



OMEGON
OF MINNESOTA

2000 Hopkins Crossroads
Minnetonka, MN 55305
PHONE: 952-945-4105 FAX: 888-965-5128
REFERRAL CONTACT: Jennifer Padden

REFERRAL MATERIAL CHECKLIST

REFERRAL PROCEDURE: The referring agent is responsible for providing the background information necessary to determine eligibility for Omegon. Once a client is accepted for placement, this person arranges transportation and insures that all admission materials are available at intake (see ADMISSION CHECKLIST below).

Please send the following materials by fax (preferred) or by mail. Once all materials are received, they will be screened by Omegon's Program Director and/or Assessment Coordinator to determine if the referred adolescent is appropriate for the program. If accepted, all funding sources must be checked and in place before the intake date. If the adolescent is not deemed appropriate for the program, the referent will be contacted, and the reasons why will be explained by the appointed staff (Referral contact, Program Director, Nurse, etc.). Some items on the following list may not be relevant to all referrals. If there are any questions regarding this checklist, please call!

REFERENT INFO. TO BE SENT FOR SCREENING:

Psychological report(s) w/AXIS 1-5
*(***must have been completed w/in last 6 months***)*

Psychiatric reports

IQ (Full Scale IQ must be above 80)

Current copy of IEP and 3-year Evaluation Summary

Chemical Assessments

Treatment summaries/information/social history from previous placement(s) (e.g. hospital, day treatment, outpatient)

ADMISSION CHECKLIST (ALL ITEMS LISTED ARE REQUIRED BY/ON DATE OF ADMISSION):

Completion of ALL paperwork

(found on-line at www.voamn.org)

Court order and reports

Relevant legal documentation (eg: Custody papers)

Client Placement Authorization (CPA)

Medical Assistance enrollment *(If client coming in on consolidated funding through county, must have MA or private insurance to cover medical/dental/medication costs)*

Copy of insurance card(s), front and back:

Pre-admission Physical

Immunization Record

Ample supply of medication(s) *(bring date of admit)*

Clothes and personal hygiene (see Packing List)

(bring date of admit)

If insurance, picture ID of policy holder
(ie: driver's license)

- ▶ In-network providers with Omegon include Blue Cross Blue Shield, Preferred One, Medica, UBH and Pre-paid Medical Assistance Plans (PMAPs) of UCare, Blue Plus. All contracts MUST be checked by Omegon as benefits can vary.

BILLING INFORMATION: Per diem (daily) cost of care is billed to the referring county or participant's insurance agency. Medical services that cannot be provided by Omegon's nurse are billed to the participant's health care plan. Volunteers of America Mental Health Clinics services (psychiatric assessment and medication management, psychological assessment and testing) are also billed to the participant's health care plan.

REFERRING (AGENT) SIGNATURE _____

DATE _____