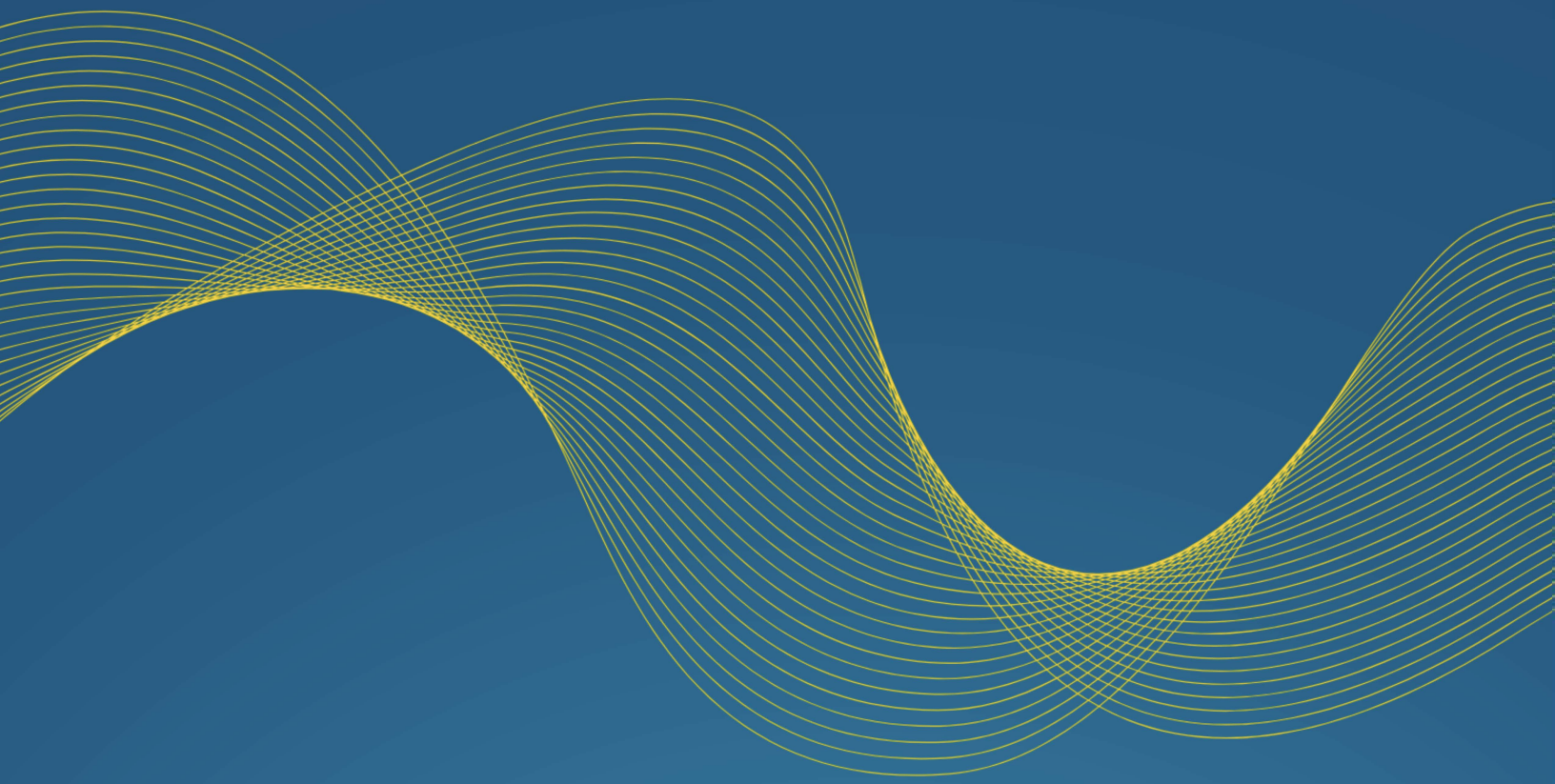
Horowitz Health™

INTENSIVE RESIDENTIAL TREATMENT SERVICES



REFERRAL PACKET

Dear Referent,

Thank you for your continued commitment to serving individuals with serious and persistent mental illness (SMI) . This *Intensive Residential Treatment Services (IRTS) Referral Packet* outlines our clinical expectations, placement criteria, and required documentation for admission consideration across our IRTS programs.

