

Residential Mental Health Treatment Facility (RMHTF) Waiver for Youth Discharge to Emergency Shelter

Waiver Submission Date:

Youth Name:

PATH ID#:

County:

Current RMHTF Placement Name and Address:

Admission Date to Current Placement:

BSS worker name and contact info:

Aetna Care Manager name and contact info:

Date of Staffing between BSS worker, Aetna and RMHTF:

Submission of this waiver request indicates agreement by all parties that diligent efforts have been made to secure a more permanent discharge setting and that transfer to emergency shelter is necessary and unavoidable.

Date Residential Discharge Plan was Established (attach copies of plan):

Describe youth's initial residential discharge plan:

Describe measures taken by the RMHTF to facilitate the discharge plan:

Describe measures taken by Aetna care manager to facilitate the discharge plan:

Describe measures taken by BSS worker to facilitate the discharge plan:

Describe identified barriers to achieving the discharge plan:

Indicate any modifications made to the discharge plan as the result of emerging barriers (attach copies of plan modifications):

If waiver is granted, describe next steps to secure a more permanent placement for the youth:

Who is responsible for these steps:

Expected achievement date:

Submitted by (BSS worker):

Date:

Approved

Denied:

Child Welfare Consultant Signature:

Date:

Comments: