



# MONTANA STATE HOSPITAL POLICY AND PROCEDURE

## ADMISSION POLICY

**Effective Date:** July 24, 2015

**Policy:** AD-01

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- I. PURPOSE:** To describe and support an admissions process that:
- i. promotes patient and staff safety;
  - ii. fosters a high quality of care for patients;
  - iii. calls for coordination with community providers and district and tribal courts, and;
  - iv. is efficient and accurate for all concerned.

We seek to do these things by identifying patients for whom acute psychiatric hospitalization is:

- a safe, beneficial and potentially effective treatment
- AND
- where acute hospitalization is the least restrictive alternative.

Admission to MSH may be for observation, evaluation, treatment, and management of behavior due to psychiatric illness. This policy will assist in identifying psychiatric conditions that present potential risk or harm to the patient if placed in a less restrictive environment. Please refer to Attachment A: Overview of MSH Admission Process.

## **II. POLICY:**

- A. MSH will provide psychiatric care for persons who meet the criteria for acute psychiatric hospitalization listed in Section III. E below and cannot be treated in the community. MSH will meet and comply with standards of care set forth by: Centers for Medicare and Medicaid Services; Montana licensure requirements; Montana Administrative Rules (ARM), and Montana Statutes outlined in the Montana Code Annotated (MCA).

## **III. DEFINITIONS:**

- A. **Admission Coordinator** – The MSH Admission Coordinator or designee is the primary contact person for referral sources; i.e. courts, mental health centers, in-patient private psychiatric units emergency room staff and other referral sources that have involved a Fully Certified Mental Health Professional (CMHP) designated by MCA § 53-21-105. The referring facility/CMHP will provide MSH with needed documentation in order to facilitate decision making regarding admission to and placement at MSH. The type of information sought by the hospital is delineated in the attached Pre-Admission Form (Attachment B). CMHPs may utilize the MSH

Preadmission Form or the form used by the local hospital or local Mental Health Center. Depending on the specific proposed admission, the Coordinator may identify additional information needed to be included in a prospective patient's pre-admission information. When the Admission Coordinator has received all the information requested, the Coordinator will tell the referral source that the admission information is complete. The completed application will be reviewed within 24 hours.

**B. MSH Admission Team** – The MSH Admission Team is a multidisciplinary team charged with the timely review of patient information from various hospital referral sources. The team includes at least two of the following MSH staff:

1. Psychiatrist or other Psychiatric Licensed Independent Practitioner
2. Medical Clinic Doctor
3. Admission Coordinator
4. Registered Nurse

The team assesses the information in accordance with hospital policy, certification and licensing standards, and licensing requirements.

**C. Pre-Admission Information Required** – Pre-Admission Information must be submitted for all patients proposed for admission to MSH.

1. Civil Pre-Admission Information:
  - a. The CMHP may submit required information utilizing the MSH Pre-Admission Form (Attachment B) **for each civil patient proposed for MSH admission**. The Admission Coordinator in consultation with the multidisciplinary review team will determine whether additional information will be needed prior to review of the petition to admit.
  - b. Additional information that may be requested may include but is not limited to:
    - i. Recent ER or Hospital Medical Records.
    - ii. Most Recent Psychiatric Evaluation.
    - iii. Most Recent Mental Health Center Records.
    - iv. Violent and Sex Offender Status.
    - v. Completed EMTALA Hospital Transfer Form (Attachment C).
    - vi. Other information specified by the MSH Admission Review Team.
2. Forensic Pre-Admission Information.
  - a. Forensic Pre-Admission information may include:
    - i. Detention Facility Records (if applicable and available).
    - ii. Court Documents.
    - iii. Legal Status Documents.
    - iv. History of violence (sexual and/or physical).
    - v. Medical Records.
    - vi. Medication Records.
    - vii. Psychiatric Evaluations.

viii. Criminal Background Check.

**D. Medical Stability and Continuity of Care** – The referring provider routinely determines and reports to MSH on each prospective patient’s medical stability and continuing care needs. MSH will review medical stability and continuity of care information and accept/deny admission based on the referring provider’s information and communication.

