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|---|---|---|------------------|--|--|---------------|-------------------|-------------------|-------|--|--|----------------------------------|--------------------|-----------------------|
| <p style="text-align: center;"><b>STATE OF VERMONT</b><br/><b>AGENCY OF HUMAN SERVICES</b><br/><b>DEPARTMENT OF CORRECTIONS</b></p>   | <p style="text-align: center;"><b><u>INTERIM MEMO:</u></b><br/><i>SERIOUS FUNCTIONAL IMPAIRMENT (SFI) DESIGNATION</i></p> | <p style="text-align: right;">Page 1 of 3</p> |                  |  |  |               |                   |                   |       |  |  |                                  |                    |                       |
| <p><b>Applicability:</b> Facility<br/> <b>Local Procedure(s) Required:</b> No.<br/> <b>Applicability:</b> All staff (including contractors and volunteers)<br/> <b>Security Level:</b> “B” – Anyone may have access to this document.</p>   |   |   |                  |  |  |               |                   |                   |       |  |  |                                  |                    |                       |
| <table border="0" style="width: 100%;"> <tr> <td colspan="3"><b>Approved:</b></td> </tr> <tr> <td style="width: 33%;"><b>SIGNED</b></td> <td style="width: 33%; text-align: center;"><b>05/03/2017</b></td> <td style="width: 33%; text-align: center;"><b>05/18/2017</b></td> </tr> <tr> <td colspan="3"><hr/></td> </tr> <tr> <td><b>Lisa Menard, Commissioner</b></td> <td style="text-align: center;"><b>Date Signed</b></td> <td style="text-align: center;"><b>Date Effective</b></td> </tr> </table> |   |   | <b>Approved:</b> |  |  | <b>SIGNED</b> | <b>05/03/2017</b> | <b>05/18/2017</b> | <hr/> |  |  | <b>Lisa Menard, Commissioner</b> | <b>Date Signed</b> | <b>Date Effective</b> |
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| <b>SIGNED</b>   | <b>05/03/2017</b>   | <b>05/18/2017</b>                             |                  |  |  |               |                   |                   |       |  |  |                                  |                    |                       |
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The Vermont Department of Corrections (DOC) is committed to meeting the needs of the inmate population. DOC identifies inmates at intake who are currently receiving developmental and other disability related waivers. Inmates currently receiving these waivers are automatically provided a serious functional impairment designation by Health Services. Inmates may also receive this designation through diagnostic and functional impairment evaluation.

In designating inmates as SFI, DOC staff utilize the procedures outlined below in making determinations. Inmates can be designated as SFI through three distinct processes:

1. Designation at booking;
2. Designation by Diagnostic and Functional Impairment Evaluation by Screening identification;  
or
3. Designation by Diagnostic and Functional Impairment Evaluation by Referral for assessment.

**DESIGNATION PROCESS 1 – BOOKING:**

1. As part of the booking wizard in the Offender Management System (OMS), staff shall complete the Developmental Services Questionnaire within twenty-four hours of booking:
  - a. Have you ever had a Development Service (DS) waiver?<sup>1</sup>

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<sup>1</sup> Developmental Services are offered by 15 private non-profit developmental disability services providers in Vermont, contracted by Department of Disability and Independent Living (DAIL) to people with developmental disabilities. Supports include service coordination/case management, home supports, employment services, community supports, family and respite supports, clinical interventions and crisis services. The majority of home and community-based services are funded through a Medicaid waiver. **Developmental Disability Service Providers:** Champlain Community Services, Inc. (CCS); Counseling Service of Addison County (CSAC); [Families First \(FF\)](#); [Health Care and Rehabilitation; Services of Southeastern Vermont \(HCRS\)](#); [Howard Center \(HC\)](#); [Lamoille Community Connections; Lincoln Street Incorporated \(LSI\)](#); [Northeast Kingdom Human Services \(NKHS\)](#); [Northwestern Counseling and Support Services \(NCSS\)](#); [Rutland Mental Health Services, Inc. \(RMHS\)](#); [Specialized Community Care, Inc. \(SCC\)](#); [Sterling Area Services, Inc. \(SAS\)](#); [Transition II, Inc. \(T-II\)](#); [United Counseling Service, Inc. \(UCS\)](#); [Upper Valley Services, Inc. \(UVS\)](#); [Washington County Mental Health Services, Inc. \(WCMH\)](#).

