

Regional Support Team Referral

Regional Support Team (RST) Referral Instructions

- For individuals enrolled or awarded a waiver slot, review and completion of the **Virginia Informed Choice (VIC)** is required prior to submission of an RST referral. The Support Coordinator/Case Manager/Training Center Designee completes the VIC and retains a signed copy of the document in the individual's file. ☐ **Virginia Informed Choice completed and submitting with RST Referral**
- The Support Coordinator/Case Manager/Training Center Designee completes the Regional Support Team Referral.
- **Community Resource Consultant (CRC)/Community Integration Manager (CIM) consultation is required prior to an RST Referral submission.**
- Submit VIC (if required) and RST Referral to the secure RST mailbox: RST.Referrals@DBHDS.virginia.gov.
- Effective January 1, 2023, RST Referrals are completed in WaMS unless instructed by the RST Coordinator to use this form.

Date completed: Select date	Agency: Enter CSB/BHA/TC	Region of Agency: Select region
First name: Enter name	Last name: Enter name	Suffix: Select one
Unique ID: Enter number	Date of Birth: Enter DOB	# Of Referrals to RST: Select one
Referring party: Enter referring party name	Phone number: Enter phone number	Contact email: Enter email address
Supervisor: Enter Supervisor	Phone number: Enter phone number	Supervisor's email: Enter email address
Current Living Situation: Type of home	City/County (of current residence):	Provider name: Enter provider name
Other-please describe	Enter city/county	
RST review requested in desired region: Select region		City/County (of desired service location): Enter city/county
If services are unavailable in desired region, services are considered in following regions:		Select region Select region

Referral Criteria		
Request for an Emergency Meeting: Select one	Community Required: Select one	Training Center Required: Select one
Reason for Late Referral: Select one		
Move in date: Enter date	Other: Select one	If Other is selected, please describe:
Anticipated move in date: Enter date		Description

Unavailable financial support limiting access to resource/s (Check all that apply)

- ☐ Medicaid: Select one ☐ DD Waiver slot: Select one ☐ Customized rate: Select one
☐ Crisis funds: Select one ☐ Housing Assistance: Select one ☐ Other-please describe

Barriers related to Waiver Service Options or Other in desired location (Please use key below to identify barriers)

- | | | |
|---------------------------------------------------|----------------------------|-----------------------------------------|
| 1. Employment and Day Options | Select unavailable service | List multiple services and barrier #(s) |
| 2. Self-Directed Options (may be Agency Directed) | Select unavailable service | List multiple services and barrier #(s) |
| 3. Residential Options | Select unavailable service | List multiple services and barrier #(s) |
| 4. Crisis Support Options | Select unavailable service | List multiple services and barrier #(s) |
| 5. Medical and Behavioral Support Options | Select unavailable service | List multiple services and barrier #(s) |
| 6. Additional Options | Select unavailable service | List multiple services and barrier #(s) |
| 7. Other | Description | List corresponding barrier number(s) |

Barrier Key (Choose all barrier numbers that apply and place in the applicable list above)	
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)

Provide any information you think may be helpful in the RST review process and/or other barriers not identified above.

Enter case summary including diagnoses, medical/behavioral information, funding sources, legal status/history, etc.

CIM/CRC Consultation Recommendations

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