

Training Modification Announcement

Please note the following information has been updated and corrected in the slide deck.

- Regarding the transfer of INDs from Temp Obs to CSU beds, there is NOT a different process for such transfers. It is NOT necessary to d/c from a Temp Obs bed to place into a CSU bed.
- In order to transfer from a Temp Obs bed to a CSU bed, the CSU will use the “Swap Beds” feature instead. Use the same process to swap ANY kind of bed (Temp Obs to Temp Obs, Temp Obs to CSU, CSU to CSU).



The Georgia
Collaborative ASO



CSC/CSU/BHCC Preferred Point of Entry Training

Revised 7/30/2018

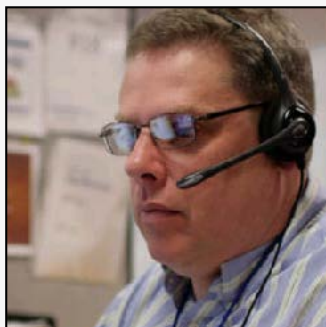


Who is our Target Audience?

- This training is designed for all employees of the designated facility types (CSC, CSU, BHCC) who will use BHL Web to track, review, admit, and discharge Individuals at their agencies.
- This training is suitable for both new and experienced users of BHL Web. It will serve as a comprehensive guide to applications and highlight changes from previous versions.

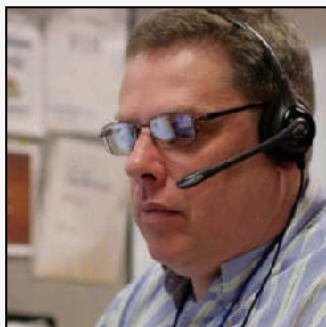


Glossary



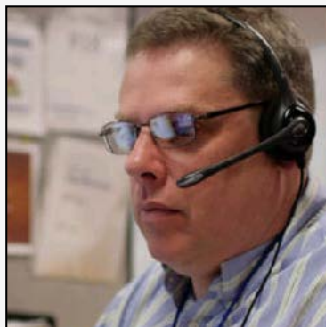
- **CSC:** A Crisis Services Center is a walk-in facility that has the capacity to receive and evaluate Individuals for Behavioral Health and Developmental Disabilities needs 24/7. Currently, Georgia has one stand-alone CSC, and it is not designated as an Emergency Receiving Facility (ERF).
- **CSU:** A Crisis Stabilization Unit provides crisis stabilization and detoxification services to Individuals in a locked setting. Services are not as intensive as a hospital level of care, but CSUs are designated as ERFs.

Glossary



- **BHCC:** A Behavioral Health Crisis Center is a facility that includes a CSC, a CSU, and a Temporary Observation Unit (Temp Obs or TO). Individuals who walk into the BHCC or are transferred there are evaluated with the goal of providing de-escalation and intervention to avoid the need for admission to the CSU. Initial screening and interventions are provided in the CSC, and Temp Obs units provide a setting for ongoing interventions up to 24 hours.

Glossary



- **PPOE:** The Georgia Crisis and Access Line (GCAL) is a Preferred Point of Entry (PPOE) for certain state-funded services. Individuals may access care at BHCCs, CSUs, CSCs, and certain other services either by referral from GCAL or by accessing those services directly through agency channels. This differs from a Single Point of Entry (SPOE), which is defined as an entity that is the only way to access a particular service. GCAL serves as a SPOE for State-Contracted Crisis Beds (SCB) and Mobile Crisis Response Services (MCRS).

