Virginia Department of Behavioral Health & Developmental Services

Regional Support Team

Third Quarter FY20

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I. Overview

A. Five Regional Support Teams (RSTs) were implemented in March 2013 by the Department of Behavioral Health and Development Services (DBHDS) with Virginia's emphasis on supporting individuals with developmental disabilities in the most integrated community setting that is consistent with their informed choice of all available options and opportunities. The RST is comprised of professionals with experience and expertise in serving individuals with developmental disabilities in the community, including individuals with complex behavioral and medical needs.

II. Purpose

A. To identify and seek to resolve individual, regional, or system barriers that prevent individuals from receiving services in the most integrated setting of their choice.
B. To make recommendations for resolving barriers to receive services in integrated settings.

III. Target Population for referrals to RST

A. Individuals with intellectual/developmental disability (I/DD), who:
1. Live in training centers,
2. Meet the ID or DD Waivers waitlist criteria, and
3. Meet the criteria for referral to the RST as outlined in III.E and IV.D.3 of the Settlement Agreement (SA).

IV. Data Collection Period

A. This report period is Third Quarter FY20 (January – March 2020).

V. Acronyms and Abbreviations

The Key below contains the acronyms and abbreviations referenced in this report.

Key

AR – Authorized Representative	
Barrier Chart Acronyms 1. **A** = Accessibility Barrier 2. **B** = Behavioral Barrier 3. **M =** Medical Barrier 4. **R** = Residential Barrier 5. **C** = Community Engagement Barrier	**N**– Number of referrals – used to determine percentages
CIPT(s) – Community Integration Project Team(s)	**NF** – Nursing Facility
Closed – RST made recommendations and final disposition has been made by individual/AR. This includes referrals that were submitted late to the RST.	**Open** - Requested additional information from Community SC/TC. RST has not made recommendations.
CSB(s) – Community Service Board(s)	**PD1** – Planning District One Behavioral Health Services
DBHDS – Department of Behavioral Health and Developmental Services	**Pending** - Pended - RST made recommendations and awaiting final disposition.
FY – Fiscal Year	**Q** – Quarter
GH – Group Home	**R** – Region
I/DD – Intellectual/Developmental Disability	**RST(s)** - Regional Support Team(s)
ICF – Intermediate Care Facility	**SA** - Settlement Agreement
LG – Legal Guardian	**TC(s)** – Training Center(s)

VI. New Regional Support Team Referral and Virginia Informed Choice Forms

A. To streamline the Regional Support Team (RST) process, DBHDS implemented new RST referral and Virginia Informed Choice (VIC) forms on June 1, 2018. Our continued efforts to improve the process resulted in the update/revision of the RST referral and VIC forms on June 5, 2019 and implementation state wide on July 1, 2019.

B. The report now provides additional information to include the Waiver service area with percentage of referrals in that service area, the specific service that is not able to be obtained, the specific barrier to obtaining the service, the number of referrals for the specific barrier, and the percentage of referrals that were received for the specific service and barrier. This information will inform Provider Development of service gaps for consideration of planning.

C. When completed, the previous combined RST and VIC form was nine or more pages. The new RST and VIC forms are now one-page documents prior to completion and no more than two pages after completion. The forms are available in box documents.

D. The forms were vetted through DBHDS's Department of Developmental Services, CSB Developmental Disability Directors, Community Resource Consultants, and the Community Integration Managers in an effort to develop the most user-friendly and informative product.

E. The updated RST form contains sections for City/County of current and desired residence and service location, drop down boxes to indicate status of unavailable financial resources, and reorganized barrier selections to make the RST referral process more efficient, effective, and easier to manage.

F. The form now identifies the status of financial resource barriers and/or specific Waiver service that is needed and not able to be obtained. It also contains a reorganized list of sixteen (16) commonly noted barriers to obtaining services for individuals, if applicable. With these additions, DBHDS can regionally track barriers related to specific Waiver services throughout the Commonwealth.

G. Additional Referral Criteria was added to the RST form to assist with integrating and utilizing the process within the community support structure post Settlement Agreement (i.e., Dissatisfaction with current provider).

H. In addition to the new forms, a RST Recommendations Tracker form has been implemented as a mechanism to ensure all RST referrals provide written recommendations and ensure responses are received within 90 days to account for action/s taken by the support coordinator/case manager. The RST Recommendations tracker also notifies the Support Coordinator's supervisor of each RST referral submitted to the RST team for easier tracking of actions and timelines for communication to DBHDS. It is expected that the direct notification to the DD Directors will assist in reducing the number of late referrals to the RST.

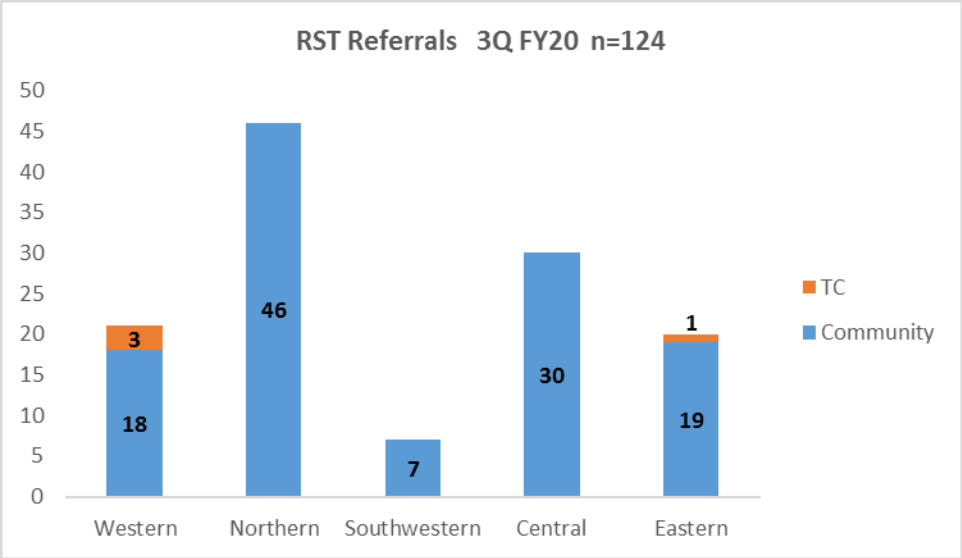
I. DBHDS has provided multiple training sessions to ensure a smooth and seamless transition from the existing RST form to the updated referral form. DBHDS representatives are attending DD Director and Support Coordinator Regional Meetings and have conducted four (4) in person and four (4) webinar training sessions. To further assist with training new Support Coordinators (SC) and Case Managers (CM), DBHDS will create a learning module on the Commonwealth of Virginia Learning Center (COVA) and will conduct additional in person and webinar trainings throughout the year.

J. The referral forms are utilized for community and Training Center referrals to ensure consistency for tracking barriers and reporting. Barrier information for both types of referrals is now identical. All Training Center barriers with the exception of those resolved at the CIM level will be elevated to RST. The barrier information resolved at the CIM level is available in the 1st Quarter FY20 report. With the new process in place all barriers both Community and Training Center will now be reported through RST quarterly reports eliminating the current Training Center Barrier report which would contain duplicative information.

VII. RST Referrals 3rd Quarter FY20 Totals

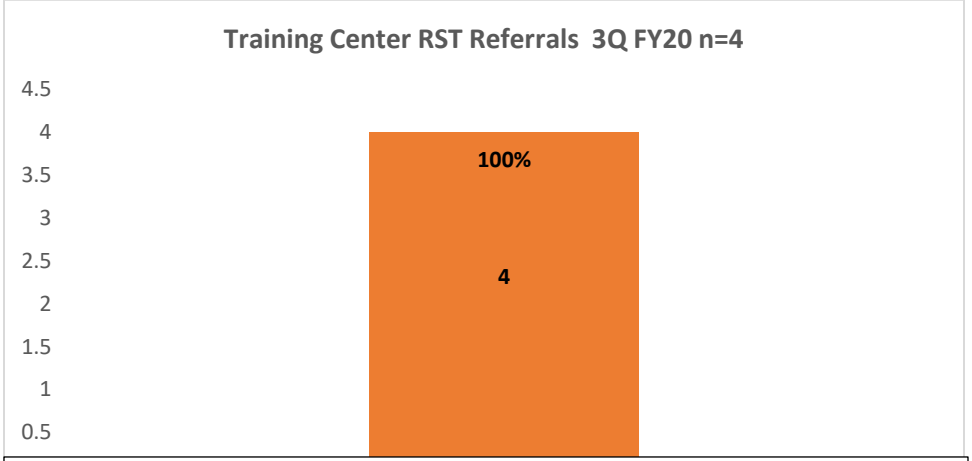
Contains the total number of RST referrals (124) in 3rd Quarter FY20. There were 120 Community Referrals and 4 Training Center Referrals.

