



Regional Support Team Fourth Quarter FY22 and Annual Summary

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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 Fourth Quarter FY21 (April – June 2021).

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)

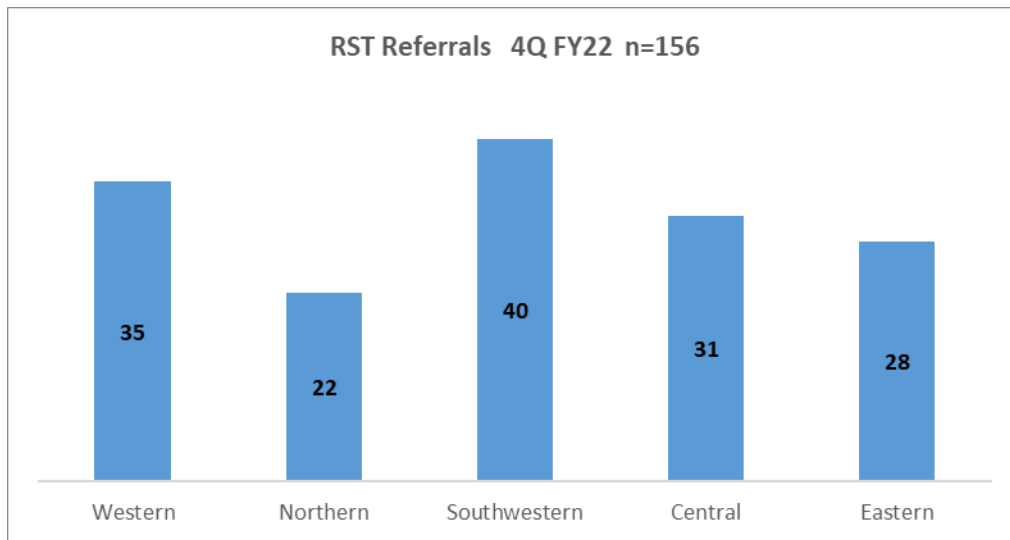
VI. New Regional Support Team Referral and Virginia Informed Choice Forms

- 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. RST forms and processes continue to be reviewed on an annual basis to align with the start of the fiscal year.
- 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) which will be available for public use and during technical assistance provided by DBHDS.
- 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 4th Quarter FY22 Totals

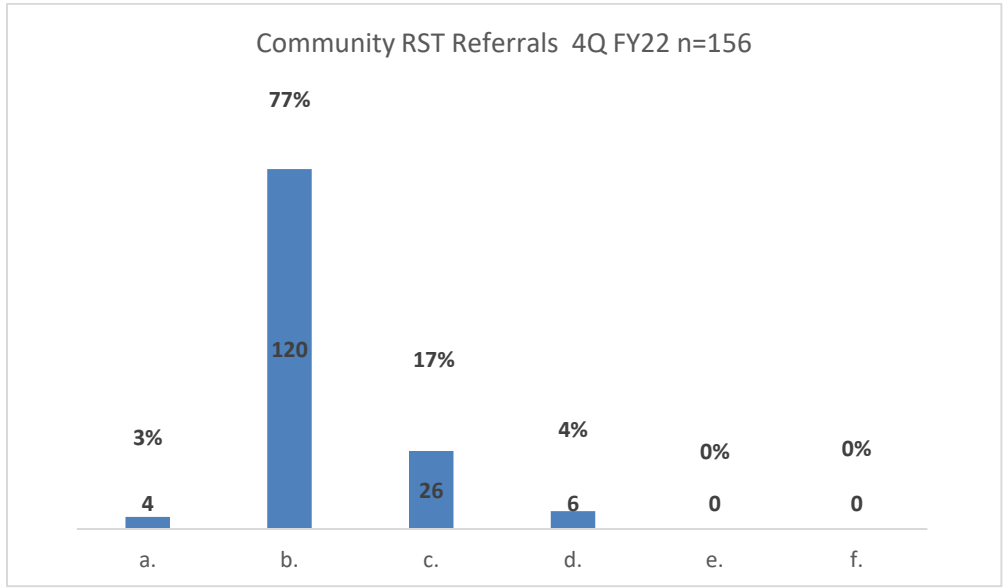
Contains the total number of RST referrals (156) in 4th Quarter FY22. There were 156 Community Referrals and 0 Training Center Referrals.

