# River Park Hospital
## *Round Table Program*

A Residential Treatment Program for Male Adolescent Sexual Offenders

## ***Admission Criteria Checklist***

____ **1. Referral:** Admissions Department 304.526.9105; Email RiverparkRTCreferrals@uhsinc.com; FACTS PLUS Provider ID #678505

____ **2. Gender / Age:** 12 to 17 / Males only.

____ **3. Referral packet** should contain placement history, list of current medications, information from past placements, medical history, psychiatric evaluations, psychological evaluations with IQ, information about past and current offending behaviors, and victim statements if available. Risk assessment is also required.

____ **4. Voluntary or Involuntary:** Can be admitted as either (does not require a court order but court order is preferred). Does not have to be adjudicated. Youth must be resident of WV.

____ **5. Custody:** Can be in parental/family or state custody.

_____**6. IQ:** 70 or higher

____ **7. MCMI:** To be completed by a physician once a sexual offender assessment is completed and youth is deemed appropriate for admission. This can be emailed to the Admissions Department. The diagnosis must include one of a sexual disorder nature.

____ **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. Average length of stay:** 18 to 24 months

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

- BIRTH CERTIFICATE
- SOCIAL SECURITY CARD
- IMMUNIZATION RECORDS
- SCHOOL RECORDS: IEP'S, BEHAVIOR REPORTS, GRADES, ETC.
- FC40 AND FC40A (IF IN STATE CUSTODY)
- MEDICAL CARD, INSURANCE INFO. (IF IN FAMILY CUSTODY)
- MEDICAL & FAMILY HISTORY
- LIST OF INDIVIDUALS INVOLVED IN TREATMENT and PHONE NUMBERS (DOCTORS, LAWYER, PROBATION, FAMILY MEMBERS, JUDGE, GUARDIANS, CPS WORKERS, and OTHERS).