

**Department of Mental Health
Community Rehabilitation Treatment**

Initial Annual Redetermination

Individual Enrollment Information

Submission Date:

Name:

Address:

Date of Birth:

Social Security Number:

MSR ID Number:

Gender:

Designated Agency (DA) Information

Designated Agency:

Contact Name:

Telephone Number/Email:

CRT Eligibility

CRT eligibility requires significant functional limitations, resulting from a severe, persistent mental illness that has not responded to less intensive treatment. The minimum criteria for entry into CRT is less stringent than institutional level of care.

Target Criteria:

- A. CRT eligibility targets adults age 18 or over with a primary DSM-V diagnosis of at least one of the following, please check all that apply:

Schizophrenia

Schizophreniform disorder

Schizoaffective disorder

Delusional disorder

Unspecified schizophrenia spectrum and other psychotic disorders

Major depressive disorder

Bipolar I disorder

Bipolar II disorder, and other specified bipolar and related disorders

Panic disorder

Agoraphobia

Borderline personality disorder.

Obsessive-compulsive disorder, including hoarding disorder and related disorders.

Diagnostician:

Diagnosis Date:

CRT Needs-Based Criteria:

In addition to meeting the targeting criteria, individuals must meet both the following needs-based criteria and risk factor for CRT enrollment:

- B. Individuals must require assistance with social, occupational or self-care skills because of the DSM-V diagnosis, including demonstrated evidence of two of the following during the last twelve months, with a duration of at least six months (check all that apply):

Assistance with money management

Assistance managing maladaptive, dangerous, and impulsive behaviors

Assistance developing supportive social systems in the community

Assistance with life skills, such as hygiene, food preparation, and household cleanliness to support independent living

- C. Individuals must also have a history of treatment and meet at least one of the following risk factors, please check all that apply:

A history of continuous inpatient psychiatric treatment with a duration of at least 60 days

A history of three or more episodes of inpatient psychiatric treatment and/or a community-based hospital diversion program (e.g. crisis bed program) during the last twelve months

A history of six months of continuous residence or three or more episodes of residence in one or more of the following during the last twelve months:

Residential program

Community care home

Living situation with paid person providing primary supervision and care

Participation in a mental health program or treatment modality for a six-month period during the last twelve months with no evidence of improvement

The individual is on a court Order of Non-Hospitalization.

Supporting documentation required- application will not be accepted with without the following:

Psycho-social Assessment (New enrollee intake, re-determination most recent)

ANSA (New enrollee intake, re-determination most recent)

Medicaid Status- application will not be accepted without completing the following:

Does the applicant have Medicaid?

Yes: Medicaid #:

No: Date the Medicaid application was submitted and/or confirmation #:

Additional Information regarding Medicaid:

When complete upload form to Globalscape. Please email August Weems at august.weems@vermont.gov with any enrollment questions, or Jessica Whitaker at Jessica.Whitaker@vermont.gov with any Globalscape questions.

DMH USE ONLY

Date of Determination:

YES, Eligible for CRT, acceptance letter, and appeals rights sent by:

NO, denial letter and appeals rights sent by:

Reason:

Enrollment Date: