

COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE  
 COMMISSIONER

*DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES*Post Office Box 1797  
Richmond, Virginia 23218-1797

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Date

Support Coordinator’s Name

CSB Name

Address

Address

Dear Support Coordinator,

Please be advised that (**Name)**, a child from your catchment area, is entering active discharge status at (**Facility**). Your participation in this process is vital to ensuring a successful transition. It is imperative that you contact **(Social Worker)**, at **(Contact #)** to begin discharge planning. Please begin exploring available resources and services in the community to include Early Periodic Screening Diagnosis and Treatment Program (EPSDT), Coordinated Care Plus Waiver (CCC Plus), and the Developmental Disabilities (DD) Waiver.

The Department of Behavioral Health and Developmental Services (DBHDS) recognizes and appreciates the amount of time and effort needed for successful discharge planning. Consequently, DBHDS has funding available to ensure 120 days of Case Management services including what is allowable under Medicaid for case management to assist with discharge planning. Written request for funding must be submitted to the Family Resource Consultant Manager as soon as possible for review.

If you have any questions or would like additional information, you may contact me at (804) 201-3833 or [benita.holland@dbhds.virginia.gov](mailto:benita.holland@dbhds.virginia.gov) .

Sincerely,

Name

Family Resource Consultant

Division of Developmental Services