i. The participating CSBs may use regional program funds to establish and provide regional or sub-regional services when this is possible and would result in increased cost effectiveness and clinical effectiveness.

j. Operation of a RDAP is governed by the Discharge Assistance Program Manual issued by the Department and provisions of Exhibit C of the performance contract.

5. General Terms and Conditions

a. CSBs, the Department, and any other parties participating in a regional program agree that they shall comply with all applicable provisions of state and federal law and regulations in implementing any regional programs to which these procedures apply. The CSB and the Department shall comply with or fulfill all provisions or requirements, duties, roles, or responsibilities in the current community services performance contract in their implementation of any regional programs pursuant to these procedures.

b. Nothing in these procedures shall be construed as authority for the CSB, the Department, or any other participating parties to make commitments that will bind them beyond the scope of these procedures.

c. Nothing in these procedures is intended to, nor does it create any claim or right on behalf of any individual to any services or benefits from the CSB or the Department.

6. Project Management

a. The Department shall be responsible for the allocation of regional program state and federal funds and the overall management of the regional program at the state level.

b. The RMG shall be responsible for overall management of the regional program and coordination of the use of funding provided for the regional program in accordance with these procedures.

c. The CSB shall be responsible for managing regional program funds it receives in accordance with these regional program procedures.

d. Payments generated from third party and other sources for any regional program shall be used by the region or CSB to offset the costs of the regional program. The CSB shall collect and utilize all available funds from other appropriate specific sources before using state and federal funds to ensure the most effective use of these state and federal funds. These other sources include Medicare; Medicaid-fee-for service, targeted case management payments, rehabilitation payments, and ID waiver payments; other third-party payors; auxiliary grants; SSI, SSDI, and direct payments by individuals; payments or contributions of other resources from other agencies, such as social services or health departments; and other state, local, or Department funding sources.

e. The Department may conduct on-going utilization review and analyze utilization and financial information, and events related to individuals served, such as re-hospitalization, to ensure the continued appropriateness of services and to monitor the outcomes of the regional program. The utilization review process may result in adjustment to or reallocation of state general and federal funding allocations for the regional program.

DBHDS Program Funding
State and Federal Indirect Cost Rate Policy

Version 2.0

Effective Date: July 1, 2026

Contents

DBHDS Program Funding
State and Federal Indirect Cost Rate Policy

Federal Indirect Cost Rate

The Office of Management and Budget (OMB) updated grant guidance effective October 1, 2024, allowing:

- An increase in the allowable indirect cost rate from 10% to 15% of Modified Total Direct Costs (MTDC).
- An increase in the MTDC subaward ceiling from $25,000 to $50,000.
- An increase in the threshold for equipment from $5,000 to $10,000.
- The revised rate can only be claimed on costs incurred after Oct. 1, 2024

Community Services Boards (CSBs) with a negotiated Indirect Cost Rate above 15% from their cognizant federal agency shall be honored by DBHDS.

Definitions

Indirect Costs: Includes costs incurred for a common or joint purpose benefiting more than one cost objective (e.g., accounting, HR, procurement, administration).

Modified Total Direct Cost (MTDC) Includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $50,000 of each subaward (regardless of the period of performance of the subawards under the award).

MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $50,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

Federal Negotiated Indirect Cost Rate (NICRA)

Pass-through entities (PTE) must accept all federally negotiated indirect cost rates for subrecipients per 2 CFR § 200.332(b)(4). The pass-through entity must not require the use of the de minimis indirect cost rate (current 15%) if the subrecipient has an approved indirect cost rate negotiated with the Federal Government. (§ 200.332 Requirements for pass-through entities)

DBHDS Program Funding
State and Federal Indirect Cost Rate Policy

DBHDS State Indirect Cost Rate (IDCR)

The indirect cost rate in Virginia varies by organization and funding source. Rates for state agencies are often set by the Virginia Department of Planning and Budget (DPB). DBHDS does not have a DPB-established rate; therefore, DBHDS Executive Leadership must establish, review, and approve any changes.

State Indirect Cost Rate Definitions

Direct Administrative Costs: Includes costs directly related to program administration (e.g., salaries, fringe benefits, materials, supplies, contractual costs).

Indirect Costs: Includes Costs benefiting multiple programs within a CSB (e.g., administrative staff salaries, finance, quality, postage, security).

Program Services

Effective July 1, 2026 the allowable individual program services (non-regional) indirect cost rate will be set at 15%. Due to program-specific considerations, DBHDS may, under certain circumstances, apply a rate lower than 15%.

The Federal Negotiated Indirect Cost Rate (NICRA) is not applicable to state funds. Use of the Federal Negotiated Indirect Cost Rate (NICRA) for state general funds must be reviewed and approved through a contract agreement with the Department.

Regional Administrative Indirect Cost Rate

Effective July 1, 2026 the Regional Administrative Indirect Cost Rate for state funding may be allocated directly to CSBs by DBHDS, through the Regional Fiscal Agent, who may retain a portion for administrative costs:

- **Pass-through only: Up to 5%** - For the purposes of this policy, pass-through means for the purchase of services on behalf of individuals. If the Regional Fiscal Agent is only passing the funding through to another CSB or service entity and does not enter into a contract or manage the program for which the funds are intended, the Regional Fiscal Agent may retain the allocation amount for Administrative Costs.
- **Subcontract management: Up to 7.5%** - If the Regional Fiscal Agent enters into a subcontract with another entity which will allow the third party to administer the service or program, the Regional Fiscal Agent may retain the allocation for Administrative Costs.

DBHDS Program Funding
State and Federal Indirect Cost Rate Policy

- **Direct program administration: Up to 15% -** If the Regional Fiscal Agent is directly administering the program or service for which the funds are intended, the Regional Fiscal Agent may retain the allocation for Administrative Costs.

The Federal Negotiated Indirect Cost Rate (NICRA) is not applicable to state funds. Use of the Federal Negotiated Indirect Cost Rate (NICRA) for state general funds must be reviewed and approved through a contract agreement with the Department.

Where to Find Current Rates

- Federal IDCR
  - Code of Federal Regulations
  - WebGrants: Navigate to People and Organizations → Organization Database → Organization Information → Federally-Approved Indirect Cost Rate.
  - OEMS System of Record (SoR): CSB Lookup, column titled Indirect Cost Rate.
- DBHDS State Indirect Cost Rate (IDCR) – TBD

Version History

Version	Date	Change By	Rationale
1.0	02/19/2026	Chaye Neal-Jones	Merged federal and state policy; sunset Regional Administrative Fees Policy and revise the language dated 4/20/202.Received internal and external stakeholder input.

