



REFERRAL INFORMATION & EXPECTATIONS FOR TREATMENT

Referral Person

Relationship to Individual

Address

City

State

Zip

(_____) _____
Telephone

(_____) _____
FAX

Individual's Name

What are the reasons for referral of the individual for treatment?

What specific behavior(s)/problem(s) have you observed that cause you concern?

History of these behavior(s)/problem(s)?

Note: This information may be shared with individual at the treatment team's discretion. Please list up to four of the main problem areas you believe need to be addressed (for example: depression, boundary problems, interpersonal problems, poor impulse control, anger, etc.). Estimate, given your current knowledge of the individual, the likelihood of change with treatment and hoped for outcome. The Treatment Team will perform similar assessments of strengths, weaknesses, expectations for treatment, and an estimate of achievable treatment goals, which will be updated and shared with you on a regular basis.

Example Problem: Periodic angry outbursts

Hoped for Outcome (be specific): The individual will learn how to better control anger.

Problem One:

Hoped for Outcome (be specific): _____

Problem Two:

Hoped for Outcome (be specific): _____

Problem Three:

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Hoped for Outcome (be specific): _____

Problem Four:

Hoped for Outcome (be specific): _____

What is the individual's current living situation?:

Can this person return to the present living situation _____ Yes _____ No

Disciplinary or legal action pending:

Future Ministry:

What is your diocesan/congregational position regarding this individual's return to active ministry?

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What specific questions do you have regarding treatment or expectations?

1. _____

2. _____

3. _____

What has been discussed regarding the above with the individual?

Do you both have the same expectations? _____ Yes _____ No

Explain:

Proceed to the following pages if you are referring a patient because of sexual misconduct issues. If you are NOT referring a patient with sexual misconduct issues, please sign and date pg. 7.

**ST. JOHN VIANNEY CENTER
FINANCIAL INFORMATION AND RESPONSIBILITY**

This form provides basic information concerning charges for services rendered at St. John Vianney Center (SJVC) and identifies payment responsibilities.

Charges for Services

- Saint John Vianney Center invoices are submitted monthly for services furnished during the preceding calendar month. Payment is due upon receipt of invoice.
- Rates vary, depending upon the level of services furnished: Please see reverse side for our service descriptions and current rates.

Laboratory services are invoiced separately through QUEST Diagnostic Inc. Questions pertaining to these invoices should be directed to the laboratory service provider at **800-825-7330**. Inquiries regarding pharmacy bills can be directed to MILLENIUM Pharmacy at **866-466-7779**.

Note: St. John Vianney pays Millennium Pharmacy and adds these charges to you on your St. John Vianney billing.

- * Charges will also be billed for extraordinary services such as one-to-one nursing, transportation to personal appointments, and other services needed or requested by the resident outside the ordinary program services.

Payment Responsibilities

- Responsibility for payment of the SJVC invoices rests with the resident and/or payment guarantor, except with respect to covered services furnished to certain insurance subscribers.
- Except for certain insurance subscribers, it is your responsibility to submit your invoices to your health short or long-term disability insurance carrier to apply for and obtain any applicable benefits.
- It is our experience that most insurance carriers provide very limited mental health benefits and require extensive medical review. Upon proper authorization, we will work closely with your carrier representatives to ensure the proper application of available benefits for services furnished at the SJV Center. Even when insurance coverage is afforded, however, coverage limitations frequently result in balances due from the resident or payment guarantor.

By their signature below:

- Resident and/or the payment guarantor acknowledge responsibility for payment of SJVC invoices, except in the case of certain insurance subscribers where such responsibility applies to non-covered services.

Thank you for the confidence expressed by your selection of St. John Vianney as your treatment center. If you have any questions on any other financial matter, please contact St. John Vianney Center's Administrator.