RST Referrals					
Region	Community	TC		Region	%
Western	35	0	(n)=	Western	22%
Northern	22	0		Northern	14%
Southwestern	40	0		Southwestern	26%
Central	31	0		Central	20%
Eastern	28	0		Eastern	18%
Total	156	0		156	



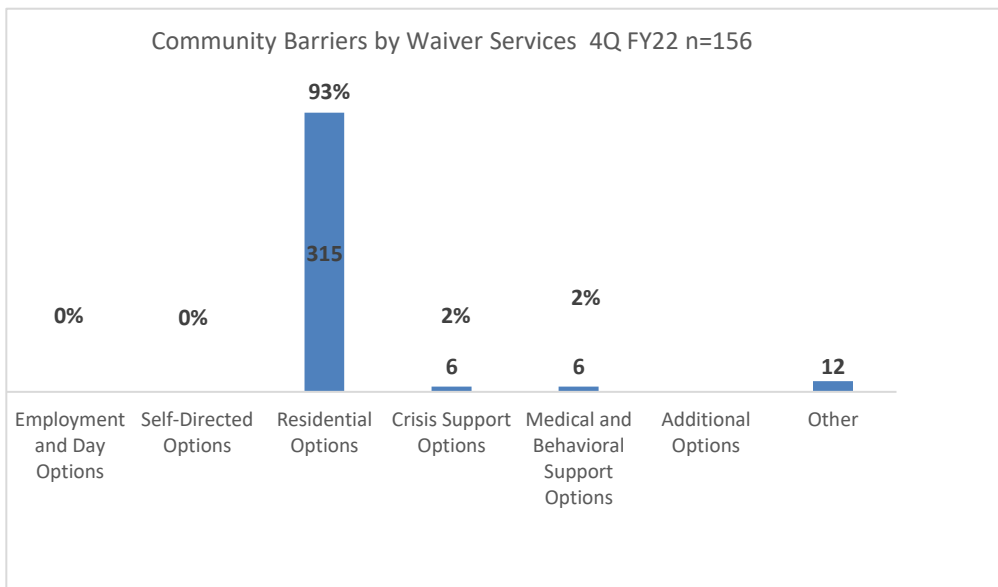
VIII. Referral Reasons, Barrier by Waiver Services, options chosen 4th Quarter FY22 (n=156), and Annual Summary

Outlines the reasons for the RST referrals on behalf of individuals in the Community and Training Centers during 4th Quarter of FY22. Below each chart is a key to identify reasons for referrals.



- 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 339 identified barriers per type of waiver service on behalf of individuals in the Training Centers and Community for 4th Quarter FY22. Access to residential services presented the greatest number of barriers (344 community and 0 training center).



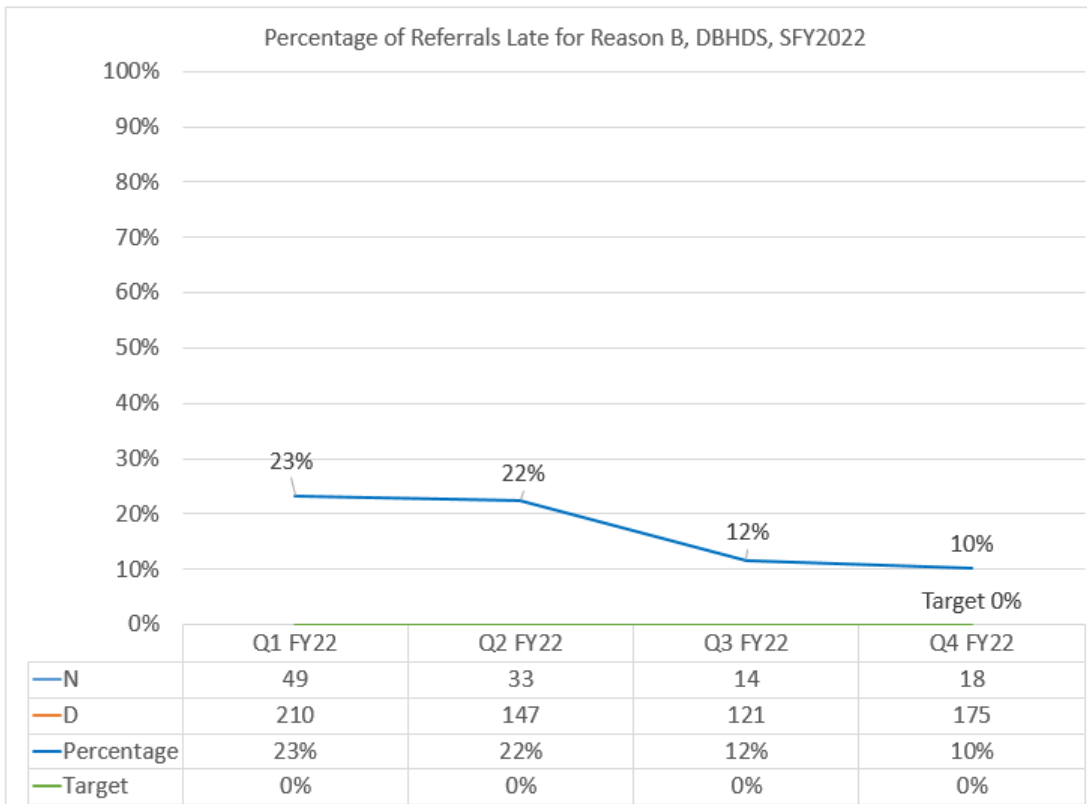
Barriers by waiver service and region for the 4th Quarter of FY22. There were no barriers reported for the reasons of “other”.