AMENDMENT 4 AMENDED AND RESTATED
FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT MASTER AGREEMENT AND SUPPLEMENTAL DOCUMENTS
Exhibit I: IT SECURITY AND COMPLIANCE
[vCSBName]
Contract No. P1636.[vCSBCode].4

As the healthcare technology landscape continues to evolve, it is important for all healthcare operations to responsibly leverage new technology to improve patient care and business operations.

DBHDS recognizes that CSBs are healthcare entities subject to various federal and state regulation including but not limited to HIPAA and 42 CFR Part 2. To support compliance with these regulations, the Department and CSBs will establish a collaborative workgroup by the end of the first quarter of the 2027 fiscal year. The workgroup will develop IT Security and Compliance protocols to protect sensitive healthcare data and protect both parties from unnecessary data security risk.

The below, baseline requirements exist today. The workgroup may identify more requirements for this section to be included in future agreements.

Background

The Department expects all CSBs to comply with the IT Security and Artificial Intelligence requirements outlined in this section. These requirements align with current Commonwealth of Virginia Executive Orders, as well as applicable state and federal laws and regulations.

The Parties acknowledge that security standards will continue to evolve, and updates may be required as future versions of standards are released. DBHDS will monitor security and reporting initiatives related to the overall security posture and will coordinate with CSBs in a timely manner to implement evolving controls and address new security requirements.

Scope

The Department, as a healthcare oversight agency, is required to ensure IT Security and Compliance for all systems owned and operated by the Department. Further, the Department is required to ensure all data entering IT systems owned and operated by the Department, via integration or other means, do not pose avoidable risks to data security.

CSBs are responsible for the compliance of their business and data systems in accordance with federal and state laws and regulations. The Department does not oversee or bear any responsibility for a CSB's use of security controls, artificial intelligence tools, tools, processes and workflows that do not impact data or IT systems owned or operated by the department.

IT Security and Compliance
Regardless of other provisions in this agreement, each CSB must comply with State Code § 2.2-5514, "Prohibited products and services and required incident reporting."

Access Control for Department Systems

AMENDMENT 4 AMENDED AND RESTATED
FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT MASTER AGREEMENT AND SUPPLEMENTAL DOCUMENTS
Exhibit I: IT SECURITY AND COMPLIANCE
[vCSBName]
Contract No. P1636.[vCSBCode].4

CSBs are responsible for managing the access their employees receive to Department owned or operated systems if such access is granted based upon an individual's business needs associated with the CSB. The aforementioned workgroup will develop processes and procedures for cataloging all DBHDS systems to which CSB users have access as well as the process CSBs will use to notify DBHDS of the occurrence of, or need for access suspension. CSBs will be responsible for maintaining documentation of their users' access to DBHDS systems and must notify the established DBHDS IT points of contact in a timely manner when access changes are needed, access is no longer required, personnel are terminated, or a breach occurs.

Artificial Intelligence (AI)

The Commonwealth of Virginia recognizes the value of Artificial Intelligence (AI) technologies and has implemented guardrails to protect the privacy, security, and confidentiality of Commonwealth applications and data.

The VITA Policy Standards for the Utilization of Artificial Intelligence by the Commonwealth of Virginia govern the Department's use of these tools and may govern interactions between the parties in cases involving sensitive information.

Finally, under no circumstances will an unauthorized AI tool have access to DBHDS systems directly or indirectly via access to CSB systems. This is to maintain compliance with the VITA Enterprise Architecture Standard (EA225) which requires compliance with all applicable solution business requirements, including design/architecture, availability/performance, capacity, continuity, integration/interoperability, technology, and security requirements outlined in the standard.

AMENDMENT 4
FY26 –27 Community Services Performance Contract
Exhibit M: Department of Justice Settlement Agreement Requirements
Contract No. P1636. |CSB Code |.4

The CSB and the Department agree to comply with the requirements set forth in the Settlement Agreement for *United States v. Commonwealth of Virginia*, Civil Action No. 3:12cv00059-JAG, entered by the U.S. District Court for the Eastern District of Virginia on August 23, 2012 [Section IX.A. p. 36], and the subsequent Permanent Injunction in the same case, filed on January 15, 2025, between the U.S. Department of Justice (DOJ) and the Commonwealth of Virginia. This includes the terms of the Permanent Injunction, as well as the compliance indicators agreed to by the parties and filed with the Court on January 14, 2020.

Sections identified in text or brackets refer to sections in the agreement requirements that apply to the target population defined in section III.B of the Agreement: individuals with developmental disabilities who currently reside in training centers, (ii) meet criteria for the DD Waiver waiting list, including those currently receiving DD Waiver services, or (iii) reside in a nursing home or an intermediate care facility (ICF).

To support Virginia's efforts to ensure all people with DD and their families have access to Medicaid information, the CSB will post a message for individuals with DD and their families related to the DMAS document titled "Help in Any Language" to the CSB website and provide the information through other means, as needed, or requested by individuals with DD and their families who are seeking services. This document can be accessed at https://dmas.virginia.gov/media/2852/language-taglines-for-dmas.pdf or by contacting DBHDS or DMAS.

1.) Case Managers or Support Coordinators shall provide anyone interested in accessing DD Waiver Services with a DBHDS provided resource guide (i.e. the Individual and Family Support Program (IFSP) First Steps Document) that contains information including but not limited to case management eligibility and services, family supports- including the IFSP Funding Program, family and peer supports, and information on the My Life, My Community Website, information on how to access REACH services, and information on where to access general information. [section III.C.2. a-f, p. 1].

2.) Case management services, defined in section III.C.5.b, shall be provided to all individuals receiving Medicaid Home and Community-Based Waiver services under the Agreement by case managers or support coordinators who are not directly providing or supervising the provision of Waiver services to those individuals [section III.C.5.c, p. 8].

3.) **For individuals receiving case management services** pursuant to the Agreement, the individual's case manager or support coordinator shall meet with the individual face-to-face on a regular basis and shall conduct regular visits to the individual's residence, as dictated by the individual's needs [section V.F.1, page 26].
   a. At these face-to-face meetings, the case manager or support coordinator shall: observe the individual and the individual's environment to assess for previously unidentified risks, injuries, needs, or other changes in status; assess the status of previously identified risks, injuries, needs, or other changes in status; assess whether the individual's individual support plan (ISP) is being implemented appropriately and remains appropriate for the individual; and ascertain whether supports and services are being implemented consistent with the individual's strengths and preferences and in the most integrated setting appropriate to the individual's needs.
   b. The case manager or support coordinator shall document in the ISP the performance of these observations and assessments and any findings, including any changes in status or significant events that have occurred since the last face-to-face meeting.
   c. If any of these observations or assessments identifies an unidentified or inadequately addressed risk, injury, need, or change in status, a deficiency in the individual's support plan or its implementation,

or a discrepancy between the implementation of supports and services and the individual's strengths and preferences, then the case manager or support coordinator shall report and document the issue in accordance with Department policies and regulations, convene the individual's service planning team to address it, and document its resolution.

