**Medical Review Team (MRT) Membership Application**

The DPH Medical Review Team (MRT) is a multi-disciplinary team. Team members are appointed to two-year terms.

If you are interested in serving on the MRT, we are looking forward to receiving your application.

Please read the information below:

**Overview**

The Medical Review Team (MRT) was established by M.G.L. Chapter 111, Section 4J to ensure that **all individuals under 22** for whom placement in any skilled care facility was sought were placed appropriately. The Massachusetts Department of Public Health’s Bureau of Family Health and Nutrition’s Division for Children and Youth with Special Health Needs (DCYSHN) oversees the program. A DCYSHN liaison (“MRT Coordinator”) coordinates the MRT application and approval process by following the guidelines established by DCYSHN and within the construct of the legislation.

The Medical Review Team maintains that individuals from birth to 22 years of age should be cared for, whenever possible, in a community-based and/or home-like environment.

# Membership

The Medical Review Team includes representation from the community in medicine, nursing, social work and therapy, and a parent representative, as well as representatives from a variety of state agencies, such as the Department of Elementary and Secondary Education (DESE), the Division of Medical Assistance (DMA), the Department of Development Services (DDS), the Massachusetts Commission for the Blind (MCB), the Department of Children and Families (DCF) and the Statewide Head Injury Program (SHIP) (for selected head injury requests). It is this group of individuals that review the applications for admission to a pediatric nursing facility to ensure that the criteria are being met and that when necessary, alternatives to residential placement are explored.

# Criteria for certification

The MRT was established to ensure that **all** **individuals under the age of 22**, regardless of funding source, and for whom residential placement in a Massachusetts pediatric or skilled nursing facility is being sought, are evaluated through an application process. This application process provides information for evaluation to ensure that they meet the medical, cognitive and skilled care criteria established for admission to such a facility. The criteria were established based on:

* the level of care required for such a facility,
* the level of individual functioning that would require the greatest care and for which there was no potential for further development, and
* the level of medical intervention required on an ongoing basis.

**Types of Certification**:

* Long-term care or permanent placement
* Short-term care: up to 90 days per calendar year
* Acquired brain injury or short-term skilled care/rehab: stay based on treatment plan and is primarily for individuals age 16-22 who may not be developmentally delayed, will most likely go to an adult skilled care facility, and who do not meet the pediatric criteria for placement.
* Short-term post-hospital: 30 days with extensions up to 90 days if medically necessary

The process used by the MRT has ensured the appropriateness of long-term nursing facility placement for individuals under the age of 22 and has protected the interests of children who may have complex medical needs but have the capacity to benefit from growing up in a non-institutional setting.

# Meeting Schedule

The MRT currently meets approximately twice each month virtually to review cases that come before them for **long-term care**. An expedited review by selected team members is done for short-term care, skilled nursing/rehab, and short-term post-hospital care and does not require the team to meet. These reviews are done on a case-by-case basis via encrypted email or phone.

**MRT Member Responsibilities**

The MRT is a multi-disciplinary team as mentioned above. Team members are appointed to two-year terms.

* All MRT members are expected to attend two regularly scheduled long-term care (LTC) meetings each month if pending cases exist.
* In preparation for the meeting, MRT members are expected to review preparatory documents provided by DPH MRT staff prior to the meeting.
* All team members must abide by all DPH privacy and confidentiality requirements.
* Short-term applications must be reviewed within 72 hours by the corresponding team members (e.g., physician and nurse, DDS representative).
* Post-hospital applications must be reviewed within 24 hours by the corresponding team members (e.g., physician and nurse, DDS representative)

MRT Community Based Members:

Physician

* Reviews all types of applications to determine clinical eligibility based on MRT guidelines

Nurse

* Reviews long-term and short-term applications to determine clinical eligibility

Social Worker/Therapy

* Reviews long-term applications for social service/therapy needs to determine if family needs suggest placement and other factors to consider in decision making based on social work assessment/therapy assessment included in application.

Parent

* Reviews long-term applications for family regarding other services or community-based options for care that may be considered in determining eligibility for placement.

All MRT members must sign a confidentiality form to protect any information that they receive for review during their service on the MRT.

Failure to comply with the defined responsibilities will result in termination from the MRT. Members who are terminated from the MRT are ineligible for future participation.

**Application Process**

MRT members are appointed by DPH.

Interested individuals are encouraged to complete this application and submit along with a resume/CV to:

Dr. Katja Gerhardt, MPH

Complex Care Director | MRT and MASSTART Coordinator

Massachusetts Department of Public Health

250 Washington Street 5th Floor

Boston, MA 02108

[Katja.gerhardt@mass.gov](mailto:Katja.gerhardt@mass.gov)

**Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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As we seek to ensure racial diversity on the committee membership, please consider sharing your race and ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What organization/discipline will you be representing?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe what interests you about joining the MRT, what expertise you will bring to the review process and how you will use the information learned during a review to further the work of the committee to reduce maternal mortality and morbidity across the Commonwealth.

*(Maximum of 500 words)*

Resume/CV Attached? Yes: \_\_\_\_\_\_

Recommendation attached? Yes: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_