

DCF/CRT TRANSITION PROTOCOL February, 2014		
WHO	WHAT	WHEN
Department for Children and Families/Family Services Division (DCF/FSD) social worker	Identify youth who may be eligible for Community Rehabilitation and Treatment (CRT) services and notify DCF/FSD team that the youth may be eligible for CRT services	Upon youth's 17 th birthday
DCF/FSD team	Compare youth's information to the CRT eligibility check list (attached)	Immediately
DCF/FSD 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
DCF/FSD team	If the information appears to match CRT eligibility criteria determine the home Designated Agency (DA) (see attached memo from Commissioner Moulton)	Immediately
DCF/FSD team	Identify lead contact person from the DCF/FSD team for the referral process. This person will handle all the communications with the CRT program until eligibility is determined.	Within one week
DCF/FSD lead	Contacts home DA 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
DCF/FSD lead	Coordinates the collection of the identified information and forwards it to the 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 DCF/FSD lead of any further information needed. 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. Facilitates clarifying diagnoses (especially Borderline Personality Disorder and Bipolar Disorder, attached) utilizing Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM5) definitions.	Within one week, unless coordination with another DA is required, then two weeks.
CRT Intake Coordinator	Facilitates determination process and keeps DCF/FSD lead informed of progress.	Verbally informs DCF/FSD team weekly of activities and determination is completed or formally reports on update of the status of the determination

		process with the DCF/FSD team within 30 days.
CRT Intake Coordinator	If youth found to <u>not</u> be eligible for CRT services explains the reason, provides notice of appeal process and assists FSD team in determining next steps to obtain needed services and supports upon the youth's 18 th birthday.	Accompanies notice of determination of eligibility.
CRT Intake Coordinator	If youth is found to likely be eligible for CRT services upon 18 th birthday, notifies the DCF/FSD lead and the contact information for the assigned case manager.	Accompanies notice of determination of eligibility.
Case Manager (C.M.)	Contacts DCF/FSD lead to arrange a process to join the DCF/FSD team in order to meet the youth and develop the community and transition plans.	Within one week
DCF/FSD team/C.M.	Develops community and transition a plan, DCF/FSD team is lead. (See attachments for outline of community plan topics and definition of transition plan).	Within two months
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).	Remaining time to youth's 18 th birthday. DCF/FSD Team and C.M. determine type and frequency of regular communication with each other.
DCF/FSD team	Leads implementation of the transition plan, keeping the C.M. informed of progress.	Remaining time to youth's 18 th birthday. DCF/FSD team and C.M. determine type and frequency of regular communication with each other.
DCF/FSD team/C.M.	Meet periodically with youth to update plans. Updates to plans will occur only during team meetings with participation of C.M. unless DCF/FSD must take action prior to the next scheduled team meeting in order to fulfill their legal obligation to keep youth safe.	As youth's needs and wishes change.
	<p style="text-align: center;">CONFLICT RESOLUTION</p> <p>At any point in the process if disagreement develops over eligibility determination or plan development and implementation, the DCF/FSD team and C.M. will strive to resolve the disagreement at the team level. (Suggested processes for conflict resolution are attached).</p> <p>If the DCF/FSD team and C.M. are unable to resolve the</p>	

	<p>disagreement, the CRT Director and DCF/FSD Residential Services Manager and/or DCF/FSD Client Placement Specialist will join the resolution process.</p> <p>If this level is unable to resolve the disagreement, the DCF/FSD Operations Management and 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.</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 DCF/FSD custody is paying for the designated agency case manager time to work with the DCF/FSD team and youth in preparing the community transition plan 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>A CM from the DA cannot be accounted for in the CRT program at the time of work with the DCF/FSD team to bill fee for service.</p> <ol style="list-style-type: none"> 1. 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. An Individual Service Budget (ISB) allows DCF/FSD to purchase Medicaid fee for services from DA. When on an ISB the CM can be provided by a CM with CRT expertise. 3. If youth is in residential setting, discharge planning can be billed fee for service Medicaid. 4. If youth is on a DCF/FSD matched 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	<ol style="list-style-type: none"> 1. Youth Development Program Extended Care, 	

options	<p>DCF/FSD.</p> <ol style="list-style-type: none"> 2. CRT waiver is for mental health treatment only. 3. DA psycho-social rehabilitation services funded by the DMH CRT case rate may have the potential for increased funding when required for treatment. 	
Over 18 schooling supports.	<ol style="list-style-type: none"> 1. CRT case rate must fund all mental health services. 2. If youth is on a children's waiver, can stay on and receive services from the CM that are billed and documented in accordance with the children's mental health waiver regulations. The youth may not be enrolled in the children's waiver and CRT at the same time. 3. If youth is receiving Success Beyond Six funded services, CRT cannot fund. However, CRT can be billed concurrent to Special Education services. 4. Youth Development Program Extended Care, DCF/FSD. 	