

	DA-Child/CRT TRANSITION PROTOCOL		
WHO	WHAT	WHEN	
DA Child Team	Identify youth who may be eligible for Community Rehabilitation and Treatment (CRT) services.	By youth's 17 th birthday	
DA Child Team	Compare youth's information to the CRT eligibility check list (attached)	Immediately	
DA Child Team	If <u>not</u> a match to CRT eligibility criteria, do not refer to CRT and proceed with plans and services as needed	Immediately	
DA Child Team	If the information appears to match CRT eligibility criteria determine the home Designated Agency (DA)	Immediately	
DA Child Team	Identify lead contact person from the DA Child Team for the referral process. This person will handle all the communications with the CRT program until likely eligibility is determined.	Within one week	
DA Child lead	Contacts home CRT Intake Coordinator to begin the referral process and find out what information will be needed by the Intake Coordinator to make the determination. (Partial list attached).	Within one week	
DA Child lead	Coordinates the collection of the identified information and forwards it to the CRT Intake Coordinator. Determines if the Intake Coordinator will need further information and coordinates collection of this as well.	Within one month	
CRT Intake Coordinator	Reviews the information and notifies the DA Child lead of any further information needed. Facilitates clarifying the current diagnoses (especially Borderline Personality Disorder and Bipolar Disorder, attached) utilizing Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM5) definitions. If the youth is out of the DA catchment area, coordinates a process to make the eligibility determination that accommodates the limited availability of the youth. All DA's have a process for this.	Within one week, unless coordination with another DA is required, then two weeks.	
CRT Intake Coordinator	Facilitates determination process and keeps DA Child lead informed of progress.	Verbally informs DA Child Team weekly of activities and determination is completed or formally reports on update of the status of the determination process with the DA Child Team within 30 days.	
CRT Intake Coordinator	If youth found to <u>not likely</u> be eligible for CRT services explains the reason, provides notice of appeal process and	Accompanies notice of determination of	

	assists DA Child Team in determining next steps to obtain needed services and supports upon the youth's 18 th birthday.	likelihood of eligibility.
CRT Intake Coordinator	If youth is found to likely be eligible for CRT services upon 18 th birthday, notifies the DA Child lead of the likely eligibility and the contact information for the assigned Adult Unit case manager.	Accompanies notice of determination of likelihood of eligibility.
Adult Unit Case Manager (A.C.M.)	Contacts DA Child lead to arrange a process to join the DA Child Team in order to meet the youth and family, inform them about the CRT services and develop the community and transition plans.	Within one week
DA Child Team/A.C.M. and youth and family	Develops community and transition plan, reviewing all treatment options in the community. DA Child Team with youth and family is lead. (See attachments for outline of community plan topics and definition of transition plan).	Within two months
Adult Unit Case Manager	Coordinates preparation of services and supports identified in the community plan so they are ready for the youth upon the youth's 18 th birthday. (Plan may change during the year and adjustments made to service/supports preparation). Takes into account youth and family may change their minds about participation in CRT services multiple times during the process, and will continue preparations whenever youth and family wish to continue considering CRT or other adult services.	Remaining time to youth's 18 th birthday. DA Child Team and A.C.M. determine type and frequency of regular communication with each other.
DA Child Team	Leads implementation of the transition plan, keeping the A.C.M. informed of progress.	Remaining time to youth's 18 th birthday. DA Child Team and A.C.M. determine type and frequency of regular communication with each other.
DA Child Team/A.C.M.	Meet periodically with youth to update plans. Updates to plans will occur only during team meetings with participation of A.C.M.	As youth's needs and wishes change.
CONFLICT RESOLUTION		
<p>At any point in the process if disagreement develops over eligibility determination or plan development and implementation, the DA Child Team and A.C.M. will strive to resolve the disagreement at the team level.</p> <p>If the DA Child Team and A.C.M. are unable to resolve the disagreement, the CRT Director and DA Children's Services Director will join the resolution process.</p>		

	<p>If this level is unable to resolve the disagreement, the Department of Mental Health (DMH) Adult and Children’s Directors will join the resolution process.</p> <p>If this effort does not resolve the disagreement, formal, established appeal procedures may be pursued. (See CRT Provider Manual)</p>	
	<p>FUNDING OPTIONS</p> <p>There are several potential funding mechanisms that may be accessed.</p>	
17 – 18 year	<p>The primary funding need identified while the youth is in The DA Children’s Service is paying for the adult case manager time to work with the Children Services Team and youth in preparing the community and transition plans and developing needed services and resources for youth upon turning 18 and enrolling in CRT.</p>	
<p>Please Note</p> <p>Funding options</p>	<p>An ACM from the DA cannot be billed to the CRT case rate while the youth is on a children’s mental health waiver.</p> <ol style="list-style-type: none"> 1. For youth not on a children’s mental health waiver the DA can determine whether or not an adult case manager may bill fee for service Medicaid rather than a Children’s program CM. 2. If youth is in residential setting, discharge planning can be billed fee for service Medicaid. 3. If youth is on a children’s mental health waiver, the waiver can build in adult CM services with CRT expertise to be billed and documented in accordance with the children’s MH waiver regulations. 	
After 18 th birthday	<p>The primary funding needs identified after the youth turns 18 and is enrolled in CRT revolves around housing and the provision of mental health services in an educational setting.</p>	
Over 18 housing options	<ol style="list-style-type: none"> 1. CRT waiver is for mental health treatment only. 2. DA psycho-social rehabilitation services funded by the DMH CRT case rate may have the potential for increased funding when required for treatment. (Difficulty of care funding) 3. The CRT Housing Support Fund: These DMH-funded housing funds can provide financial support to Vermonters with serious and persistent mental illness enrolled in CRT. Supports include assistance 	

	<p>with applications for subsidized housing, funds for start-up housing costs and to subsidize rent payments until subsidized housing is secured, and support in securing housing in the community. Other supports provided may include: support in learning independent living skills such as budgeting, grocery shopping, laundering and activities of daily living.</p>	
<p>Over 18 schooling supports.</p>	<ol style="list-style-type: none"> 1. CRT case rate must fund all mental health services and cannot include education. 2. If youth is on a children’s waiver and is clinically eligible, the youth can stay on the children’s mental health waiver and receive services from the ACM that are billed and documented in accordance with the children’s mental health waiver regulations. 3. If youth is receiving Success Beyond Six funded services, CRT cannot fund. However, CRT can be billed concurrent to Special Education services. 	