

# *Range Mental Health Center*

## *Merritt House Intensive Residential Treatment Services (IRTS)*

### *Referral Packet*

To be completed by referral source – pages 2-7 (\* indicates forms the county of financial responsibility needs to fill out):

- Admission Criteria Checklist (p. 2)
- Referral Form (p. 3-4)
- Emergency Discharge Plan form (p. 5)
- Authorization for placement form\* (p. 6)
- Placement agreement with county of financial responsibility\* (p. 7)

To be completed by the client:

- Question sheet (p. 8)

Forms to give to the client – pages 9-14:

- House rules (p. 9-10)
- Level System (p. 11-13)
- Personal belongings list (p. 14)

Referrals will not be reviewed until all of the following have been received:

- Completed referral packet pages 2-5 (pages 6-7, if possible)
- Client question sheet (page 8)
- Copy of most recent diagnostic assessment/psychiatric assessment or documentation from a Mental Health Professional showing a qualifying mental health diagnosis.
- List of current prescribed medications.

The following are needed, if available:

- Proof of H&P (Health and Physical) within last 30 days. (An H & P form is included in this packet or their medical doctor can submit their own form.)
- Proof of active insurance that covers IRTS or proof of the completion of a MNsure application and the results (exception is for those currently incarcerated).

**There is a general release of information which can be completed and signed by the client in order for Range Mental Health Center to request the necessary records for admission.**

# *Merritt House Intensive Residential Treatment Services Admission Criteria Checklist*

## Admission Criteria:

- 18 - 65 years of age
- Mental health diagnosis based on a diagnostic assessment by a qualified mental health provider.
- Functional impairment, due to mental illness, in at least 3 of the following areas (**check those that apply**):
  - Mental health symptoms
  - Mental health service needs
  - Use of alcohol or drugs
  - Vocational/educational functioning
  - Social/leisure functioning
  - Interpersonal functioning/Family relationships
  - Self-care/Independent Living Capacity
  - Medical/dental health
  - Obtaining/maintaining financial assistance
  - Obtaining/maintaining housing
- Has had one or more of the following (**check those that apply**) in a less intensive level of care:
  - History of 2 or more hospitalizations in the past year
  - Significant independent living instability
  - Homelessness
  - Increased use of alcohol and/or drugs
  - Frequent use of mental health and related services yielding poor outcomes in outpatient community support treatment
  - Treatment is court ordered or client is a potential danger to self or others
- There is a reasonable expectation the client will regain skills/strategies to restore functioning in order to return to independent living and has the capacity to engage in the services provided.



Is placement at Merritt House a condition of the client's probation/parole or civil commitment?

What is the discharge plan following IRTS treatment?

What referrals are in place for this person following their IRTS placement?

Is this client in Drug Court or Mental Health Court? If yes, where?

Who and/or what services comprise the client's current support network?

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**FAX your referral request to ADMISSIONS at 218-741-2640. Include other appropriate documentation as available:**

- Functional Assessment
- LOCUS Assessment
- Medication List
- Hospital or crisis center records
- Copy of physical exam within the past 30 days
- Record of TB screening in past 3 months
- Other treatment records that support the need for IRTS placement.

**Referrals are reviewed and considered for available beds for a period of 30 days following the date the referral was received.**

Please call the Merritt House at 218-741-9630 for additional information about the program, eligibility requirements, and anticipated bed openings.

# *Merritt House Intensive Residential Treatment Services Emergency Discharge Plan*

If Merritt House 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, Merritt House must arrange to transfer the recipient to a provider who 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 a detox facility
- Contact local law enforcement
- Alternative placement – (specify plan) \_\_\_\_\_

List anyone who must be notified:

- |             |               |
|-------------|---------------|
| Name: _____ | Phone # _____ |
| Name: _____ | Phone # _____ |
| Name: _____ | Phone # _____ |
| Name: _____ | Phone # _____ |

The following actions are considered to be health and/or safety hazards that 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 serious danger
- Alcohol, drugs, or paraphernalia brought into the house or onto the property
- Alcohol or drug use in the house or on the property

# *Range Mental Health Center Inc.*

MERRITT HOUSE 731 3<sup>rd</sup> Street South, Virginia, MN 55792 (218) 741-9630

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## Authorization for Placement

I, \_\_\_\_\_ authorize placement  
of \_\_\_\_\_ at:

Merritt House

Intensive Residential Treatment Services

731 3<sup>rd</sup> Street S.