4.) DBHDS shall develop and make available training for CSB case managers and leadership staff on how to assess change in status and that ISPs are implemented appropriately. DBHDS shall provide a tool with elements for the case managers to utilize during face-to-face visits to assure that changes in status as well as ISP are implemented appropriately and documented.
   a. CSB shall ensure that all case managers and case management leadership complete the training that helps to explain how to identify change in status and that elements of the ISP are implemented appropriately prior to using the On-Site Visit Tool. The CSB shall deliver the contents of the DBHDS training through support coordinator supervisors or designated trainers to ensure case managers understand the definitions of a change in status or needs and the elements of appropriately implemented services, as well as how to apply and document observations and needed actions.
   b. CSB shall ensure that all case managers use the DBHDS On-Site Visit Tool during one face-to-face visit each quarter for individuals with Targeted Case Management and at one face-to-face visit per month for individuals with Enhanced Case Management to assess at whether or not each person receiving services under the waiver experienced a change in status and to assess whether or not the ISP was implemented appropriately. The completed On-Site Visit Tool and from the visit that will be avialable to DBHDS within 30 days of completion.

5.) Using the process developed jointly by the Department and Virginia Association of Community Services Boards (VACSB) Data Management Committee (DMC), the CSB shall report the number, type, and frequency of case manager or support coordinator contacts with individuals receiving case management services [section V.F.4, p. 27].

6.) **Key indicators** - The CSB shall report key indicators, selected from relevant domains in section V.D.3 on page 24, from the case manager's or support coordinator's face-to-face visits and observations and assessments [section V.F.5, p 27]. Reporting in WaMS shall include the provision of data and actions related to DBHDS defined elements regarding a change in status or needs and the elements of appropriately implemented services in a format, frequency, and method determined by DBHDS [section III.C.5.b.i.].

7.) Enhanced Case Management (ECM) **Face-to-Face Visits** - The individual's case manager or support coordinator shall meet with the individual face-to-face at least every calendar month, and at least one such visit every two months must be in the individual's place of residence, for any individuals who [section V.F.3, pages 26 and 27]:
   a. Receive services from providers having conditional or provisional licenses;
   b. Have more intensive behavioral or medical needs as defined by the Supports Intensity Scale category representing the highest level of risk to individuals
   c. Have an interruption of service greater than 30 days;
   d. Encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period;
   e. Have transitioned from a training center within the previous 12 months; or
   f. Reside in congregate settings of five or more individuals. Refer to Enhanced Case Management Criteria Instructions and Guidance and the Case Management Operational Guidelines issued by the Department.

The status of any individual receiving Enhanced Case Management (ECM) may be reviewed after 90 days to determine whether continued ECM support is necessary. This review must be documented in the individual's record and must include a description of the individual's status at the time of the decision, along with justification for the reason(s) continued ECM support is not required.

The Case Manager or Support Coordinator (SC) shall provide each individual receiving Developmental Disabilities (DD) Waiver services, and the Substitute Decision-Maker (SDM), if applicable, with a choice of qualified service providers. This choice shall be presented prior to any discussion of service options. The SC shall furnish the DBHDS Service Selection Guide to the individual and, where applicable, the SDM. The guide shall be provided in either electronic or printed format prior to the presentation of provider options.

Provider options shall be based on the individual's expressed preferences and shall include, but not be limited to, community non-waiver services and resources, Community Services Board (CSB) providers, and non-CSB waiver providers.

The SC shall document the individual's and, if applicable, the SDM's provider selection using the Virginia Informed Choice Form. This form shall be completed within the Waiver Management System (WaMS) for all referrals to the Regional Support Team (RST) [section III.C.5.c. p. 8].

The CSB SC shall complete the Virginia Informed Choice Form to document both provider and SC selection upon initiation of a new service request; when a change occurs in provider, service, or service setting; when the individual expresses dissatisfaction with a current service or provider; and no less than once annually.

The CSB will document the selected Support Coordinator's name on the Virginia Informed Choice form to indicate individuals, and as applicable Substitute Decision-Maker's, choice of the assigned SC.

8.) **Support Coordinator Quality Review (SCQR)** - The CSB shall complete the Support Coordinator Quality Review process for a statistically significant sample size as outlined in the Support Coordinator Quality Review Process.

a. DBHDS shall annually pull a statistically significant stratified sample of individuals receiving HCBS waiver and send this to the CSB to be utilized to complete the review.
b. Each year, the CSB shall complete the number of Support Coordinator Quality Reviews and provide data to DBHDS as outlined by the process.
c. DBHDS shall analyze the data submitted to determine the following elements are met:
    i. The CSB offered each person the choice of case manager/provider
    ii. The case manager assesses risk, and risk mitigation plans are in place
    iii. The case manager assesses whether the person's status or needs for services and supports have changed and the plan has been modified as needed.
    iv. The case manager assists in developing the person's ISP that addresses all of the individual's risks, identified needs and preferences.
    v. The ISP includes specific and measurable outcomes, including evidence that employment goals have been discussed and developed, when applicable.
    vi. The ISP was developed with professionals and nonprofessionals who provide individualized supports, as well as the individual being served and other persons important to the individual being served.
    vii. The ISP includes the necessary services and supports to achieve the outcomes such as medical, social, education, transportation, housing, nutritional, therapeutic, behavioral, psychiatric, nursing, personal care, respite, and other services necessary.
    viii. Individuals have been offered choice of providers for each service.
    ix. The case manager completes face-to-face assessments that the individual's ISP is being implemented appropriately and remains appropriate to the individual by meeting their health and safety needs and integration preferences.
    x. The CSB has in place and the case manager has utilized where necessary, established strategies for solving conflict or disagreement within the process of developing or revising ISPs, and addressing changes in the individual's needs, including, but not limited to, reconvening the planning team as necessary to meet the individuals' needs.

d. DBHDS shall review the data submitted and complete a semi-annual report that includes a review of data from the Support Coordinator Quality Reviews and provide this information to the CSB. To assure consistency between reviewers, DBHDS shall complete an inter-rater reliability process.
e. If two or more records do not meet 86% compliance for two consecutive quarters, the CSB shall receive technical assistance provided by DBHDS. As requested by DBHDS, the CSB will submit a performance improvement plan when two or more indicators (Item 9c above) are found to be below 60% during any year reviewed.
f. The CSB shall cooperate with DBHDS and facilitate its completion of on-site annual retrospective reviews at the CSB to validate findings of the CSB Support Coordinator Quality Review to provide technical assistance for any areas needing improvement.

