PROCEDURE # 13.7b		EFFECTIVE DATE	REVISED DATE
TITLE:	PRE-ADMISSION SCREEN PROCESS	2/12/2024	6/1/26
ATTACHMENT TO		REVIEW DATES	
POLICY #:	13.7	6/1/2026	
POLICY TITLE:	INPATIENT PSYCHIATRIC HOSPITALIZATION STANDARDS		
CHAPTER:	SERVICE DELIVERY		

I. PURPOSE

A. To establish standardized requirements for the completion, documentation, and oversight of Pre-admission Screens (PAS) conducted by LRE Member CMHSPs for higher levels of care (e.g., inpatient psychiatric, partial hospitalization, crisis residential), and to ensure compliance with MDHHS requirements, Medicaid regulations, and LRE Policy 13.7

II. PROCEDURES

All applicable information outlined in this procedure should be collected during the pre-admission screening process in accordance with MMBPIS, BH-TEDS, and MDHHS reporting requirements. CMHSPs are responsible for ensuring data accuracy, completeness, and timeliness.

Items highlighted in yellow must be collected unless clinically contraindicated; any omitted required element must include documented justification.

A. Pre-admission screening documentation must be sufficient to support medical necessity determinations and PIHP review. LRE Member CMHSPs are responsible for conducting PAS activities in accordance with this procedure. LRE maintains oversight responsibility through monitoring, data review, and compliance assurance activities.
B. Pre-admission screens must be completed in a timely manner consistent with urgent and emergent care needs and applicable MDHHS and Medicaid requirements. Screening processes shall not delay access to medically necessary services.
C. PAS must be completed by a qualified clinician acting within their scope of practice in accordance with CMHSP policies and MDHHS requirements. PAS documentation must be:
    1. Completed simultaneously with the screening
    2. Maintained in the individual's clinical record
    3. Available to LRE, MDHHS, and audit review upon request

D. Preadmission Screen information must include:
    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)
   If a courtesy screen is conducted:
   i. The screening CMHSP shall communicate with the authorizing CMHSP as soon as possible
   ii. PAS activities shall not be delayed awaiting authorization
   iii. All screening documentation must be shared with the authorizing CMHSP to support disposition and follow-up activities
   iv.
f. Caller/contact

1. **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?*

2. **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

3. **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

4. **Clinical Determination and Medical Necessity** – PAS Determinations shall be based on medical necessity criteria consistent with:
    i. LRE Policy 13.7 Inpatient Psychiatric Hospitalization Standards
    ii. Milliman Care Guidelines (MCG)
    iii. Medicaid Provider Manual requirements
    iv. The screening clinician must document the rationale for level of care determination, including
        1. Risk of harm to self or others
        2. Functional impairment
        3. Availability and consideration of less restrictive alternatives

    PAS processes shall support coordination with emergency and post-stabilization services in accordance with federal Medicaid requirements.

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. Documentation must demonstrate that less restrictive alternatives were considered and determined to be insufficient to meet the individual's clinical needs.

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

E. **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 3 business days, 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.

F. **Prior Authorization (PA)**

Preadmission screens for a higher level of care (HLOC) must be authorized by the CMHSP Utilization Management (UM) function based on documented medical necessity using the most current Milliman Care Guidelines (MCG) or other approved criteria. Initial authorizations are generally limited in duration (e.g., 1–3 days) based on clinical presentation. Authorization determinations must comply with all applicable timeliness and documentation requirements outlined in Policy 13.7 and MDHHS/Medicaid standards. LRE monitors CMHSP adherence to these requirements

III. CHANGE LOG

Date of Change	Description of Change	Responsible Party
2/12/2024	New Procedure	LRE COO and UM Coordinator
6/1/2026	Review and minor adjustments	Clinical/UM Manager and UM Coordinator