

### **PURPOSE**

To define procedures regarding civil admission to Larned State Hospital (LSH), Psychiatric Services Program (PSP).

### **POLICY**

LSH will admit all persons (adults) in need of inpatient psychiatric care and treatment to the Psychiatric Services Program if all of the following conditions are met:

- the individual received appropriate screening by a participating Community Mental Health Center (CMHC) as required by the Mental Health Reform Act,
- the individual is medically stable, and
- applicable legal requirements are met.

Admissions will be received twenty-four (24) hours a day, seven (7) days a week, including holidays, in accordance with geographical catchment areas established by the Kansas Department for Aging and Disability Services (KDADS). If a prospective admission has not been screened by the responsible CMHC, LSH staff will facilitate the required mental health center screening prior to admission. The admitting Medical Staff is responsible for admission decisions in regards to medical stability.

A medical screen must be performed by the admitting Medical Staff prior to admission to determine if the patient is medically stable and free of any emergency condition.

### **CATEGORIES OF ADMISSIONS**

#### **(For all Admissions):**

**Voluntary** (by patient or guardian)

**Emergency** (as defined by Kansas Statutes)

**Involuntary** (civil commitments as defined by Kansas Statutes)

**Detox** (as defined by Kansas statutes)

**Forensic** (criminal as defined by Kansas Statutes)

### **VOLUNTARY:**

Any patient may be admitted to LSH when **all** of the following five (5) criteria are met:

1. There are available treatment accommodations,
2. The head of the facility (or designee) believes the person is in need of treatment,
3. The person has the capacity to consent to treatment,
4. The participating CMHC has provided a Statement from Qualified Mental Health Professional Authorizing Admission to a State Hospital (“ticket letter”), **and**
5. A medical screen is performed and the patient is determined to be medically stable.

A patient over the age of 18 may make her/his own written application for admission.

### **VOLUNTARY BY GUARDIAN:**

- A guardian can only admit his/her ward to a treatment facility with the approval of the guardianship court pursuant to K.S.A. 59-3077 and a mental health screening authorizing the admission into a treatment facility.
- Nothing shall prohibit LSH from admitting a patient who has a guardian as a voluntary patient if the admitting Medical Staff is satisfied the patient has the capacity to understand his/her illness and need for treatment. If a patient with a guardian is admitted in this manner, the patient's Social Worker shall give notice of the patient's admission to the patient's guardian as soon as possible and shall provide copies of any treatment consents the patient has given. The guardian shall, in a timely manner, either seek to obtain proper legal authority to admit the patient to a treatment facility and to consent to further care and treatment or shall otherwise assume responsibility for the care of the patient.

### **EMERGENCY:**

A patient can be admitted under an emergency admission by either a law enforcement officer or an interested individual. In this type of admission the patient is taken into legal custody prior to any court's involvement. The admitting law enforcement officer or individual is asked to complete an Application For Emergency Admission (For Observation And Treatment) (Pursuant to K.S.A. 59-2954) (MS-72). The patient's participating CMHC must provide a mental health center screening and Statement from Qualified Mental Health Professional Authorizing Admission to a State Hospital ("ticket letter") for the patient to be admitted to LSH.

- The admitting law enforcement officer or individual must file a petition for involuntary commitment by the close of business on the next day thereafter the court is open for business. Caveat: If this does not occur, the patient must be discharged from involuntary commitment.

A patient may also be admitted under an ex parte temporary custody order. This order authorizes LSH to hold a patient for forty-eight (48) hours until the temporary custody hearing is held or is used to authorize law enforcement to transport the patient to the treatment facility. This order is usually issued at the time the original petition is filed as a "package deal." Caveat: Without this order the patient cannot be held prior to the temporary custody hearing.

- The order expires at 1700 hours of the second (2<sup>nd</sup>) day that the district court is open for the transaction of business, after the date of issuance.
- The committing district court cannot enter successive ex parte temporary custody orders.

