



STATE OF CONNECTICUT  
 Department of Mental Health & Addiction Services



**Commissioner's Policy Statement and Implementing Procedures**

<b>SUBJECT:</b>	Out-of-State Specialized Placement of Clients
<b>P &amp; P NUMBER:</b>	Chapter 6.29
<b>APPROVED:</b>	Miriam Delphin-Rittmon, Commissioner Date: 10/15/2015
<b>EFFECTIVE DATE:</b>	October 15, 2015 <i>Miriam Delphin-Rittmon</i>
<b>REVISED:</b>	1/31/2014
<b>REFERENCES:</b>	
<b>FORMS AND ATTACHMENTS:</b>	

**STATEMENT OF PURPOSE:** To establish a uniform policy and procedure to address requests for out-of-state placement, the appropriateness of clinical care for the individual while monitoring quality and utilization.

**POLICY:** It is the policy of the Connecticut Department of Mental Health and Addiction Services (DMHAS) to be responsive to the complex needs of individuals who may require out-of-state placements. The DMHAS Office of the Commissioner (OOC) has oversight for approving and monitoring the quality and utilization of specialized out-of-state placements.

**PROCEDURE:** Requests for specialized out-of-state placements should be processed through the DMHAS OOC by the designee of the DMHAS Commissioner. The DMHAS OOC designee(s), in consultation with relevant DMHAS staff, will determine:

1. Services needed by the client;
2. Those services needed by the client which are not available through facilities operated by the DMHAS or providers contracted by the DMHAS;
3. Whether the needs of the client will be best met by specialized out-of-state services and are least restrictive based on those needs.

The DMHAS designee will approve the request once it has been determined the client's needs are best met by a specialized out-of-state service.

- The DMHAS OOC designee or DMHAS staff authorized by the designee will (as deemed necessary by the DMHAS designee) conduct on-site visits to any out-of-state programs that are new to the DMHAS prior to the placement of any individuals. During this on-site program visit, the DMHAS staff will review program accreditations, the physical facilities (including residential clinical, social, and educational/vocational programs), how treatment and living conditions of the out-of-state program are the least restrictive of the client's rights considering the needs of the client, the grievance or complaint procedure as well as other topics pertinent to understanding the program as it may meet the client's needs.

At a minimum, all agencies contracted to provide specialized out-of-state placements through the DMHAS will submit written progress reports to the DMHAS Office of the Commissioner (OOC) designee(s) on a quarterly basis; unless more frequent reports may be required. The DMHAS OOC designee(s) will review all progress reports.

Each report shall cover the treatment needs of the individual, goals and objectives; interventions by the services staff and the progress of the client to meeting those needs.

- Any questions or concerns regarding the provision of services affecting the wellbeing of the client or progress of treatment will result in a verbal/electronic communication or an on-site visit by the DMHAS OOC designee or authorized DMHAS staff. The on-site provider will provide suitable representation to these inquiries to ensure decisions regarding the treatment and safety of the client are effectively addressed.
- If at any time there is a concern of abuse, neglect, maltreatment or safety of any client placed in an out of state placement the DMHAS OOC designee(s) will contact the DMHAS Medical Director. Should there be a sentinel event; the out-of-state placement will provide the DMHAS designee with a report not later than 24 hours after the event and not longer than 3 business days for other concerns. Such a report shall include steps taken to protect the client's safety as well as outside agencies contracted by the out-of-state placement to address safety or other concerns.
- The DMHAS designee will authorize the DMHAS staff who will conduct annual on-site visits as resources permit to all out-of-state programs with active clients. These visits will include:
  1. Face -to-face meetings with client(s) residing at the out-of-state program;
  2. Review of all client charts/records and related documents;
  3. Review of the facility sites; and
  4. Other matters pertinent to the client's individual treatment program.

On-site visits may occur more frequently based on issues that are presented. As appropriate, family members and conservators will be notified of all meetings by the out-of-state program and will be invited to participate.