COMMONWEALTH of VIRGINIA

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

ALISON G. LAND, FACHE
COMMISSIONER

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Thursday, December 2, 2021

The Honorable Janet D. Howell, Chair
Senate Finance Committee
14th Floor, Pocahontas Building
900 East Main Street
Richmond, VA 23219

Dear Senator Howell:

Item 322.H.2 of the 2021 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the Governor and the General Assembly.

> *H.2. By November 15 of each year, the department shall report to the Chairmen of the House Appropriations and Senate Finance Committees on the (a) total revenues used to support Part C services, (b) total expenses for all Part C services, (c) total number of infants, toddlers and families served using all Part C revenues, and (d) services provided to those infants, toddlers, and families.*

Please find enclosed the report in accordance with Item 322.H2. Staff at the department are available should you wish to discuss this request.

Sincerely,

Alison G. Land, FACHE

cc: Vanessa Walker Harris, M.D.
Susan Massart

Mike Tweedy

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The Honorable Luke E. Torian, Chair
House Appropriations Committee
13th Floor, Pocahontas Building
900 East Main Street
Richmond, VA 23219

Dear Delegate Torian:

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Virginia Department of Behavioral Health & Developmental Services

Report on Virginia's Part C Early Intervention System

July 1, 2020 – June 30, 2021

(Item 322 H.2.)

December 2, 2021

DBHDS Vision: A Life of Possibilities for All Virginians

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Virginia's Part C Early Intervention System

Preface

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Virginia's Part C Early Intervention System

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Introduction

Congress enacted early intervention legislation in 1986 as an amendment to the Education of Handicapped Children's Act (1975) to ensure that all children with disabilities from birth to the age of three would receive appropriate early intervention services. This amendment formed Part H of the Act, which was re-authorized in 1991 and renamed the Individuals with Disabilities Education Act (IDEA). When the IDEA Act was re-authorized in 1998, Part H became Part C of the Act. IDEA was reauthorized most recently in December 2004. Virginia has participated in the federal early intervention program, under IDEA, since its inception.

In 1992, the Virginia General Assembly passed legislation that codified an infrastructure for the early intervention system that supports shared responsibility for the development and implementation of the system among various agencies at the state and local levels. The Department of Behavioral Health and Developmental Services (DBHDS) was designated and continues to serve as the State Lead Agency. The broad parameters for the Part C system are established at the state level to ensure implementation of federal Part C regulations. Within the context of these broad parameters, forty local lead agencies manage services across Virginia.

In 2012, the General Assembly appropriated the state funds necessary to increase the Medicaid reimbursement rate for early intervention targeted case management from $120 per month to $132 per month for FY 2013, beginning July 1, 2012. In order to address a looming $8.5 million deficit in funding for early intervention due to significant increases in the number of children served and static federal funding, the General Assembly provided critical support for Virginia's early intervention system by allocating an additional $2.3 million in state general fund dollars for early intervention in FY 2013 and another $6 million for FY 2014.

In recognition of continued growth, annual increases have been allocated since FY 2015, and the General Assembly appropriated a total of just over $22.3 million for FY 2021. An additional increase of $1.3 million was approved for FY 2022.

In FY 2021, reported expenses for the Part C early intervention system exceeded reported revenue. Reported revenue declined by $2 million compared to FY 2020, and reported expenses were down by $1 million; trends that are not unexpected given the impacts of the ongoing COVID-19 pandemic. Revenue recovery and growth will be essential as the early intervention system builds back from the COVID-19 pandemic. There are positive developments occurring that will help with recovery as well as concerning trends that will require close attention and action.

- Overall, impacts of and flexibilities, such as telehealth, allowed during the COVID-19 pandemic likely prevented significant budget shortfalls for local systems and definitely lessened the impacts of provider shortages.

- Child count numbers are rebounding, and the number of children enrolled on September 1, 2021 exceeded the pre-pandemic count from September 1, 2019.

- Increasing costs over time have resulted in widespread reports from service providers that the early intervention rates set in 2009 no longer cover the cost of providing early intervention services. In addition to impacting the need for additional funds, this discrepancy in cost versus reimbursement is contributing to provider shortages.

