

**REPORT TO THE
GENERAL ASSEMBLY OF VIRGINIA**

**VIRGINIA PUBLIC GUARDIAN AND
CONSERVATOR PROGRAM**



**BIENNIAL REPORT OF
THE VIRGINIA DEPARTMENT FOR AGING AND
REHABILITATIVE SERVICES
COMMONWEALTH OF VIRGINIA**

2026



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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Members of the Virginia General Assembly
General Assembly Building
910 Capitol Square
Richmond, VA 23219

Dear Members of the General Assembly:

DARS is pleased to present this report on the status of the Virginia Public Guardian and Conservator Program, pursuant to Virginia Code § 51.5-150. This document includes statistical data on the number and type of clients served and the distribution of slots funded by the General Assembly.

If you need any additional information, please contact Laura Koch, Esq., Public Guardian Program Director, by email at laura.koch@dars.virginia.gov or by telephone at 804-588-3989.

Sincerely,

Kathryn A. Hayfield
Kathryn A. Hayfield

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EXECUTIVE SUMMARY

The Virginia Public Guardian and Conservator Program (Program) provides public guardianship and conservatorship services for adults who are incapacitated, have no one else who is willing and able to serve as their legal decisionmaker, and lack the means to pay for these services. The Program began in 1998 under Virginia Code § 51.5-149 et seq. and is located in the Division for Community Living within the Department for Aging and Rehabilitative Services (DARS).

DARS contracts with 11 entities (Providers) to serve up to 1,349 clients. To ensure statewide coverage, each geographic area is assigned to one or more Providers. After an individual is offered a client slot, a circuit court must confirm that the eligibility criteria are met before appointing the Provider to serve as the individual's public guardian.

A total of 353 clients became active during State Fiscal Years 2024 and 2025, while 249 active clients exited the Program. The Program is currently 94% full, including both active and pending clients. Each provider has a multidisciplinary team to screen referrals and reassess clients annually to ensure that public guardianship continues to be appropriate.

The majority of the Program's clients live in either a group home or sponsored residential setting, and 25% are currently in a nursing home. The age range of active clients is 18 to 100, and 56% are over the age of 60.

The Program's Providers comply with a number of contractual and regulatory requirements that do not apply to other guardians. For example, Providers maintain a maximum client-to-staff ratio of 20-to-1 and meet face-to-face with every client monthly. These requirements, along with the monitoring, technical support, and training that DARS provides, support the delivery of high-quality guardianship and conservatorship services.

INTRODUCTION

The Virginia Public Guardian and Conservator Program (Program) was established in 1998 pursuant to Virginia Code § 51.5-149 et seq.¹ The Program is located in the Division for Community Living within the Department for Aging and Rehabilitative Services (DARS).

This 2026 biennial report on the status of the Program is provided to the Virginia General Assembly pursuant to § 51.5-150. The report covers State Fiscal Year (SFY) 2024 and 2025 (biennial period).

For ease of reference, the term “guardian” will be used in lieu of the phrase “guardian, or conservator, or both” throughout the remainder of this report, and the services provided by the Program will be referred to as “guardianship services.”

SECTION I

OVERVIEW OF THE PUBLIC GUARDIAN & CONSERVATOR PROGRAM

DARS administers the Program through contracts with 11 public and private entities (Providers).² In total, these Providers, identified in Appendix A, serve up to 1,349 of the Commonwealth’s most vulnerable adults.

Eligibility Criteria

To be eligible for the Program, an individual must meet the criteria below and have no less restrictive option (§ 51.5-149).

- They must be incapacitated, meaning unable to make the decisions necessary to protect their own health, care, and safety, or manage their own financial affairs (§ 64.2-2010).
- There must be no one suitable, willing, and able to serve as their legal decisionmaker.
- They must be indigent, and therefore unable to pay for these services.

After an individual has been offered a slot by a Provider, the circuit court may appoint the Provider to serve as the individual’s public guardian upon finding that the above eligibility criteria have been met.