Patient Name

Payment Guarantor

Date

Authorized Signature

Tier	Service Titles	Charge/Day	Anticipated Length of Stay	Saint John Vianney Center Services Descriptions FY 2009-2010
1 AES	Assessment & Evaluation Services	\$ 310/Day	30 Days or Less	<i>Comprehensive Examination</i> ---Psychological, Behavioral, Spiritual and Physical with a holistic and professional approach to personal assessment and evaluation.
2 TRS	Therapeutic Residential Services	\$ 310/Day	3 Months to 6 Months	<i>Commitment, Control and Challenge</i> ---Based on helping an individual with maladaptive behaviors to learn control, deal more effectively with anger and improve their relationship style.
3 TRS-R	Therapeutic Residential Services-R	\$ 310/Day	6 Months to 9 Months	<i>Reduction and Relief</i> ---Helping an individual who may be overwhelmed with a stabilization behavioral disturbance to find symptom relief and improved functioning for return to ministry.
4 CER-I	Complex & Extended Rehabilitation Services	\$ 310/Day	4 Months to 10 Months	<i>Rehabilitation</i> ---Services for an individual who experiences a serious and persistent mental illness. Services aim to promote self-management skills and identify a "fit" for active ministry.
4 CER-2	Complex & Extended Restorative Services	\$ 160/Day	6 Months to 12 Months	<i>Restorative</i> ---Services for an individual who are devastated by mental illness. Services include working with individuals to increase functioning, reduce symptoms and promote a recovery attitude of self management of illness.
4 CES	Complex & Extended Sustaining Services	\$ 160/Day	Ongoing with Annual Review	<i>Sustaining</i> ---Behavioral health assisted living structured services to help an individual improve feelings of well being and to use supports to maintain mental health. Services include assistance with activities of daily living, medication management and therapeutic recreational activities.
5 IRS	Intensive Residential Services	\$ 1030/Day	Length of Stay to be Determined	<i>Emergency Admission: Suicidal Watch/One to One Behavior Monitoring with Intensive Assessment and Treatment</i> ---Psychological, Behavioral, Spiritual and Physical Examinations with <i>direct</i> supervision, observation and monitoring for stabilizing major behavioral symptoms.
5 SMS	Step-down Monitoring & Supervision Services	\$ 775/Day	Length of Stay to be Determined	<i>Protective Observations and Interventions: Behavior Monitoring with Specialized Assessment and Treatment</i> ---Psychological, Behavioral, Spiritual and Physical examinations with <i>indirect</i> supervision, observation, support, and monitoring for stabilizing major behavioral symptoms.
6 GH	Guest House @ Saint John Vianney Center	\$ 310/Day	3 Months to 6 Months	<i>Co-occurring Disorders Services</i> ---Residential treatment for those trying to cope with the impact of both an addiction and a mental health problem. Combined clinical resources provide opportunities for a unique blend of treatment.
7 WMP	University of Pennsylvania: Weight Management Program	\$ 310/Day	Length of Stay to be Determined	<i>Collaborative Weight Management Program and Services</i> ---The causes of weight gain are multi-faceted and overweight individuals need and deserve a weight loss program tailored to their needs. The multidisciplinary treatment program is dedicated to providing the highest level of care to overweight individuals in a setting of clinical and research excellence.
8 TRAN-F	Transition Services	\$ 310/Day	3 Months to 6 Months	<i>Professional Career Assessment, Training and Transition</i> ---Planned interventions which foster greater autonomy and prepare the individual for independent lifestyle changes <i>from</i> ministry to the community living.
9 TRAN-T	Transitional Residential Services	\$ 160/Day	Length of Stay to be Determined	<i>Assessment, Counseling, Treatment and Training</i> ---Support and guidance with interventions which foster greater autonomy and prepare the individual for independent planned life changes to <i>limited</i> ministry and community living.
10 SRO	Specialized Residential Outpatient Care	Varied Cost/Day	Intensive Short Term Stay	<i>Collaborative Effort to Address Specialized Needs</i> ---Comprehensive psychological evaluation and consultation, medication evaluation and stabilization, and assistance with development of plan to live well.



TO WHOM IT MAY CONCERN:

In the case of a medical or psychiatric emergency regarding _____, I authorize St. John Vianney Center to take immediate action that may result in the admission of _____ to another facility. This certifies that the _____ is the guarantor of the cost of the medical/psychiatric treatment for this individual.

(Signature)

(Print Name)

(Title)

(Date)



ACKNOWLEDGEMENT OF OFF-GROUNDS PRIVILEGES

I am aware of your policy concerning mental health rights and off-grounds privileges.

_____ has no canonical or legal obstacle to
(Name of Resident)
receiving off-grounds privileges.

The Diocese/Community does have some concerns about _____
(Name of Resident)
leaving St. John Vianney grounds about which we will contact you.

(Signature of Leadership Contact)

(Printed Name of Leadership Contact)

Date: _____