RST Referrals					
Region	**Community**	**TC**		**Region**	**%**
Western	18	3		Western	17%
Northern	46	0		Northern	37%
Southwestern	7	0		Southwestern	6%
Central	30	0		Central	24%
Eastern	19	1		Eastern	16%
Total	120	4	***(n)=***	***124***	

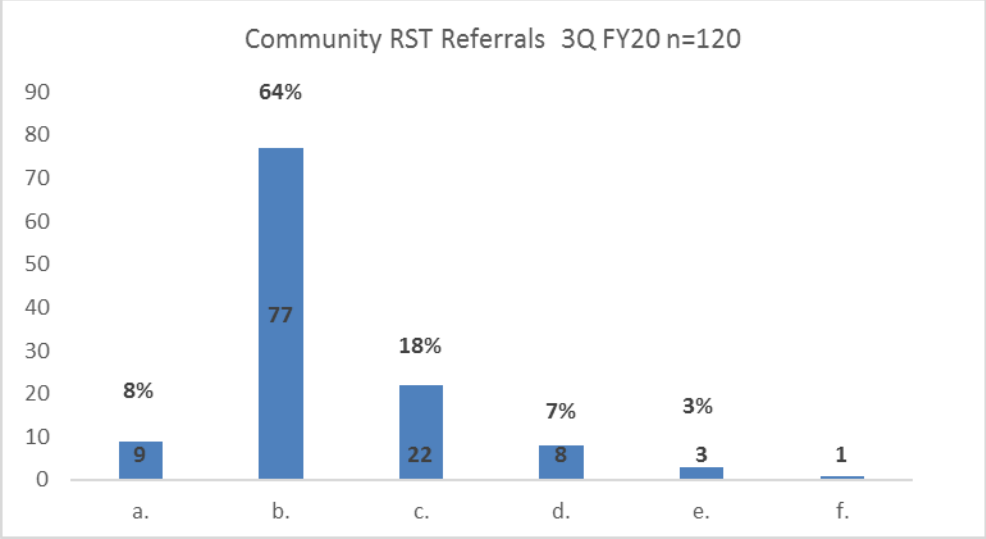


VIII. Referral Reasons, Barrier by Waiver Services, and options chosen 3rd Quarter FY20 (n=124)

Outlines the reasons for the RST referrals on behalf of individuals in the Community and Training Centers during 3rd Quarter of FY20. Below each chart is a key to identify reasons for referrals.

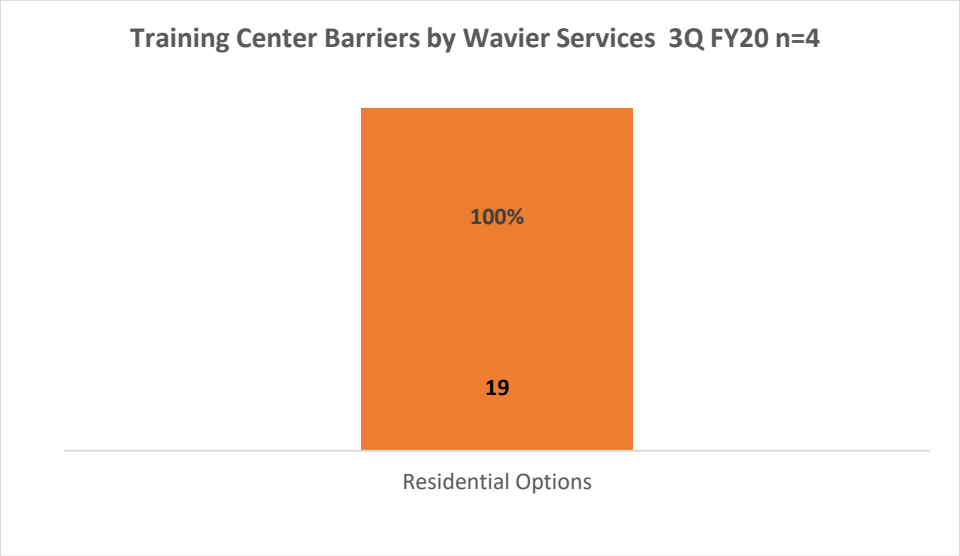


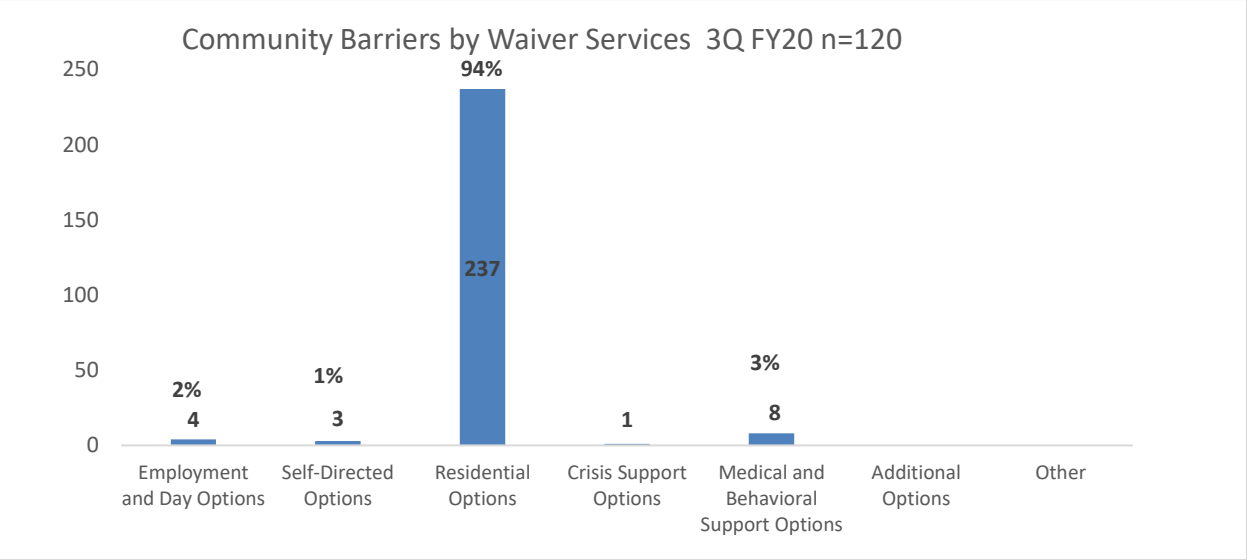
Key:
a. Moving to a nursing home, ICF-IID or group home with five or more individuals.



Key:
a. Difficulty finding services in the community within 3 months of receiving a slot
b. Moving to a group home of five or more individuals
c. Moving to a nursing home or ICF
d. Pattern of repeatedly being removed from home
e. Difficulty finding resources in the community within any time frame
f. At REACH without disposition

Outlines 272 identified barriers per type of waiver service on behalf of individuals in the Training Centers and Community for 3rd Quarter FY20. Access to residential services presented the greatest number of barriers (237 community and 19 training center).