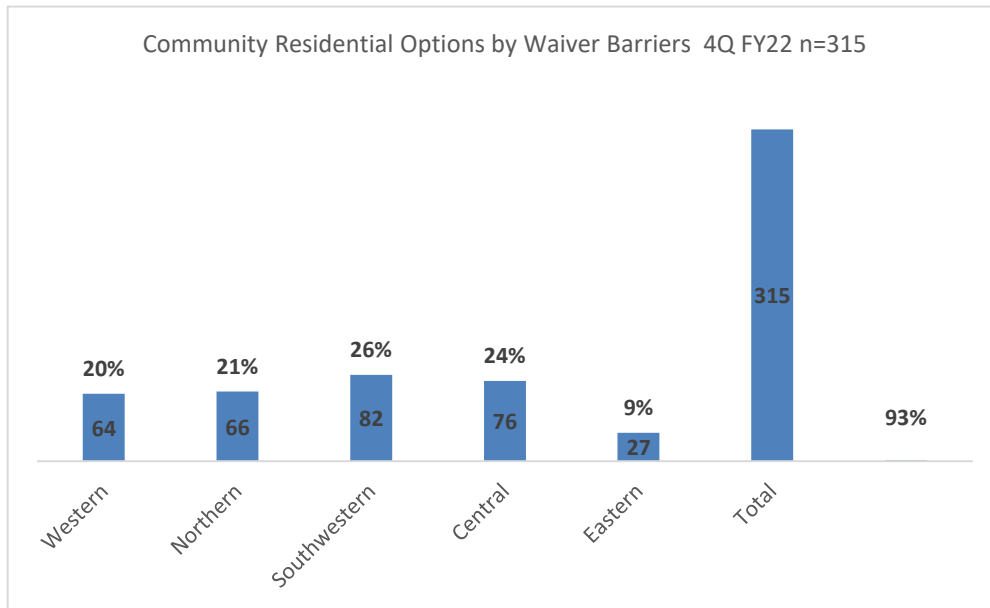
Annual Summary

In FY22, the RST received and reviewed 574 total referrals. Sixty-seven of the 574 referrals moved to a more integrated setting, 15 declined information, and 291 had access to more integrated services in the desired location, but they chose something less integrated. DBHDS continues to have referrals that remain pending final disposition, so additional individuals might have moved to more integrated settings, but final decisions remain unknown for 179 referrals. In FY21, DBHDS implemented adding the individual names for pending RST referrals to the CSB quarter letters for monitoring the submission of pending referrals. Names remain on the letters until the final disposition is provided by the CSB; this process has continued throughout FY22. Moving the RST process into the Waiver Management System (WaMS) will automate reporting and ease overall implementation of the process. This report will be enhanced following the transition.

