



State of Vermont
Department of Mental Health
208 State Drive, NOB 2 North
Waterbury, VT 05671-2010
<http://mentalhealth.vermont.gov/>

Agency of Human Services

[phone] 802-241-0090
[fax] 802-241-0100
[tty] 800-253-0191

MEMORANDUM

TO: DA – Executive Directors
Finance Directors
CRT Directors
Pathways Vermont Director
Billing Managers

FROM: Frank Reed, Commissioner, Department of Mental Health *FReed*

CC: Emma Harrigan, DMH Quality Management Director
Trish Singer, DMH Adult Mental Health Operations Director
Nick Emlen, Vermont Care Partners

DATE: 5/27/16

SUBJECT: Reminder – Provisional Community Rehabilitation and Treatment (CRT) eligibility requirements and Advance Directives.

This memorandum provides reminders about 1.) Provisional CRT – enrollment and final eligibility determination requirements; and Advance Directive requirements for CRT clients.

Please contact Trish Singer, DMH Adult Mental Health Operations Director, at Patricia.Singer@vermont.gov with any questions or concerns related to the information contained in this memo.

Provisional CRT Eligibility

If eligibility criteria for enrollment in the CRT Program are not met during initial intake assessment but the CRT Program Director believes that the person cannot be safely supported in the community by any other available program or services, the person may be provisionally enrolled in the CRT Program for a period not to exceed six months. The DA/SSA will submit the CRT Program Enrollment Form including the provisional enrollment section (available at <http://mentalhealth.vermont.gov/forms>) to open the person to the program.

Within six months, the DA will complete its assessment and make a final determination. By the end of six months, a final eligibility determination must be made to either fully enroll or disenroll the individual from the CRT program.

The CRT Director shall use the following DMH guidance during the provisional period (1 to 6 months):

- Ensure completion of a comprehensive clinical assessment summarizing why the individual has been provisionally enrolled in CRT services.
- Ensure attainment of contributing evaluations or assessments from external sources.
- Ensure completion of an Individual Plan of Care (IPC) including planned evaluations for the provisional period.
- At the end of the provisional period (six months or sooner) the DA/SSA will either:
 - Submit the CRT Program Dis-Enrollment Form and send the individual notification of the final eligibility determination and decision to dis-enroll him/her from the CRT Program and his/her right to appeal the decision; or
 - Notify DMH of full enrollment changing provisional to active CRT status, affirming that clinical eligibility is fully met and submitting the completed Enrollment Form/Eligibility Checklist.

Advance Directives

An Advance Directive is a written document, signed by an individual and two witnesses, that outlines the individual's wishes for medical treatment in the future when he or she no longer can (or wishes to) make decisions about what to do. The use of Advance Directives replaces what used to be referred to as a "living will," or a "durable power of attorney (DPOA) for healthcare."

The DMH requires all Designated Agencies and Special Services Agencies to have written policy statements describing their procedure for handling an Advance Directive. The DA/SSA must inform all CRT enrolled clients of their right to accept treatment or to refuse treatment and of their right to initiate an Advance Directive. The DA/SSA will inform individuals about Advance Directives and provide relevant informational materials about Advance Directives, including who to contact for assistance in developing one and in communicating one's preference about future medical treatment, constraints on the use of an Advance Directive, family involvement in planning, and standards for proxy decision making. If an individual has provided the DA/SSA with specific instructions about health care through a valid Advance Directive, and the Advance Directive is in effect, the instructions and terms will be followed according to federal and state law, unless the terms conflict with a Court order.

If there is no Advance Directive included in a CRT client's chart, the chart must contain documentation of staff efforts to engage the client in development of an Advance Directive and/or obtaining a copy of an existing Advance Directive as part of the client's chart.

The information detailed above is included in the *Community and Rehabilitative Treatment (CRT) Provider Manual* which is accessible on the Vermont DMH website at the following link:

<http://mentalhealth.vermont.gov/publications#adult>