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## Intensive Residential Treatment Services (IRTS): Referral Packet

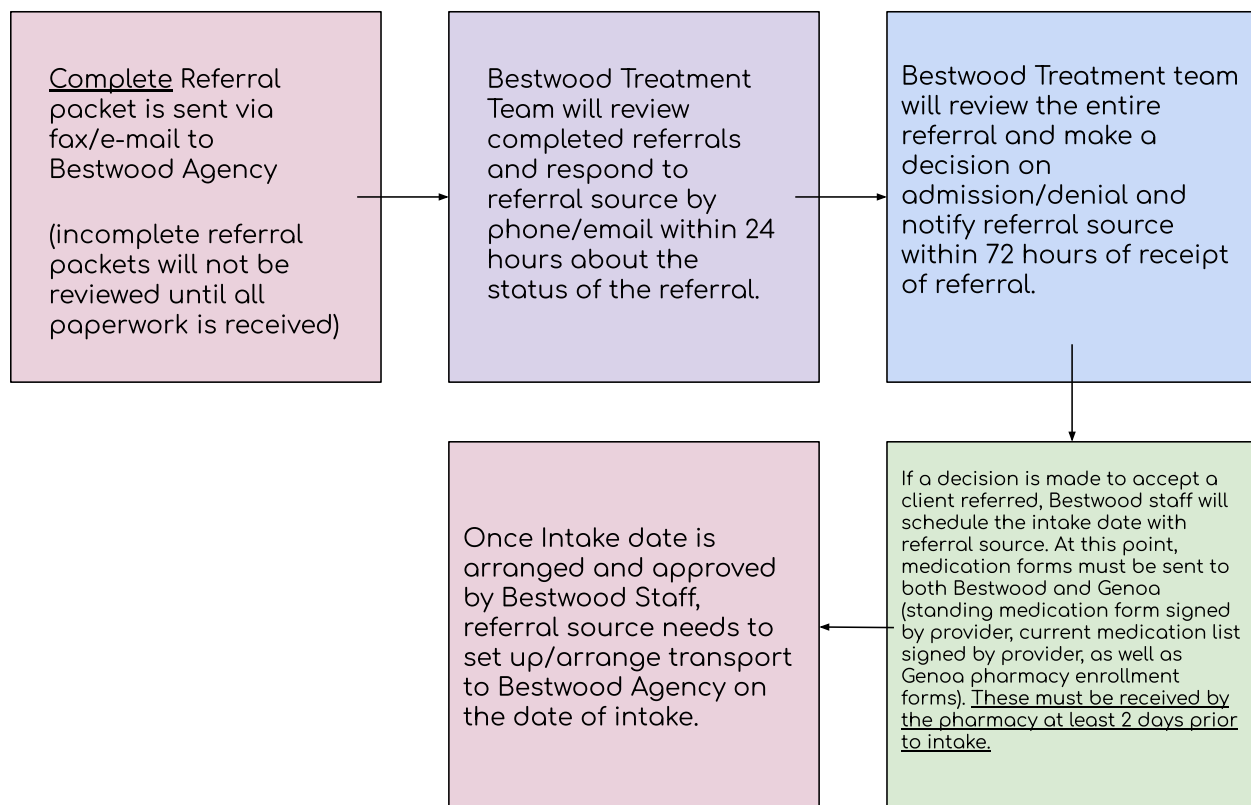
Clients being referred to IRTS are required to meet certain criteria per DHS

Please make sure that the client you are referring meets these criteria before submitting the referral

Age Requirements	Clients must be 18-65 years of age
Mental Health Diagnosis	Needs to be based on a diagnostic assessment/psychiatric evaluation by a qualified mental health provider
Functional Impairment due to mental illness in <u>at least 3 identified areas</u>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Mental Health Symptoms</li> <li><input type="checkbox"/> Mental health service needs</li> <li><input type="checkbox"/> Use of Alcohol or Drugs</li> <li><input type="checkbox"/> Vocational/Educational Functioning</li> <li><input type="checkbox"/> Social/leisure functioning</li> <li><input type="checkbox"/> Interpersonal Functioning/Family Relationships</li> <li><input type="checkbox"/> Self-care/Independent Living Capacity</li> <li><input type="checkbox"/> Medical/Dental Health</li> <li><input type="checkbox"/> Obtaining/maintaining financial assistance</li> <li><input type="checkbox"/> Obtaining/maintaining housing</li> </ul>