- DBHDS worked with the Department of Medical Assistance Services (DMAS) to ensure permanent expansion of services delivered via telehealth to include early intervention services. This is a critical accomplishment for maximizing the availability of providers and expanding access to services. It remains to be seen whether private insurance companies will follow suit. If they do not, Part C funds will have to be used to pay for telehealth services for children covered by private insurance.

- Under Medicaid managed care, local lead agencies and provider agencies are having to invest significantly more administrative time to get reimbursed than was required under the fee-for-service arrangement. Based on the revenue figures reported by DMAS, this additional investment is yielding significantly less revenue.

To the maximum extent possible, the following narrative, charts and other graphics respond to the legislative requirements as delineated in Item 322.H2. The following data is based on revenue and expenditure reports received from the forty local lead agencies and includes data from the private providers with whom the local lead agencies contract.

Total Revenue Used to Support Part C Services

The table below describes the total revenue to support Part C Early Intervention Services in FY 2021.

Revenue Source	FY21 Revenue
State Part C Funds	$21,269,940
Medicaid, Including Targeted Case Management	$19,820,714
Local Funds	$9,276,258
Federal Part C Funds	$8,275,965
Private Insurance and TRICARE	$4,925,543
Family Fees	$1,328,708
In-Kind	$1,251,186
Other State General Funds	$367,621
Grants/Gifts/Donations	$34,660
Other	$1,413,222
Total	$67,963,817

The following table represents the federal and state revenue allocated by DBHDS to the forty local lead agencies:

Funds Allocated by Local Lead Agency*

Infant & Toddler Connection of:	State	Federal
Alexandria	$ 446,800	$173,268
Alleghany-Highlands	$ 85,963	$45,789
Arlington	$ 573,173	$220,059
Augusta-Highland	$ 182,160	$79,681
Blue Ridge	$ 703,710	$261,034
Central Virginia	$ 686,415	$248,322
Chesapeake	$ 975,618	$361,088
Chesterfield	$ 1,033,119	$376,846
Crater District	$ 215,381	$87,289
Cumberland Mountain	$ 139,390	$61,525
Danville-Pittsylvania	$ 208,949	$85,367
DILENOWISCO	$ 118,661	$52,568
Eastern Shore	$ 114,646	$54,021
Fairfax-Falls Church	$ 4,225,063	$1,523,389
Goochland-Powhatan	$ 135,703	$63,039
Hampton-Newport News	$ 662,701	$246,131
Hanover	$ 317,592	$128,880
Harrisonburg-Rockingham	$ 294,521	$114,367
Heartland	$ 174,431	$73,860
Henrico-Charles City-New Kent	$ 976,946	$357,675
Highlands	$ 109,005	$51,514
Loudoun	$ 1,260,717	$465,046
Middle Peninsula-Northern Neck	$ 398,792	$150,484
Mount Rogers	$ 176,938	$71,397
New River Valley	$ 330,606	$128,359
Norfolk	$ 743,542	$274,988
Piedmont	$ 107,633	$49,797
Portsmouth	$ 208,680	$86,781
Prince William, Manassas and Manassas Park	$ 984,498	$359,072
Rappahannock Area	$ 1,067,562	$390,535
Rappahannock-Rapidan	$ 254,480	$103,302
Richmond	$ 441,325	$162,742
Roanoke Valley	$ 487,110	$182,919
Rockbridge Area	$ 121,929	$56,832
Shenandoah Valley	$ 569,324	$213,493

Southside	$ 132,629	$59,543
Staunton-Waynesboro	$ 161,760	$70,785
Virginia Beach	$ 1,361,318	$499,020
Western Tidewater	$ 467,813	$177,154
Williamsburg-James City-York-Poquoson	$ 650,209	$247,480
Total	**$22,306,813**	**$8,415,443**

*See Appendix A for a listing of the localities included in each system.

Total Expenses for All Part C Services

The table below describes the total expenditures for Part C Early Intervention (EI) Services in FY 2021.

Service	FY 21 Expenditure
Assessment for Service Planning	$3,945,299
Assistive Technology Devices	$13,359
Audiology	$3,006
Counseling	$269
Developmental Services	$4,662,528
Evaluation for Eligibility Determination	$1,747,678
Health	$124,122
Nursing	$12,900
Nutrition	$2,823
Occupational Therapy	$3,456,750
Physical Therapy	$4,249,569
Psychology	
Service Coordination	$19,141,267
Social Work	$296,072
Speech Language Pathology	$8,004,406
Transportation	$8,338
Vision	$114,731
Other Entitled Part C Services	$590,718
EI Services by Private Providers**	$15,752,888
Total-Direct Services	*$62,126,723

*The local lead agencies reported an additional $11,043,288 of expenses related to the system components (administration, system management, data collection and training) that are critical to implementation of direct services. **Therefore, total expenses are $73,170,011**.