- b. Have you ever had a Vermont Choices for Care Medicaid waiver (CFC)?<sup>2</sup>
- c. Have you ever had a Traumatic Brain Injury (TBI) waiver?<sup>3</sup>
- d. Do you have any known history with Community Rehabilitation Treatment (CRT)?<sup>4</sup>
- e. Do you have any known history with a Youth Development Program (YDP)?<sup>5</sup>

*The Booking Officer shall not designate an inmate as SFI in OMS. Central Office shall verify the eligibility and information provided and upon verification designate an inmate as SFI in OMS.*

- 2. If an inmate affirms that they have been the recipient of any of the above waivers/services, a notification will be sent from the OMS to Central Office Health Services Staff for review.
- 3. Upon receipt of the notification, Central Office Health Services Staff shall verify if the inmate is currently receiving waiver services.
  - a. Not Verified: If Central Office Health Services Staff do not verify the self-report, they will enter a note into the “Developmental Services Questions - additional details box” identifying that the self-report was not verified.
  - b. Verified: If Central Office Health Services Staff verify the self-report then the following shall occur:
    - i. Central Office Health Services Staff will enter a note into the “additional details box” identifying that the self-report was verified.
    - ii. Designate the inmate as SFI in the medical and alerts tab in OMS.
    - iii. Communicate the verification and designation to the following:
      - 1. Applicable Facility Health Services Administrator (Contractor position);

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<sup>2</sup> **Choices for Care** is a long-term care program to pay for care and support for older Vermonters and people with physical disabilities. The program assists people with everyday activities at home, in an enhanced residential care setting, or in a nursing facility. Providers are Adult Day Centers, Area Agencies on Aging, Assisted Living Residences, Home Health Agencies, Nursing Facilities, and Residential Care Homes. The program, eligibility and waiver are administered by DAIL.

<sup>3</sup> The **Traumatic Brain Injury** Program diverts and/or returns Vermonters, with a moderate to severe traumatic brain injury, from hospitals and facilities to a community-based setting. This is a rehabilitation-based, choice-driven program intended to support individuals to achieve their optimum independence and help them return to work. The program and eligibility are administered by DAIL.

<sup>4</sup> **Community Rehabilitation and Treatment (CRT)** provides services and programming for individuals who have significant mental health disorders including persons with diagnoses of Schizophrenia, other psychotic disorders, and serious debilitating mood disorders. The Department of Mental Health contracts with the Designated Agency (DA)/Specialized Services Agency (SSA) system to provide these services. The Designated Agencies are: Clara Martin Center; Counseling Service of Addison County (CSAC); Health Care and Rehabilitation Services (HCRS); Howard Center (HC); Lamoille County Mental Health Services (LCMHC); Northeast Kingdom Mental Health Services (NEKHS); Northwest Counseling and Support Services (NWCS); Rutland Mental Health Services (RMHS); United Counseling Services (UCS); Washington County Mental Health Services (WCMHS). The Specialized Services Agency is Pathways Vermont.

<sup>5</sup> The **Youth Development Program (YDP)** offers voluntary case management services to youth ages 15-22, who are, or have been, in the custody of the State through the Department for Children and Families (DCF). YDP provides access to a wide range of services designed to help youth transition from State custody and care to self-sufficiency and independent living.

2. Applicable Facility Health Services Administrative Assistant (Contractor position);
  3. Facility Superintendent;
  4. Director of Classification;
  5. Director of Facilities;
  6. Mental Health Systems Director;
  7. Mental Health Chief;
  8. Contractor Chief of Behavioral Health; and
  9. Contractor Chief of Psychiatry.
- iv. Verification that the SFI designation was entered into the Electronic Health Record (EHR).
- c. Upon receipt of the notification, the Mental Health Chief and the Chief of Behavioral Health shall then complete the *SFI Referral/Designation Form*. The form shall identify which waiver/services the inmate participated in.

**DESIGNATION PROCESS 2 - SCREENING IDENTIFICATION:**

Designation by Diagnostic and Functional Impairment evaluation and determining serious functional impairment can be initiated by screening identification.

Within twenty-four hours of intake, the inmate shall be screened, by Facility Health Services staff, to identify whether the inmate has an immediate treatment need or needs further assessment. If the inmate screens positive for an immediate treatment need or needs further assessment, then the Facility Health Services staff shall refer further assessment. This referral shall be made to the mental health team and documented in the EHR. The Diagnostic and Functional Impairment assessment may result in an SFI designation.

**DESIGNATION PROCESS 3 – REFERRAL FOR ASSESSMENT:**

Designation by Diagnostic and Functional Impairment evaluation and determining serious functional impairment can be initiated by a referral for assessment.

If a DOC employee identifies an inmate in need of further assessment, the DOC employee shall make a written referral to their Facility Health Service Administrator. This referral shall prompt further Diagnostic and Functional Impairment assessment and may result in an SFI designation as determined by facility health services staff.