River Park Hospital

30 Day Chemical Dependency Program

A 30 day Program for Adolescent with drug use issues

Admission Criteria Checklist

_____**1. Referral:** Admissions Department 304.526.9105; Email RiverparkRTCreferrals@uhsinc.com.

____ **2. Gender / Age:** Males & females, ages 12 to 17

____ **3. Referral packet**: Please send the following: positive drug screens and information about current symptoms the adolescent is displaying, list of current medications, records from past placements, medical history, psychiatric evaluations, psychological evaluations with IQ, and other records as deemed necessary.

_____**4. Voluntary/Involuntary:** Must be court ordered once accepted for treatment. The court order must state that the adolescent is ordered to the 30 day Chemical Dependency program.

____ **5. Custody:** Must be in state's custody: WV DHHR. Youth must be a resident of WV.

____ **6. IQ: 70 or above**

____ **7. MCM1:** Needs to be completed by a physician and emailed to the Admissions Department. If not able to be done prior to admission please request our assistance.

____ **8. Primary payer source:** Medicaid

____ **9. Insurance Authorization:** Submission for payment authorization will be made by River Park Hospital. Authorization will be obtained throughout placement.

____ **10. Length of stay:** 30 days

____ **11. OTHER ITEMS REQUESTED PRIOR TO 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)