

Case Review Committee

Guidelines and Procedures For Children and Adolescents

Purpose

The State Interagency Team (SIT) is comprised of representatives from:

- Agency of Education (AOE; formerly Department of Education (DOE))
- Agency of Human Services (AHS)
- Department for Children and Families – Family Services Division (DCF-FSD) and Child Development Division (FSD-CDD)
- Department of Mental Health (DMH)
- Department of Disabilities, Aging and Independent Living (DAIL) – Developmental Disabilities Services Division (DDSD)
- A Parent representative (currently from the Vermont Federation of Families for Children’s Mental Health (VFFCMH) and the Vermont Family Network (VFN))
- Representatives from other groups such as the Department of Health’s Division of Alcohol and Drug Abuse Prevention, Vocational Rehabilitation, and the Department of Corrections participate as appropriate.

The Case Review Committee (CRC) was created by SIT with the purpose of working with local teams to develop appropriate Coordinated Service Plans for children. The CRC is committed to serving children and adolescents with severe emotional disturbances and other disabilities as defined in the AOE/AHS Interagency Agreement in the least restrictive setting appropriate to their needs. The SIT and the CRC believe that, if possible, children should be served within their own communities. Intensive residential treatment should be used only when necessary to meet the identified needs of a child/youth and family.

The CRC has been established as a subcommittee of the State Interagency Team to achieve two objectives for ***applying a consistent criterion:***

1. To provide assistance to local teams as they identify, access and/or develop less restrictive treatment alternatives.
2. When less restrictive alternatives are not appropriate, to assure the best possible match between child/youth and residential treatment facility.

Guidelines

The CRC reviews all requests for the identified (see list on page 2) intensive residential placements and intensive community-based out-of-home treatment that provide 24- hour, 7 days a week awake overnight staff for children or adolescents with severe emotional disturbance and other specified disabilities (as defined in the DOE/AHS Interagency Agreement as intensive “wrap-around”). While the representatives from the departments/agency review the proposed placements in these programs together, funding decisions are ultimately made by the funding department on a child specific basis.

The current list of intensive residential assessment & treatment placements reviewed by the CRC includes:

- Vermont School for Girls – Becket Family of Services
- The Newbury Program for boys – Becket Family of Services
- Brattleboro Retreat – Linden Residential Treatment Center for Adolescents
- Brattleboro Retreat – Abigail Rockwell Children’s Center (ARCC)
- Brookhaven
- Community House
- Howard Center (HC) Park Street
- NFI Group Home
- NFI Shelburne House
- Woodside Juvenile Rehabilitation Center (Long Term Program)
- All out of state intensive residential assessment & treatment placements¹

The following intensive community-based and residential programs *do not* require CRC approval for referral/placement, but CRC can offer technical assistance and may include one of these for consideration when making recommendations for alternative options to the local team.

Intensive Community-Based

- WCMH: Odin, Evergreen, Crescent & Skyline
- NFI DBT House
- NFI Village House
- Laraway Foote Brook
- HC Nancy’s House

PNMI

- NFI Allenbrook
- Onion River
- WCYS Mountain Side/ 20-Mile Stream
- HC Transition House (T-House)

A referral to the CRC may be made through:

- Department for Children and Family - Family Services Division
- Department of Mental Health
- Agency of Education
- DAIL Developmental Disabilities Services Division
- or any combination of the above.

In keeping with the intent of Act 264, the plan for each child referred to the CRC will reflect a local interagency collaborative effort. To this end, each agency must adhere to its own rules, regulations and/or criteria surrounding intensive residential treatment placements. Referrals from local education agencies will go to the Agency of Education as required by state law. AOE’s Residential Review Team will then forward cases involving Emotional Disability or other disabilities as defined by the DOE/AHS Interagency Agreement to the CRC for consultation and technical assistance. Scrutiny will be given to cases referred through a unilateral agency plan. Single agency referrals may be returned to the referring agency with the request to create a multi-agency collaborative plan as called for in Act 264.

¹ Requests for residential treatment for **eating disorders** for youth who are not in custody of DCF must be referred through the DVHA prior authorization and utilization review process.

Case Review Committee Members

The CRC is comprised of members representing the AOE, DMH, DCF-FSD, DAIL, and the Vermont Federation of Families for Children’s Mental Health (VFFCMH). All referrals should be made to the member representing the referring agency. The referring agency is considered the agency in which case management responsibilities reside (as outlined in the child’s Coordinated Services Plan). The representatives are:

Vermont Federation of Families for Children’s Mental Health
Amy Lincoln Moore; System of Care Parent Support Provider
1-800-639-6071 almoore@vffcmh.org

Agency of Education
Alicia Hanrahan, MA; Education Programs Manager
802-479-1206 alicia.hanrahan@vermont.gov

Department for Children and Families – Family Services Division
Melanie D’Amico, MSW; Residential Services Manager
802-793-2416 Melanie.DAmico@vermont.gov

