NEW YORK STATE OF OPPORTUNITY. | Hudson River Field Office

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HUDSON RIVER REGION RESIDENTIAL TREATMENT FACILITY REFERRAL CHECKLIST

The following documents and supporting information are required or requested for RTF Eligibility review:

☐ 1. **APPLICATION:** Pages 1 – 3, completed in entirety and signed.

☐ 2. **REFERRAL SUMMARY**: Please include on page 1 of application or separately if preferred. The summary should include the most salient features of the case, including examples and descriptions of concerning behavior and symptoms, information regarding performance of age-appropriate activities, interests, self-care skills and ability to relate to others. Please be sure to address why RTF level of care will serve the needs of the child.

☐ 3. **PSYCHIATRIC EVALUATION**: The evaluation should include a current mental status, history of prior psychiatric care and treatment, diagnostic formulation (with clear examples that substantiate clinical tenets), DSM V diagnosis, prognosis, and a brief summary of past and present psychotropic medication and its effectiveness. **A full psychiatric examination must have been performed within the last year, with an update within the past 90 days of the time of referral, verifying that the psychiatric examination accurately reflects the youth's current level of functioning. The update must be completed by the treating MD. The RTF Authorization Review Process team might request an updated psychiatric under 90 days based upon the youth's current clinical status.**

☐ 4. **PSYCHOLOGICAL/ EDUCATIONAL ASSESSMENT**: Must be completed by a licensed psychologist within 3 years of referral and must include cognitive testing including Full Scale IQ.

☐ 5. **PSYCHOSOCIAL:** Performed within one year of referral. The Psychosocial should include: Developmental History, Environmental/Family/Social Status and an Educational/Vocational Summary.

☐ 6. **RELEASE FORMS/CONSENTS:**

A) REQUEST FOR DISABILITY DETERMINATION

B) INFORMED CONSENT FOR THE OFFICE OF MENTAL HEALTH RESIDENTIAL TREATMENT FACILITY AUTHORIZATION REVIEW PROCESS

☐ 7. **LETTER OF SUPPORT FROM SPOA COORDINATOR** (Preferred, not required)

☐ 8. **DIVIDERS:** Please use dividers, provided by the Hudson River Field Office, to organize referral packet before submitting.

The following are not required for RTF Authorization Review Process review but mandatory for RTF Admission if eligible:

- **IMMUNIZATION RECORD**
- **SOCIAL SECURITY CARD** (copy)
- **HEALTH INSURANCE CARD(S) (Medicaid or any other)-** copy front and back
- **Birth Certificate**

(HR Authorization Review Process 11/2020)