as feeding, dressing, bathing, walking, or with instrumental activities of daily living (IADLs) such as shopping, housekeeping, and money management. Adult services are designed to help the adult remain in the least restrictive setting and function as independently as possible. Services may include case management, home-based care, transportation, adult day services, or assessment for the need for long-term care services such as nursing facilities, assisted living facilities, and Medicaid-funded home- and community-based care waiver programs. Contact information for LDSS can be found here: Find Your Local Department - Virginia Department of Social Services

**Assisted Living Facility (ALF):** ALFs are non-medical residential settings that provide or coordinate personal and health care services, 24-hour supervision, and assistance for the care of four or more, older adults or individuals with a disability. ALFs licensed by VDSS are found at www.dss.virginia.gov/facility/alf.cgi.

An adult seeking admission must be assessed prior to admission. If the individual is public pay (i.e., he or she is eligible to receive an AG) an authorized public human services agency staff member can complete the assessment. Authorized public human services agencies include LDSS, area agencies on aging, community services boards, local departments of health, and centers for independent living.

**Assistive Technology (AT):** AT is an umbrella term that includes assistive, adaptive, and rehabilitative devices for people with disabilities and also includes the process used in selecting, locating, and using them. AT promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to, or changing methods of interacting with, the technology needed to accomplish such tasks. Examples of AT include wheelchairs, walkers, large print, prosthetics, speech-generating devices, hearing aids, and voice-recognition software.

The Virginia Assistive Technology System (VATS) ensures that Virginians of all ages and abilities can acquire the appropriate, affordable assistive and information technologies and services they need to participate in society as active citizens. Explore the VATS site at Assistive Technology - DARS to learn more about programs and services and assistive technology (AT). VATS also manages the Virginia Reuse Network to make durable medical equipment and bathroom safety equipment more available, especially for those without public or private health insurance and who lack the resources necessary to purchase the equipment they need. Members of the community donate equipment, no longer in use, to a community-based reuse program where items are sanitized, repaired, refurbished, matched and redistributed at no cost to eligible individuals who can use them.

**Centers for Independent Living (CILs):** Centers for independent living (CILs) are private, nonprofit corporations that provide services to maximize the independence of individuals with disabilities and the accessibility of the communities they live in. Centers are funded in part by the Department of

Health and Human Services, Administration for Community Living, Independent Living, and with State General

Funds through the Department for Aging and Rehabilitative Services to provide, among other things, five core services:

- Systems advocacy
- Independent living skills training
- Information and referral
- Transition (including from a nursing facility and school to the community and work)
- Peer counseling

Most centers are also actively involved in one or more of the following activities: community planning and decision-making; school-based peer counseling, role modeling, and skills training; working with local governments and employers to open and facilitate employment opportunities; interacting with local, state, and federal legislators; and staging recreational events that integrate individuals with disabilities with their peers without disabilities.

Centers are consumer-controlled and directed, setting them apart from other community organizations. The purpose of the CILs is to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and to integrate these individuals into the mainstream of society. For a list of CILs in Virginia, please go to CIL Directory | ILRU

**Community Services Boards (CSBs):** Thirty-nine CSBs and one Behavioral Health Authority (BHA) are the single point of entry into the publicly funded system of services for mental health, intellectual disability, and substance abuse. CSBs provide pre-admission screening services for acute psychiatric hospitalization 24-hours per day, 7 days per week. Assessment and treatment services are delivered through a network of CSBs, the BHA, private providers, and other public providers licensed by the Department of Behavioral Health and Developmental Services (DBHDS). Many of these providers also have provider agreements with the Department of Medical Assistance Services (DMAS). For more information on CSB structure and specific locations, visit the website at http://vacsb.org/.

The CSB/Behavioral Health Authority also serves as the single point of entry for an individual, family member or representative requesting case management and/or developmental disability waiver services. Individuals seeking waiver services for persons with any developmental disability will have diagnostic and functional eligibility confirmed by their local CSB and, as appropriate, be placed on a single statewide waiting list. Waiver wait lists will be maintained by the local CSB for all individuals under their jurisdiction, including those served by DDCM (Developmental Disability Case Management) agencies. For additional information regarding the waivers, please click on the following link: My Life My Community Home | My Life My Community

REACH (Regional Education Assessment Crisis Services Habilitation), a service offered through CSBs and the BHA, is available to adults who have a documented intellectual or developmental disability diagnosis and are experiencing crisis due to behavioral or mental health needs. Individuals are provided with in-home and community-based crisis stabilization, intervention and prevention services to support the individual's ability to continue inclusive life in the community to the greatest extent possible. For more information, including regional REACH program contacts and crisis lines, visit: http://www.dbhds.virginia.gov/developmentalservices/Crisis-services.

Select CSBs have received dedicated funding to implement an emerging practice model that addresses First Episode Psychosis (FEP) affecting transition-age Episode Psychosis (FEP) effecting transition age youth (16-25). This model, Coordinated Specialty Care (CSC), is designed to bridge existing services for individuals experiencing FEP and eliminate gaps between child/adolescent and adult behavioral health programs.

Visit http://www.dbhds.virginia.gov/behavioral-health/mental-health-services/crc for more information about these CSBs and their services.

**Educational Activities:** The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities. The federal IDEA program defines transition services (found at §300.43) as a coordinated facilitation of the child's movement to post-school activities, including:

- Post-secondary education
- Vocational education
- Integrated employment
- Continuing and adult education
- Adult services
- Independent living
- Community participation

The activities must focus on the child's strengths, preferences, and interests. IDEA requires the development of an Individualized Education Program (IEP) that states the child's post-secondary goals. An IEP can be in place and implemented between ages 2 –21, inclusive, meaning that eligibility for an IEP lasts until a youth turns 22 (before September 30th) or, if the youth turns 22 after September 30th, through completion of the school year in which the youth turns 22. For more information on IDEA, go to the website: IDEA—the Individuals with Disabilities Education Act - Center for Parent Information and Resources

**Family and Peer Support:** Having another person to talk to who has 'walked in your shoes' is important for foster care youth and families. Several programs in Virginia target families and youth by providing emotional, informational and systems navigational support including:

- Newfound Families, formerly FACES of Virginia Families: https://newfoundva.org;
- Formed Families Forward: http://formedfamiliesforward.org/;
- Arc of Virginia: www.thearcofva.org/;
- Virginia is for Siblings: http://www.vasibs.org/;
- Center for Family Involvement @ VCU: https://centerforfamilyinvolvement.vcu.edu/.

