Assessments of Virginia's Disability Services System:

Virginia Board for People with Disabilities

Barriers to Navigating the Developmental Disabilities (DD) Waiver Waiting List

Supports for Family Caregivers

2026 Assessments of Barriers to Navigating the Developmental Disability Waiver Waiting List and Supports for Family Caregivers

First Edition

This report is also available in alternative formats by request and on the Virginia Board's website. For more information, please contact the Board at:

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The Virginians with Disabilities Act § 51.5-33 directs the Virginia Board for People with Disabilities (VBPD), beginning July 1, 2017, to submit an annual report to the Governor, through the Secretary of Health and Human Resources, that provides an in-depth assessment of at least two service areas for people with disabilities in the Commonwealth. The Board, as part of its authority and responsibility as a Developmental Disabilities (DD) Council under the federal Developmental Disabilities and Bill of Rights Act (42 U.S.C.§15021-15029), is also required to complete a similar analysis as it develops and amends its federal State Plan goals and objectives.

The Board selected barriers to navigating the developmental disabilities (DD) waiver waiting list and supports for family caregivers as the topic areas to be assessed in 2026. In these assessments, the Board seeks to determine the challenges for families in navigating services available while on the DD waiver waiting list and supports available to families. Based on these findings, the Board makes recommendations to strengthen service delivery, increase transparency and improve caregiver well-being across the Commonwealth.

We appreciate the assistance of the state agencies and other stakeholders that provided information. The policy recommendations included in this assessment were developed by an ad hoc committee of the Board and approved by the full Board at its June 3, 2026, meeting.

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Statement of Values

> *"Physical or mental disabilities in no way diminish a person's right to fully participate in all aspects of society, yet many people with physical or mental disabilities have been precluded from doing so because of discrimination ... [H]istorically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem ..."*
>
> **— 42 U.S. Code § 12101 – Americans with Disabilities Act – Findings and Purpose**

The Virginia Board for People with Disabilities serves as Virginia's Developmental Disability Council. In this capacity, the Board advises the Governor, the Secretary of Health and Human Resources, federal and state legislators and other constituent groups on issues important to people with disabilities in the Commonwealth. The following assessments of Barriers to Navigating the Developmental Disability (DD) Waiver Waiting List and Support for Family Caregivers are intended to serve as guides for policymakers who are interested in ensuring that people with disabilities live fully integrated lives in their communities, with the supports they need, based on their interests and lifestyle choices. The Board's work in this area is driven by its vision, values and the following core beliefs and principles:

Inherent Dignity: All people possess inherent dignity, regardless of gender, race, religion, national origin, sexual orientation or disability status.

Presumed Capacity: All people should be presumed capable of obtaining a level of independence and making informed decisions about their lives.

Self-Determination: People with disabilities and their families are experts in their own needs and desires. They must be included in the decision-making processes that affect their lives.

Integration: People with disabilities have a civil right to receive services and supports in the most integrated setting appropriate to their needs and desires, consistent with the Supreme Court's Olmstead decision.

Diversity: Diversity is a core value. All people, including people with disabilities, should be valued for contributing to the diversity of our neighborhoods and of the Commonwealth.

Freedom from Abuse and Neglect: People with disabilities must be protected from abuse, neglect and exploitation in all settings where services and supports are provided.

Fiscal Responsibility: Fiscally responsible policies are beneficial for the Commonwealth, and they are beneficial for people with disabilities.

Executive Summary

The Virginia Board for People with Disabilities conducted two assessments for 2026: an examination of barriers to navigating the developmental disabilities (DD) waiver waiting list and an assessment of supports available for family caregivers. Together, these assessments highlight pervasive challenges faced by individuals with developmental disabilities and their families, including systemic complexity, inconsistent communication from agency staff, financial strain, workforce shortages and a lack of centralized, accessible information. The assessments also outline targeted, actionable recommendations intended to strengthen service delivery, increase transparency and improve caregiver well-being across the Commonwealth.

Assessment of Barriers to Navigating the Developmental Disabilities (DD) Waiver Waiting List

The assessment of barriers to navigating the DD waiver waiting list found that individuals with developmental disabilities and their families often struggle to understand the DD waiver eligibility and assessment processes because the information is viewed as complex, inconsistently explained and difficult to navigate. This confusion contributes to significant stress as families attempt to interpret the meaning of Virginia Individual Developmental Disabilities Eligibility Survey (VIDES) assessments, eligibility determinations and the assignment of priority levels. A persistent misconception is that the waiting list operates in a numerical, first-come, first-served order; instead, it is a needs-based system that assigns priority according to urgency, a distinction that many families do not understand well. The waiver assignment process itself is also unclear to families, who often do not know how decisions are made, what timelines to expect or what actions they must take to keep information updated. Improving clarity, transparency and consistency in communication is therefore essential to setting appropriate expectations.

Families reported significant difficulty accessing accurate, up-to-date information about their current waiting list status, priority level and required next steps. This information is fragmented across multiple agencies and is communicated inconsistently, leading to confusion, missed requirements and reduced trust in the system. Families expressed a need for an accessible technology platform through which they can easily check their status at any time, rather than depending on intermittent communication from support coordinators. A centralized portal with real-time updates would provide a sense of control and transparency, reduce anxiety and strengthen engagement with the process.

The Department for Behavioral Health and Developmental Services' Individual and Family Support Program (IFSP) and My Life, My Community website offer valuable resources but are underfunded and understaffed relative to the needs of more than 14,000 individuals on the waiting list. Families rely heavily on the website for information about services, yet the platform lacks the capacity to serve as the comprehensive, up-to-date statewide hub families need. The IFSP-Funding Program is similarly strained; despite receiving thousands of applications annually,

limited resources allow only a portion of eligible families to receive funding. Additional barriers include the lack of compensation for individuals with lived experience who contribute to the IFSP and other programs as peer mentors, advisors or trainers, despite their crucial role in supporting other families. Strengthening these programs requires targeted investment, structural improvements and formal recognition of lived expertise.

Recommendations Related to Understanding the Waiting List and Appropriate Expectations

1. To improve transparency, the Community Services Boards (CSBs) in collaboration with the Department of Behavioral Health and Developmental Services (DBHDS) should develop templates to provide waiver applicants with plain-language summaries of their Virginia Individual Developmental Disabilities Eligibility Survey (VIDES) results (eligibility) and their Priority Level assessment (urgency) results. These should include visual aids explaining the waiting list ranking system, including how assessment scores translate to priority levels, and an annual "status explanation" to keep individuals on the waiting list informed of their current standing. DBHDS should provide CSBs with training on these tools.
2. The Department of Behavioral Health and Developmental Services (DBHDS) should require Community Services Boards to provide individuals on the waiting list standardized, recurring education on waiting list prioritization. This should include scenario-based examples of priority criteria and a written, personalized explanation detailing the specific urgency factors that resulted in an individual's Priority Level. DBHDS will provide training on consistent messaging.

