Building Blocks of Virginia’s Intellectual and Developmental Disability System

Autism Society
March 10, 2016

Connie Cochran
Virginia Department of Behavioral Health and Developmental Services
People with developmental disabilities living, working, and playing in their own communities is becoming the norm, not the exception.
My Life, My Community

Who wants change?

Who wants to change?
Today’s Discussion

1. Overview of system changes, system building blocks and the General Assembly Budget
2. Brief overview of waivers: Amendments and timeframe
3. The statewide waiting list: Why and how
4. Information about key services that change the landscape
5. How to stay informed
Our opportunities are impacted on how strong or weak our links are to others in the greater community in which we live.
DD Community Based System

My Life, My Community

- Person Centered
- Fair and Equitable
- New Services & Supports
- Community Focused
- Needs Based
- Self Direction
- Data Accountability

Needs Based Services & Supports
To Provide Individuals and Families With...

- Access to more targeted, needs-based services including: Adult & Child DD Crisis, Individual & Family Support, Housing, Employment
- Increased flexibility in service options that focus on supports not sites
- Easier to navigate waiver process
- The ability to more easily change options as needs change
For Providers...

- Enhanced service delivery options including: consistency on how wait lists are managed; how case managers develop services and begin the conversation—including linkage with crisis & health support network across state
- Increased flexibility in service design including first understanding how one’s typical week is & how it could be
- Rates that promote qualified, well-trained staff to meet individuals’ changing needs
Proposed Integrated I/DD Waiver Redesign

**Day Support Waiver**
For adults (18+) able to live independently in the community. Individuals own, lease, or control their own living arrangements and supports are complemented by non-waiver-funded rent subsidies. Supports are episodic/periodic in nature.

**Family & Individual Supports Waiver**
For individuals living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs. Available to both children and adults.

**Community Living Waiver**
24/7 services and supports for individuals with complex medical and/or behavioral support needs through licensed services. Includes residential supports and a full array of medical, behavioral, and non-medical supports. Available to adults and some children.
Fundamental to the Amended Waivers

Individual is assessed using the Supports Intensity Scale

Assessment results in supports level assignment (1 – 7)

Individual selects services/hours up to existing limits

DBHDS Pre-authorization staff ensure appropriate service level for individual’s needs

Some rates are based upon a **four tiered reimbursement model** to support higher staffing patterns for individuals with greater assessed intensity of need.
Relationship of Individual Levels to Reimbursement Tiers

Level 1/Tier 1
Low

Level 2/Tier 2
Low to Mod

Level 3/Tier 3
Mod + some behavior challenges

Level 4/Tier 3
Mod to high

Level 5/Tier 4
Max

Level 6/Tier 4
Significant due to medical challenges

Level 7/Tier 4
Significant due to behavior challenges

Low to Mod

Mod + some behavior challenges

Mod to high

Max

Significant due to medical challenges

Significant due to behavior challenges
<table>
<thead>
<tr>
<th>Tiers</th>
<th>Levels</th>
<th># of Individuals</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>①</td>
<td>Mild Support Needs</td>
<td>840</td>
<td>7.3%</td>
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<tr>
<td>②</td>
<td>Moderate Support Needs</td>
<td>4,360</td>
<td>37.9%</td>
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<tr>
<td>③</td>
<td>Mild/Moderate Support Needs with Some Behavioral Support Needs</td>
<td>276</td>
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<td>Moderate to High Support Needs</td>
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<td>⑤</td>
<td>High to Maximum Support Needs</td>
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<td>⑥</td>
<td>Intense Medical Support Needs</td>
<td>794</td>
<td>6.9%</td>
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<tr>
<td>⑦</td>
<td>Intense Behavioral Support Needs</td>
<td>173</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
When Do Changes Begin?

Starting on July 1, 2016

- Amended waivers w/new services including group home rates
- New support levels and reimbursement tiers
- New Waiver Management System (FEi) replacing IDOLS
- CSBs to assume single point of entry for all DD waivers
- New eligibility process and revised tool (VIDES)
- Single statewide priority-based waitlist
When Do Changes Begin?