**Housing Choice Voucher:** The Housing Choice Voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market.

Since housing assistance is provided on behalf of the family or individual, participants can find their own housing, including single-family homes, townhouses, and apartments. The participant is free to choose any housing that meets the program's requirements and is not limited to units located in subsidized housing projects.

Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program. Individuals and families apply for the voucher at the local PHA. A family that is issued a housing voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. This unit may include the family's present residence. Rental units must meet minimum standards of health and safety, as determined by the PHA. A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. Eligibility for a housing voucher is determined by the PHA based on the total annual gross income and family size and is limited to U.S. citizens and specified categories of non-citizens who have eligible immigration status. The local PHA can provide the income limits for the area and family size.

When the individual or family's name is reached on the waiting list, the PHA will collect information on household income, assets, and family composition. The PHA will verify this information with other local agencies and will use the information to determine program eligibility for a voucher to be issued to the family.

For further assistance, contact the nearest HUD Office or go to http://portal.hud.gov/hudportal/HUD. Since the demand for housing assistance often exceeds the limited resources available to HUD and the local housing agencies, long waiting periods are common. In fact, a PHA may close its waiting list when it has more families on the list than can be assisted in the near future. Each PHA has the discretion to establish local preferences to reflect the housing needs and priorities of its particular community.

**Job Assistance through the Department of Aging and Rehabilitative Services (DARS):** The Consumer Vocational Rehabilitation (VR) program helps people with disabilities get ready for, find, and keep a job. It helps to increase their ability to live independently in their communities. The Consumer VR program works with individuals of all types of disability. VR services include, but are not limited to, vocational counseling, training, and job placement. Anyone may refer a person with a disability who wants to work. Referrals come from social workers, doctors, mental health professionals, high school teachers, family, employers, hospitals,,and many others. Provide referral information for a local DARS office at https://vadars.org/.

If a person receives Social Security Disability (SSDI) or Supplemental Security Income (SSI) and wants to work, the individual already meets the first three criteria. However, a person does not have to be receiving SSDI or SSI to apply. An individual may apply for the DARS vocational rehabilitation program if:

- He or she has a physical, mental, or emotional disability;
- The disability keeps the individual from finding or keeping a job;
- The individual is willing and able to work and believes these services can help; and
- The individual is in the state (living in, working in, or moving to Virginia).

**Job Corps:** Job Corps is the nation's largest career technical training and education program for young people, at least 16 years of age, who qualify as low income. A voluntary program administered by the U.S. Department of Labor, Job Corps provides eligible young men and women with an opportunity to gain the experience they need to begin a career or advance to higher education. Job Corps offers hands on training in more than 100 occupational areas including green job training in advanced manufacturing, construction, and health careers.

Courses in independent living, employability skills, and social skills are also offered in order to help students transition into the workplace. Job Corps is a residential program, providing students housing, meals, driver's education, health and dental care, a bi-weekly basic living allowance and clothing allowance. Job Corps has no cost to its students or their families.

Job Corps also serves individuals with disabilities and offers a website which provides relevant information and resources, including a contact list of regional disability coordinators for the program.

Visit the website for more information:
https://supportservices.jobcorps.gov/disability/Pages/default.aspx.

To learn more about Job Corps, call (800) 733-JOBS (5627) where an operator will provide general information about Job Corps, referral to an admissions counselor closest to where the young person lives and send an information packet. Visit the website at https://recruiting.jobcorps.gov/.

**JustChildren Program:** The JustChildren Program is a Children's Advocacy Program of the Legal Aid Justice Center and is Virginia's largest children's law program. They rely on a range of strategies to make sure the Commonwealth's most vulnerable young people receive the services and support they need to lead successful lives in their communities. They have offices in Charlottesville,

Richmond, and Petersburg and provide free legal representation to low-income children who have unmet needs in the education, foster care, and juvenile justice systems. Find out more information at https://www.justice4all.org/justchildren-program/.

**Medicaid-Funded Long-Term Care (LTC):** For people with disabilities who meet nursing home or institutional care levels of support, Virginia offers Medicaid funded 'waivers' to allow the person to remain at home or in the community with supports and services. General Information on Virginia's Medicaid Waivers can be found on the Virginia Department of Behavioral Health & Developmental Services website at http://www.dbhds.virginia.gov/developmental-services and on the state Medicaid website at http://www.dmas.virginia.gov/#/longtermwaivers.

**Nursing Facility (NF):** A NF is a facility in which the primary function is the provision, on a continuing basis, of nursing services and health-related services for the treatment and inpatient care of two or more non-related individuals. The individual must meet established NF criteria. NFs are regulated by the Virginia Department of Health (VDH). To find a NF, visit the VDH website. Most NFs provide services to older adults with significant medical and nursing needs.

**Virginia Housing Development Authority (VHDA):** VHDA is a resource for finding or obtaining housing. VHDA sponsors Virginia Housing Search, which is a FREE online tool that can be used to search for rental housing using several parameters. The site is updated daily. Landlords can also list their property for free. The site can be found by going to www.virginiahousingsearch.com. VHDA offers an online training on How to Be a Successful Renter. The training provides an A-to-Z look at renting and is available at www.vhda.com/renters. For people wanting to purchase their first home, VHDA offers a free statewide homebuyer class through its partners. A wide range of products is available from VHDA to assist the first-time homebuyer in purchasing a new home. Go to www.vhda.com/Homebuyers to find out more information. VHDA also offers the Virginia Housing Directory, which is a listing of housing resources by area, ranging from housing counselors to homeless shelters to Habitat for Humanity. The directory can be found at https://www.vhda.com/BusinessPartners/GovandNon-Profits/Pages/Virginia-Housing-Directory.aspx.