Recommendation Related to Ease of Access to Status Information

3. The Department of Behavioral Health and Developmental Services should utilize a centralized, secure user-friendly portal to provide individuals and families with real-time access to their DD waiver waiting list status. This portal could build on and modernize existing systems (such as the Virginia Waiver Management System or WaMS). The portal should include an individual's Priority Level, required next steps and direct contact information for their assigned CSB Support Coordinator.

Recommendations Related to Support Programs/Resources

4. The General Assembly should appropriate dedicated funding to transform the My Life, My Community website into Virginia's primary information and training hub for families and caregivers. This investment should focus on integrated service navigation, real-time content updates, dedicated staff and accessible information and resources, alongside an on-demand learning center offering micro-trainings (5- 10 minutes), one-page

summaries and other on-demand training opportunities. The hub should include materials and training specific to siblings, grandparents and other extended caregivers.

5. The General Assembly should provide increased funding for the Individual and Family Support Funding Program to, at minimum, provide direct financial assistance for the average number of applications received each year and funding for additional administrative support.
6. The Department of Behavioral Health and Developmental Services (DBHDS) should research best practices in other states to compensate individuals with lived experience for their expertise when, for example, serving on advisory groups or supporting training efforts. DBHDS should make recommendations to the State Board of Behavioral Health and Developmental Services on establishing a formal policy to compensate individuals with lived experience for their expertise.
7. The General Assembly should provide necessary funding to implement the DBHDS lived-experience compensation policy.

Assessment of Support for Family Caregivers

The assessment of supports for family caregivers emphasizes the essential role caregivers play in sustaining individuals with disabilities in their homes and communities. Family caregivers face substantial and ongoing financial burdens when providing support to their loved ones. Caregivers in Virginia spend more than $7,200 annually—amounting to roughly 26 percent of their income—on caregiving activities, including direct expenses and lost wages. National and state policymakers are increasingly exploring tax credits as a means to alleviate these burdens, and several states have implemented such credits with varying structures. In Virginia, recent legislative attempts signal growing interest but have not yet resulted in enacted policy. Addressing financial strain through targeted tax relief would reduce caregiver burnout, support caregivers' continued participation in the workforce and prevent premature institutionalization of individuals with disabilities.

Respite care emerged as one of the most significant unmet needs of family caregivers. Programs such as the Virginia Lifespan Respite Voucher Program provide meaningful relief, but the program currently serves only a small fraction of eligible families due to limited and unstable federal funding. Caregivers report that even short breaks from caregiving dramatically reduce stress and improve the quality of care they can provide. The assessment also identified inequity in respite access for families where a legally responsible individual (LRI) serves as the paid caregiver under a DD waiver, as these families are excluded from respite services. Workforce shortages caused by insufficient reimbursement rates further limit the availability of respite services statewide. Stabilizing respite funding, restoring equitable access for LRI households and increasing provider reimbursement rates would significantly improve caregiver well-being and service availability.

Caregivers and family members, including siblings, consistently report that they lack access to centralized, disability-specific information that is practical, clear and actionable. Families frequently feel unprepared to manage daily care needs, navigate complex systems and plan for the future. Information delivery is often overwhelming, particularly for new caregivers who "don't know what they don't know." The assessment highlights the need for short, targeted, accessible training modules; on-demand learning resources; checklists covering major life transitions and structured guidance specifically tailored to siblings who may assume long-term caregiving roles. Developing thoughtful, accessible tools and training will help families build confidence, strengthen resilience and actively participate in decision-making. A statewide caregiver assessment framework would further help identify needs early and prevent avoidable crises, ensuring families receive the right support at the right time.

Recommendation Related to Financial Strain

1. The General Assembly should establish a refundable caregiver tax credit to reduce the financial stress for unpaid family caregivers. This approach will reduce long-term Medicaid obligations and costly institutionalization.

Recommendations Related to Respite

2. Due to the likelihood of decreased federal funding, the General Assembly should annually appropriate dedicated funds to sustain the current Virginia Lifespan Respite Voucher Program. Additional investment will be necessary to expand capacity to meet rising demand to support unpaid caregivers.
3. The Department of Medical Assistance Services should reinstate respite services for families with a Legally Responsible Individual as the paid caregiver, provided an unpaid secondary caregiver is also in the household. This will reduce caregiver burnout and ensure caregivers receive essential relief supporting long-term stability.
4. To address Virginia's critical caregiver shortage, the General Assembly should increase Medicaid waiver provider rates to align with the 2025 Rate Study. Priority should be given to services experiencing critical workforce shortages, such as personal assistance and respite services. Fully funding these rates will result in competitive wages that strengthen provider stability, improve worker recruitment and retention, expand access to community-based services and help Virginia avoid more costly institutional care.

Recommendations Related to Empowering Families

5. The Department of Behavioral Health and Developmental Services in collaboration with stakeholders should establish a Sibling Empowerment Initiative. This initiative will develop training programs designed for siblings including guidance on disability awareness, communication strategies, futures planning and navigation of Medicaid

waivers, benefits and community resources. This initiative will help mitigate the "crisis-based" handoffs that occur when aging parents can no longer provide care.

6. The General Assembly should appropriate dedicated funding to transform the My Life, My Community website into Virginia's primary information and training hub for families and caregivers. This investment should focus on integrated service navigation, real-time content updates, dedicated staff and accessible information and resources, alongside an on-demand learning center offering micro-trainings (5- 10 minutes), one-page summaries and other on-demand training opportunities. The hub should include materials and training specific to siblings, grandparents and other extended caregivers.
7. The Department of Behavioral Health and Developmental Services should develop and maintain a series of easy-to-use, lifespan-specific checklists that guide families of individuals with developmental disabilities through key steps, decisions and available supports within Virginia's state systems. These checklists should cover major transition points—from early childhood through adulthood and aging—and include practical information on Medicaid waivers, education and employment services, housing options, financial planning and guardianship alternatives. The checklists should be housed on the My Life, My Community website.
8. The General Assembly should direct the Department of Behavioral Health and Developmental Services and the Department for Aging and Rehabilitative Services to establish a formal workgroup that includes stakeholders and individuals with lived experience to develop a Statewide Caregiver Assessment Framework. This Framework should include policy recommendations and needed regulatory action, a recommendation for a standardized caregiver assessment tool, implementation timeline and fiscal impact.

Overall, the findings of both assessments underscore the urgent need for clearer communication, better-coordinated information systems, more robust financial and programmatic supports and long-term planning tools that empower individuals with developmental disabilities and the caregivers who support them. Together, these recommendations aim to strengthen service access and infrastructure, reduce strain on families and build a more responsive and equitable system of supports across Virginia.