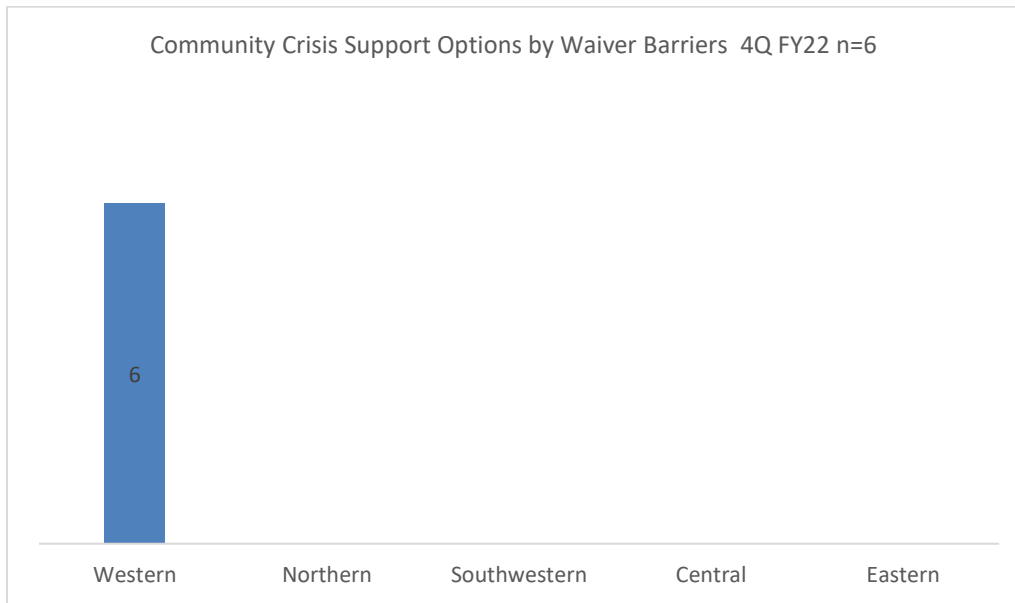
Curative Action Status

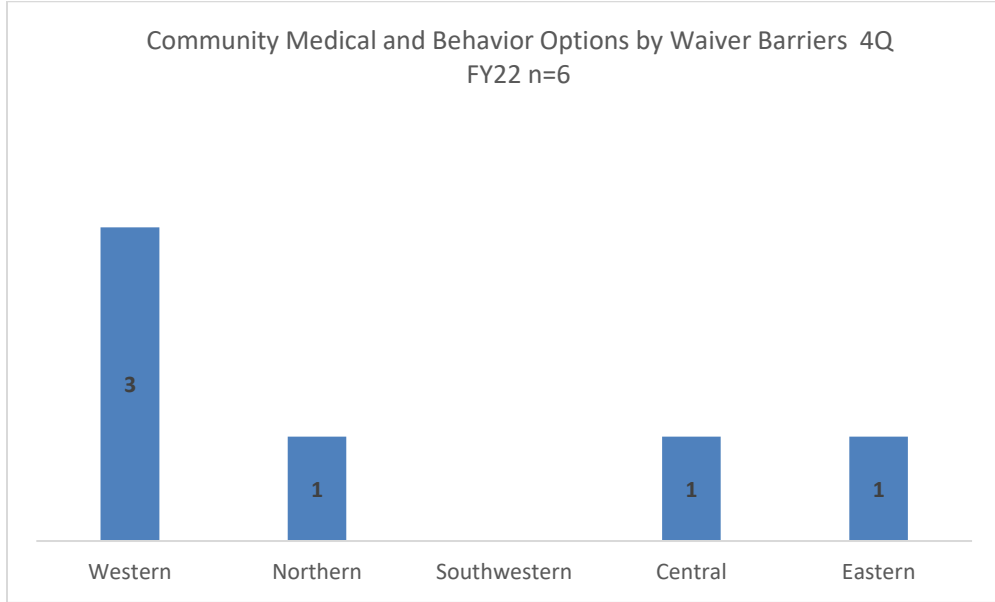
On May 18, 2022 RST held the first Cross Regional Team (CRT) Meeting. This group meets once monthly in order to review referrals where a move is scheduled to occur prior to the RST Regional meeting with a goal of ensuring informed choice was provided. In FY22 the CRT reviewed 26 total referrals, 1 moved to a more integrated setting, 2 declined information, and 15 had access to more integrated services in the desired location, but they chose something less integrated. DBHDS provided the names of the pending referrals to the CSB however CRT continues to have 8 referrals pending final disposition, so additional individual may have moved to more integrated setting, but final decisions remain unknown at this time. As seen in the graph below, the percentage of referrals related to Reason B have declined in the last two quarters of the fiscal coinciding with the development and implementation of the CRT. The related measure data remains below target at this time but shows the same trend in improvement seen here.