### **INVOLUNTARY:**

Kansas law allows a patient to be held involuntarily if they meet the following legal requirements:

- Be a "mentally ill person" as defined in K.S.A. 59-2946 (e),
- Lacks capacity to make an informed decision concerning treatment,
- Is likely to cause harm to self or others, and

- Whose diagnosis is not solely one of the following mental disorders: Alcohol or chemical substance abuse, antisocial personality disorder, mental retardation, organic personality syndrome, or an organic mental disorder.

A verified petition to determine whether or not a person is a mentally ill person subject to involuntary confinement can be filed in the district court where the person resides or may be found. The patient's participating CMHC must provide a mental health center screening; Statement from Qualified Mental Health Professional Authorizing Admission to a State Hospital ("ticket letter"); and a Certificate of a Physician, Licensed Psychologist, or designated Qualified Mental Health Professional for the patient to be admitted to LSH.

### **SOCIAL DETOX:**

LSH provides only specified Social detox services to involuntary patients. Detox admissions are strictly governed by specific state statutes and are time limited.

#### **Admission Process:**

- Prior to being admitted to the Social Detox Program, possible patients must be pronounced medically stable by LSH Medical Staff (refer to LSH's Guidelines and Procedures for Social Detox Admissions).
- Patients may only be admitted to LSH's Social Detox Program under the following circumstance:
  1. Via Law Enforcement Transportation pending Medical Stability.
    - a. Law Enforcement officer must complete the Application for Emergency Admission of an Individual for Social Detoxification (for Observation and Treatment) (Pursuant to K.S.A. 59-29b54(b)) (MS-121) during the admission process.
- All patients admitted on a Social Detox status will reside on the ATC South Crisis Stabilization Unit (CSU).
- If a patient is admitted on a Social Detox status, the admitting law enforcement officer/or county of residence must file by 1700 hours the next full day, thereafter the district court is open for business. If no case is filed, the patient must be discharged.

#### **Temporary Custody Orders:**

- An ex parte temporary custody order can be requested when the involuntary petition is filed, and it is valid until the close of the second day the court is open to transact business.
- If probable cause is found at the temporary custody hearing, the court must direct the patient to be transported to a treatment facility to be detained and treated prior to the commitment hearing.

- A Social Detox admission does not require a Statement from Qualified Mental Health Professional Authorizing Admission to a State Hospital (“ticket letter”) or a Mental Health Center Screen from the patient’s participating CMHC, but a substance abuse screening does occur usually after admission by a (Heartland Regional Alcohol and Drug Assessment Center) screener while the patient is held on the emergency admission or ex parte temporary custody order at LSH. This screening allows the patient to be screened into the next level of services without delay.
- LSH cannot detain a Social Detox admission beyond these time constraints. If no case is timely filed, the patient must be discharged.

## FORENSIC:

District Courts can refer forensic admissions directly to PSP. While the vast majority of forensic referrals will be admitted to the State Security Program (SSP), some forensic patients may be referred or transferred to PSP under specific statutes. For specific discussion of these statutes, refer to LSH Patient Policy and Procedure P1-01, “Forensic Admissions to PSP or SSP (Excluding Security Behavior Unit [SBU]).”

## PROCEDURE

**Participating members include:** Clinical Information Management (CIM) Personnel  
Registered Nurse  
Medical Staff  
Social Worker/Designee  
PSP Clinical Program Director/Designee  
Medical Director/Designee

### I. Action by CIM Personnel:

- A. Maintains packets containing all necessary forms and instructions to be used in the admission procedure and assures their availability.
- B. Completes admission procedures as established in the CIM departmental policy manual of Operations.
- C. Distributes forms to responsible staff identified in LSH Patient Policy and Procedure P1-03 “Documents at Admission” if signatures are not obtained at time of admission.

### II. Action by Registered Nurse:

- A. Receives prospective admission or inquiry about admission and confirms mental health screening has been completed (if required) and legal papers are correct. Documents information on page one (1) of the Preadmission Information – PSP (CPR-70).
  1. When screening has not been completed and prospective admission is presently on grounds, contacts responsible CMHC and requests screening be completed.