Assessment of Barriers to Navigating the Developmental Disabilities (DD) Waiver Waiting List

Background

In Virginia, individuals with developmental disabilities may be eligible for Medicaid Home- and Community-Based Services (HCBS) through a developmental disabilities (DD) waiver. The waiver program is designed to provide the supports individuals with DD need to live and participate fully in their community, rather than in institutional settings. Virginia offers three DD waiver options tailored to different levels of need shown in the table below. The services listed are just examples of those services available. Please refer to the Appendix for links to the full list of services available under each waiver.

Waiver	Eligibility	Types of Services (Examples)
Building Independence (BI)	Adults who are able to live mostly independently.	- Supported Employment - Crisis Support - Assistive Technology - Independent Living Supports
Family & Individual Supports (FIS)	Children and adults living with family or on their own and require functional, behavioral or medical supports.	- Supported Employment - Workplace Assistance - Crisis Support - Self-Directed and Agency-Directed Options - Individual and Family Caregiver Training - Nursing
Community Living (CL)	Children or adults needing intensive daily support of 24/7 staff-assisted living due to extensive functional, medical or behavioral needs.	- Supported Employment - Workplace Assistance - Crisis Support - Self-Directed and Agency-Directed Options - Group Home Residential - Sponsored Residential - Nursing

Table A. Services Available by Waiver

Introduction to the DD Waiver Waiting List

The number of DD waivers in Virginia is limited by available funding. Virginia uses a waiting list to manage access to DD waivers. According to the Department of Medical Assistance Services, in May 2026, there were 14,226 individuals on the DD waiver waiting list. Every individual on the waiting list is given a priority level, which is an indication of how quickly someone is in need of services and supports. Individuals on the waiting list have completed the most important step to accessing DD waiver services.

The first step to applying for a DD waiver is to contact the local Community Services Board (CSB) or Behavioral Health Authority (BHA) and request a screening for a DD waiver. The CSB/BHA will conduct a screening of functional abilities for everyday activities using the Virginia Individual Developmental Disabilities Eligibility Survey (VIDES) assessment. The assessment evaluates an individual's support needs across eight areas: health status, communication, task learning skills, personal/self-care, motor skills, behavior and community living skills. In addition, the CSB/BHA will also request documentation as proof of developmental disability, such as a medical diagnosis or occupational therapy record. If the disability documentation and functional requirements are met, an individual will be placed on the waiting list and given a priority level.

DD Waiver Waiting List Priority and the Assignment Process

Virginia's DD waiver waiting list is needs-based with three priority levels. An individual's priority level is determined by an assessment of when they are likely to need Medicaid DD waiver services and supports based on their individual circumstances.

Generally:

- **Priority One** includes individuals who are expected to need waiver services within the next year or who have an immediate need due to significant health, safety or caregiver circumstances.
- **Priority Two** includes individuals who are anticipated to need waiver services within approximately one to five years.
- **Priority Three** includes individuals whose need for waiver services is expected to be more than five years in the future.

These timeframes are estimates used to guide planning and set general expectations. An individual's priority status may change over time as their circumstances change, and reassessments are conducted to ensure the waiting list accurately reflects current needs.

DD waiver slots are assigned by local Wavier Slot Assignment Committees (WSACs). These committees are made up of community members who are knowledgeable about the DD system, do not work for a CSB or case management/waiver service provider and are not family members of an individual waiting for services.

When waiver slots become available, the WSAC is given a list of individuals on the priority one waiting list. The WSAC reviews the Critical Needs Summary for each individual along with information provided by support coordinators. The WSAC recommends who should receive available waiver slots. DBHDS then determines which DD waiver best meets the needs of each individual selected to receive a slot.

Findings and Recommendations

Misunderstanding the Waiting List and Appropriate Expectations

Misunderstandings about Virginia's DD waiver waiting list and priority status are a significant source of stress for many individuals with disabilities and their families. Often, individuals and families have expectations that do not align with how the waiting list and waiver assignment process works.

Eligibility and assessment processes are difficult to understand.

Families, individuals with disabilities and other stakeholders frequently report that eligibility criteria and priority level assessment requirements are not clearly explained by staff or agency documents, and that the information and guidance they receive may vary depending on the agency or individual providing assistance. As a result, many waiver applicants and their families are left feeling confused, overwhelmed and uncertain about the processes and what to expect next. Providing clear, consistent, plain-language information and visual aids about eligibility, assessments and status of an individual's application can help applicants and families better understand the processes, make informed decisions and set realistic expectations.

Recommendation 1: To improve transparency, the Community Services Boards (CSBs) in collaboration with the Department of Behavioral Health and Developmental Services (DBHDS) should develop templates to provide waiver applicants with plain-language summaries of their Virginia Individual Developmental Disabilities Eligibility Survey (VIDES) results (eligibility) and their Priority Level assessment (urgency) results. These should include visual aids explaining the waiting list ranking system, including how assessment scores translate to priority levels, and an annual "status explanation" to keep individuals on the waiting list informed of their current standing. DBHDS should provide CSBs with training on these tools.

The waiting list is not first-come, first-served, but this is not well understood, leading to confusion and perceived unfairness.

When individuals and families learn that they have been deemed eligible for waiver services and placed on the DD waiver waiting list, the term *waiting list* often creates expectations that do not reflect how the system actually works. Many people assume that the waiting list is a numbered list in which services are offered in the order individuals are added. They misinterpret waiting list timelines and priority status. For many applicants and their families, these misunderstandings can make the period after being placed on the DD waiver waiting list one of the most confusing parts of the process.

Families do not understand the waiver assignment process.

Completing the application process and being added to the waiting list often feels like a significant milestone, but many families are uncertain about what happens next. They may

struggle to understand how waiver slots are assigned or assume no progress is being made while they wait.

Applicants and their families would benefit from clear, user-friendly information that explains what to expect after being placed on the waiting list, how the waiver slot assignment process works and what actions they should take while waiting. This includes understanding when and how to report changes in their circumstances, so that their assessed level of need accurately reflects their current situation.

Recommendation 2: The Department of Behavioral Health and Developmental Services (DBHDS) should require Community Services Boards to provide individuals on the waiting list standardized, recurring education on waiting list prioritization. This should include scenario-based examples of priority criteria and a written, personalized explanation detailing the specific urgency factors that resulted in an individual's Priority Level. DBHDS will provide training on consistent messaging.

Lack of Access to Status Information

Providing individuals and families with easy access to information about their waiting list status can reduce uncertainty and empower them to stay engaged with the system. Knowing where they stand in the process and understanding what to expect enables applicants and their families to make informed decisions, recognize when action may be needed and feel more confident navigating the system. Regular communication among case management, individuals and families and timely status updates also promote transparency and build trust in the system.

Families cannot easily access their current status, priority level or required next steps. Information is fragmented across agencies and often communicated inconsistently, leading to confusion, missed requirements and reduced trust in the system.

Many individuals and families report that they do not have easy access to information about their application or waiting list status, contributing to uncertainty, anxiety and reduced trust in the system. Providing applicants with secure online access to information such as their current waiting list status and any required next steps would increase transparency and give individuals and families greater confidence and a sense of control over their information.