**Wilson Workforce and Rehabilitation Center (WWRC):** The Center provides vocational training and medical intervention for people with disabilities to assist them in obtaining employment and to live more independently. WWRC provides the skills and supports necessary to enable these people to accomplish greater independence and achieve competitive employment. WWRC accepts applications of any individual with a disability whose needs are compatible with the structure, staff, and other WWRC resources. Primary consideration is given to DARS clients pursuing vocational goals. For more information about WWRC, visit http://www.wwrc.net/. Admissions criteria are found at http://www.wwrc.net/Admissions.htm.

# GLOSSARY

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

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

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

**Community Services Board** (CSB) — 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.

**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.

**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.

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

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

**Discharge Planning** — Coordination of supports and services for youth returning home or transitioning to a less restrictive environment.
**Family Assessment and Planning Team** (FAPT) — 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.

**Home and Community-Based Services** (HCBS) — 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.

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

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

**Local Policy and 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).

**Mental Health (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.

**Mental Health (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.

**Office of Children's Services** (OCS) — 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.

**Room and Board** (R & B) — 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.

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

**Sponsored Residential** (SR) – 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).

**Supplemental Security Income** (SSI) — 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.

**Utilization Review** (UR) — 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.

**Usual and Customary Rate** (UCR) — 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.***

**Virginia Individual Developmental Disabilities Eligibility Survey** (VIDES) — 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 that allows 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.

Office of Children's Services
Empowering communities to serve youth

**STANDARDIZED SERVICE NAMES**
**CSA Purchased Services**
**SEPTEMBER 2026**

**Please Note: All definitions contained in this document are preliminary and should not be interpreted as the final or official policy or directives of the Office of Children's Services or the State Executive Council for Children's Services. This is a working draft intended to evolve through collaborative feedback with stakeholders and iterative revision before a final version is released.**

**Notes:**

- **Purchased services should be described as specifically and discretely as possible in the youth's IFSP, the purchase order, and on invoices for payment. Try to avoid "bundled" services, which may include several discretely defined services and which may be appropriate for different rates for each component.**
- **Please be aware of services requiring a license from DBHDS, DSS, or DHP (pending budget language)**
- **Please be aware of services with established Medicaid rates (pending budget language)**

**Purpose of document:** This document provides the definitions of service categories for use by localities in reporting to receive state reimbursement for expenditures under the Children's Services Act.

**Acute Psychiatric Hospitalization (REVISED)**

**Applied Behavior Analysis**

**Assessment and Diagnostic Program (NEW)**

**Assessment/Evaluation (REVISED)**

**Attachment Therapy (NEW)**

**Behavioral Health Case Management (NEW)**

**Brief Strategic Family Therapy (BSFT)**

~~**Case Support**~~

**Case Support – Tier 1 (Community-Based Services) (NEW)**

**Case Support – Tier 2 (Out-of-Home Placement) (NEW)**

**Community Psychiatric Support and Treatment (CPST) Community-Based (Tier 1 and 2) (NEW)**

**Community Psychiatric Support and Treatment (CPST) School-Based (Tier 1 and 2) (NEW)**

**Crisis Intervention (REVISED)**

~~Crisis Stabilization~~

**Crisis Stabilization – Community-Based (NEW)**

**Crisis Stabilization – Residential (NEW)**

**Enhanced Community Supervision (NEW)**

**Family Check Up (NEW)**

**Family Partnership Facilitation (LDSS)**

**Family or Youth Support Partner – High-Fidelity Wraparound (NEW)**

**Family or Youth Support Partner (Not High-Fidelity Wraparound) (NEW)**

~~Family Support Services~~

**Foster Care Permanency/Reunification Services and Supports (NEW)**

**Foster Care Supports (NEW)**

**Functional Family Therapy (FFT family services not contracted through an LCPA)**

**High Fidelity Wraparound (NEW)**

**HomeBuilders (NEW)**

**Independent Living Arrangement (NEW)**

**Independent Living Services**

**Independent Living Stipend**

~~Individualized Support Services~~

~~Intensive Care Coordination/High Fidelity Wraparound~~

~~Intensive Care Coordination Family Support Partner~~

**Interpreter Services (NEW)**

~~Intensive In-Home Services~~

**Maintenance – Basic**

**Maintenance – Clothing Supplement**

DRAFT

**Maintenance – Child Care Assistance**

**Maintenance – Enhanced**

**Maintenance – Independent Living**

**Maintenance – Basic KinGap**

**Maintenance – Enhanced KinGap**

~~**Maintenance – Transportation**~~

**Maintenance – Transportation (Non-BID) (NEW)**

**Maintenance – Transportation (BID) (NEW)**

**Material Support (REVISED)**

**Medical/Dental Costs (NEW)**

~~**Mental Health Case Management**~~

~~**Mental Health Skill Building**~~

~~**Mentoring**~~

**Mentoring – Non-Therapeutic (NEW)**

**Mentoring – Therapeutic (NEW)**

**Motivational Interviewing (MI)**

**Multisystemic Therapy (MST)**

**Other**

**Outpatient Therapeutic Services (REVISED)**

**Parent-Child Interaction Therapy (PCIT)**

**Parent Coaching/Education/Skill-building (NEW)**

**Private Day School**

~~**Private Foster Care Support, Supervision, and Administration**~~

**Private Residential School**

**Public School Special Education Transitional Services**

DRAFT

**Recreational, After-School Program, Summer Camp (NEW)**

**Residential Combined (Children's Residential Facility) – DSS-licensed (NEW)**

**Residential Combined (Therapeutic Group Home) – DBHDS Licensed (NEW)**

**Residential Combined (PRTF) (NEW)**

**Residential Diversion (NEW)**

**Residential Education – Congregate Care Setting (includes A&D, PRTF, and TGH)**

**Residential One-to-One (NEW)**

~~**Residential Room and Board**~~

~~**Residential Case Management**~~

~~**Residential Daily Supervision**~~

~~**Residential Supplemental Therapies**~~

~~**Residential Medical Counseling**~~

**Respite**

**Special Education Related Services (REVISED)**

**Sponsored Residential Home Services**

~~**Substance Abuse Case Management**~~

**Supervised Visitation (NEW)**

~~**Therapeutic Day Treatment for Children and Adolescents**~~

~~**Transportation**~~

**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**

**Treatment Foster Care Support, Supervision, and Administration (NEW)**

**Treatment Foster Care Case Management**

**Utilization Review**

DRAFT

**[1] Licensed by the Virginia Department of Social Services**

**[2] Defined per Title IV-E**

**[3] Licensed by the Virginia Department of Behavioral Health and Developmental Services or the Virginia Department of Health**