Starting on July 1, 2016

• Updated orientation manual to include health risks and related staff competencies
• Behavioral and Autism Competencies currently available

<table>
<thead>
<tr>
<th>Section Number</th>
<th>Direct Support Staff</th>
<th>Qualified DD Professional</th>
<th>Behavior Interventionist</th>
<th>Training Received</th>
<th>Implemented Skills</th>
<th>Proficiency Determined</th>
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Virginia Department of Behavioral Health & Developmental Services
Waiver Timeline Planned Target Dates

- **Building Independence, Family & Individual Supports** and Community Living Waivers commence
- **New group home** rate structure (daily billing vs. current hourly billing) in effect.
- Other services effective by individual plan year.

- **New sponsored residential** rate structure transition in effect.
- Other services effective by individual plan year or potential groups (day services)

**July 2016**

Transition of In-home & non-residential individuals (e.g. living with family) in effect.

**October 2016**

**January 2017**
• All three amended waivers will serve individuals with a diagnosis of DD (which includes ID).

• 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 state wide waiting list.

• Waiver wait lists will be maintained by the local CSB for all individuals under their jurisdiction, including those served by DD CM agencies. Regional DBHDS staff will assist.

• DBHDS will support the waiver selection committees and the awarding of slots
Merging the Waiting Lists

ID & DS Waivers

- Waiting List Based on Urgency of Need

DD Waiver

- Waiting List Based on Chronology

Select level of Priority

Waiting List for Individuals and ID & DD: Priorities 1-3
Streamlined, Needs-Based Access

**Current Process**
- Individual with ID
- CSB
- Eligibility
- Waiting List (based on urgency)
  - Day Support Waiver
  - ID Waiver

**Revised Process**
- Individual with ID or DD
- CSB
- Eligibility
- Waiting List (based on chronology)
  - DD Waiver

- Single, Consolidated Waiting List (based on urgency)
- Building Independence
  - OR
  - Family & Individual Support
  - OR
  - Community Living Waiver
• 5 DBHDS Regional Supports Specialists (RSSs) based at DBHDS, will assist CSBs to manage this process, and support the Waiver Slot Assignment Committees (WSACs).

• The amended waivers separate the eligibility determining entity (CSB SCs) from the slot assignment entity (DBHDS-supported committees of community members).

• WSACs:
  - Impartial trained volunteers for each locality/region who assign waiver slots according to urgency of need.
  - Not affiliated with a CSB or private provider
  - Knowledge and/or experience with persons with DD or the service system.
DD Waivers’ Eligibility Factors

- Possess a diagnosis of DD
- Meet level of care criteria (determined by the VIDES)
- Meet Medicaid financial eligibility

If a slot is not available, the SC:

- Places the person’s name on the waiting list via WaMS
- Completes a **Critical Needs Summary** documenting the person’s level of urgency
- Determines the individual’s priority needs level
## Eligibility Priorities - ONE

<table>
<thead>
<tr>
<th>Level</th>
<th>Timeframe</th>
<th>Criteria</th>
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</thead>
<tbody>
<tr>
<td>Priority ONE</td>
<td>All individuals determined to meet one of the following criteria and require a waiver service <strong>within one year.</strong></td>
<td>1. An immediate jeopardy to health and safety due to the unpaid primary caregiver having a chronic or long-term physical/psychiatric condition(s) that significantly limits ability to care for the individual; no other unpaid caregivers available to provide supports;</td>
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<tr>
<td>Status</td>
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<td>2. There is a risk to the health or safety of the applicant, primary caregiver, or other person living in the home due to either:</td>
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<td>a) Individual’s behavior present a risk to self or others unable to be managed by the primary caregiver/unpaid provider even with SC arranged generic or specialized supports, or</td>
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<td>b) Physical care or medical needs cannot be managed by the primary caregiver even with SC arranged generic or specialized supports;</td>
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<td>3. Individual lives in an institutional setting and has a viable discharge plan; <strong>or</strong></td>
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<td>4. Individual is a young adult transitioning and is no longer eligible for IDEA services (e.g., in a foster care, residential setting, etc.).</td>
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</tbody>
</table>
## Eligibility Priorities - TWO

<table>
<thead>
<tr>
<th>Level</th>
<th>Timeframe</th>
<th>Criteria</th>
</tr>
</thead>
</table>
| **Priority TWO Status** | Individual meets one of the following criteria and a *service is needed in one to five years.* | 1. The health and safety of the individual is likely to be in future jeopardy to due to:  
   • Unpaid primary caregiver having a declining chronic or long-term physical or psychiatric condition(s) that significantly limits ability to care for the individual,  
   • No other unpaid caregivers available to provide supports, and  
   • Individual’s skills are declining due to lack of supports;  
  2. Individual is at risk of losing employment supports;  
  3. The individual is at risk of losing current housing due to lack of adequate supports and services; or  
  4. The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life. |
## Eligibility Priorities - THREE

