

Regional Support Team Referral

Regional Support Team (RST) Referral Instructions

- For individuals enrolled or awarded a waiver slot, review and completion of the **Virginia Informed Choice (VIC)** is required prior to submission of an RST referral. The Support Coordinator/Case Manager/Training Center Designee completes the VIC and retains a signed copy of the document in the individual's file.
- The Support Coordinator/Case Manager/Training Center Designee completes the Regional Support Team Referral.
- Community Resource Consultant (CRC)/Community Integration Manager (CIM) consultation is **required** prior to an RST Referral submission.
- Submit VIC (if required) and RST Referral to the secure RST mailbox: RST.Referrals@DBHDS.virginia.gov.

Indicates that this is the 2nd RST referral submitted for Sam

Date completed: 4/19/2018	Agency: Virginia CSB	Region of Agency: Central Region
Individual's full name: Sam Smith	Unique ID: 01234	Date of Birth: 11/2/72
Referring party: Sally Coordinator	Phone number: 804-555-5555	Contact email: sallyc@virginiacsb.com
Supervisor: Syd Supervisor	Phone number: 804-555-5555	Supervisor's email: syds@virginiacsb.com
Current Living Situation: Family home <input type="checkbox"/> Other <input type="checkbox"/>	Provider name: N/A	# Of Referrals to RST: 2nd

Referral Criteria		
Request for an Emergency Meeting: In jeopardy of becoming homeless Reason for Late Referral: Select one	Community Required: Moving to a group home of five or more individuals	Training Center Required: Select one
Move in date: Enter date Anticipated move in date: 5/14/2018	Other: Select one	If Other is selected, please describe: Description
When services are unavailable within desired region, request RST review in home and/or alternative regions being considered.		
RST review requested in home region: Select Region	RST review requested in alternative region: Select Region	

Complete this section when services selected are outside of desired region

Unavailable financial support limiting access to resource/s (Check all that apply)

- Medicaid Waiver Slot Customized Rate Funds for Crisis support Housing Assistance Other please describe

Listed options provided and barrier number

Barriers related to Waiver Service Options or Other (Please use key below to identify barriers)

- | | | |
|---|------------------------------------|--|
| 1. Employment and Day Options | Select unavailable service | List multiple services and barrier #(s) |
| 2. Self-Directed Options (may be Agency Directed) | Select unavailable service | List multiple services and barrier #(s) |
| 3. Residential Options | For multiple services provide list | Group Home 5 or more: 5
Own Home/Apt: 5 |
| 4. Crisis Support Options | Select unavailable service | List multiple services and barrier #(s) |
| 5. Medical and Behavioral Support Options | Select unavailable service | List multiple services and barrier #(s) |
| 6. Additional Options | Select unavailable service | List multiple services and barrier #(s) |
| 7. Other | Description | List corresponding barrier number(s) |

Barrier Key (Choose all barrier numbers that apply and place in the applicable list above)	
1	Services not available under currently enrolled waiver
2	Services and activities unavailable in desired location
3	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options
4	Individual/SDM/LG chooses less integrated option
5	Individual/SDM/LG does not choose provider after visit
6	Direct Support Staff- may not have experience or demonstrate competency to provide support with behavioral expertise
7	Direct Support Staff- may not have experience or demonstrate competency to provide support with mental health expertise
8	Direct Support Staff- may not have experience or demonstrate competency to provide support with medical expertise
9	Professional Behavioral staff- Psychiatric, PBS facilitator, Applied Behavioral Analyst, or other specialist unavailable
10	Professional Medical staff- Dental, nursing or any medical specialist unavailable
11	Provider has determined placement is not a good match- provider is not willing/able to support individual
12	Frequent hospitalizations- medical and/or mental health hospitalizations
13	Delay in move and/or acceptance to a more integrated setting- due to unexpected or late medical interventions
14	Location is not adapted for physical access- Community locations are not wheelchair accessible or ADA compliant
15	Accessible transportation unavailable
16	Service Development- Construction/Renovations/Environmental Modifications/Staff-development/On-boarding/Licensing
17	Other (please list all other barriers below)

Provide any information you think may be helpful in the RST review process and/or other barriers not identified above.

Sam has been living with family since being discharged from Poplar Springs 3 weeks ago. This arrangement was temporary as his sister agreed to let him stay pending touring of waiver options. Sam was offered several residential options including sponsored placement, group home with 5 or more beds and his own apartment. Sam has chosen sponsored residential placement and is scheduled to move on 5/14/18. His sister has stated that she would like him moved by 5/1/18 as she will be going on vacation and Sam is not allowed to stay at her home alone. SC is working diligently to find respite placement for 5/1/18-5/14/18 as the selected provider is not able to accept him prior to 5/14/18. Referred due to 5 bed or more residential option.