Horowitz Health (HH) is proud to operate several specialized IRTS facilities designed to meet the diverse needs of individuals requiring structured, rehabilitative mental health (MH) services. Our facilities promote psychiatric stabilization, recovery, and skill development in preparation for more independent living. Our programs operate under the clinical and regulatory standards established by the State of Minnesota (MN), and we strive to make each placement clinically appropriate, timely, and collaborative.

This packet includes specific admission guidelines for each IRTS site, as well as a streamlined referral and release of information process to facilitate rapid review and placement. Whether you are referring to Recovery Academy 1 (RA1); which supports young adults navigating transitional challenges, or The Landing 2 (TL2); which serves individuals with neurocognitive impairments, our team is committed to working closely with you to ensure that referrals are thoroughly reviewed and matched to the most appropriate setting.

We understand that the referral process can be complex, and we welcome your partnership in making this process efficient and person-centered. Please do not hesitate to contact our admissions team at Admissions@horowitzhealth.com or (651) 728-9147 with any questions or to discuss unique referral circumstances.

Thank you again for your trust in HH. Together, we can support individuals on their journey toward recovery, empowerment, and stability.

Damir S. Utrzan, Ph.D., LMFT
President and Chief Executive Officer
Horowitz Health

Licensed Marriage and Family Therapist (FL, MN,WI)
Board-Approved Clinical Supervisor (LADC, LPC, LPCC, LMFT)
Clinical Fellow, American Association for Marriage and Family Therapy

Intensive Residential Treatment Services Referral Packet

Overview

Intensive Residential Treatment Services (IRTS) are time-limited (i.e., up-to 90 days) MH services provided in a residential setting to adults in need of a more restrictive milieu and at risk of significant functional deterioration if they do not receive these services. Horowitz Health (HH) operates several specialized IRTS facilities designed to develop and enhance psychiatric stability; along with promoting personal and emotional adjustment, in preparation for independent or semi-independent living. Treatment is directed to a targeted discharge date with specified goals and outcomes consistent with evidence-based practices (EBPs). The services are designed to promote individual choice and active involvement of the patient in the treatment process. Admission is based on specific criteria outlined in Minn. Stat. § 245I.23, Subd. 15 for IRTS.

IRTS Admission Criteria

1. Age 18 years of age or older.
2. Diagnosed with a mental illness (MI) according to dimensions outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR).
3. Has the need for MH services that cannot be met with other available community-based services or is likely to experience a MH crisis or require a more restrictive setting if intensive rehabilitative mental health services are not provided as determined by the written opinion of a mental health professional (MHP).
4. Functionally impaired because of MI, in **three or more areas** of a functional assessment (FA) pursuant to Minn. Stat. § 245.462, Subd. 11a.
   - ☐ 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.
5. Additionally, **one or more** of the following:
   - ☐ History of recurring or prolonged inpatient hospitalization in the past year.
   - ☐ Significant independent living instability.
   - ☐ Homelessness.
   - ☐ Frequent use of MH and related services yielding poor outcomes

General Consideration

The following information is required before intake:

- ☐ Copy of the court findings, if a patient is on a full commitment or stay of commitment, which indicates the type of commitment as well as a copy of the provisional discharge (PD).
- ☐ Copy of completed health and physical (H&P) within 30 days that includes: (1) medical history, (2) immunization record, and (3) statement that patient is free of communicable diseases signed by a physician or qualified NP.
- ☐ Three-day supply of current medications.

Specific Consideration for The Landing 2 (TL2)

The following information is required before intake at TL2:

- ☐ Suspected or diagnosed neurocognitive disorder (e.g., traumatic brain injury [TBI], early-stage dementia, intellectual disability, stroke-related cognitive decline, etc.).
- ☐ Functional impairments in memory, judgement, or executive functioning that interfere with independent living or treatment engagement.
- ☐ Stable medical status and does not require skilled nursing or acute inpatient hospitalization.