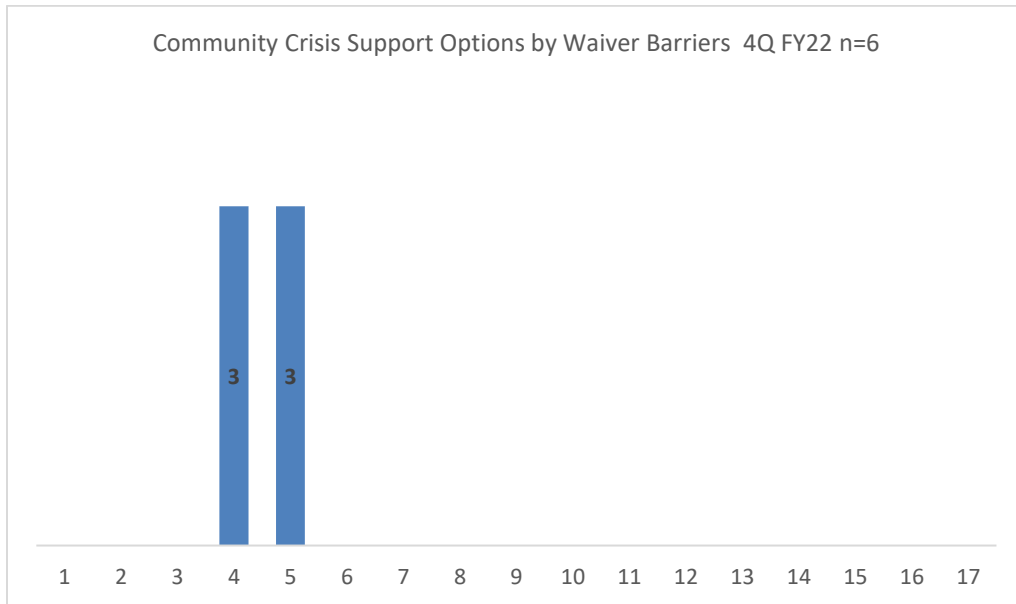


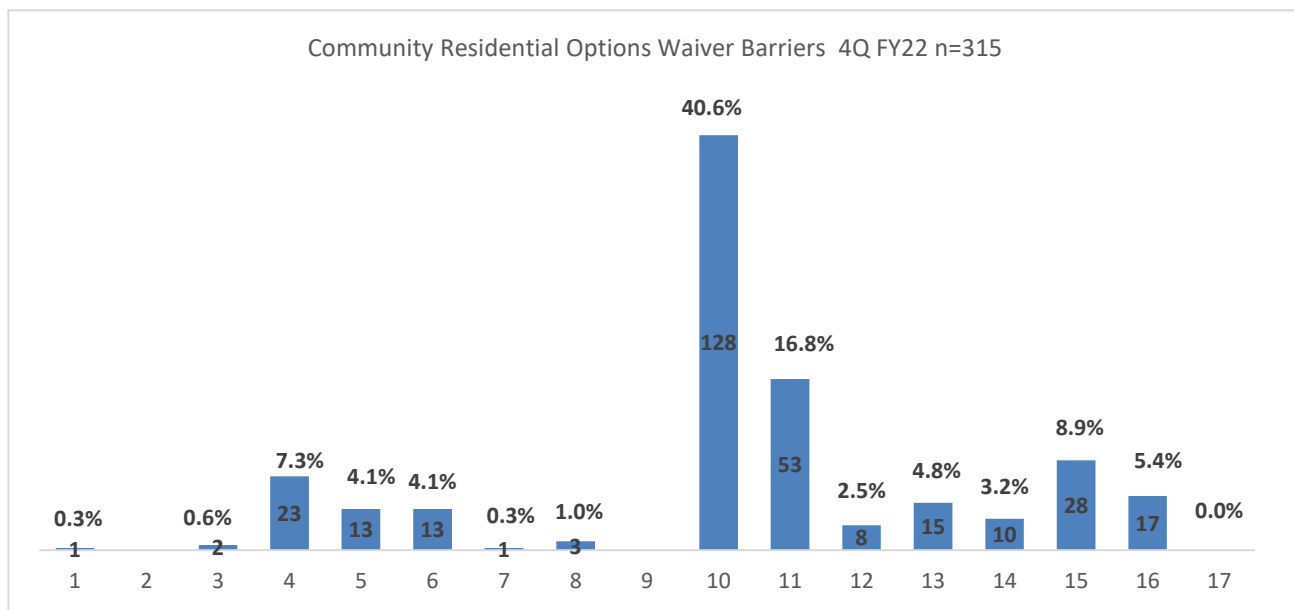
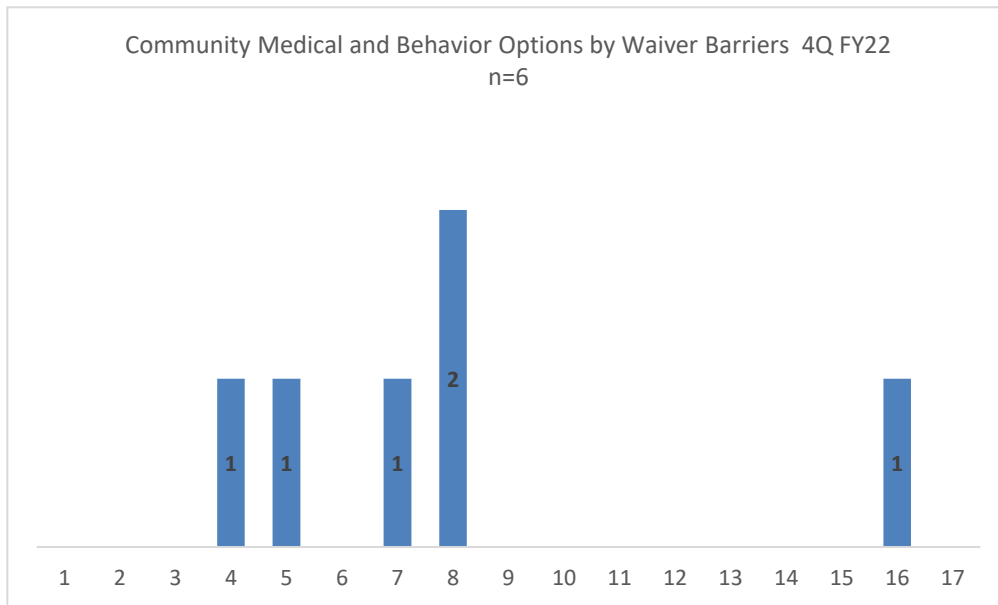
Displays the barriers identified for 4th Quarter FY22 by waiver service and DDS regions. The Northern and Western regions had the most community referrals with barriers to residential services.





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. 0 Training Center referrals were made in FY22 4th quarter.