<table>
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<th>Level</th>
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<tr>
<td>Priority THREE Status</td>
<td>“Active Planning”</td>
<td>1. The individual is receiving a service through another funding source that meets current needs;</td>
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<td>2. The individual is not currently receiving a service but is likely to need a service in five or more years; or</td>
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<td>3. The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.</td>
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<td>• A service is being currently sought</td>
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<td>• The system has determined that the individual may not need to access a waiver slot for <strong>more than five years</strong> as long as the current supports and services remain</td>
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<td>• The system should plan for future needs, as this person may present at any time</td>
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</table>
To be considered for slot assignment, an individual must:

- Meet diagnostic and functional eligibility requirements,
- Be determined to meet one of the Priority One criteria,
- Need services within 30 days, and
- Accept the requested service if it were offered.

When the CSB has slots available for assignment they contact the WSAC facilitator for intensive review.

After WSAC slot assignment determination, the CSB proceeds with waiver enrollment.
Reserve slots support emergencies and movement between the waivers.

Reserve slots are managed by DBHDS.
Emergency Criteria:

- CPS or APS has substantiated abuse/neglect against the primary caregiver and has removed the individual from the home; or for adults, where abuse/neglect has not been substantiated but corroborating information from other sources (agencies) indicate there is an inherent risk present. There are no other caregivers available to provide support services to the individual.

- Death of primary caregiver and/or lack of alternate caregiver coupled with the individual’s inability to care for him/herself and danger to self or others without supports.
Integrated Supports

**Integrated Supports Across the Life Course**

- **PERSONAL STRENGTHS & ASSETS**
  - Life experiences, personal knowledge, personality traits, belongings, social skills, education and training

- **TECHNOLOGY**
  - iPad/smartphone "apps", remote monitoring, cognitive accessibility, adaptive equipment

- **RELATIONSHIPS**
  - Family, friends, neighbors, co-workers, community members, church members

- **COMMUNITY BASED**
  - School, public transportation, businesses, churches, parks & recreation

- **ELIGIBILITY SPECIFIC**
  - Developmental disability services, special education, Medicaid, food stamps, Section 8 housing, Vocational Rehabilitation

**Strategies for Supporting Real Lives**

**Discovery & Navigation:**
- Knowledge & Skills
  - Information on disability
  - Knowledge about best practices and values
  - Skills to navigate and access services
  - Ability to advocate for services and policy change

**Connecting & Networking:**
- Mental Health & Self-efficacy
  - Parent-to-Parent Support
  - Self-Advocacy Organizations
  - Family Organizations
  - Sib-shops
  - Support Groups
  - Professional Counseling
  - Non-disability community support

**Day-to-Day Services:**
- Instrumental Supports
  - Self/Family-Directed services
  - Transportation
  - Respite/Childcare
  - Adaptive equipment
  - Home modifications
  - Financial assistance
  - Cash Subsidies
  - Short/Long term planning
  - Caregiver supports & training

Michelle "Sheli" Reynolds, PhD | UMKC-Institute for Human Development | reynoldsme@umkc.edu
Integrated Supports

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<th>MONDAY</th>
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Please select a block of time to the left.

Time can be selected in individual blocks or by selecting one block and dragging the handles to expand time across multiple hours for each day.

Note sure which way is up?

**TIP:**
Using a combination of many different kinds of support helps plot a trajectory toward an inclusive, quality, community Brainstorm supports in order to work in partnership to make vision for a good life possible.
# Employment & Day Options

<table>
<thead>
<tr>
<th>Employment &amp; Day Options*</th>
<th>Building Independence</th>
<th>Family &amp; Individual</th>
<th>Community Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Supported Employment</td>
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<tr>
<td>Group Day Services</td>
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<td>✔ ✔ ✔</td>
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</tbody>
</table>

*Currently proposed that Employment and Day Options cannot exceed 66 hours per week combined.
Employment & Day Options: Community Engagement

New Service!

Provides a wide variety of opportunities to facilitate and build relationships and natural supports in the community, while utilizing the community as a learning environment. These activities are conducted at naturally occurring times and in a variety of natural settings in which the individual actively interacts with persons without disabilities (other than those paid to support the individual).