9.) **Education about Integrated Community Options** - Case managers or support coordinators shall offer education about integrated community options to any individuals living outside of their own or their families' homes and, if relevant, to their authorized representatives or guardians [section III.D.7, p. 14]. Case managers shall offer this education at least annually through the completion of the Virginia Informed Choice form and at the following times:

a. At enrollment in a DD Waiver
b. When there is a request for a change in Waiver service provider(s)
c. When an individual is dissatisfied with a current Waiver service provider,
d. When a new service is requested
e. When an individual wants to move to a new location, or
f. When a regional support team referral is made as required by the Virginia Informed Choice Form

10.) **Co-occurring Mental Health conditions or engaging in challenging behaviors** for individuals receiving case management services identified to have co-occurring mental health conditions or engaging in challenging behaviors, the individual's case manager or support coordinator shall assure that effective community based behavioral health and/or behavioral supports and services are identified and accessed where appropriate and available.

a. If the case manager or support coordinator incurs capacity issues related to accessing needed behavioral support services in their designated Region, every attempt to secure supports should be made to include adding the individual to several provider waitlists (e.g., based upon individualized needs, this may be inclusive of psychotherapy, psychiatry, counseling, applied behavior analysis/positive behavior support providers, etc.) and following up with these providers quarterly to determine waitlist status. [SA. Provision: III.C.6.a.i-iii Filing reference: 7.14, 7.18]
b. DBHDS will provide the practice guidelines and a training program for case managers regarding the minimum elements that constitute an adequately designed behavioral program, as provided under Therapeutic Consultation waiver services, and what can be observed to determine whether the plan is appropriately implemented. The CSB shall ensure that all case managers and case management leadership complete the training such that case managers are aware of the practice guidelines for behavior support plans and of key elements that can be observed to determine whether the plan is appropriately implemented. [SA. Provision: III.C.6.a.i-iii Filing reference: 7.16, 7.20]

11.) The CSB shall identify children and adults who are at risk for crisis through the standardized on-site visit tool or through the utilization of the crisis elements contained in the tool at intake, and if the individual is identified as at risk for crisis or hospitalization, shall refer the individual to REACH. [SA. Provision: III.C.6.a.i-iii Filing reference: 7.2]

12.) **Enhanced Case Management** - For individuals who receive enhanced case management, the case manager or support coordinator shall utilize the standardized on-site visit tool during monthly visits; for individuals that receive targeted case management, the case manager or support coordinator shall use the standardized on-site visit tool during quarterly visits. Any individual that is identified as at risk for crisis shall be referred to REACH. [S.A. Provision: III.C.6.a.i-iii Filing reference: 7.3] This tool can be adapted to electronic health records when all elements of the standardized format are included.

13.) The CSB shall ensure that CSB Executive Directors, Developmental Disability Directors, case management or support coordination supervisors, case managers or support coordinators, and intake workers participate in training on how to identify children and adults who are at risk for going into crisis.
   a. CSBs shall ensure that training on identifying risk of crisis for intake workers and case managers (or support coordinators) shall occur within 6 months of hire. [S.A. Provision: III.C.6.a.i-iii Filing reference: 7.5]

14.) The CSB shall provide data on implementation of the crisis elements as requested by DBHDS when it is determined that an individual with a developmental disability has been hospitalized and has not been referred to the REACH program.
   a. The CSB shall provide to DBHDS upon request copies of the on-site visit tool, or documentation of utilization of the elements contained within the tool during a crisis screening, for quality review purposes to ensure the tool is being implemented as designed and is appropriately identifying people at risk of crisis. [S.A. Provision: III.C.6.a.i-iii Filing reference: 7.6]
   b. DBHDS shall develop a training for the CSB to utilize when training staff on assessing an individual's risk of crisis/hospitalization.
   c. DBHDS shall initiate a quality review process to include requesting documentation for anyone psychiatrically hospitalized who was not referred to the REACH program and either actively receiving case management during the time frame or for whom an intake was completed prior to hospitalization. The CSB shall promptly, but within no more than 5 business days, provide the information requested.
   d. DBHDS shall request information to verify presence of DD diagnosis for persons who are psychiatrically hospitalized and are not known to the REACH program. The CSB shall promptly, within 5 business days, provide the information requested. [S.A. Provision: III.C.6.b.ii.A Filing references 8.6, 8.7]

15.) **CSB Case manager shall work with the REACH program** to identify a community residence within 30 days of admission to the program including making a referral to the RST when the system has been challenged to find an appropriate provider within this timeframe.
   a. If a waiver eligible individual is psychiatrically hospitalized, is a guest at a REACH Crisis Therapeutic Home (CTH), or is residing at an Adult Transition Home and requires a waiver to obtain a community residence, the CSB shall submit an emergency waiver slot request. [S.A. Provision III.C.6.b.ii.A Filing reference 10.2]

16.) **CSB emergency services** shall be available 24 hours per day and seven days per week, staffed with clinical professionals who shall be able to assess crises by phone, assist callers in identifying and connecting with local services, and, where necessary, dispatch at least one mobile crisis team member adequately trained to address the crisis for individuals with developmental disabilities [section III.C.6.b.i.A, p. 9].
   a. The mobile crisis team shall be dispatched from the Regional Education Assessment Crisis Services Habilitation (REACH) program that is staffed 24 hours per day and seven days per week by qualified persons able to assess and assist individuals and their families during crisis situations and that has mobile crisis teams to address crisis situations and offer services and support on site to individuals and their families within one hour in urban areas and two hours in rural areas as measured by the average annual response time [section III.C.6.b.ii, pages 9 and 10].
   b. All Emergency services staff and their supervisors shall complete the REACH training, created and made available by DBHDS, that is part of the emergency services training curriculum.

c. DBHDS shall create and update a REACH training for emergency staff and make it available through the agency training website.
d. CSB emergency services shall notify the REACH program of any individual suspected of having a developmental disability who is experiencing a crisis and seeking emergency services as soon as possible, preferably prior to the initiation of a preadmission screening evaluation in order to allow REACH and emergency services to appropriately divert the individual from admission to psychiatric inpatient services when possible.
e.
f. If the CSB has an individual receiving services in the REACH CTH program with no plan for discharge to a community residence and a length of stay that shall soon exceed 30 concurrent days, the CSB Executive Director or his or her designee shall provide a weekly update describing efforts to achieve an appropriate discharge for the individual to the Department's Assistant Commissioner of Developmental Services or his/her designee.
g. DBHDS shall notify the CSB Executive Director or designee when it is aware of a person at the REACH CTH who is nearing a 30-day concurrent stay.