2. When inquiry about admission is being made, informs the caller of need for screening.
- B. Determines if the patient has a current HOLD Order and notifies Treatment Team.
1. When patient comes from the jail without a HOLD Order, verifies status of HOLD Order with admitting sheriff's department.
  2. Notifies PSP Legal Liaison.
- C. When the preadmission process is finalized:
1. Receives notification of pending admission.
  2. Notifies Medical Staff of pending admission.
  3. Performs admissions intake procedures as required.
- D. Receives and prepares patient for admission process.
- E. Adds patient to Plexus.
- F. Completes Admission Packet and obtains signatures of patient, legal guardian or parent; and completes PSP Admission Placement/Triage Decision Tree (CPR-70a).
1. Consults with PSP Clinical Program Director/Designee in regards to unit selection, if questions arise.
- G. Documents rationale for inability to obtain patient/guardian signatures on the patient signature line.
- H. Assists Medical Staff in examination and assessment process.
- I. Performs required examinations/assessments and completes required forms.
- J. Receives, processes, and implements orders, documenting observations and services performed in the patient's medical record.
- K. Arranges for new patient's orientation to the unit.

### **III. Action by Medical Staff:**

- A. Receives notification of admission and completes EMTALA Transfer (CPR-36), if necessary (see LSH Patient Policy and Procedure P6-22 "Emergency Medical Treatment and Labor Act (EMTALA)").

- B. Assesses patient face to face; completes medical screen Preadmission Medical Screening (CPR-19), as applicable (initiated by Nursing); and determines if patient is medically stable for admission.
- C. Obtains the assessment of Medical Director/designee when, in the admitting Medical Staff's judgment, a voluntary or emergency admission is not legally or medically appropriate, documenting the decision in the Medical Staff SOAP note and routing to the Unit CIM Personnel within the first (1<sup>st</sup>) day following such decision. Follows EMTALA procedures outlined in LSH Patient Policy and Procedure P6-22 "Emergency Medical Treatment and Labor Act (EMTALA)."
- D. When medically appropriate and criteria for admission has been met, orders the admission of the patient, completes required admission forms and documents observations, findings, and services performed in the medical record, including routine orders and other orders as indicated for the care and treatment of the patient.

#### **IV. Action by Social Worker/Designee:**

- A. Receives notice when patient was unable or unwilling to sign forms upon admission and follows up as necessary to obtain signatures.
- B. Receives notice when patient has a guardian:
  - 1. If admitted as voluntary (may occur when medical staff are satisfied that the patient has the capacity to understand his/her illness and need for treatment.):
    - a. Gives notice of the patient's admission to the guardian as soon as possible,
    - b. Provides the guardian copies of any treatment consents the patient has signed.
  - 2. If admitted as voluntary by guardian, informs guardian of patient's admission and the need for guardian to:
    - a. Obtain the guardianship court's approval to:
      - 1) Admit the patient to a treatment facility, and
      - 2) Provide written consent to further care and treatment of the patient.
    - b. Provide documentation of approval to CIM for the patient file.
    - c. Sign care and treatment forms.
- C. Mails the guardian a packet of care and treatment forms for signature and return to LSH.

**V. Action by PSP Clinical Program Director/Designee:**

- A. Receives notification from the admitting RN if consultation is needed in regards to patient unit placement.
- B. Makes a decision for patient unit placement.

**VI. Action by Medical Director/Designee:**

- A. Reviews information from staff.
- B. Reviews information from outside facility.
- C. Makes a decision to accept or deny admission.

**FORMS REFERENCED:**

- CPR-19 Preadmission Medical Screening
- CPR-36 EMTALA Transfer
- CPR-37 EMTALA Transfer Request
- CPR-70 Preadmission Information - PSP
- CPR-70a PSP Admission Placement/Triage Decision Tree
- MS-72 Application For Emergency Admission (For Observation And Treatment) (Pursuant to K.S.A. 59-2954)
- MS-121 Application for Emergency Admission of an Individual for Social Detoxification (for Observation and Treatment) (Pursuant to K.S.A. 59-29b54(b))

APPROVED BY: Original Signature on File  
THOMAS KINLEN, Ph.D., Superintendent

PPR: PSP Clinical and Administrative Program Directors

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