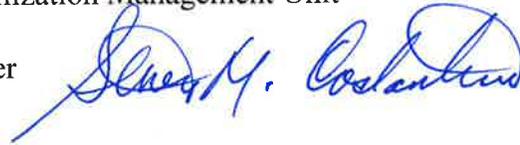


MEMORANDUM

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

From: Steven Costantino, Commissioner



Date: November 29, 2016

Re: BR Administrative Rate for child d/c disposition issues

The Department of Vermont Health Access in discussion with the Brattleboro Retreat (BR) recognizes that child inpatient discharge disposition challenges continue with a limited number of patients.

Due to these challenges and per the DVHA memo to BR dated July 1, 2016, DVHA will continue to reimburse the BR at an acute rate for these children facing the discharge challenge. As stated in the July memo, one of the following criteria must be 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.
 - Brattleboro will document the need for a CRC application and that the appropriate state agency has been notified of this. Documentation in the medical record and notification to DVHA will assure that administrative authorization begins. It is the responsibility of DCF/DMH/DAIL to submit the packet. The Retreat will be paid at the acute rate from the time the decision is made to submit a packet. Once the appropriate state agency determines that there is no safe place for the child to discharge to and CRC is being pursued, the Retreat will document continuous contact with the appropriate agency to ensure the process is progressing.
 - 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



- 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 B or C are met.
- B. The child is refusing to be discharged as evidenced by documentation from the Retreat's medical record
- The Retreat will document daily contact with the child/adolescent from the attending physician or member of the treatment team. The note shall include that the child continues to refuse being discharged, the reason for the refusal and the daily actions taken by the Retreat medical and/or social work staff to engage with the child. When direct discussion of the refusal is determined clinically contraindicated on a given day, a daily contact note with an explanation and actions steps will be submitted.
 - The Retreat will document efforts to engage parent/guardian and all relevant state agencies and community resources in work to establish an appropriate after care plan and to address the child/adolescent's refusal to leave.
 - 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 documentation of at least 2 daily attempts to contact and lack of response by the parent/guardian. The Retreat will document DCF notification after 2 days without a response from the parent/guardian. The retreat will file a report of abandonment. If the report is accepted, the Retreat will await the outcome of the investigation and notify the UR Manager or Director when the report has been filed. If the report is not accepted, the Retreat will continue to call the parents 2 times per business day. The Retreat will document and submit updates to DVHA. Weekly calls will take place to discuss case disposition and clinical concerns.
 - The Retreat will attempt to reach the DCF worker for 2 days, twice per day. If the Retreat is unsuccessful in reaching the DCF worker they will attempt to contact the DCF Supervisor and/or DCF Central Office. The Retreat will notify the DVHA manager of the lack of response and contact with the DCF Supervisor
 - 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. Cases that present unique disposition challenges not defined in the criteria above may be presented on a case-by-case basis for consideration of an Administrative Authorized rate. DVHA may consider recommendations from DCF, DMH and DAIL when determining Administrative Authorization approval. Reconsideration of Administrative Authorizations are at the discretion of the DVHA UR Director in consultation with the Chief Medical Officer or Medical Director and Deputy Commissioner of Health Services.

For each Administrative Authorization under this criterion, 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.

Reapplication for Administrative Authorization may be considered with a change in circumstances.

For any child or adolescent who has had his/her stay extended due to a lack of safe and appropriate after care options, DVHA will continue to pay the Brattleboro Retreat at the acute rate until such a time that the next level of care is ascertained and agreed upon by the AHS department leads.

The Brattleboro Retreat will be responsible for working with all necessary state and community agencies to assist in establishing a safe after care plan for the child or adolescent to transition to and shall document their efforts to support this work and share this information on a weekly basis with AHS/DVHA.

The State in the form of AHS and departments will be responsible for coordinating the efforts of state agencies and the Brattleboro Retreat to ensure that each stakeholder is doing their part to establish a safe after care option. The BR must assure and document that their organization is working toward a community, next level of care discharge plan for children under their care.

This memo will be posted to DVHA's website.