What to Expect from this Training

Participants will:

- Understand the purposes of the applications discussed
 - Tracking referrals into and through the crisis system
 - Directing Individuals to the most appropriate and first-available bed or service
 - Gathering data to monitor trends in referral volume, understand barriers to access, evaluate certain performance indicators, and drive changes that can improve the system.
- Understand how to properly use the various applications



Front-End Improvements

Pre-Admission Referral Form

- Referrals via GCAL may come in one of two ways: phone call or electronically-submitted Pre-Admission Referral Form (PARF). DBHDD has directed Emergency Departments that they are strongly encouraged to use the PARF process.
- DBHDD has enhanced and revised the PARF in key ways:
 - More information is required in order to submit a PARF (additional clinical as well as specific lab values)
 - Lab values have been revised to screen out most medical concerns and direct others toward a physician-to-physician consultation
 - ERs are being strongly encouraged to upload documentation directly to the board to eliminate the need for multiple faxes (labs, notes, 1013, etc.)

Pre-Admission Referral Form

- Expectation is that agencies will have everything they need on the board to review INDs without having to make multiple phone calls and request additional faxed information.
- Agencies are asked not to accept direct referrals from external agencies and to re-route them through GCAL. Direct referrals are not easily tracked, and this volume may be lost in projecting future service needs.
- For referrals made via a call to GCAL rather than via PARF, the same information will be required, so documentation will be improved. Such referrals will not have uploaded documentation.
- Overall, fewer referrals will be inappropriate.

Important Note

DBHDD and BHL have worked closely to ensure that the PARF process is as thorough as possible. It should not be necessary for a CSU or State Hospital to require a hand-written PARF if referring agencies have completed the electronic PARF properly. Occasionally, additional documentation may be necessary, but the electronic process is intended to largely or completely replace the need to fax information between agencies.

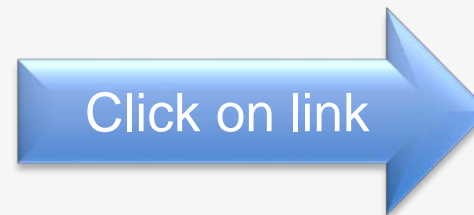
Getting Started

- Agency administrators should compile a list of employee names and *work* email addresses for submission to bhlhelp@ihrcorp.com. BHL Help will create user names for all employees and will email initial instructions and a temporary password to the email address. Please also notify when employees leave the agency for de-activation.
- All users must have individual log-in IDs for BHL Web. Group log-ins and shared user names are a violation of HIPAA guidelines and will subject violators to termination of access rights.



If you forget your password...

Click on the Forgotten your password? link on the Login page



Login to site

Username:

Password:

[Forgotten your password?](#)

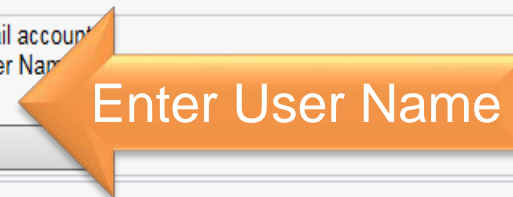
The New Password Generator box comes up. Enter your User Name (your email address) and a new password will be emailed to you.

BHL Web Apps New Password Generator

Receive a new password in your registered email account
Click the Submit button after entering your User Name

User Name:

[Login Page](#)



The Applications

Referral Status Board

Individuals waiting for linkage are listed on this Electronic Board. Agencies review and respond to referrals via the Referral Status Board. Individuals may be placed on the Referral Status Board via GCAL or other agency-driven processes.

Individuals Editor

Agencies use this application to add Individuals who walk into their facility or are otherwise directly referred by the agency (non-GCAL referrals via clinics, etc.).

Beds Inventory Status

A listing of facility beds with names of Individuals in each bed. Also includes information such as primary presentation, admission date, referral source, etc.



Using the Boards

To get to these applications...

- Type or Copy and Paste the web address below into your Browser.
- You can also pull the address from your Browser to your desktop.

<https://www.bhlweb.com/>

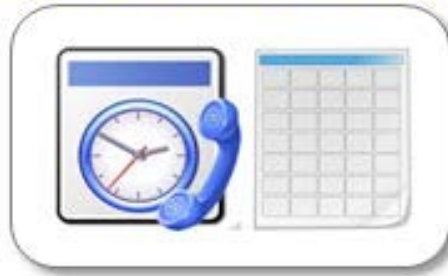
Click on GCAL WEB APPLICATIONS...