Referral Catchment Areas

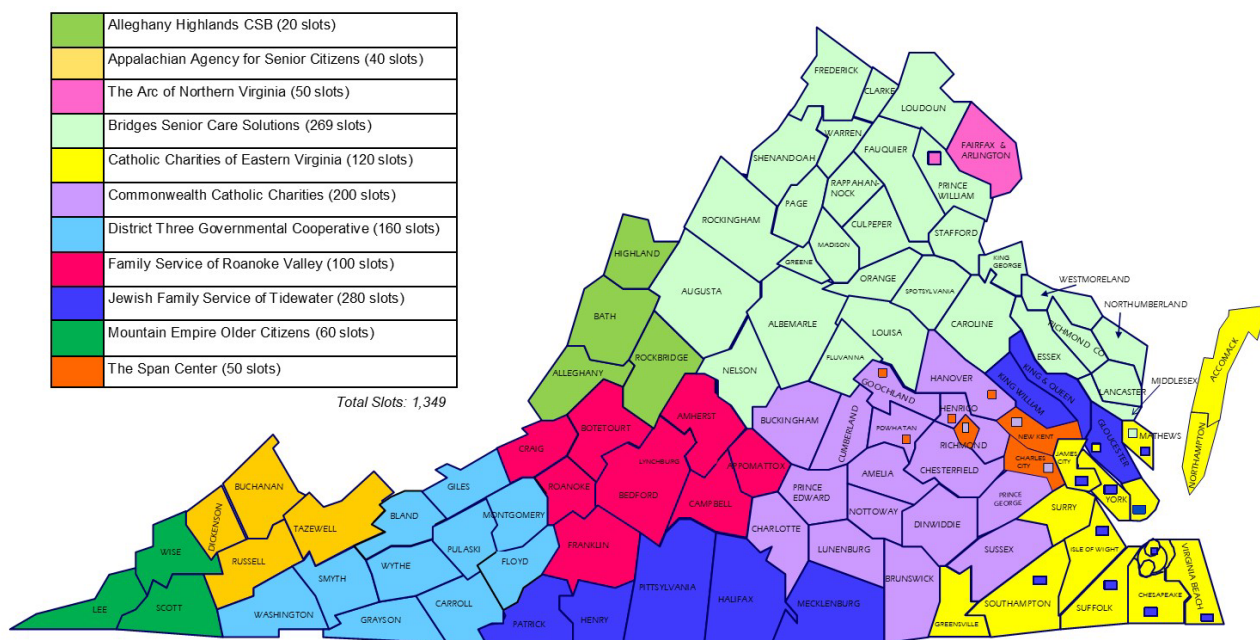
To ensure statewide coverage, each Provider has a designated geographic area from which it accepts referrals, as depicted on the map below. A list of the localities comprising each

¹ All remaining section references are to the Virginia Code, unless otherwise stated.

² Jewish Family Services Richmond (JFSR) elected not to renew its contract for SFY 2026, reducing the number of Program Providers from 12 to 11. JFSR’s 40 slots in the greater-Richmond area were reallocated to Commonwealth Catholic Charities (CCC). CCC has been appointed the substitute public guardian for JFSR’s former clients.

Provider's referral catchment area appears in Appendix A. If an active client moves outside of its coverage area, the appointed Provider may elect to request a transfer to another Provider but continues to serve the client until the circuit court orders the substitution appointment.

VIRGINIA PUBLIC GUARDIAN & CONSERVATOR PROGRAM PROVIDER CATCHMENT AREAS



Note: Multiple colors indicate coverage by more than one Provider.

Public Guardianship Funding Categories and Slot Distribution

The General Assembly has established four funding categories for the Program's 1,349 slots, as described in Table 1, below. Each Provider's contract specifies the maximum number of clients to be served in each category. The two largest Providers remain Jewish Family Services of Tidewater, with 280 slots, and Bridges Senior Care Solutions, with 269 slots.

Every Provider has been allocated Unrestricted slots, which account for 56% of the total. Unrestricted slots are not limited to a particular diagnosis or referral source. Two Providers have DARS-MI/ID slots, which are reserved for clients diagnosed with a serious mental illness or intellectual disability.

A total of 34% of the Program's slots are reserved for individuals referred by the Department of Behavioral Health and Developmental Services (DBHDS). Eight Providers serve clients in

DBHDS-ID/DD slots, which are reserved for individuals with a diagnosis of intellectual or developmental disability who are referred by a community services board (CSB) or behavioral health authority (BHA). Three Providers contract to serve DBHDS-MI slots, reserved for individuals with a serious mental illness who are preparing to discharge from a state hospital. These referrals are assigned based on the hospital and are the only ones to which catchment areas do not apply.

Table 1: Funding Categories

Funding Category (also known as Slot Type)	Slots	Providers
Unrestricted No specific diagnosis required; dementia or other organic brain syndrome, serious mental illness, and traumatic brain injury are the most prevalent.	757	11
DARS-MI/ID Reserved for individuals diagnosed with a serious mental illness and/or intellectual disability.	40	2
DBHDS-ID/DD Reserved for clients who are diagnosed with an intellectual or developmental disability and are receiving services from a CSB or BHA.	454	8
DBHDS-MI Reserved for individuals diagnosed with a serious mental illness who are preparing for discharge from a state hospital.	98	3

Stages in the Creation of a Public Guardianship

Referral:

Referrals for Unrestricted or DARS-MI/ID slots may be made by any interested party willing to serve as petitioner in the court appointment process described below. This is most often a family member, long-term care facility, or local department of social services (LDSS). Depending on where the individual resides, the referring party may direct the referral to one or more Providers. If the Provider has no available slot for an individual who appears to meet the criteria, it adds the individual to its waitlist.

DBHDS staff manage the referrals and waitlist for DBHDS-ID/DD and DBHDS-MI slots. DARS determines the appropriate Provider and initiates the referral review process for DBHDS referrals.

Multidisciplinary Panel Review:

The Virginia Administrative Code requires each Provider to have a multidisciplinary panel (MDP) composed of human services professionals, such as representatives from LDSS, CSBs or BHAs, local health departments, etc. (22VAC30-70-30.D.2).

The MDP's role includes reviewing each referral to determine whether the individual appears to meet the statutory eligibility criteria for public guardianship, that the Provider has the resources to serve the individual, and that the appointment would be consistent with the Provider's established priorities (22VAC30-70-30.D.3). This review must occur prior to initiation of the court proceedings for appointment of a public guardian.

The Appointment Process:

If the MDP accepts the referred individual as a prospective client, the Provider notifies the referring party to engage an attorney and file a petition with the appropriate circuit court to request appointment of the Provider as the guardian. As with all guardianship petitions, the court appoints a guardian ad litem, who investigates the statements in the petition and files a report (§ 64.2-2003). The individual who is the subject of the petition has the right to a court-appointed attorney if necessary (§ 64.2-2006).

The Provider communicates with the petitioner's attorney and attends the hearing; however, neither DARS nor the Provider is typically a party to the guardianship case. If the court finds that the respondent meets the eligibility criteria for a public guardian, it may appoint the Provider. The court order specifies any limitations on the scope or duration of the services to be provided.

Public Guardian Program Operations and Service Standards

Unlike private guardians, public guardians are subject to the Virginia Administrative Code (22VAC30-70-10 et seq.), oversight by DARS, and contractual requirements. For example, Providers must ensure staff coverage 24 hours a day, 365 days a year for Program clients, who often have urgent needs related to serious illness, psychiatric hospitalization, or homelessness.

The following are additional examples of the requirements that are unique to public guardians and support the success of the Program:

- maintain a client-to-staff ratio not exceeding 20-to-1;
- visit each client in person at least once a month;
- utilize person-centered planning to empower and support clients based on their expressed preferences, values, and needs;
- maintain a client file that includes progress notes, court documents, assessments, and care plans;

- attend DARS-sponsored annual training events; and
- undergo periodic monitoring by DARS staff.

Providers have a continuing duty to seek a proper and suitable person who is willing and able to become a substitute guardian for their client (22VAC30-70-30.F.1). Each Provider's MDP also reassesses clients annually to ensure that public guardianship continues to be appropriate (22VAC30-70-30.D.5), but most of the Program's clients continue to need a public guardian for the remainder of their lives. Twelve individuals have been in the Program for over 25 years.

DARS provides support and oversight of Providers by:

- providing technical assistance and guidance in meeting contractual, statutory, and regulatory requirements (22VAC30-70-60.C), through individualized support and quarterly program director meetings;
- providing annual training to Provider staff on pertinent topics (22VAC30-70-40.A);
- reviewing Provider quarterly reports and tracking active and pending clients in each funding category (22VAC30-70-50.C); and
- monitoring service provision by visiting clients in the community and reviewing files, policies, and procedures (22VAC30-70-60.A).