The Department of Behavioral Health and Developmental Services already houses DD waiver-related information in their Virginia Waiver Management System (WaMS), which case managers and DD waiver service providers can access. Such information includes the individual's critical needs summary and priority level. Individuals and families seek this same information on their cases, so building a client portal for this system may be more efficient than creating a new system.

Recommendation 3: The Department of Behavioral Health and Developmental Services should utilize a centralized, secure user-friendly portal to provide individuals and families with real-time access to their DD waiver waiting list status. This portal could build on and

modernize existing systems (such as the Virginia Waiver Management System or WaMS). The portal should include an individual's Priority Level, required next steps and direct contact information for the assigned CSB Support Coordinator.

Support Programs/Resources

Individual and Family Support Program

The Individual and Family Support Program (IFSP) was launched by DBHDS in 2013 to provide information, resources and support to individuals and families on the DD waiver waiting list.

The IFSP consists of five key components:

- **My Life, My Community** – An online resource that connects individuals and families to information about services and community resources.
- **IFSP-Funding Program** – Financial assistance to help individuals and families address disability-related needs while waiting for waiver services.
- **Peer Mentoring** – Support and guidance provided by individuals with lived experience.
- **Family Mentoring** – Family-to-family support, information and navigation assistance.
- **Community Coordination** – Regional and statewide collaboration to identify service gaps, improve access to resources and strengthen community supports.

Each component is described in greater detail below, along with recommendations for strengthening its effectiveness.

In addition, the IFSP provides information annually to every individual on the DD waiver waiting list. This information includes the First Steps Guide, which highlights free resources, supports and services available to individuals with DD and their families.

My Life, My Community Website

The My Life, My Community website serves as a central hub for individuals with DD and their families seeking information, resources and support, regardless of their waiver status. The website is the result of a collaboration between the IFSP program and the nonprofit SeniorNavigator. In state fiscal year (SFY) 2025, the website recorded nearly 49,000 users across Virginia (DBHDS, 2025). The most visited pages were related to IFSP-Funding and DD waivers (DBHDS, 2025).

In addition, SeniorNavigator staffs the accompanying My Life, My Community call center, which helps individuals and families navigate the IFSP-Funding Program, understand eligibility requirements and access available resources. In SFY 2025, the call center responded to just over 2,000 calls, with the peak call volume occurring during the IFSP-Funding cycle. Many calls were related to IFSP application support and clarification of IFSP application denial (DBHDS, 2025).

The My Life, My Community website can be expanded to serve as a one-stop resource for information.

Families rely on the My Life, My Community website for important information about the services, supports and resources they need. While the website is currently being enhanced, it has the potential to become much more than an information portal. With additional funding and dedicated staffing, the website could serve as Virginia's primary online resource hub for individuals, their families and caregivers by offering comprehensive information, educational materials, training opportunities and tools to help families navigate the service system. By providing training in which individuals and families can actively participate, they will develop better understanding and skills for system navigation than if they were to only passively read information.

Recommendation 4: The General Assembly should appropriate dedicated funding to transform the My Life, My Community website into Virginia's primary information and training hub for families and caregivers. This investment should focus on integrated service navigation, real-time content updates, dedicated staff and accessible information and resources, alongside an on-demand learning center offering micro-trainings (5- 10 minutes), one-page summaries and other on-demand training opportunities. The hub should include materials and training specific to siblings, grandparents and other extended caregivers.

The importance of access to information cannot be overstated. Information is the foundation for obtaining services and supports that enable an individual with DD to live a fulfilling life. Thus, Recommendation 4 will be repeated in the following assessment of support for family caregivers.

IFSP-Funding Program

The IFSP-Funding Program provides direct financial assistance to individuals on the DD waiver waiting list through an annual application process. The funding is divided into two tiers. Individuals on the Priority 1 waiting list (tier 1) are eligible to apply for up to $1,000. Individuals on the Priority 2 or 3 waiting lists (tier 2) are eligible to apply for up to $500. Individuals are notified annually when the application is open. The application typically remains open for a month to allow adequate time for individuals to apply.

These funds can be used for items or services that improve the individual's safety, health and community integration. Examples include wheelchair ramps, day support programs, attendant care, summer camp, assistive technology and durable medical equipment. When applying, individuals and families must disclose how they would use the funds. After fund usage, the individuals and families must retain the receipts for the items/services on which the funds were used for three years, in case of audits.

IFSP is underfunded.

Total funding for the IFSP-Funding Program is approximately $2.5 million per year. On average, the IFSP-Funding Program receives 5,000 applications per year. In SFY 2026, the program received 5,125 applications, 3,893 applications were approved, and 1,232 applications were

denied (DBHDS, 2026). Considering there are over 14,000 individuals on the waiver waiting list, that means just over a third of those eligible apply for the IFSP-Funding Program, and just over a quarter of those eligible receive funding. The IFSP-Funding Program is intended to assist families while they are on the waiting list, and the program is woefully underfunded to accomplish that mission.

Recommendation 5: The General Assembly should provide increased funding for the Individual and Family Support Funding Program to, at minimum, provide direct financial assistance for the average number of applications received each year and funding for additional administrative support.

Peer Mentoring

The Peer Mentoring program is a partnership between disability advocacy organization The Arc of Virginia and DBHDS. Peer mentor support is free to those who qualify. Peer mentors are individuals with disabilities. As peer mentors, they help other individuals with disabilities further develop their social and life skills, independent living skills and employment skills. In SFY 2025, The Arc of Virginia led further development of the program, focusing on training, outreach and infrastructure (DBHDS, 2025). The program received 63 referrals to match program applicants to peer mentors, and 13 new peer matches were made (DBHDS, 2025). There are currently 23 trained mentors statewide. In addition, the program recently launched a Tech Mentor Initiative to assist individuals with DD to use technology to promote greater independence and inclusion.

Family to Family Mentoring

The Family to Family Mentoring program is a collaboration between the IFSP and the Center for Family Involvement at Virginia Commonwealth University. Through this program, trained Family Navigators provide support to families to help them identify and access available services and supports. Family Navigators are family members of children and adults with disabilities. The program is supported by over 20 staff and more than 40 active volunteer Family Navigators. In SFY 2025, the Center for Family Involvement reported 851 unduplicated requests for assistance from families seeking support (DBHDS, 2025).

Community Coordination Program

The IFSP State and Regional Councils provide individuals and families with the opportunity to have a voice in shaping the direction of IFSP Program activities. The State Council is a statewide advisory body to DBHDS. It provides feedback to DBHDS on IFSP priorities, including communications and the funding processes. The five Regional Councils operate at a grassroots level. The Regional Councils are supported by Regional Network Coordinators (RNCs) from the Center for Family Involvement. The RNCs provide administrative and strategic guidance and expertise, support recruitment and facilitate meetings and events. The Regional Councils hold quarterly coordinated meetings covering topics such as independent living, assistive technology and transition planning.