Behavioral Health Link

Provider Portal

Atlanta, GA. - Nov. 14, 2011: The "BHL Scheduler" and "BHL xPRS" applications are now accessible through ***one link!***

GCAL WEB APPLICATIONS



(including xPRS and Scheduler)

des easy access to our family of web based applications. Within the BHL Web Apps environment, applications are available through

© 2009-2011 Behavioral Health Link

Enter your User name (email address) and Password. Click on Login.



Please enter your user name and password to access BHL Web Apps content.

Login to site

Username:

Password:

Login

[Forgotten your password?](#)



[Contact: bhlwebsupport@ihrcorp.com](mailto:bhlwebsupport@ihrcorp.com)

This web app is tested and performs best with Internet Explorer 8 and Firefox 3.6, or higher versions with JavaScript enabled. This app may or may not work properly with other browsers or earlier versions.



Visitor 176869 Not Logged In Session ET: 00:00:00 BHL Web Apps v2.11

Click on BHL Web Applications Menu



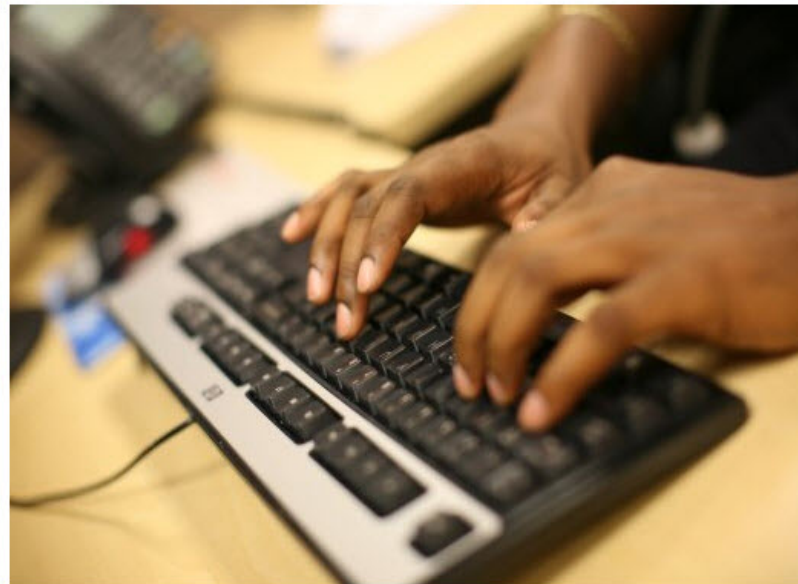
Welcome markttest

[BHL Web Applications Menu](#) [Log Out](#)

Contact: bhlwebsupport@ihrcorp.com

This web app is tested and performs best with Internet Explorer 8 and Firefox 3.6, or higher versions with JavaScript enabled. This app may or may not work properly with other browsers or earlier versions.

BHL Scheduler Access:
Not Authorized for any Agencies or Sites
Bed Census access Facilities: CSP 3 FacilityId 53, AgId 1050,



Visitor 176869 markttest CSUBedCensus Login Session ET: 00:00:41 BHL Web Apps v2.11