**The local expenditure reporting forms were revised in FY 2013 to eliminate duplicate reporting of expenses paid with Part C funds. It was not possible to eliminate the duplication by service category, so private provider expenses for all early intervention services are reported as a lump sum.

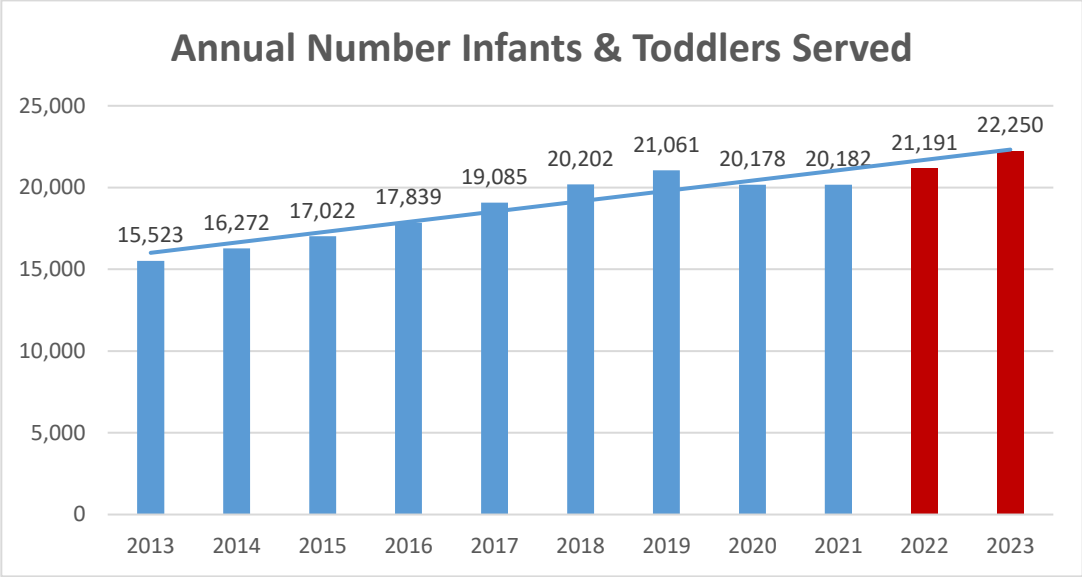
Total Number of Infants and Toddlers Served

The table below shows the total number of infants and toddlers evaluated by those who were eligible and entered services and by those who did not enter services since 2004.

Year	Total Number Served – Eligible and Entered Services	Total Number Evaluated Who Did Not Enter Services*
Dec. 2, 2003 – Dec.1, 2004	8,540	0
Dec. 2, 2004 – Dec. 1, 2005	9,209	0
July 1, 2006 – June 30, 2007	10,330	0
July 1, 2007 – June 30, 2008	11,351	1,760
July 1, 2008 –June 30, 2009	11,766	1,671
July 1, 2009 – June 30, 2010	12,234	1,494
July 1, 2010 – June 30, 2011	14,069	1,829
July 1, 2011 – June 30, 2012	15,676	1,797
July 1, 2012 – June 30, 2013	15,523	1,745
July 1, 2013 – June 30, 2014	16,272	1,720
July 1, 2014 – June 30, 2015	17,022	1,815
July 1, 2015 – June 30, 2016	17,839	1,976
July 1, 2016 – June 30, 2017	19,085	2,078
July 1, 2017 – June 30, 2018	20,202	2,150
July 1, 2018 – June 30, 2019	21,061	2,186
July 1, 2019 – June 30, 2020	20,178	2,419
July 1, 2020 – June 30, 2021	20,182	2,057