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)

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		
Residential Options		
Independent Living Supports	Provider has determined placement is not a good match-provider is not willing/able to support individual	1
Independent Living Supports	Provider has determined placement is not a good match-provider is not willing/able to support individual	1
Independent Living Supports	Provider has determined placement is not a good match-provider is not willing/able to support individual	1
Independent Living Supports	Provider has determined placement is not a good match-provider is not willing/able to support individual	1
In-home Support Services	Individual/SDM/LG does not choose provider after visit/still exploring community options	1
Sponsored Residential	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	1
Sponsored Residential	Delay in move and/or acceptance to a more integrated setting-due to unexpected or late medical interventions	1
Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	4
Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	5

Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	2
Group Home Residential	Professional Behavioral staff-Psychiatric, PBS facilitator, Applied Behavioral Analyst, or other specialist unavailable	1
Group Home Residential	Individual/SDM/LG chooses less integrated option	30
Group Home Residential	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	4
Group Home Residential	Individual/SDM/LG does not choose provider after visit/still exploring community options	2
Group Home Residential	Frequent hospitalizations-medical and/or mental health hospitalizations	3
Group Home Residential	Delay in move and/or acceptance to a more integrated setting-due to unexpected or late medical interventions	2
Group Home Residential	Provider has determined placement is not a good match-provider is not willing/able to support individual	4
Group Home Residential	Service/Provider Development or Loss-Construction/Renovations/Environmental Modifications/Staffing/On-boarding/Licensing	4
Crisis Support Options		
Community-Based Crisis Supports	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	1
Community-Based Crisis Supports	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	1
Center-based Crisis Supports	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	1
Center-based Crisis Supports	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	1
Crisis Support Services	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	1

Crisis Support Services	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	1
Medical and Behavioral Support Options		
Private Duty Nursing	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	1
Private Duty Nursing	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	1
Private Duty Nursing	Professional Behavioral staff-Psychiatric, PBS facilitator, Applied Behavioral Analyst, or other specialist unavailable	1

Northern Region Barriers		
Residential Options		
In-home Support Services	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	1
Sponsored Residential	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	2
Group Home Residential	Community location is not adapted for physical access (not wheelchair accessible or ADA compliant)	2
Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	4
Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	1
Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	2
Group Home Residential	Individual/SDM/LG chooses less integrated option	13
Group Home Residential	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	8

Group Home Residential	Individual/SDM/LG does not choose provider after visit/still exploring community options	5
Group Home Residential	Frequent hospitalizations-medical and/or mental health hospitalizations	2
Group Home Residential	Provider has determined placement is not a good match-provider is not willing/able to support individual	3
Group Home Residential	Individual/SDM/LG chooses less integrated option	30
Medical and Behavioral Support Options		
Private Duty Nursing	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	1

Southwestern Region Barriers		
Residential Options		
Sponsored Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	1
Sponsored Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with mental health expertise	1
Sponsored Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	1
Sponsored Residential	Individual/SDM/LG chooses less integrated option	2
Sponsored Residential	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	5
Sponsored Residential	Provider has determined placement is not a good match-provider is not willing/able to support individual	2
Group Home Residential	Individual/SDM/LG chooses less integrated option	33

Group Home Residential	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	10
Group Home Residential	Individual/SDM/LG does not choose provider after visit/still exploring community options	5
Group Home Residential	Frequent hospitalizations-medical and/or mental health hospitalizations	3
Group Home Residential	Delay in move and/or acceptance to a more integrated setting-due to unexpected or late medical interventions	1
Group Home Residential	Provider has determined placement is not a good match-provider is not willing/able to support individual	7
Group Home Residential	Service/Provider Development or Loss-Construction/Renovations/Environmental Modifications/Staffing/On-boarding/Licensing	9

Central Region Barriers

Residential Options		
Independent Living Supports	Individual/SDM/LG chooses less integrated option	2
Independent Living Supports	Frequent hospitalizations-medical and/or mental health hospitalizations	1
Independent Living Supports	Provider has determined placement is not a good match-provider is not willing/able to support individual	1
Shared Living	Individual/SDM/LG chooses less integrated option	1
Shared Living	Frequent hospitalizations-medical and/or mental health hospitalizations	1
Shared Living	Provider has determined placement is not a good match-provider is not willing/able to support individual	1

Supported Living		
	Individual/SDM/LG chooses less integrated option	2
Supported Living	Frequent hospitalizations-medical and/or mental health hospitalizations	1
Supported Living	Provider has determined placement is not a good match-provider is not willing/able to support individual	1
In-home Support Services		
	Individual/SDM/LG chooses less integrated option	1
In-home Support Services	Provider has determined placement is not a good match-provider is not willing/able to support individual	1
Sponsored Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	1
Sponsored Residential		
	Individual/SDM/LG chooses less integrated option	2
Sponsored Residential	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	1
Sponsored Residential	Frequent hospitalizations-medical and/or mental health hospitalizations	1
Sponsored Residential	Provider has determined placement is not a good match-provider is not willing/able to support individual	2
Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with behavioral expertise	3
Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	4
Group Home Residential	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	3
Group Home Residential	Individual/SDM/LG chooses less integrated option	26
Group Home Residential	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	9
Group Home Residential	Frequent hospitalizations-medical and/or mental health hospitalizations	2