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Referral Status Board

How to navigate referral board for
CSC/CSU/BHCC



Changes Highlight

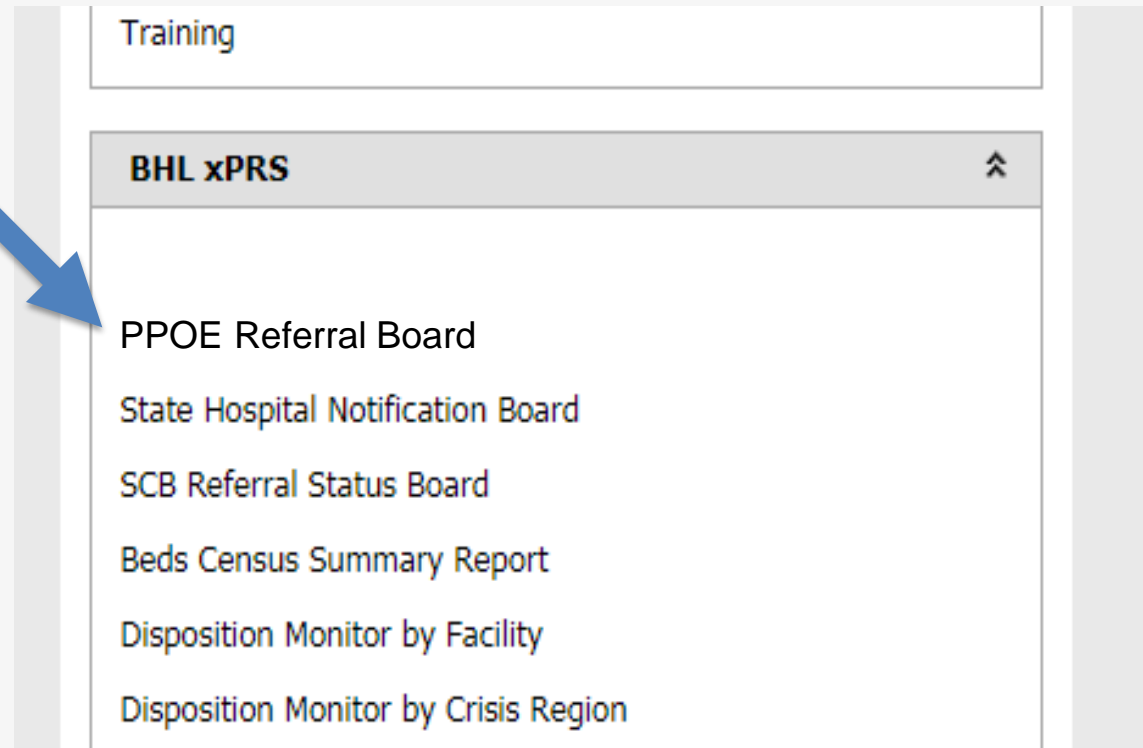
- There are no longer separate boards for BHCC and CSU. All Individuals will be tracked and reviewed on a shared PPOE Referral Board. Statuses have been updated, and CSUs will be required to track Individuals a little further into the process than previously.
- Stand-alone CSC has also been added to this board and will use the same processes as BHCC and CSU.
- There will be designated boards for SCBs and State Hospitals. However, all boards will be linked such that Individuals remain visible on all appropriate boards until the Individual is linked.
- Statuses will be more intuitive, and only appropriate options will be presented at each review step.

Changes Highlight

- Many Status Details are now incorporated into Statuses to reduce documentation.
- Facility will now have the ability to release a referral at any point in the process.
- When a facility has no beds at all or no beds for a particularly-gendered Individual, the boards will automatically note an appropriate denial for the facility.
- **Divert** statuses now refer to Individuals who have been received, evaluated, and diverted to alternative levels of care. Previous Divert statuses are renamed **Alert**.
- Logic that required CSUs to review oldest referrals first is gone.

Menu Page

On Menu page,
choose the PPOE
Referral Board.



After opening board, user will see all pending referrals. Use “Edit” to open Status box for updating.

Menu Pending Referrals Region 6 Adult View Comments Export to XLS Export to Xlsx Export to CSV Export to PDF Download

Last Refresh 2:02:58 PM

Page 1 of 1 (4 items)

Drag a column header here to group by that column

#	Wait Time	Ref Location Type	Individual's Name	Age	Gender	Status	Denial Explanation	PDF Triage Status	Type of	Time
Edit			gana	78	Female	Under Review		Unavailable	BHCC/W	25:4
Edit	25:43	BHCC Walk In	Han Solo	34	Female	Under Review		Unavailable	BHCC/W	25:4
Edit	28:53	BHCC Walk In	Luke Skywalker	62	Female	Available for Review		Unavailable	BHCC/W	25:4
Edit	764:49	GCAL	Billi Bobsix	18	Transger - Male to Female	Under Review	Not Applicable	Unavailable	BHCC/W	72:3

Click on Edit

Choose Under Review or a more appropriate Status. Use *Update* to save changes.

