

Intensive Residential Treatment Services Referral Form

Unity House
1215 4th Ave
Worthington, MN 56187
507-372-7671
Fax: 507-376-5909



***PLEASE ATTACH WITH THIS FORM:**

Current History & Physical, Psychiatric
Assessment/Diagnostic Assessment, CD
Assessment, Medication List, Progress Notes,
LOCUS, and Functional Assessment

| | | | |
|--|--|------------------------------------|------|
| Date: | Resident Name: | DOB: | Age: |
| SSN: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | | |
| Home Address: | | | |
| Current Location: | | | |
| Anticipated Discharge from Hospital: | | Preferred Date for IRTS Admission: | |
| Diagnoses: _____ _____ | | | |
| Type of Commitment: <input type="checkbox"/> MI <input type="checkbox"/> MI/CD <input type="checkbox"/> CD <input type="checkbox"/> MI&D | | Guardianship / Legal Status: | |
| Referral Name: | Phone: | Agency: | |
| County Social Worker: | Phone: | County: | |
| Financial Worker: | Phone: | County: | |
| Community Therapist: | | | |
| Community Psychiatrist: | | | |
| Inpatient Pschychiatric Care Provider: | | | |
| Monthly Gross Income: | Reductions to Income (amount & reason): | | |

Current Housing Resources:

| | |
|--|--|
| <input type="checkbox"/> Bridges <input type="checkbox"/> S & C <input type="checkbox"/> Section VIII <input type="checkbox"/> CAP Apt | Applications Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Housing Resources? | |
| Support letter for benefits applied for from physician? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Health Insurance:

| | |
|---|--|
| <input type="checkbox"/> MA <input type="checkbox"/> MA Pending / Date Applied: | <input type="checkbox"/> Medicare <input type="checkbox"/> Minnesota Care <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> CAF Completed / Date: | <input type="checkbox"/> SMRT <input type="checkbox"/> SMRT Pending / Date Applied: |

Sources of Income:

| | |
|---|---|
| <input type="checkbox"/> Job: | <input type="checkbox"/> Social Security Pending / Date Applied: |
| <input type="checkbox"/> SSI <input type="checkbox"/> SSDI / RSDI <input type="checkbox"/> GA | <input type="checkbox"/> GRH <input type="checkbox"/> Waiver <input type="checkbox"/> Veteran |

Medical Coverage:

| | |
|--|------------------|
| Name of Plan: | Plan # or PMI #: |
| Does plan cover IRTS placement? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Goals for Placement:

| |
|---|
| <input type="checkbox"/> Recovery Goal: |
| <input type="checkbox"/> State of Change: |

Additional Information Pertinent to IRTS Placement (support system, cultural consideration, etc.):

| |
|---|
| <input type="checkbox"/> Aggressive Behavior: |
| <input type="checkbox"/> Criminal History: |
| <input type="checkbox"/> Corrections Officer: |
| <input type="checkbox"/> PCA Provider: |
| <input type="checkbox"/> Other: |

Co-Occuring Medical Conditions:

| |
|-------------------------------------|
| <input type="checkbox"/> Allergies: |
|-------------------------------------|

Scheduled Appointments:

| |
|--|
| |
|--|

The following information will be required prior to intake:

| |
|--|
| <input type="checkbox"/> If referent is on a stay of commitment or full commitment, a copy of the court findings which indicate the type of Commitment/Jarvis as well as a copy of the provisional discharge |
| <input type="checkbox"/> Admission Health Assessment (form attached) for Brentwood Home referral |
| <input type="checkbox"/> DHS Background Study for PCA's, created by the IRT, must receive clearance prior to the PCA providing the service |
| <input type="checkbox"/> 3-day supply of medications and original scripts for all medications |
| <input type="checkbox"/> Signed physician orders for all medications and insurance information faxed or called in to appropriate pharmacy (Genoa Healthcare Fax: 507-401-2006) |
| <input type="checkbox"/> Discharge Summary |

It is in the opinion of a Qualified Mental Health Professional that this individual is in need of Intensive Residential Treatment.