SECTION II

CLIENT ENTRIES AND EXITS DURING THE BIENNIAL PERIOD

A total of 353 new clients entered the Program during the biennial period—194 in SFY 2024 and 159 in SFY 2025.³ During the same period, a total of 249 clients exited the Program—119 in SFY 2024 and 130 in SFY 2025. Table 2, below, shows the distribution of new and removed clients across funding categories.

Ninety percent of removals were due to the death of the client. Four clients exited the Program because a family member or other appropriate person stepped forward to become their private guardian. Three clients exited after regaining the capacity to manage their own affairs. When a client appears to no longer need a guardian, the Provider assists them to request the court to restore their rights.

Some clients enter the Program near the end of their lives. Of the 194 clients who became active in SFY 2024, 45 had been removed by the end of SFY 2025, in most cases due to the death of

³ Unless otherwise noted, the data in this report is provided as of June 30, 2025, the last day of SFY 2025. Data cleanup activities revealed that the last biennial report understated the number of new clients added in SFY 2023. The correct number was 190 rather than 140.

the client. Providers play an important role in end-of-life support and decision making, and they also make final arrangements for the client if there is no family member to do so.

Table 2: Clients Added and Removed by Funding Category

	Unrestricted	MI/ID	DBHDS-ID/DD	DBHDS-MI	Total
Clients Added SFY 2024	179	0	10	5	194
Clients Added SFY 2025	126	0	28	5	159
Totals	305	0	38	10	353
Clients Removed SFY 2024	90	3	19	7	119
Clients Removed SFY 2025	96	3	22	9	130
Totals	186	6	41	16	249

SECTION III

CLIENT DEMOGRAPHICS

Active and Pending Clients

As of the end of SFY 2025, the Program was 94% full, with 1,169 active clients and 103 pending clients.⁴ For 78% of clients, the Provider's role is public guardian only, but they work collaboratively if the client has also been appointed a private conservator. The Provider has been appointed both public guardian and public conservator for 21% of Program clients. For six clients, the Provider serves only as public conservator but may also be appointed as public guardian if needs change.

Table 3: Current Clients by Funding Category

Funding Category	Active Clients (1,169)	Pending Clients (103)	Total (1,272)
Unrestricted	652	53	705
DBHDS-ID/DD	410	31	443
DBHDS-MI	75	17	92
MI/ID	32	2	34

⁴ After offering a slot to a referred individual, the Provider holds the slot open pending appointment by the circuit court.

Age Distribution

The youngest client in the Program as of the end of SFY 2025 was 18 years old and the oldest was 100 years old. Clients between the ages of 60 and 79 continue to comprise the largest age group overall, at 45%. There has been a slight increase in the percentage of clients over 80 since the last biennial report, from 9% to 11%.

Clients in the DBHDS-ID/DD category tend to be younger; 60% are under the age of 60. This may be attributed to the fact that intellectual and developmental disabilities are lifelong conditions that are typically diagnosed by early adulthood.

Table 4: Age Distribution of Active Clients

Age Range	Percentage
18–39	19%
40–59	25%
60–79	45%
80–100	11%

Table 5: Age Distribution of Active Clients by Funding Category

Funding Category	Age Range	Percentage
Unrestricted (652 Active Clients)	18–39	15%
	40–59	19%
	60–79	51%
	80–100	15%
DBHDS-ID/DD (410 Active Clients)	18–39	26%
	40–59	34%
	60–79	36%
	80–100	4%
DBHDS-MI (75 Active Clients)	18–39	19%
	40–59	29%
	60–79	41%
	80–100	11%
MI/ID (32 Active Clients)	18–39	19%
	40–59	25%
	60–79	53%
	80–100	3%

Residence Type

A total of 57% of clients live in either a group home or sponsored residential home licensed by DBHDS to serve individuals with intellectual/developmental disabilities. Group homes have a maximum of six residents, while sponsored residential homes have no more than two residents. Twenty-five percent of the Program's clients live in a nursing home, an increase from 23% during the previous biennial period. Otherwise, the distribution across residential settings has changed little since the last biennial report.

Table 6, below, shows the percentage of active clients in each residential setting. "All Other Settings" includes private hospitals and crisis stabilization homes. Table 7, below, indicates the top four residential settings within each funding category.

