

Developmental Disability Waiver Slots in Virginia: What You Need to Know.

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The **Mission** of the Division of Developmental Services is to assure that individuals with developmental disabilities have access to quality supports and services when and where they need them.

We strive to do this through implementing the following values:

- **Collaboration** – demonstrating partnership by working together with all internal and external stakeholders
- **Consistency** – providing the same answer every time, regardless of who answers the question
- **Creativity** – being responsive, flexible, and always working to get to yes
- **Conviction** – being steadfast, mission driven, passionate
- **Communication** – being transparent, consistent, thinking things through, and using plain language
- **Celebration** – being committed to recognizing and acknowledging contributions toward the implementation of the mission

- Developmental Disability Waiver
- CCC Plus Waiver
- DD Waiver Process
 - Where to start? Intake
 - Waitlist Priorities
 - Priority One & Critical Needs Summary (CNS)
 - Annual Choice Form & Waitlist Portal
- Slot Distribution Process
 - General Assembly proposal & CMS Waiver Application
 - Slot allocation
- Waiver Slot Assignment Committee (WSAC)
 - How it works
 - WSAC Member Recruitment
- Initiating a DD Waiver Slot
 - Slot Assigned – Timeline
 - DD Waiver Services
 - Individual/Family To-Dos
 - Support Intensity Scale (SIS)
 - Annual Review & ISP
 - Informed Choice
- Supported Decision-Making
- Home and Community Based Final Rule
- Customized Rate
- Importance of being connected to the Community Service Board and Support Coordinator
- Myths of Slots
- Common Acronyms and Lingo



The Virginia Developmental Disabilities Home and Community-Based Services (HCBS) Waivers

The DD Waiver helps eligible people with a developmental disability (DD) to receive services and supports in the community. Waivers fund a variety of supports including those that

- provide medical care
- enable employment
- enable community living
- provide behavioral interventions
- provide home modifications and assistive technology that help people avoid living in a nursing home or other institution.

Three (3) waivers available

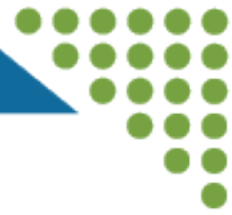
BI - Building Independence

FIS - Family and Individual Supports

CL - Community Living

***Virginia currently has a waitlist to access services of people who are identified as eligible for the DD waiver.**

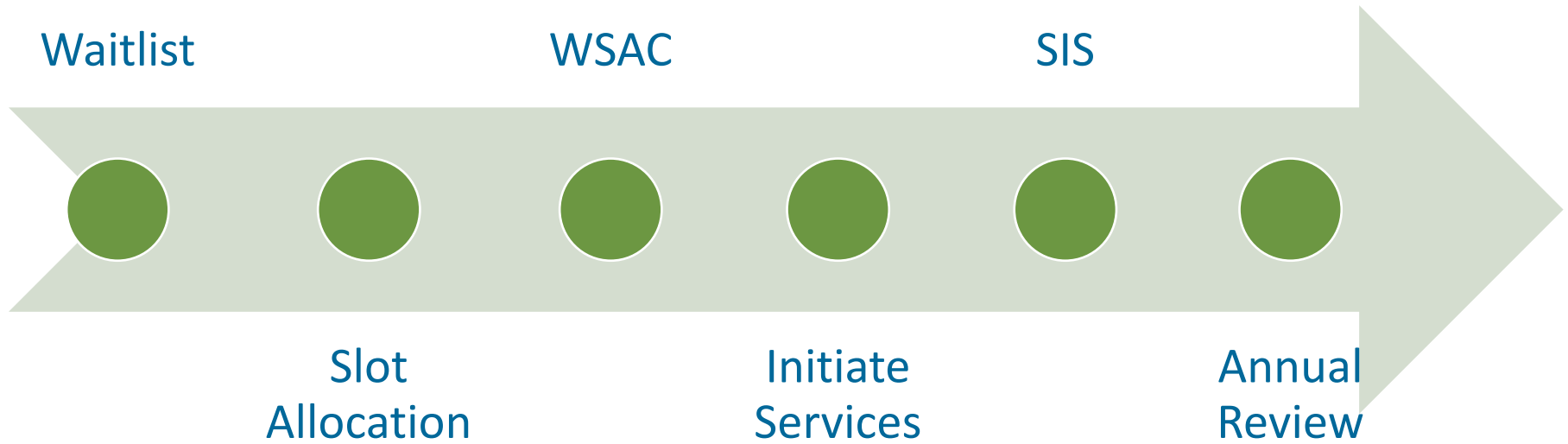
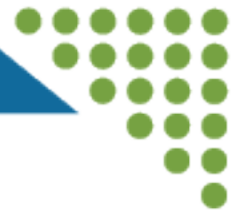




