*An individual may be able access a reserve slot to transition from one DD waiver to another DD waiver in order to access needed services.*



Individual’s Name:

Individual’s Medicaid Number:

Individual’s DOB:

CSB:

CSB Support Coordinator Completing Request:

CSB Support Coordinator Email:

CSB Support Coordinator Phone Number:

Date Request Completed: Click here to enter a date.

CSB DS Director has reviewed and is in agreement with this request. [ ] Yes [ ] No

Current waiver: Choose an item.

List the service(s) the individual is currently receiving:

Requested waiver: Choose an item.

List the service(s) in the requested waiver that the individual requires:

Targeted date for service initiation:

Describe **the change in the individual’s assessed needs**, as documented in the individual’s record, which requires a service or services that are not available in the waiver in which the individual is presently enrolled or through alternate resources:

**Please forward this form to DBHDS (****reserve\_slot\_request@dbhds.virginia.gov****) via secure email.**

**REGULATORY AND POLICY GUIDANCE:** The assignment of reserve slots is managed by DBHDS. In the event that the CSB/BHA does not have an applicable slot available through attrition, a chronological list of individuals in need of a reserve slot will be maintained and periodically updated by DBHDS through contacts with the CSBs responsible for the individuals on the list.

The vacated slot will be assigned by DBHDS after review and recommendations from the local/regional Waiver Slot Assignment Committee.

Individuals and family/caregivers, as applicable, shall have the right to appeal the application of the reserve criteria to their circumstances pursuant to 12VAC30-110. All requests for appeal shall be submitted to DMAS.

Additional information about reserve slots may be found in the DD waivers regulations at 12VAC30-122-90 H.