**[4] Licensed by the Virginia Department of Education**

**[5] Licensed by the Virginia Department of Juvenile Justice**

**[6] Practitioners licensed by the Virginia Department of Health Professions**

DRAFT

# OFFICE OF CHILDREN'S SERVICES

*"EMPOWERING COMMUNITIES TO SERVE YOUTH"*

https://www.csa.virginia.gov/

## The Children's Services Act – FY 2026 Data Summary

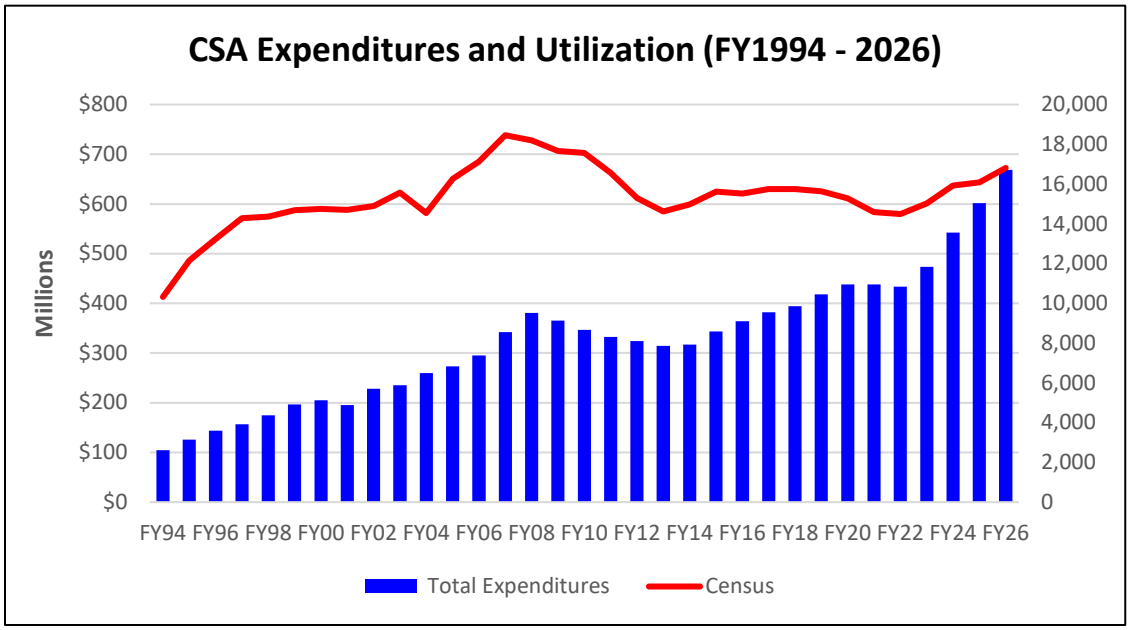
The Children's Services Act (CSA) (§2.2-2648 et seq.) was enacted in 1993 to establish a collaborative system of services and funding for youth and families facing significant challenges. Local Community Policy and Management Teams (CPMT) manage state and matching local funds and are responsible for implementing the CSA within their communities. The CSA establishes multidisciplinary Family Assessment and Planning Teams (FAPT) that work collaboratively with families to plan services according to each child and family's unique strengths and needs.

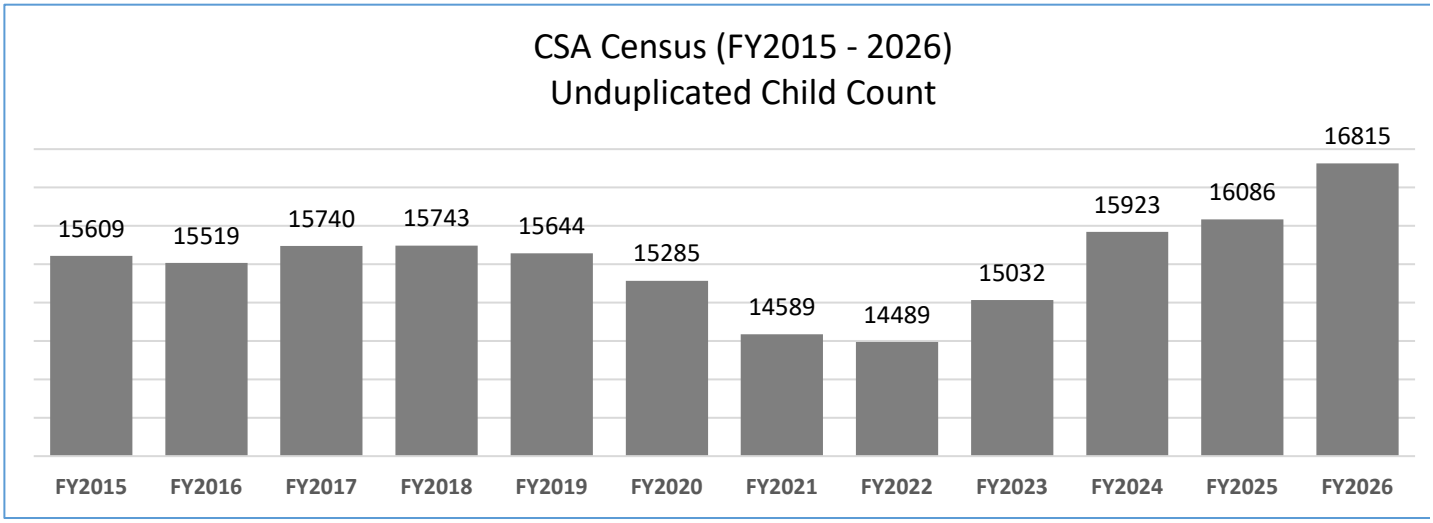
At the state level, the CSA is managed by the State Executive Council for Children's (SEC), whose purpose is to ensure collaborative programmatic and fiscal policy development and administrative oversight for the efficient and effective provision of services to eligible youth and families across the Commonwealth. The State and Local Advisory Team (SLAT) advises the SEC and was established to better serve youth and families by managing cooperative state-level efforts and supporting community efforts.

