



Regional Support Teams

State Fiscal Year 2026, 2nd Quarter

Overview

Five Regional Support Teams (RSTs) were implemented in March 2013 by the Department of Behavioral Health and Development Services (DBHDS). Virginia's focus through RSTs is 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. Each Regional Support Team (RST) consists of professionals well-versed in supporting individuals with developmental disabilities within a community setting. This expertise extends to individuals with exceptional behavioral and medical requirements, highlighting the RST's comprehensive capability in meeting diverse needs.

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 receiving services in integrated settings.

RSTs seek to ensure that no individual in the target population moves to a nursing facility or congregate setting with five or more individuals unless the move is consistent with the individual's needs and informed choice. This process involves a comprehensive review conducted by both a DBHDS Community Resource Consultant (CRC) and, when the referral criteria are met, by the Regional Support Team (RST). This dual review ensures that any such transition is well-informed and consistent with the individual's unique circumstances and desires.

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.

Referral Criteria for RST Review

- a.) within five calendar days of an individual being presented with any of the following residential options:
 - i. an intermediate care facility,
 - ii. a nursing facility,
 - iii. a training center, or a
 - iv. group home with a licensed capacity of five beds or more;
- b.) if the CSB is having difficulty finding services within 30 calendar days after the individual's enrollment in the waiver; or
- c.) immediately when an individual is displaced from his or her residential placement for a second time.

Criteria for RST Referrals and Consultation

1. Prior to or immediately after a service has not been identified within 3 months of receiving a waiver slot.

Regional Support Teams – FY26 Q2

2. Within five calendar days of an individual being presented with any of the following residential options: an intermediate care facility, a nursing facility, a training center, or a group home with a licensed capacity of five beds or more.
3. Immediately when family expresses any interest in a setting considered to be less integrated. (timing of referral is key to RST making recommendations for more integrated options)
4. Immediately when an individual is displaced from his or her residential placement for a second time.
5. Immediately if the individual is moving before the next scheduled RST meeting. Please submit and identify the referral as being late for that reason.
6. Immediately once the SC is notified that a person has already moved to a less integrated setting. Please submit and identify the referral as being late due to the lack of notification.

Statewide RST Coordination	Ashley Painter (RST Coordination) a.painter@dbhds.virginia.gov 804-928-9532
Contact for RST Consultation	Ronnitta Clements (Individual and Family Waiver Lead) ronnitta.clements@dbhds.virginia.gov 804-382-2490
Office Director	Eric J. Williams eric.williams@dbhds.virginia.gov 434-907-0072

Data Collection Period

- A. This reporting period is the Second Quarter of FY26 (October – December 2025).

RST Source System Transition

To enhance the reliability and accuracy of data, the transition from manual and spreadsheet-based methods to the Waiver Management System (WaMS) took place on January 1, 2023 for both the Regional Support Team referral form and the Virginia Informed Choice form. This shift empowers DBHDS to utilize contemporary software for data management and visualization, significantly reducing the potential for human errors.

Back-end data, which first became available in June 2023, assists in the development of this report, which is based on data gathered through the WaMS platform and visualized using Microsoft PowerBI. The structure and content of this report will undergo further refinement in upcoming quarters. Any modifications to the reporting approach are duly documented within the report itself and stem from any adjustments to the WaMS RST module.

RST Referral Data

There were a total of 121 referrals made with an RST requested date occurring in FY26 second quarter, with the largest number seen in Region 4 (46) and the lowest in Region 5 (13). (Fig. 1).

Fig. 1 (note: factoring in 26 missed referrals brings the referral count to 121 with 95 submissions)

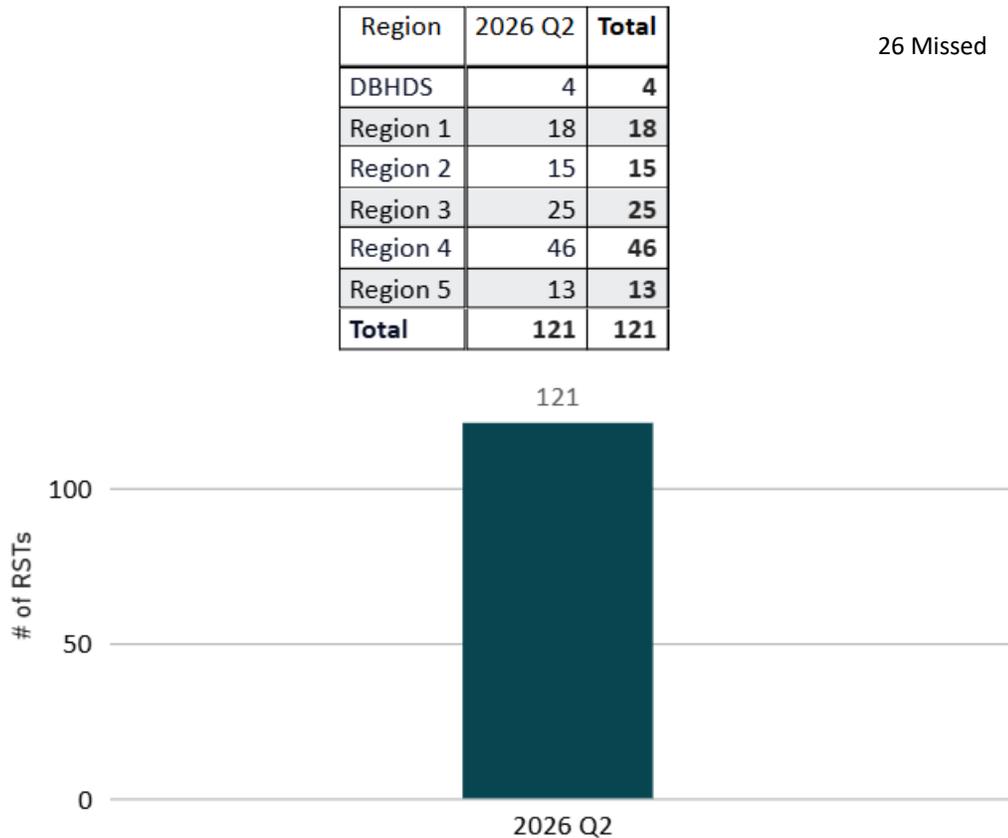


Fig. 1

When considering the number of unique individuals, the 95 referrals are attributed to 95 unique individuals plus the 26 missing referrals (121). Of those actively enrolled in a DD Waiver, 107 receive Community Living waiver, five have the Family and Individual Supports waiver, and zero have Building Independence waiver (Fig 2). 17 individuals did not have a DD Waiver or were not on the wait list. There were five people on the DD Waitlist (Fig. 3).