1. Medical stability includes but is not limited to the following parameters:
  - a. MSH admitting medical staff shall determine medical stability through a review of medical information provided by the referring medical facility and if the prospective patient presents as medically complex, through doctor to doctor consultation.
    - i. Laboratory tests that include a current urine drug screen, Blood Alcohol Level, CBC, CMP, UA, TSH, and pregnancy test or other tests when indicated.
    - ii. Medical condition is stable and well controlled and does not require IV therapies or other specialty medical care.
    - iii. Patient’s medical condition is unlikely to worsen or destabilize during transportation or course of hospitalization at MSH.
    - iv. Patient does not require specialized diagnostic testing, specialty consultation, or acute medical workup to guide the course of medical management.
    - v. Whether a patient’s independent performance of ADLs is primarily limited by a medical problem and minimal nursing assistance is required.
    - vi. Whether the condition is acute or chronic and what ADA would require.
    - vii. Any specialized equipment and assistive devices are:
      - a) available;
      - b) cleared for safety by Hospital Safety Officer;
      - c) practical and safe for use in a psychiatric setting; and,
      - d) MSH staff know how to properly and safely operate the equipment and/or device or can be trained before patient arrives.
  - b. Patient’s medications are available from MSH pharmacy unless, supplied by the community or prearrangements have been made with MSH pharmacy services to assure availability before arrival.
  - c. Minimal need for outside medical appointments that require MSH staff escort and transport.
  - d. Post-surgical or wound care requires minimal medical/nursing management and does not include drainage tubes.
  - e. Post-overdose patients are clearly physiologically and metabolically stable and do not require any further medical interventions.

- f. Patients with uncomplicated, low risk pregnancies are not near term and are unlikely to deliver during the estimated period of psychiatric stay. An established prenatal care plan is in place.
- g. HIV patients are stable with a CD4 count >200 and with no signs of advanced infection or AIDS defining conditions, and HIV medications are readily available.
- h. Dialysis is not needed.
- i. Medical stability will be confirmed prior to referral to MSH if the patient is being referred from non-medical locations such as rehab units, group homes, outpatient CMHC, foster care, detention centers, prisons, and Crisis Facilities.

A prospective patient who meets MSH medical stability criteria must also satisfy psychiatric admission criteria.

**E. Psychiatric Criteria for Admission is as follows:**

- 1. Meets MCA § 53-21-102 (9) (a) “Mental disorder” means any organic, mental, or emotional, impairment that has substantial adverse effects on an individual’s cognitive or volitional functions.
  - a. The term does not include:
    - i. addiction to drugs or alcohol;
    - ii. drug or alcohol intoxication;
    - iii. intellectual disability; or
    - iv. epilepsy.
  - b. A mental disorder may co-occur with addiction or chemical dependency.
  - c. Persons who will require hospitalization for observation, evaluation, care, treatment, and control of behavior arising from or related to psychiatric illness.
  - d. Mental illness does not require hospitalization unless one or more of the admission criteria is present.
    - i. Acute impairment of social, familial, or occupational functions due to mental illness where admission is voluntarily sought and approved by Regional Mental Health Centers; (the hospital reserves the right to deny voluntary admissions when the hospital is at or near licensed bed capacity), or
    - ii. Acute impairment of social, familial, or occupational function due to mental illness where involuntary admission is requested under (statute) by a designated Mental Health Professional (MHP) and one or more of the following:
      - a) the patient is so severely disabled that he/she is unable to provide for health or safety needs;
      - b) dangerous to self, others, or property of others as manifested by threats of, attempted, or actual assaultive or attempted homicidal behavior, suicidal behavior, or destruction of another’s property;

- c) need for 24-hour hospital care with skilled psychiatric observation, evaluation, and/or intervention.

**F. Other Possible Admissions:**

1. Patients with a primary psychiatric diagnosis of:
  - a. Co-morbid dementia may be accepted if there have been clear attempts to place the patient in alternative community settings. Patients with a primary diagnosis of Developmental Disability, Traumatic Brain Injury, Substance Abuse/Dependence, or Personality Disorder are not treated at MSH.

**IV. RESPONSIBILITIES:**

A. *The Admission Coordinator* is the contact point at MSH for facilitating sharing of information between the referral source and the hospital regarding prospective admissions. All admission packets will be received by the Admission Coordinator or his/her designee. The coordinator is responsible for communicating admission team conclusions to referral sources.

B. *The MSH Admission Team* reviews a patient's admission packet and is responsible for:

1. reviewing complete pre-admission information;
2. assessing the patient's need for acute psychiatric hospitalization;
3. confirming patient's medical stability and continuing care needs;
4. assessing whether less restrictive alternatives have been attempted or ruled out; and,
5. accepting a patient for admission or identifying alternate placement.