The Commonwealth Coordinated Care Plus Waiver (CCC Plus), provides home and community-based care for individuals who would otherwise need care in a nursing facility or other specialized care medical facility.

- The waiver serves all ages and does not have a waiting list.
- The CCC Plus Waiver provides supports and service options such as personal care, respite, private duty nursing, adult day health care, assistive technology and environmental modifications.
- DMAS CCC Plus Waiver Fact Sheet –
 - <https://www.dmas.virginia.gov/media/3130/ccc-plus-waiver-fact-sheet-2021-pdf.pdf>
- DMAS Waivers Webpage –
 - <https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/>





DD Waiver Process

1. Intake with a CSB

- ID or DD Diagnosis prior to 22 y/o
- VIDES
- Financial Eligibility

2. Placed on Waitlist

- Priority 1, 2, or 3
- Willingness to accept waiver services within 30 days of assignment
- Choice form annually

3. Waiver Slot Assignment Committee

- Priority 1 individuals presented who have a high Critical Needs Score
- Slot Assignment Review Form
 - Summary of why a waiver is needed.

4. Slot assigned

- Apply for Medicaid
- ISP meeting with Planning Team (SC/Providers/Guardian/Individual)
- Initiate Services within 150 days of assignment via Service Authorization within WaMS

5. Support Intensity Scale (SIS)

- After 90 days of services being rendered
- Identifies Level and Tier need of supports

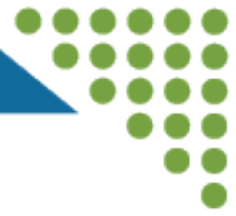
6. Review documentation & make adjustments throughout year, if needed

7. Participate in the annual ISP about services

- Add, terminate, or adjust services

8. Customized Rate

- For exceptional or specialized needs

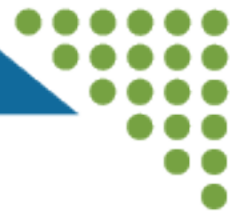


Intake at a local Community Service Board (CSB)

Schedule an intake with the local Community Service Board (CSB) to determine if eligible.

- In order to be eligible for a DD waiver, an individual must meet the following criteria:
 - Have a developmental disability that identifies age of onset
 - Have significant functional limitations in major life activities, as documented on the age-appropriate version of the Virginia Individual Developmental Disabilities Eligibility Survey (VIDES) form;
 - Meet Medicaid financial eligibility criteria; and
 - Indicate willingness to accept waiver services within 30 days of slot assignment.





Diagnostic Eligibility

“Intellectual disability” means a disability, originating before the age of 18 years, characterized concurrently by

- (i) significant sub-average intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning, administered in conformity with accepted professional practice, that is at least two standard deviations below the mean and
- (ii) significant limitations in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.





Diagnostic Eligibility

“Developmental disabilities” is defined as:

“a severe, chronic disability of an individual that

- is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness;
- is manifested before the individual reaches 22 years of age;
- is likely to continue indefinitely;
- results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and
- reflects the individual’s need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in bullets listed directly above if the individual, without services and supports, has a high probability of meeting those criteria later in life





Diagnostic Documentation

Documentation may include one or more of the following, as may be appropriate for the diagnosis. This documentation must address the criteria from the past slides and reflect the individual's current functioning:

- Psychological evaluation
- School testing/records
- Part C assessments
- Occupational Therapy/Physical Therapy/Speech and Language Therapy assessments
- Adaptive assessments
- Social history
- Medical records
- Social Security Administration determination

The diagnosis may originate from a medical doctor, Occupational Therapist, Physical Therapist, Speech and Language Therapist, psychologist, or other professional acting within his scope of practice. An updated evaluation confirming diagnosis may be required if an individual's functioning changes significantly while receiving waiver service.