of Individuals Actively Enrolled on a Waiver by Type

Waiver Type	2026 Q2	
	# of individuals*	% of Total
Community Living	107	95.5%
Family and Individual Supports	5	4.5%
Total	112	100.0%

Fig. 2

of Unique Individuals with an RST in the Quarter by Waiver Status

Waiver Status Collapsed	2026 Q2	
	# of Individuals	% of Individuals
Waiver	99	81.8%
Not on Waiver or Waitlist	17	14.0%
Waitlist Priority 2	3	2.5%
Waitlist Priority 3	2	1.7%
Total	121	100.0%

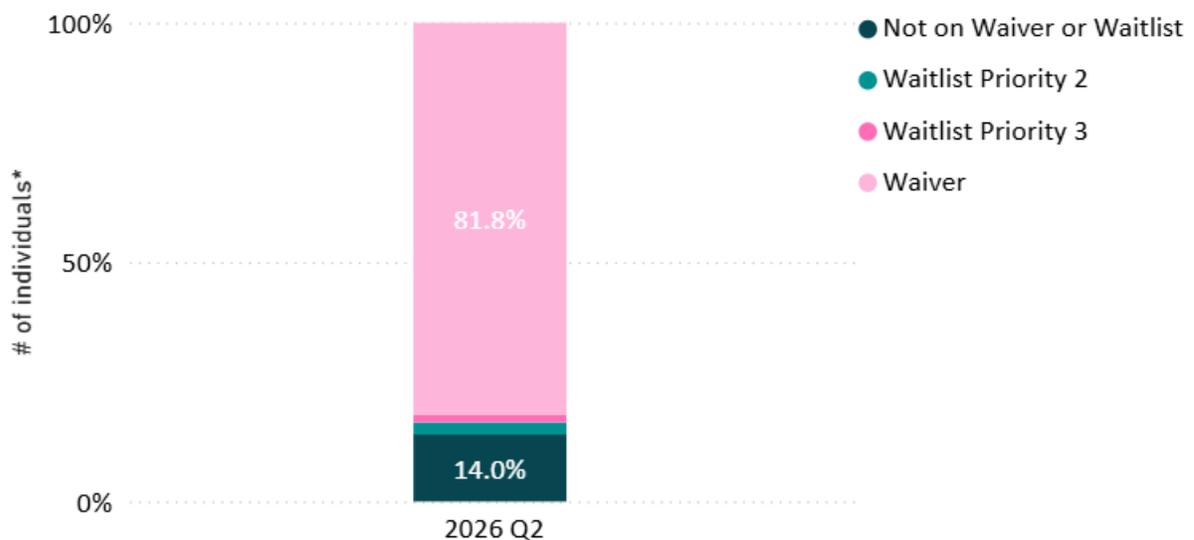


Fig. 3

** unique count of individuals but not RSTs; one person can have more than 1 RST in a quarter.*

A total of 95 referrals were submitted for individuals living in the community, while none were submitted for individuals residing in the training center setting. 26 referrals were missed in reporting (Fig. 4, top row). All 95 referrals received during Q2 are attributed to the community.

of RST Identified as Community Referrals and Reason

	2026 Q2	
Community Referral	# of RSTs	% of RSTs
Missing referrals	26	21.5%
Yes	95	78.5%
Total	121	100.0%

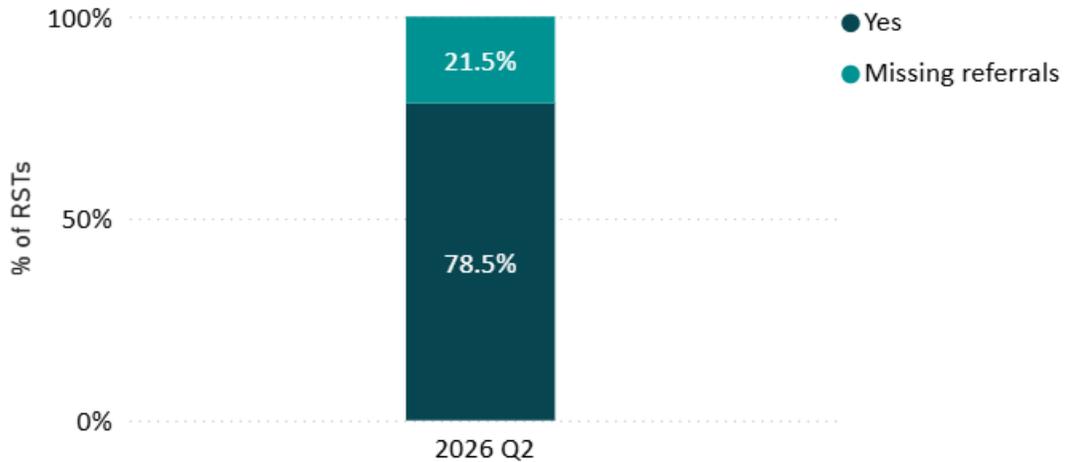


Fig. 4

(Note: all 95 referrals were community referrals as stated above; 26 referrals were missing as reported in row 1)

Community Referral Reason	2026 Q2
At REACH without disposition	6
Difficulty finding resources in the community within any timeframe	3
Difficulty finding services in the community within 3 months of receiving a slot	1
Moving to a group home of five or more individuals	55
Moving to a nursing home or ICF	24
Pattern of repeatedly being removed from the home	6
Total	95

Fig. 5

Of the 121 referrals submitted, 64 (52.9%) were related to a need for residential services. (Fig. 6)

	2026 Q2		Total	
	# of RSTs	% of RSTs	# of RSTs	% of RSTs
Missing referrals	26	21.5%	26	21.5%
No	31	25.6%	31	25.6%
Yes	64	52.9%	64	52.9%
Total	121	100.0%	121	100.0%

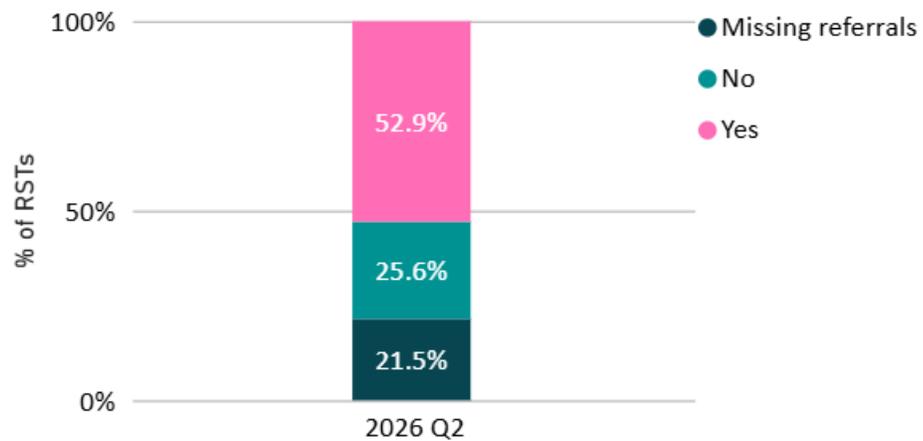


Fig. 6

Regional Support Teams – FY26 Q2

Considering the source of community referrals, the largest number was submitted by Chesterfield (35).

