**River Park Hospital**

***R.O.A.D. Program***

Residential Treatment for Adolescents with Co-occurring Disorders

***Admission Criteria Checklist***

**\_\_\_ 1**. **Make referral:** AngieVia-Hairston (Program Director) 304.526.9114; Email angela.via@uhsinc.com; FACTS PLUS APR Provider ID # 30027485; or Admissions & Referrals 304.526.9111/800.621.2673 or Admission & Referral

**\_\_\_ 2. Gender and Age:** Male & female, ages 12 up to 17 **Note**: may keep after age 18 if working ontreatment issues and admitted prior to 18th birthday

**\_\_\_ 3. Average Length of stay:** 6-9 months

**\_\_\_\_4. Must have IQ of 70 or above, have no significant health problems, no need for detox**

**\_\_\_ 5. Must have Dual Diagnosis:** at least two abused substances in diagnosis or polysubstance dependence, *and* additional mental health diagnosis

**\_\_\_ 6. Must be court ordered for treatment:** the court order must state that the adolescent is ordered for completion of the ROAD program at River Park Hospital (Chapter 27 or judicial order)

**\_\_\_ 7. Custody:** Can be in parents/family or state custody; please provide names and phone numbers

**\_\_\_ 8. MCM1:** Needs to be completed by a physician & returned to Program Director

**\_\_\_ 9. Primary payer** **source is Medicaid:** once referral is deemed appropriate for ROAD program the MCM1 and psychological or psychiatric evaluation with *accurate* diagnosis will be sent to APS for approval.

**\_\_\_10. APS Authorization for Payment:** Submission for APS authorization will be made by the Program Director; approval is required prior to admission.

**\_\_\_11. Referral packet**: Should contain placement history, list of current physicians (medical, dental, eye and psychiatrist), medications, information from past placements (physical, psychosocial, medical history, psychiatric evaluation, psychological evaluation with IQ), positive drug screens and information about current behavior the adolescent is displaying.

**\_\_12. OTHER ITEMS REQUIRED AT ADMISSION:**

* BIRTH CERTIFICATE
* SOCIAL SECURITY CARD
* IMMUNIZATION RECORDS
* SCHOOL RECORDS: (IEP’S, behavior reports, grades, credits, testing, etc.)
* FC40 AND FC40A (if in states custody)
* MEDICAL CARD&/ OR OTHER INSURANCE INFORMATION
* COURT ORDER

## MEDICAL HISTORY & FAMILY HISTORY

* LIST OF INDIVIDUALS THAT ARE INVOLVED IN TREATMENT/PHONE NUMBERS (doctors, lawyers, probation, judge, family members, social worker, past placements, guardians, CPS worker, other outside agencies involved)