Eligible Individuals Added to the DD Waitlist

Developmental Disabilities Waivers' Priority Needs Criteria Checklist

For all categories, it is essential to determine and document that if offered a slot, the individual would accept it within 30 days. The following is a means of "triaging" current needs; however, it is recognized that an individual in any of these categories could present for services at any time due to changes in needs/circumstances.

• Priority 1

It is anticipated that the individual will need waiver services **within one year** and the individual meets one of the following criteria:

1. An immediate jeopardy to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limits his/her the ability of the primary caregiver (or caregivers) to care for the individual; there are no other unpaid caregivers available to provide supports; **or**

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** of the following conditions:

- a. The individual's behavior or behaviors present a risk to himself or others that cannot be effectively managed by the primary caregiver or unpaid provider even with support coordinator/case manager arranged generic or specialized supports,
- b. There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the primary caregiver even with support coordinator/case manager arranged generic or specialized supports; **or**

3. The individual lives in an institutional setting and has a viable discharge plan; **or**

4. The individual is young adult transitioning and is no longer eligible for IDEA services (e.g., in a foster care, residential setting, etc.).

• Priority 2

It is anticipated that the individual may require waiver services **in one to five years** and the individual meets **one of** the following criteria:

- 1. The health and safety of the individual is likely to be in future jeopardy to due to
 - a. the unpaid primary caregiver having a declining chronic or long-term physical or psychiatric condition(s) or conditions that significantly limits his/her the ability to care for the individual, **and**
 - b. there are no other unpaid caregivers available to provide supports, **and**
 - c. the individual's skills are declining as a result of lack of supports; **or**

Priority Needs Checklist

Priorities are meant to reflect current needs. It is recognized that priorities can change and that individuals could present a need for services at a higher or lower priority at any time.

All people who are on the waiting list, regardless of priority, must be willing to accept DD waiver services within 30 days.





Priority One

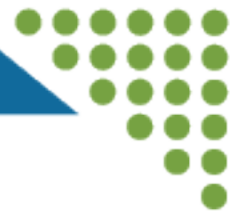
- Individual need waiver services within **ONE** year.
 - a. An *immediate jeopardy* exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition that currently significantly limits the ability of the primary caregiver to care for the individual; or there aren't any unpaid caregivers available to provide supports.
 - b. There is immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:
 1. The individual's behavior or behaviors, presenting a risk to himself or others, cannot be effectively managed even with support coordinator arranged generic or specialized supports; **or**
 2. There are physical care needs or medical needs that cannot be managed even with support coordinator arranged generic or specialized supports;



Priority One

- c. The individual lives in an institutional setting and has a viable discharge plan; or
- d. The individual is a young adult who is no longer eligible for IDEA services and has expressed a desire to live independently. After individuals attain 27 years of age, this criterion shall no longer apply.
 - 1. Individuals are no longer eligible for IDEA services when they meet one of two criteria:
 - Graduate with a standard diploma
 - Turn 22 years old
 - 2. Individuals who choose to leave school early are not eligible for this criteria until they turn 22 years old.

Under this criteria, individuals can be placed on Priority One **9 months prior** to the end of their eligibility date, in order to enable them to be considered by the committee prior to eligibility expiring.



Priority Two

It is anticipated that the individual may require waiver services *in one to five years* and the individual meets one of the following four criteria.

- a. The health and safety of the individual is likely to be in *future jeopardy* due to:
 - 1. The unpaid primary caregiver having a *declining* chronic or long-term physical or psychiatric condition that currently significantly limits his ability to care for the individual;
 - 2. There are currently no other unpaid caregivers available to provide supports; or
 - 3. The individual's skills are declining as a result of lack of supports;
- b. The individual is at risk of losing employment supports;
- c. The individual is at risk of losing current housing due to a lack of adequate supports and services; or
- d. The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.





Priority Three

Priority Three shall include individuals who will need a waiver slot in **five years or longer** as long as the current supports and services remain and have been determined to meet at least one of the following criteria:

- a. The individual is receiving a service through another funding source that meets current needs;
- b. The individual is not currently receiving a service but is likely to need a service in five or more years; or
- c. The individual has needs or desired outcomes that with adequate supports will result in a significantly improved quality of life.