(Fig. 7)

CSB	# of RSTs	% of RSTs
ALLEGHANY HIGHLANDS	1	0.83%
ARLINGTON	2	1.65%
BLUE RIDGE	5	4.13%
CHESAPEAKE	3	2.48%
CHESTERFIELD	34	28.10%
CITY OF VA BEACH	2	1.65%
COLONIAL	1	0.83%
CUMBERLAND	4	3.31%
DANVILLE-PITTSYLVANIA	1	0.83%
DBHDS	4	3.31%
FAIRFAX-FALLS CHURCH	5	4.13%
GOOCHLAND POWHATAN	1	0.83%
HAMPTON-INN	3	2.48%
HANOVER	2	1.65%
HARRISONBURG-ROCKINGHAM	7	5.79%
HENRICO AREA	6	4.96%
HORIZON	1	0.83%
LOUDOUN COUNTY	6	4.96%
MIDDLE PENINSULA		
NORTHERN NECK	1	0.83%
MOUNT ROGERS	4	3.31%
NEW RIVER VALLEY	4	3.31%
NORFOLK	1	0.83%
NORTHWESTERN	1	0.83%
PIEDMONT	3	2.48%
PRINCE WILLIAM COUNTY	2	1.65%
RAPPAHANNOCK AREA	7	5.79%
REGION TEN	1	0.83%
RICHMOND	3	2.48%
SOUTHSIDE	4	3.31%
WESTERN TIDEWATER	2	1.65%
Total	121	100.00%

* Four referrals were submitted by DBHDS.

Fig. 7

Regional Support Teams – FY26 Q2

The RST referral collects the desired region where an individual prefers to live and access services. 24 referrals indicated that the person wanted to receive services in Region III and IV (35.3% of submitted referrals). 18.9% of submitted referrals reflected a desire to receive services in Region I (18). **(Fig 8, note submitted referrals = 95)**

of RST Referrals by Desired Region

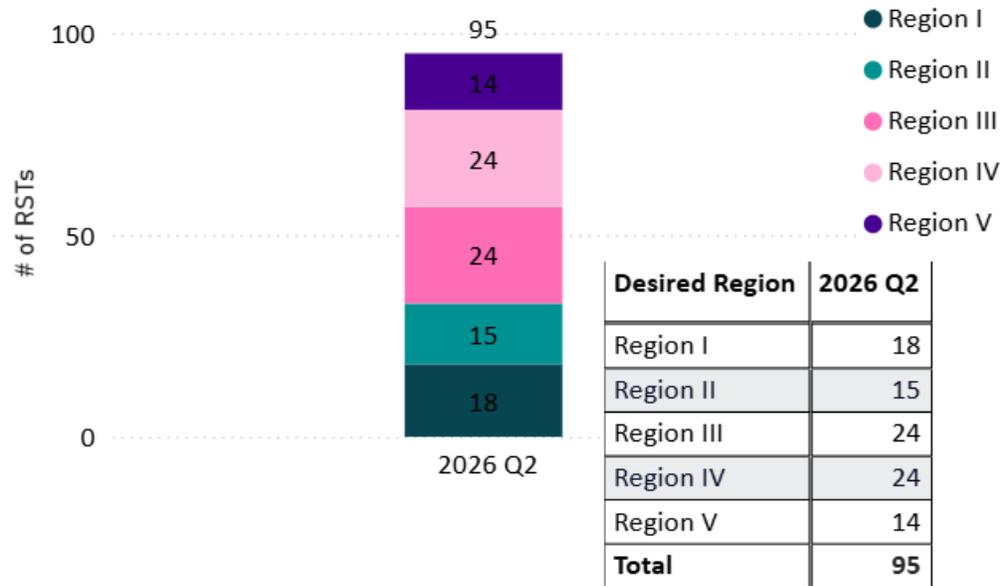


Fig. 8

Regional Support Teams – FY26 Q2
of Emergency Referrals by CSB and Reason

No emergency referrals were submitted or confirmed by Community Resource Consultants as an emergency in Q2. (Fig. 9)

Does CRC Recommend Emergency Meeting ▲	2026 Q2	Total
No	95	95
Total	95	95

Fig. 9

Late Referrals

The export of data from the PowerBI dashboard for referral counts by CSB includes the number that did not meet any late criteria, the number that met Reason A (Individual has or will move prior to the RST meeting due to SC not submitting the referral within 5 calendar days of presenting a less integrated setting), Reason B (Individual has or will move without sufficient time to implement RST Recommendation(s), Reason C (Individual moved without CSB notification), and missed referrals. For these counts in Q2, data was pulled from RST confirmations for 95 referrals and 26 missed referrals, totaling 121. (Fig. 10)

Region	1. No late criteria apply	2. Reason A: Individual has or will move prior to the RST meeting due to SC not submitting the referral within 5 calendar days of presenting a less integrated setting	3. Reason B: Individual has or will move without sufficient time to implement RST Recommendation(s)	4. Reason C: Individual moved without CSB notification	5. Missing referrals	Total
Region	# of RSTs	# of RSTs	# of RSTs	# of RSTs	# of RSTs	# of RSTs
DBHDS	3		1			4
Region 1	13	2	3			18
Region 2	10	1	3	1		15
Region 3	16	1	5	2	1	25
Region 4	17	1	3		25	46
Region 5	5		8			13
Total	64	5	23	3	26	121

Fig. 10

A “Late Referral” is defined as a referral where:

