



# *River Park Hospital*

## ***Bridge Program***

An Abuse Reactive Treatment Program for Children

### **Admission Criteria Check List**

- \_\_\_ **1. Referral:** Angie Wilks (Director of Admissions) 304.526.9111 ask for Residential Admissions; Email [RiverparkRTCreferrals@uhsinc.com](mailto:RiverparkRTCreferrals@uhsinc.com); FACTS PLUS APR Provider ID # 30047506
- \_\_\_ **2. Gender / Age:** Males & females, ages 8-12.
- \_\_\_ **3. Referral packet:** Send the following: history of trauma, placement history, current medications, information from past placement(s), Psychological Evaluations with IQ, and information about current symptoms or trauma issues.
- \_\_\_ **4. Voluntary or Involuntary:** Can be either.
- \_\_\_ **5. Custody:** Can be in parental/family or state custody. Must be a resident of WV.
- \_\_\_ **6. IQ:** 70 or higher.
- \_\_\_ **7. MCM1:** Needs to be completed by a physician and emailed to admissions department prior to admission.
- \_\_\_ **8. Primary payer source:** Medicaid
- \_\_\_ **9. Insurance Authorization:** Submission for payment authorization will be made by River Park Hospital. Approval is required prior to admission.
- \_\_\_ **10. Average length of stay:** 6 to 12 months
- \_\_\_ **11. OTHER ITEMS REQUESTED PRIOR TO ADMISSION:**
  - BIRTH CERTIFICATE
  - SOCIAL SECURITY CARD
  - IMMUNIZATION RECORDS
  - SCHOOL RECORDS: IEP, BEHAVIOR REPORTS, GRADES, CREDITS, ETC.
  - FC40 AND FC40A (IF IN STATE CUSTODY)
  - MEDICAL CARD, INSURANCE INFO. (IF PARENTAL/FAMILY CUSTODY)
  - MEDICAL & FAMILY HISTORY
  - LIST OF INDIVIDUALS THAT ARE INVOLVED IN TREATMENT and PHONE NUMBERS (DOCTOR, LAWYER, FAMILY MEMBERS, JUDGE, SOCIAL WORKERS, PAST PLACEMENTS, GUARDIANS, and OTHERS).