ORGANIZATIONAL PROCEDURE

PROCEDURE # 13.7b		EFFECTIVE DATE	REVISED DATE
TITLE:	PRE-ADMISSION SCREEN PROCESS	2/12/2024	
ATTACHMENT TO		REVIEW DATES	
POLICY #: 13.7 POLICY TITLE: 13.7 Inpatient Psychiatric Hospitalization Standards CHAPTER: SERVICE DELIVERY			

I. PURPOSE

To ensure that Pre-admission Screens (PAS) for all higher levels of care (Inpatient, Partial Inpatient, Crisis Residential) across Region 3 PIHP are conducted in a consistent manner and standards for data collection are met.

It is intended that as much of the information listed is obtained during the preadmission screen process. Items highlighted in yellow must be collected unless obtaining the information would adversely impact the individual's care. (*MMBPIS and/or BH-TEDS.)

II. PROCEDURES

A. Pre-admission Screening (PAS)

1. **Documentation Details**
   a. *Date and time of request for screening*
   b. *Date and time, start of screening*
   c. *Date and time, stop of screening*
   d. *Date and time of decision*
   e. Contact type (courtesy screen)
   f. Caller/contact

2. **Identifying Information**
   a. Legal name*
   b. Preferred name and other identifying information
   c. Date of Birth*
   d. SSN (last four digits)*
   e. Case number for CMHSP doing screening
   f. Address, mailing
   g. Address, where currently residing
   h. County of residence*
   i. Residential living arrangement*
   j. Phone number, primary
   k. Phone number, alternate
   l. Email

    m. Client contacts
    n. Primary spoken language (communication preference)
    o. Accommodation(s) needed (interpreter, reading assistance, sign language)
    p. Advance directive (yes/no, last scan date)
    q. Legally responsible person
        i. Individual served
        ii. Parent(s) of a minor child
        iii. Court appointed guardian
    r. Gender
        i. Gender assigned at birth*
        ii. Gender identity*
        iii. Sexual orientation
        iv. Pronouns
    s. Race/ethnic Origin*
    t. Hispanic or Latino ethnicity*
    u. Marital status*
    v. Employment status (total income, dependents, SDA/SSI/SSDI*
    w. Are you a veteran?*
        i. If yes, do you have VA benefits?*

3. **Insurance Information**
    a. Medicaid ID number*
    b. MI Child ID number*
    c. Payment source
    i. Medicaid
    ii. HMP
    iii. MI Child
    iv. Medicare ID number*
    v. Commercial
    vi. VA
    vii. No insurance

4. **Presenting Problem and History of Present Illness (Reason for Screening)**
    a. Presenting symptoms and signs
    b. History of present illness
        i. Key presenting symptoms
          (a) Psychosis
          (b) Mood
          (c) Anxiety
          (d) etc.
        ii. Neurovegetative symptoms
          (a) Sleep
          (b) Appetite
          (c) Energy

iii. Stressors or major changes
     (a) Trauma
     (b) Loss
     (c) Changes in treatment
     (d) Etc.
iv. Harm to self/others
     (a) Physical aggression
     (b) SI
     (c) HI
     (d) SIB
     (e) Access to lethal method (ask specifically about access/absence to firearm in home or ease of accessing)
v. Protective factors (e.g., natural supports)
vi. Substance use (ASAM/CIWA/COWS results, if available)
vii. Assessments, if available and as indicated
     (a) Functional
     (b) LOCUS
     (c) CALOCUS
     (d) C-SSRS

5. **Additional History**
   a. Allergies/adverse reactions
   b. Medication
      i. Psychiatric
      ii. Medical
      iii. OTC
   c. Past Medical History
      i. Medical Hx
      ii. PCP
   d. Behavioral health history including diagnoses and treatments
      i. "Baseline," if available
      ii. MI
      iii. SUD
      iv. Somatic (medications, ECT, TMS, etc.) therapies
      v. Non-somatic therapies (e.g., psychotherapy)
      vi. Hospitalizations (dates and locations if available)
   e. Family history
   f. Corrections/legal status
      i. Legal Related Status
      ii. Arrests in Past 30 Days
      iii. Juvenile Justice Involvement at Update or Discharge
      iv. Youth Prior Law Enforcement History
      v. Youth Prior Juvenile Justice History
   g. Education

6. **Mental Status Exam**
    a. General appearance
    b. Motor activity (agitation, slowed, etc.)/physical distress
    c. Eye Contact
    d. Speech
    e. Affect
    f. Mood
    g. Thoughts (content, process, delusional, etc.)
    h. Suicidal/homicidal
    i. Cognition (memory, intellectual functioning, orientation, insight, judgment)

7. **Diagnosis(es)**
    a. DSM (include F codes)

8. **Disposition**
    a. Documented MCG* criteria and edition for authorization (summary)
    b. Level of Care
        i. IP*
        ii. CRU*
        iii. PHP*
        iv. Outpatient (patient does not meet criteria for a HLOC or client is not agreeable to HLOC and involuntary is not indicated)
        v. Other
    c. Admission type (voluntary/involuntary)
    d. Admitting provider (institution)
    e. Provider's contact person for this particular client
    f. Admission date, if known
    g. Number of days initially authorized
    h. Documented alternative level of care was discussed and documented with the person served, if indicated?

9. **Signatures**
    a. Staff Signature/Credentials
    b. Supervisor Signature/ Credentials

B. **Additional Pre-admission Screens**
    In the event that a pre-admission screening has occurred and a higher level of care (HLOC) has been authorized, but placement has not been located after 72 hours, an additional pre-admission screen must be completed prior to admission.

    Extenuating circumstances may apply to allow additional time for pre-admission screenings to take place beyond 72 hours.

C. **Prior Authorization (PA)**
Admissions to a higher level of care (HLOC) by a Community Mental Health Service Provider (CMHSP) will be authorized for 1-3 days based on the individual circumstances and criteria for admission per Policy 13.7 Inpatient Psychiatric Hospital Standards.

III. SUPPORTING DOCUMENTS
A. 13.7 Inpatient Psychiatric Hospital Standards
B. Milliman Care Guidelines
C. Medicaid Provider Manual
D. MMBPIS PIHP/CMHSP Reporting Code Book
E. MDHHS BH-TEDS File Specifications for PIHP Regional Entities

IV. CHANGE LOG

Date of Change	Description of Change	Responsible Party
2/12/2024	New Procedure	LRE COO and UM Coordinator