<p>Has had <u>one or more</u> of the following in a less intensive level of care</p>	<ul style="list-style-type: none"> <li>□ History of two or more hospitalizations in the past year</li> <li>□ Significant independent living instability</li> <li>□ Homelessness</li> <li>□ Increased use of alcohol or drugs</li> <li>□ Frequent use of mental health and related services yielding poor outcomes in outpatient community support treatment.</li> <li>□ Treatment is court ordered or the client is a potential danger to self or others.</li> </ul>
<p>Likelihood of successful outcome post-IRTS</p>	<ul style="list-style-type: none"> <li>□ There is a reasonable expectation that the client will regain skills/strategies to restore functioning to return to independent living and has the capacity to engage in the services provided.</li> </ul>

## Process from Referral to Admission



**Paperwork required to be submitted for referral to be reviewed:**

To be completed by the referral source and sent to Bestwood Agency by fax/e-mail
<ul style="list-style-type: none"><li><input type="checkbox"/> Referral Form</li><li><input type="checkbox"/> Client question sheet</li><li><input type="checkbox"/> Copy of most recent DA/psych evaluation</li><li><input type="checkbox"/> Proof of active insurance that covers IRTS stay (MNITS print out or similar)- except for those currently incarcerated</li><li><input type="checkbox"/> Copy of insurance card and some form of ID for client</li><li><input type="checkbox"/> H&amp;P (health and physical) from within the last 30 days)</li><li><input type="checkbox"/> General ROI signed by the client for Bestwood Agency IRTS to receive necessary records for admission</li><li><input type="checkbox"/> Copy of any current court orders for guardianship or commitment</li></ul> <p style="text-align: center;"><b><u>FAX your referral request to ADMISSIONS Attention: Stephanie at 320-774-1188 or email it to Skandie@bestwoodagency.com</u></b></p> <p style="text-align: center;"><b><u>Referrals will not start being reviewed until ALL documentation has been received. When all information is received for the referral, a decision will be made within 72 hours.</u></b></p>
To be completed by the county of financial responsibility
<ul style="list-style-type: none"><li><input type="checkbox"/> Authorization of placement form</li><li><input type="checkbox"/> Agreement for placement form</li></ul>
To be completed by the client
<ul style="list-style-type: none"><li><input type="checkbox"/> Placement Agreement with county of financial responsibility</li></ul>
To be given to the client
<ul style="list-style-type: none"><li><input type="checkbox"/> House Rules</li><li><input type="checkbox"/> Packing List</li></ul>
To be faxed to Genoa Pharmacy <u>at least 2 days prior to admission date</u>

- Standing order medication Form filled out and signed by the provider
- Enrollment forms
- Current medication list signed by the provider

-Once you have received confirmation of approval of admission and intake date, please send all medication forms (pages 15-17) to both Bestwood Agency by fax at 320-774-1188, as well as to Genoa pharmacy at 320-345-3052 at least TWO DAYS prior to intake date.

-Clients whose medications are not received by Genoa pharmacy at least two days prior to intake date will not be accepted and their intake date will have to be delayed.

## Bestwood Agency IRTS Referral Form \*PLEASE FILL OUT COMPLETELY!\*

Date of Referral:	
Source of Referral (hospital, treatment, etc.,):	
Client Name:	
Date of Birth:	
Gender:	
Social Security Number:	
Client Phone Number:	
Client address prior to placement:	
Client's current location:	
County of Financial Responsibility:	
Current Insurance:	Type: _____ (indicate whether private or state funded)  ID/PMI #: _____  Group #: _____  Policyholder Name: _____  <u>Any restrictions in place?</u> IMD/ending in less than 30 days, Private insurance, restricted to certain medical providers/locations? (circle what applies)
Monthly income amount and source of income:	
Anticipated discharge date (if applicable):	
Preferred date of IRTS admission:	
Client Diagnoses (please give DSM codes as well as descriptions):	
Commitment, guardianship, probation, parole?	<input type="checkbox"/> Mental Illness Commitment <input type="checkbox"/> Mental Illness/Chemical Dependency Commitment <input type="checkbox"/> Guardianship/Legal status

	<input type="checkbox"/> Probation/Parole <input type="checkbox"/> None
Commitment Social Worker Contact Information (if applicable):	Name: _____ County: _____ Phone: _____ Email: _____
County Social Worker or Financial Worker Contact Information (if applicable):	Name: _____ County: _____ Phone: _____ Email: _____
Probation/Parole Contact Information:	Name: _____ County: _____ Phone: _____ Email: _____
Does the client need permission or any restrictions with taking passes from the facility?	<input type="checkbox"/> Yes Explain: _____ <input type="checkbox"/> No

Please circle/explain all that apply:

Concern	Explanation
History of medication noncompliance?	
History of aggression/violence (physical, sexual, verbal, etc.) towards others?	
History of property destruction/fire setting?	
History of sexual assault/abuse towards others, including past history of criminal sexual conduct (any degree) or requirements to register as a predatory offender?	
History of client experience of physical, verbal, sexual, or any other victimization?	
Suicidal thoughts, behaviors, or past history of attempts (regardless of timeline):	
Self-injurious behavior (cutting, head banging, med noncompliance, refusal to eat/drink, etc.)	
Chemical dependency or substance use?	
Disordered eating patterns or concerns?	
Toileting/ADL concerns? (incontinence, bladder or bowel dysfunction, wears adult diapers, needs assistance getting around, etc.)	
Mobility concerns?	
Other physical health concerns?	

Name of person completing this form:

Phone Number:

Email Address:

## Emergency Discharge Plan

If Bestwood cannot meet the recipient's health and safety needs, or it is determined that a particular recipient presents an imminent danger to themselves or others, Bestwood must arrange to transfer the recipient to a provider or setting that has the capacity to meet the recipient's needs.

### The plan:

\_\_Contact case manager: revocation of civil commitment and hospitalization

\_\_Contact probation/parole officer: violation of probation and incarceration

\_\_Transfer to detox facility

\_\_Contact local law enforcement

\_\_Alternative placement— (specify plan)

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### List anyone who must be notified:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**The following actions are health and/or safety hazards and will result in an emergency discharge.**

The treatment team, including the recipient's case manager and/or probation officer will be consulted in the below instances:

- Assault of another recipient or staff person
- Any action that puts themselves or others in danger
- Bringing Alcohol, drugs, or paraphernalia into the building or onto the property
- Alcohol or drug use in the house or on the property
- Any act of aggression or violence towards staff or other clients



# Bestwood IRTS Placement Agreement with County of Financial Responsibility

1. I, \_\_\_\_\_, am an authorized representative of \_\_\_\_\_ County and serve as a case manager for \_\_\_\_\_, admitted on \_\_\_\_\_.
2. IRT Eligibility. I have evaluated the client's eligibility for Intensive Residential Treatment and have determined that this client meets the individual eligibility for services.
3. Case Management. I will continue to monitor the client's progress and make determination of this client's eligibility for continuing stay and discharge.
4. County of Financial Responsibility. I understand that the above-named county is the County of financial responsibility under Minnesota Statutes Section 245G and agree to honor all responsibilities as the County of financial responsibility.
5. MA Eligibility. This client is eligible for and open with the following Medical Assistance Programs:
  - a. MA
  - b. PMAP-The PMAP Provider is \_\_\_\_\_.
  - c. MA Waiver- the waiver is \_\_\_\_\_.
  - d. GAMC
  - e. Private Pay
  - f. Other: \_\_\_\_\_.
6. Continuing MA Eligibility. I agree to assume responsibility to maintain the client's eligibility for Medical Assistance throughout placement.
7. Non-MA Match Funds Exhausted. The above-named County, as the County of Financial Responsibility, agrees to pay for all services if designated non-MA match funds from the Adult Mental Health Integrated Grant are Expended.
8. Loss of MA Eligibility. The above-named County, as the County of Financial Responsibility, agrees to pay for all services if the client is no longer eligible for Medical Assistance level of service.
9. Emergency Discharge. The provider has received an emergency discharge plan that plans for the possible failure of this placement by:
  - a. Instructing the provider how to notify me if the client leaves prior to discharge.
  - b. Providing arrangements to transport the client back to the referring county.
  - c. Committing the above-named referring County to assume full responsibility for the cost of transporting the client back to that county.
  - d. Committing the above-named referring county to pay 100% of any costs incurred while the client remains in Stearns County if the client leaves prior to discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Client Question Sheet

Client Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Tell us what you are hoping to work on while at Bestwood Intensive Residential Treatment Services?

Please circle which areas are concerns for you that we can help you with while in our program (Write in any other areas of concern not listed:

- Education on mental health
- Managing mental health symptoms
- Child visitation/social service involvement
- Physical health issues
- Basic living skills
- Anger management.
- Rebuild family relationships.
- Maintaining sobriety
- Social skills
- Legal concerns
- Employment
- Housing
- Others:

Are there any fears or concerns you have about treatment?

What have been your barriers to completing treatment or mental health/chemical dependency services in the past?