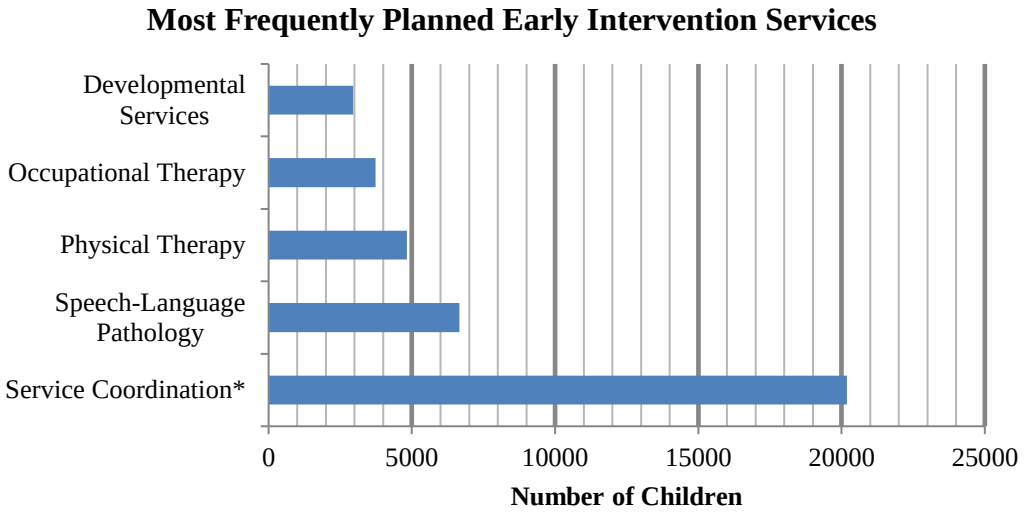
*These children received a multidisciplinary team evaluation to determine eligibility and, in some cases, an assessment for service planning, but did not enter services because they were either found ineligible for Part C, declined Part C early intervention services, or were lost to contact. Since evaluation and assessment, by federal law, must be provided at no cost to families, neither private insurance nor families can be billed for these services. Unless the child has Medicaid or TRICARE, federal and state Part C funds are generally used to pay for evaluation and assessment.

Using the total number of children served each year (annual child count), the chart below trends the projected number of eligible children served through 2023.



Services Provided to Eligible Infants and Toddlers

The chart and table below describe the types of services provided to eligible infants and toddlers and the total number of children receiving each service in FY 2021.



*All eligible children receive service coordination.

FY 2021 Estimates of Total Number of Children Receiving Each Service

Type of Early Intervention Service	% of Children with an Initial IFSP* Listing that Service on 12/1/20	Estimated # of Children with an Initial IFSP Listing that Service in FY 2021 (% Multiplied by Total Served)
Service Coordination	100%*	20,182
Speech-Language Pathology	33.0%	6,660
Physical Therapy	23.9%	4,823
Occupational Therapy	18.5%	3,734
Developmental Services	14.6%	2,947
Audiology	0.8%	161
Other Entitled EI Services	0.7%	141
Vision Services	0.2%	40
Social Work Services	0.1%	20
Assistive Technology	0.04%	8
Nutrition Services	0%	0
Psychology Services	0%	0
Medical Services	0%	0
Nursing	0%	0
Counseling	0%	0
Health Services	0%	0
Sign and Cued Language Services	0%	0
Transportation	0%	0

*All eligible children receive service coordination.
** IFSP = Individualized Family Service Plan.

In addition to the services listed on IFSPs, a total of 13,894 children received an evaluation to determine eligibility and/or an initial assessment for service planning in FY 2021.

Data Limitations

The existing early intervention data system, the Infant and Toddler Online Tracking System (ITOTS), was developed and implemented in 2001 primarily to meet annual federal reporting requirements related to child data. The system provides data on who is getting services and includes the number of children by local system, race/ethnicity, gender, age, and the reason for eligibility. ITOTS allows for the collection of data on the services planned on each child's initial IFSP but does not provide for the collection of data on how those services change over time, on delivered services, or on payment for services. As a result, there is no mechanism available for local systems or for DBHDS to get the kind of real-time, ongoing data necessary to effectively and efficiently monitor service delivery for individual children, to study trends and patterns, or to monitor funding sources and service costs by child or by local system.

Since no financial data for Part C services is collected through ITOTS, DBHDS must rely on a burdensome paper process for collecting and reporting data on the expenses associated with providing services and the revenue sources that are accessed in providing services. Local lead agencies and private providers each maintain separate billing and accounting systems, so there is no method to reliably ensure non-duplication of reporting of expenses and revenues, with the exception of Medicaid, including Medicaid Targeted Case Management, revenue. Through a data exchange agreement between DBHDS and the Department of Medical Assistance Services (DMAS) for implementation of the Medicaid Early Intervention Services Program, DBHDS is able to report the amount of Medicaid funds used to support Part C early intervention services.