17.) **Comply with State Board Policy 1044 (SYS) 12-1 Employment First** [section III.C.7.b, p. 11]. This policy supports identifying community-based employment in integrated work settings as the first and priority service option offered by case managers or support coordinators to individuals receiving day support or employment services.
a. CSB case managers shall take the on-line case management training modules and review the case management manual within 30 days of hire.
b. CSB case managers shall initiate meaningful employment conversations with individuals starting at the age of 14 until the age of retirement (65).
c. CSB case managers shall discuss employment with all individuals, including those with intense medical or behavioral support needs, as part of their ISP planning processes.
d. CSB case managers shall document goals for or toward employment for all individuals 18-64 or the specific reasons that employment is not being pursued or considered.
e. DBHDS shall maintain training and tools for case managers regarding meaningful conversation about employment, including for people with complex medical and behavioral support needs. The CSB shall utilize this training, the SC Employment Module, with its staff and document its completion within 30 days of hire.

18.) CSB case managers or support coordinators shall liaise with the Department's regional community resource consultants regarding responsibilities as detailed in the Performance Contract [section III.E.1, p. 14].

19.) Case managers or support coordinators shall participate in discharge planning with individuals' personal support teams (PSTs) for individuals in training centers and children in ICF/IIDs for whom the CSB is the case management CSB, pursuant to § 37.2-505 and § 37.2-837 of the Code that requires the CSB to
develop discharge plans in collaboration with training centers [section IV.B.6, p. 16].

20.) In developing discharge plans, CSB case managers or support coordinators, in collaboration with facility PSTs, shall provide to individuals and, where applicable, their authorized representatives, specific options for types of community residences, services, and supports based on the discharge plan and the opportunity to discuss and meaningfully consider these options [section IV.B.9, p. 17].

21.) CSB case managers or support coordinators and PSTs shall coordinate with specific types of community providers identified in discharge to provide individuals, their families, and, where applicable, their authorized representatives with opportunities to speak with those providers, visit community residences (including, where feasible, for overnight visits) and programs, and facilitate conversations and meetings with individuals currently living in the community and their families before being asked to make choices regarding options [section IV.B.9.b, p. 17].

22.) CSB case managers or support coordinators and PSTs shall assist individuals and, where applicable, their authorized representatives in choosing providers after providing the opportunities described in subsection 13 above and ensure that providers are timely identified and engaged in preparing for individuals' transitions [section IV.B.9.c, p.17]. Case managers or support coordinators shall provide information to the Department about barriers to discharge for aggregation and analysis by the Department for ongoing quality improvement, discharge planning, and development of community-based services [IV.B.14, p. 19].

23.) In coordination with the Department's Post Move Monitor, the CSB shall conduct post- move monitoring visits within 30, 60, and 90 days following an individual's movement from a training center to a community setting [section IV.C.3, p.19]. The CSB shall provide information obtained in these post move monitoring visits to the Department within seven business days after the visit.

24.) If a CSB provides day support or residential services to individuals in the target population, the CSB shall implement risk management and quality improvement processes, including establishment of uniform risk triggers and thresholds that enable it to adequately address harms and risks of harms, including any physical injury, whether caused by abuse, neglect, or accidental causes [section V.C.1, p. 22].

25.) Using the protocol and the real-time, web-based incident reporting system implemented by the Department, the CSB shall report any suspected or alleged incidents of abuse or neglect as defined in § 37.2-100 of the Code, serious injuries as defined in 12 VAC 35- 115-30 of the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services* or deaths to the Department within 24 hours of becoming aware of them [section V.C.2, p. 22].

26.) CSBs shall participate with the Department to collect and analyze reliable data about individuals Receiving services under this Agreement from each of the following areas:

a. safety and freedom from harm
b. physical, mental, and behavioral
c. avoiding crises
d. choice and self-determination
e. community inclusion, health and well-being
f. access to services
g. provider capacity
h. stability [section V.D.3, pgs. 24 & 25]

27.) CSBs shall participate in the regional quality council established by the Department that is responsible for assessing relevant data, identifying trends, and recommending responsive actions in its region [section V.D.5.a, p. 25].

29.) CSB's shall review and provide annual feedback on the Quality Review Team (QRT) End of Year Report.

30.) CSBs shall participate in DBHDS initiatives that ensure the reliability and validity of data submitted to the Department. Participation may include reviews of sampled data, the comparison of data across DBHDS and CSB systems, and the involvement of operational staff to include information technology. Meeting frequency shall be semi-annually, but not more than monthly depending on the support needed.

31.) CSBs shall provide access to the Independent Reviewer to assess compliance with this Agreement. The Independent Reviewer shall exercise his access in a manner that is reasonable and not unduly burdensome to the operation of the CSB and that has minimal impact on programs or services to individuals receiving

services under the Agreement [section VI.H, p. 30 and 31]

32.) ~~CSBs shall participate with the Department and any third-party vendors in the implementation of the National Core Indicators (NCI) Surveys and Quality Service Reviews (QSRs) for selected individuals receiving services under the Agreement. This includes informing individuals and authorized representatives about their selection for participation in the NCI individual surveys or QSRs; providing the access and information requested by the vendor, including health records, in a timely manner; assisting with any individual specific follow-up activities; and completing NCI surveys [section V.I, p. 28].~~

~~During FY22 the QSR process will be accelerated and will require the CSB to fully participate in the completion of QSR implementation twice during a nine-month period. This will ensure that the Commonwealth can show a complete improvement cycle intended by the QSR process by June 30, 2022. The attached GANTT details the schedule for the QSR reviews of 100% of providers, including support coordinators, for two review cycles.~~

The CSB shall cooperate with the Department and any designated third-party vendors in the implementation of the National Core Indicators (NCI) Surveys and Quality Service Reviews (QSRs) for individuals selected to participate under the Agreement. Such cooperation shall include: (i) notifying individuals and their authorized representatives of their selection for participation in NCI individual surveys or QSRs; (ii) providing timely access to requested information, including health records; (iii) assisting with individual-specific follow-up activities as necessary; and (iv) completing NCI surveys. [section V.I, p. 28].

33.) The CSB shall notify the community resource consultant (CRC) and regional support team (RST) in the following circumstances using the RST referral form in the waiver management system (WaMS) application to enable the RST to monitor, track, and trend community integration and challenges that require further system development:

a. within five calendar days of an individual being presented with any of the following residential options: an ICF, a nursing facility, a training center, or a group home/congregate setting with a licensed capacity of five beds or more;
b. if the CSB is having difficulty finding services within 30 calendar days after the individual's enrollment in the waiver; or,
c. immediately when an individual is displaced from his or her residential placement for a second time [sections III.D.6 and III.E, p. 14].

34.) DBHDS shall provide data to CSBs on their compliance with the RST referral and implementation process.

a. DBHDS shall provide information quarterly to the CSB on individuals who chose less integrated options due to the absence of something more integrated at the time of the RST review and semi-annually
b. DBHDS shall notify CSBs of new providers of more integrated services so that individuals who had to choose less integrated options can be made aware of these new services and supports.
c. CSBs shall offer more integrated options when identified by the CSB or provided by DBHDS.
d. CSBs shall accept technical assistance from DBHDS if the CSB is not meeting expectations.