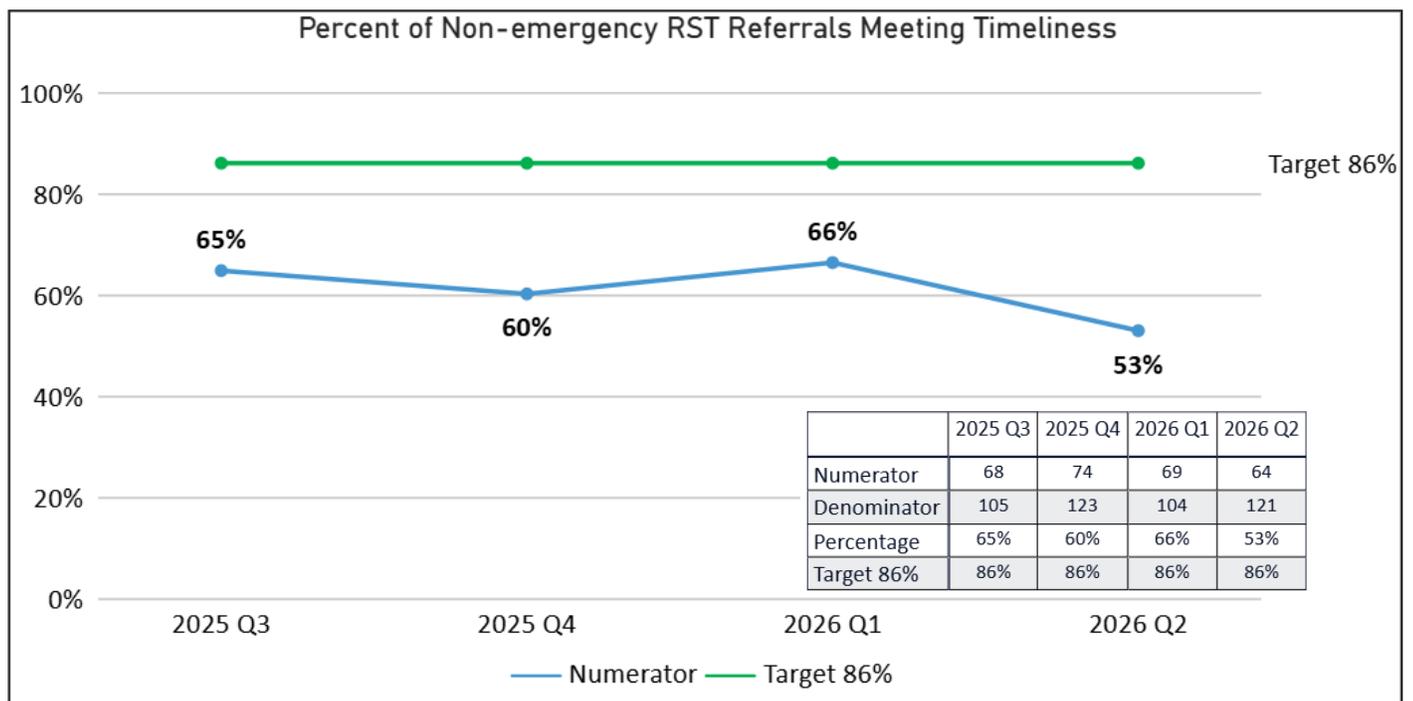
- an Individual has moved to a less integrated setting prior to a scheduled RST Meeting (Reason A);
- an Individual is planning to move to a less integrated setting without sufficient time to implement RST recommendation(s) and consultation with CRC/CIM/RST Coordinator has not occurred (Reason B); or
- an Individual has moved to a less integrated setting without CSB prior notification (Reason C).
- an individual moved to a group home of five or more beds and an RST referral was not provided (missed).

Regional Support Teams – FY26 Q2

These four reasons provide data related to calculating two measures monitored by the Case Management Steering Committee. The following charts reflect the lateness of RST referrals. By conducting a review of WaMS service authorization data, it was determined that 26 additional referrals were needed but were not submitted. CSBs receive compliance results 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.

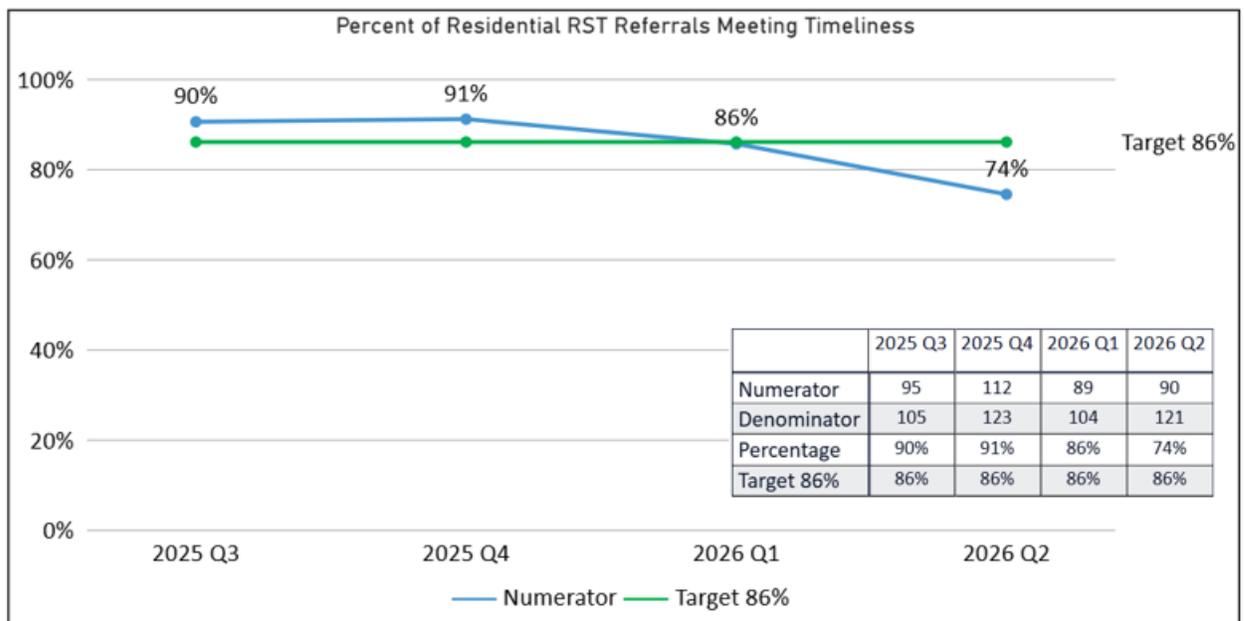
Results for the 2nd Quarter FY26 are provided below:

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 0 Training Center referrals, 95 CSB-submitted referrals, 4 DBHDS-submitted community referrals, 0 accepted outside of WaMS, and 26 missed community referrals. A total of 121 referrals were submitted or missed in Q2. For this reporting period, the result is 53% (64/121) timely, which does not meet the target of 86%. (Graph 1)



Graph 1

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 90 CSB-submitted community referrals in WaMS, four DBHDS-submitted community referrals, 0 accepted outside of WaMS, and twenty-six missed CSB community referrals. A total of 121 referrals were submitted or missed in Q2. Twenty-six were not provided, and another five were reported as late for Reason A, for a total of 31 late referrals related to accountability (25.6% late). For this reporting period, the result is 74% (90/121) timely, which does not meet the target of 86%. The low performance seen in this quarter relates to a transition where a large residential provider agency was sold to an existing provider agency. The Community Services Board worked to ensure individuals were fully informed and able to make an informed choice about their services, particularly because most of the homes involved are considered less integrated settings. This required confirming that everyone wished to continue receiving services under the new operating agency. While the CSB completed many of the required referrals during this process, 20 referrals were missed as part of the transition. The CSB documents choice in these situations, which are reviewed by the DBHDS internal audit team during routine reviews. (Graph 2)



Graph 2

RST Referral Form Question: Are more integrated residential options (to include Independent Living Services, In-home Support Services, Supported Living, Sponsored Residential) not operating in the desired location, if requested?)