Critical Needs Summary (CNS)

- All individuals meeting the **Priority One criteria** must have a Critical Needs Summary form completed by their SC in WaMS as soon as possible after the determination is made that they meet the criteria. This form should be based on **documented information in the individual’s record** (family report, intake summary, reports by professionals, etc., as appropriate). The CNS form will generate a CNS score that is maintained in WaMS.
- The CNS form for each individual on the waiting list **must be reviewed and updated annually** after the first CNS, and **whenever the individual’s “critical needs” change.**

**Critical Needs Summary
Step 1 Review**

CSB/BHA: Individual’s Name:

Individual’s Medicaid Number:

Criteria for Rating	Scoring Key	Individual’s Score
1. An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limit the ability of the primary caregiver or caregivers to care for the individual; there are no other unpaid caregivers available to provide supports	5	
2. Primary caregiver can no longer provide care	3	
3. Clear risk of abuse, neglect, exploitation of the individual	5	
4. The individual lives in an institutional setting and has a viable discharge plan	18	
5. Currently homeless (i.e., does not have a home)	10	
6. Facing imminent (within the next 90 days) homelessness (e.g., terminally ill caregiver)	5	
7. Immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:	<p>A. Behaviors HIGH: Serious safety risk to self/others = 5 MODERATE: Moderate/occasional risk to self/other = 3 LOW: minimal risk to self/others = 1</p> <p>B. Physical care needs or medical needs HIGH: Must address serious or life threatening concerns and/or individual cannot</p>	

There must be **annual** documentation with each individual on the waiting list to provide the **choice** between waiver and institutional placement through completion of the Attestation Documentation of Individual Choice for Home and Community-Based Services” (DMAS 459-C) form and **updating of the types of services sought/needed.** (within next 90 days)



Virginia Waiver Management System (WaMS)



[Español](#)

Waitlist and IFSP Portal

Login to Waitlist Portal
 Login to IFSP Portal

IMPORTANT: If incorrect information is entered, you will be unable to log in. If you need assistance, please contact 804-840-5951.

Last Name

Last **6** of SSN

Date Of Birth

Governor Proposes a Fiscal Budget

- Late Fall / Early Winter

General Assembly Convene

- Jan - March / April

Signed Budget by General Assembly & Governor

- March / April

CSB Allocation Letter Distributed

- July or After Confirmed Approved CSM Application

CSB Waiver Slot Assignment Committee Occurs

- July – Oct or completed 90 days after allocated

DMAS Submits CMS Waiver Application/s for approved Waiver Slot Additions

- Immediately Following a Signed Budget

CMS Application Approved

- Up to 90 Days from Submission

Annual Allocation

Allocation of FY 25/26 1,548 FIS & 172 CL DD Waiver Slots (Annually, Divided Quarterly)

- Waiver Allocation Letter distributed to CSBs
- RSSs identifying any attrition slots not assigned or vacant.
- RSSs scheduling WSACs for all 40 CSBs for Months 1, 2, & 3 on an ongoing basis

Month 1/4

Regional & Statewide WSAC Meetings

- Between 1st and 15th of month, RSSs conduct regional WSAC meetings to assign slots that were unable to be assigned to the allocated CSB.
- Between 15-31st of month RSSs conduct statewide WSAC

Ongoing

WSAC Recruitment and Training

- Advertise for WSAC members through social media, CSBs, advocacy groups, and word of mouth.
- RSSs training any new WSAC members recruited and refresher training for current WSAC members

WSAC Meetings

- RSSs conduct WSAC meetings for all 40 CSBs in Months 1, 2, & 3.
- RSSs to assign any CL slots identified in immediate need of residential (Sponsored Residential & Group Home) services.

Months 1, 2, & 3

Repeat Assignment Workflow

- RSS Conduct WSAC meetings
- RSS assign identified CL slots as needed
- Between 1st and 15th of month, RSSs conduct regional WSAC meetings to assign slots that were unable to be assigned to the allocated CSB.
- Between 15-31st of month RSSs conduct statewide WSAC

Repeat Process Quarterly

WSAC

- A **Waiver Slot Assignment Committee (WSAC)** is the impartial body of trained volunteers established for each locality or region with responsibility for recommending to DBHDS individuals eligible for a waiver slot according to their urgency of need at the time a slot becomes available.
- **NOT**
 - Current CSB, DBHDS employee or board members
 - Current employee, owners, or board members of any agency providing waiver services.
 - A family member of individuals seeking waiver services

SARF

- The **Slot Assignment Review Form** provides information about the urgency of support needs based on the individual's situation.