35.) Case managers or support coordinators shall collaborate with the CRC to ensure that person-centered planning and placement in the most integrated setting appropriate to the individual's needs and consistent with his or her informed choice occur [section III.E.1-3, p. 14].

a. CSBs shall collaborate with DBHDS CRCs to explore community integrated options including working with providers to create innovative solutions for people.
b. The Department encourages the CSB to provide the Independent Reviewer with access to its services and records and to individuals receiving services from the CSB; however, access shall be given at the sole discretion of the CSB [section VI.G, p. 31].

36.) **Developmental Case Management Services**

a. Case managers or support coordinators employed or contracted by the CSB shall meet the knowledge, skills, and abilities qualifications in the Case Management Licensing Regulations, 12 VAC 35-105-

1250. During its inspections, the Department's Licensing Office may verify compliance as it reviews personnel records.

b. Reviews of the individual support plan (ISP), including necessary assessment updates, shall be conducted with the individual quarterly or every 90 days and include modifications in the ISP when the individual's status or needs and desires change.

c. During its inspections, the Department's Licensing Office may verify this as it reviews the ISPs including those from a sample identified by the CSB of individuals who discontinued case management services.

d. The CSB shall ensure that all information about each individual, including the ISP and VIDES, is imported from the CSB's electronic health record (EHR) or through WaMS direct entry (see 36.e.) to the Department on or prior to the effective date of the ISP through an electronic exchange mechanism mutually agreed upon by the CSB and the Department into the electronic waiver management system (WaMS). CSBs must continue to provide the information to provider agencies in a timely manner to prevent any interruption in an individual's services.

e. If the CSB is unable to submit via the data exchange process, it shall enter this data directly through WaMS, when the individual is entered the first time for services, or when his or her living situation changes, her or his ISP is reviewed annually, or whenever changes occur, including the individual's Race and the following information:

i.	full name	viii.	level of care information
ii.	social security number	ix.	change in status
iii.	Medicaid number	x.	terminations
iv.	CSB unique identifier	xi.	transfers
v.	current physical residence address	xii.	waiting list information
vi.	living situation (e.g., group home	xiii.	bed capacity of the group home if that is chosen
vii.	family home, or own home)	xiv.	Current support coordinator's name

f. Case managers or support coordinators and other CSB staff shall comply with the SIS' Administration Process and any changes in the process within 30 calendar days of notification of the changes.

g. Case managers or support coordinators shall notify the Department's service authorization staff that an individual has been terminated from all DD waiver services within 10 business days of termination.

h. Case managers or support coordinators shall assist with initiating services within 30 calendar days of waiver enrollment and shall submit Request to Retain Slot forms as required by the Department. All written denial notifications to the individual, and family/caregiver, as appropriate, shall be accompanied by the standard appeal rights (12VAC30-110).

i. Case managers or support coordinators shall complete the level of care tool for individuals requesting DD Waiver services within 60 calendar days of application for individuals expected to present for services within one year.

j. Case managers or support coordinators shall comply with the DD waitlist process, DD waitlist review process and slot assignment process and implement any recommendations or changes in the processes within 30 calendar days of written notice from the Department.

37.) **Targeted Technical Assistance**

a. The CSB shall participate in technical assistance as determined by the Case Management Steering Committee. Technical assistance may be comprised of virtual or on-site meetings, trainings, and record reviews related to underperformance in any of the following areas monitored by the committee: Regional Support Team referrals, Support Coordination Quality Review results, Individual Support Plan entry completion, and case management contact data.

b. DBHDS shall provide a written request that contains specific steps and timeframes necessary to complete the targeted technical assistance process.
c. The CSB shall accommodate technical assistance when recommended within 45 days of the written request.
d. CSB failure to participate in technical assistance as recommended or demonstrate improvement within 12 months may result in further actions under Exhibit I of this contract.

38.) CSB Quality Improvement Committees will review annually the DMAS-DBHDS Quality Review Team's End of Year report on the status of the performance measures included in the DD HCBS Waivers' Quality Improvement Strategy with accompanying recommendations to the DBHDS Quality Improvement Committee. CSB documentation of these reviews and resultant CSB-specific quality improvement activities will be reported to DBHDS within 30 days of receiving the report.

39.) **Support Coordination Training Requirements**

DD Support Coordination Training Requirements			
Training	**Location**	**Timeframe**	**Supplemental Information**
General Orientation	CSB per 12VAC35-105-450	w/in 15 days of hire	https://la
SC Modules 1-10	https://sccmtraining.partnership.vcu.edu/sccmtrainingmodules/	w/in 30 days of hire	https://dl
SC Employment Module	https://covlc.virginia.gov/ [keyword search: Employment]	w/in 30 days of hire	https://dl
Independent Housing Curriculum for SCs	https://covlc.virginia.gov/ [keyword search: Housing]	w/in 30 days of hire	https://dl
KSA related trainings for DD TCM only	CSB per 12VAC30-50-490	8 hours annually	https://la
Behavioral Training	https://covlc.virginia.gov/ [keyword search: Behavioral]	w/in 180 days of hire	https://dl
On-site Visit Tool (OSVT) Training	https://dbhds.virginia.gov/wp-content/uploads/2022/03/osvt-training-slides-understanding-change-in-status-10.30.20-final-sm.pptx	Prior to use	https://dl
Completing the Crisis Risk Assessment Elements of the OSVT	https://covlc.virginia.gov/ [keyword search: Crisis]	Prior to use	https://dl
Understanding PC ISP v4.0 Parts I-IV	https://vimeo.com/1008790734/700ec3fddc	Prior to facilitating an ISP meeting	https://d content/ https://dl Parts-I-I
Individual Support Plan (ISP) Modules 1-5	https://covlc.virginia.gov/ [keyword search: ISP] [keyword search: ISP]	Prior to facilitating an ISP meeting	https://dl supports supports
HCBS Rights Training	https://www.medicaid.gov/medicaid/ home-community-based-services/home-community-based- services-training-series	Prior to site visits	Respons

AMENDMENT 1
FY26 –27 Community Services Performance Contract
Exhibit M: Department of Justice Settlement Agreement Requirements
Contract No. P1636. [CSB Code].1

AMENDMENT 4
AMENDED AND RESTATED
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT
MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT
Exhibit G: Community Services Boards Master Programs Services Requirements
Contract No. P1636.3

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AMENDMENT 4
AMENDED AND RESTATED
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT
MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT
Exhibit G: Community Services Boards Master Programs Services Requirements
Contract No. P1636.3

Purpose
The Community Services Board or Behavioral Health Authority (the "CSB") shall comply with certain program service requirements for those community services it provides and the Department of Behavioral Health and Developmental Services ("DBHDS" or " Department") funds under this Exhibit G (the "Exhibit"). All terms, provisions and agreements set forth in the most current version of the Community Services Performance Contract remain in effect, except to the extent expressly modified herein. If the terms set forth in this Exhibit are inconsistent with the most current version of the Community Services Performance Contract, the terms set forth in this Exhibit shall apply.