Region	2026 Q2		Total
	No	Total	
Region I	18	18	18
Region II	15	15	15
Region III	24	24	24
Region IV	25	25	25
Region V	13	13	13
Total	95	95	95

Numerator and Denominator	Count
Numerator = Number of referrals confirmed as resolved within the 9-month timeframe calculated in WaMS	N/A
Denominator = Number of RST referrals where the RST confirmed the barrier stated as “Are more integrated residential options (to include Independent Living Supports, In-home Support Services, Supported Living, Sponsored Residential) not operating in the desired location, if requested?” as yes.	0

Table 1

Referral Submissions by Source for Q1 FY26 (Fig.12)

Reason A: Individual has or will move prior to the RST meeting due to SC not submitting the referral within 5 calendar days of presenting a less integrated setting

Reason B: Individual has or will move without sufficient time to implement RST Recommendation(s)

Reason C: Individual moved without CSB notification

Submitter	No late criteria apply	Reason A: Individual has or will move prior to the RST meeting due to SC not submitting the referral within 5 calendar days of presenting a less integrated setting	Reason B: Individual has or will move without sufficient time to implement RST Recommendation(s)	Reason C: Individual moved without CSB notification	Missing referrals	Total RSTs
ALLEGHANY HIGHLANDS	0	0	1	0	0	1
ARLINGTON	2	0	0	0	0	2
BLUE RIDGE	2	1	0	1	1	5
CHESAPEAKE	1	0	2	0	0	3
CHESTERFIELD	10	1	2	0	21	34
CITY OF VA BEACH	0	0	2	0	0	2
COLONIAL	1	0	0	0	0	1
CUMBERLAND	3	0	1	0	0	4
DANVILLE-PITTSYLVANIA	1	0	0	0	0	1
DBHDS	3	0	1	0	0	4
FAIRFAX-FALLS CHURCH	5	0	0	0	0	5
GOOCHLAND POWHATAN	1	0	0	0	0	1
HAMPTON-INN	1	0	2	0	0	3
HANOVER	2	0	0	0	0	2
HARRISONBURG-ROCKINGHAM	4	2	1	0	0	7
HENRICO AREA	4	0	1	0	1	6
HORIZON	1	0	0	0	0	1
LOUDOUN COUNTY	2	1	2	1	0	6
MIDDLE PENINSULA NORTHERN NECK	0	0	1	0	0	1
MOUNT ROGERS	4	0	0	0	0	4
NEW RIVER VALLEY	3	0	1	0	0	4
NORFOLK	1	0	0	0	0	1
NORTHWESTERN	1	0	0	0	0	1
PIEDMONT	1	0	2	0	0	3
PRINCE WILLIAM COUNTY	1	0	1	0	0	2
RAPPAHANNOCK AREA	6	0	1	0	0	7
REGION TEN	1	0	0	0	0	1
RICHMOND	0	0	0	0	3	3
SOUTHSIDE	2	0	1	1	0	4
WESTERN TIDEWATER	1	0	1	0	0	2
Total	64	5	23	3	26	121

Fig. 12

RST Recommendations

Of the 95 referrals submitted through WaMS, 58 (61.5%) of referrals included recommendations from RSTs (Fig. 14). Further, of the 95 referrals, 64 (59%) were not considering more integrated services. (Fig. 15)