Individuals and families often respond more effectively to support from people with lived experience because they feel better understood, validated and connected to someone who has navigated similar challenges.

Individuals with lived experience provide a unique and invaluable perspective that cannot be replicated through professional training alone. As peers or family mentors, they offer practical guidance, encouragement and firsthand knowledge that helps other individuals and families navigate complex systems and make informed decisions. However, relying solely on volunteers may limit participation to those who have the financial means to volunteer their time. Recognizing and compensating individuals with lived experience for their expertise can help remove barriers to participation, including transportation costs, personal assistance needs and lost wages.

Representation by individuals with lived experience is a core principle of the Community Coordination Program. In SFY 2025, the State Council included four members with disabilities, and each regional council included at least one individual with DD (DBHDS, 2025). These individuals contribute valuable expertise based on their lived experience, helping to shape programs, identify community needs and inform DBHDS's decision making. In many cases, however, they volunteer their time and absorb the associated cost of participation. Just as organizations routinely compensate individuals for their professional expertise in consulting, research and advisory roles, individuals with lived experience should also be recognized and compensated for the unique expertise they bring.

Recommendation 6: The Department of Behavioral Health and Developmental Services (DBHDS) should research best practices in other states to compensate individuals with lived experience for their expertise when, for example, serving on advisory groups or supporting training efforts. DBHDS should make recommendations to the State Board of Behavioral Health and Developmental Services on establishing a formal policy to compensate individuals with lived experience for their expertise.

Recommendation 7: The General Assembly should provide necessary funding to implement the DBHDS lived-experience compensation policy.

Assessment of Support for Family Caregivers

Background

Family caregivers play a vital role in supporting the well-being, independence and dignity of older adults and individuals with disabilities, often serving as the backbone of long-term care. Yet, despite their essential contributions, many caregivers face significant emotional, physical and financial strain. This assessment aims to recognize and support family caregivers by identifying and addressing the challenges families face and strengthening the system.

While 23% of Virginia adults identify as family caregivers, the actual number is likely higher (AARP & National Alliance for Caregiving, 2025). Many people do not consider themselves caregivers when they are caring for their family member. Regardless of the exact data, family caregivers consistently face the same systemic barriers. Families report financial strain, limited access to respite, difficulty navigating complex systems and a lack of training.

Caregiving as a Focus Nationwide

The National Strategy to Support Family Caregivers is a comprehensive federal initiative designed to enhance support for family caregivers of all ages and roles. Developed under the Recognize, Assist, Include, Support and Engage (RAISE) Family Caregiving Act and Supporting Grandparents Raising Grandchildren Act in 2022, the strategy was shaped by extensive public feedback and is intended to evolve over time. The strategy is expected to serve family caregivers across the lifespan (The RAISE Act Family Caregiving Advisory Council & The Advisory Council to Support Grandparents Raising Grandchildren, 2022).

The National Strategy to Support Family Caregivers is built around four core components: First Principles; Federal Actions; Actions for States, Communities and Others; and a Toolkit and Resources. All actions are categorized into five strategic goals.

1. Increase awareness and outreach about caregiving roles and available supports;
2. Build partnerships and engagement with caregivers;
3. Strengthen services and supports including technology, respite and training;
4. Ensure financial and workplace security to safeguard caregiver wellbeing; and
5. Expand data, research and evidence-based practices to inform policymaking (The RAISE Act Family Caregiving Advisory Council & The Advisory Council to Support Grandparents Raising Grandchildren, 2022).

In 2023, The Arc of the United States and the University of Minnesota's Institute on Community Integration collaborated to release the Family and Individual Needs for Disability Supports (FINDS) Community Report, which compiled national survey data from 3,118 caregivers of individuals with intellectual and developmental disabilities across the U.S. (Lahti Anderson, 2023). Among the survey participants, 40% reported caring for a child under 18. When measuring their weekly time commitment, 20% of caregivers stated that they provided 41 to 80

hours of support, while 41% reported providing more than 80 hours per week (Lahti Anderson, 2023).

Participants in the FINDS survey identified several key priorities for system improvement, including 1) ensuring the availability of respite care, 2) increasing compensation and training for direct support professionals, 3) allowing family caregivers to be paid and 4) simplifying overall systems navigation (Lahti Anderson, 2023). The FINDS Community Report underscores a persistent nationwide workforce crisis among direct support professionals. As a result of this shortage, families face financial, physical and emotional strain. Systemic action is needed to enhance economic security, offer caregivers greater flexibility and improve systems to support diverse family needs.

The National Community of Practice (CoP) for Supporting Families Across the Lifespan is a collaborative, multi-state initiative designed to drive policy, practice and systems transformation. Managed by organizations like the National Association of State Directors of Developmental Disabilities Services (NASDDDS), the CoP helps states build integrated support frameworks including people, services, resources and organizations working together so that individuals with intellectual and developmental disabilities (I/DD) can live meaningful lives within the context of their families and communities.

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) is a member of the National CoP for Supporting Families Across the Lifespan project. This collaborative effort ensures that state practices are deeply anchored in community integration, self-determination and lifelong family empowerment.

As an active member of the National CoP for Supporting Families Across the Lifespan, DBHDS is working with stakeholders and advocates to develop a set of shared values for supporting families. By co-developing the shared values with stakeholders, the state is establishing a transparent accountability framework that clearly defines what individuals and families can expect from the disability services system.

Findings and Recommendations

Financial Strain

Caregivers often face substantial financial burdens when supporting family members. These burdens can arise from out-of-pocket expenses to support a family member, lost wages from time spent caregiving or a combination of both. According to a 2025 report by the American Association of Retired Persons (AARP) and the National Alliance for Caregiving, 57% of family caregivers have employment outside of caregiving. However, 45% of family caregivers in Virginia experienced financial hardships as a result of their caregiving duties, such as using up their savings or being unable to save at all, being unable to pay bills or student loans, accruing more debt and delaying retirement. In Virginia, family caregivers spend more than $7,200 per

year on caregiving activities (AARP, 2023). Addressing financial burdens is a top priority for many states and the federal government.

A caregiver tax credit would offer financial relief to unpaid family caregivers, reducing the risk of reliance on institutional care and retaining caregivers in the workforce.

In recognition of the significant financial challenges faced by family caregivers, federal and state policymakers are increasingly considering targeted tax relief as one strategy to help offset the cost of unpaid caregiving. At the federal level, the House and Senate have introduced the Credit for Caring Act, which proposes a new federal tax credit to offset the financial strain of unpaid caregiving. The tax credit is nonrefundable but could result in credits ranging from $600 to $5,000 for caregivers who incur qualified caregiving expenses (Giombi, 2025).

