



River Park Hospital

Bridge Program

An Abuse Reactive Treatment Program for Children

Admission Criteria Check List

- ___ **1. Referral:** Admissions Department 304.526.9105; Email RiverparkRTCreferrals@uhsinc.com; FACTS PLUS APR Provider ID # 678506
- ___ **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).