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## DBHDS Guidance

Subject: SOP for Confirmation of Essential Supports Prior to Moving

### I. Purpose

The Community Integration Project Team will ensure that essential supports identified by an individual's Personal Support Team are in place at the community home prior to the individual's discharge from a training center.

### II. Definitions

- a. **Individual:** This means a person who is receiving supports in a training center.
- b. **Essential Supports (ES):** A comprehensive list developed by the Individual's Personal Support Team of the needed supports, protections, and services that will ensure their successful transition and an optimal community placement.
- c. **Community Integration Manager (CIM):** This means the central office position, physically located at the training center, that is responsible for coordinating the implementation of policies, procedures, regulations and other initiatives related to ensuring individuals residing in training centers are served in the most integrated setting appropriate to their needs and desires. This position provides support and direction for all aspects of the individual's transition to the community, including addressing identified barriers to discharge.
- d. **Community Services Board (CSB):** This means the public body established pursuant to §37.2-501 or §37.2-602 of the Code of Virginia that serves the area in which an adult or in which a minor's parent or guardian resides, and that provides support coordination and discharge planning support to an individual living in a training center.
- e. **Personal Support Team (PST):** This means a team, formally known as an interdisciplinary team (IDT), of professionals, paraprofessionals, and non-professionals who possess the knowledge, skills, and expertise necessary to accurately identify a specific individual's comprehensive array of needs and design a program that is responsive to those needs. At a minimum, the PST includes the individual, AR/LG, CSB support coordinator, and other invited members of the individual's interdisciplinary team or those involved in the individual's life.
- f. **Provider:** This means a public or private entity which delivers one or more of the following community-based services and supports to individuals with intellectual disability: residential, day, employment, skilled nursing, and personal assistance.
- g. **Provider Information Request (PIR):** A request submitted to the Office of Licensing and Office of Human Rights for information regarding a selected or potential provider's ability to support the individual's identified Essential Supports.

- h. **Post Move Monitor (PMM):** A Training Center or Central Office employee whose job functions include monitoring and assisting individuals as they transition from the Training Center to community living to ensure that the ongoing needs of the individual are being met in the new placement and that essential and non-essential supports agreed upon in the discharge plan are being provided. This includes monitoring the individual's adjustment to his or her new home; recommending additional support services to the individual, SDM/LG, Provider, or CSB; providing necessary recommendations to the community Provider to resolve identified concerns; and documenting steps on the post- move monitoring action plan.

### III. Procedures

**a. Identification of Essential Supports.**

- i. The PST will identify all needed supports, protections, and services to ensure successful transition in the new living environment, including what is most important to the individual as it relates to community placement.  
CIM/Designee will verify Essential Support Confirmations no later than the Final Pre-Move Meeting.

**b. Observation of the physical environment prior to visits.**

- i. Community Integration staff and PST members (upon request) will complete an environmental assessment.  
ii. CIM/Designee will submit a PIR. (Attachment A)

**c. Confirmation of ordering and receipt of equipment.**

- i. CIM/Designee will confirm equipment has been ordered and is in place by the CSB SC and or Residential Provider.

**d. Equipment ordered but not received at the time of discharge.**

- i. CIM/Designee will lend the needed equipment to the residential provider for the discharging individual. CIM/Designee will secure the residential provider's signature on an Equipment Loan Agreement. (Attachment B)

**e. Visual confirmation of supports prior to move when applicable.**

- i. CIM/Designee will visually confirm that supports are in place per the individual's Essential Supports.

**f. Behavioral Supports.**

- i. CIM/Designee will ensure the individual has a scheduled appointment for Therapeutic Consultation Services within 30 days of discharge or sooner based on the recommendation of the PST.  
ii. CIM/Designee will ensure that a REACH Referral has been made and a Coordinator has been assigned to the individual.