Virginia, MN 55792

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

Please fax the completed form to: 218-741-2640 Attn: Sherry

# *Merritt House Intensive Residential Treatment Services Placement Agreement with County of Financial Responsibility*

1. I, \_\_\_\_\_ an authorized representative of \_\_\_\_\_ County and serve as 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 service.
  
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 256G 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:
  - MA
  - PMAP – The PMAP provider is \_\_\_\_\_
  - MA Waiver – The waiver is \_\_\_\_\_
  - GAMC
  - Private Pay
  - 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 any and all services in the event that 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 any and all services in the event that 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 St. Louis County if the client leaves prior to discharge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# *Merritt House Intensive Residential Treatment Services*

## *Client Question Sheet*

1. Tell us what you are hoping to work on while at Merritt House Intensive Residential Treatment Services?

2. 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

3. Are there any fears or concerns you have about treatment?

4. Tell us what you believe has interfered with maintaining stability in a less restrictive environment:



# *Merritt House Intensive Residential Treatment Services*

## *House Rules*

The following rules have been developed to insure the health and safety of all Merritt House 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 Level I and must remain on Merritt House property for 14 days unless accompanied by staff. Special circumstances will be addressed as needed.
2. Residents are expected to attend all scheduled program activities.
3. Staff reserves the right to change the Level of treatment at any time and for any reason.
4. All residents and resident's belongings are subject to search upon entering Merritt House and at all times. Any bags and/or packages brought into Merritt House are subject to search.
5. Visiting hours are Sundays 1 – 4 pm. Other visitation arrangements only with prior approval from the Treatment Director or Program Manager.
6. All visitors must report to the office to sign in and complete a confidentiality statement.
7. Confidentiality about all residents must be maintained at all times by staff, residents, and visitors.
8. No visitors are allowed on the 2<sup>nd</sup> floor Men's Dorm, in the Women's Wing, or in any resident's room.
9. Absolutely no female residents upstairs and absolutely no male residents in the female wing.
10. Residents are prohibited from being in any other resident's room.
11. Residents are expected to take all medications as prescribed by his/her physician.
12. Residents are required to wear shoes, socks, or slippers at all times when in the halls or shared areas of the house for safety reasons.
13. Sexual activity is prohibited in the house at all times.
14. All residents are required to wear appropriate attire at all times while in the common areas of the house. (e.g. no short shorts, tank tops, no pajamas, and no sunglasses covering the eyes. Hoodies are allowed, but the hood cannot be up while in the common areas of the house. Pants must be worn no lower than the hips.).
15. The use of alcohol, drugs, herbal supplements, energy supplements, and/or non-prescribed mood altering substances of any kind are prohibited on the premises. (This includes any additives to beverages, such as, ginseng in Mountain Dew.)
16. Residents are prohibited in the basement, garage, or attic unless accompanied by staff.
17. Residents are prohibited from serving themselves meals in the main kitchen, except for breakfast.
18. Residents are prohibited from cooking without staff permission and supervision.
19. Smoking is allowed only in the outside designated area. All tobacco products must be kept in the resident's locker.
20. Smoking, eating, or drinking is prohibited in all vehicles.
21. 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 with the exception of water.
22. All food brought in by residents must be labeled, dated, and stored in the kitchen.
23. 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.
24. Bullying, profanity, and vulgar language is not tolerated at Merritt House.

