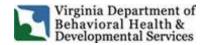


Regional Support Team Referral

Regional Support Team (RST) Referral Instructions

 For individuals enrolled or awarded a waiver slot, 		ion of the <mark>Virginia Informe</mark>	d Choice (VIC) is require	d prior to submission of	
an RST referral. The Support Coordinator/Case M	anager/Training Cen	ter Designee completes th	e VIC and retains a signe	ed copy of the	
document in the individual's file. ☑ Virginia Info The Support Coordinator/Case Manager/Training				Checked box indicates VIC completed & submitted	
- Community Resource Consultant (CRC)/Communi	_				
 Submit VIC (if required) and RST Referral to the se 				t this is the 2 nd RST referra	
	cure Not manbox. I	ST.Nejerrais@bbribs.virg	su	bmitted for Sam	
Date completed: 5/28/2019	Agency: Virginia CSB		Region of Agency: Central Region Suffix: Select one		
First name: Sam	Last name: Smith				
Unique ID: 01234		Date of Birth: 11/2/72		# Of Referrals to RST: 2nd	
Referring party: Sally Coordinator	Phone number: 804-555-555		Contact email: sallyc@virginiacsb.com		
Supervisor: Syd Supervisor	Phone number: 804-555-5559 City/County (of current residence):		Supervisor's email: syds@virginiacsb.com		
Current Living Situation: Family home Other-please describe	Henrico	urrent residence):	Provider name: N/A		
RST review requested in desired region: Central F		City/County (of desire	d service location): He	enrico, Chesterfield,	
		Richmond, Williamsbu	rg Indicate al	ll locations of preference	
If services are unavailable in desired region, services	ces are considered i	n following regions:	Eastern Region	Select region	
		l Criteria			
Request for an Emergency Meeting: In jeopardy		ired: Moving to a group	Training Center Requ		
of becoming homeless	home of five or m	ore individuals	Comple	eted by TC CIM for TC ndividuals ONLY	
Reason for Late Referral: Select one	OIL OL I				
Move in date: Enter date Anticipated move in date: 6/24/2019	Other: Select one		If Other is selected, p Description	piease describe:	
Anticipated move in date. 0/24/2019			·		
Unavailable financial support limiting access to re		тпас арргу)	icate financial barrier statu	_	
	DD Waiver slot: Sele		Customized rate: Sel		
\square Crisis funds: Application pending \square I	Housing: Select one		Other-please descri	be List o	
Barriers related to Waiver Service Options or Othe	er in desired location	n (Please use key below	to identify barriers)	and num	
 Employment and Day Options 		navailable service	List multiple services	eac and barrier #(s)	
2. Self-Directed Options (may be Agency Directed		navailable service	List multiple services		
3. Residential Options		tiple services provide	Sponsored Residenti	ial: 12	
	list		Own Home/Apt: 12	and harrier #(s)	
4. Crisis Support Options		navailable service	List multiple services	and burner m(s)	
5. Medical and Behavioral Support Options6. Additional Options		navailable service navailable service	List multiple services List multiple services	· · · Cai	
7. Other	Descript		List corresponding b	` '	
Barrier Key (Choose all barrier numbers that app			List corresponding b	ha	
Services not available under currently enroll		<u> принажина на н</u>			
2 Services and activities unavailable in desired					
3 Community location is not adapted for physical		elchair accessible or ADA	(compliant)		
4 Direct Support Staff- may not have experien	· · · · · · · · · · · · · · · · · · ·			expertise	
5 Direct Support Staff- may not have experien					
6 Direct Support Staff- may not have experien	ce or demonstrate	competency to provide s	upport with medical ex	pertise	
7 Professional Behavioral staff- Psychiatric, PB			• •	•	
8 Professional Medical staff- Dental, nursing o	r any medical speci	alist unavailable			
9 Accessible transportation unavailable					
10 Individual/SDM/LG chooses less integrated of	option				
11 Individual/Substitute Decision Maker (SDM),				/refuses supports	
12 Individual/SDM/LG does not choose provide			S		
13 Frequent hospitalizations- medical and/or m					
14 Delay in move and/or acceptance to a more		•		S	
15 Provider has determined placement is not a					
16 Service/Provider Development or Loss- Cons	struction/Renovation	ns/Environmental Modif	ications/Staffing/On-bo	oarding/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.



Regional Support Team Referral

Sam has been living with family since being discharged from Poplar Springs 2 weeks ago (Major Depressive Disorder, Borderline Personality Disorder, and Mild ID). This arrangement was temporary as his sister agreed to let him stay pending touring of waiver options. His sister is providing support with medication administration and Sam was connected with REACH supports prior to discharge and has had no issues. Sam was offered several residential options including sponsored placement, group home with 5 or more beds and his own apartment. Sam is his own guardian. He has chosen to reside in a 6 bed GH operated by Dedicated Homes and is scheduled to move on 6/24/19. His sister has stated that she would like him moved by 6/17/19 as she will be going on vacation and Sam is not allowed to stay at her home alone. SC is working diligently to find respite placement for 6/17/19-6/23/19 as the selected provider is not able to accept him prior to 6/24/19. Referred due to choice of less integrated option and impending homeless status. He has no significant medical or legal issues that require specialized supports.

CIM/CRC Consultation Recommendations

Final RST Referral received: Enter date

CRC consulted with SC on 5/28/19. Advised SC of potential respite providers and suggested touring to identify temporary placement. SC should see if new provider is able to come visit at the respite placement once chosen.