Client Signature: \_\_\_\_\_

## Packing list

- ✚ Thank you for choosing us to help support your path to recovery. We look forward to seeing you.
- ✚ Please follow these guidelines to ensure everyone's safety and well-being. We'll inspect your bags for prohibited items during the intake process. The Treatment Director and Program Director make therapeutic decisions about which items are allowed as needed.
- ✚ Prohibited items will be locked on-site until discharge and will not be accessible during treatment.
- ✚ NOTE: Any items from the list below that you choose to bring must be able to all fit into one carryon sized suitcase, duffle, or other style bag at intake; an additional small personal sized bag will also be allowed if needed (approximately the size of a medium purse, small backpack, or small gym duffle). After intake and throughout your stay with Bestwood, the treatment team will assess and determine if/when you can bring more items to support the length of your stay and will inform you of what you can bring.

### **What Bestwood Agency IRTS provides to you:**

Furnished Bedroom	<ul style="list-style-type: none"> <li>-Bed with sheets and a comforter</li> <li>-Nightstand</li> <li>-Closet for hanging clothing</li> <li>-Laundry basket</li> <li>-Safe for your bedroom with key</li> <li>-Basic clothing items for clients that come with no clothes (t-shirt, shorts/sweatpants, underwear, socks, bras, shower shoes)</li> <li>-Hygiene items to include shampoo/conditioner, body wash, towels, washrags, Q-Tip's, toothbrush/toothpaste, lotion, toilet paper, razors, facility clippers, and nail clippers with supervision, feminine hygiene including pads and tampons as needed</li> </ul>
Food/Meals	<ul style="list-style-type: none"> <li>-3 meals per day (breakfast, lunch, dinner) are provided at the facility as part of your stay</li> <li>-2 snacks per day are provided as part of your stay</li> </ul>
Other Miscellaneous	<ul style="list-style-type: none"> <li>-Games, books, art supplies</li> <li>-Tv in all client pod areas as well as common areas (Netflix, Disney Plus, Hulu that can be used outside of programming time)</li> <li>-Client phone</li> <li>-Wi-Fi for resident use</li> </ul>

### What to pack:

Clothing Items	Please only pack enough clean and laundered clothing for 4-7 days and 1-2 pairs of shoes. Bring clothing that is appropriate for the weather. You will have access to laundry facilities and detergent is provided.
Other Items	<ul style="list-style-type: none"><li><input type="checkbox"/> Up to 6 cosmetic items (makeup, skincare, etc.,)</li><li><input type="checkbox"/> Contact lens solution and its case (new sealed bottle)</li><li><input type="checkbox"/> Reading Glasses</li><li><input type="checkbox"/> Hearing Aids</li><li><input type="checkbox"/> Medical Devices like CPAP/BIPAP machines, etc.,</li><li><input type="checkbox"/> Feminine Hygiene Products (tampons and pads must be new and sealed)</li><li><input type="checkbox"/> Tobacco products including rolling paper, loose tobacco, e-cigarettes, lighter, matches (<i>all will be locked up and only accessible from 7am-12am, and accessible at the top of every hour during that time.</i>)</li><li><input type="checkbox"/> Leisure Books- up to 5, and please be conscious of the content</li><li><input type="checkbox"/> Personal journals, bibles or other faith texts are allowed in addition to leisure books.</li><li><input type="checkbox"/> Art supplies, such as coloring books, markers, gel pens, etc., are generally allowed, but the quantity is limited to one per item. The facility also has arts and crafts supplies to choose from.</li><li><input type="checkbox"/> Heated hair styling devices may be allowed on a case-by-case basis.</li><li><input type="checkbox"/> Headphones/air pods/earbuds can be brought (1 pair per client) for listening to music and/or talking on the phone.</li><li><input type="checkbox"/> Electronics including cell phone (1 working phone per client), laptop/tablet (1 per client)</li></ul>

