**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.* [ ]  *Virginia Informed Choice completed and submitting with RST Referral*
* *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**.*

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| **Date completed:** Select date | **Agency:** Enter CSB/BHA/TC | **Region of Agency:** Select region |
| First name: Enter name  | **Last name:** Enter name | Suffix: ­­­­­­­­­­­­­­­­Select one  |
| **Unique ID:** Enter number | **Date of Birth:** Enter DOB | **# Of Referrals to RST:** Select one |
| **Referring party:** Enter referring party name | **Phone number:** Enter phone number  | **Contact email:** Enter email address |
| **Supervisor:** Enter Supervisor | **Phone number:** Enter phone number  | **Supervisor’s email:** Enter email address |
| **Current Living Situation**: Type of homeOther-please describe | **City/County (of current residence):** Enter city/county | **Provider name:** Enter provider name |
| **RST review requested in desired region:** Select region | **City/County (of desired service location):** Enter city/county |
| If services are unavailable in desired region, services are considered in following regions: | Select region  | Select region |

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| **Referral Criteria** |
| Request for an Emergency Meeting: Select one Reason for Late Referral: Select one | Community Required: Select one  | Training Center Required: Select one |
| Move in date: Enter date Anticipated move in date: Enter date | Other: Select one | If Other is selected, please describe: Description |

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

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| [ ] Medicaid: Select one | [ ] DD Waiver slot: Select one | [ ] Customized rate: Select one |
| [ ] Crisis funds: Select one  | [ ] Housing Assistance: Select one | [ ]  Other-please describe |

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

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| 1. Employment and Day Options
 | Select unavailable service | List multiple services and barrier #(s) |
| 1. Self-Directed Options (may be Agency Directed)
 | Select unavailable service | List multiple services and barrier #(s) |
| 1. Residential Options
 | Select unavailable service | List multiple services and barrier #(s) |
| 1. Crisis Support Options
 | Select unavailable service | List multiple services and barrier #(s) |
| 1. Medical and Behavioral Support Options
 | Select unavailable service | List multiple services and barrier #(s) |
| 1. Additional Options
 | Select unavailable service | List multiple services and barrier #(s) |
| 1. Other
 | Description | List corresponding barrier number(s) |

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| 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 | Community location is not adapted for physical access (not wheelchair accessible or ADA compliant) |
| 4 | Direct Support Staff- may not have experience or demonstrate competency to provide support with behavioral expertise |
| 5 | Direct Support Staff- may not have experience or demonstrate competency to provide support with mental health expertise |
| 6 | Direct Support Staff- may not have experience or demonstrate competency to provide support with medical expertise |
| 7 | Professional Behavioral staff- Psychiatric, PBS facilitator, Applied Behavioral Analyst, or other specialist unavailable |
| 8 | Professional Medical staff- Dental, nursing or any medical specialist unavailable |
| 9 | Accessible transportation unavailable |
| 10 | Individual/SDM/LG chooses less integrated option |
| 11 | Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports |
| 12 | Individual/SDM/LG does not choose provider after visit/still exploring community options |
| 13 | Frequent hospitalizations- medical and/or mental health hospitalizations |
| 14 | Delay in move and/or acceptance to a more integrated setting- due to unexpected or late medical interventions |
| 15 | Provider has determined placement is not a good match- provider is not willing/able to support individual |
| 16 | Service/Provider Development or Loss- Construction/Renovations/Environmental Modifications/Staffing/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.**

Enter case summary including diagnoses, medical/behavioral information, funding sources, legal status/history, etc.

**CIM/CRC Consultation Recommendations**

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