

**Checklist of Supporting Materials for Pre-admission Certification Committee Review**

**CHECKLIST OF SUPPORTING MATERIALS:** In order to prevent delay in processing this application, please fill out the identifying data completely and submit all the required information. *(All materials listed below are required to determine RTF eligibility and Medicaid disability). Please submit a minimum of 5 collated copies (1 original and 4 copies).*

**CLIENT INFORMATION SHEET**

1. **REFERRAL SUMMARY:** Attached is a brief summary of the most salient features of the case, including examples and descriptions of behaviors that typify the youth's response to current placement. Include current information regarding performance of age-appropriate activities, interests, self-care skills, ability to relate to others, and certification by a mental health professional who is familiar with the case that the materials attached accurately reflect the youth's current level of functioning.

2. **PSYCHIATRIC SUMMARY:** Attached is a copy of the most recent psychiatric examination (Date: \_\_\_\_\_) which includes a current mental status, history of prior psychiatric care and treatment, diagnostic formulation (with clear examples that substantiate clinical tenets), DSM IV 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. - PACC may request an updated psychiatric less than 90 days based upon the youth's current clinical status.*

3. **PSYCHOLOGICAL SUMMARY:** Attached is a copy of the most recent psychological assessment (Date: \_\_\_\_\_) which includes an assessment of sensory-motor functioning, mental status, prior history of psychological problems, behavioral skills and deficits, language cognition, self-help skills, social-affective functioning, intellectual functioning (including IQ), and prognosis. Where available, an assessment of psychodynamic functioning including tentative etiology and response to prior treatment efforts is attached. Where appropriate, clear descriptive examples that substantiate clinical tenets should be provided. *The psychological examination should accurately reflect the youth's current level of functioning. The full psychological examination should be signed by a licensed psychologist and performed within the past 2 - 3 years.*

4. **PHYSICAL STATUS:** Attached is a summary and most recent assessment (Date: \_\_\_\_\_) of the youth's physical status. Materials include a statement of general overall health, general physical exam, dental and vision assessments, and where appropriate and available, a neurological exam, serology and hemoglobin reports, urinalysis, chest x-ray or tyne test report, and any other physical findings. *(A physical examination must have been performed within the past year, unless there is an ongoing medical problem, in which case, within 30 days of the time of referral.)*

5. **PSYCHO-SOCIAL** which also includes the following:

a) **DEVELOPMENTAL HISTORY:** Attached is an assessment of the youth's developmental history which includes, where available and appropriate, an assessment of pre-, peri-, and post-natal periods, developmental milestones and problems, and problems and experiences which have interfered or may interfere with future development, peer relationships, and/or activities

b) **ENVIRONMENTAL/FAMILY/SOCIAL STATUS:** Attached is an assessment of family and community relationships, and where appropriate and available, characteristics of interactions with peer groups and adults, socioeconomic status, constellation of family group, emotional and health factors of the family, religious, and ethnic affiliation, current and past family problems, family's expectations and predicted involvement in treatment. *(An assessment of the family must have been performed within the last year)*

6. **EDUCATIONAL/VOCATIONAL SUMMARY:** Attached is an assessment of current and former school status and vocational assets/liabilities which include, where available and appropriate, intellectual or achievement test results, general classroom behavior, relationship with teachers and peers, ability to finish work, accuracy of work, use of free time, motivation, effective incentives/reinforcers *(it should be noted whether or not the applicant has been reviewed by a CSE; if so, their recommendations and at least Phase I of an IEP should be attached)*, current work skills and potential for improving or developing new skills, amenability to vocational counseling, aptitude, interests and motivation for getting involved in various job-related activities, physical abilities, skills and experience in seeking jobs. *(An Education/Vocational summary must have been performed within the last six months.)*

7. **RECREATIONAL SUMMARY:** Attached is an assessment of child's or youth's recreational skills and experience which includes, where appropriate and available, interests, potential in recreational/participant activities, gross and fine motor coordination, ability to tolerate frustration, competitiveness, and posture and body characteristics.

8. **RELEASE FORMS:** Attached are consents for application to an RTF, a release of information form signed by the parent/guardian or, where appropriate, the child/youth, which give the Pre-Admission Certification Committee permission to refer to and release information to RTF provider agencies, as well as a consent for the Pre-Admission Certification Committee to perform a Medicaid disability review.

9. **CONSENTS FOR:**

- 1) review by PACC      2) disability determination      3) for release of info to the committee on special education

The following is not required for PACC review but mandatory for RTF Admission if eligible

BIRTH CERTIFICATE (copy) or proof of citizenship	SOCIAL SECURITY CARD (copy)	For Western Region: CANS Assessment
IMMUNIZATION RECORD	HEALTH INFORMATION CARD (copy)	