Slot Assignment Review Form

WSAC: Click here to enter text. **WSAC Date:** Click here to enter text.

CSB: Click here to enter text.

Support Coordinator/Case Manager (SC/CM): Click here to enter text.

Non-PHI Identifier: Click here to enter text.

I. Age: Click here to enter text.

II. Current Diagnoses: Click here to enter text.

III. Indicate which of the Priority 1 criteria were met and describe how the individual's situation meets the criteria:

SEEKING VOLUNTEERS WITH DEVELOPMENTAL DISABILITIES EXPERIENCE

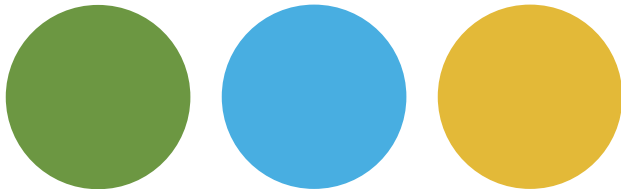
CALL FOR
VOLUNTEERS



APPLY TODAY



<https://forms.office.com/g/kytz8AUv57>



Developmental Disabilities experience



VOLUNTEERS NEEDED

Waiver Slot Assignment Committee

Duties :

- Helping review information presented regarding nominees for vacant waiver slots.
- Participate in DBHDS training provided.
- Hold confidential all information reviewed.

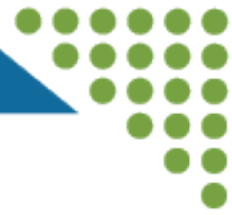
Qualifications :

- Knowledgeable of or have experience with services for people with disabilities.
- Not current CSB, DBHDS employees or board members.
- Not current employees, owners, or board members of any agency providing waiver services.
- Not a family member of individuals seeking waiver services.

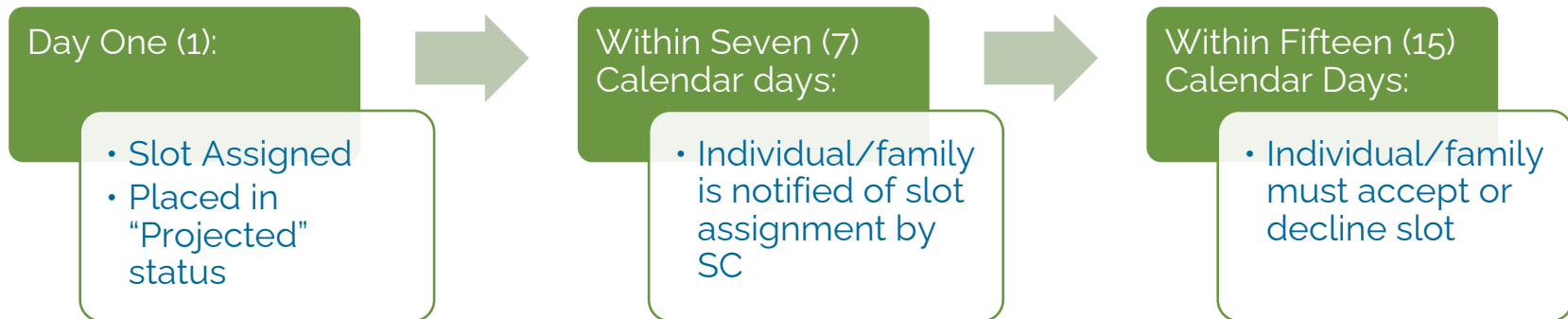
Apply Through

<https://forms.office.com/g/kytz8AUv57>





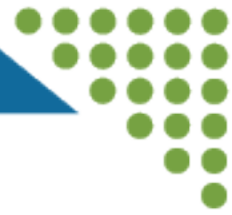
12VAC30-122-80. Waiver approval process; authorizing and accessing services.