Group Home Residential	Provider has determined placement is not a good match-provider is not willing/able to support individual	5
Group Home Residential	Service/Provider Development or Loss-Construction/Renovations/Environmental Modifications/Staffing/On-boarding/Licensing	3
Medical and Behavioral Support Options		
Skilled Nursing	Professional Behavioral staff-Dental, nursing or any medical specialist unavailable	1

Eastern Region Barriers		
Residential Options		
Group Home Residential	Direct Support Staff-may not have experience or demonstrate competency to provide support with medical expertise	1
Group Home Residential	Individual/SDM/LG chooses less integrated option	16
Group Home Residential	Individual/Substitute Decision Maker (SDM)/Legal Guardian (LG) not interested in discussing/exploring options/refuses supports	8
Group Home Residential	Service/Provider Development or Loss-Construction/Renovations/Environmental Modifications/Staffing/On-boarding/Licensing	1
Medical and Behavioral Support Options		
Skilled Nursing	Service/Provider Development or Loss-Construction/Renovations/Environmental Modifications/Staffing/On-boarding/Licensing	1

X. Status of RST Referrals 4th Quarter FY 22

A. Barrier Status for the 4th Quarter of FY22 (April-June)

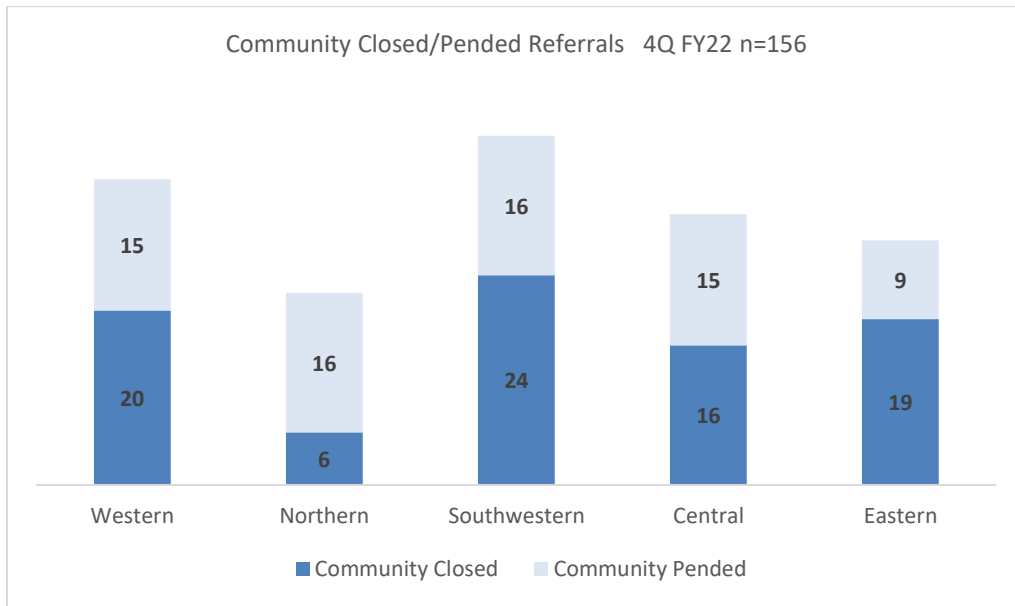
- a. In the Training Centers, 0 individuals experienced barriers while participating in the 12-week pre-move/discharge process.
 - i. 0% of the barriers were resolved at the Community Integration Manager (CIM) and Discharge Compliance Manager (DCM) level and have resulted in discharges that have already occurred
 - ii. 0% of the barriers were resolved at the CIM and/or DCM level and will result in discharge in the next 12 weeks
 - iii. 0% of the barriers are progressing towards resolution through CIM and DCM actions for 0 individuals.
 - iv. 0% of the barriers were referred to the RST and recommendations will be implemented; 0 individuals

A. Closed/Pended 4th Quarter FY22 Referrals

Provides closed and pended data for Training Center and Community for the referrals made in 4th Quarter FY22.

