INSTRUCTIONS – RESIDENTIAL TREATMENT REPORT FORM

CHILDREN & ADOLESCENTS NOT ADMITTED TO LICENSED RESIENTIAL TREATMENT FACILITIES

The form can be completed and then printed out for faxing, but it cannot be saved. **Due to inclusion of specific client identifying information, the Health Insurance Portability and Accountability Act (HIPAA) regulations prohibit electronic submission of this form to DBHDS.** Date of birth and the last 4 digits of SSN are needed to ensure that data is not duplicative.

When to Complete and Submit a Form: A form **must be completed** whenever a child or adolescent requires admission to a residential treatment facility but admission is not obtained **within 30 days** of the request for admission. Forms **should be submitted** to DBHDS as soon as possible after the end of the 30-day period. All forms should be submitted to DBHDS by the 10th day after the end of the quarter:

October 10 for the quarter ending September 30
January 10 for the quarter ending December 31
April 10 for the quarter ending March 31
July 10 for the quarter ending June 30

Any information received after the cutoff date will be included in subsequent quarterly reports.
Note: Data collection is for requests that were initiated on or after July 1, 2002.
Enabling legislation, §2.25206.15 and § 37.1-197.2 of the *Code of Virginia*, does not specify an ending date for this legislative requirement.

Person(s) Responsible for Completion of Form: It is the responsibility of each CPMT and each CSB to develop local procedures for completing and submitting forms to DBHDS. CSBs and CPMTs must ensure that accurate information is submitted for each jurisdiction. If a child for whom a form is being completed is served by both the CSB and the CPMT (or by more than one CPMT agency), the agencies must coordinate so that only one form is submitted to DBHDS. There are no restrictions on which agency staff may submit the forms.

List of Residential Treatment Facilities: The statutory language refers to collection of data on residential treatment facilities that are licensed by DBHDS, excluding "group homes", which are community-based dwellings that can serve up to 12 residents. A blank space is provided on the form for filling in the name of a residential treatment facility that, in the future, becomes **licensed by DBHDS.** Please note: DBHDS does not license out of state facilities. Also, in-state residential programs that are licensed by DBHDS or another state agency but are not classified as residential treatment programs should not be listed (e.g., campus type residential facilities, wilderness programs, etc.).

Facilities to Check: Check all facilities to which admission was requested during the 30-day period. If facilities are contacted after the 30-day period has passed, they should not be checked and information regarding those facilities should not be included.

Comments: Use the Comment box in section IV of the form, if needed, to clarify information and/or to describe types of services needed but not available at the facilities that were contacted. Use a second page if additional room is needed.

Technical Assistance: For technical assistance, please contact Pam Fisher, Child & Family Program Specialist, Office of Child and Family Services at (804) 786-0158 or pamela.fisher@dbhds.virginia.gov.

Please submit completed forms by fax to FAX#804-786-1316