25. Body modification (piercings, tattoos, brands, etc.) is prohibited while in the Merritt House program. The administration and receiving of body modification on Merritt House property is prohibited.
26. Residents will turn in their cellular phones (must be powered off) and any accessories (Bluetooth, headphones, chargers, etc.) to staff upon admission to Merritt House. A resident phone is available at Merritt House. Resident phone use is to be limited to 10 minutes or less in order to accommodate others. Emergency numbers are posted by each phone. The facility phones are accessible to residents at all times for emergency use.
27. All electronic devices (laptops, MP3 players, CD players, etc.) and accessories must be turned in upon admission to Merritt House. No electronic devices are permitted in the resident's room, with the exception of a clock radio (cannot have a USB port), unless it has been prescribed for a medical issue (E.g. C-Pap machine) or the equipment is for monitoring purposes by probation/parole (E.g. Ankle monitor and charger).
28. Candles and incense are prohibited in the house.
29. Every resident is responsible for doing his/her own laundry during designated times. Staff is available for guidance.
30. Every resident is responsible for cleaning up after themselves (including the resident's room).
31. Noise levels (radios, TVs, etc.) must be kept at a minimum.
32. Residents will take personal belongings and hygiene products out of the bathrooms and store in their rooms.
33. All restricted items such as razors, clippers, scissors, aerosols, glass containers, etc. will be secured in the staff office. Perfumes, body sprays, colognes, and the like will not be allowed due to allergy risk.
34. Hair dying on the premises is prohibited.
35. Kitchen closes at 9 pm.
36. Curfew hour is 9:45 pm. Exterior doors will be locked at this time.
37. Wake up is at 6 am. Lights out is at 10 pm and residents are to retire to their rooms by this time.
38. Any resident items left at Merritt House after discharge will be stored in the basement for no longer than 3 months, at which time, the items will be disposed of.

# *Merritt House Intensive Rehabilitation Treatment Level System - Level I*

## **Admission and Integration**

- All residents entering the Merritt House Treatment Program will be placed on Level I for a period of 14 days from the day of admission.
- Residents must notify the Merritt House Program Manager, Treatment Director, or Nursing Staff (depending on the type) of all appointments.
- All residents at this level of treatment will be required to remain on Merritt House premises unless accompanied by staff. With approval from the Merritt House Program Manager or Treatment Director, residents may be allowed to leave the premises under certain circumstances (e.g., leave with a Case Worker or Probation/Parole Officer; family emergencies; mandated or court-ordered services for which transportation has been arranged, medical appointments with prior approval, etc.) and will be required to sign in and out.
- Residents are expected to arrange transportation, with staff assistance if needed, to all appointments or meetings except in the case of an emergency. All appointments and meetings must be cleared in advance by Merritt House Nursing Staff, Treatment Director, or Program Manager.
- Residents must meet with Merritt House Staff to complete all intake paperwork and other documentation required within the first 14 days of admission.
- There will be no non-medical overnight stays outside of the facility.
- Residents are expected to attend all programming.

\*Residents who meet treatment expectations and follow house rules during the 14 day Level I Integration Period, may petition the clinical staff, in writing, to move to Level II.

# ***Merritt House Intensive Rehabilitation Treatment Level System - Level II***

## **Growth and Development**

- Residents may leave the Merritt House grounds with permission from staff and must sign in and out.
- Residents may request one home visit (24 hour visit) while on Level II, which must be approved by the Merritt House Program Manager or Treatment Director and cleared by any other involved agencies (e.g., Case Management, Probation/Parole, etc.).
- Residents must be medication compliant.
- Residents must make themselves available to complete any treatment documentation (e.g., one-to-one interventions, treatment plan updates, functional assessment, etc.).
- If there are violations of the house rules, the resident will be dropped to Level I and informed of the length of time for minor violations. Restoration of Level II status must be approved by the Merritt House Program Manager or Treatment Director for major violations.
- Any resident who relapses on drugs and/or alcohol while on Level II will be moved back to Level I for a minimum of 14 days.
- Residents are expected to arrange transportation, with staff assistance if needed, to all appointments or meetings except in the case of an emergency. All appointments and meetings must be cleared in advance by Merritt House Nursing Staff, Treatment Director, or Program Manager.
- Residents may begin seeking part-time employment or volunteer position while on Level II when he/she is at least 30 days post admission.

\* Residents who have been in the program for a minimum of 45 days, have met treatment expectations, and are following house rules during the Level II Growth and Development Period, may petition the clinical staff, in writing, to move to Level III.