Within 30 Days of Slot Assignment:





Within 30 Days of Slot Moved to Active:

Within 30
days of
becoming
active:

- Contact chosen providers so that services can be initiated





Employment and Day Options

- Individual Supported Employment
- Group Supported Employment
- Workplace Assistance (WA)
- Community Engagement (CE)
- Community Coaching (CC)
- Group Day Services
- Community Guide
- Peer Mentor Supports

Consumer Directed & Agency Directed Service Options

- Service Facilitation
- Personal Assistance Services
- Respite
- Companion

Residential Options

- Independent Living Supports
- Shared Living
- In-Home Support Services
- Sponsored Residential
- Group Home

Crisis Support Services

- Community-based Crisis Services
- Center-based Crisis Supports
- Crisis Support Services

Medical and Behavioral Support Options

- Skilled Nursing (SN)
- Private Duty Nursing
- Therapeutic Consultation
- Personal Emergency Response System (PERS)

Other

- Assistive Technology (AT)
- Electronic Home-Based Services (EHBS)
- Environmental Modifications (EM)
- Individual and Family/Caregiver Training
- Transition Services
- Benefits Planning
- Employment & Community Transportation





Retain Slot Forms

If services are **not initiated within 30 days** of moving to “Active” status:

- SC electronically submits retain slot form in WaMS and a copy is provided to the individual/family
- DBHDS reviews the submitted request
 - After receipt and approval of submitted request, DBHDS shall have the authority to approve the slot-retention request in 30-day extensions, up to a maximum of four consecutive extensions*, or deny the request when at the end of each extension time period there is no evidence of the individual’s efforts to utilize Waiver services.

*Legislation is pending approval through GA to extend the 30-day extension to 365 days between July 2025- June 30, 2026.





Apply for Medicaid at Local DSS

- If not already eligible
- Could take up to 45 days

Select Service, Find Provider

- SC explains services available for age and waiver
- Pick Provider, have Individual Service Plan (ISP) to plan for goals and outcomes,

SC/Provider Develop ISP & Initiate Services

- SC and Provider develop Part I-IV of ISP with goals and outcomes
- Provider initiates and submits Service Authorization (SA) request to SC
- SC reviews SA request for eligibility & criteria, then submits to DBHDS for determination





After 90 days after services a Support Intensity Scale will be scheduled.

SC identifies respondents (SC, individual, guardian, providers, etc.)



