Regional Support Teams

Supporting Individuals in the Most Integrated Settings

Purpose, Membership, Referral

Information for CSB Support Coordinators/Case Managers

2-12-13

Office of Developmental Services
Regional Support Teams

- DOJ Settlement
- Role of Regional Support Team (RST)
- Target Population
- Membership
- Referral Process
- Reporting
- Additional information and contacts
“The Commonwealth will create five Regional Support Teams...”

*from Settlement Agreement signed August 23, 2012*

SA Section IV. D.3.

*Operational March 2013*
To provide recommendations and assistance in resolving barriers to the most integrated community setting consistent with an individual’s needs and informed choice.

SA Section III.E.2. and IV.D.3.
DOJ Target Population

Individuals with ID/DD who:

• Live in training centers
• Meet ID or DD wait list criteria
• Live in a nursing home or ICF

SA Section III. B. 1. a - c.
RST Membership

• One in each of 5 regions

• Co-coordinated by Community Resource Consultants (CRCs) and Community Integration Managers (CIMs)

• Includes diverse experience in ID/DD services

• Includes diverse group of professionals with expertise with complex medical and behavioral supports

SA Section IV.D.3.
<table>
<thead>
<tr>
<th>RST Membership*</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIM/CRC Co-Facilitators</td>
</tr>
<tr>
<td>OL Specialist</td>
</tr>
<tr>
<td>HR Advocate</td>
</tr>
<tr>
<td>TC SW Director</td>
</tr>
<tr>
<td>START Director</td>
</tr>
<tr>
<td>Medical Representative (from TC)</td>
</tr>
<tr>
<td>Medical Representative (from community/CSB)</td>
</tr>
<tr>
<td>ID Director</td>
</tr>
<tr>
<td>SC Supervisor</td>
</tr>
<tr>
<td>DD Case Management Provider</td>
</tr>
<tr>
<td>Additional experts based on need</td>
</tr>
</tbody>
</table>

*per region
RSTs receive referrals from CRCs
RST Referral Process

IST

CSB Support Coordinator

CRC

DD Case Manager

DMAS

IST

PST

TC Social Worker

CIM

Regional Support Team
Support Coordinators/Case Managers (SCs/CMs):

• support ISTs in resolving barriers/gaps in services and supports

• provide informed choice of providers

• complete referrals to the CRC

SA Section III.C.5.
Community Resource Consultants (CRCs):

• support SCs in PC planning, SIS, case management and HCBS Waivers.

• assist SCs in resolving barriers to services and supports before referring to RST.

• convene RST when needed to review and help resolve issues

SA Section III.E.1-2.
ID Waiver

SC Reasons for referral

- a. Difficulty finding a home in the community within 3 months of receiving a slot.
- b. Recommended to move to a group home of five or more individuals.
- c. Recommended to move into a nursing home or ICF.
- d. Pattern of repeatedly being removed from home.
- e. Other reason

SC completes referral form and sends to CRC for items a-e.

CRC actions

- CRC needs RST assistance
- CRC forwards to RST (and notifies SC of meeting date)
- CRC (and if requested SC) present to RST
- RST recommendations are made

SC updates CRC after additional actions

Return to SC

CRC recommendations
Referrals to CRCs, then to RSTs occur when:

a. the Individual Support Team (IST) is unable to locate services and supports within 3 months of enrollment into Waiver.
Referrals to CRCs, then to RSTs occur when:

b. the IST recommends an individual living in his/her own home, a family home or sponsored home move to a group home with 5 or more individuals.

Section III.E.3.b.
Referrals to CRCs, then RSTs occur when:

c. The IST recommends that an individual move into a nursing home (NH) or Intermediate Care Facility (ICF).
Referrals to CRCs, then to RSTs occur when:

d. there is a pattern of an individual being removed from his or her home.

Section III.E.3.d.
Referrals to RSTs from CRC also occur:

e. whenever the CRC believes that external review is needed to identify additional steps towards more integrated settings and informed choice.

