IRTS Referral Form

Bestwood Agency IRTS Program 1506 33rd Ave N, St. Cloud, MN 56303

Phone: (320) 774-1187 **Fax: (320) 774-1188**

Email: info@bestwoodagency.com

Thank you for your interest in Bestwood Agency IRTS. Please refer carefully to the section titled "Referral Documentation Checklist" on Page 4 of this form and provide us with the required items as soon as possible. This information is necessary for us to determine medical necessity for IRTS placement. If you are referring from a hospital, please complete the referral form to the best of your ability including the name and contact number of the individual's case manager, and have the individual complete the "IRTS Client Agreement" form and sign a release form allowing communication with their case manager.

If you have any further questions, please do not hesitate to contact us for addition information about the program, eligibility requirements, and anticipated bed openings.

Sincerely,
Bestwood Agency Team

The following criteria is required for IRTS Placement:

- □ The individual is 18 years of age or older, and has a mental health diagnosis(es)
- □ A Functional Assessment has been completed to determine at what level the individual's mental health and/or substance use is impacting their ability to function, three or more severe areas of need
- □ Individuals need a LOCUS (Level of Care Utilization Score) score of level 5 (medically monitored residential services)

The Individual must meet one of the following criteria (select all that apply):

- □ A history of two or more inpatient hospitalizations in the past year
- □ Significant independent living instability or homelessness
- □ Frequent use of mental health related services, yielding poor outcomes
- □ The written opinion of a licensed professional that this type of treatment is needed. A lower level of care does not meet the individual's needs.
- □ Likely to experience a mental health crisis or require a more restrictive setting if no access to intensive services.

Referral Information:

Date of referral:	Name/Agency completing referral:	Contact information (phone/e-mail)

Client Referral Information:

Is the client aware and in support of this referral?

□ Yes

□ No

Individual's Name	
Preferred Name	
Date of Birth	
Age	
SSN	
Legal Gender	
Gender Identity	
Phone number	
Home address	
Current location	
Anticipated discharge from current location if applicable	
Preferred date for IRTS admission	
County social worker if applicable	
Type of Commitment	□ MI □ MI/CD □ MI&D □ N/A
Guardianship/Legal Status	
Financial Worker (name, phone, agency)	
Who and what services comprise the individual's current support network?	
Monthly Gross Income	

Sources of Income	□ Employer: List name _____ □ SSI □ GA □ Waiver □ Social Security Pending: list date applied _____ □ SSDI/RSDI □ GRH □ Veteran □ N/A
Reductions to income (amount and reason)	
Current Housing	□ Own □ Rent □ Homeless
List any periods of homelessness or living instability in the last 12 months	
If homeless, what resources are being used?	
What housing referrals are in place?	

Diagnosis History

Most recent Diagnostic Assessment Date: _____ **Completed By:** _____

DSM 5: _____

DSM 5: _____

DSM 5: _____

DSM 5: _____

DSM 5: _____

DSM 5: _____

DSM 5: _____

Current Service Providers/Involved Persons

County Social Worker: _____ Agency: _____ Phone: _____

Is county social worker aware/in support of this referral?

- □ Yes
- □ No

Psychiatrist: _____ Clinic: _____ Phone: _____

Is psychiatrist aware/in support of this referral?

- □ Yes
- □ No

Therapist: _____ Clinic: _____ Phone: _____

Is therapist aware/in support of this referral?

- □ Yes
- □ No

Financial Worker: _____ Agency: _____ Phone: _____

Representative Payee: _____ Agency: _____ Phone: _____

ARMHS Worker: _____ Agency: _____ Phone: _____

Guardian/Conservator: _____ Phone: _____

Other: _____ Phone: _____

Other: _____ Phone: _____

Other: _____ Phone: _____

Health Coverage:

Name of plan	
Policy ID or PMI#	
Group Number	
Does plan cover IRTS placement?	□ Yes □ No
If not, how will IRTS be funded?	