The Office of Children's Services (OCS) is the Commonwealth's administrative entity responsible for ensuring effective and efficient implementation of the CSA across the state. The guiding principles for the Office of Children's Services include:

- Child and family-directed care,
- Equitable access to quality services,
- Responsible and effective use of public funds,
- Support for effective, evidence-based practices, and
- Collaborative partnerships across state, local, public, and private stakeholders.

The Children's Services Act provides various services to eligible youth and families throughout the Commonwealth. In FY2026, CSA served 16,815 unique children and families in the 133 cities and counties in the Commonwealth. With a combined state and local budget of over $665 million, CSA is a significant contributor to supporting the system of care for children and families in Virginia.






The CSA is a partnership between state and local governments. Every CSA expenditure requires a local matching contribution, which averages approximately 33.5%. Different services have different match rates, with residential placements having the highest and community-based services the lowest.

Over the past 18 years, the state's share of total CSA expenditures has remained relatively constant, ranging from 64 to 67 percent, while local matching amounts have fluctuated between 33 and 36 percent.

The CSA funds a wide array of services. While eligibility for CSA funding is explicitly defined in §§ 2.2-5211 and 2.2-5212 of the Code of Virginia, the Act provides significant flexibility for customized service provision based on the child and family's needs. The chart below highlights the broad categories of services supported through CSA funds, along with the associated percentage of expenditures.

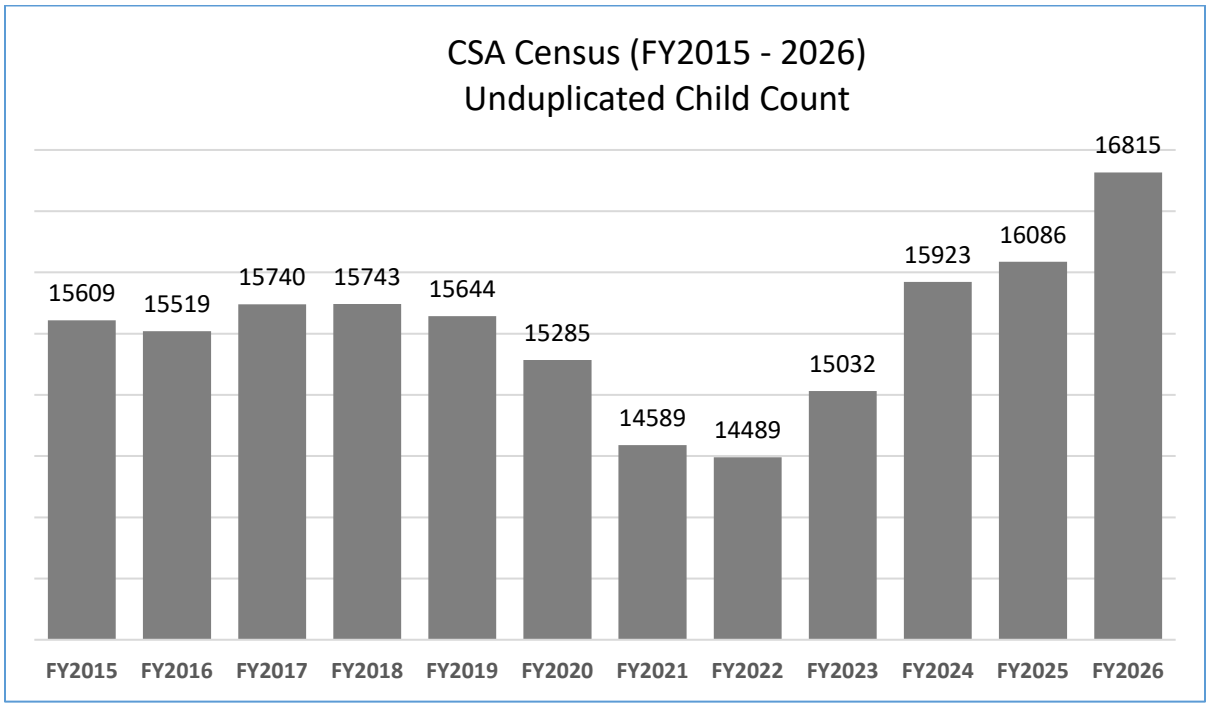
| Service Category | Service Examples | % of Census* | % of Expenditures |
|---|---|---|---|
| Residential Treatment | Psychiatric Residential Treatment/Group Home | 16% | 19% |
| Foster Care | Treatment Foster Care/Family Foster Care | 44% | 24% |
| Community-Based Services | Intensive In-Home/Mentoring/Behavioral Therapies/Parent Coaching/Assessments | 71% | 13% |
| Special Education | Private Day Special Education Schools | 29% | 45% |

