January 2024

Case Review Committee
Guidelines and Procedures
for
Residential Placement of Children and Adolescents

Purpose

The Case Review Committee (CRC) was created by the State Interagency Team (SIT) with the purpose of working with local teams to develop appropriate Coordinated Service Plans for children and review requests for residential treatment. 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/youth 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 was 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.

The CRC is comprised of representatives from:
- Agency of Education (AOE)
- Department for Children and Families – Family Services Division (DCF-FSD)
- 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)
- Department of Health – Division of Substance Use Programs (DSU)

Guidelines

The CRC reviews all requests for the identified (see list on page 2) intensive residential placements and some intensive community-based out-of-home treatment programs that provide 24-hour, 7-days/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, the determination of medical necessity for residential treatment and funding decisions are ultimately made by the primary funding department on a child specific basis.

The current list of intensive residential programs for assessment and/or treatment that are always reviewed by the CRC includes:

1. Vermont School for Girls
2. Brattleboro Retreat – Abigail Rockwell Children's Center (ARCC)
3. Brookhaven
4. Community House
5. Howard Center (HC) Park Street Program
6. NFI Group Home
7. NFI Shelburne House
8. All out-of-state residential treatment programs and Psychiatric Residential Treatment Facilities (PRTF)

The following Intensive Community-Based and PNMI Residential Programs *do not* require CRC approval for referral/placement for children in DCF custody, but CRC can offer technical assistance and may include one of these for consideration when making recommendations for alternative options to the local team. However, children referred by DMH or DAIL for placement at any of the PNMI placements listed below are also reviewed and approved by CRC.

PNMI Residential Programs (*Reviewed by CRC for only DMH and DAIL placements*)
1. NFI Allenbrook
2. WCYS Mountain Side/ 20-Mile Stream
3. HC Transition House (T-House)

Intensive Community-Based (*Not approved by CRC*)
1. WCMH – Highland, Crescent & Skyview Programs
2. NFI DBT House
3. NFI Village House
4. Laraway Foote Brook
5. Laraway Capital Meadows

A referral to the CRC may be made through:
- Department for Children and Families - Family Services Division
- Department of Mental Health – Child, Adolescent and Family Unit (CAFU)
- Department of Disabilities, Aging and Independent Living (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 solely from local education agencies will go to the Agency of Education for review, as required by state law.

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 disturbances[1] 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 representatives are all master's level Mental Health or Social Work Clinicians. The AOE representative has a master's level education degree. The DCF/FSD representatives involved in denial decisions 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, the level of care needed, or its funding cannot be secured, a referral to the Local Interagency Team (LIT) should be made. If there is no clear resolution by LIT, the local team will refer the case to the primary funding department for review. Team members should indicate their agreement/disagreement on the signature page and reasons for this disagreement in the last section of the packet. If there is disagreement about which agency should be the lead agency and/or funding department, 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 the lead 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) for residential educational placements are submitted to the Agency of Education and do not come to CRC.

[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.

5. The CRC department/agency representative will review the referral package and may contact the case manager with questions about the referral. The CRC representative will ensure all necessary paperwork is submitted prior to the case being presented at the CRC (refer to checklist in the CSP). The CRC representative will also ensure that their department's/agency's criteria for residential and out-of-home care has been applied and the case meets the criteria.

   If the CRC representative believes the case clearly does NOT meet their department's criteria for residential and/or out-of-home treatment, they may deny the case prior to presentation at CRC (refer to #11 for notice of decisions).

   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 the full Committee at the regularly scheduled weekly meeting. The case paperwork is expected to be legible and submitted **5** calendar days prior to the 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, local 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 based on the recommendations of the CRC, shall be made by the funding department:
   a. Approval to proceed with placement application to specifically named residential placement(s).
   b. Denial of residential request with recommendation for alternative plan.

c. Extension of decision timeline due to missing or requested information necessary to make a decision about medical necessity or identify an appropriate program match.[2]
d. Denial of residential request due to missing or requested information necessary to make a decision about medical necessity or identify an appropriate program match.

9. The local case manager is responsible for making a formal application to the intensive residential treatment programs as indicated by the CRC.

10. 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 information about the right to appeal that decision.

Case Review Committee Members

The CRC is comprised of members representing the AOE, DMH, DCF–FSD, DAIL, DSU and the Vermont Federation of Families for Children's Mental Health (VFFCMH). All referrals should be made to the member representing the primary funding department. The funding department is considered the department who makes the determination of medical necessity for residential treatment and where the primary case management responsibilities reside (as outlined in the child's Coordinated Services Plan). The members 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/Interagency Coordinator
802-828-1574 Alicia.Hanrahan@vermont.gov

Department for Children and Families – Family Services Division
Melanie D'Amico, MSW
Specialized Services Manager **(Co-Chair of CRC)**
802-793-2416 Melanie.DAmico@vermont.gov

[2] An extension of decision can only add a maximum of 14 days to the decision-making period, or 28 days total from the receipt of a completed application packet.

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
Laura Bosworth, MSW
Client Placement Specialist
(802) 735-4262 Laura.Bosworth@vermont.gov

Department for Children and Families – Family Services Division
Steve McLaughlin, BA
Client Placement Specialist
802-735-7092 Steven.McLaughlin@vermont.gov

Department of Mental Health
Dana Robson, LICSW
Children's Mental Health Operations Chief **(Co-Chair of CRC)**
802-585-4115 Dana.Robson@vermont.gov

Department of Mental Health
Erika Rojas, LICSW
Children's Mental Health Care Manager
802-760-8140 Erika.Rojas@vermont.gov

Department of Mental Health
Kara Hurwitch, MSW
Children's Mental Health Care Manager
802-904-3077 Kara.Hurwitch@vermont.gov

Department of Mental Health
Open Position
Children's Mental Health Care Manager

DAIL – Developmental Disabilities Services Division
Open Position
Children's Services Specialist

Department of Health – Division of Substance Use Programs (DSU)
Mariah Ogden, MHA, PMP
802-489-7327, Mariah.Ogden@vermont.gov