**REQUIRED DOCUMENTATION and NOTIFICATIONS FOR CHILDREN’S RESIDENTIAL CARE FACILITY (CRCF) SERVICES**

Prior to submitting a Children’s Residential Care Facility Application, please review the following documents and complete appropriate notifications with the caregiver, youth if applicable and other providers:

[ ]  Educational Planning and Notification for Children’s Residential Care Facility with Guardian

 [Children’s Behavioral Health & Residential Treatment | Department of Health and Human Services (maine.gov)](https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services/residential-treatment)

**[ ]**  Review services with parent/guardian using the [CRCF Information Sheet](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/CRCF%20Information%20Sheet%20-%20120921docx.pdf) prior to making a referral.

**[ ]**  Review document with caregiver and upload the signed [youth/caregiver acknowledgement form](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/9.30.21ParentAcknowledgementForm.pdf) into Atrezzo with each new referral.

**[ ]** Consultation with a Behavioral Health Program Coordinator (BHPC) is required prior to submitting a CRCF application. The consultation form provided by the BHPC must be uploaded into Atrezzo. The consultation form is NOT an approval for CRCF Services.

Please include the below documentation and upload along with the CRCF Application into Atrezzo.

[ ]  Diagnosis list provided by the most current licensed mental health provider with in last **6 months**.

[ ]  Treatment progress notes and recommendations from ALL mental health providers from the past **2 months only** (individual clinicians, psychiatry, MST, HCT, FFT, RCS, Day Treatment, Individualized Education Plan/504 Plan, School-Based Therapy, Outpatient, Case management, Crisis programs, Hospital-(including admission assessment and discharge summary), therapeutic foster care, alternative response recommendations, Functional Assessment Score, etc.)

[ ]  Mobile Crisis reports/assessments/discharge summary and treatment assessments from the past **2 months**

[ ]  Admission and Discharge summaries from ALL mental health treatment providers over the past **12 months**

[ ]  **Physician or PCP letter provided within the past 60 days.**

Maine Care rule requires that a physician or primary care provider must document in writing that this model of service is medically necessary.

**[ ]** Any incident reports from the past **2 months** from any provider (day treatment, home and community-based, outpatient, police, criminal justice involvement with recommendations, court proceedings, alternative response recommendations, crisis, hospital, school, animal control, fire department, therapeutic foster care, etc.) that will show frequency, intensity and duration of symptoms that may require this level of care.

**[ ]** Psychological, psychiatric, neuropsychological, Comprehensive Assessments, and any other recent reports/assessments describing behaviors across all settings within the past 90 days.

**[ ]** If ID/DD CRCF Services are needed, the most current version of the Vineland Adaptive Behavior Scale or the Adaptive Behavioral Assessment Scale must be attached and completed within the past 6 months.

**\*Please note timeframes for required documents. Documents submitted outside of these timeframes will not be used in determining eligibility for residential treatment.**