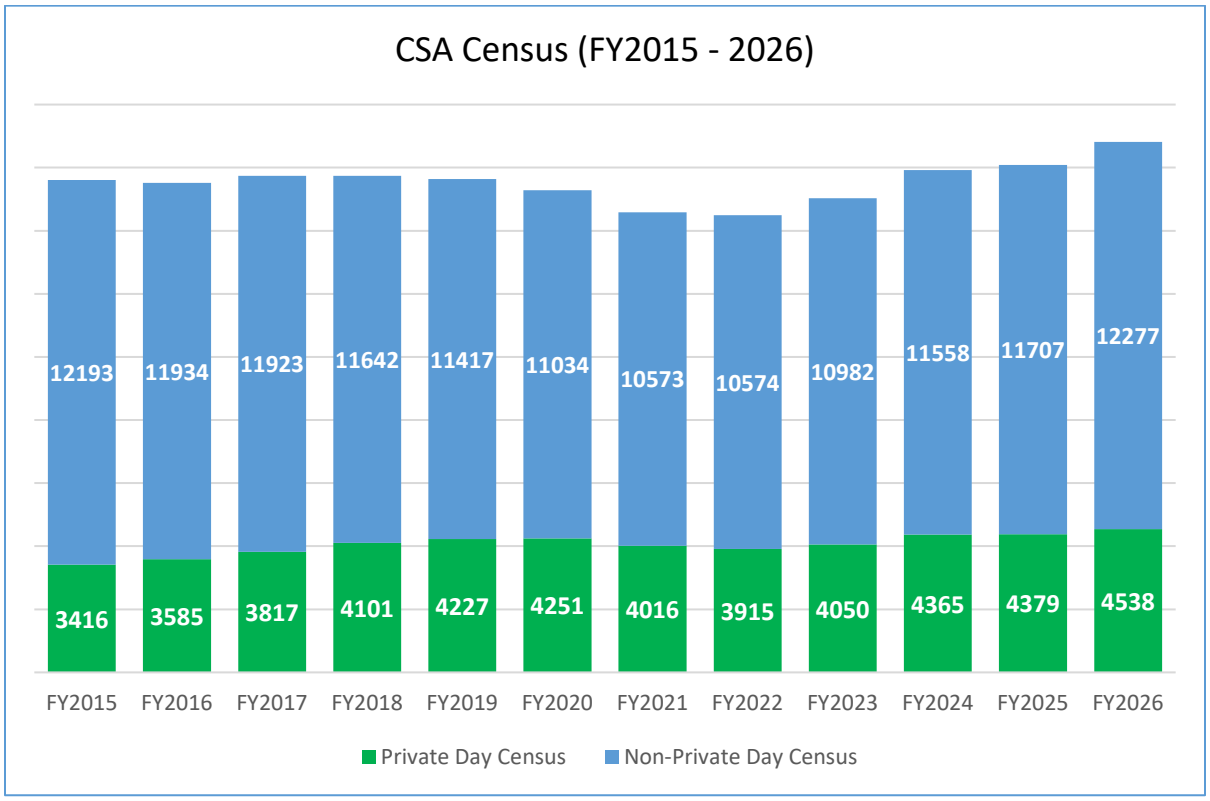
*Youth frequently receive services in more than one category, leading to a total % of census of over 100%.

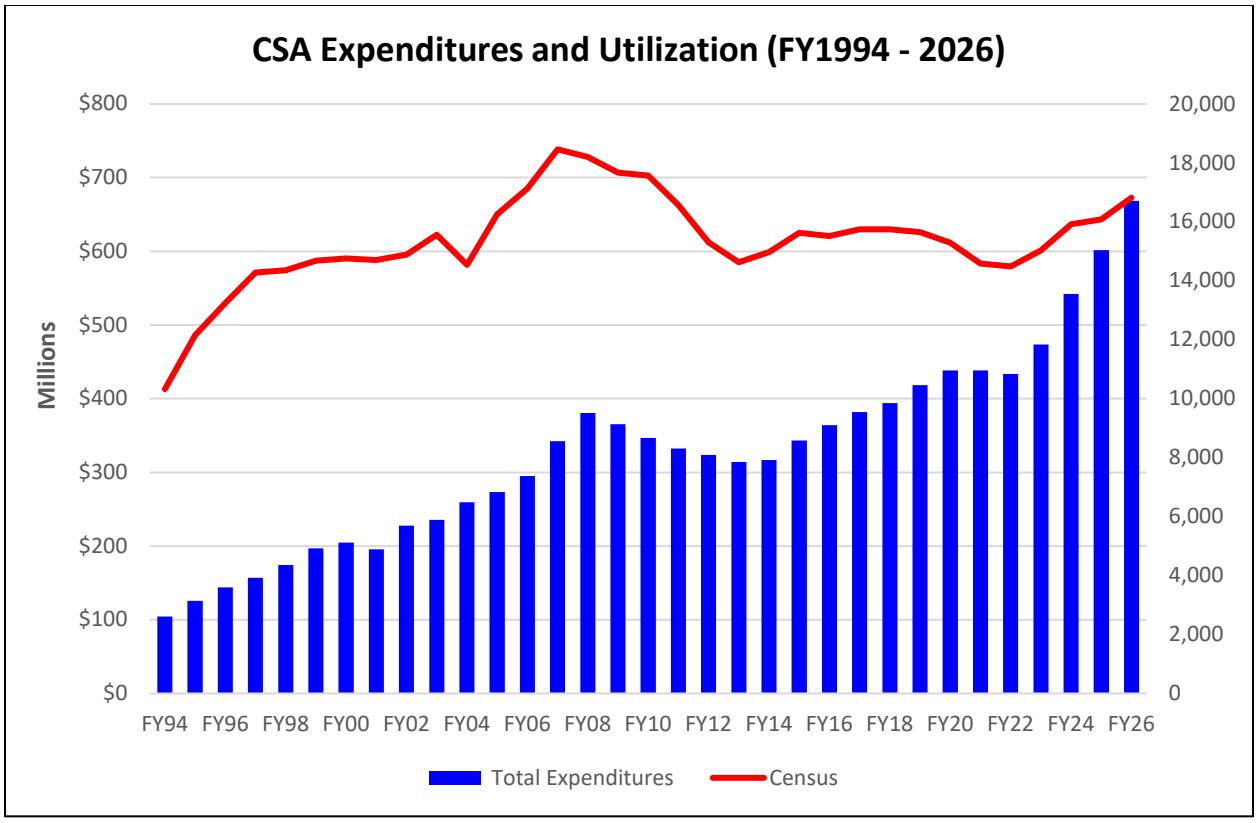
# Summary of CSA Utilization and Expenditure Data – FY 2026