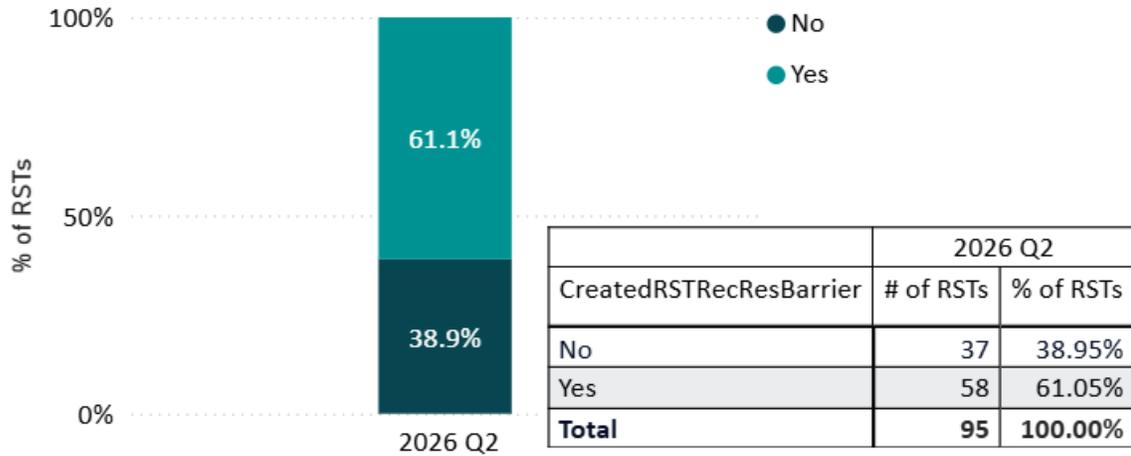


Fig. 14

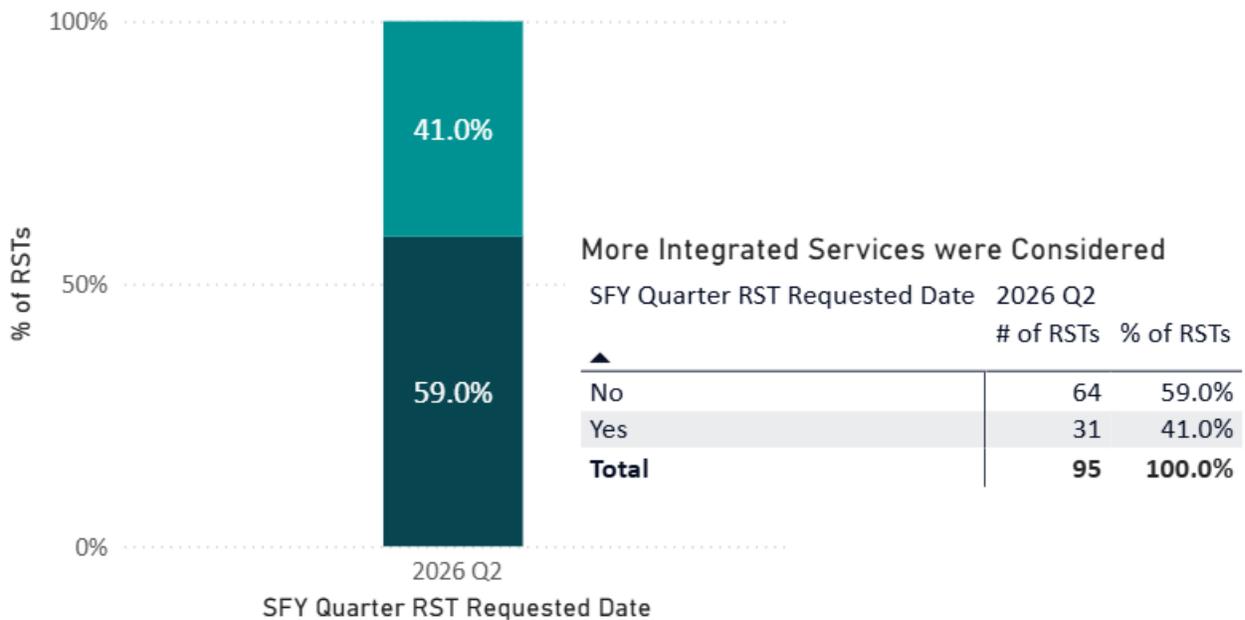


Fig. 15

Referrals by Regional Support Team

There are six regional support teams. Five of these teams support their relative DBHDS regions and one (Team VI) was formed to improve the timeliness of the referrals systemwide. Through a Quality Improvement Initiative (QII), it was determined that Reason B (Individual has or will move without sufficient time to implement RST Recommendation(s)) was the most significant factor impacting timeliness. By holding a cross-regional team once per month, referrals that would have been late are processed in time for recommendations to be made and acted on. In the 2nd quarter of FY26, 47.4% (45) of the referrals were processed through Team VI. (Fig.16)

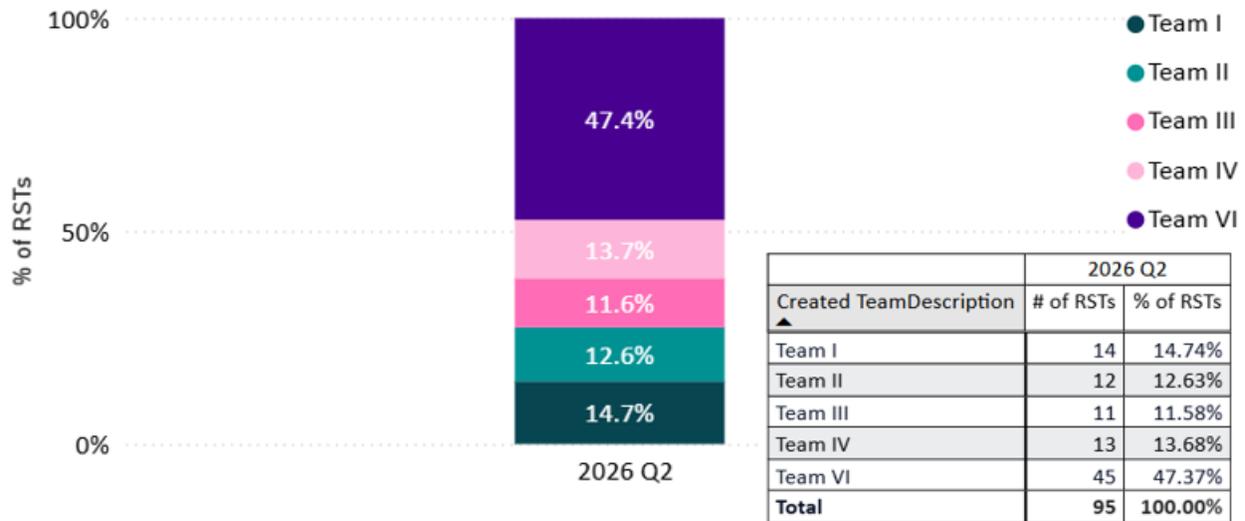


Fig. 16

Distribution of referrals reviewed by Team VI

As seen below, most referrals reviewed in Q2 are attributed to Regions III, IV, and V at 28.9% and 26.7%, respectively. (Fig. 17)

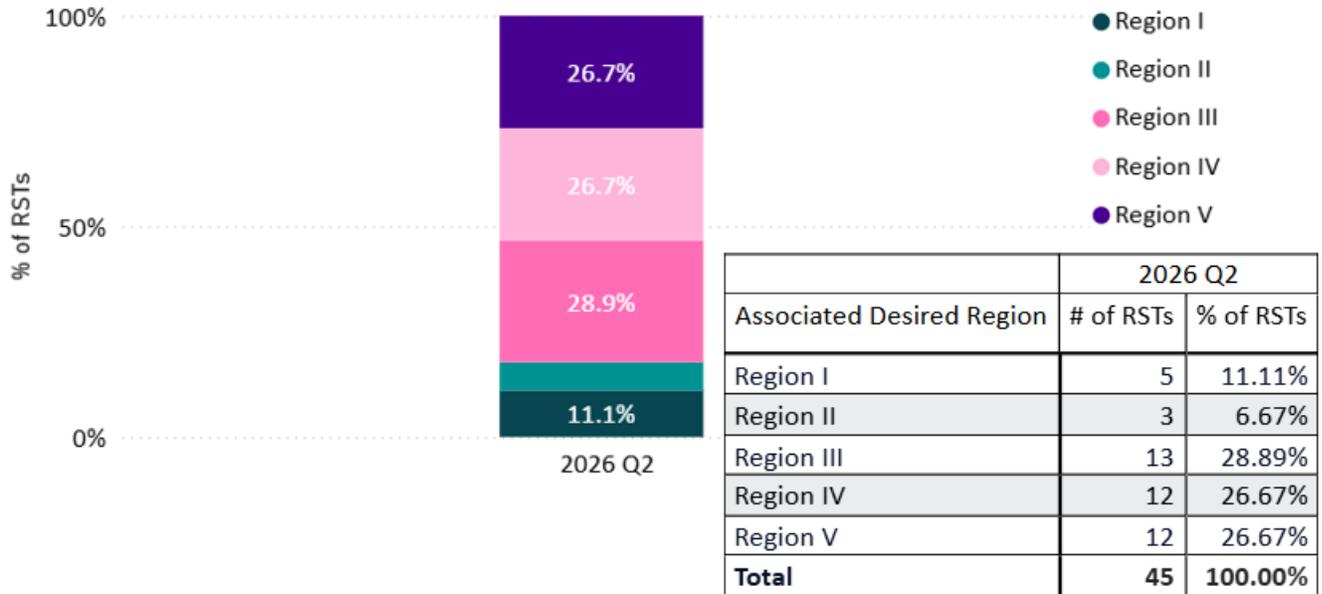


Fig. 17

Barriers

Data in the 2nd quarter FY26 reflects all barriers identified across regions and services. Barrier data reflects all barriers identified based on seeking services in the desired region.