Allowable activities include but are not limited to:

- Activities and events in the community
- Community, educational or cultural activities and events
- Unpaid work experiences (volunteer opportunities)
- Employment readiness activities including discovery of interests, abilities and skills
- Maintaining contact with family and friends
- Gives flexibility to various day activities
### Self-Directed Options

<table>
<thead>
<tr>
<th>Self-Directed Options</th>
<th>Building Independence</th>
<th>Family &amp; Individual</th>
<th>Community Living</th>
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<tr>
<td>Consumer-Directed Services Facilitation</td>
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<td>✓</td>
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<tr>
<td>CD Personal Assistance Services*</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>CD Respite*</td>
<td>✓</td>
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<tr>
<td>CD Companion*</td>
<td>✓</td>
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</tbody>
</table>

*can also be agency-directed*
Self-Directed Options: Respite

Provides temporary supports during emergencies and at other times as needed by an unpaid caregiver. Can be in the individual’s home, a provider’s home or other community locations.

Allowable activities include but are not limited to:

✓ Support with activities of daily living such as: bathing or showering, toileting, routine personal hygiene skills, dressing, transferring, etc.;
✓ Support with monitoring health status and physical condition;
✓ Support with medication and/or medical needs;
✓ Support with preparation and eating of meals;
✓ Support with housekeeping activities, such as bed-making, dusting and vacuuming, laundry, grocery shopping, etc.;
✓ Support to ensure the safety of the individual;
✓ Support needed by the individual to participate in social, recreational, or community activities;
✓ Accompanying the individual to appointments or meetings.
## Residential Options

<table>
<thead>
<tr>
<th>Residential Options</th>
<th>Building Independence</th>
<th>Family &amp; Individual</th>
<th>Community Living</th>
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</thead>
<tbody>
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<td>Independent Living Supports</td>
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<tr>
<td>Shared Living</td>
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<tr>
<td>Supported Living</td>
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<tr>
<td>In-Home Support Services</td>
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<tr>
<td>Sponsored Residential</td>
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<tr>
<td>Group Home Residential</td>
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Residential Options: Independent Living Supports

A service provided to adults (18+) that offers skill building and support to secure self-sustaining, independent living in the community and/or may provide the support necessary to maintain those skills. Typically lives alone or with roommates in own home/apartment.

The allowable activities include but are not limited to:

- Skill-building and support to promote community inclusion
- Increasing social abilities and maintaining relationships
- Increasing or maintaining health, safety and fitness
- Improving decision-making and self-determination
- Promoting meaningful community involvement
- Developing and supporting with daily needs
Residential Options: Shared Living

Medicaid payment for a portion of the total cost of rent, food, and utilities that can be reasonably attributed to a person who has no legal responsibility to support the individual and resides in the same household as the individual.

In Shared Living:
- **Match** is based on individual choice and supports are arranged through a person-centered process.
- The companion has **no responsibility for skill-building or medical services**.
- The live-in must complete and pass **background checks** and successfully meet **training requirements** defined in the individual's person-centered plan.
- The coordinating agency must ensure that there is a **back-up plan** in the event that the live-in companion is unable to provide supports.

Shared Living location **cannot** be in a provider-run home, the live-in companion’s home, or any other arrangement where the individual is not directly responsible for that residence.
## Crisis Support Options

<table>
<thead>
<tr>
<th>Crisis Support Options</th>
<th>Building Independence</th>
<th>Family &amp; Individual</th>
<th>Community Living</th>
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<tr>
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<tr>
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## Medical & Behavioral Options

<table>
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<th>Medical &amp; Behavioral Options</th>
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<th>Family &amp; Individual</th>
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<tr>
<td>Personal Emergency Response System (PERS)</td>
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</table>
Personal Emergency Response System (PERS) is an electronic device that enables certain individuals to secure help in an emergency. When appropriate, PERS may also include medication-monitoring.

For individuals who are...

- Alone for significant parts of the day (or without needed support)
- May include medication monitoring devices
  - 2-way voice communication
  - 24 hour response
## Additional Options

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<th>Additional Options</th>
<th>Building Independence</th>
<th>Family &amp; Individual</th>
<th>Community Living</th>
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Updates at
My Life My Community
at DBHDS.virginia.gov
Also, with DARS establishing:
• 1-800 line for questions in April
• Interactive website in May

Thank you!