**g. Medical Supports.**

- i. CIM/Designee will confirm at the Final Pre-Move Meeting that the individual has scheduled medical appointments with providers identified at the Provider Pre-Move Meeting.
1. Primary Care and Specialist appointments should be scheduled within 30 days of discharge. In the event of an extended recall schedule, appointments will be made based upon those dates. Any appointments scheduled outside of this timeframe will be discussed

during the Final Pre Move Meeting. The CIM and PST will assess health and safety to determine if discharge may proceed as scheduled.

**h. Post Move Monitor Follow up**

- i. Post Move Monitors will follow-up and ensure documentation is provided reflecting scheduled appointments have been or are scheduled to occur and that equipment is in place.

IV. Effective Date. 5.18.15; rev. 4.13.22; 7.30.23

V. References.

- a. DI 216(RTS) 12 Training Center Responsibilities Related to Person-Centered Discharge Planning, June 16, 2017.
- b. United States of America v. Commonwealth of Virginia Settlement Agreement, filed in the United States District Court for the Eastern District of Virginia, Richmond Division, January 2012

VI. Attachments

- a. Provider Information Request
- b. Equipment Loan Agreement

Attachment A: **Provider Information Request (PIR)**

<b>Name of DBHDS FACILITY</b>	
<b>Date</b>	
<b>Provider and Physical address Phone Number</b>	
<b>Type-Residential</b>	<input type="checkbox"/> ICF Group Home <input type="checkbox"/> Group Home <input type="checkbox"/> Apartment/own home <input type="checkbox"/> Sponsored Residential If SR, name licensed agency:
<b>Type-Day</b>	<input type="checkbox"/> Day Support <input type="checkbox"/> Employment <input type="checkbox"/> Other   Indicate name: _____
<b>License Number#</b>	
<b>Full Name of Individual</b>	
<b>Age of Individual</b>	
<b>Individual currently has these Assessments and Plans</b>	
<b>Individual's Home CSB</b>	
<b>Projected Move Date</b>	
<b>Projected Tour Dates</b>	
<b>Comments Made by:</b>  _____ <b>Reviewers Name</b>  _____ <b>Department Name</b>  _____ <b>Date</b>	Recommendations: <input type="checkbox"/> training <input type="checkbox"/> revise policies <input type="checkbox"/> revise protocols <input type="checkbox"/> environmental mod <input type="checkbox"/> increase staffing <input type="checkbox"/> Other  Please check one of the below: <input type="checkbox"/> Good Match - <input type="checkbox"/> No experience <input type="checkbox"/> Cannot recommend <input type="checkbox"/> Will not approve  What specific recommendations do you have for the provider in order to support this individual?  Have you shared these recommendations with the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, why not?

**Attachment B: Equipment Loan Agreement**

**Southeastern\_Virginia Training Center (SEVTC) Equipment Loan Agreement**

\_\_\_\_\_ has received the following loaned equipment from SEVTC:  
 (Name of Facility/Borrower)

Inventory Number	Complete Description	Serial Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Indicate your agreement by initialing each box below:**

1. The above listed equipment is in good working order, except as noted:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. The period of loan is from \_\_\_\_\_ through \_\_\_\_\_.  
 It is understood all requests for an extension beyond 30 days must be approved by SEVTC in writing.
3. The Borrower is responsible for ensuring the equipment is secured at all times.
4. Equipment is on loan for the use of \_\_\_\_\_ only. The borrower assumes all responsibility if the equipment is lost, stolen or damaged through negligence. SEVTC will hold the Borrower personally responsible for repairs and/or replacement of all equipment. The original cost of the equipment is \_\_\_\_\_.
5. Borrower is responsible for return transportation of loaned equipment.

Date of Loan: \_\_\_\_\_ Telephone number of Borrower: \_\_\_\_\_

Name of both Entity & Staff member accepting loan: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Date to be returned: \_\_\_\_\_ Approving Authority: \_\_\_\_\_

**Return:**

Checked in by: \_\_\_\_\_ Date: \_\_\_\_\_

Condition verified by: \_\_\_\_\_

Return Acknowledged by: \_\_\_\_\_

(Program Manager or Designee)