Barriers by Region and Service

The largest number of barriers were identified in Region IV.

All Barriers by Quarter and Region

AssociatedRegion... ● Region I ● Region II ● Region III ● Region IV ● Region V

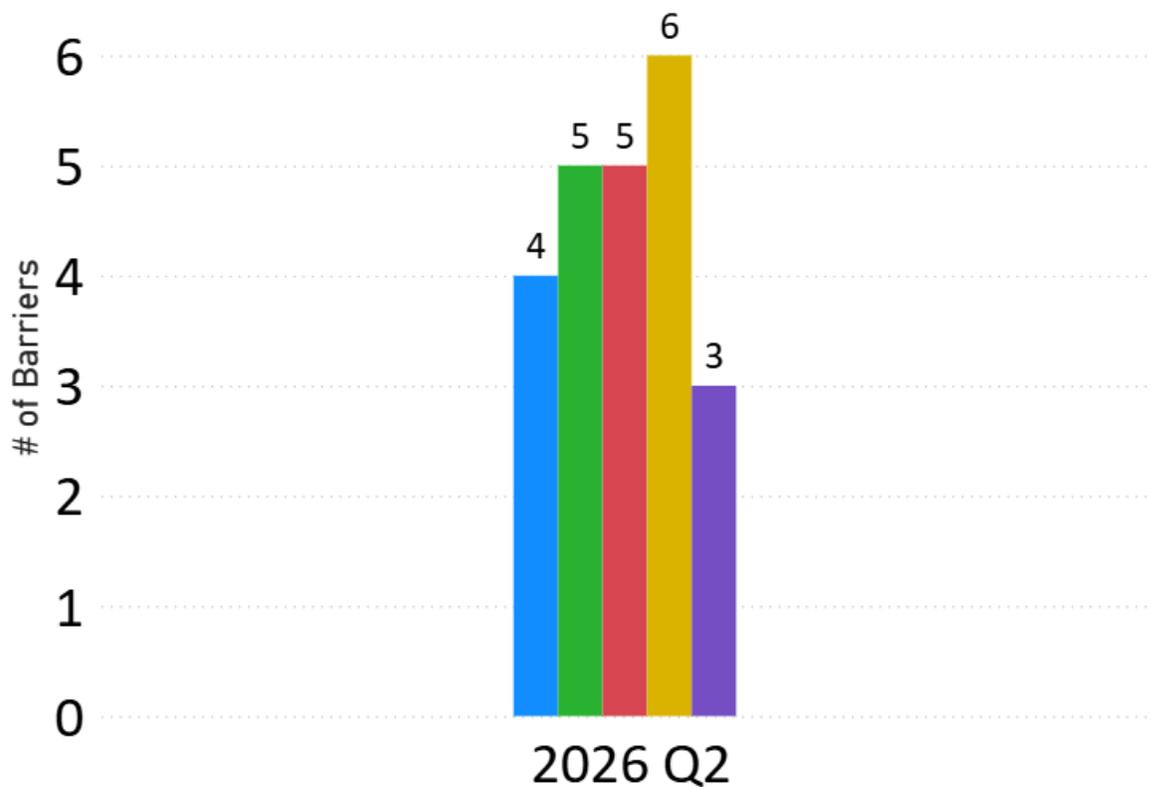


Fig. 18

In the transition to WaMS, barrier labels were streamlined to common themes, and the primary barrier became required for each more integrated service considered. This transition is expected to result in more manageable and meaningful barrier data for analysis and trending over time. Barrier data assists with a statewide gap analysis conducted semi-annually. The largest number of barriers were encountered in Region IV (6), Region II and III (5), which accounted for 16 of the 23 barriers identified. Barriers and the related services and regions are shown below. (Fig. 19).

Regional Support Teams – FY26 Q2

Barrier to Service	Considered Service Option	Region I	Region II	Region III	Region IV	Region V	Total
Individual/SDM Choice	Total	3	2	5	2		12
Individual/SDM Choice	Group Home Residential (4 or fewer)		2	1	1		6
Individual/SDM Choice	Sponsored Residential	1		4	1		6
Lack of behavioral expertise	Total				2	2	4
Lack of behavioral expertise	Group Home Residential (4 or fewer)				1	1	2
Lack of behavioral expertise	Sponsored Residential				1		1
Lack of behavioral expertise	Supported Living					1	1
Lack of medical expertise	Total				1		1
Lack of medical expertise	Group Home Residential (4 or fewer)				1		1
Lack of provider at referral (other	Total	1	1		1		3
Lack of provider at referral (other	Group Home Residential (4 or fewer)		1		1		3
Provider/setting match	Total		2			1	3
Provider/setting match	Group Home Residential (4 or fewer)		1			1	2
Provider/setting match	Sponsored Residential		1				1
Total		4	5	5	6	3	23

Fig. 19

The RST referral form specifically asks all submitters to report transportation concerns. For Q2 FY26, five of 95 referrals reported concerns, which was 5.26% of all referrals. (Fig. 20)