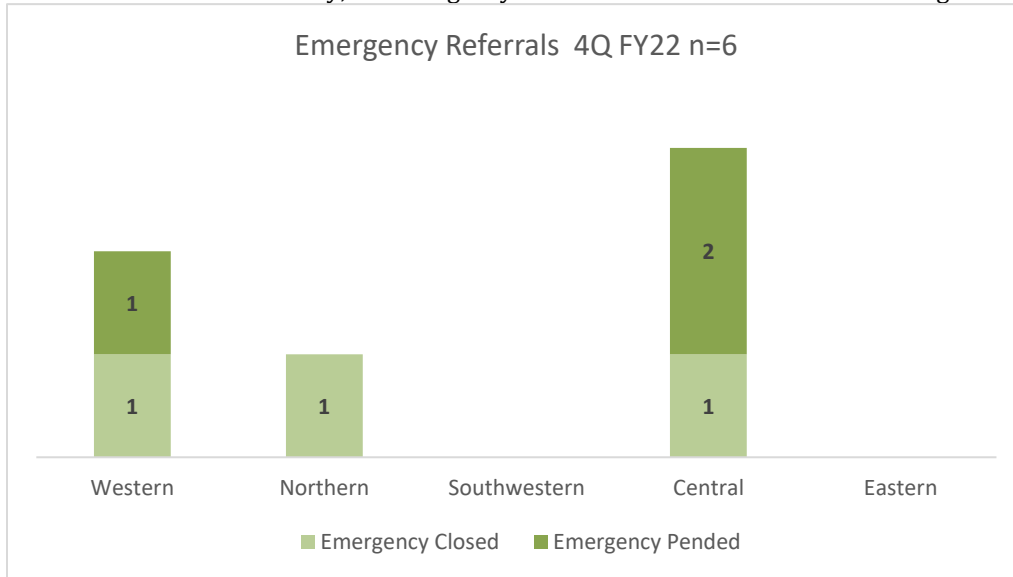
Display the percentage of referrals that were closed in the 4th Quarter FY22 and those that remain pending.

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



B. Emergency 4th Quarter FY21 Referrals

Displays the status of emergency referrals received during 4th Quarter of FY20. All emergency referrals were submitted from the community; no emergency referrals were received from Training Centers.



4th Quarter FY21 Emergency Referrals Reasons

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

Late 4th Quarter FY21 Referrals

The information below provides the status and resources for late referrals received during the 4th Quarter FY22. The Training Center did not have any late RST referrals. All of the late referrals (54) 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 chart reflects lateness of RST referrals. By conducting a review of WaMS service authorization data, it was determined that 20 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 three measures related to the timeliness of RST referrals.

Results for the 4th 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 was 0 Training Center referral, 146 CSB-submitted referrals, 8 DBHDS-submitted community referrals, 1 REACH community referrals, and 20 missed community referrals for a total of 176 referrals. For this reporting period, the result is 68% timely, which does not meet the target of 86%. 56 referrals were late for reason A, B, C, or missed in reporting (32%) while the remaining were timely (68%).

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 146 CSB-submitted community referrals and 20 missed CSB community referrals. A total of 166 referrals should have been submitted by CSBs. 20 were not provided and another 8 were reported as late for reason A for a total of 28 late referrals related to CSB accountability (16.9%). For this reporting period, the result is 83.1% timely, which does not meet the target of 86%.

4th Quarter FY22 Referrals not received within expected period for all late reasons*

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	0	8	4.8%	
A. Missed referrals	Identified through WaMS data	0	20	12.0%	
Reason A + missed total = (total CSB n = 166)			28	16.9%	83.1%
Reason B total =	Individual is planning to move prior/after meeting without sufficient time to implement RST Recommendation(s)		18	10.2%	
Reason C total =	Individual moved without CSB notification		9	5.1%	
Reason A, B, C total (total CSB and DBHDS n= 176)			56	32.0%	68.0%

A third measure related to the RST process required by the Settlement Agreement is stated as **“People with a DD waiver, who are identified through indicator #13 of III.D.6, desiring a more integrated residential service option (defined as independent living supports, in-home support services, supported living, and sponsored residential) have access to an option that meets their preferences within nine months.”**

The 4th Quarter had 0 referrals submitted with Barrier 2.

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 4th Quarter FY22.

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 4th Quarter FY22

Unavailable Financial Support Reasons	Medicaid	Customized Rates	Crisis Funds	Housing Assistance	Other
Has not applied	0	2	1	1	
Application is pending	0	0	1	0	
Application was denied	0	0	0	0	
Total	0	2	2	1	19

Unavailable Financial Support Reasons	DD Waiver Slot
Pending WSAC Review	1
Waitlist priority Level I	2
Waitlist priority Level II	0
Waitlist priority Level III	0
Emergency slot requested	0
Ineligible for waiver slot	2
Total	5

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 nine Community Service Boards (CSBs): Alleghany Highlands CSB, Harrisonburg-Rockingham CSB, Horizon Behavioral Health, Northwestern,

- Rappahannock Area, Rappahannock Rapidan, Region Ten CSB, Rockbridge Area Community Services, and Valley CSB.
2. **Region 2** - Northern Region consists of five CSBs: Alexandria CSB, Arlington County CSB, Fairfax-Falls Church CSB, Loudon County Department of Mental Health, Substance Abuse and Developmental Services, and Prince William County CSB.
 3. **Region 3** - Southwestern Region consists of ten 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) and Southside.
 4. **Region 4** - Central Region consists of seven CSBs: Chesterfield CSB, Crossroads CSB, District 19 CSB, Goochland-Powhatan Community Services, Hanover County CSB, Henrico Area MH and Developmental Services, and Richmond Behavioral Health Authority.
 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.