# ***Merritt House Intensive Rehabilitation Treatment Level System - Level III***

## **Transition to Independence**

- Residents may leave the Merritt House grounds with permission from staff and must sign in and out.
- Residents may request one home visit (48 hour visit) while on Level III, which must be approved by the Merritt House Program Manager or Treatment Director and cleared by any other involved agencies (Case Management, Probation/Parole, etc.).
- Residents must be medication compliant.
- If there are violations of the house rules, the resident will be dropped to Level II or I, depending on the severity of the violation and informed of the length of time for minor violations. Restoration of Level III status must be approved by the Merritt House Program Manager or Treatment Director for major violations.
- Any resident who relapses on drugs and/or alcohol while on Level III will be moved back to Level I for a minimum of 14 days.
- Residents will be expected to arrange all transportation independently, except in the case of an emergency. Residents must inform Merritt House Nursing Staff, Treatment Director, or Program Manager of all appointments.
- Residents at this level will be able to hold a part-time job or volunteer position, but must submit a work schedule to the Merritt House Program Manager or Treatment Director.
- Residents will be permitted to have a personal vehicle on-site if he/she has obtained employment as long as there is a copy of resident's valid Driver's License, current vehicle registration, and proof of insurance. No other resident may be transported in another resident's personal vehicle.
- Residents must make themselves available to complete any treatment documentation (e.g., one-to-one interventions, treatment plan updates, functional assessment, discharge planning, etc.).

## Personal Belongings allowed at Merritt House

The numbers listed below indicate the maximum number allowed for each item

- 7 shirts (Tank tops and any tops with thin straps must be covered with another shirt.)
- 5 Sweaters/Sweatshirts/Hoodies
- 7 pair of pants/shorts (Shorts are to be no shorter than 3” above the knee.)
- 3 dresses/skirts (No shorter than 3” above the knee.)
- 2 slippers
- 7 pair underwear
- 7 bras
- 7 pairs of socks
- 2 belts
- 2 sets of exercise clothes
- 1 swimsuit and cover up
- 1 pair pajamas
- 1 pair of slippers
- 1 bathrobe
- 3 pairs of shoes
- 2 hats
- 1 jacket (appropriate to season)
- 2 pairs of gloves/mittens
- 1 winter hat
- 1 cellphone and charger
- All hygiene items must be alcohol free. Residents are asked to bring only a limited amount of makeup, nail care items, and hair products.
- MEDICATIONS: Bring all medications in the correct and current prescription bottles.

Range Mental Health Center  
Merritt House/Intensive Residential Treatment Facility  
731 3<sup>rd</sup> Street South  
Virginia, MN 55792  
(218)741-9630 (phone), (218)741-2640 (fax)

MN 10 x 10 Wellness  
Name:

**RMHC - MERRITT HOUSE PLACEMENT PHYSICAL**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Medical Physician/Clinic:

Diagnoses:

Allergies:

Client's current Diet: **Regular/ Consistent Carbs/ Renal/ Low Sodium 2 or 4 g/ Low Fat/ Cholest.**  
Other

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vitals:**

Temp \_\_\_\_\_ Pulse \_\_\_\_\_ reg/irreg Resp. \_\_\_\_\_ with ease/ shallow/ labored

BP \_\_\_\_\_ / \_\_\_\_\_ Height \_\_\_\_\_ ' \_\_\_\_\_ " Weight \_\_\_\_\_ #

**Labs Ordered:**

**Merritt House is an Intensive Residential Treatment Services facility serving clients with mental health issues as well as chemical dependency problems. Merritt House will refer clients to our psychiatry department to evaluate client's psychiatric medication needs. In an effort to support their recovery, we ask that controlled substances not be ordered at this time.**

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Virginia, MN 55792  
(218)741-9630 (phone), (218)741-2640 (fax)

MN 10 x 10 Wellness  
Name:

**Head to Toe:**

**CODE: Use 0 = Within Normal, I = Significantly Abnormal, X = Not Examined**

<input type="checkbox"/> Head and Neck	<input type="checkbox"/> Chest & Lungs	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Breasts	<input type="checkbox"/> Spine/ Back
<input type="checkbox"/> Lymph Nodes	<input type="checkbox"/> Heart	<input type="checkbox"/> Skin
<input type="checkbox"/> Eyes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Arms
<input type="checkbox"/> Fundi	<input type="checkbox"/> Inguinal (e.g. hernia)	<input type="checkbox"/> Hands
<input type="checkbox"/> Ears	<input type="checkbox"/> Genitalia	<input type="checkbox"/> Legs
<input type="checkbox"/> Nose & Sinuses	<input type="checkbox"/> Prostate	<input type="checkbox"/> Feet
<input type="checkbox"/> Mouth/ Throat	<input type="checkbox"/> Anus/ Rectum	<input type="checkbox"/> Nails
<input type="checkbox"/> Teeth	<input type="checkbox"/> Emotional Status	<input type="checkbox"/> Neurologic
<input type="checkbox"/> Peripheral-Vascular		
<input type="checkbox"/> Other: _____		

**For Items marked "I", please describe in detail:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician Summary/ Remarks/ Diagnoses/ Recommendations to patient:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Concerns/ Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client's Physical Health:** Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

**Based on this exam, this patient IS/ IS NOT (circle one) free of communicable disease.**

**Physician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





RANGE MENTAL HEALTH CENTER

624 South 13th Street, Virginia MN 55792

General Release of Confidential Information

CLIENT NAME: \_\_\_\_\_ CLIENT ID#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

INSTRUCTIONS TO CLIENT/GUARDIAN:

- 1. Make sure ALL blanks on this form are filled in; Release will not be accepted if all items have not been completed.
2. Sign only if you believe the release of information is in YOUR best interest.
3. I have the right to refuse to sign this authorization and understand refusal will not condition, but may affect determination of my eligibility for treatment, services or payment.
4. The release of confidential records or information may be subject to a charge.

I hereby authorize the Range Mental Health Center to: \_\_\_disclose; X obtain; \_\_\_exchange

With (include name and address): \_\_\_\_\_

THE FOLLOWING INFORMATION (check all that apply):

X Diagnostic Assessment; \_\_\_ Diagnosis; \_\_\_ Treatment Plan; \_\_\_ Evaluation results; \_\_\_ MMPI; \_\_\_ Progress notes; \_\_\_ Discharge/treatment summary; \_\_\_ Billing & Financial info; \_\_\_ Other (specify) \_\_\_\_\_

Regarding services provided during the period of all dates of service, unless otherwise specified \_\_\_\_\_. This may include reports involving HIV, AIDS, ARC (AIDS related complex), alcohol/drug abuse or dependency, psychiatric treatment, sickle cell anemia, or tuberculosis.

The purpose for disclosure is: X Continuing care; \_\_\_ Employment; \_\_\_ Court ordered; \_\_\_ Payment of Services; \_\_\_ To determine eligibility; \_\_\_ Social Service involvement; Other (specify) \_\_\_\_\_

ACCESS TO PRIVATE DATA FOR CLIENTS WHO ARE MINORS: Both the minor and minor's parent(s) / guardian(s) are to be granted access to private data on minors unless a law, a court order, the decision of their health care provider, or the granting of a request from the minor to deny access prevents it.

REVOCAION AND EXPIRATION OF CONSENT: Upon fulfillment of the above stated purpose(s), this consent will automatically expire one year following the date of signature(s) without my express revocation, unless otherwise specified \_\_\_\_\_. I understand that I may revoke this consent to release of information, at any time by written notice, except when legal action prevents revocation (probation, parole, court confinement). However, any release made in good faith, prior to receipt of revocation, shall be deemed valid. A photocopy of this authorization may be treated in the same manner as the original. However, RMHC reserves the right to require an original consent. I understand the protected health information used or disclosed per this authorization may be subject to redisclosure by the recipient and may no longer be protected. I have the right to a photocopy of this signed release.

Client/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to client \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Relationship to client \_\_\_\_\_

IF CLIENT IS UNABLE TO SIGN, THE PERSON SIGNING THE AUTHORIZATION WILL BE REQUIRED TO SHOW PROOF OF GUARDIANSHIP, OR OTHER AUTHORITY AND RELATIONSHIP TO CLIENT ALLOWING HIM/HER TO AUTHORIZE THE RELEASE OF INFORMATION.