At the state level, five states currently offer tax credits for family caregivers (Table B) (Giombi, 2025). In addition, as of April 2025, an additional fifteen states had introduced legislation to establish caregiver tax credits. While the structure of these tax credits vary considerably from state to state, they reflect the growing recognition of the financial contributions and challenges of unpaid family caregivers (Giombi, 2025). Although data on program utilization and effectiveness is limited, caregiver tax credits represent a promising policy option for helping offset caregiving-related expenses and reduce the financial burden on families.

State	Eligibility	Amount/Details
Georgia	Care for individuals determined disabled by the Social Security Administration (SSA)	10% of out-of-pocket caregiving expenses (paid to unrelated providers), capped at $150 per year.
Hawaii	Care recipients require assistance with at least two activities of daily living (ADLs)/instrumental activities of daily living (IADLs) or have cognitive impairment needing supervision	15-25% of adjusted gross income with max of $2,500 (1 dependent) or $5,000 (2+ dependents)
Missouri	Care recipients are 60+ and must live with caregiver. Cannot be on Medicaid.	$500 max credit.
North Dakota	Care recipients are either 65+ or SSA-defined disabled	20-30% of qualifying expenses based on income, capped at $2,000 per person and $4,000 per household.
Oklahoma	Care recipients are 62+, require assistance with at least two ADLs and must live in a private residential home	50% of qualifying expenses with caregiver adjusted gross income caps. Max credit of $2,000.

Table B. Tax Credits in Other States (Giombi, 2025)

In Virginia, family caregivers spend an average of 26% of their household income on caregiving-related expenses (AARP, 2023). In 2024, Delegate Sam Rasoul and Senator Christopher Head introduced legislation (HB 1078/SB 419) to establish a Virginia family caregiver tax credit. The legislation proposed a non-refundable tax credit equal to 50% of eligible caregiving expenses, up to a maximum annual credit of $1,000. Although the legislation did not advance, its introduction demonstrates growing interest among Virginia's policymakers in exploring targeted relief as a strategy to help offset the financial burden experienced by family caregivers.

Recommendation 1: The General Assembly should establish a refundable caregiver tax credit to reduce the financial stress for unpaid family caregivers. This approach will reduce long-term Medicaid obligations and costly institutionalization.

Respite

Respite care provides temporary relief for family caregivers by offering short-term support in the home or in a facility-based setting. Respite is a key component of the National Strategy to Support Family Caregivers and one of the most frequently requested supports by family caregivers. About 42% of Virginian caregivers feel high emotional stress in their caregiving role, while about 23% feel high physical strain (AARP & National Alliance for Caregiving, 2025). By providing caregivers with time to rest, attend to personal needs or manage other responsibilities, respite care can reduce stress and caregiver burn out. These breaks also help caregivers return to their caregiving responsibilities with renewed energy, patience and resilience, ultimately benefiting both the caregiver and the individual receiving care.

In Virginia, respite care is available through DD waivers for eligible individuals. Family caregivers may also access respite services through the Virginia Lifespan Respite Voucher Program (VLRVP). The VLRVP provides eligible unpaid caregivers up to $595 per household per year to offset the cost of respite services. To be eligible to receive a grant, caregivers must be Virginia residents, live full time with the care recipient and provide disability documentation for the care recipient. Each year the program serves about 250 families, a small fraction of the number of families who would be eligible.

The VLRVP was established in 2011 through a federal grant and is administered by the Virginia Department for Aging and Rehabilitative Services (DARS). Over the years, DARS has received successive grants that continue to fund and expand the program. Program outcomes demonstrate the value of respite care for family caregivers. VLRVP participants report feeling less overwhelmed after receiving respite support and that the program brought them financial relief. Caregivers reported that the most common uses of the respite time were to have private time and relax, run errands and participate in social activities – helping them maintain their own well-being while continuing to provide care for their loved one.

As federal funding becomes increasingly uncertain, and demand for respite rises with Virginia's aging population, state support is necessary to ensure equitable access to respite and prevent costly caregiver crises.

Although the importance of VRLVP is well documented, uncertainty surrounding future federal funding levels raises concerns about the program's long-term sustainability. Securing ongoing funding and expanding the program should be priorities to ensure family caregivers continue to have access to respite services. The annual cost to sustain the VLRVP is approximately $250,000, yet the demand for respite care continues to exceed available resources. The current VLRVP is only able to reimburse about 50% of requests per year. Expanding the program would enable more Virginia families to access respite care, helping reduce caregiver stress, prevent burnout and support family caregivers in their essential role.

Recommendation 2: The General Assembly should annually appropriate dedicated funds to sustain the current Virginia Lifespan Respite Voucher Program. Additional investment will be necessary to expand capacity to meet rising demand to support unpaid caregivers.

Supporting caregiver well-being is necessary to reduce burnout and turnover while providing the benefits of healthier caregivers, stronger families and a more sustainable waiver system.

Another strategy for expanding access to respite care is to make respite services available to families in which a legally responsible individual (LRI) serves as the paid caregiver. An LRI is defined as the parent or legal guardian of a minor or the spouse of an adult receiving care. Although individuals enrolled in Virginia's DD waivers generally have access to respite services, families using an LRI as the paid primary caregiver are not currently eligible to receive respite under the waiver for an unpaid secondary caregiver.

During the COVID-19 public health emergency, Virginia expanded its paid caregiver workforce by allowing LRIs as paid caregivers. While this policy increased access to paid caregiving, it also highlighted the need to ensure that unpaid secondary caregivers in these households have access to respite services to help prevent caregiver burnout and sustain family caregiving over the long term.

Providing respite services to families in which an LRI serves as the paid caregiver is essential to supporting the well-being of caregivers and sustaining family caregiving. For many families, having an LRI serve as the paid caregiver is not a choice but a necessity due to workforce shortages, the individual's complex support needs or the lack of available providers. In these situations, LRIs often provide care around the clock and face the same stress, fatigue and burnout as other full-time caregivers.