Department for Children and Families – Family Services Division
Janet Dunigan, MSW; Client Placement Specialist
802-735-6101 Janet.Dunigan@vermont.gov

Department for Children and Families – Family Services Division
Marc Carr; Client Placement Specialist
802-246-7546 Marc.Carr@vermont.gov

Department of Mental Health
Laurel Omland, MS; Child, Adolescent & Family Unit Assistant Director
802-241-0162 Laurel.Omland@vermont.gov

Department of Mental Health
Tracey Mongeon, MS; Children’s Mental Health Care Manager
802-241-0161 Tracey.Mongeon@vermont.gov

Department of Mental Health
Dana Robson, LICSW; Children’s Care Management Team Leader
802-241-0164 Dana.Robson@vermont.gov

Department of Mental Health
Danielle Brier, Licensed Clinical Psychologist-Master; Children’s Mental Health Care Manager
802-241-0150 Danielle.Brier@vermont.gov

DAIL – Developmental Disabilities Services Division
Diane Bugbee, LICSW; Children’s Services Specialist
802-241-0154 Diane.Bugbee@vermont.gov

Procedures

The following are the steps for referral to the identified intensive community-based services and residential treatment placements (see list page 2) for children and adolescents with severe emotional disturbances² or other disabilities as defined by the DOE/AHS Interagency Agreement (2005):

1. Case manager consults with other local service providers to craft a comprehensive plan designed to meet the needs of the child and family within the local community.
2. Case manager may consult with his/her CRC department/agency representative (e.g., identification of treatment needs and/or need for intensive residential treatment, availability of placement openings, etc). *The DMH and AOE representatives are Master's level. The DCF/FSD representatives are Master's level Social Workers (MSW).*
3. When it is determined that a child or adolescent cannot be served in a less restrictive community based setting, the child's plan will specify the service array that is needed from the intensive wraparound or residential treatment program. The CRC will then determine the appropriate program(s) that may address that need (#6 below).

Note: If interagency agreement on the proposed Coordinated Services Plan or its funding cannot be achieved, a referral to the Local Interagency Team (LIT) should be made. If there is no clear resolution by LIT, the case should be referred to SIT.

4. Case manager submits a complete referral package, including clinical and special education documentation, along with a cover letter to CRC department representative. The Coordinated Services Plan is considered current if completed within the most recent 6 months.

Note: Residential referrals or requests from a Local Education Agency (LEA) are submitted to the Agency of Education's Residential Coordinator. Unless the LEA is seeking to place a student residentially through the AOE review process, the AOE Residential Coordinator will bring the referral to the Case Review Committee.

5. The CRC department/agency representative will review the referral package and may contact the case manager with questions in regard to the referral. The CRC representative will assure all necessary paperwork is submitted prior to the case being presented at the CRC (refer to checklist in CSP, p. 20). The CRC representative will also assure that their

² Requests for residential treatment for **eating disorders** for youth who are not in custody of DCF must be referred through the DVHA prior authorization and utilization review process.

department's/agency's criteria for residential and out-of-home care has been applied and the case meets the criteria.

It is the decision of the Medicaid Managed Care Entity (MCE), the Department of Vermont Health Access (DVHA), to determine medical necessity. However, DVHA delegates that authority to AHS Departments who then delegate specific components of authority to the Designated Agencies (DA). If an outside provider finds medical necessity for residential treatment where a DA/Department/DVHA (MCE) does not, then the DA/Department/DVHA (MCE) decision prevails. Appeal rights for MCE decisions follow the respective department's grievance and appeal procedures; refer to #11 below.

6. The CRC department representative will present the case to full Committee at the regularly scheduled weekly meeting. The case paperwork is expected to be legible and submitted 5 calendar days prior to scheduled meeting. The presentation at the CRC will include consistent application of the responsible department residential and out of home criteria. This regular review of cases will be used to assure that consistent application of the review criteria has been applied.
7. The recommendations of the CRC regarding the appropriateness of referral for intensive residential treatment placement(s) will be communicated in writing by the AHS funding department to the parent(s)/legal guardian, case manager, and relevant residential program(s).
8. Final authority to approve or deny requests for services rests with the funding department. The following decisions, whether based on the recommendations of the CRC or SIT, shall be made by the funding department:
 - a. Approval to proceed with placement application to specifically named residential placement(s)
 - b. Recommendation for alternative plan
 - c. Request for additional information
9. The case manager is responsible for making a formal application to the intensive residential treatment programs as indicated by the CRC.
10. If the funding department does not agree with the recommendation of the CRC, or the members of the CRC are unable to reach agreement, the matter will be referred to the SIT for further review.
11. Notices of decision from the funding department concerning approvals and denials of services shall be issued to a child's parent(s)/legal guardian(s). The notice shall set forth the basis for the denial of services and the right to appeal that decision.