Notification of Award
For program services under this Exhibit, the Department's Fiscal Services and Grants Management Office (the "FSGMO") and Budget Development Office works with the program offices to provide notification of federal and state grant awards, and baseline funding allocations to the CSB prior to funding disbursement and/or reimbursement. The notice will provide applicable federal and state grant specific information such as: award amounts, period of performance, reconciliation and close out.

See ATTACHMENT 1 of this Exhibit for additional information regarding all state funded program services.

Billing And Payment Terms and Conditions
CSB shall comply with Section 9 of the performance contract.

Indirect Cost Rate
CSB shall comply with the most current version of the DBHDS State and Federal Indirect Cost Rate Policy unless otherwise contractually negotiated.

Regional Program Procedures
CSB shall comply with the Regional Program Procedures unless otherwise contractually negotiated.

Use of Funds
Funds provided under this agreement shall not be used for any purpose other than as described herein and/or outlined in Exhibit F: Federal Grant Requirements, and other federal and state laws or regulations.

CSB agrees that if it does not fully implement, maintain, or meet established terms and conditions as established herein or as subsequently modified by agreement of the Parties, the Department shall be able to recover part or all the disbursed funds as allowable under the terms and conditions of the performance contract.

Limitations on Reimbursements
CSB shall not be reimbursed or otherwise compensated for any expenditures incurred or services provided following the end of the period of performance.

Reporting Requirements
CSB shall comply and collaborate with the Department regarding all standard and additional reporting requirements pursuant to but not limited to the Reporting and Data Quality Requirements of the performance contract, established data processes and procedures, Exhibit E: Performance Contract Schedule and Process, this Exhibit, and by the Department as required by its funding authorities.

Monitoring, Review, and Audit
The Department may monitor and review the use of the funds, performance of the Program or Service, and compliance with this agreement, which may include onsite visits to assess the CSB's governance, management

and operations, and review relevant financial and other records and materials. In addition, the Department may conduct audits, including onsite audits, at any time during the term of this agreement with advance notification to the CSB.

Technical Assistance
The CSB and the Department shall work in partnership to address technical assistance needs to provide the program services herein.

Other Terms and Conditions
This exhibit may be amended pursuant to Section 5 of the performance contract.

Federal Funded Program Services
This section describes certain program services that have a primary funding source of federal funds but there may also be other sources of funding provided by the Department for these services.

10.1 Children's Mental Health Block Grant

Scope of Services and Deliverables
Children's Mental Health Block Grant funds are to be used to reduce states' reliance on hospitalization and develop effective community-based mental health services for children with Serious Emotional Disturbance (SED). Children with SED includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). The state MHBG allotments are used to support community programs, expanded children's services, home-based crisis intervention, school-based support services, family and parenting support/education, and outreach to special populations

The purpose of these funds is to provide community-based services to youth (up to age 18), who have serious emotional disturbance with the goal of keeping youth in the community and reducing reliance on out-of-home placements. Services may include assessments and evaluations, outpatient or office-based treatment, case management, community-based crisis services, intensive community-based supports, community-based home services, and special populations of youth with SED such as juvenile justice, child welfare, and/other under-served populations. Services cannot be used for residential or inpatient care.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall use the Children's Mental Health Block Grant funds to reduce states' reliance on hospitalization and develop effective community-based mental health services for children with Serious Emotional Disturbance (SED). Children with SED includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.
2. The CSB shall comply with the additional uses or restrictions for this grant pursuant to Exhibit F of the performance contract.

B. The Department Responsibilities: The Department agrees to comply with the following requirements. The Department will periodically review case files through regional consultant block grant reviews to ensure funds are being spent accordingly.

10.2. Assertive Community Treatment (ACT) Program Services

Scope of Services and Deliverables
Assertive Community Treatment (ACT) provides long term needed treatment, rehabilitation, and

support services to identified individuals with severe and persistent mental illness especially those who have severe symptoms that are not effectively remedied by available treatments or who because of reasons related to their mental illness resist or avoid involvement with mental health services in the community. ACT services are offered to outpatients outside of clinic, hospital, or program office settings for individuals who are best served in the community.

ACT is a highly coordinated set of services offered by a group of medical, behavioral health, peer recovery support providers and rehabilitation professionals in the community who work as a team to meet the complex needs of individuals with severe and persistent mental illness. An individual who is appropriate for ACT requires this comprehensive, coordinated approach as opposed to participating in services across multiple, disconnected providers, to minimize risk of hospitalization, homelessness, substance use, victimization, and incarceration. An ACT team provides person-centered services addressing the breadth of individuals' needs and is oriented around individuals' personal goals. A fundamental charge of ACT is to be the first line (and generally sole provider) of all the services that an individual receiving ACT needs. Being the single point of responsibility necessitates a higher frequency and intensity of community-based contacts between the team and individual, and a very low individual-to-staff ratio. ACT services are flexible; teams offer personalized levels of care for all individuals participating in ACT, adjusting service levels to reflect needs as they change over time.

An ACT team assists individuals in advancing toward personal goals with a focus on enhancing community integration and regaining valued roles (e.g. worker, daughter, resident, spouse, tenant, or friend). Because an ACT team often works with individuals who may demonstrate passive or active resistance to participation in services, an ACT team must carry out thoughtfully planned assertive engagement techniques including rapport-building strategies, facilitating the individual in meeting basic needs, and motivational interviewing interventions. The team uses these techniques to identify and focus on individuals' life goals and motivations to change. Likewise, it is the team's responsibility to monitor individuals' mental status and provide needed supports in a manner consistent with their level of need and functioning. The ACT team delivers all services according to a recovery-based philosophy of care. Individuals receiving ACT should also be engaged in a shared decision-making model, assistance with accessing medication, medication education, and assistance in medication to support skills in taking medication with greater independence. The team promotes self-determination, respects the person participating in ACT as an individual in their own right, and engages registered peer recovery specialists to promote hope that recovery from mental illness and regaining meaningful roles and relationships in the community are possible.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall design and implement its ACT program in accordance with requirements in the Department's Licensing Regulations for ACT in *12 VAC 35-105-1360 through 1410*, *Department of Medical Assistance Services Regulations and Provider Manual Appendix E*, and in accordance with best practice as outlined in the Tool Measurement of Assertive Community Treatment (TMACT). The final ratings of a TMACT review are used to set the reimbursement rate with DMAS.
2. The CSB shall reserve any restricted state mental health funds earmarked for ACT that remain unspent only for ACT program services unless otherwise authorized by the Department in writing.
3. The CSB shall prioritize admission to ACT for adults with serious mental illnesses who are currently residing in state hospitals, have histories of frequent use of state or local psychiatric inpatient services, or are homeless.
4. The CSB shall participate in ACT fidelity monitoring (TMACT review) every 12-18 months and assist Department staff as requested with any case-level utilization review activities, making records of individuals receiving ACT services available and providing access to individuals receiving ACT services for interviews.
5. The CSB shall follow the Tool for Measurement of ACT (TMACT) review process.

