



Did You Know?

Treatment Recommendations and Discharge Planning (Part 2 of 2)



DCBS has a standardized process for making decisions for acuity of care for youth in out of home care.

Clinical staff in the region help determine what “type” of placement (acuity of care) a youth needs, based on how and where they can get the recommended services. This is done through case consultations, placement disruption meetings, and/or QRTP assessments.

Referral to PCC residential treatment requires the following documentation be included in the child’s TWIST case record and submitted with the placement referral:

- For children 10 and under, Director’s approval (memo);
- For kids 11-12, SRA’s approval (memo);
- For kids 13+, QRTP assessment recommending placement in the QRTP setting.
 - If no QRTP assessment has been completed for this placement, an email from the SRCA stating that they have reviewed, at minimum, the child’s treatment recommendations from the treating provider and it is their clinical assessment that the child’s needs require the acuity of care provided in a residential treatment setting.

The clinical services branch is also available for consultation when the regional team cannot reach a consensus regarding the appropriate acuity of care for a child and the QRTP assessment has not been completed.

In these cases, please share the child’s referral packet with your RPC and they will coordinate with the statewide placement coordinators and the clinical services branch.

Related SOP

- [4.9 Initial Placement Considerations](#)
- [4.11 Private Child Placing \(PCP\) or Child Caring \(PCC\) Agency](#)
- [4.49 Discharge Planning Prior to Leaving a hospital or Treatment Facility](#)
- [4.51.1 Placement in a Congregate Care \(Residential Treatment\) Setting](#)