Goals for placement (please name 3 recovery goals):

List current and recent psychiatric hospitalizations (during the past 12 months). Include the name of each hospital/facility and approximate dates (length of) admission:

Explain why this individual's functioning indicates a need for 24-hour intensive residential services. Include any goals the person can identify, and any discharge plans following completion of IRTS:

Please indicate dates and brief explanations of all that apply:

Legal Issues	
Medication Noncompliance	
Suicidal Behavior	
Self-injurious behavior	
History of abuse, trauma and loss	
History of physical or verbal aggression	
History of sexual aggression	
History of property destruction	
History of fire setting	
Substance use (drug/alcohol abuse)	
Intellectual functioning	
Mobility Considerations	
Eating disorders or eating concerns (including special dietary restrictions)	
Complex physical health concerns	
Co-occurring medical conditions	
Allergies	
Nursing is provided a minimum of 8 hours per week to the facility. This individual is appropriate for placement in a facility providing 24-hour supervision and direction by non-nursing personnel	□ Yes □ No

The following information will be required before intake in addition to the items listed in the documentation checklist below:

- □ 1 month supply of medications and original scripts for all medications
- □ Signed physician orders for all medication and insurance information faxed or called into the appropriate pharmacy

□ Discharge summary if the individual is coming from another facility

Bestwood Agency IRTS Referral Documentation Checklist:

Thank you for showing interest in our IRTS program. To expedite the referral process, the following documentation must be included with the referral packet. Please check all that are included:

□ Diagnostic Assessment
□ Current Functional Assessment documenting at least 3 areas of functional impairment
□ Most recent Rule 25 or SUDS comprehensive evaluation and recommendations (if applicable)
□ Any pertinent clinical assessments, i.e. psychological or neurological testing, etc.,
□ List of current mediations, including dosages and administration times

AND if the client is currently in the hospital, please include the following information:

□ Psychiatric Assessment
□ Social Work Assessment
□ History and Physical
□ Current medication list signed by the prescribing physician or nurse practitioner.
□ Any psychological or neurological testing results, etc.,

AND/OR If the client is on a civil commitment or stay of commitment, please include the pertinent LEGAL documents:

□ Pre-petition screening report
□ Final commitment orders

Referral Process

This referral form and all supporting documentation should be faxed to:
Bestwood Agency Intensive Residential Treatment
Fax Number:

Bestwood Agency is licensed by the State of Minnesota as an IRTS facility. This program provides intensive mental health and dual diagnosis treatment for adults who require a more structured setting due to instability and significant difficulty with daily life because of mental illness; and are at risk of significant functional impairments or deficits if they do not receive these services. We are a co-ed facility for up to 16 recipients at a time. Our treatment team includes a Mental Health Professional who serves as our treatment director and clinical supervisor; a Registered Nurse, and the rest of our staff qualify as either Mental Health Practitioners or Mental Health Rehabilitation Workers. We also have a certified Peer Specialist through our staff team, who uses their own real-life experience to relate to recipients in a unique way and assists through the treatment process. Our main treatment priority is for individuals to

focus on psychiatric stability, self-management of symptoms, self-sufficiency, and the necessary skills to increase quality of life and maintain successful living in the community.

Services provided include: *24-hour staffing; Individualized assessment and treatment planning; Nursing services; Medication monitoring and education; Interagency case coordination and community living referrals, as necessary; Community outing and activities; Transition and discharge planning; and Living Skills Development, including medication self-administration, healthy living, household management, cooking, nutrition, budgeting, shopping, and using transportation.*

Eligibility

A person must meet the admission criteria as outlined in the MN DHS Statute 245I.23 to be eligible for IRTS.

Funding

Treatment costs are billed to medical assistance or to a managed care organization if the health plan covers IRTS.

Referrals are viewed and considered for available beds for a period of 30 days following the date the referral was received. Intake staff will reach out within 72 hours of us receiving the information to complete a phone interview. Thank you!

_____ _____

Signature of person completing referral Date of signature