

**Central Minnesota Mental Health Center
Northway Intensive Residential Treatment
Referral Information Form**

Date of Referral:	County of Financial Responsibility:
Client Name:	County of Residence:
Legal Address:	Phone:
Date of Birth:	Social Security #
Medical Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No If PMAP, Type:	MA #:
Other Insurance:	
Referral Source:	Referent's Phone Number:
Reason for referral:	

Is the client aware and in support of this referral? Yes No

DIAGNOSIS

Most Recent Diagnostic Assessment Date:	Completed By:
DSM 5:	
DSM 5:	
DSM 5:	
DSM 5:	

CURRENT SERVICE PROVIDERS / INVOLVED PERSONS

County Social Worker:	Agency:	Phone:
Is county social worker aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		In support of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatrist:	Clinic:	Phone:
Is psychiatrist aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		In support of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Therapist:	Clinic:	Phone:
Is therapist aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		In support of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Worker:	Agency:	Phone:
Representative Payee:	Agency:	Phone:
ARMHS Worker:	Agency:	Phone:
Guardian/Conservator:		Phone:
Other:		Phone:
Other:		Phone:
Other:		Phone:

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Current living situation: _____

Current sources of income: _____

Is the recipient under a civil commitment? Yes No **Type:** _____ **Expiration date:** _____

SUPPORTING DOCUMENTATION

The following documentation is required to review referrals. Please check all that is included:

- Release of Information
- Psychiatric assessment
- Current medication list
- Current assessments
 - Functional assessment
 - Diagnostic assessment
 - Other pertinent clinical assessments
- Case management / Treatment plan (most recent)
- Other pertinent treatment information (support services)
 - Mental health treatment
 - Medical
 - Employment
 - Housing
 - Education
 - Financial/benefits
- Crisis/Safety Plan
- Legal: Documentation of civil commitment / criminal history (current or past)
- Guardian / Conservatorship documentation

REFERRAL PROCESS

This referral form and all supporting documentation should be faxed to:
Northway Intensive Residential Treatment
(320)529-4909

Northway 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 10 recipients at a time. Our treatment team includes a Mental Health Professional who serves as our Clinical Supervisor; a Registered Nurse, and the rest of our staff qualify as either Mental Health Practitioners or Mental Health Rehab Workers. We also have Certified Peer Specialists on our staff team, who use their own real-life experience to relate to recipients in a unique way and assist 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 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.