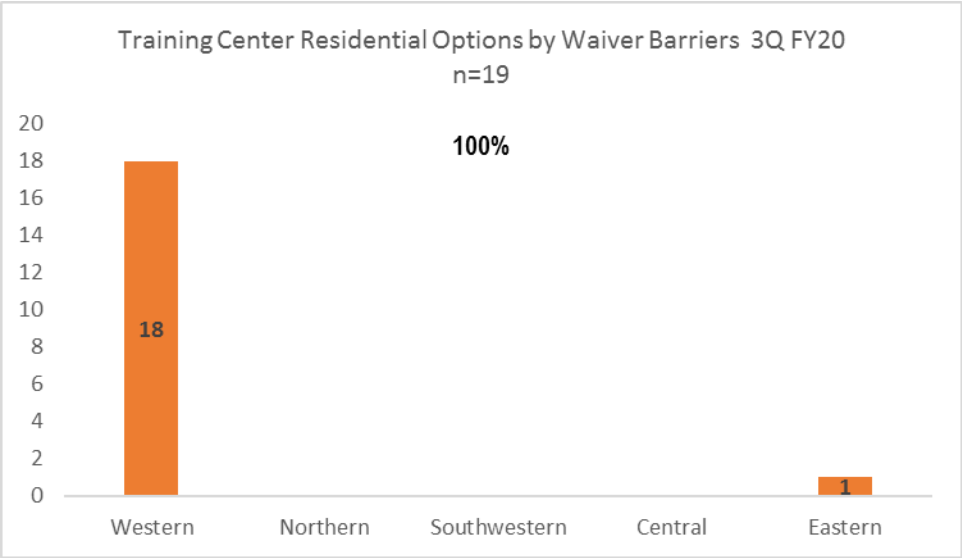


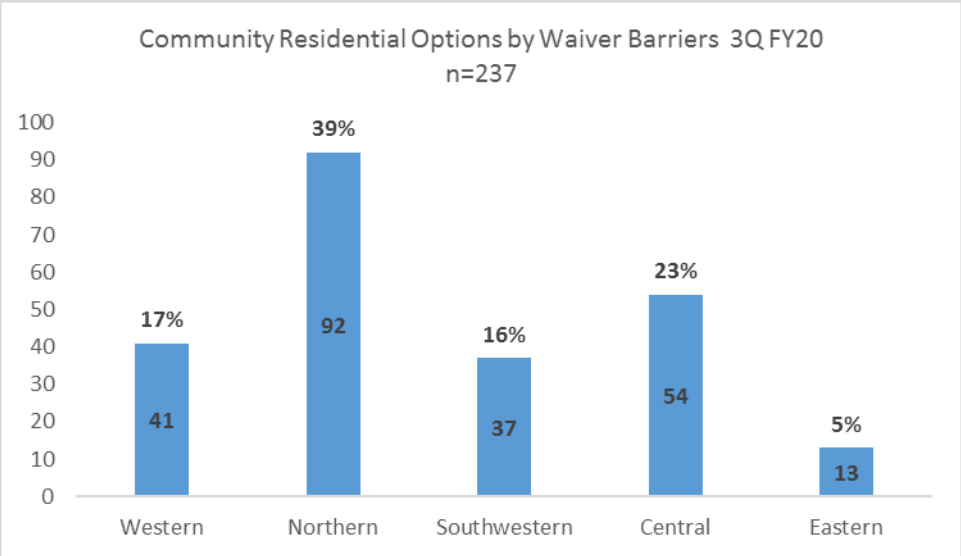


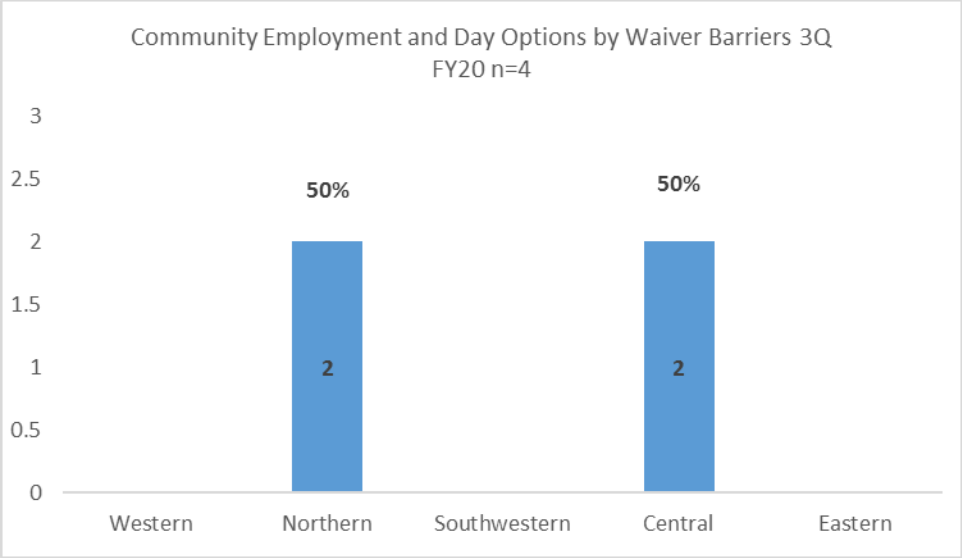
Barriers by waiver service and region for the 3rd Quarter of FY20. There were no barriers reported for the reasons of "other" or adjunct services this quarter.

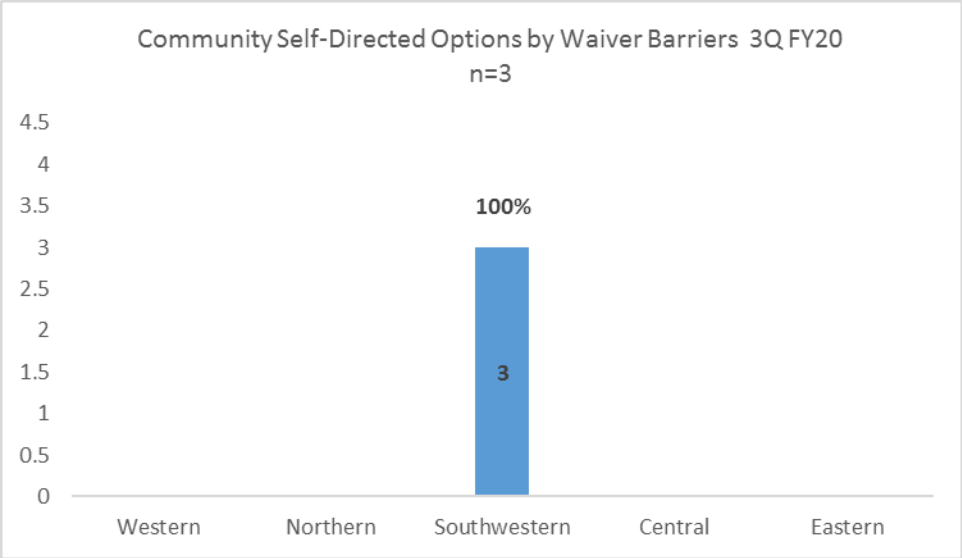
The Western Region had the most RST referrals with barriers to residential services for Individuals moving from Training Centers.

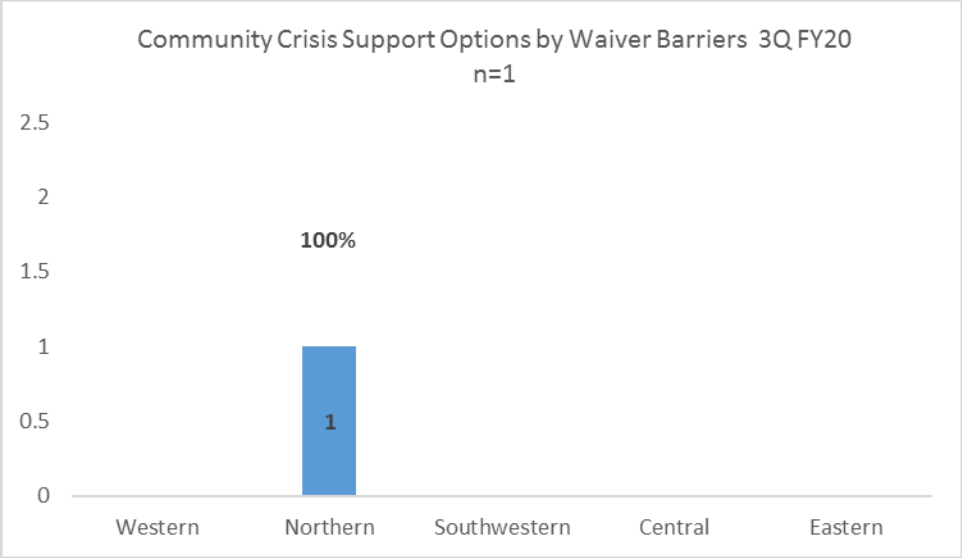
Displays the barriers identified for 3rd Quarter FY20 by waiver service and DDS regions.
The Central and Northern regions had the most community referrals with barriers to residential services.

