Prior to Tropical Storm Irene, all referrals to the Second Spring and Meadowview residential recovery programs came from the Vermont State Hospital. This ensured that these specialized intensive programs were reserved for patients with the most complex aftercare and community support needs, while also reducing census pressures at VSH and providing less restrictive care for people who might otherwise remain in a hospital setting.

Now that there is no VSH, Second Spring and Meadowview residential recovery programs continue to provide intensive care for individuals that may be difficult to place in other community capacity. Furthermore, with fewer inpatient beds available in Vermont, it is even more important that inpatient psychiatric beds be used for people most in need of that level of care. As such, the Department of Mental Health has developed the following protocol to ensure that beds are used in the most appropriate manner. It is anticipated that as more of these types of programs are developed, the protocol will be refined to reflect the new system.

1. A Designated Hospital (DH) or Designated Agency (DA) shall identify an individual as a potential candidate for one of the residential recovery beds at Second Spring or Meadowview. The Department of Mental Health Care Coordination Designee assigned to the facility shall be notified of this intention to make a referral. Contact information for the Designee shall be made available to all referring parties. DH’s and DA’s should refer individuals to DMH as soon as an individual is identified as potentially appropriate and should not wait until an individual is clinically ready.
2. DMH may also identify individuals for appropriate placement and
communicate this information to the DA’s and DH’s. Additionally, non-
designated hospitals may request that DMH accept a referral.

3. A referring hospital shall notify the responsible Designated Agency of the
referral if the patient is enrolled in its CRT Program. If the patient is not
enrolled but believed eligible for CRT enrollment, an assessment should
be requested by the DA. The DA initiating the EE is the default DA for
requests if there is not DA involvement. It is understood that identifying a
Designated Agency early in the admission, which will be actively
participating in the individual’s treatment after discharge, is preferable. It
is recommended that the referring hospital discuss the case with the DA
prior to notifying DMH, but it is not required. Once notified of the referral,
the individual is in pending referral status.

4. The DA shall gather the referring information from the referring hospital or
initiate CRT assessment within two working days. The referral at this
stage is considered an active referral. The DA shall forward the
residential referral information to the DMH Care Coordination Designee.
In addition to clinically relevant information, the Designated Agency
referral information should identify how other existing resources are
inadequate to serve the individual in the community.

5. The residence admissions team will request additional information if
needed. This process shall result in a determination within two working
days upon receipt of complete information, unless extenuating
circumstances require a longer period of time. The DMH Care
Coordination Designee will be consulted regarding the residential program
determination. If the referral is disapproved, the residential program shall
communicate the basis for declining the referral to both the individual and
the DMH Care Coordination Designee, who will convey that to the DMH
Clinical Services Director. If denied, see the appeal and grievance
procedures below. If appropriate, the DMH Care Coordination Designee
may provide support in finding an alternative placement for the individual.

6. If the residential program referral is accepted, the individual shall now be
in formal referral status. The residential program admissions team shall
establish a screening process involving both an interview with the
individual and a visit with residential team treatment representatives. The
goal is to have individuals in formal referral status for no longer than five
working days.

7. Within two working days after an interview and meeting with the individual,
the residential recovery program shall determine whether or not the
individual is an appropriate placement. If the residential recovery program
determines that the individual does not require this level of services, the
formal referral shall be declined. The program shall notify the DMH Care Coordination Designee and the Designated Hospital (if the referral came from a Designated Hospital). If enrolled in CRT, the individual may appeal, otherwise a Medicaid enrolled individual may grieve the denial. (See Grievance and Appeal Procedures.)

8. If the residential recovery program determines an individual is appropriate for the program, the individual shall be in eligible referral status. An individual may be in an eligible referral status for an indeterminate period of time because program admission shall be guided by both priority and suitability for either program. Admission priority shall be determined by DMH, in consultation with the residential recovery program. Priority shall be granted based on an individual's clinical needs, as well as the needs of the mental health system.

9. DMH shall communicate with each of the residential programs on a weekly basis, reviewing all pending, active, formal and eligible referrals.

Second Spring Stabilization Beds

1. Second Spring may reserve up to three beds for short term crisis stabilization status.

2. In lieu of a 24/7 state care management team, Designated Agency Emergency Services personnel may make referrals directly to Second Spring for individuals requiring short term crisis stabilization in its staff secure residential facility. Designated Hospitals may also refer individuals to Second Spring for step-down capacity and continued stabilization and recovery of individuals when short-term stay is expected.

3. Individuals referred to these beds do not need to be CRT clients; however, there must be a commitment from the designated agency, upon referral, to perform follow-up within 48 hours of admission and begin discharge planning. Second Spring must be provided with follow-up contact name(s) and phone number(s) upon admission.

4. Upon referral, Second Spring Program Director and Medical Director or designee(s) shall be contacted and will determine if the referral is appropriate. The nurse on duty and team leader will be consulted, and program emergency admission procedures will be implemented.

5. Upon the next day, Second Spring shall notify care coordination designee to review the case and begin a joint planning process with the designated agency, for treatment and discharge planning.
This protocol, effective April 1, 2012, is established to efficiently manage these valuable state resources and enhance accessibility to highly supervised community programs in an expeditious manner. The protocol shall be reviewed at the end of six months by DMH and Second Spring to determine if the goals have been achieved, altering protocols, as necessary.

**Grievance and Appeal Procedures**

Grievances and appeals must be submitted within ten calendar days of the notice of decision. Grievances or appeals are submitted to the residential program taking the action on referral or eligibility.

**Grievances**

Grievances represent an opportunity to respond to issues of concern and improve both process and practice. Grievances will be reviewed and responded to within 60 calendar days by the residential program. Individuals enrolled in the Medicaid Program, but not enrolled in the CRT Program, have access to the grievance process. The process of review shall determine if the processes outlined herein were followed and timeframes met.

**Appeals**

Individuals enrolled in the CRT Program or their authorized representatives may appeal formal referral and eligibility referral decisions.

Appeals of formal referral denials or eligibility decisions will be reviewed by residential program personnel not directly involved with the original denial decision and response provided within **45 calendar days** to the enrolled CRT individual. The residential program will consider any new interview information from the individual, authorized representatives, or service providers, as well as, new or additional hard copy information not previously considered. During this timeframe the program will consult with the DMH Care Coordination Designee and DMH Medical Director as needed.

All appeals regarding formal referral and eligibility status decisions, submitted on behalf of CRT enrolled individuals, are appealable to the Human Services Board (HSB). Appeals to the HSB may be initiated at any point in the appeal process, although the HSB may not respond to unresolved appeals that are in process and still under review at the program. Appeals to the Human Services Board must be submitted within 10 calendar days of the appeal decision notification by the program. Subsequent decisions of the HSB that are favorable to the CRT enrolled individual specifically pertain only to referral and eligibility status decisions.