Non-duplication of revenue and expense reporting can only be fully ensured once a reliable statewide mechanism is implemented to collect or import data from local systems on expenditures and on the source and amount of revenue for every service delivered. DBHDS signed a contract with a vendor in June 2021 to purchase and customize a commercially available, off-the-shelf data system that will track delivered services and improve fiscal data collection and reporting. The new data system is expected to be ready for implementation by the summer of 2022.

Overall Fiscal Climate for Part C for FY 2021 and Beyond

Reported expenses for Part C early intervention services and the critical system components that support implementation of direct services exceeded reported revenue for FY 2021. Reported revenue declined by $2 million compared to FY 2020, and reported expenses were down by $1 million. Although the completeness and accuracy of reported expense data and revenue data is questionable since local lead agencies and private providers collect their data separately and there is no central mechanism to ensure reporting by all private providers or to ensure non-duplication, the general trend of decreased revenue and decreased expenses in FY 2021 is not unexpected given the impacts of the ongoing COVID-19 pandemic:

- The number of children served in the Part C early intervention system in FY 2021 was only four children more than in FY 2020.

- Due to the continuing public health emergency, Medicaid and private insurance companies continued to allow and reimburse early intervention services delivered through telehealth and to do so at the same reimbursement rate as in-person services. In FY 2021, most local systems delivered early intervention services primarily or exclusively through telehealth for most of the year. This resulted in cost savings since there are no travel costs associated with telehealth service delivery.

- Some families opted to put services on hold during the pandemic. Some families were unable to access telehealth (due to broadband access issues, limited data plans, or other technology constraints) even though providers went to extensive and creative lengths to address these kinds of access issues. Even those families who were accessing early intervention via telehealth shortened or cancelled some services

during the height of the pandemic (Fall 2020 – Spring 2021). Families were experiencing "Zoom fatigue," supporting older children in virtual school and dealing with many other daily stressors during this time. These choices and limitations resulted in decreased expenses and decreased revenues.

- Towards the end of FY 2021, as COVID case numbers decreased and vaccinations increased, local systems began to prepare for or implement a return to some in-person service delivery. As a result, there were increased expenses for systems components that support direct service delivery, such as the purchase of personal protective equipment (PPE) and cleaning supplies to ensure safety for practitioners and families. Since these activities do not generate revenue, they help to account for the greater decrease in reported revenue compared to reported expenses.

Overall, impacts of and flexibilities, such as telehealth, allowed during the COVID-19 pandemic, likely prevented significant budget shortfalls for local systems and definitely lessened the impacts of provider shortages.

Looking ahead, revenue recovery and growth will be essential as the early intervention system builds back from the COVID-19 pandemic. There are positive developments occurring that will help with recovery as well as concerning trends that will require close attention and/or action:

- Child count numbers are rebounding. Since July, 2021, the count of children enrolled on the first day of the month has been higher than that same month in 2020 (by 3.5% - 6.7% each month). The child count on September 1, 2021 exceeded the pre-pandemic count from September 1, 2019. As the child count increases, so will both expenses and revenue. Most importantly, efforts to re-engage families and referral sources are working.

- The American Rescue Plan Act (ARPA) included additional funds for all states specifically for Part C early intervention. Virginia has received $5.1 million in one-time ARPA funding. These additional funds will be helpful in supporting local systems over the next year as child count numbers rebound and in meeting other one-time needs at the local and/or state level (e.g., PPE, equipment to support equitable access to telehealth, personnel recruitment and retention, special projects, etc.).

- DBHDS successfully worked with the Department of Medical Assistance Services (DMAS) to ensure permanent expansion of services delivered via telehealth to include early intervention services, even after the federal public health emergency ends. This is a critical accomplishment for maximizing the availability of providers and expanding access to services. Telehealth facilitates greater flexibility in scheduling and meaningful family engagement and aligns with evidence-based early intervention practices, like caregiver coaching and functional assessment. It remains to be seen whether private insurance companies will continue covering early intervention services delivered via telehealth. If they do not, Part C funds

will have to be used to pay for telehealth services for children covered by private insurance.