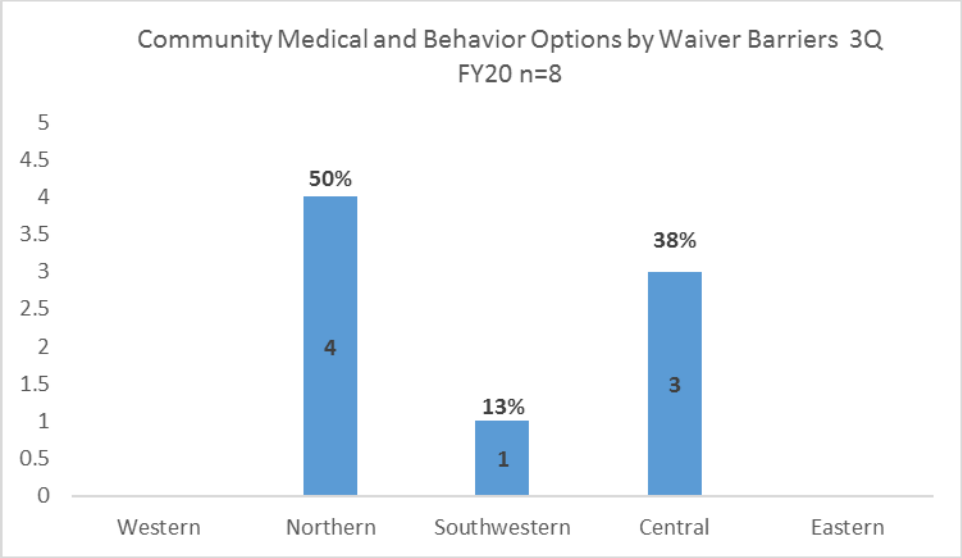




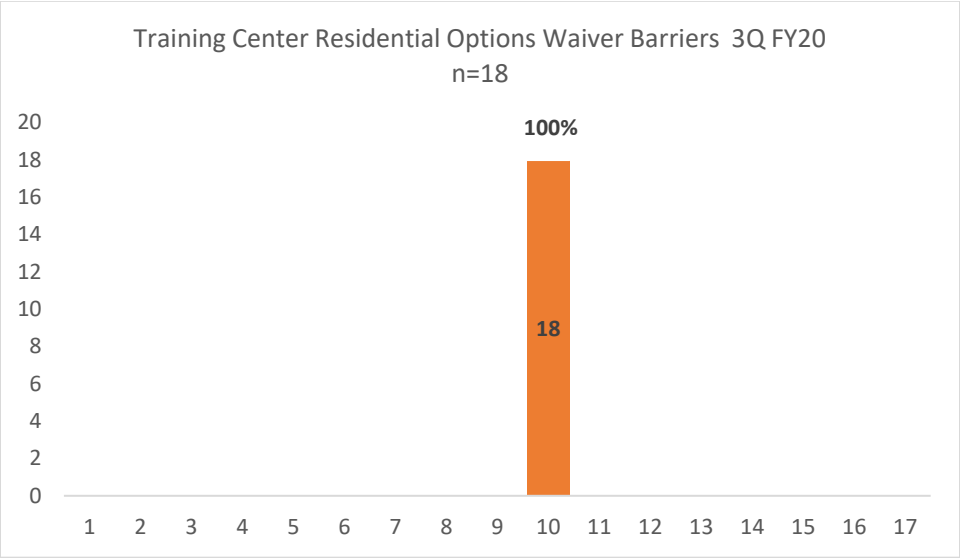

Community Employment and Day Options by Waiver Barriers 3Q FY20 n=4
3
2.5
2
1.5
1
0.5
0
50%
50%
2
2
Western
Northern
Southwestern
Central
Eastern


Community Self-Directed Options by Waiver Barriers 3Q FY20 n=3
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
100%
3
Western
Northern
Southwestern
Central
Eastern

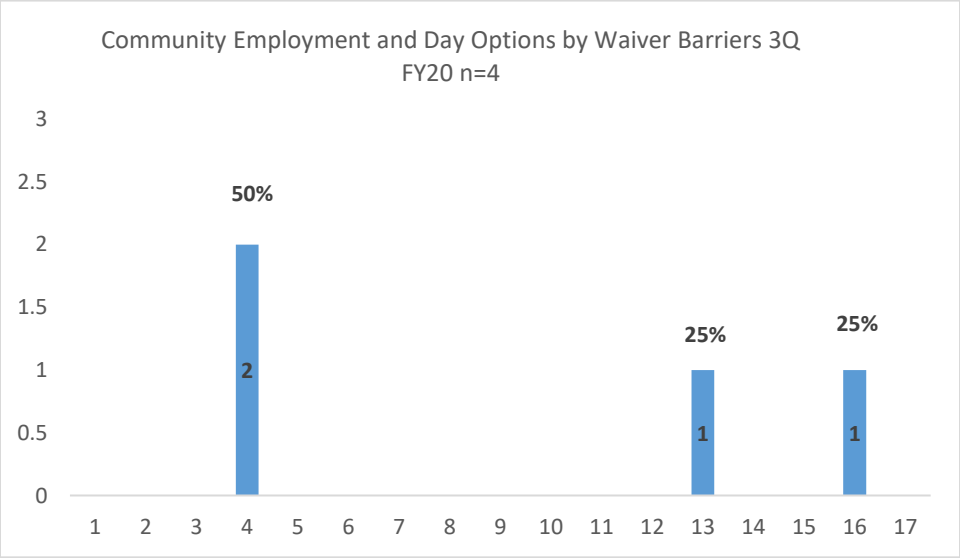

Community Crisis Support Options by Waiver Barriers 3Q FY20 n=1
2.5
2
1.5
1
0.5
0
100%
1
Western
Northern
Southwestern
Central
Eastern

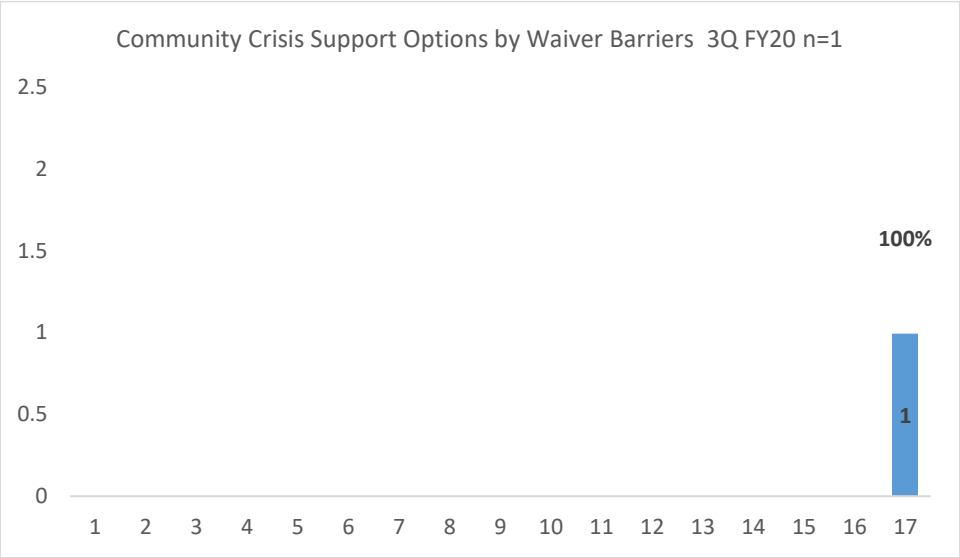

Community Medical and Behavior Options by Waiver Barriers 3Q FY20 n=8
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
50%
4
13%
1
38%
3
Western
Northern
Southwestern
Central
Eastern

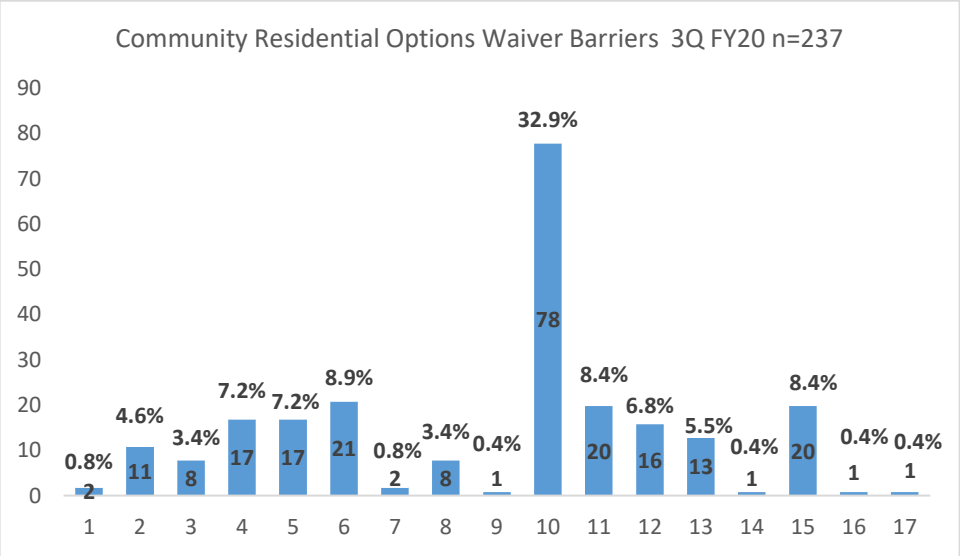
Identifies the barrier reasons by waiver services for Training Center and Community referrals made to the RST. The key to each of the identified barriers is below the chart.