### **What Not to Pack:**

Clothing	<ul style="list-style-type: none"><li><input type="checkbox"/> Advertising or promotion of drug, alcohol or tobacco use, bars or gambling, or has sexual or gang connotations or promotes violence.</li><li><input type="checkbox"/> Clothing that is ripped, torn, see-through, or has holes that expose private body parts.</li></ul>
Weapons	<ul style="list-style-type: none"><li><input type="checkbox"/> pocketknives, tasers, pepper spray, etc.,</li></ul>
Illegal Drugs	<ul style="list-style-type: none"><li><input type="checkbox"/> Alcohol</li><li><input type="checkbox"/> Drugs</li><li><input type="checkbox"/> Paraphernalia</li><li><input type="checkbox"/> CBD/THC products</li><li><input type="checkbox"/> Products containing alcohol</li></ul>
Others	<ul style="list-style-type: none"><li><input type="checkbox"/> Gambling Games</li><li><input type="checkbox"/> Items with sexually suggestive content or photos</li><li><input type="checkbox"/> Aerosol cans (dry shampoo, hairspray, body spray, etc.,)</li><li><input type="checkbox"/> Extension cords or power strips</li><li><input type="checkbox"/> Candles or incense</li><li><input type="checkbox"/> Personal DVD's/CD's</li><li><input type="checkbox"/> Expensive jewelry, accessories, or clothing</li><li><input type="checkbox"/> Cameras other than cell-phone cameras</li><li><input type="checkbox"/> Over the counter medication</li><li><input type="checkbox"/> Medication not prescribed to you</li><li><input type="checkbox"/> Supplements including workout powder, pills, etc.,) that are not prescribed to you by a doctor</li><li><input type="checkbox"/> Speakers, radios</li><li><input type="checkbox"/> Furniture</li><li><input type="checkbox"/> Food/beverages</li></ul>

Client signature \_\_\_\_\_ Date \_\_\_\_\_

## Bestwood House Rules

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**The following rules have been developed to ensure the health and safety of all Bestwood residents. Infractions may result in disciplinary action ranging from loss of privileges to discharge from the facility.**

1. Upon admission, all residents will be placed on a level 1 and must remain on Bestwood property for 14 days unless accompanied by staff. Special circumstances will be addressed as needed.
2. Residents are expected to attend all scheduled program groups and activities.
3. No inappropriate touching of self or others.
4. Staff reserves the right to change the level of treatment and initiate behavior contracts and/or performance improvement plans at any time for any reason.
5. All residents and resident's belongings are subject to search upon entering Bestwood and any bags or packages brought into Bestwood are subject to search.
6. Visits by family and friends are allowed daily (if residents aren't on visiting restrictions) See visiting hours in client handbook.
7. Confidentiality of all residents must always be maintained by staff, residents, and visitors.
8. No visitors are allowed in clients' bedrooms. All visits must take place in common areas such as dining rooms or lounge areas.
9. Residents are prohibited from being in another resident's room.
10. Absolutely no borrowing money from other residents.
11. Residents are expected to take all medications as prescribed by their physician.
12. Residents are required to wear shoes/socks, or slippers always when in the halls or shared areas of the building for safety reasons.
13. Sexual activity of any kind is always prohibited in the building.
14. All residents are required to always wear appropriate attire when in the halls or shared areas of the house (ex. No short shorts, no pajamas, no sunglasses covering eyes, Pants must be worn no lower than the hips and undergarments not exposed.)
15. The use of alcohol, drugs, herbal supplements, energy supplements, and/or nonprescribed mood-altering substances of any kind are prohibited on the premises.
16. Residents are prohibited from serving themselves meals in the main kitchen without staff supervision. All meals will be provided.

17. Residents are prohibited from cooking without staff permission and supervision.
18. Smoking and chewing tobacco are allowed only in the outside designated area. All tobacco products must be kept in the resident's bin in the locked closet and can be accessed at the top of every hour.
19. Smoking, eating, or drinking is prohibited in all company vehicles.
20. Eating and drinking are only allowed in the kitchen or designated eating area. Food and beverages are prohibited in any other areas of the house except for water.
21. All food brought in by residents must be labeled, dated, and stored in the kitchen.
22. Uncontrolled behavior harmful to other residents, the staff, or the building is not allowed and may result in immediate discharge, hospitalization, incarceration, or a change in Level of treatment.
23. Bullying, profanity, and vulgar language will not be tolerated.
24. Body modification (piercings, tattoos, brands, etc.) is prohibited while in the Bestwood program. The administration and receiving of body modification on Bestwood property is prohibited.
25. Candles and incense are prohibited in the building.
26. Every resident is responsible for doing his/her own laundry with staff supervision.
27. Every resident is responsible for cleaning up after themselves (including the resident's room).
28. Noise levels (TVs, etc.) must be kept at a minimum. No radios, phone music or speakers without headphones allowed.
29. Residents will take personal belongings and hygiene products out of the bathrooms and store them in their rooms.
30. All restricted items such as razors, clippers, scissors, aerosols, etc. will be secured in the staff office.
31. Hair dying on the premises is prohibited.
32. Curfew hour is 10:00 pm 7-days per week. Exterior doors will be locked at this time.
33. Wake up is at 7 am. The lights go out at 12am 7 days per week.
34. Any resident items left at Bestwood after discharge will be stored for no longer than 30 days, at which time, the items will be disposed of.

\*Any rules not addressed in this list are at the discretion of the Treatment Director.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_