Table 6: Active Client Residential Setting

Type of Residential Setting	Percentage	Type of Residential Setting	Percentage
Group Home	44%	Living Independently	2%
Nursing Home	25%	State Hospital	2%
Sponsored Residential Home	13%	Intermediate Care Facility	1%
Assisted Living Facility	11%	All Other Settings	2%

Table 7: Active Client Residential Setting by Funding Category

Funding Category	Type of Residential Setting	Percentage
Unrestricted (652 Active Clients)	Nursing Home	42%
	Group Home	26%
	Assisted Living Facility	15%
	Sponsored Residential Home	9%
DBHDS-ID/DD (410 Active Clients)	Group Home	74%
	Sponsored Residential Home	0%
	Intermediate Care Facility	20%
	Assisted Living Facility	1%
DBHDS-MI (75 Active Clients)	Assisted Living Facility	16%
	State Hospital	22%
	Group Home	3%
	Nursing Home	38%
MI/ID (32 Active Clients)	Group Home	75%
	Sponsored Residential Home	21%
	Intermediate Care Facility	3%
	Living Independently	3%

SECTION IV

PUBLIC GUARDIAN PROVIDER WAITLISTS

There is currently no waitlist for DBHDS-MI slots. Depending on the hospital where the individual is receiving treatment, DARS directs referrals to one of three Providers.

Providers accept direct referrals for Unrestricted and DARS-MI/ID slots and maintain a waitlist when they have no openings. While the combined total of individuals on Unrestricted waitlists has dropped from 228 to 137 since the last biennial report, this primarily reflects a change in the waitlist of one Provider, Jewish Family Service of Tidewater (JFST).

JFST operates a large private guardianship program and is already serving as the private guardian for nearly all of the individuals on its Unrestricted waitlist. Despite reducing by 102 the number of private clients on its waitlist, JFST still accounts for 51% of the current total. The other ten Providers have a combined total of 66, an increase of 11 since the last biennial report.

DBHDS maintains a separate waitlist for DBHDS-ID/DD slots, and this is jointly managed with DARS. The number of referred individuals on this waitlist has dropped from 143 to 85, a 40% decrease. Much of this change can be attributed to a collaborative effort by DARS and DBHDS in SFY 2024 to require referring parties to affirm each individual's current need for a guardian. See Appendix C for the number of individuals on each waitlist.

SECTION V

SUCCESES AND CHALLENGES

The Program experienced no significant changes during the biennial period, other than the reduction in the number of Providers from 12 to 11 (see footnote 2). The number of slots and funding remained unchanged, and there were no major legislative initiatives affecting public guardianship.

Ongoing Program Improvements

DARS has continued the trajectory of streamlining operations and the exchange of information. The following are some examples of positive changes made during the biennial period:

- greater reliance on information technology and tools to communicate and work more efficiently;
- creation of a secure online procedure for Providers to notify DARS of client removals, which automatically populates data to a spreadsheet;
- improvements to the layout and function of the Program webpage.

In addition, DARS has updated a number of Program documents, including:

- the template Providers use for quarterly reporting;
- the form Providers use to collect information about client values and preferences;
- forms and procedures DARS uses in monitoring Providers; and
- the complaint form and complaint resolution procedure.

Other activities include the execution of two multi-day trainings for Providers and their staff; quarterly problem-solving meetings with DBHDS representatives; and presentations to a variety of groups, including the Working Interdisciplinary Network of Guardianship Stakeholders (WINGS), the Virginia Assisted Living Association (VALA), the Virginia Association of Centers for Independent Living (VACIL), the National Guardianship Association's Special Interest Group on Public Guardianship, and others. All direct service staff have completed the Virginia Guardian Training that was launched July 1, 2025, and Providers are integrating the training into new staff orientation.⁵

Systemic Challenges

Inconsistent Authority

Each Provider's MDP is required to screen cases before an individual may be offered a slot (see § 51.5-151 and 22VAC30-70-30.D.3). Lingering provisions in §§ 64.2-2010 and 64.2-2015 contradict these requirements and create confusion by stating that the court may appoint a public guardian Provider if no other guardian has been appointed within one month of adjudication. As a result, courts sometimes appoint a Provider without notice, the required review by the MDP, or confirmation that the Provider has an opening. This requires follow-up work, multilateral communications, and additional court proceedings.

Wait Time for Pending Clients

Pending clients continue to spend too long waiting for the appointment of a public guardian. A referred individual who has been offered a slot must wait another four to five months on average—in addition to any time spent on the waitlist before a slot became available. The total wait is often a year or longer. As of the end of the biennial period, no guardianship petition had been filed for 27 clients who had been offered a slot more than six months earlier.