6. CSB ACT staff shall participate in ACT network meetings with other ACT teams as requested by the Department.
7. New ACT programs shall obtain and provide documentation of individual team-level training and technical assistance at least quarterly for the first two years of operation from recognized experts approved by the Department.
8. Each new ACT team staff shall successfully complete an introductory ACT 101 training. The Department recommends the University of North Carolina's Institute for Best Practices (or an equivalent training as approved by DBHDS) within the first 120 calendar days of the team member's date of hire.
9. For each year of employment thereafter, each ACT team member (excluding the program assistant) shall receive an additional three hours of training in an area that is fitting with their area of expertise and role within the team. This additional training may be in the form of locally provided training, online workshops, or regional or national conferences. The CSB shall maintain documentation of completed training activities.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. The Department shall monitor ACT implementation progress of new ACT programs through quarterly reports submitted to the Department's Office of Adult Community Behavioral Health by the CSB. This will be a 2-year monitoring process for new ACT programs.
2. The Department shall monitor ACT fidelity using the Tool for Measurement of Assertive Community Treatment (TMACT).
3. The Department shall provide the process for the Tool for Measurement of ACT (TMACT) review.
4. The Department shall provide the data collection and additional reporting database, submission due dates, and reporting protocols to the CSB. DBHDS will provide advance notification to the CSB regarding data collection and additional reporting database, submission due dates, and reporting protocols in sufficient time to allow for compliance.

C. Reporting Requirements: The CSB and the DBHDS will work in collaboration to provide a standardized mechanism for ACT teams to track
outcomes, which can then guide their own performance initiatives.Pregnant Women and Women with Dependent Children Services

10.3. Scopes and Deliverable Services

The Substance Use Prevention, Treatment, and Recovery Block Grant (SUBG) has numerous requirements for services for the Pregnant Women and Women with Dependent Children (PPW). Per CFR, Title 45, Subtitle A, Subchapter A, Part 96, Subpart L, 596.124 Certain allocations mandate that all programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate. Community Services Board, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children.

A. The CSB Responsibilities

1. The CSB shall admit pregnant women into services within 48 hours of request and provide interim services (per SUBG) if unable to provide services; and notify the Department's designee, Women's Services, and Specialty Population Manager within in 48 hours.
2. The CSB shall adhere to the following federal guidelines for the PPW population and utilize the federal set-a-side and state general funds to provide or refer to the following services:

a. primary medical care for women, including referral for prenatal care and, while the women are receiving such services, childcare.
b. Refer the children of women enrolled in services to primary pediatric care, including immunization, for their children.
c. Gender-specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and childcare while the women are receiving these services.

3. Therapeutic interventions for children in the custody of women in treatment which
4. may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and sufficient case management and transportation to ensure women attend treatment appointments.
5. Collaboration with local birthing hospitals per VA Code 32.1-127 B6 for individuals who deliver Substance Exposed Infants (SEIs) and coordinate discharge planning.

B. The Department Responsibilities

1. The Department shall monitor the utilization of the federal and state general funds for the PPW population.
2. The Department shall be responsible for conducting physical site visits and federal block grant reviews biennially and can increase in frequency based upon the technical needs of the CSB.

10.4 Project Link Program

Scope of Services and Deliverables

Project LINK is a specialized program that provides intensive case management, home visiting, treatment, prevention, and recovery services as well as linkage to said services for women of childbearing age (14-44 years old), pregnant, and parenting women impacted by substance use disorders or co-occurring disorders. The CSB is responsible for maintaining a Project LINK supervisor to manage the requirements of the program. Additionally, each site is responsible for collaboration with birthing hospitals to coordinate discharge planning with individuals who deliver Substance Exposed Infants (SEI) per VA Code 32.127.B6. Each program is responsible for advisory meetings with agencies in its catchment, to integrate and coordinate additional service needs with community stakeholders.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall work collaboratively with the DBHDS Addiction Wellness and Recovery Services (AWRS) Women's Services Coordinator and Specialty Population Manager to fulfill the SUBG Woman set aside requirement.
2. The program will provide the Evidence-Based Program (EBP) Nurturing Program for Families in Substance Abuse Treatment and Recovery and a trauma program such as Seeking Safety, Beyond Trauma, Trauma Recovery and Empowerment Model, or Eye Movement Desensitization and Reprocessing (EMDR).
3. Submit Project LINK Service Delivery and Outcomes at Discharge, narrative, and financial reports bi-annually.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. Provide oversight and monitor the Project LINK program to ensure the scope and deliverables are met as well as provide technical assistance as required.

2. Communicate in a timely manner about changes to the program and funding allocations
3. Facilitate quarterly Project LINK Managers and Directors meeting as well as virtual and onsite program visits.

C. Reporting Requirements: The CSB shall electronically submit all required Project LINK reports per the following schedule below.

1st Report	April 30th
Reporting period: October 1 - March 31st	(Service Delivery and Outcomes at Discharge Report)
2nd Report	October 30th
Reporting Period April 1 -September 30th	(Annual Service Delivery and Outcomes Discharge Report; Narrative Report; Project LINK Budget)

10.5. State Opioid Response Program Services (SOR)

SOR Prevention Program - The SOR grant was awarded to Virginia to combat the opioid epidemic and build upon programs started with State Targeted Response R/OPT-R and SOR. The purpose of the SOR program is to address the public health crisis caused by escalating opioid misuse, opioid use disorder (OUD), and opioid-related overdose across the nation. States and territories are expected to use the resources to: increase access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD); support the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent substance use disorders; and support the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

The SOR prevention grant awards support the implementation of effective strategies identified by the Virginia Evidence-Based Outcomes Workgroup. The categories of approved strategies include: coalition development, heightening community awareness/education, supply reduction/environmental, tracking and monitoring, and community education as part of harm reduction efforts. A portion of SOR Prevention funds are approved for the ACEs Project and Prevention Mini Wellness Grants .

1. Adverse Childhood Experiences (ACEs) Project

Scope of Services and Deliverables

SOR Prevention grant funds for the Adverse Childhood Experiences (ACEs) Project must be used to fund prevention strategies that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall work collaboratively with DBHDS and OMNI Institute technical assistance team to fulfill requirements of the grant. This collaboration includes responding to information requests in a timely fashion, entering data in the Performance Based Prevention System (PBPS), submitting reports by established deadlines.