QMHP Signature and Credentials

Date

Financial Information

Many residents have concerns about the cost of treatment at an Intensive Residential Treatment facility. The State of Minnesota has financial assistance programs in place to help individuals without financial resources. There are several costs to staying at an Intensive Residential Treatment facility.

- 1. Room and Board:** The current room and board fee is \$56.72 per day. However, there is a program called Group Residential Housing (GRH) which may assist with this cost. Most residents will be eligible for this program. Recipients are allowed to keep some money for personal needs (this amount varies with each individual situation.) People with no income are most likely eligible for General Assistance, which is a grant program administered by the county. The following example will illustrate how this works and space is provided for you to calculate your own estimated cost of care:

| | |
|----------------------|------------------|
| Room and Board / day | \$ <u>56.72</u> |
| Programming / day | \$ <u>456.59</u> |
| Total Amount / day | \$ <u>513.31</u> |

- 2. Program Fee:** The current program fee is \$456.59 per day. Medical Assistance and many health insurance plans will pay this fee in full. For persons who do not have a medical plan that covers IRT and reside in one of the 18 counties* in Southwestern Minnesota, there is a fund set up by the State and administered by the Mental Health Initiative to pay this fee. For people who reside outside the 18 counties, their county of residence must guarantee payment of this fee before admission.
- 3. Medication Co-Pays:** Most health plans require co-pays for medications. Unfortunately, residents are expected to pay this out of their personal needs money.

There are several assistance programs that most of our residents are eligible for. Each resident will fill out a Combined Application Form for financial support as part of their admission process. This application covers both GRH and MA. Additionally, if it appears the resident is eligible for Social Security we will help with this application as well.

I understand that I will be responsible for Room and Board fees at the Intensive Residential Treatment facility even though I may be eligible for GRH assistance.

Resident's Signature

Date

*The 'Southwest 18' Mental Health Initiative are: Big Stone, Swift, Chippewa, Kandiyohi, Meeker, McLeod, Renville, Lac Qui Parle, Yellow Medicine, Redwood, Lincoln, Lyon, Pipestone, Murray, Cottonwood, Rock, Nobles, Jackson.

Transfer Medications

We are providing this information sheet in an effort to prevent confusion and frustration that may arise when a resident is transferred from another facility to an IRT facility. The following is a list of situations we have encountered and the preferred method for handling them. *Please be aware that IRT facilities do not have physicians on staff. A psychiatrist is on-site periodically for rounds.*

- 1. *Physician's Orders:*** Orders signed by a physician are required for every medication given at an IRT facility. Copies of scripts or transfer forms that list medications are acceptable *provided they are signed by an MD or other professional with prescriptive authority.*
- 2. *Medication Changed Upon Discharge:*** Often PRN medications will be discontinued upon discharge from a hospital or other care facility and the resident is not informed. When they request the PRN from the IRT provider and discover the PRN has been discontinued, they are understandably upset. We request that PRN's not be discontinued upon discharge, or if they are, residents are informed of the discontinuation. We also request that other medication changes not be made the day of discharge, but at least a day or two prior to discharge so that the prescribing physician can see the results of the change and address issues that may arise.
- 3. *Medication Not Covered by Insurance:*** Every insurance entity has their own formulary that they will pay for. Please check well in advance of discharge to make sure the resident's medications will be paid for upon discharge. Health plans almost never pay for nutritional supplements such as vitamins or fish oil. Please make sure the resident is aware prior to discharge that they will probably have to pay for these types of items. If the resident cannot pay for these types of items, we request they not be ordered for post-discharge.
- 4. *Resident Not Aware of Co-pays:*** Many residents claim to be unaware that they have co-pays for their medications. Please advise them as to whether or not their plan requires co-pays and, if so, that they are expected to cover these costs.
- 5. *Residents Addicted to Prescription Medication:*** We request that if a resident has a current diagnosis of addiction or history of abusing or misusing prescription medications of any kind that the resident's community primary care provider be informed of any medication changes and be given a discharge summary from the hospital or care facility.
- 6. *Residents Do Not Know Their Medications:*** Please review with the resident all medications prescribed for post-discharge.