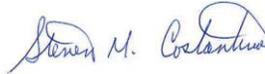


## MEMORANDUM

To: Brattleboro Retreat Utilization Management Unit  
DVHA Clinical Integrity and Utilization Management Unit

From: Steven Costantino, Commissioner



Date: July 1, 2016

Re: In Patient at Brattleboro Retreat

July 1, 2016

Beginning with date of service July 1, 2016 and ending no later than date of service September 30, 2016, the use of the subacute and awaiting placement rates will be suspended for authorized inpatient psychiatric stays for children under the age of 18 at the Brattleboro Retreat when one of the following criteria (A B or C) are met:

- A. The child has been referred for residential or waiver level of care as evidenced by the waiver application/CRC referral having been submitted to the appropriate State representative from DMH, DCF or DAIL.
  - The Brattleboro Retreat will be required to document in the medical record that the application has been submitted
  - The Brattleboro Retreat must submit documentation of at least 1 treatment team meeting to include representation from DCF, DMH or DAIL detailing the movement towards discharge and action steps for each member of the treatment team per week until the child discharges.
  - DVHA UR staff will confirm receipt of waiver application/CRC referral from appropriate State staff.
  - If the application for the waiver or residential care is denied this criterion will no longer be met and the acute rate will no longer be authorized unless criterion B or C are met
- B. The child is refusing to discharge as evidenced by documentation from the Retreat's medical record.
  - The Retreat will be required to provide daily documentation from the attending physician that the child is refusing discharge, the reason the child is refusing to discharge and the daily activity that the Retreat medical and/or social work staff is engaging in with the child, guardian and treatment team to mitigate the reasons for the discharge refusal.



- The Brattleboro Retreat must submit documentation of at least 1 treatment team meeting to include representation from DCF, DMH or DAIL detailing the movement towards discharge and action steps for each member of the treatment team per week until the child discharges
- C. The parent/guardian of the child is refusing to pick up the child or not responding to phone calls or requests for contact made by Brattleboro Retreat staff as evidenced by documentation from the Retreat's medical record
  - The Retreat will be required to provide daily documentation of the at least 2 daily attempts to contact and lack of response by the parent/guardian. In addition, the Retreat is expected to contact DCF after 2 days of no response from a parent/guardian and to make daily ongoing reports to DCF after each failure of the parent/guardian to respond to the Retreat's attempts to make contact.
  - If the guardian is a DCF worker, the Retreat is expected to provide daily documentation of the at least 2 daily attempts to contact and lack of response as well as documentation of attempts to reach supervisory staff at DCF as well as Central Office staff. After 2 days if DCF staff do not respond, the Retreat is expected to notify the DVHA UR manager by no later than the next calendar day.
  - The Brattleboro Retreat must submit documentation of at least 1 treatment team meeting to include representation from DCF, DMH or DAIL detailing the movement towards discharge and action steps for each member of the treatment team per week until the child discharges

For children who meet one of the above criteria, concurrent review activities will be suspended from the time the child is determined to meet criteria through discharge. For every child who is being authorized under this criteria, the Retreat is responsible for providing to the DVHA UR staff via secure fax by no later than Friday each week at 4:30 pm daily notes from the attending physician as well as daily notes from the social worker assigned to the child.

This interim exception to the use of the subacute and awaiting placement rates will sunset no later than 10/1/16 and the utilization management process will revert to the existing policy regarding the appropriate use of the subacute and awaiting placement rates for dates of service 10/1/16 forward.