SIS vendor will contact to schedule with all identified respondents

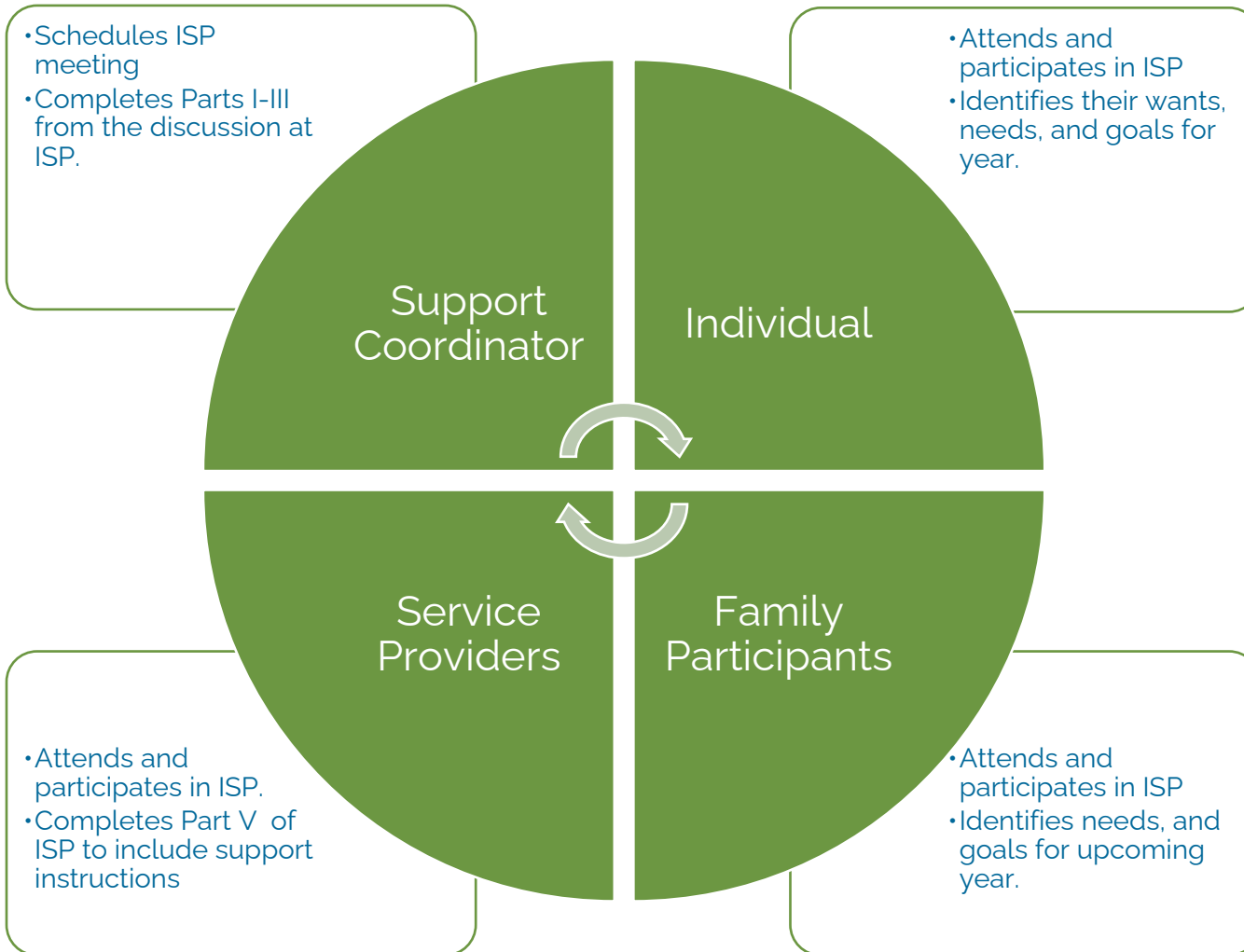


SIS Assessment conducted



SIS Level and Tier is assigned based on the respondents' responses during the assessment.





All people are assured the freedom of choice in seeking medical care from any institution, pharmacy, practitioner, or other provider qualified to perform the service(s) required and participating in the Medicaid Program at the time the service is performed.



SCs are required to have signed documentation of informed choice:

- Annually
- At the time of enrollment into one of the DD Waivers
- When there is a request for change in waiver providers
- When new services are requested, or the person is dissatisfied

Virginia's Continuum of Decision-Making Supports

Supported Decision-Making Agreements

- § 37.2-314.3- formal document written by an adult capable of making an informed decision with the support of others, that states when they want to receive support with decisions, who they want to support them, and how they want to receive support

Advance Directives

- § 54.1-2982- when an adult capable of making an informed decision makes a written statement to address any or all forms of health care in the event he or she is later incapable of making an informed decision

Powers of Attorney

- § 64.2-1600- granting someone to act in your place

Authorized Representatives

- 12VAC35-115-146- individuals designated to act as substitute decision makers for persons receiving care with DBHDS-licensed providers, who are found to lack capacity, and who do not already have a designated substitute decision maker

Temporary Guardianship and Limited Guardianship

- § 64.2-209- when a person is appointed by the court to be responsible for an incapacitated person's personal affairs for a specific period of time or for a limited purpose

Full Guardianship

- § 64.2-200- when a person is appointed by the court to be responsible for the personal affairs of an incapacitated person

← Least Restrictive

Most Restrictive →

Home and Community Based Settings (HCBS)

HCBS Rights and Guardianship

- The HCBS rule requires that in order for certain services to be Medicaid funded, specific requirements of the HCBS rule *must* be met.
- If an individual has a plenary guardian, the guardian has the authority to make decisions in the place of the individual. However, guardian decisions *may not impair or prevent full compliance with the HCBS requirements*. If agreement cannot be reached and a guardian is requesting restrictions that cannot be justified as required by the rule, *the guardian risks jeopardizing the individual's HCBS Medicaid Waiver status*. Any restrictions on the individuals' rights, whether by a guardian or service provider at the guardian's direction, must be consistent with the HCBS rule modifications process. Any modifications must be paired with efforts to provide support to an individual to decrease the need for the modification and increase their freedoms.
- If there is disagreement on access of an individual to certain freedoms, these issues should be discussed during the person-centered planning meeting with the goal of coming to a mutually agreeable compromise.

