

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

Role of Regional Support Team

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.

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.

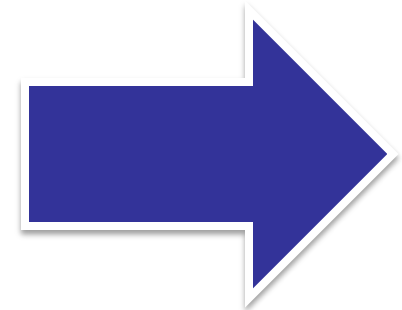
RST Membership*

CIM/CRC Co-Facilitators
OL Specialist
HR Advocate
TC SW Director
START Director
Medical Representative (from TC)
Medical Representative (from community/CSB)
ID Director
SC Supervisor
DD Case Management Provider
Additional experts based on need

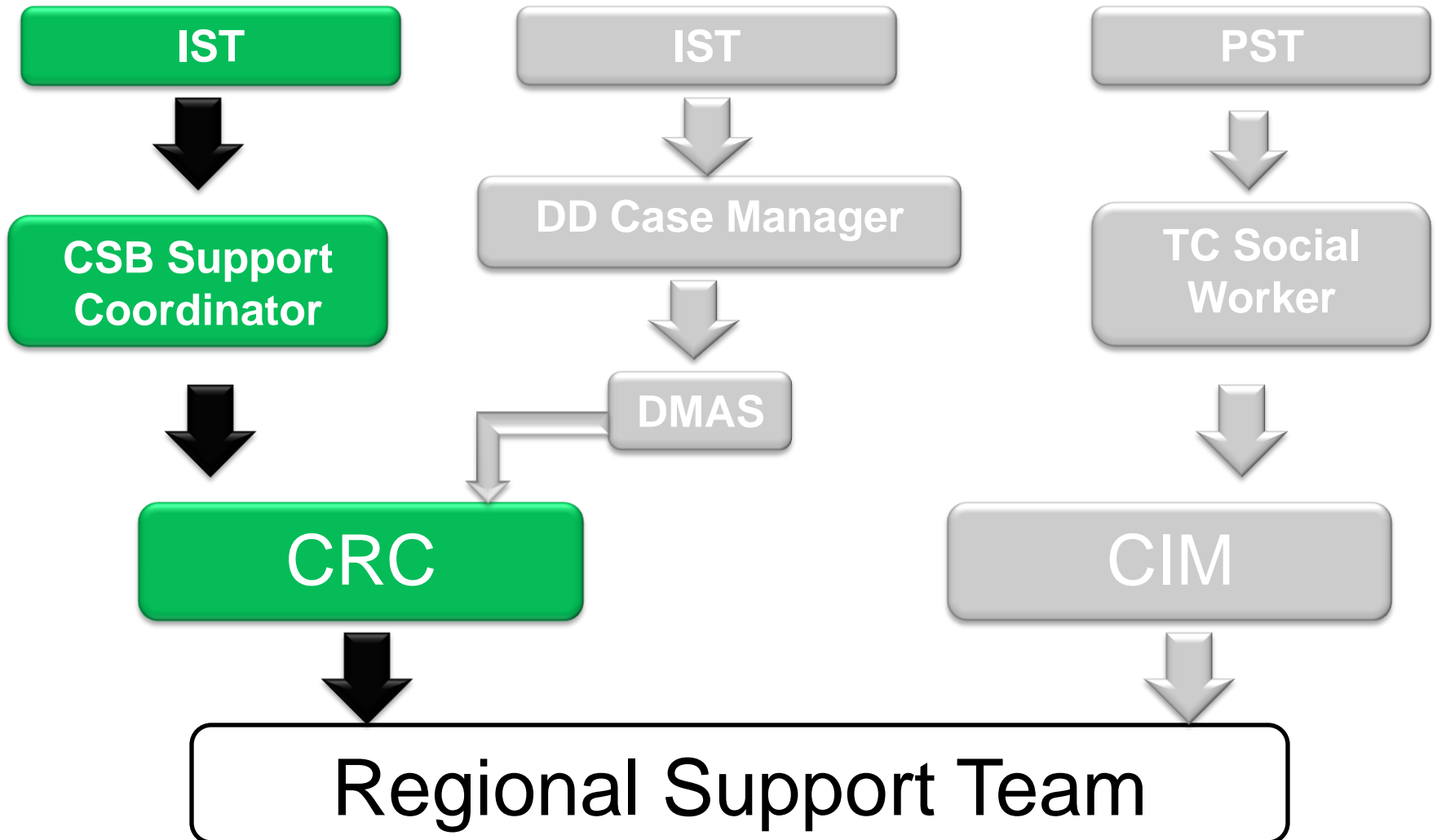
*per region

RST Referral Process

RSTs receive referrals from CRCs



RST Referral Process



Support Coordinators/Case Managers (SCs/CMs):