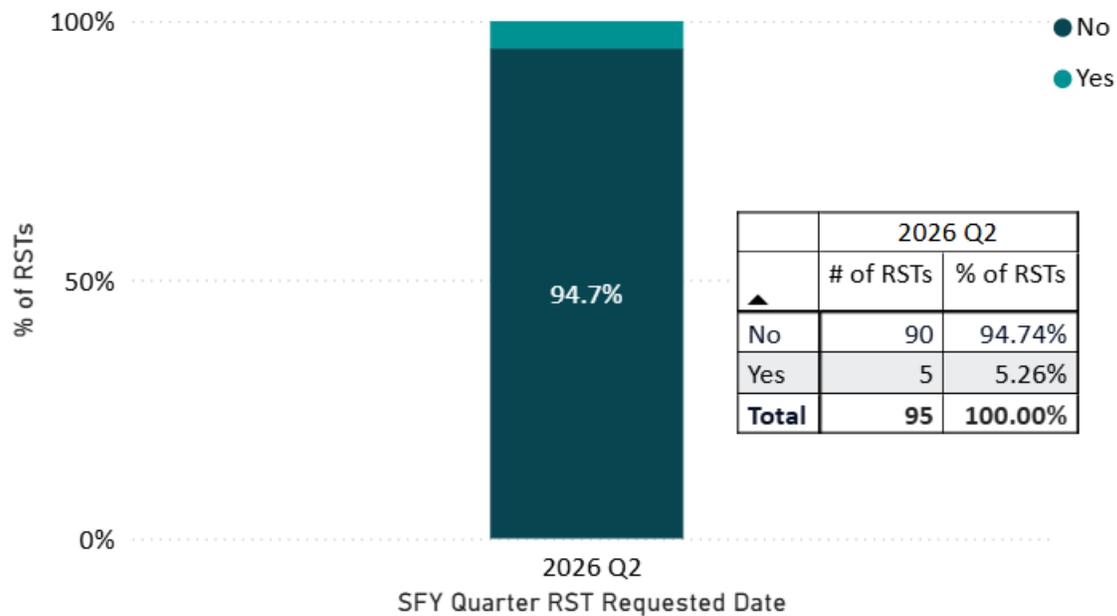


Fig. 20

RST Workflow Status

The tables below offer a breakdown of RST referrals, distinguishing between those that have already been closed and those that are awaiting closure by the CSB. Monitoring these numbers is essential for evaluating the efficiency of the RST process. CSBs have the capability to filter the outstanding referrals within the WaMS system, which allows for internal reviews and the resolution of pending submissions. As of the current report, there are 50 referrals that have been identified as pending status. These referrals will be reviewed by the DBHDS Case Management Steering Committee to explore ways to ensure they are closed more in a timely manner (Fig. 21). Regional pending numbers by CSB are provided in Fig. 22.

SFY Quarter RST Requested Date CreatedReferringAgencyRegionDescription	2026 Q2			Total
	Closed	Pending Submitter Closure	Total	
Region I	12	6	18	18
Region II	8	7	15	15
Region III	14	10	24	24
Region IV	10	15	25	25
Region V	6	7	13	13
Total	50	45	95	95

Fig. 21

Regional Support Teams – FY26 Q2

Location	Submitter	# of RSTs
Region I	HORIZON BEHAVIORAL HEALTH	1
Region I	RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	5
	Regional Total	6
Region II	FAIRFAX-FALLS CHURCH CSB	4
Region II	LOUDOUN COUNTY CSB	2
Region II	PRINCE WILLIAM COUNTY CSB	1
	Regional Total	7
Region III	BLUE RIDGE CSB	1
Region III	CUMBERLAND MNTL HLTH CTR	1
Region III	DANVILLE-PITTSYLVANIA COM SERV	1
Region III	MOUNT ROGERS CSB	4
Region III	PIEDMONT COMMUNITY SERVICES	1
Region III	SOUTHSIDE BEHAVIORAL HEALTH	2
	Regional Total	10
Region IV	CHESTERFIELD CSB	11
Region IV	DBHDS	1
Region IV	HANOVER COUNTY COMMUNITY SERVICES	2
Region IV	HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	1
	Regional Total	15
Region V	CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	2
Region V	CITY OF VA BEACH CSB MHMRSAS	2
Region V	MIDDLE PENINSULA NORTHERN NECK CSB	1
Region V	WESTERN TIDEWATER COMMUNITY SERVICES BOA	2
	Regional Total	7
Total		45

Fig. 22

RST Workflow Status Pending Submitter Closure (Fig 23)

All Quarters to Date

Region	Submitter	# of RSTs
Region I	Encompass Community Supports (Formerly RAPPAHANNOCK RAPIDAN CSB)	3
Region I	HORIZON BEHAVIORAL HEALTH	15
Region I	NORTHWESTERN COMMUNITY SVCS	7
Region I	PLANNING DISTRICT ONE CSB	1
Region I	RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	31
Region I	REGION TEN CMMNTY SVCS BRD	3
Region I	ROCKBRIDGE AREA COMMUNITY SVS BOARD	2
Region I	VALLEY CSB	4
Region II	ALEXANDRIA COMMUNITY SERV BD	1
Region II	ARLINGTON MENTAL HEALTH	8
Region II	FAIRFAX-FALLS CHURCH CSB	10
Region II	LOUDOUN COUNTY CSB	13
Region II	PRINCE WILLIAM COUNTY CSB	2
Region II	RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	1
Region III	BLUE RIDGE CSB	13
Region III	CHESTERFIELD CSB	1
Region III	CUMBERLAND MNTL HLTH CTR	13
Region III	DANVILLE-PITTSYLVANIA COM SERV	6
Region III	DBHDS on Behalf of HDMC & Highlands CSB	1
Region III	HIGHLANDS CMNTY SVCS BOARD	1
Region III	MOUNT ROGERS CSB	15
Region III	NEW RIVER VALLEY COMMUNITY SERVICES	3
Region III	PIEDMONT COMMUNITY SERVICES	17
Region III	Piedmont CSB	1
Region III	PLANNING DISTRICT ONE CSB	3
Region III	SOUTHSIDE BEHAVIORAL HEALTH	2
Region IV	CHESTERFIELD CSB	63
Region IV	CROSSROADS CSB	7
Region IV	DBHDS	5
Region IV	DBHDS on behalf of REACH	1
Region IV	DISTRICT 19 MEN HLTH SER	14
Region IV	GOOCHLAND POWHATAN MENTAL HLTH	4
Region IV	HANOVER COUNTY COMMUNITY SERVICES	11
Region IV	HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	31
Region IV	RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	1
Region IV	RICHMOND BHVRL HLTH AUTHORITY	8
Region V	CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	9
Region V	CITY OF VA BEACH CSB MHMRSAS	13
Region V	COLONIAL BEHAVIORAL HEALTH	1
Region V	DBHDS	30
Region V	Eastern Shore CSB	3
Region V	MIDDLE PENINSULA NORTHERN NECK CSB	3
Region V	NORFOLK COMMUNITY SERVICES BOARD	10
Region V	PORTSMOUTH DEPT OF BEHAVIORAL	5
Region V	WESTERN TIDEWATER COMMUNITY SERVICES BOA	9
Total		405

Acronyms and Abbreviations

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

Key

N – Number of referrals – used to determine percentages	CSB(s) – Community Service Board(s)
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.
DBHDS – Department of Behavioral Health and Developmental Services	Pending - Pended - RST made recommendations and awaiting final disposition.
SFY/FY – State Fiscal Year	Q – Quarter
WaMS – Waiver Management System	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)