Home and Community Based Settings (HCBS)

Statewide Waiver Transition Plan for review:

- http://www.dmas.virginia.gov/Content_pgs/HCBS.aspx

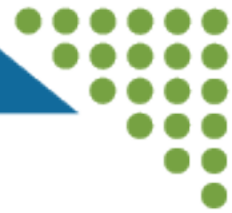
HCBS Toolkit

- The Toolkit can be located on the DMAS Website:
- <https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/home-and-community-based-services-toolkit/>
- You may also reach out directly to DMAS
- hcbcomments@dmas.virginia.gov

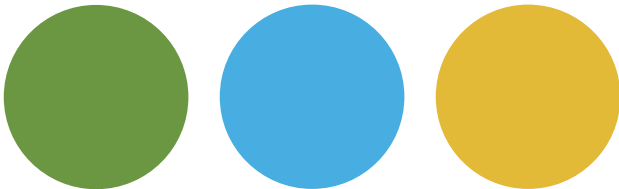


Individual-specific support needs, such as the extraordinary medical or behavioral supports needs, may warrant customized rates for additional supports delivered by the provider.

- Customized rates are available for qualifying individuals receiving any of the following waiver services:
 - Community Coaching,
 - Group Day,
 - In-home Support,
 - Group Home Residential,
 - Sponsored Residential,
 - Supported Living Residential.
- Customized Rate FAQ
 - <https://www.dbhds.virginia.gov/assets/doc/DS/rsu/waiver/provider-info-frequently-asked-questions.pdf>



- Support Coordinators / Case Managers (SCs / CMs) assist people in gaining access to needed medical, social, educational and other supports essential for living in the community and in developing their desired lifestyle.
- The SC / CM provides assessments, coordination of services, monitoring the implementation of the ISP, and monitoring the quality of services and supports



- If I am or my family member is on Priority One, then I/we will receive a DD Waiver.
 - False. There are only 3,440 DD Waiver Slots available no matter how many are on Priority One Waitlist.
- If I/we accept a BI or FIS Waiver I/we won't be able to change to a different waiver in the future.
 - False. If assigned a BI or FIS waiver and a CL waiver is needed in **future** due to need a Reserve Slot Request Form can be completed by the SC with justification as to why a higher level of need waiver is needed. Transitioning from one waiver to another can also occur when the individual's need would be better served by a different waiver by the SC submitting the Reserve Slot Request Form.
- I/we can access to DD wavier is through Dept. of Social Services (DSS).
 - False. The local Community Service Boards or Behavioral Health Authorities are the point of entry to access DD waivers/waitlists. CCC Plus Waiver is accessed through DSS.
- If I am on the waitlist, I do not have a CM/SC.
 - Depends. Not all CSBs/BHAs have the resources to provide case management, however, if active case management is needed it can be requested by the individual/family.
- DMAS, DBHDS and CSB are all the same.
 - **DMAS** – Dept. of Medical Assistance Services (state level)– VA Code Regulations, DD Manual, and billing
 - **DBHDS** – Dept. of Behavioral Health and Developmental Services (state level) - Operational aspects of DD Waiver
 - **CSB/BHA** – Community Service Board/Behavioral Health Authority (local level) – Support Coordinator/Case Management entity, additional behavioral/mental health services available.

- ADA - Americans with Disabilities Act
- CM - Case Manager
- CMS - Centers for Medicare and Medicaid Services
- CRC - Community Resource Consultant
- DARS - Department of Aging and Rehabilitative Services
- DBHDS - Department of Behavioral Health & Developmental Services
- DD - Developmental Disability
- DDD - Developmental Disability Directors
- DDS - Division of Developmental Services
- DMAS - Department of Medical Assistance Services
- DOJ - Department of Justice
- HCBS - Home and Community Based Services
- OHR - Office of Human Rights
- OL - Office of Licensing
- PCP - Person-centered Practices
- Providers – Agencies that provider services to individuals
- SC - Support Coordinator
- SA – Service Authorization
- VDH - Virginia Department of Health
- WaMS - Waiver Management System



Thank you Questions?

- Website
 - All resources and materials can be found on the website under Developmental Services.
 - <https://dbhds.virginia.gov/developmental-services/>