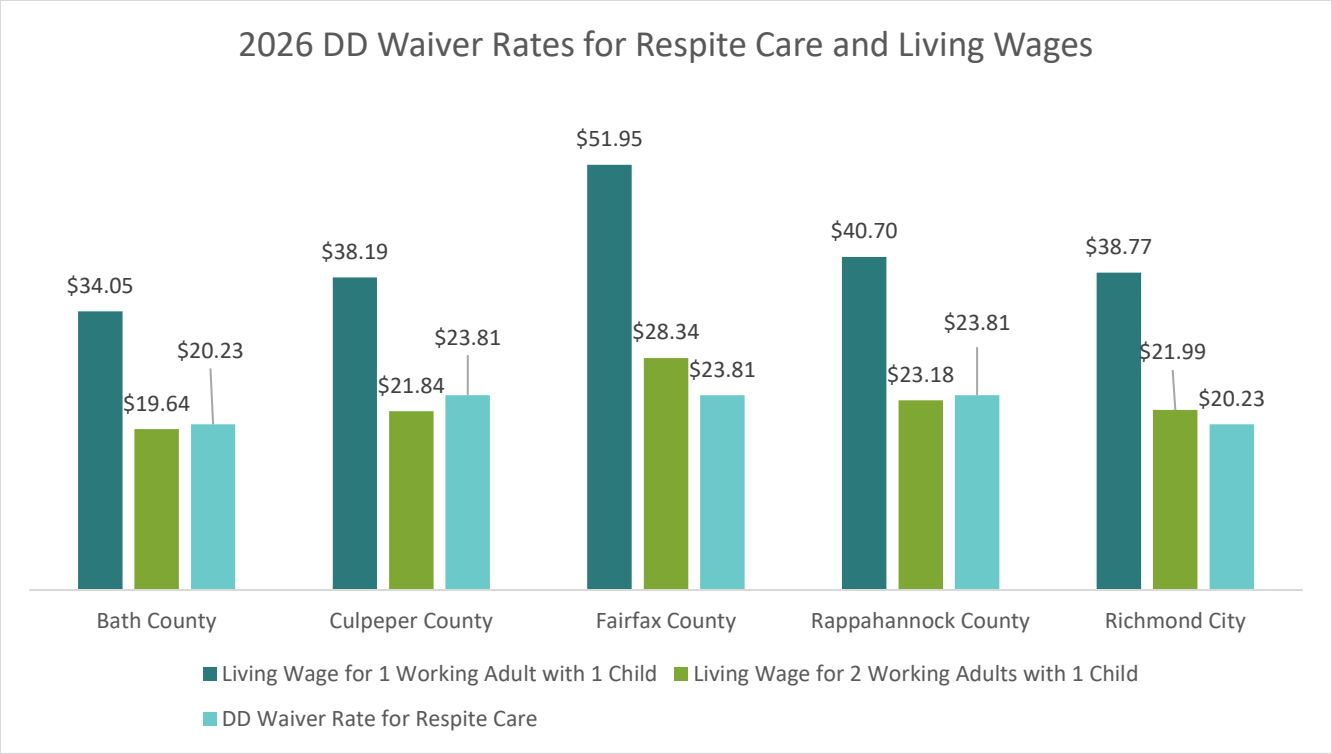
Limiting access to respite services based solely on the caregiver's status as an LRI creates an inequity in the system by treating families with similar support needs differently. Respite is not a luxury; it is a preventative support that helps reduce caregiver stress, strengthen family stability and decrease the likelihood of costly crises that can result in emergency interventions

or out-of-home placements. Expanding respite eligibility to include families with paid LRI's would be a cost-effective, family-centered policy that advances the goals of Virginia's DD waiver system by supporting caregivers, promoting stability and helping individuals with disabilities remain in their homes and communities.

Recommendation 3: The Department of Medical Assistance Services should reinstate respite services for families with a Legally Responsible Individual as the paid caregiver, provided an unpaid secondary caregiver is also in the household. This will reduce caregiver burnout and ensure caregivers receive essential relief supporting long-term stability.

Low rates continue to intensify workforce shortages, limiting provider capacity and reducing access to services such as personal care and respite that provide support for individuals with developmental disabilities and their families.

Access to respite services is increasingly affected by the combined challenges of inadequate reimbursement rates and persistent workforce shortages. While the recommendations outlined above are intended to expand the available caregiver workforce, the issue of appropriate rates for services looms large. Looking at respite rates for areas outside of Northern Virginia, as an example, rate increases have been made in small increments in recent years increasing from $19.44 in state fiscal year (SFY) 2023 to $19.83 in SFY 2025 and $20.23 in SFY 2026 (DMAS, 2026). When compared to the living wage, as found in the Massachusetts Institute of Technology (MIT) Living Wage Calculator, the difference is stark (Living Wage Data, 2026). The living wage is the hourly rate that an individual in a household must earn to support themselves and/or their family working full-time. Graph A below shows the disparities between respite care rates and the living wage for families with one or two working adults and one child. When reimbursement rates fail to keep pace with the true cost of services, providers face ongoing difficulties recruiting and retaining qualified staff, reducing service capacity and limiting access for families in need. Addressing both workforce availability and sustainable reimbursement is essential to ensure that respite services remain accessible across the Commonwealth.



Graph A. 2026 DD Waiver Rates for Respite Care and Living Wages

In 2025, DMAS contracted with Guidehouse, a consulting firm, to conduct a comprehensive DD waiver rate study which was provided to the General Assembly in October. The study evaluated 11 DD waiver services in response to the 2012 Department of Justice (DOJ) Settlement Agreement, which resulted from DOJ's investigative finding that Virginia unnecessarily housed individuals with DD in facilities instead of in homes that fit their needs, and subsequent permanent injunction. The study recommended that rates for all the reviewed services should be increased. The amount of increase varied among the services from 0.5% to 63.8%. To date, the General Assembly has provided for some rate increases, but not to the levels recommended by the waiver rate study.

Recommendation 4: To address Virginia's critical caregiver shortage, the General Assembly should increase Medicaid waiver provider rates to align with the 2025 Rate Study. Priority should be given to services experiencing critical workforce shortages, such as personal assistance and respite services. Fully funding these rates will result in competitive wages that strengthen provider stability, improve worker recruitment and retention, expand access to community-based services and help Virginia avoid more costly institutional care.

Empowering Families

Empowering families to confidently care for and advocate for their loved ones is essential to achieving positive outcomes. Empowerment begins with access to clear, accurate and meaningful information, along with the knowledge and skills needed to navigate complex

systems. Through training, practical tools and ongoing support, families can build confidence, make informed decisions and actively participate in planning for the future. By investing in family education and support, Virginia can strengthen family resilience and informed advocacy—ensuring individuals with DD and families feel supported.

Empowering siblings of individuals with developmental disabilities is an important investment in the long-term well-being of both the individual and the family. Siblings often serve as lifelong companions, advocates and, in many cases, future caregivers. Providing siblings with information, peer support and opportunities to share their experiences helps them build resilience, develop positive relationships with their siblings and prepare for future roles with greater confidence. Programs such as SibStrong and Sibshops create safe, supportive environments where siblings can connect with peers who share similar experiences, reduce feelings of isolation and develop the knowledge and skills needed to navigate their unique roles throughout life.

Siblings have a unique relationship with individuals with disabilities and unique needs to be addressed.

The role of a sibling is distinct from that of a parent, but for many siblings of individuals with DD, those roles may gradually evolve over time. As parents age or become unable to provide support, siblings often assume greater responsibilities as advocates, decision-makers and caregivers. Without intentional planning, this transition can be difficult for all involved.

Siblings frequently face barriers such as limited preparation and training, navigating complex family dynamics, a lack of formal recognition and support and the challenges of understanding and accessing disability service systems. Providing siblings with information, resources and opportunities to prepare for future caregiving and advocacy roles can help ensure smoother transitions and better outcomes for the entire family.