Key:
10-Individual/SDM/LG chooses less integrated option

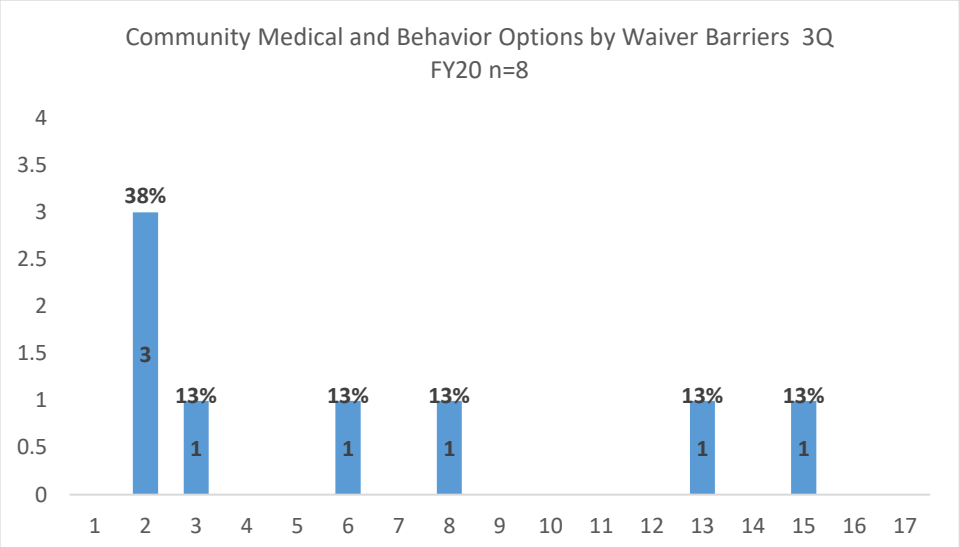




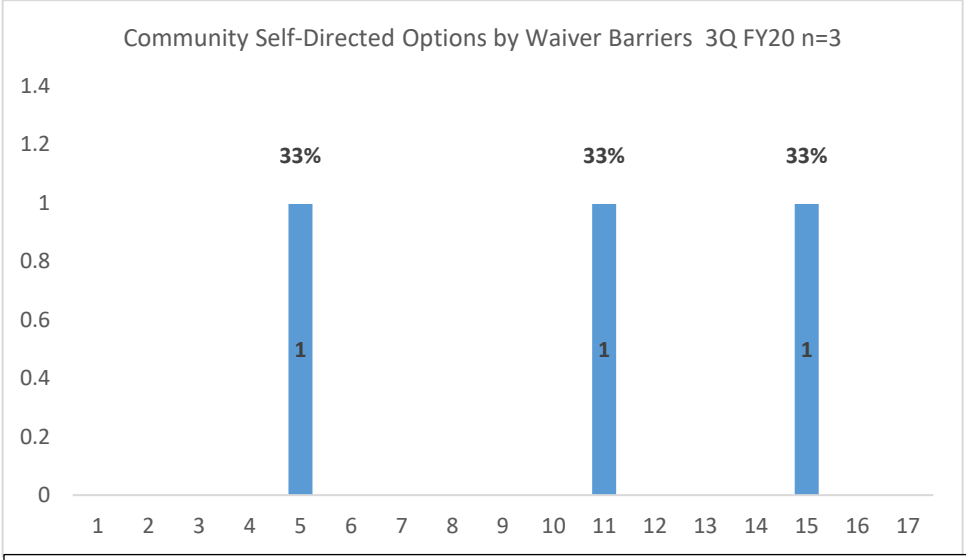


Key:
1-Services not available under currently enrolled waiver
2-Services and activities unavailable in desired location
3-Community location is not adapted for physical access (not wheelchair accessible or ADA compliant)
4-Direct Support Staff- may not have experience or demonstrate competency to provide 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)

Chart 17: Community Medical and Behavioral Waiver Options Barriers 3rd Quarter FY20 (n=8)



Key:
2-Services and activities unavailable in desired location
3-Community location is not adapted for physical access (not wheelchair accessible or ADA compliant)
6-Direct Support Staff- may not have experience or demonstrate competency to provide support with medical expertise
8- Professional Medical Staff- Dental, nursing or any medical specialist unavailable
13-Frequent hospitalizations-medical and/or mental health hospitalizations
15-Provider has determined placement is not a good match-provider is not willing/able to support individual



Key:
5-Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise
11-Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports
15-Provider has determined placement is not a good match-provider is not willing/able to support individual

IX. Barriers by Service for each Region

Indicates barriers by waiver service for each of the five regions. The tables identify the waiver category (i.e., Residential) and the percentage of referrals for each category, the specific waiver service not able to be obtained, the specific barrier to obtaining the service, the number of referrals for each service and barrier as well as the percentage of referrals that fell into each service and barrier.

Western Region Barriers (Community and Training Center) n= 59			
Independent Living Supports	**Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise**	**1**	**1.7%**
	Professional Behavioral staff-Psychiatric, PBS facilitator, Applied Behavioral Analyst, or other specialist unavailable	**1**	**1.7%**
	Individual/SDM/LG chooses less integrated option	**3**	**5.1%**
	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	**2**	**3.4%**
	Individual/SDM/LG does not choose provider after visit/still exploring community options	**1**	**1.7%**
Shared Living	**Individual/SDM/LG chooses less integrated option**	**3**	**5.1%**
Supported Living	**Individual/SDM/LG chooses less integrated option**	**3**	**5.1%**
In-Home Support Services	**Individual/SDM/LG chooses less integrated option**	**3**	**5.1%**
	Individual/SDM/LG chooses less integrated option	**3**	**5.1%**
	Service/Provider Development or Loss-Construction/Renovations/Environmental Modifications/Staffing/On-boarding/Licensing	**1**	**1.7%**
Sponsored Residential	**Services and activities unavailable in desired location**	**2**	**3.4%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	**1**	**1.7%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	**1**	**1.7%**
	Individual/SDM/LG chooses less integrated option	**3**	**5.1%**
	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	**1**	**1.7%**
	Individual/SDM/LG does not choose provider after visit/still exploring community options	**1**	**1.7%**
Group Home Residential	**Services and activities unavailable in desired location**	**1**	**1.7%**

	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	**1**	**1.7%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	**2**	**3.4%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**2**	**3.4%**
	Accessible transportation unavailable	**1**	**1.7%**
	Individual/SDM/LG chooses less integrated option	**14**	**23.7%**
	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	**1**	**1.7%**
	Individual/SDM/LG does not choose provider after visit/still exploring community options	**3**	**5.1%**
	Frequent hospitalizations-medical and/or mental health hospitalizations	**2**	**3.4%**
	Provider has determined placement is not a good match-provider is not willing/able to support individual	**4**	**6.8%**
	Other	**1**	**1.7%**

Northern Region Barriers n= 99			
Group Day Services	**Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise**	**1**	**1.0%**
	Service/Provider Development or Loss-Construction/Renovations/Environmental Modifications/Staffing/On-boarding/Licensing	**1**	**1.0%**
Independent Living Supports	**Services and activities unavailable in desired location**	**1**	**1.0%**
	Community location is not adapted for physical access (not wheelchair accessible or ADA compliant)	**1**	**1.0%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**1**	**1.0%**
	Provider has determined placement is not a good match-provider is not willing/able to support individual	**1**	**1.0%**
Shared Living	**Services and activities unavailable in desired location**	**1**	**1.0%**
	Community location is not adapted for physical access (not wheelchair accessible or ADA compliant)	**1**	**1.0%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**1**	**1.0%**
	Provider has determined placement is not a good match-provider is not willing/able to support individual	**1**	**1.0%**
Supported Living	**Services and activities unavailable in desired location**	**1**	**1.0%**
	Community location is not adapted for physical access (not wheelchair accessible or ADA compliant)	**1**	**1.0%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**1**	**1.0%**

