

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 20
SECTION Clinical and Support Services		DESCRIPTION Pre-Screening for Inpatient Hospitalization and Alternatives	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) provides pre-screening services to determine the need for inpatient psychiatric hospitalization and/or alternatives.

STANDARDS:

- A. Pre-screening services are provided by a member of the Triage Department or other designated clinical staff to meet the following objectives:
 1. Provide immediate evaluation and intervention, 24 hours a day, seven days a week, for persons in crisis.
 2. Utilize the natural support system within the individual's environment whenever possible, minimizing the need for treatment in a more restrictive setting.
 3. Provide an alternative to hospitalization for acute psychiatric conditions which may be stabilized within a short period of time.

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4. Link with LCCMH direct services.
 5. Provide a support system for individuals with severe mental illnesses minimizing the need for admission or re-admission to the hospital.
- B. The pre-screening process includes alternatives to hospitalization. Alternatives may be any of the following:
1. Engaging existing support systems
 2. Providing crisis intervention and medication
 3. Establishing outpatient treatment
 4. Linking to Mobile Intensive Crisis Stabilization (MICS) services
 5. Referral to crisis residential
- C. If no alternative is appropriate, the staff make arrangements for admission to a hospital. A Pre-Admission Screening Form (T-1023) is used as the assessment tool to determine the need for psychiatric inpatient hospitalization. Preadmission screenings are performed by a Mental Health Professional or licensed bachelor social worker, as per 1978 PA 368, MCL 330.1409.
- D. Primary case holders serve as the designated petitioner, with assistance from Triage as needed. After normal working hours (including on weekends and holidays), the on call Triage staff serves as the designated petitioner.
- E. Emergency mental health evaluations are provided in the jail for inmates who are sober and report suicidal and/or homicidal thoughts or plans and to those in a psychotic state with active hallucinations or delusions. LCCMH staff provide psychiatric consultation to inmates upon request by the jail staff.

PROCEDURES:

- A. A person is identified as being in crisis and may need psychiatric hospitalization.
- B. The primary case holder is notified. The primary case holder immediately addresses the crisis, in conjunction with Triage staff. The primary case holder may need to cancel other appointments should a crisis occur. If crisis occurs after normal working hours, the on call Triage staff responds.

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- C. The Triage staff completes the Pre-Admission Screening Form (T-1023)
- D. If a face-to-face screening for psychiatric hospitalization is required, the primary case holder, on call Triage staff, or other designated clinical staff, meets the person at the Emergency Room of McLaren Lapeer Region, the Lapeer County Jail, LCCMH, or in the community. The worker is responsible for assessing the needs of the person.
 - 1. If the person requires hospitalization, their willingness to sign into the hospital voluntarily is addressed.
 - 2. If appropriate, a petition for involuntary hospitalization is completed by the primary case holder or on call Triage worker if after normal working hours.
 - 3. An individual's blood alcohol level must be below .08 and the attending doctor must provide medical clearance prior to an evaluation.
 - 4. The attending doctor is responsible for determining when the person is sufficiently stabilized for transfer or discharge, in accordance with 42 CFR 438.114(d)(3).
- E. If it is determined inpatient hospitalization is needed, admission to a local inpatient setting is pursued.
- F. Inpatient hospitalization is a Level II Service and must be authorized by the Region 10 PIHP Access Center.
 - 1. The Triage staff immediately sends all completed T-1023 evaluations to the Triage Supervisor.
 - 2. The Triage staff calls the authorization request into the ACCESS Center within 24 hours or the next business day of disposition.
- G. All assessments and psychiatric evaluations are entered into the electronic health record.
- H. All assessments completed where hospitalization was not recommended and individual is not a current recipient of LCCMH services, LCCMH Form #420 Service Registration for Persons Served is completed and sent to the OASIS

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HelpDesk for a chart to be opened for documentation purposes. Once record is opened, assessments are scanned into record.

REFERENCE:

42 CFR 438.114(d)(3)
 Pre-Admission Screening Form T1023
 LCCMH Form #420 Service Registration for Persons Served

TV:lr

 This policy supersedes #
 #07/06036 dated 07/03/2006.