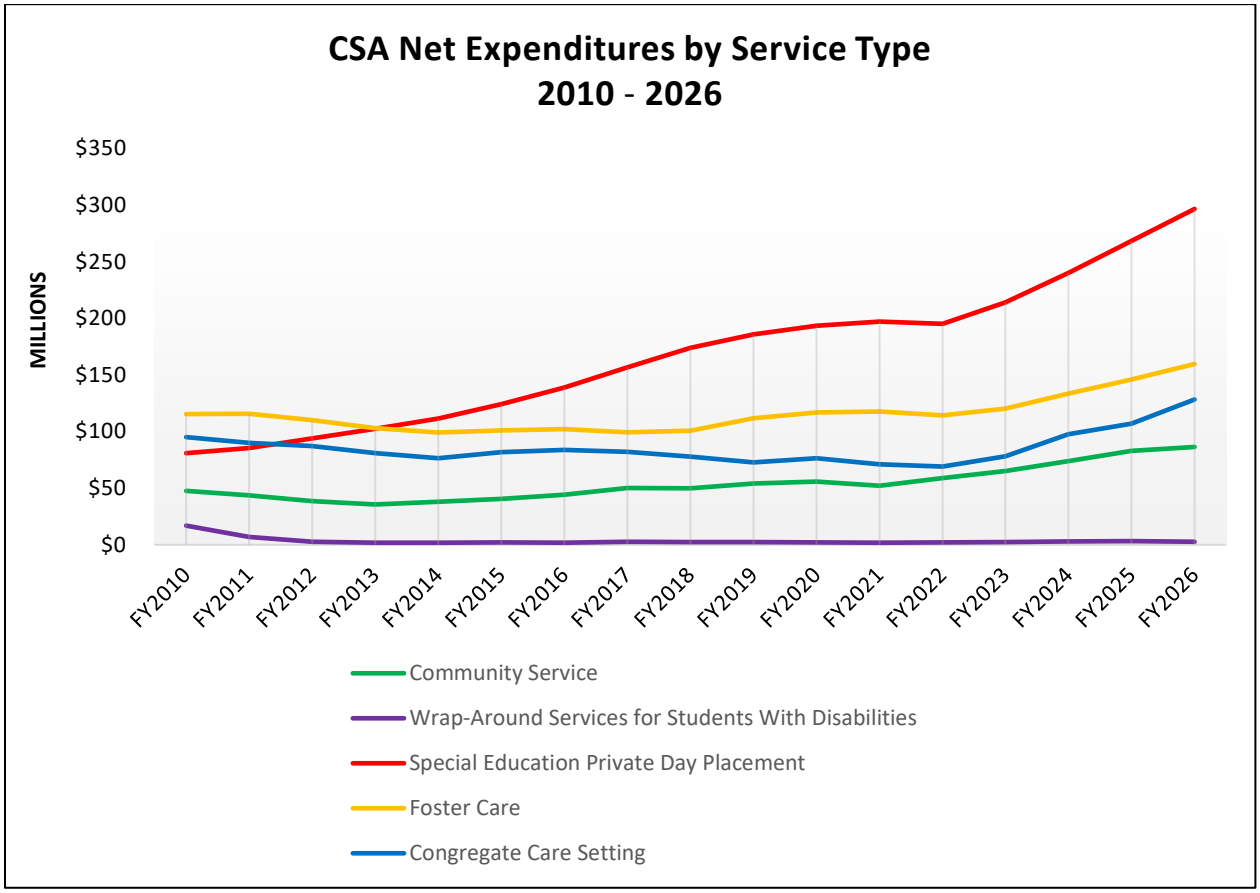
Sources: Pre-2017 – CSA Data Set (Census) and CSA Expenditure Reports (Expenditures)

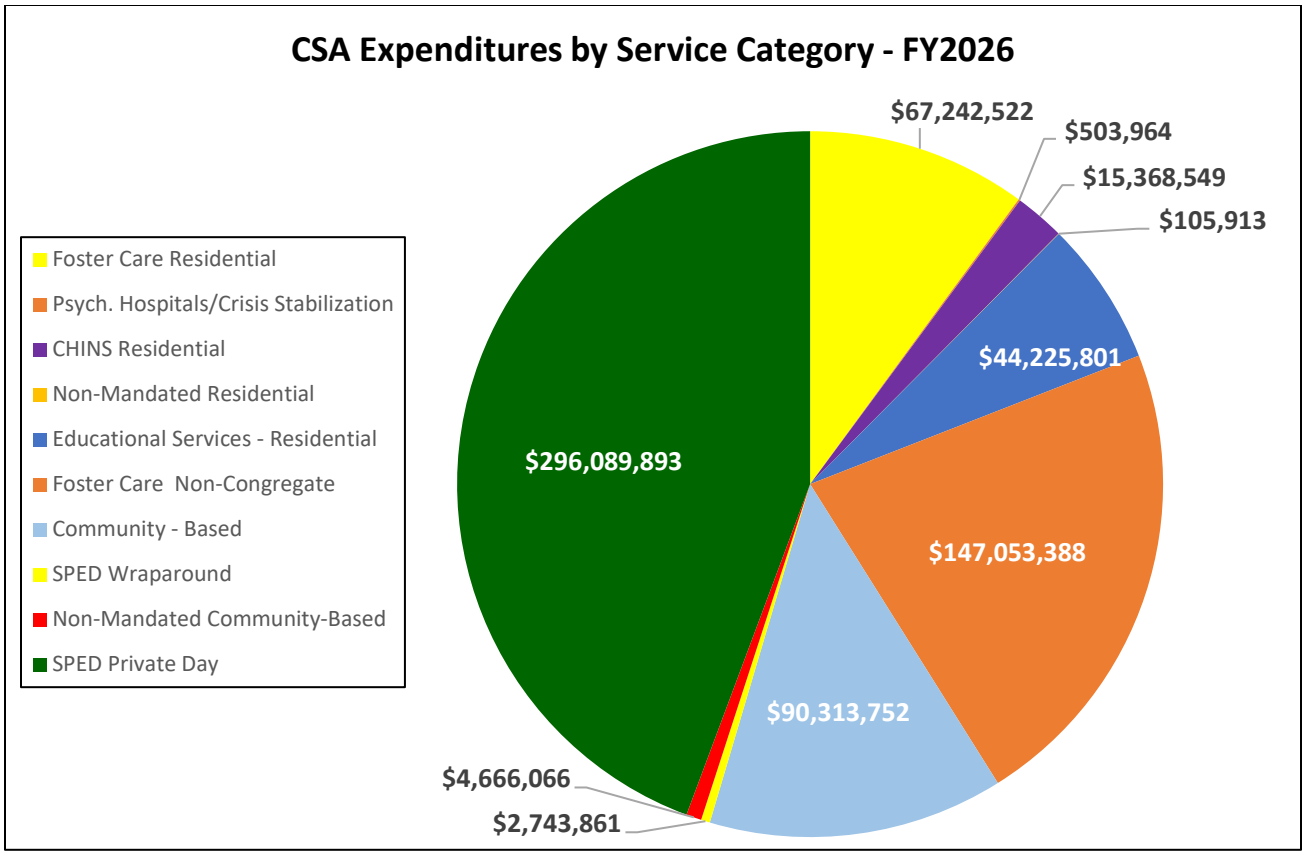
2017 – present – CSA Local Expenditure, Data, and Reimbursement System, LEDRS