	Provider has determined placement is not a good match-provider is not willing/able to support individual	**1**	**1.0%**
In-Home Support Services	**Services and activities unavailable in desired location**	**1**	**1.0%**
	Community location is not adapted for physical access (not wheelchair accessible or ADA compliant)	**1**	**1.0%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**1**	**1.0%**
	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	**1**	**1.0%**
	Provider has determined placement is not a good match-provider is not willing/able to support individual	**1**	**1.0%**
Sponsored Residential	**Services and activities unavailable in desired location**	**1**	**1.0%**
	Community location is not adapted for physical access (not wheelchair accessible or ADA compliant)	**1**	**1.0%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**1**	**1.0%**
	Provider has determined placement is not a good match-provider is not willing/able to support individual	**1**	**1.0%**
Group Home Residential	**Services not available under currently enrolled waiver**	**1**	**1.0%**
	Services and activities unavailable in desired location	**3**	**3.0%**
	Community location is not adapted for physical access (not wheelchair accessible or ADA compliant)	**3**	**3.0%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	**8**	**8.1%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	**5**	**5.1%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**5**	**5.1%**
	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	**1**	**1.0%**
	Individual/SDM/LG chooses less integrated option	**28**	**28.3%**
	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	**8**	**8.1%**
	Individual/SDM/LG does not choose provider after visit/still exploring community options	**2**	**2.0%**
	Frequent hospitalizations-medical and/or mental health hospitalizations	**3**	**3.0%**
	Provider has determined placement is not a good match-provider is not willing/able to support individual	**4**	**4.0%**
Center Based Crisis Supports	**Other**	**1**	**1.0%**

Southwestern Region Barriers n= 41			
Consumer-Directed Services Facilitation	**Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise**	**1**	**2.4%**
	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	**1**	**2.4%**
	Provider has determined placement is not a good match-provider is not willing/able to support individual	**1**	**2.4%**
CD/AD Personal Assistance Services	**Services not available under currently enrolled waiver**	**3**	**7.3%**
Independent Living Supports	**Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise**	**1**	**2.4%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**1**	**2.4%**
	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	**1**	**2.4%**
	Frequent hospitalizations-medical and/or mental health hospitalizations	**1**	**2.4%**
Shared Living	**Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise**	**1**	**2.4%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**1**	**2.4%**
	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	**1**	**2.4%**
	Frequent hospitalizations-medical and/or mental health hospitalizations	**1**	**2.4%**
Supported Living	**Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise**	**1**	**2.4%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**1**	**2.4%**
	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	**1**	**2.4%**
	Frequent hospitalizations-medical and/or mental health hospitalizations	**1**	**2.4%**
In-Home Support Services	**Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise**	**1**	**2.4%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**2**	**4.9%**
	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	**2**	**4.9%**
	Individual/SDM/LG chooses less integrated option	**1**	**2.4%**
	Frequent hospitalizations-medical and/or mental health hospitalizations	**2**	**4.9%**
Sponsored Residential	**Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise**	**1**	**2.4%**
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	**1**	**2.4%**
	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	**1**	**2.4%**
	Individual/SDM/LG chooses less integrated option	**1**	**2.4%**

	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	1	2.4%
	Frequent hospitalizations-medical and/or mental health hospitalizations	1	2.4%
	Provider has determined placement is not a good match-provider is not willing/able to support individual	1	2.4%
Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	1	2.4%
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	1	2.4%
	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	1	2.4%
	Individual/SDM/LG chooses less integrated option	4	9.8%
	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	2	4.9%
	Frequent hospitalizations-medical and/or mental health hospitalizations	1	2.4%
Private Duty Nursing	Frequent hospitalizations-medical and/or mental health hospitalizations	1	2.4%

Central Region Barriers n= 59			
Group Day Services	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	1	1.7%
	Frequent hospitalizations-medical and/or mental health hospitalizations	1	1.7%
Supported Living	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	1	1.7%
	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	1	1.7%
	Individual/SDM/LG does not choose provider after visit/still exploring community options	1	1.7%
In-Home Support Services	Services not available under currently enrolled waiver	1	1.7%
Sponsored Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	1	1.7%
	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	1	1.7%
	Individual/SDM/LG does not choose provider after visit/still exploring community options	2	3.4%
Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	5	8.5%
	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	1	1.7%
	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	1	1.7%
	Professional Behavioral staff-Psychiatric, PBS facilitator, Applied Behavioral Analyst, or other specialist unavailable	1	1.7%
	Individual/SDM/LG chooses less integrated option	23	39.0%
	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	3	5.1%

	Individual/SDM/LG does not choose provider after visit/still exploring community options	**6**	**10.2%**
	Frequent hospitalizations-medical and/or mental health hospitalizations	**1**	**1.7%**
	Delay in move and/or acceptance to a more integrated setting-due to unexpected or late medical interventions	**1**	**1.7%**
	Provider has determined placement is not a good match-provider is not willing/able to support individual	**4**	**6.8%**
Private Duty Nursing	**Services and activities unavailable in desired location**	**2**	**3.4%**
	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	**1**	**1.7%**

	Eastern Region Barriers (Community and Training Center) n= 14		
Independent Living Supports	**Provider has determined placement is not a good match-provider is not willing/able to support individual**	**1**	**7.1%**
Group Home Residential	**Individual/SDM/LG chooses less integrated option**	**11**	**78.6%**
	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	**1**	**7.1%**
	Provider has determined placement is not a good match-provider is not willing/able to support individual	**1**	**7.1%**

X. Status of RST Referrals 3rd Quarter FY 20

A. Barrier Status for the 3rd Quarter of FY20 (January-March)

a. In the Training Centers, 15 individuals experienced barriers while participating in the 12-week pre-move/discharge process.

i. 73% of the barriers were resolved at the Community Integration Manager (CIM) and Discharge Compliance Manager (DCM) level and have resulted in discharges that have already occurred; 11 individuals

ii. 0% of the barriers were resolved at the CIM and/or DCM level and will result in discharge in the next 12 weeks; 0 individuals.

iii. 0% of the barriers are progressing towards resolution through CIM and DCM actions for 0 individuals.

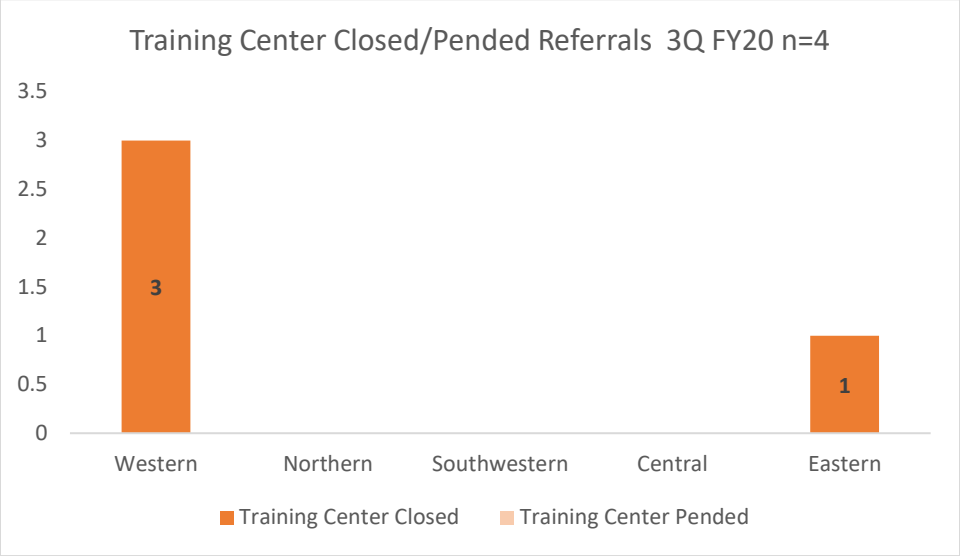
iv. 27% of the barriers were referred to the RST and recommendations will be implemented; 4 individuals.

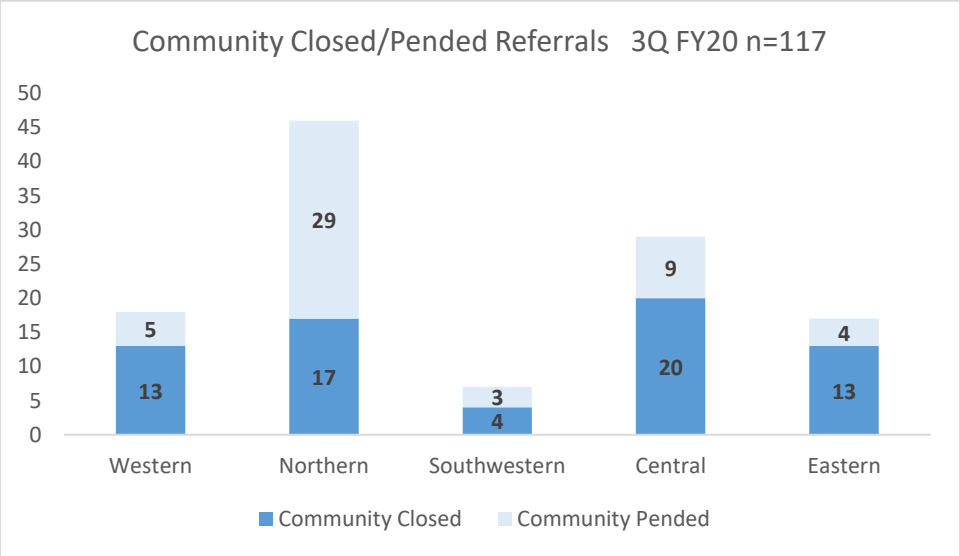
A. Closed/Pended 3rd Quarter FY20 Referrals

Provides closed and pended data for Training Center and Community for the referrals made in 3rd Quarter FY20.

