

Training Center Admission Process

TO: All Stakeholders

Date: April 5, 2018

SUBJECT: State Operated **Training Center Admission Process**

1. Procedure: To provide a consultative review for admission requests for individuals who have currently exhausted their community resources. As such, the assumption upon admission is that an appropriate community option may be identified or developed in order to assure that individuals are served in the most integrated setting appropriate to meet their individualized and unique needs.
2. Purpose: This Instruction outlines procedures related to Training Center admission requests.
3. Definitions:
 - a. Admission Definitions:
 - i. **Authorized Representative (AR)**: is a person permitted by law or regulations to authorize the disclosure of information and consent to treatment and services, including medical treatment, or participation in human research on behalf of an individual who lacks the mental capacity to make these decisions. The decision-making authority of an authorized representative recognized or designated under these regulations is limited to decisions pertaining to the designating provider. [12VAC35-115-30]
 - ii. **Community Resource Consultant (CRC)**: the person who provides consultation and technical assistance to community providers, CSBs, case managers and families on community service options and programs most commonly related to Medicaid home and community- based waiver services
 - iii. **Community Services Board (CSB)**: the public body established pursuant to § 37.2-501 of the Code of Virginia that serves the area in which an adult resides or in which a minor's parent or guardian resides. For the purpose of these protocols, CSB also includes a behavioral health authority established pursuant to § 37.2-602 of the Code of Virginia.
 - iv. **Critical and Complex Consultation Team (C3T)**: the critical consultation review team is comprised of DBHDS Division Developmental Services Directors and overseen by the Deputy Commissioner, Developmental Services.
 - v. **Developmental Disability**: means a severe, chronic disability of an individual that: (1) is attributable to a mental or physical impairment or combination of mental and physical impairments; (2) is manifested before the individual attains age 22; (3) is likely to continue indefinitely; (4) results in substantial functional limitations in 3 or more of the following areas of major life activity: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; and (5) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of

Training Center Admission Process

assistance that are of lifelong or extended duration and are individually planned and coordinated. 42 U.S.C. § 15002.

- vi. **Family Resource Consultant (FRC):** assists families/authorized representatives of individuals residing in various state and community facilities with resources to aid in the community integration process. FRCs work with families/ARs to address concerns, issues and explore possible resolutions to ensure the success of the community integration process.
- vii. **Individual:** a person who is receiving supports in a training center or community setting.
- viii. **Intellectual Disability:** means a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18. An intellectual disability is a type of developmental disability.
- ix. **REACH:** is a 24/7 mobile crisis intervention program that provides crisis support to adults and children with Intellectual and Developmental Disabilities. The goal of the program is to prevent unnecessary institutionalization of individuals with Intellectual and Developmental Disabilities and to provide them opportunities to live in the most integrated setting appropriate to their needs and consistent with their informed choice. REACH provides in-home and community based crisis assistance services to individuals and their families in order to improve the quality of life and decrease facility and hospitalization placements.
- x. **Regional Support Team (RST):** a regional team facilitated by the community integration manager that is composed of professionals with expertise in complex medical and behavioral supports who provide recommendations for resolving barriers to the most integrated community settings consistent with informed choice.
- xi. **Support Coordinator:** the person who, on behalf of the CSB and DD Agency, who performs support coordination/case management duties. This includes the duties listed in 12 VAC 35-105-1240.
- xii. **Training Center:** a facility operated by Department for the treatment, training, or habilitation of persons with intellectual disability.

Training Center Admission Process

4. Procedure:

a. General Provisions:

- i. Local Community Services Boards are the point of entry into the service delivery system for Developmental Disabilities.
- ii. Individuals will be served in the most integrated option/s available.
- iii. All available, appropriate community options have been explored and exhausted before consideration of Training Center or Out of State services, including:
 - 1) CSB
 - 2) CRC and
 - 3) RST recommendations

5. CSB/DD Agency:

a. CSB/DD Agency will explore all community options prior to initiating request which includes the following:

- i. CSB/DD Agency Supervisor consults with Support Coordinator and confirms community support options are exhausted.
 - 1) Available funding options
 - a. All options are explored
 - i. Private insurance
 - ii. Private /personal pay
 - iii. Local funding
 - iv. Medicaid Waiver
 1. Slot allocation process
 - 2) Community crisis supports
 - a. In Home Crisis Supports
 - i. PBS and/or ABA assistance
 - ii. Crisis Stabilization
 - iii. Crisis Supervision
 - iv. REACH
 - b. REACH Therapeutic Home Placement
 - c. Respite Crisis Supports
 - i. REACH

Training Center Admission Process

- ii. DD Waivers are maximized including:
 - 1) All appropriate Waiver supports are in place to support current need(s)
 - 2) Customized rate requested if appropriate
 - 3) Emergency or reserve transfer slot requested
 - iii. Providers have been exhausted which includes:
 - 1) Providers who support complex needs are explored and documentation of results are shared.
 - a. Date contacted
 - b. Results
 - iv. Identify support needs that are not available through existing resources including maximization of waiver and customized support rates and consults with CRC.
6. CRC:
- a. CRC reviews the CSB/DD Agency information/or
 - i. Makes additional recommendations
 - ii. Confirms recommendations and resources have been exhausted
 - iii. Initiates referral to RST
7. RST:
- a. RST reviews the referral information
 - i. Makes additional recommendations/or
 - ii. Confirms recommendations and resources have been exhausted
 - iii. Recommends referral to C3T
8. C3T:
- a. C3T reviews the referral information
 - i. Makes additional recommendations/or
 - ii. Confirms resources have been exhausted
 - iii. Recommends admission to a training center
 - 1) CSB submits completed admission request/application
 - 2) Facility Director reviews and provides preliminary approval
 - 3) Deputy Commissioner approves or declines request for admission