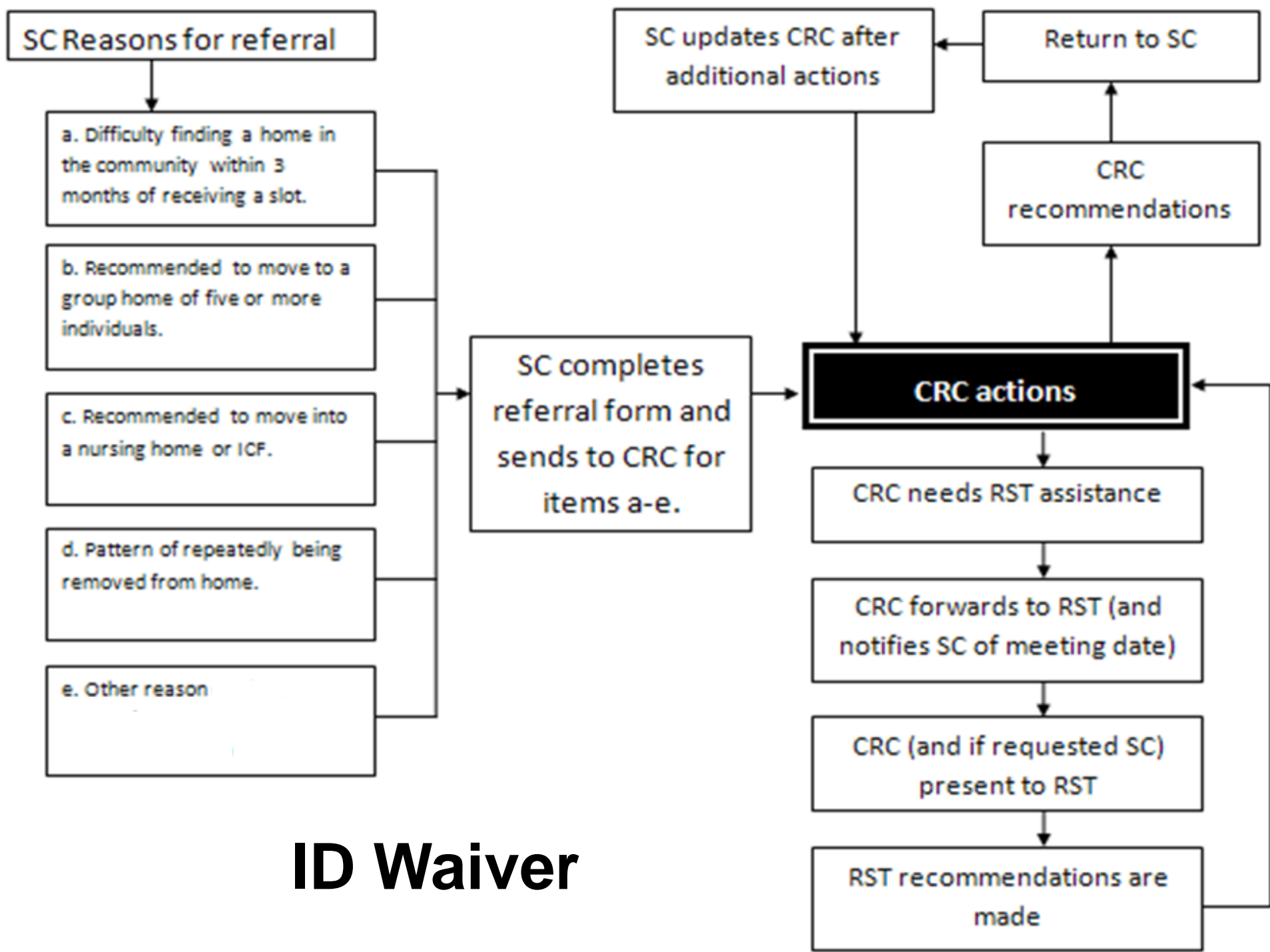
- support ISTs in resolving barriers/gaps in services and supports
- provide informed choice of providers
- complete referrals to the CRC

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.



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.

Section III.E.3.a.

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).

Section III.E.3.c.

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).

RST Referral Process: Community

Regional Support Team Referral Form Community Resource Consultant

Region: []	Date of request: []	Individual's unique ID: []					
Submitted by: []	Agency: []	Phone: []					
Referral reason (check only one)		Issues and actions taken (as applicable):					
<input type="checkbox"/>	a. Difficulty finding a home in the community within 3 months of receiving a slot.	a. Describe gaps/barriers and what has been tried and learned? []					
<input type="checkbox"/>	b. Recommended to move to a group home of five or more individuals.	b. Describe the reason(s) for selecting setting and whether the choice of less restrictive settings have been offered: []					
<input type="checkbox"/>	c. Recommended to move into a nursing home or ICF.	c. Describe the reason(s) for selecting and whether the choice of less restrictive settings have been offered: []					
<input type="checkbox"/>	d. Pattern of repeatedly being removed from home.	d. Describe the reason(s) for being removed from home and what has been tried: []					
<input type="checkbox"/>	e. Other reason (such as requesting move to more integrated setting)	e. Describe assistance needed/barriers, reason for referral and additional comments: []					
Living Situation and Supports							
Current living situation:	<input type="checkbox"/> Own home <input type="checkbox"/> With family <input type="checkbox"/> Group home (5 or greater)						
Describe the individual's good life	[]						
Supports	Receiving	Planned	Needed		Receiving	Planned	Needed
Waiver: []	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

RST Referral Process

Members of the Individual Support Team may be invited by the CRC to assist with some discussions.

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 reporting

RST recommendations and resolutions documented on the referral form by the CRC.

Data on reasons for referral, barriers, recommendations and resolution collected.

Additional information

<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

<http://www.dbhds.virginia.gov/ODS-Contacts.htm>

Jae Benz, Director, CI and TC Discharges

(804) 371-5384 Janet.Benz@dbhds.virginia.gov

Community Integration Managers

<http://www.dbhds.virginia.gov/documents/ODS/CIMContactList.pdf>