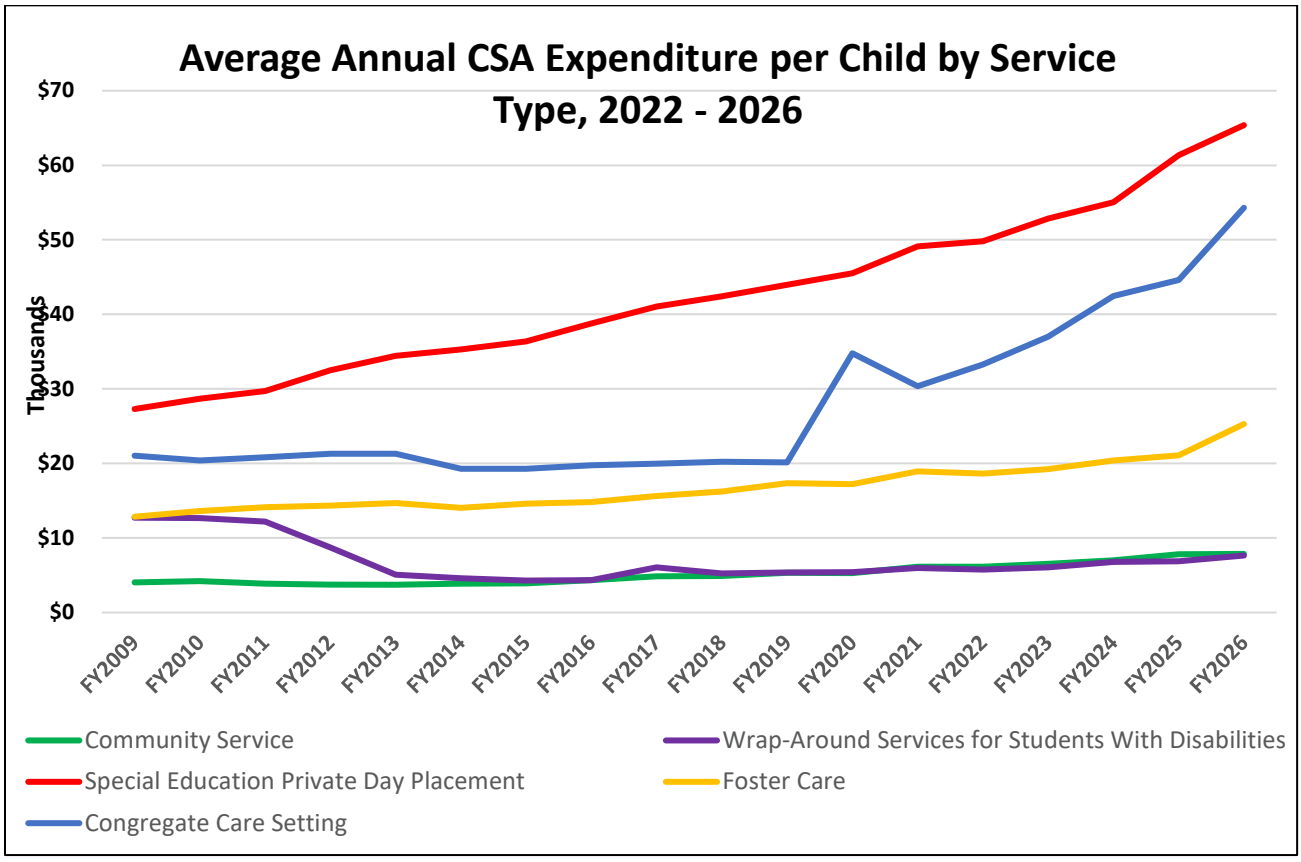



CSA Expenditures and Utilization (FY1994 - 2026)
Millions
$800
$700
$600
$500
$400
$300
$200
$100
$0
20,000
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
FY94 FY96 FY98 FY00 FY02 FY04 FY06 FY08 FY10 FY12 FY14 FY16 FY18 FY20 FY22 FY24 FY26
Total Expenditures
Census


CSA Net Expenditures by Service Type
2010 - 2026
MILLIONS
$350
$300
$250
$200
$150
$100
$50
$0
FY2010 FY2011 FY2012 FY2013 FY2014 FY2015 FY2016 FY2017 FY2018 FY2019 FY2020 FY2021 FY2022 FY2023 FY2024 FY2025 FY2026
Community Service
Wrap-Around Services for Students With Disabilities
Special Education Private Day Placement
Foster Care
Congregate Care Setting


CSA Expenditures by Service Category - FY2026
Foster Care Residential
Psych. Hospitals/Crisis Stabilization
CHINS Residential
Non-Mandated Residential
Educational Services - Residential
Foster Care Non-Congregate
Community - Based
SPED Wraparound
Non-Mandated Community-Based
SPED Private Day
$67,242,522
$503,964
$15,368,549
$105,913
$44,225,801
$147,053,388
$90,313,752
$2,743,861
$4,666,066
$296,089,893


Average Annual CSA Expenditure per Child by Service Type, 2022 - 2026
Thousands
$70
$60
$50
$40
$30
$20
$10
$0
FY2009
FY2010
FY2011
FY2012
FY2013
FY2014
FY2015
FY2016
FY2017
FY2018
FY2019
FY2020
FY2021
FY2022
FY2023
FY2024
FY2025
FY2026
Community Service
Wrap-Around Services for Students With Disabilities
Special Education Private Day Placement
Foster Care
Congregate Care Setting