Specific Consideration for The Recovery Academy 1 (RA1)

The following information is required before intake at RA1:

- ☐ Between 18 and 36 years of age.
- ☐ Experiencing functional impairments in at least one area: (1) education, (2) employment, (3) housing stability, or (4) interpersonal relationships.

Application

Individuals who are likely not appropriate for IRTS admission include: (1) 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 (e.g., fire), (2) believed to have used alcohol of sufficient amount and duration to create a reasonable expectation of withdrawal upon cessation of use, and (3) those who have complex medical or other serious health care conditions. Please contact admissions at Admissions@horowitzhealth.com or (651) 728-9147. Complete and submit the following for admission consideration:

1. Case manager referral form.
2. Pre-admission medical and physical requirements form by licensed provider or qualified nurse practitioner (PNP).
3. Confirmation and list of current medications prescribed.
4. Verification of funding source.
5. Program director recommendation.

Case Manager Referral Form

Please attach the most recent: (1) diagnostic assessment (DA), (2) level of care utilization system (LOCUS) assessment, and (3) functional assessment (FA).

Client Information

Client Name:		**Date of Birth (DOB):**	
Client Age:		**Ethnicity:**	
Sexual Orientation:		**Gender Identity**	
Religion:		**Spirituality:**	
Language Preference:		**Employed:**	Yes ☐ No ☐
Level of Education:		**Employment Status:**	
Financial Concerns:	Yes ☐ No ☐	**Veteran:**	Yes ☐ No ☐
Legal Status:	Voluntary ☐		Commitment ☐
	Stay of Commitment ☐		Guardianship ☐

Referent Information

Name:		**County of Responsibility:**	
Title:		**Phone Number:**	
Agency:		**Fax Number:**	
Address:		**E-Mail Address:**	

Clinical Impression and Diagnoses

Reasons for Placement

Goals for Placement

Client Financial Information

Monthly Gross:		**Reductions:**	
Employer:		**Employer Phone:**	

Client Income Source

- ☐ Employment
- ☐ Veterans Affairs Disability
- ☐ General Assistance
- ☐ Retirement Survivors Disability Insurance
- ☐ Social Security Income Pending
- ☐ Other: _____
- ☐ Unemployment Insurance
- ☐ Workmen's Compensation
- ☐ General Assistance and Medical Care
- ☐ Social Security Income
- ☐ Retirement

Client Housing Source

- ☐ Section 8
- ☐ Crisis Housing Fund
- ☐ Bridges
- ☐ Other: _____

Client Funding Source

- ☐ Medical Assistance
- ☐ Minnesota Care
- ☐ County: _____
- ☐ Medical Assistance Pending
- ☐ Private or Commercial

Client Funding Source

Medical Assistance, Person Master Index: _____

Effective Date: _____

Insurance Name: _____

Insurance Number: _____

Insurance Group Number: _____

Pre-Authorization Required: Yes ☐ No ☐

Release of Information

Client Information

Client Name | Date of Birth (DOB)

Street Address | E-Mail Address

City | State | Zip Code | Phone Number

Releasing Party

Party Name

Street Address | E-Mail Address | Fax Number

City | State | Zip Code | Phone Number

Receiving Party

Horowitz Health (HH)

Party Name

1295 Northland Dr., Ste. 270 | Admissions@horowitzhealth.com | (651) 448-2147

Street Address | E-Mail Address | Fax Number

Mendota Heights | MN | 55120 | (651) 728-9147

City | State | Zip Code | Phone Number

Release Purpose

- ☑ Continuing Care
- ☐ Insurance
- ☐ Other:
- ☐ Personal Use
- ☐ Social Security
- ☐ Legal
- ☐ Disability

Pursuant to Minn. Stat. § 144.294 and 45 CFR § 164.524, fees may be charged for release of documentation.