Edit PPOE Status Record

Individuals Name:	<input type="text" value="Luke Skywalker"/>
Gender:	<input type="text" value="Female"/>
Status:	<input type="text" value="Under Review"/>
Denial Explanation:	<input type="text" value="Not Applicable"/>
Notes:	<input type="text"/>
Facility Id:	<input type="text" value="McIntosh Trail CSB Pine Woods Crisis Stabilization Program 146"/>

Update

Cancel



How to download the RTR and any documentation attached via the EPARF

Once you have placed an individual under review, highlight the row of the individual whose documents you want to download and click here

Menu Pending Referral Status 3/3/2017 4/3/2017 Region 1 Adult View Notes Export to XLS Export to Xlsx Export to CSV Export to PDF Download RTR and Attachments Clear Sorting Collapse All Expand All 25 markliv

Last Refresh 11:48:14 AM

Page 1 of 1 (1 items)

Drag a column header here to group by that column

#	Wait Time	Ref Location Type	Individuals Name	Age	Gender	Status	Status Detail	Referral Docs Available	Type of MTA	Facility Name	Referral Source	Crisis County	Crisis Regi	Chief Complaint	Disability	
Edit	68:16	Community	Barb Regone	27	Female	Under Review	Awaiting Documentation	RTR & 7 Attachments	CSU	4096	Highland Rivers CSB Treatment Services	Self N/A	Haralson	1	AD	AD











Once you have clicked the *Download RTR and Attachments Button*, the *Download Attachments for Review* form will appear.

Download Attachments for Review ✕

↻ ↓ Filter by:

Root

					
20161021_072...	201703071529...	Bkim_docs_Not..	highres_25609...	IMG_0393.JPG	IMG_0394.JPG
					