The admission team is expected to evaluate pre-admission information within 24-hours of receipt of a complete application and informing petitioners of hospital's assessment and conclusion. The conclusions may include:

1. Acceptance of the patient for admission.
2. Identification of an admission time.
  - a. Admission times, as much as possible, should occur between 8 and 4:30pm Monday through Friday.
  - b. Emergency Admissions will be accepted but at pre-scheduled times.
3. Recommendation for alternate placement.

**V. PROCEDURE:**

**A. Admission Coordinator**

1. The admission coordinator is responsible for gathering the admission packet for prospective admissions. The packet is not complete until declared so by the admission coordinator. The coordinator is responsible for seeking additional information when needed and will facilitate conversations between petitioners and admission team members when necessary to clarify the patient's current condition.

***B. Multidisciplinary Admission Team***

1. The multidisciplinary admission team will be called upon to confer with the Admission Coordinator when circumstances call for additional input regarding prospective admissions to MSH.
2. Admission hours 8:00 a.m. to 4:30 p.m. Monday through Friday.

***C. MSH Quality Improvement*** will retrospectively review the presence or absence of admission packet items by referral source and county to assess the overall quality and accuracy of information received on prospective patients. The review will also include an assessment of which items appear to be most helpful and instructive in assessing medical stability and less restrictive placement options. This information will be shared periodically with the Admission Discharge Review Team (ADRT).

- VI. REFERENCES:** Montana Code Annotated (M.C.A.) Sections § 53-21-101-198; 53-21-506; 53-22-101-106; 46-14-101-313; 41-5-206.
- VII. COLLABORATED WITH:** MSH Admission Coordinator; Director of Quality Improvement; Legal Unit, and Addictive & Mental Disorder Division.
- VIII. RESCISSIONS:** AD-01, *Admissions Policy for Montana State Hospital* dated May 2, 2005; AD-01, *Admission Policy for Montana State Hospital* dated November 17, 2004; AD-01, *Admission Policy for Montana State Hospital* dated May 15, 2001; AD-01, *Admission Policy for Montana State Hospital* dated February 14, 2000; HOPP AD-01-01, *Admission Policy for Montana State Hospital*, July 14, 1995; HOOP 13-01E.D.102092, *Admitted on Emergency Detention Status* dated October 1992.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Admission Coordinator.
- XII. ATTACHMENTS:**
- A. Overview of MSH Admission Process
  - B. Pre-Admission Information Form

C. EMTALA Transfer Form (*Consent to Transfer to Another Medical Facility and Transfer Authorization*)

Signatures:

John Glueckert  
Hospital Administrator

Randy Vetter, LCSW, MSW      Date  
Admissions Coordinator

## **Overview of Montana State Hospital Admission Process**

MSH seeks to review prospective admissions prior to the legal commitment process to assess the medical and psychiatric needs of the potential patient. To that end we ask the CMHPPs/CMHRs contact the hospital and provide information on prospective patients. A multidisciplinary admission review team will assess proposed admissions for, among other things, medical stability, continuing medical care needs at MSH, psychiatric diagnosis and continuing psychiatric care needs, confirmation of MSH as the least restrictive care setting, extent of preliminary community re-entry plan, and confirmation of legal authority to admit and treat.

The review team will be assessing proposed admission for **Medical Stability and Continuing Care needs**. MSH providers look to the referring provider to routinely determine and report on each prospective patient's medical stability and continuing care needs. MSH will review each prospective patient's information and assess for the patient's medical stability and continuing care needs. The admission of the prospective patient will be accepted/denies based on the information and communication provided by the referring provider.

"Medical Stability" for MSH means the patient is in a stable medical condition AND MSH has the ability to safely care for the patient's medical needs. In addition to the prospective patient being judged to be medically stable the patient must also meet admission criteria for psychiatric care.

### **Medical Stability includes but is not limited to the following parameters:**

MSH admitting medical staff shall determine medical stability through a review of medical information provided by the referring medical facility and, if a patient has complex medical issues, through doctor to doctor consultation. Items MSH providers may assess include:

1. Laboratory tests that include a current urine drug screen, Blood Alcohol Level CBC, CMP, UA, TSH, and pregnancy test or other tests when indicated.
2. Medical condition is stable and well controlled and does not require IV therapies or other specialty medical care.
3. Patient's medical condition is unlikely to worsen or destabilize during transport or course of hospitalization at MSH.
4. Patient does not require specialized diagnostic testing, specialty consultation, or acute medical workup to guide the course of medical management
5. A patient's independent performance of ADLs is primarily limited by a medical problem and minimal nursing assistance is required.
6. Whether the condition is acute or chronic and what the Americans with Disability Act (ADA) would require.
7. Confirm that any specialized equipment and assistive devices needed are:
  - a. Available
  - b. Cleared for safety by MSH Safety Officer
  - c. Practical and safe for usage in a psychiatric setting
  - d. MSH staff know how to properly and safely operate the equipment and/or device needed.
  - e. Alternate assistive devices are identified and accepted by the prospective patient