Display the percentage of referrals that were closed in the 3rd Quarter FY20 and those that remain pending.

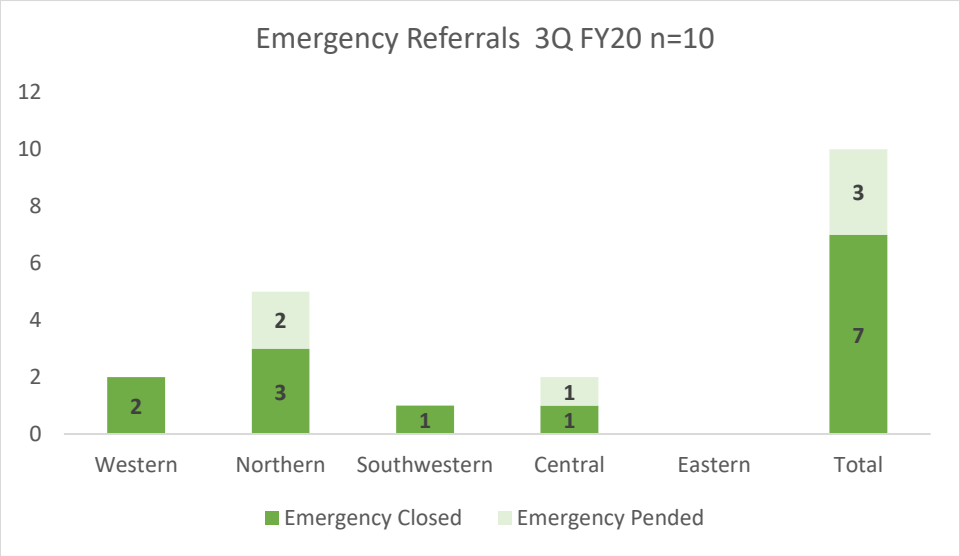
- **Closed-** RST made recommendations and final disposition has been made by Individual/AR.
- **Pended-** RST made recommendations and awaiting final disposition.


Training Center Closed/Pended Referrals 3Q FY20 n=4
3.5
3
2.5
2
1.5
1
0.5
0
3
1
Western
Northern
Southwestern
Central
Eastern
Training Center Closed
Training Center Pended


Community Closed/Pended Referrals 3Q FY20 n=117
50
45
40
35
30
25
20
15
10
5
0
5
13
29
17
3
4
9
20
4
13
Western
Northern
Southwestern
Central
Eastern
Community Closed
Community Pended

B. Emergency 3rd Quarter FY20 Referrals

Displays the status of emergency referrals received during 3rd Quarter of FY20. All emergency referrals were submitted from the community; no emergency referrals were received from Training Centers.



3rd Quarter FY20 Emergency Referrals Reasons

Emergency Reason	Western	Northern	Southwestern	Central	Eastern	Total
In Crisis	0	1	0	2	0	3
In jeopardy of becoming homeless	2	4	0	0	0	6
Individual is homeless	0	0	1	0	0	1
Total	2	5	1	2	0	10

Late 3rd Quarter FY20 Referrals

Displays the status and reasons of late referrals received during the 3rd Quarter FY20. The Training Centers did not have any late RST referrals. All of the late referrals (57) were from the community.

Late Referral is defined as a referral where an Individual has moved to a less integrated setting prior to a scheduled RST Meeting; an Individual is planning to move to a less integrated setting without sufficient time to implement RST recommendation(s) and consultation with CRC/CIM/RST Coordinator has not occurred; or an Individual has moved to a less integrated setting without CSB prior notification.

The following two charts reflect lateness of RST referrals. By conducting a review of WaMS service authorization data, it was determined that 16 additional referrals were needed, but were not submitted by CSBs. CSBs receive compliance letters reflecting actual counts and the names of individuals missed, so that choice can be provided and documented for each person. There are two indicators related to the timeliness of RST referrals.

Results for the 3rd quarter provided below:

86% of all statewide non-emergency referrals, as such referrals are defined in the DBHDS RST Protocol, meet the timeliness requirements of the DBHDS RST Protocol. There were 4 Training Center referrals, 113 CSB-submitted referrals, 6 DBHDS-submitted community referrals, and 16 missed community referrals. One referral was excluded for lateness as it was reported as late in the last report. For this reporting period, the result is 59.3% (83/140) timely, which does not meet the target of 86%. 57 referrals were late for reasons A, B, and C (40.7%) while the remaining 83 were timely (59.3%).

3rd Quarter FY20 Referrals not received within expected period for all late reasons* **(n=140)**

Reason	Reasons Referrals not received within expected period	Previously reported in CSB Compliance	Number Late	% late	% timely
A. Submitted Referrals	*Individual has or will move prior to a scheduled RST Meeting*	*1*	*3*	*2.1%*	
A. Missed referrals	*Identified through WaMS data*	*n/a*	*16*	*11.4%*	
Reason A total =			19	13.6%	
Reason B total =	Individual is planning to move prior/after meeting without sufficient time to implement RST Recommendation(s)		29	20.7%	
Reason C total =	Individual moved without CSB notification		9	6.4%	
Reason A, B, C total (total Community and Training Center referrals n=140)			57	40.7%	**59.3%**

86% of all statewide situations meeting criteria for referral to the RSTs with respect to home and community-based residential services are referred to the RSTs by the case manager as required by the DBHDS RST Protocol. There were 113 CSB-submitted community referrals and 16 missed CSB community referrals. For this reporting period, the result is 85.2% (110/129) timely, which does not meet the target of 86%. A total of 129 referrals should have been submitted by CSBs. 16 were not provided and another 3 were reported as late for reason A for a total of 19 late referrals (14.7%) with 110 referrals being submitted timely (85.3%). Excluded from this data are six community referrals submitted by DBHDS staff and one that was previously reported under CSB compliance.

3rd Quarter FY20 Referrals not received within expected period for CSB referrals only* **(n=129)**

Reason	Reasons Referrals not received within expected period	Previously reported in CSB Compliance	Number Late	% late	% timely
A. Submitted Referrals	Individual has or will move prior to a scheduled RST Meeting	1	3	2.3%	
A. Missed referrals	Identified through WaMS data	n/a	16	12.4%	
Reason A total (total CSB Community referrals n=136)			19	14.7%	**85.3%**

C. Unavailable financial support

Displays the number of referrals where the identified barrier was due to unavailable financial support limiting access to services during the 3rd Quarter FY20.

Financial support may be unavailable because the individual:

a. Has not applied
b. Application is pending
c. Application was denied

Unavailable financial resources due to lack of a DD Waiver are:

a. Pending WSAC review
b. Wait list-Priority level one
c. Wait list-Priority level two
d. Wait list-Priority level three
e. Emergency slot requested
f. Ineligible for Waiver slot

Unavailable Financial Support 3rd Quarter FY20

Unavailable Financial Support Reasons	Medicaid	Customized Rates	Crisis Funds	Housing Assistance	Other
Has not applied	0	3	0	1	
Application is pending	4	0	2	0	
Application was denied	1	0	0	0	
Total	5	3	2	1	8

Unavailable Financial Support Reasons	DD Waiver Slot
Pending WSAC Review	0
Waitlist priority Level I	12
Waitlist priority Level II	0
Waitlist priority Level III	0
Emergency slot requested	2
Ineligible for waiver slot	0
Total	14

XI. Appendix

A. Waiver Services and Barriers Definitions

Employment and Day Options

- **Individual Supported Employment-** Services are provided one-on-one by a job coach to an individual in an integrated employment or self-employment situation at or above minimum wage in a job that meets personal and career goals.
- **Group Supported Employment-** Services are continuous support provided in regular business, industry, and community settings to groups of two to eight individuals with disabilities and involves interactions with the public and with co-workers without disabilities**.**
- **Workplace Assistance Services-** Services are provided to someone who has completed job development and completed or nearly completed job placement training but requires more than typical job coach services to maintain stabilization in their employment. Workplace Assistance services are supplementary to job coach services; the job coach still provides professional oversight and coaching.
- **Community Engagement**- Services are provided in groups of no more than one staff to three individuals. Community Engagement fosters the ability of the individual to acquire, retain, or improve skills necessary to build positive social behavior, interpersonal competence, greater independence, employability, and personal choice necessary to access typical activities in community life such as those chosen by the general population. These may include community education or training, retirement, and volunteer activities.

