River Park Hospital

Diagnostic Services

A Child and Adolescent Diagnostic Evaluation Service

Admission Criteria Checklist

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

____ **2. Gender / Age:** Males & females, ages 10 to 17.

____ **3. Referral Packet:** Send the following: past evaluations with IQ scores, past treatment records, school records, any other records of health or services. A youth may be referred whom has received prior mental health treatment, such as multiple types of care, acute hospitalizations, prior residential care, multiple diagnoses & medications, severe emotional issues yet is in need of assessment for diagnoses and plan for follow-up treatment.

____ **4. Voluntary/Involuntary:** Must be court ordered once accepted for treatment. Court order must state that the child or adolescent is ordered for a diagnostic evaluation at River Park Hospital.

____ **5. Custody:** Must be in state custody and be a resident of WV.

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

____ **7. MCM1:** Needs completed by a physician and emailed to the Admissions Department.

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

____ **9. Insurance Authorization for Payment:** Submission for Insurance authorization will be made by River Park Hospital; approval is required prior to admission.

____ **10. Length of Stay:** 30 Days

____ **11. OTHER ITEMS REQUESTED PRIOR TO ADMISSION:**

- LIST OF INDIVIDUALS THAT ARE INVOLVED IN TREATMENT and PHONE NUMBERS (doctors, lawyers, probation, judge, family members, social worker, past placements, guardians, CPS worker, others)