IMG_0395.JPG	SSPX0007.jpg				

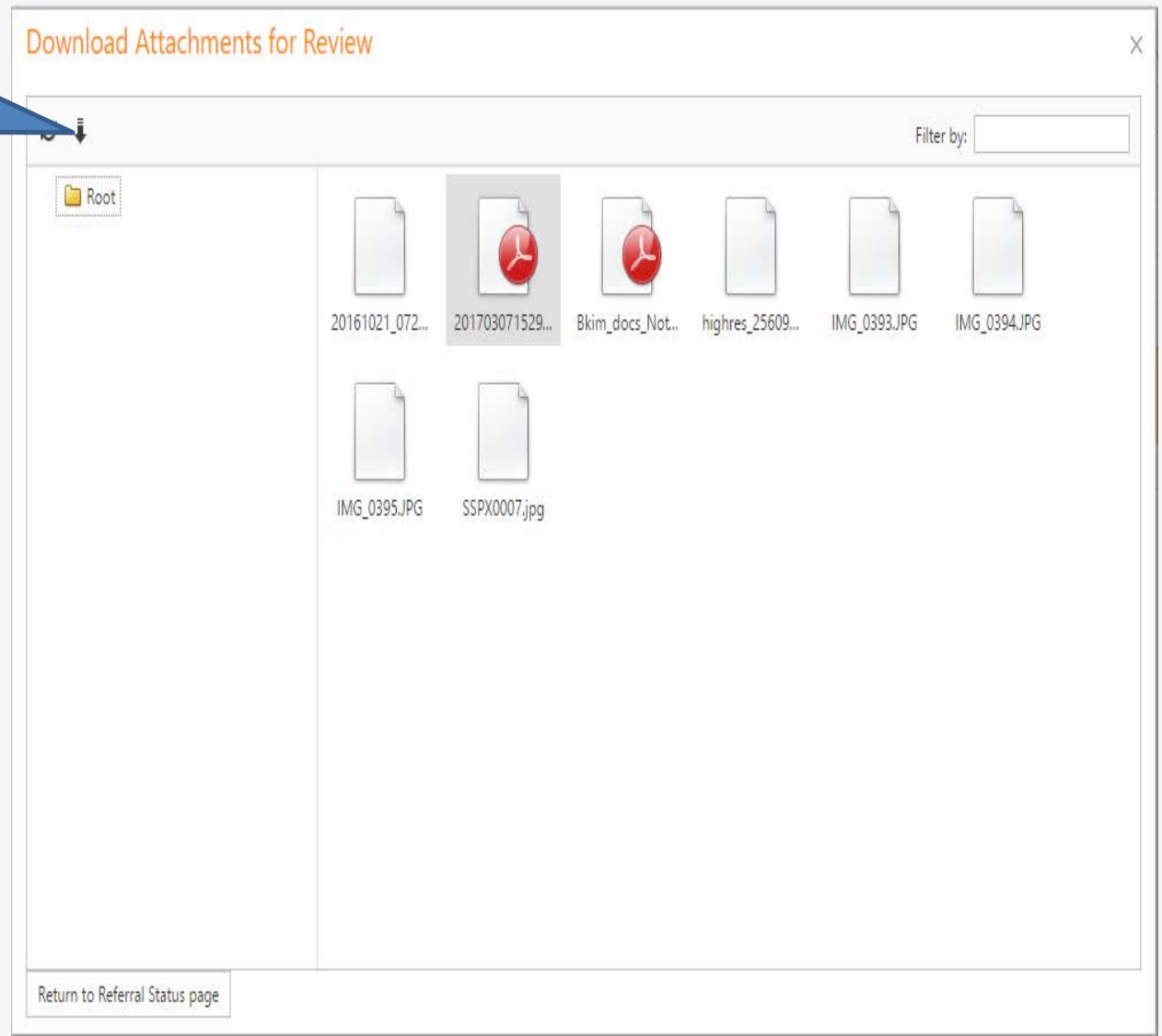
[Return to Referral Status page](#)



Downloading the RTR and/or Any Attachments

Click on the Document you want to download and click the Downward Facing arrow in the top left corner

An automated process converts all the attachments and the RTR into 1 PDF Document five minutes after the documents are uploaded. In some cases, staff may find multiple files rather than one combined pdf if the process has not completed. In such cases, they may download files individually.



The screenshot shows a web interface titled "Download Attachments for Review". In the top left corner, there is a downward-facing arrow icon. A blue callout bubble points to this icon with the text: "Click on the Document you want to download and click the Downward Facing arrow in the top left corner". The main area displays a list of files with icons representing their types (PDF or image). The files listed are:

- 20161021_072...
- 201703071529... (highlighted with a red border)
- Bkim_docs_Not..
- highres_25609...
- IMG_0393.JPG
- IMG_0394.JPG
- IMG_0395.JPG
- SSPX0007.jpg

At the bottom left of the interface, there is a button labeled "Return to Referral Status page".

A Reminder

Referrals will automatically ***time out*** after 2 hours of no activity, and other facilities can then pick them up for review. If your facility is reviewing the referral, keep it active on the Referral Status Board, or several facilities may end up working on the same referral.



Status List

For Referrals that Originate Externally

- **Available for Review** – Default status for GCAL referrals. Such referrals are available for review by facilities.
- **Under Review** – The facility is reviewing the referral.
- **Under Review: Awaiting Documentation** – The facility has requested additional information from the referring agency and is waiting for the information to be sent. (Status should be set back to **Under Review** when documentation is received.)
- **Under Review: Doctor to Doctor** – The facility has determined that medical concerns exist that may exclude the Individual from immediate acceptance, and they have offered a doctor-to-doctor consultation with the referring agency.