- **Community Coaching-** Service designed for individuals who need one to one support in order build a specific skill or set of skills to address a particular barrier(s) preventing a person from participating in activities of Community Engagement.
- **Group Day Services-** Services are provided in groups of no more than one staff to seven individuals. They provide opportunities for peer interactions, community integration, career planning, and enhancement of social networks. Supports may also be provided to ensure an individual's health and safety.

Self-Directed Options (*can also be agency-directed)

- **Consumer-Directed Services Facilitation-** Services Facilitation assists the individual or the individual's family/caregiver, or Employer of Record (EOR), as appropriate, in arranging for, directing, and managing services provided through the consumer-directed model of service delivery.
- **CD Personal Assistance Services-** Personal assistance services include support with activities of daily living, instrumental activities of daily living, access to the community, monitoring of self-administered medications or other medical needs, monitoring of health status and physical condition, and work-related personal assistance.
- **CD Respite-Respite Services-** Services are specifically designed to provide temporary, substitute care for that which is normally provided by the family or other unpaid, primary caregiver of an individual. Services are provided on a short-term basis because of the emergency absence or need for routine or periodic relief of the primary caregiver.
- **CD Companion-** Companion services provide nonmedical care, socialization, or support to adults, ages 18 and older. This service is provided in an individual's home or at various locations in the community.

Residential Options

- **Independent Living Supports-** Are provided to adults (18 and older) that offers skill building and support to secure a self-sustaining, independent living situation in the community, and/or may provide the support necessary to maintain those skills.
- **Shared Living-** Medicaid payment for a portion of the total cost of rent, food, and utilities that can be reasonably attributed to a person who has no legal responsibility to support the individual and resides in the same household as the individual. Parents and spouses are excluded.
- **Supported Living-** Services take place in an apartment/house setting operated by a DBHDS licensed provider and provides 'round the clock availability of staff services performed by paid staff who have the ability to respond in a timely manner. These supports enable an individual to acquire, retain, or improve skills necessary to reside successfully in their home and community.
- **In-home Support Services-** Services are residential services that take place in the individual's home, family home, or community settings and typically supplement the primary care provided by the individual, family, or other unpaid caregiver. Services are designed to ensure the health, safety and welfare of the individual.
- **Sponsored Residential-** Services take place in a licensed or DBHDS authorized sponsored residential home with no more than two individuals are supported. They consist of supports that enable an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in their home and community.
- **Group Home Residential-** Services are provided across 24 hours primarily in a licensed or approved residence that enables an individual to acquire, retain, or improve the self-help, socialization, and adaptive skills necessary to reside successfully in their home and community.

Crisis Support Options

- **Community-Based Crisis Supports-** Supports to individuals who may have a history of multiple psychiatric hospitalizations; frequent medication changes; enhanced staffing required due to mental health or behavioral concerns; and/or frequent setting changes. Supports are provided in the individual's home and community setting. Crisis staff work directly with and assist the

individual and their current support provider or family. These services provide temporary intensive supports that avert emergency psychiatric hospitalization or institutional placement or prevent other out-of-home placement.

- **Center-Based Crisis Supports-** Supports provide long-term crisis prevention and stabilization in a residential setting (Crisis Therapeutic Home) through utilization of assessments, close monitoring, and a therapeutic milieu. Services are provided through planned and emergency admissions. Planned admissions will be provided to individuals who are receiving ongoing crisis services and need temporary, therapeutic interventions outside of their home setting in order to maintain stability. Crisis stabilization admissions will be provided to individuals who are experiencing an identified behavioral health need and/or a behavioral challenge that is preventing them from experiencing stability within their home setting.
- **Crisis Support Services-** Services provide intensive supports by appropriately trained staff in the area of crisis prevention, crisis intervention, and crisis stabilization to an individual who may experience an episodic behavioral or psychiatric crisis in the community, which has the potential to jeopardize their current community living situation. This service shall be designed to stabilize the individual and strengthen the current living situation so the individual can be supported in the community during and beyond the crisis period.

Medical and Behavioral Support Options

- **Skilled Nursing-** Is part-time or intermittent care that may be provided concurrently with other services due to the medical nature of the supports provided. These medical services that are ordered by a physician, nurse practitioner or physician assistant and that are not otherwise available under the State Plan for Medical Assistance**.**
- **Private Duty Nursing-** Is individual and continuous care (in contrast to part-time or intermittent care) for Individuals with a medical condition and/or complex health care need, certified by a physician, nurse practitioner, or physician assistant as medically necessary to enable the Individual to remain at home, rather than in a hospital, nursing facility or Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID).
- **Therapeutic Consultation-** Services are designed to assist the Individual and the Individual's Family/Caregiver, as appropriate, with assessments, plan design, and teaching for the purpose of assisting the Individual enrolled in the waiver. This service provides expertise, training, and technical assistance in any of the following specialty areas to assist family members, caregivers, and other service providers in supporting the Individual. The specialty areas are: (i) psychology, (ii) behavioral consultation, (iii) therapeutic recreation, (iv) speech and language pathology, (v) occupational therapy, (vi) physical therapy, and (vii) rehabilitation engineering**.**
- **Personal Emergency Response System (PERS) -** Service that monitors Individual's safety in their homes and provides access to emergency assistance for medical or environmental emergencies through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation and via the individuals' home telephone system. While medication-monitoring services are also available, medication-monitoring units must be physician ordered and are not a stand-alone service.

Additional Options

- **Assistive Technology-** Specialized medical equipment, supplies, devices, controls, and appliances, not available under the State Plan for Medical Assistance, which enable Individuals to increase their abilities to perform activities of daily living (ADLs), or to perceive, control, or communicate with the environment in which they live, or which are necessary for life support, including the ancillary supplies and equipment necessary to the proper functioning of such technology.
- **Electronic Home-Based Services-** Services are goods and services based on Smart Home© technology. This includes purchases of electronic devices, software, services, and supplies not otherwise provided through this waiver or through the State Plan, that would allow individuals to access technology that can be used in the individual's residence to support greater independence and self-determination.

- **Environmental Modifications-** Environmental modifications physical adaptations to the individual's primary home, primary vehicle, or work site that are necessary to ensure the health and welfare of the individual, or that enable the individual to function with greater independence.
- **Individual and Family/Caregiver Training-** Training and counseling to individuals, families, and caregivers to improve supports or educate the individual to gain a better understanding of his/her disability or increase his/her self-determination/self-advocacy abilities.
- **Transition Services-** Services are nonrecurring set-up expenses for individuals who are transitioning from an institution, licensed, or certified provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

B. Barrier Key

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)

C. CSBs by Region

The five RSTs are divided into five geographic Regions. For this report, TC referrals are reviewed in the regions where the barrier occurs regardless of the TC making the referral.

1. **Region 1** - Western Region consists of six Community Service Boards (CSBs): Alleghany Highlands CSB, Harrisonburg-Rockingham CSB, Horizon Behavioral Health, Region Ten CSB, Rockbridge Area Community Services, and Valley CSB.
2. **Region 2** - Northern Region consists of eight CSBs: Alexandria CSB, Arlington County CSB, Fairfax-Falls Church CSB, Loudon County Department of Mental Health, Substance Abuse and Developmental Services, Northwestern Community Services, Prince William County CSB, Rappahannock Area CSB, and Rappahannock-Rapidan CSB.
3. **Region 3** - Southwestern Region consists of nine CSBs: Blue Ridge Behavioral Healthcare, Cumberland Mountain CSB, Danville-Pittsylvania Community Services, Dickenson County

Behavioral Health Services, Highlands Community Services, Mount Rogers CSB, New River Valley Community Services, Piedmont Community Services, and Planning District One Behavioral Health Services (PD1).

4. **Region 4** - Central Region consists of eight CSBs: Chesterfield CSB, Crossroads CSB, District 19 CSB, Goochland-Powhatan Community Services, Hanover County CSB, Henrico Area MH and Developmental Services, Richmond Behavioral Health Authority, and Southside CSB.
5. **Region 5** - Eastern Region consists of nine CSBs: Chesapeake Integrated Behavioral Healthcare, Colonial Behavioral Health, Eastern Shore CSB, Hampton-Newport News CSB, Middle Peninsula-Northern Neck CSB, Norfolk CSB, Portsmouth Department of Behavioral Healthcare Services, Virginia Beach CSB, and Western Tidewater CSB.