Section III.E.2.
Role of Regional Support Team

Notification of RST Referral

The Regional Support Team (RST) will review your selection of services to assure you have received information about all options available to you, especially supports and services in the most integrated settings. The RST is composed of a variety of professionals with expertise serving individuals with developmental disabilities, including individuals with complex behavioral and medical needs. No action is required on your part. Any suggestions the RST offers will be shared with your support coordinator/case manager to be shared with you. If you would like an opportunity to speak with the RST, please let your support coordinator/case manager know.

Please complete the sections below so that the RST may confirm that you have been offered the following opportunities before making your choices.

The following types of residential options were discussed with me (check all that apply):

☐ Own Home  ☐ Leased Apartment  ☐ Family Home  ☐ Sponsored Home
☐ Group Home (4 or fewer)  ☐ Group Home (5 or more)  ☐ ICF
☐ Nursing Home  ☐ Training Center  ☐ Other:

I selected the following options to interview & tour: __________________________________________

I have chosen to pursue __________________________________________ as my type of residential option.

The following types of employment/day options were discussed with me (check all that apply):

☐ Self Employment  ☐ Individual Supported Employment  ☐ Group Supported Employment
☐ Career Training/Education  ☐ Prevocational Services  ☐ Day Support
☐ Volunteer  ☐ Retirement  ☐ Other:

I selected the following options to interview & tour: __________________________________________

I have chosen to pursue __________________________________________ as my type of employment/day option(s).
### Regional Support Team Referral Form

**Community Resource Consultant**

<table>
<thead>
<tr>
<th>Region</th>
<th>Date of request</th>
<th>Individual's unique ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

**Submitted by:**

**Agency:**

**Phone:**

<table>
<thead>
<tr>
<th>Referral reason (check only one)</th>
<th>Issues and actions taken (as applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Difficulty finding a home in the community within 3 months of receiving a slot.</td>
<td>a. Describe gaps/barriers and what has been tried and learned?</td>
</tr>
<tr>
<td>b. Recommended to move to a group home of five or more individuals.</td>
<td>b. Describe the reason(s) for selecting setting and whether the choice of less restrictive settings have been offered:</td>
</tr>
<tr>
<td>c. Recommended to move into a nursing home or ICF.</td>
<td>c. Describe the reason(s) for selecting and whether the choice of less restrictive settings have been offered:</td>
</tr>
<tr>
<td>d. Pattern of repeatedly being removed from home.</td>
<td>d. Describe the reason(s) for being removed from home and what has been tried:</td>
</tr>
<tr>
<td>e. Other reason (such as requesting move to more integrated setting)</td>
<td>e. Describe assistance needed/barriers, reason for referral and additional comments:</td>
</tr>
</tbody>
</table>

**Living Situation and Supports**

- Own home
- With family
- Group home (5 or greater)

**Describe the individual's good life:**

**Supports**

<table>
<thead>
<tr>
<th>Supports</th>
<th>Receiving</th>
<th>Planned</th>
<th>Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver:</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td></td>
<td>□</td>
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</tbody>
</table>

**Specialized Medical**

- Receiving: □
- Planned: □
- Needed: □

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CRC Referral Form
Referrals provide information on:

• Individuals preferences & good life
• Supports needed and planned
• Actions taken by IST/SC/CM
• CRC agreement with referral
• Notification of informed choice and opportunities for integrated settings
Members of the Individual Support Team may be invited by the CRC to assist with some discussions.
RST Referral Process

RST Actions:

• Reviews good life and confirms informed choice.
• Reviews options explored/considers alternatives
• Assures information about community integration and opportunities provided
• Considers individual needs and preferences and most integrated settings
RST recommendations and resolutions documented on the referral form by the CRC.

Data on reasons for referral, barriers, recommendations and resolution collected.
http://www.dbhds.virginia.gov/Settlement.htm

Check this website periodically for updates.
Contacts

Gail Rheinheimer, Community Resource Manager
(540) 981-0697  Gail.Rheinheimer@dbhds.virginia.gov

Community Resource Consultants

Jae Benz, Director, CI and TC Discharges
(804) 371-5384  Janet.Benz@dbhds.virginia.gov

Community Integration Managers