- f. Patient's medications are available from MSH pharmacy unless, supplied by the community or prearrangements have been made with MSH pharmacy services to assure availability before arrival.
- g. Minimal need for outside medical appointments that require MSH staff time and transport.
- h. Post-surgical or wound care requires minimal medical/nursing management and does not include drainage tubes.
- i. Post-overdose patients are clearly physiologically and metabolically stable and do not require any further medical interventions.
- j. Patients with uncomplicated, low risk pregnancies are not near term and are unlikely to deliver during the estimated period of psychiatric stay. An established prenatal care plan is in place.
- k. HIV patients are stable with a CD4 count >200 and with no signs of advanced infection or AIDS defining conditions, and HIV medications are readily available.
- l. Dialysis is not needed.
- m. Medical Stability will be required prior to referral to MSH if the patient is being referred from non-physical medicine care locations such as neurobehavioral units, rehab units, group homes, outpatient Community Mental Health Center, foster care, detention centers, prisons, or crisis facilities.

**Psychiatric Criteria for Admission is as follows:**

1. Meets MCA 53-21-102 (9) (a) "Mental disorder" means any organic, mental, or emotional, impairment that has substantial adverse effects on an individual's cognitive or volitional functions.
2. The term "Mental Disorder" does not include:
  - a. addiction to drugs or alcohol;
  - b. drug or alcohol intoxication;
  - c. mental retardation, developmental delay; or
  - d. epilepsy/seizure disorder.
3. A mental disorder may co-occur with addiction or chemical dependency.
4. Persons who will require hospitalization for observation, evaluation, care, treatment, and control of behavior arising from or related to psychiatric illness.
5. Mental illness does not require hospitalization unless one or more of the following admission criterion are present.
  - a. Acute impairment of social, familial, or occupational functions due to mental illness where admission is voluntarily sought and recommended by a CMHP AND treatment space is available at MSH; or,
  - b. Acute impairment of social, familial, or occupational function due to mental illness where involuntary admission is requested under (statute) by a

Community Mental Health Professional (CMHPP) and one or more of the following conditions exist:

- i. Gravely disabled: the patient is so severely disabled that he/she is unable to provide for their health or safety needs.
- ii. Dangerous to self, others, or property of others as manifested by threats of, attempted, or actual assaultive or attempted homicidal behavior, suicidal behavior, or destruction of another's property.
- iii. Need for 24-hour hospital care with skilled psychiatric observation, evaluation, and/or intervention.

**Other Possible Reasons for Admission:**

Patients with a primary psychiatric diagnosis of:

1. Co-morbid dementia may be accepted if the dementia is mild and a clear Community Re-entry Plan is in place. Patients with primary dementia diagnosis or clinical presentation are not treated at MSH.
2. Co-morbid Developmental Delay, Traumatic Brain Injury or Substance Abuse/Dependence may be admitted if a clear Community Re-entry Plan is in place. Patients with primary DD, TBI, Substance A/D, and Personality Disorder are not treated at MSH.

**MONTANA STATE HOSPITAL  
Pre-Admission Information Form**

**SITUATION**

Patient Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Expected Date/Time of Arrival: \_\_\_\_\_  
Type of Admission: \_\_\_\_\_  
Committed or Not: \_\_\_\_\_  
County of Admission: \_\_\_\_\_  
Referring Provider: \_\_\_\_\_  
    Provider Name: \_\_\_\_\_  
    Address: \_\_\_\_\_  
    Phone: \_\_\_\_\_  
    Fax: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Public Defender: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_  
Date and Time of Contact: \_\_\_\_\_  
Criminal Offender: Yes:  No:   
    If Yes check all that apply:  
        Violent:   
        Sexual:   
        Other:   
In-route when Call: Yes:  No:   
  
County Attorney: \_\_\_\_\_  
Judge: \_\_\_\_\_

Location of Patient at Time of Referral: \_\_\_\_\_  
Description of Imminent Danger to Self/Others Requiring Admission to MSH: \_\_\_\_\_