- DBHDS continues to work with DMAS to address a number of challenges related to Medicaid reimbursement for early intervention services.

    - The Medicaid Early Intervention Targeted Case Management program that began in October 2011ensures eligible children and families receive service coordination that is appropriate to the needs of infants, toddlers and their families. However, the Early Intervention Targeted Case Management reimbursement rate of $132 per month does not cover the expenses of providing this service. Those expenses were estimated at $175 per month when a cost study was conducted by DMAS in 2008 and updated in 2009. Given the level of case management provided in early intervention, the DMAS Provider Reimbursement Division has been supportive of increasing the EI case management rate to the same level as the developmental disability case management rate of $242.73 per month if funding were made available.
    - The Medicaid Early Intervention Services Program continues to reimburse providers the full early intervention rate for services (other than service coordination) for children with Medicaid. However, the early intervention rates were set in 2009 and no longer cover the cost for providing these services. Insufficient reimbursement rates not only make it difficult to sustain the early intervention system financially but also make it impossible for early intervention programs to offer competitive salaries and contribute to workforce shortages.
    - Medicaid revenue has decreased each year since early intervention was moved from fee-for-service to managed care. Lower child count and some families not receiving services during the pandemic may account for some of that decrease. There are also greater challenges in getting consistent revenue figures across multiple MCOs, and the reported revenue may be less accurate over the last three years than what was reported directly by DMAS during the previous fee-for-service arrangement. Until this year, Medicaid had been the largest revenue source for Part C early intervention, so the trend of annual decreases is concerning and bears close monitoring.
    - Under Medicaid managed care, local lead agencies and provider agencies are having to invest significantly more administrative time to get reimbursed than was required under the fee-for-service arrangement. Based on the revenue figures reported by DMAS, this additional investment is yielding significantly less revenue. The extra time and money required for Medicaid MCO billing also decrease the personnel time and funding available for other early intervention functions, including service provision.

- When submitting their FY 2022 initial budgets, six local systems reported a projected deficit for this year. The total projected shortfall is just over $1.1 million. Although the one-time additional funding for Part C early intervention available through the American Rescue Plan is expected to address any potential shortfalls this year, these projections reinforce the need for continued revenue growth.

- Federal early intervention requirements necessitate aggressive outreach for public awareness and other efforts to identify all eligible children, meeting rigorous standards for timely and effective services, and ensuring there are no waiting lists. All states are also required by the U.S. Department of Education to implement strategies to improve outcomes for infants and toddlers. This worthwhile effort requires both human and fiscal resources. Unless funding stays apace with growth, costs and the service needs of infants and toddlers in early intervention, Virginia runs the risk of noncompliance with federal requirements for the program.

- While President Biden's Federal Fiscal Year 2022 budget includes a funding increase for Part C early intervention, the budget language also includes changes to the program that, if passed, would significantly impact funding and flexibility in using funds for early intervention in Virginia. In particular, the proposed changes include eliminating the ability to charge family fees or out-of-pocket costs for early intervention services. Virginia collected over $1.3 million in family fees in FY 2021. Proposed budget language also includes a requirement to set aside at least 10% of the state's federal Part C award to implement a plan to ensure equitable access to and participation in early intervention services.

Achieving a stable and sustainable fiscal structure for Virginia's early intervention system remains a top priority, as this is essential to ensuring an effective service system that leads to positive outcomes for infants and toddlers with disabilities and their families and maintaining the highest determination provided by the United States Department of Education (Meets Requirements). To this end, DBHDS is:

- Closely monitoring the fiscal situation across local systems, child count data as pandemic impacts fluctuate, and federal budget language that may impact states' Part C early intervention systems;

- Providing support to local system managers and local fiscal staff to ensure effective oversight of local budgets and spending as well as accurate reporting of revenues and expenditures;

- Working collaboratively with the Department of Medical Assistance Services (DMAS) and local systems to resolve reimbursement challenges under managed care;

- Continuing to request that DMAS conduct a rate study to determine the amount of a rate increase needed to adequately cover the cost of providing early intervention services;

- Working with the selected vendor to implement a comprehensive early intervention data system that will collect the delivered service and non-duplicated revenue and expenditure data that is essential to effective fiscal

oversight and planning at the state and local levels;

- Examining data and working with local stakeholders to plan for short-term uses of the one-time American Rescue Plan funds in order to achieve the best possible long-term impacts; and

- Exploring, with stakeholders, opportunities to expand the early intervention workforce and strategies to recruit and retain qualified providers.