Siblings who are expected to assume caregiving or advocacy roles often lack access to the training, resources and guidance needed to understand disability services, navigate complex systems and prepare for future responsibilities.

Although siblings often take on unique responsibilities and emotional burdens, they are frequently overlooked when information, education and support are provided to families. Intentionally including siblings in planning, education and communication helps them better understand their sibling's needs, prepares them for future roles and reinforces their value as important members of the family support network. Providing siblings with structured guidance and opportunities for engagement builds resilience, strengthens confidence and leadership skills and equips them to serve as informed advocates and caregivers when needed.

Recommendation 5: The Department of Behavioral Health and Developmental Services in collaboration with stakeholders should establish a Sibling Empowerment Initiative. This initiative will develop training programs designed for siblings including guidance on disability

awareness, communication strategies, futures planning and navigation of Medicaid waivers, benefits and community resources. This initiative will help mitigate the "crisis-based" handoffs that occur when aging parents can no longer provide care.

Families report that a lack of a centralized, accessible source of disability-specific information and training leaves them unprepared to manage daily support needs, navigate complex systems and plan for long-term care.

One important barrier that is often reported by caregivers is a lack of accessible information and training. Family caregivers are seeking training in topics like care techniques, behavior supports and long-term planning and training in areas of system navigation, such as training on Medicaid, long-term services and supports and benefits. Keeping up to date on the latest training helps family caregivers to provide the best possible care for their loved ones.

Breaking information into short, targeted modules helps caregivers absorb complex concepts, apply skills gradually and build confidence over time.

In providing training, it is also important to recognize how family caregivers learn. Often, being a family caregiver is like drinking from a firehose. The information comes fast and in quantities that make it difficult to process. For training to be effective, it is critical that the training is delivered using a variety of training methods. For example, short videos that target a single topic are easy to digest, while infographics are incredibly helpful in mapping out complicated processes.

Caregivers often share a frustrating truth: they don't know what they don't know. Trying to manage lifelong services and supports in a complicated system is overwhelming. To cut through the chaos, individuals with DD, families and caregivers need simple, clear starting points. Clear introductory guides and practical checklists take the guesswork out of the process by showing families exactly what to expect at each stage of life. Pairing these visual checklists with hands-on training materials can turn an overwhelming journey into a manageable plan and help families feel that they are informed and prepared.

[Due to the importance of information access as an overarching theme in this assessment and the previous Assessment of Barriers to Navigating the DD Waiver Waiting List, Recommendation 4 from the previous assessment is repeated as Recommendation 6 below.]

Recommendation 6: The General Assembly should appropriate dedicated funding to transform the My Life, My Community website into Virginia's primary information and training hub for families and caregivers. This investment should focus on integrated service navigation, real-time content updates, dedicated staff and accessible information and resources, alongside an on-demand learning center offering micro-trainings (5- 10 minutes), one-page summaries and other on-demand training opportunities. The hub should include materials and training specific to siblings, grandparents and other extended caregivers.

Recommendation 7: The Department of Behavioral Health and Developmental Services should develop and maintain a series of easy-to-use, lifespan-specific checklists that guide families of individuals with developmental disabilities through key steps, decisions and available supports within Virginia's state systems. These checklists should cover major transition points—from early childhood through adulthood and aging—and include practical information on Medicaid waivers, education and employment services, housing options, financial planning and guardianship alternatives. The checklists should be housed on the My Life, My Community website.

Implementing a standardized caregiver assessment in Virginia would enable service systems to identify caregiver needs earlier, tailor supports more effectively and prevent avoidable crises.

A caregiver assessment is a structured way to identify caregiver needs and connect families to appropriate supports. Assessments assist in tailoring service plans to support both the individual and caregivers. There are currently at least 15 states that use some form of caregiver assessment. States like Georgia, Illinois and Wisconsin exemplify success through measurable reductions in caregiver burden and informed services delivery. (Salom Teshale, 2025) While more study of this issue is required to determine how caregiver assessments can be used in Virginia, establishing a formal workgroup to develop a framework is a great first step.

Recommendation 8: The General Assembly should direct the Department of Behavioral Health and Developmental Services and the Department for Aging and Rehabilitative Services to establish a formal workgroup that includes stakeholders and individuals with lived experience to develop a Statewide Caregiver Assessment Framework. This Framework should include policy recommendations and needed regulatory action, a recommendation for a standardized caregiver assessment tool, implementation timeline and fiscal impact.

Appendix A: Resources

The resources below are currently available for individuals with disabilities and their families to access regarding developmental disability (DD) waivers and supports for families.

DD Waivers

Resource	Documents and Links
Building Independence Waiver Fact Sheet	English: https://www.dmas.virginia.gov/media/4nhgggad/bi-waiver-fact-sheet-english.pdf Spanish: https://www.dmas.virginia.gov/media/ocdlthma/bi-waiver-fact-sheet-spanish.pdf
Community Living Waiver Fact Sheet	English: https://www.dmas.virginia.gov/media/ee2jpjzc/cl-waiver-fact-sheet-2025-english.pdf Spanish: https://www.dmas.virginia.gov/media/wxpniwui/cl-waiver-fact-sheet-2025-spanish.pdf
Family and Individual Support Waiver Fact Sheet	English: https://www.dmas.virginia.gov/media/0lfc55xd/fis-waiver-fact-sheet-2025-english.pdf Spanish: https://www.dmas.virginia.gov/media/szyjyegg/fis-waiver-fact-sheet-2025-spanish.pdf
Listing of Services Available under each DD Waiver	www.coverva.dmas.virginia.gov/media/ijwifxmj/dd-waiver-services-en.pdf

Individual and Family Support Program (IFSP)

Resource	Documents and Links
Individual and Family Support Program	https://dbhds.virginia.gov/developmental-services/ifsp/
IFSP: First Steps Guide	https://mylifemycommunityvirginia.org/ifsp-first-steps
My Life, My Community Website	https://mylifemycommunityvirginia.org/
Peer Mentoring Program	https://www.thearcofva.org/peer-mentoring
Family to Family Program	https://cfi.partnership.vcu.edu/programs/family-to-family-network/

IFSP Regional Councils	https://mylifemycommunityvirginia.org/connect-ifsps-regional-councils

Respite

Resource	Documents and Links
Virginia Lifespan Respite Voucher Program	https://virginianavigator.org/program/50678/virginia-lifespan-respite-voucher-program
Taking Care: A Resource Guide for Caregivers	https://dars-media.s3.sitevision.com/2026/06/Taking-Care-A-Resource-Guide-for-Caregivers-FINAL-ACCESSIBLE-5.22.26.pdf

Siblings

Resource	Documents and Links
Sibshops	https://ascv.org/siblingsquad/
SibStrong	https://www.sibstrong.org/
VA is for Sibs	https://www.vasibs.org/

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