Current Medications (type, dose, frequency): \_\_\_\_\_

Known Medical History: \_\_\_\_\_

Other Medical History: \_\_\_\_\_

Medical Marijuana: Yes:  No:

Acute Medical Problems and Interventions: \_\_\_\_\_

Medications Given at Referring Facility: \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_

Drug Screen: BAL:

Meth:  Cocaine:  THC:  Heroin:  Opiates:  None Detected:

Medical Labs: \_\_\_\_\_

Received: \_\_\_\_\_

Medical Records/Labs Requested from Current Provider: \_\_\_\_\_

Mental Health Evaluation: \_\_\_\_\_

Received: \_\_\_\_\_

Pre-Admission Diagnosis: \_\_\_\_\_

**BACKGROUND**

Previous Hospitalizations at MSH: Yes:  No:  Number of Admissions: \_\_\_\_\_

Last Discharge Date: \_\_\_\_\_

Location of Recent Hospitalizations: \_\_\_\_\_

Created By: \_\_\_\_\_



## CONSENT TO TRANSFER TO ANOTHER MEDICAL FACILITY

To: \_\_\_\_\_  
Name of Patient

From: \_\_\_\_\_  
Name of Provider requesting transfer

Regarding: Transfer to: \_\_\_\_\_  
Name of Receiving Facility

The purpose of this "Consent to Transfer to Another Medical Facility" is to inform you/the patient about the risks and benefits of your/the patient's transfer to another facility. By signing this form, you/the patient acknowledge the following:"

1. You/the patient have an emergency medical condition. This means that if you/the patient do not receive immediate medical attention, your/the patient's health and life may be at risk. If you/the patient are pregnant, the health and life of your/the patient's unborn child may be at risk.
2. You/the patient have been informed of the benefits of receiving treatment at the hospital for your/the patient's emergency medical condition. You/the patient have also been informed of the risks of transfer.
3. The physician or qualified medical person named above has certified in writing that based on the information now available to him or her, the expected medical benefits from transfer to the facility named above outweigh the risks. If you/the patient are pregnant, you/the patient's physician has certified in writing that the benefits outweigh the risks for both you/the patient and your/the patient's unborn child.
4. The facility named above has informed you/the patient's physician or other qualified medical person named above that it has available space and qualified personnel for your/the patient's treatment, and it has agreed to accept you/the patient as a patient and to provide medical treatment.
5. If you/the patient have any questions you/the patient want to ask us before you the patient decide whether or not to give consent, we want and expect you/the patient to ask us.
6. I authorize the release of my PHI from the receiving facility to Montana State Hospital for health care operation purposes.

By your/the patient's signature on this form, you/the patient acknowledge: (1) that you/the patient have read and understood the information provided on this form; (2) that you/the patient have had a chance to ask questions; (3) that you/the patient have received all of the information you/the patient desire concerning transfer to another medical facility; (4) that you/the patient understand that you/the patient have a right to receive medical screening, examination, and evaluation by a physician or other qualified medical person, without regard to your/the patient's ability to pay, prior to any transfer from the hospital; (5) that you/the patient understand that you/the patient have a right to be informed of the reasons for any transfer; (6) that you/the patient have received medical screening, examination, and evaluation by a physician or other appropriate personnel; and (7) that you/the patient are being transferred for the following reasons:

### CERTIFICATION BY PHYSICIAN FOR TRANSFER OF INDIVIDUAL WITH EMERGENCY CONDITION

I, \_\_\_\_\_ (the undersigned physician), have examined and evaluated \_\_\_\_\_ (name of patient). Based on this examination and the information available to me at this time, I have concluded as of the time of transfer that within a reasonable medical probability, the transfer or delay caused by the transfer will not result in a material deterioration in or jeopardy to, the medical condition or expected chances for recovery of the patient (or, if pregnant, of the patient's unborn child). I have explained to the patient (or his or her legally responsible person) all of the expected medical benefits to be gained by the transfer, the medical risks posed by the transfer, and why I believe that the benefits outweigh the risks of transferring the patient.

Summary of Medical Risks and Benefits of Transfer: \_\_\_\_\_

Patient or legally responsible person requests or consents to transfer.

Physician Certification, it is my medical judgment that the medical benefits associated with transfer outweigh the medical risks of transfer.

\_\_\_\_\_  
Signature of Physician or Qualified Medical Person                      Date                      Time                      Print Name

\_\_\_\_\_  
Signature of Patient/Legal Representative                      Date                      Time                      AM / PM

\_\_\_\_\_  
Signature of Witness