

Name of Policy:	Community Residential Rehabilitation Host Home (CRR-HH) Therapeutic Vacation
Policy Number:	CM-CAS-050
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton
Primary Stakeholder:	Clinical Department
Related Stakeholder(s):	All Departments
Applies to:	Associates
Original Effective Date:	11/01/10
Last Revision Date:	01/22/26
Last Review Date:	01/22/26
OMHSAS Approval Date:	N/A
Next Review Date:	01/01/27

Policy: PerformCare will pay for CRR-HH for a member on therapeutic vacation with CRR-HH Families.

Purpose: To Establish a policy regarding members going on therapeutic vacation with CRR-HH Families to assure continuity of care and safety, as well as continued payment for CRR-HH while member is on vacation with the CRR-HH family.

Definitions: **Team Members:** Are defined as the Member and Parent/Guardian, as well as any Behavioral Health or Community Support Systems including but not limited to PerformCare CRR Care Manager, TCM, JPO, C&Y, CASSP/ County Designee(s), School, and others identified by the Member and/or Parent/Guardian.

Acronyms: **CASSP:** Children and Adolescent Service System Program Coordinator/County Designee
C&Y: Children and Youth Case Worker
JPO: Juvenile Probation Officer
TCM: Targeted Case Manager

Procedure: Member in CRR-HH may attend CRR-HH family vacations as long as the following requirements are implemented and met:

1. There must be written prior treatment team agreement and written parent / guardian approval.
2. The vacation leave must be part of the members' individual treatment program. The CRR-HH Provider in which the member is receiving treatment is responsible for ongoing treatment while member is on

vacation and assuring that behavioral and medical emergency services are available if needed.

3. The therapeutic vacation time will be reimbursed at the full CRR-HH rate.
4. The Member's CRR Therapist will conduct at least one phone contact with member/CRR-HH Family during vacation to assure continuity of care and implementation of treatment as needed. Additional contacts will be determined by the specific needs of members and input from member, family, CRR staff and Therapist. The CRR therapist will note outcome of contact(s) in member record.
5. The Treatment plan needs to be updated to include the following components:
 - 5.1. Dates of Vacation
 - 5.2. Location of Vacation to include address/contact numbers
 - 5.3. Goals for Vacation/How will presenting problems be addressed during vacation
 - 5.4. Medication dosage/times and procedure for missed medications
 - 5.5. Crisis plan, that contains emergency contact information i.e. address/phone numbers of local crisis agencies/hospitals and Medical and Behavioral Treatment Providers
 - 5.6. Team Agreement /Input sign-off form & copy provided to team members

Related Policies: None

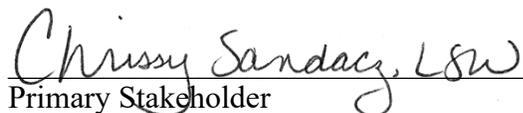
Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** None

Attachments: None

Approved by:


Primary Stakeholder