

Referring Agency Guidelines

Thank you for choosing Native American Connections as your partner provider. To expedite the processing of your referral, please ensure the following documents are provided in your referral packet:

1. NAC Client Registration Form, also referred to as the Referral Intake Form (see attached fillable PDF form). **Please note:** We do not provide residential services for individuals without a substance use disorder.
2. Referring Agency / Case Manager Participation Agreement (see attached fillable PDF form).
3. Current assessment (completed within the past year). Assessment must indicate substance abuse diagnosis if substance abuse services are being requested.
4. Most recent psychiatric evaluation (if applicable).
5. Current medication list and doctor's orders (if referred for residential).
6. Current service plan indicating the services that the client is being referred for.
7. Current demographic/face sheet.

In addition, please be informed of the following:

We CANNOT provide you with an "exact date" on when the client you are referring will be admitted to our residential treatment program as bed availability varies daily.

To inquire about a referral that you sent in, you may email us at intake@nativeconnections.org. On the email subject line, please indicate "Referral Follow Up". Please provide the client's name and DOB date when the referral was sent to NAC, and whether the referral was sent to us through email or fax.

Referrals for tribal members, please include a copy of the Certificate of Indian Blood/Proof of tribal affiliation.

SMI Referrals:

If you are referring an SMI client, NAC will contact the referring case manager to schedule the appointment, and the case manager will be responsible for informing the client of the appointment. Both the client and the SMI case manager must be present for the full assessment and service plan creation.

In addition, please be informed of the following:

Client(s) being referred for residential with a child(ren), please include a copy of the Birth Certificate and Immunization Records for each child. If DCS is involved, please include documentation from DCS noting that they are permitting the child(ren) to reside at a campus at NAC. If a client has a legal guardian, NAC requires guardianship documentation to process the referral.

Please return the completed referral form and referral packet items listed above to:

intake@nativeconnections.org or fax to 602-424-1623.

PLEASE NOTE THAT REFERRALS WITH INCOMPLETE AND / OR MISSING DOCUMENTS WILL DELAY THE PROCESSING AND SCHEDULING OF THE ADMISSION.

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Referring Agency or Case Manager (CM) Participation Agreement

As a substance use provider, we welcome the referring case manager or treatment team to Native American Connections (NAC). To best serve your client in our treatment centers, we would like to outline our expectations of how to mutually serve the needs of the individual client. Below you will find what the NAC Clinical team will expect of the referring treatment team, and you will also find what you can expect of our Clinical team. Hopefully, this will increase our communication and in turn, best serve the needs of our mutual client so we can have the best possible positive outcomes.

Expectations for the referring providers:

Other Provider Teams:	SMI Team:
The referring CM will also keep NAC informed if the client is AWOL or will not be available for the assessment on the scheduled date and time. The referring agency must submit supporting documentation with the referral form. Once an admission date has been provided to the client, the referring provider will coordinate transportation to our facility.	The referring SMI case manager (CM) must be present during the full assessment and Service Plan creation with their client. This will help with providing support for their client but will also help the assessor gather the most relevant and up-to-date clinical history of the client's psychosocial and behavioral history, medical issues, legal involvement, and psychiatric histories.
If for some reason the client is not available for their admission, the provider will keep the NAC admissions coordinator informed.	After admission has occurred, the referring clinical team will make themselves available to the NAC clinical team to including the CM, clinician, and supervisors.
Referring clinical staff will agree to participate with any Adult Recovery Team (ART) meetings, treatment planning, and discharge planning to include aftercare and/or housing placement. Lastly, the referring provider will communicate with the client on a weekly basis as part of their continued involvement in the client's care.	We ask for a commitment from the referring clinical team to be available to the NAC clinical team in case of an emergency or if their member is leaving against staff advice. This may include any after-hours or weekend requests for assistance in stabilizing a client who has de-compensated while in treatment.

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Name (Type/sign your name to indicate signature)

Date

I, the undersigned, understand the above statements and agree to them.

Referring CM/Provider:	
Organization:	
Phone Number:	
E-mail address:	

Thank you for your continued support and cooperation!