When the referring party is a private individual or a public human services agency, rather than a corporate entity such as a hospital or nursing home, the cost associated with the court

⁵ DARS created the Virginia Guardian Training in compliance with legislation passed in 2024. Anyone appointed as guardian on or after July 1, 2025, is required to complete the 1-hour online training within 120 days of their qualification with the circuit court. Earlier-appointed guardians have until January 2027 to complete the training. At DARS' request, all staff serving Program clients completed the training by October 31, 2025, and several Providers elected to have support staff complete it as well.

proceedings is the primary reason for the failure to timely initiate court proceedings. Attorney fees are the responsibility of the referring party/petitioner and typically range from \$2,500 to \$5,000 for an uncontested hearing, depending on the region.

For an individual referred for a DBHDS-ID/DD slot, DBHDS will reimburse a CSB or BHA up to \$2,000 in attorney fees. Nevertheless, because this covers about half of the typical fees, and reimbursement is made only after conclusion of the proceedings, public agencies often struggle to move forward expeditiously. Additionally, these funds apply to fewer than 34% of the Program's total client slots, and their continued availability is not guaranteed.

DARS has asked Providers to communicate regularly with referring parties about the status of pending cases and to release slots for other potential clients where there is a failure to follow through; however, this does not address the underlying problem. Individuals who meet the criteria for the Program are uniquely vulnerable. The fact that referring parties bear the cost of pursuing the appointment of a public guardian poses a significant barrier to ensuring these individuals receive the services and protection they need.

SECTION VI

THE PUBLIC GUARDIAN AND CONSERVATOR ADVISORY BOARD

The Virginia Public Guardian and Conservator Advisory Board (Board) serves as a technical resource for the Program and an advisor to the Commissioner of DARS. The Board is composed of up to 15 members representing a variety of stakeholders. Members include representatives of the Commonwealth Council on Aging, DBHDS, the Virginia Association of Area Agencies on Aging (V4A), the National Alliance on Mental Illness (NAMI) Virginia, the Virginia Association of Community Services Boards (VACSB), the Virginia Department of Social Services (VDSS), the Virginia League of Social Services Executives (VLSSE), the State Bar, and The Arc of Virginia. The Board also includes five members of the public from diverse backgrounds.

On September 24, 2025, the Board submitted a biennial report to the Commissioner of DARS regarding its activities and recommendations, pursuant to Virginia Code § 51.5-149.2(5). The report is posted on the DARS website, <https://www.dars.virginia.gov>.

APPENDIX A

Virginia Public Guardian and Conservator Program Providers and Referral Catchment Areas

Provider, Program Name, and Office Location	Referral Catchment Area
<u>Alleghany Highlands Community Services</u> AHCSB Public Guardian Program Clifton Forge	<u>Counties:</u> Alleghany, Bath, Highland, Rockbridge <u>Independent Cities:</u> Buena Vista, Covington, Lexington
<u>Appalachian Agency for Senior Citizens, Inc.</u> AASC Public Guardian and Conservator Program Cedar Bluff	<u>Counties:</u> Buchanan, Dickenson, Russell, Tazewell
<u>The Arc of Northern Virginia</u> The Arc of Northern Virginia's Public Guardianship of Last Resort Program Fairfax	<u>Counties:</u> Arlington, Fairfax, Prince William <u>Independent Cities:</u> Alexandria, Fairfax, Falls Church, Manassas, Manassas Park
<u>Bridges Senior Care Solutions</u> Bridges Public Guardianship Program Fredericksburg	<u>Counties:</u> Albemarle, Augusta, Caroline, Clarke, Culpeper, Essex, Fauquier, Fluvanna, Frederick, Greene, King George, Lancaster, Louisa, Loudoun, Madison, Mathews, Middlesex, Nelson, Northumberland, Orange, Page, Prince William, Rappahannock, Richmond, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren, Westmoreland <u>Independent Cities:</u> Charlottesville, Fredericksburg, Harrisonburg, Staunton, Waynesboro, Winchester
<u>Catholic Charities of Eastern Virginia</u> CCEVA Public Guardianship Program Norfolk	<u>Counties:</u> Accomack, Gloucester, Greensville, Isle of Wight, James City, Mathews, Northampton, Southampton, Surry, York <u>Independent Cities:</u> Chesapeake, Emporia, Franklin, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg

Provider, Program Name, and Office Location	Referral Catchment Area
<u>Commonwealth Catholic Charities</u> CCC Public Guardian Program Richmond	<u>Counties:</u> Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Goochland, Hanover, Henrico, Lunenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Sussex <u>Independent Cities:</u> Colonial Heights, Hopewell, Petersburg, Richmond
<u>District Three Governmental Cooperative</u> District Three Public Guardian Program Marion	<u>Counties:</u> Bland, Carroll, Floyd, Giles, Grayson, Montgomery, Pulaski, Smyth, Washington, Wythe <u>Independent Cities:</u> Bristol, Galax, Radford
<u>Family Service of Roanoke Valley</u> Family Service of Roanoke Valley Public Guardian and Conservator Program Roanoke	<u>Counties:</u> Amherst, Appomattox, Bedford, Botetourt, Campbell, Craig, Franklin, Roanoke <u>Independent Cities:</u> Bedford, Lynchburg, Roanoke, Salem
<u>Jewish Family Service of Tidewater</u> JFS of Tidewater Public Guardian and Conservator Program Virginia Beach	<u>Counties:</u> Gloucester, Halifax, Henry, Isle of Wight, James City, King and Queen, King William, Mathews, Mecklenburg, Middlesex, Patrick, Pittsylvania, Southampton, York <u>Independent Cities:</u> Chesapeake, Danville, Franklin, Hampton, Martinsville, Newport News, Norfolk, Poquoson, Portsmouth, South Boston, Suffolk, Virginia Beach, Williamsburg
<u>Mountain Empire Older Citizens</u> MEOC Public Guardian and Conservator Program Big Stone Gap	<u>Counties:</u> Lee, Scott, Wise <u>Independent City:</u> Norton
<u>The Span Center*</u> The Span Center Public Guardian Program Richmond *formerly known as Senior Connections	<u>Counties:</u> Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, Powhatan <u>Independent City:</u> Richmond

APPENDIX B

Allocation of Public Guardian Program Slots by Provider and Funding Category

	Unrestricted	DBHDS- ID/DD	DBHDS- MI	DARS- MI-ID	TOTAL
Alleghany Highlands Community Services	20	0	0	0	20
Appalachian Agency for Senior Citizens	40	0	0	0	40
The Arc of Northern Virginia	17	33	0	0	50
Bridges Senior Care Solutions	116	119	34	0	269
Catholic Charities of Eastern Virginia	82	38	0	0	120
Commonwealth Catholic Charities	78	102	0	20	200
District Three Governmental Cooperative	112	23	25	0	160
Family Service of Roanoke Valley	54	46	0	0	100
Jewish Family Service of Tidewater	158	83	39	0	280
Mountain Empire Older Citizens	60	0	0	0	60
The Span Center	20	10	0	20	50
Total	757	454	98	40	1,349

APPENDIX C

Public Guardian Provider Waitlists by Funding Category

Waitlist numbers reflect referred individuals who have not yet been offered a slot, either because there are no openings or because MDP review is pending. A dash indicates that the slot type is not applicable. Unrestricted and DARS-MI/ID waitlist data was derived from Provider quarterly reports for July-September 2025. Data for the DBHDS-ID/DD waitlist maintained by DBHDS is current as of November 1, 2025.

	Unrestricted	DARS-MI/ID	DBHDS-ID/DD
Alleghany Highlands Community Services	0	–	–
Appalachian Area Senior Citizens	9	–	–
The Arc of Northern Virginia	3	–	8
Bridges Senior Care Solutions	23	–	10
Catholic Charities of Eastern Virginia	10	–	1
Commonwealth Catholic Charities	27	3	24
District Three Governmental Cooperative	0	–	0
Family Service of Roanoke Valley	0	–	13
Jewish Family Service of Tidewater	71 ⁶	–	4
Mountain Empire Older Citizens	6	–	–
The Span Center	15	2	4
Territory shared by The Arc of Northern Virginia and Bridges Senior Care Solutions	–	–	1
Territory shared by Catholic Charities of Eastern Virginia and Jewish Family Service of Tidewater	–	–	7
Territory shared by Commonwealth Catholic Charities and The Span Center	–	–	13
Total	137	5	85

⁶ Jewish Family Service of Tidewater operates a private guardianship program that is currently serving 66 of the individuals on its Unrestricted waitlist.