Information to be Released

I want my records related to:

I want my records for the following dates:

Individual Options

- ☐ Diagnostic Assessment
- ☐ Health History
- ☐ Functional Assessment
- ☐ Everything
- ☐ Individual Encounters
- ☐ Group Encounters
- ☐ Intake Forms
- ☐ Individual Abuse Prevention Plan
- ☐ Treatment Plan
- ☐ Locus of Care Assessment
- ☐ Immediate Needs Assessment

Method of Release

Date records are needed:

Individual Options

- ☐ Secure E-Mail
- ☐ U.S. Mail
- ☐ Non-Secure E-mail (i.e., Client Only)
- ☐ Pick-Up
- ☐ Fax

Acknowledgement and Authorization

By signing this form, I authorize the release of my protected health information (PHI) to- and from- any IRTS facility currently operated or later opened by HH, for the purposes of determining clinical fit, coordinating placement, admission, treatment, and continuity of care. A list of facilities is available to me upon request. This authorization is valid for one (1) year from the date signed unless a different expiration is specified. I may revoke this authorization in writing at any time, but any disclosures made before revocation remain valid. Refusal to sign will not impact my access to treatment. Copies or faxes of this form are valid as originals. My records may include information from other providers, which may be re-disclosed if integrated into my HH file. Once released, information may not remain protected under state or federal privacy laws, and HH is not responsible for further disclosure. SUD information is protected under 42 CFR Part 2 and may not be shared without your explicit consent. My signature confirms that I understand and agree to the terms of this release.

Client or Representative Signature | Date

Intensive Residential Treatment Services

County of Financial Responsibility Placement Agreement

Introduction and Overview

Intensive Residential Treatment Services (IRTS) is a medically monitored, time-limited level of care designed to promote psychiatric stabilization, recovery, and skill-building in preparation for more independent living. Minn. Stat. § 256G requires that counties assume financial responsibility for qualifying clients at the time of referral or admission. Under these provisions, a County of Financial Responsibility must be identified for each placement and must adhere to statutory obligations throughout the client's stay and in the event of emergency discharge. **This Placement Agreement outlines the responsibilities of the referring county and HH (HH) to ensure compliance with state regulations, promote coordinated care, and safeguard the client's continuity of services.**

Client Placement and Case Management

I, _____, an authorized representative of _____ county, serve as case manager for _____, who was admitted to an IRTS owned and operated by HH on _____.

IRTS Eligibility

I have assessed the above-named client and confirm they meet eligibility criteria for IRTS under state law.

Case Management

I agree to provide ongoing case management in collaboration with facility staff. This includes: (1) monitoring progress, (2) supporting care coordination, and (3) making determinations regarding continuing stay and discharge planning.

County of Financial Responsibility

_____ County is identified as the County of Financial Responsibility pursuant to Minn. Stat. § 256G and agrees to fulfill all related obligations, including financial responsibility as outlined below.

MA Eligibility Status

The client is currently eligible for the following Medical Assistance (MA) program(s):

- ☐ MA
- ☐ PMAP: _____
- ☐ MA Waiver: _____
- ☐ GMAC: _____
- ☐ Other: _____

Maintenance of Eligibility

The County agrees to take necessary steps to maintain the client's eligibility for MA or applicable coverage throughout the duration of placement and treatment at a HH IRTS facility.

Exhaustion of Non-MA Match Funds

In the event that designated non-MA match funds are exhausted, the County of Financial Responsibility agrees to cover the full cost of continued services.

Loss of MA Eligibility

If the client loses MA eligibility, the County of Financial Responsibility agrees to assume financial responsibility for all ongoing services until discharge or transition is complete.

Emergency Discharge Planning

In the event of an unplanned or emergency discharge, the referring County agrees to the following provisions:

1. The provider will notify the case manager immediately if the client leaves the facility before discharge.
2. The County will coordinate and fund transportation back to the County of Financial Responsibility.
3. The County will assume all costs incurred while the client remains at- or is transported from- a HH facility after departure.

Acknowledgement

By signing below, all parties affirm that they have read, understood, and agree to the terms outlined in this Placement Agreement.

_____ _____

Case Manager Signature Date

_____ _____

County Representative Signature Date