Conclusion

Virginia and national data indicate that early intervention is leading to a number of positive outcomes for children and families. Research finds that early intervention reduces the need for special education and grade retention and reduces future costs in welfare and criminal justice programs. Estimates on the cost savings vary, but the long-term study associated with the Perry Preschool Project indicates that every dollar invested in early education will lead to at least a seven dollar return. As demonstrated by the data reported above, the funding provided by the General Assembly permitted local Part C early intervention systems to provide a wide variety of needed supports and services to more than 20,100 eligible infants, toddlers and their families during FY 2021. These funds also touched the lives of 2,057 additional infants, toddlers and families who received evaluations for eligibility determination and assessments upon referral to the Part C early intervention system even though they did not proceed on to receiving other early intervention supports and services. As Virginia looks to emerge from the pandemic, state Part C funding is essential to ensure the Commonwealth builds back towards a better and more fiscally stable and sustainable early intervention system for all eligible infants, toddlers and their families.

Appendices

Appendix A Local System Names and Included Localities

Local System	Localities Included
Alexandria	City of Alexandria
Alleghany-Highland	Alleghany County; Cities of Clifton Forge and Covington
Arlington County	Arlington County
Central Virginia	Counties of Amherst, Appomattox, Bedford and Campbell; Cities of Bedford and Lynchburg
Chesapeake	City of Chesapeake
Chesterfield	Chesterfield County
Williamsburg, James City, York	Counties of James City and York; Cities of Poquoson and Williamsburg
Heartland	Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward
Cumberland Mountain	Counties of Buchanan, Russell, and Tazewell
Danville-Pittsylvania	Pittsylvania County; City of Danville
Eastern Shore	Counties of Accomack and Northampton
Fairfax-Falls Church	Fairfax County; Cities of Fairfax & Falls Church
Goochland-Powhatan	Counties of Goochland and Powhatan
Hampton-Newport News	Cities of Hampton and Newport News
Hanover County	Hanover County
Harrisonburg-Rockingham	Rockingham County; City of Harrisonburg
Henrico, Charles City, New Kent	Counties of Henrico, Charles City, and New Kent
Highlands	Washington County; City of Bristol, Abingdon
Loudoun County	Loudoun County
Middle Peninsula-Northern Neck	Counties of Essex, Gloucester, King & Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond, and Westmoreland; Cities of Colonial Beach and West Point
Mount Rogers	Counties of Bland, Carroll, Grayson, Smyth, and Wythe; City of Galax and Marion
New River Valley	Counties of Floyd, Giles, Montgomery and Pulaski; City of Radford
Norfolk	City of Norfolk
Shenandoah Valley	Counties of Clark, Frederick, Page, Shenandoah, and Warren; City of Winchester
Piedmont	Counties of Henry, Franklin, and Patrick; City of Martinsville
DILENOWISCO	Counties of Dickenson, Lee, Scott and Wise; City of Norton
Crater District	Counties of Dinwiddie, Greensville, Prince George, Surry, and Sussex; Cities of Colonial Heights, Emporia, Hopewell, and Petersburg
Portsmouth	City of Portsmouth
Prince William, Manassas, Manassas Park	Prince William County; Cities of Manassas, Manassas Park and Quantico

Rappahannock Area	Counties of Caroline, King George, Spotsylvania, and Stafford; City of Fredericksburg
Rappahannock-Rapidan	Counties of Culpepper, Fauquier, Madison, Orange, and Rappahannock
Roanoke Valley	Counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson; City of Charlottesville
Richmond	City of Richmond
Blue Ridge	Counties of Botetourt, Roanoke and Craig; Cities of Roanoke and Salem
Rockbridge Area	Counties of Bath and Rockbridge; Cities of Buena Vista and Lexington
Southside	Counties of Brunswick, Mecklenburg, and Halifax; Cities of South Boston and South Hill
Augusta-Highland	Counties of Augusta and Highland
Virginia Beach	City of Virginia Beach
Western Tidewater	Counties of Isle of Wight and Southampton; Cities of Franklin and Suffolk
Staunton-Waynesboro	Cities of Staunton and Waynesboro