

Admission Criteria Summary

Intensive Residential Treatment Services (IRTS)

Intensive residential treatment services are time-limited (up to 90 days) mental health services provided in a residential setting to adults in need of a more restrictive setting (versus community setting) and at risk of significant functional deterioration if they do not receive these services. The program is designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Treatment will be directed to a targeted discharge date with specified goals and outcomes and consistent with evidence-based practices. The services are designed to promote individual choice and active involvement of the individual in the treatment process. IRTS admission is based on Minnesota Statutes and Department of Human Services Rules

The following criteria must be met for the individual being referred to be admitted:

- The individual must be an adult (age 18 or older)
- The individual must be eligible for MA
- The individual must be diagnosed with a mental illness based on a diagnostic assessment. A diagnostic assessment is a written evaluation conducted by a mental health professional to include a person's: current life situation and sources of stress, including reasons for referral; history of current mental health problems, including important developmental incidents, strengths, and vulnerabilities; current functioning and symptoms; diagnosis, including whether or not the person has a serious and persistent mental illness; and needed mental health services.
- The individual, because of a mental illness, must have substantial disability and functional impairment in three or more of the following areas so that self-sufficiency is markedly reduced:
 - Use of drugs and alcohol
 - Vocational and educational functioning
 - Social functioning, including the use of leisure time
 - Interpersonal functioning, including relationships with the adult's family
 - Self-care and independent living capacity
 - Medical and dental health
 - Financial assistance needs
 - Housing and transportation needs
 - Other needs and problems
- The individual has one or more of the following:
 - a history of two or more inpatient hospitalizations in the past year
 - a significant independent living instability
 - homelessness
 - very frequent use of mental health and related services yielding poor outcomes
- The individual, when assessed using the LOCUS, will need a "medically monitored level of service" (level 5). If this individual is assessed to have needs that are not at this level, the clinical supervisor at PrimeWest Residential Support Center must evaluate and document how the individual's admission to and continued services in IRTS is medically necessary.



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Individuals who are likely not appropriate for IRTS admission include:

- Individuals who present a substantial risk of harm to self, others, and/or property or are unable to care for their own physical health and safety in a life-endangering situation (such as fire);
- Individuals who are believed to have used alcohol of sufficient amount and duration to create a reasonable expectation of withdrawal upon cessation of use;
- Individuals who have complex medical/nursing care and/or other serious health care conditions.

Admission Requirements:

- 1) Completion of the IRTS Case Manager Referral Information form;
- 2) Completion of the Preadmission Medical and Physical Requirements forms by a physician or qualified nurse practitioner or physician assistant;
- 3) Confirmation of current medications and prescription availability through the local pharmacy;
- 4) Verification of a funding source in place;
- 5) Approval of the Program Director.

Please feel free to contact the Program Director or Clinical Supervisor at (218)333-2300 regarding any questions or to discuss any concerns or requests for additional information.





PrimeWest Residential Support Center

3124 Hannah Avenue NW

Bemidji, MN 56601

Phone: (218) 333-2300

Fax: (218) 333-0317

IRTS Case Manager Referral Information

Please attach current LOCUS, Diagnostic Assessment, and Functional Assessment if available.

Referral Source Name: _____ Phone: _____

Referring Agency: _____

County of Responsibility: _____ Phone: _____

Recipient Name: _____ DOB: _____ Phone: _____

Gender: Male Female

Marital Status: Single Married Divorced Separated Widowed

Recipient Address: _____

Current Placement: Foster/Group Home Inpatient Psych Hospital CBHH Home Other

Placement Contact: _____ Phone: _____

Legal Status: Voluntary Commitment Stay of Commitment Guardianship: _____

Medical Provider: _____ Mental Health Provider: _____

Clinic: _____ Phone: _____

Clinical Impression/Diagnosis: _____

Reason for Placement: _____

Goals for Placement: _____

Additional Information Pertinent to IRTS Placement (support system, cultural considerations, etc.):





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Financial Information

Monthly Gross Income: _____ Reductions to Income: _____

Income Source(s): Employment Unemployment Insurance VA Disability Workmen’s Compensation
 GA GMAC RSDI SSI Social Security Pending Retirement Fund

Employer if applicable: _____

Current Housing Resources: Section 8 (HUD) Bridges Crisis Housing Fund Other: _____

Funding Source

Programming Funding Source: MA MA Pending Minnesota Care Private/Commercial Insurance

MA PMI#: _____ Effective/Anticipated Effective Date: _____

Insurance ID#: _____ Group #: _____ Pre-Auth: _____

Application Approved Application Approval Pending

Need to keep application

Recipient is aware and agrees Recipient is aware disagrees

THE FOLLOWING INFORMATION WILL BE REQUIRED PRIOR TO INTAKE:

- Copy of the court findings, if a recipient is on a full commitment or stay of commitment, which indicates the type of commitment as well as a copy of the provisional discharge.
- Copy of the completed PrimeWest Residential Support Center “Admission Medical and Physical Requirements” form or equivalent current physical exam (within 30 days), to include medical history, immunization record, and a statement the individual is free of communicable disease, signed by a physician or qualified nurse practitioner; and
- Three day supply of medication and current prescriptions for all medications or confirmation from the 1611 pharmacy that the prescriptions have been received and the pharmacy is able to fill the prescriptions.





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Physical Examination and Medical Requirements

Patient Name: _____ DOB: _____

Physician Name: _____ Clinic: _____

The following items are required prior to admission to PrimeWest Residential Support Center:

Physical examination and medical history completed, within the last 30 days, and signed by a licensed physician or qualified nurse practitioner or physician assistant. If no, exam must be scheduled within 5 days of admission.

Date Completed: _____

For Sanford Health Providers:

Current physical examination, medical history, immunization record is available via One Chart.

For Non-Sanford Providers:

Copy of current physical examination, medical history, immunization record is enclosed.

Yes No

Communicable Disease

This individual is currently free from communicable disease: Yes No

Current Mantoux (within the last 60 days) Yes No

(If no, Mantoux must be given prior to admission and read by a nurse after admission).

Date Read: _____ Results: _____ Signature/Title: _____

Current Medication List and Allergies

For Sanford Health Providers:

Current medication list on One Chart has been reviewed and signed by physician: Yes No

For Non-Sanford Providers:

List of current medications and allergies signed by a physician and enclosed: Yes No





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Admission Physical Examinations and Medical Requirement

For Sanford Health Providers:

Current medication list on One Chart has been reviewed and signed by physician: Yes No

For Non-Sanford Providers:

List of current medications and allergies signed by a physician and enclosed: Yes No

Over the Counter Medication (**See enclosed PrimeWest Residential Support Center “Standing Orders for Over the Counter Medications” form for medications and protocols**).

Approved to use over the counter medications: Yes No

Exceptions to over the counter medication use: _____

Diet: _____

(Patient must be able to self manage any dietary restrictions and/or needs)

Activity Level

Activity Ad Lib (no restrictions): Yes No

Exceptions/Limitations: _____

Self Preservation Skills

In an emergency requiring evacuations from the premises (fire, gas leak, etc.), this person is capable of taking appropriate action for self preservation. Yes No

Nursing Care

Nursing services are provided a minimum of 8 hours per week to the residence. This individual is appropriate for placement in a facility providing 24-hour supervision and direction by non-nursing human service personnel. Yes No

Additional Orders (include any orders for labs related to medications requiring periodic blood draws)

Physician Signature

Date/Time