Status List

- **Accepted for Evaluation** – Facility has reviewed the IND and determined that they will receive the IND for evaluation. **(This no longer removes the IND from the board.)**
- **Denial: Exclusion Criteria Per DBHDD Policy 03-520** - The facility determines that the Individual meets one or more of the exclusionary criteria specified in DBHDD policy.
 - Multiple options for Status Detail populate. All are taken directly from the DBHDD policy.
- **Denial: Not Sufficiently Stable per DBHDD Policy 03-520** – The facility determines that the Individual has one or more medical conditions that are excluded by DBHDD policy.
 - Multiple options for Status Detail populate. All are taken directly from the DBHDD policy.
- **Denial: Administrative Denial** – The facility is unable to treat for a non-clinical reason (conflict of interest, lawsuit, etc.).

Status List

- **Alert: 1013/2013 Rescinded & Placement No Longer Needed** – The facility learns that the referring agency has rescinded the legal document and is arranging for other linkage. This status alerts GCAL to research and confirm prior to removing referral from board.
- **Alert: Admitted Medically** – The facility learns that the Individual has admitted the IND for medical treatment. This status alerts GCAL to research and confirm prior to removing referral from board.
- **Alert: Discharged from ED** – The facility learns that the referring ED has discharged the IND and is no longer pursuing linkage. This status alerts GCAL to research and confirm prior to removing referral from board.
- **Alert: Non-PPOE Placement** – The facility learns that the Individual has been linked to appropriate services outside the PPOE referral process. This status alerts GCAL to research and confirm prior to removing referral from board.

Status List

- **Awaiting Arrival Community Referral** – For CSC/BHCCs only: if an Individual referred from the community via GCAL, the facility is expected to reach out to the Individual to confirm their plan to present to the facility. This status indicates that the facility has spoken to the Individual and confirmed her/his intention to present to their facility.
- **Alert: Individual Refused Placement** – A CSC or BHCC has spoken to an Individual referred from the community (prior to arrival) and has learned that the Individual no longer desires linkage or does not desire linkage to their particular facility. This will alert GCAL to call the Individual to research and determine the most appropriate next-steps.
- **Did Not Arrive: Contact with Individual Made** – An Individual did not arrive at a CSC/BHCC from the community as expected, and the facility was able to reach the Individual to confirm that she/he no longer requires assistance.

Status List

- **Did Not Arrive: No Contact with Individual Made** – An Individual did not arrive at a CSC/BHCC from the community as expected, but the facility was not able to reach the Individual to confirm that she/he no longer requires assistance.

Statuses beyond this point apply to both Externally-referred Individuals and also Walk-Ins.

- **Arrived** – the Individual has physically arrived at the facility. (This status is the default status for CSC/BHCC Walk-ins.)

Status List

Divert statuses indicate that an Individual has arrived, been evaluated, and is not being referred to any higher level of care.

- **Divert: Outpatient Intake Appt** – For INDs not in services already
- **Divert: Outpatient Appt with existing CSB**
- **Divert: Outpatient Appt with existing Core Provider**
- **Divert: Outpatient Appt with existing Private Provider**
- **Divert: Individual referred to 12-step program**
- **Divert: Individual referred to Primary Care Provider**
- **Divert: Individual refused Follow Up Appt**

Status List

Following arrival and evaluation, some Individuals may require linkage to another BH or medical provider for appropriate care.

- **Post to Referral Board** – The facility has assessed the Individual and determined that the Individual requires CSU admission, but no CSU beds are available at the facility. This will post the Individual to the Referral Board to be viewed by other CSUs. In circumstances when State Contract Beds are an option, GCAL will review for such beds according to those guidelines.
- **Sent for Medical Consult** – The facility has assessed the Individual and determined that medical needs exist that require evaluation at an emergency department.
- **Admitted to Medical Facility** – After being sent to an emergency department by a facility, the Individual is medically admitted. This removes the Individual from the Referral Board.

Status List

- **Admitted to Private Psychiatric Facility** – Following arrival and evaluation at the facility, the Individual is determined to have private insurance and is transferred to a private psychiatric facility. This should not be used if Individual is transferred to a private facility via the State Contract Bed process.

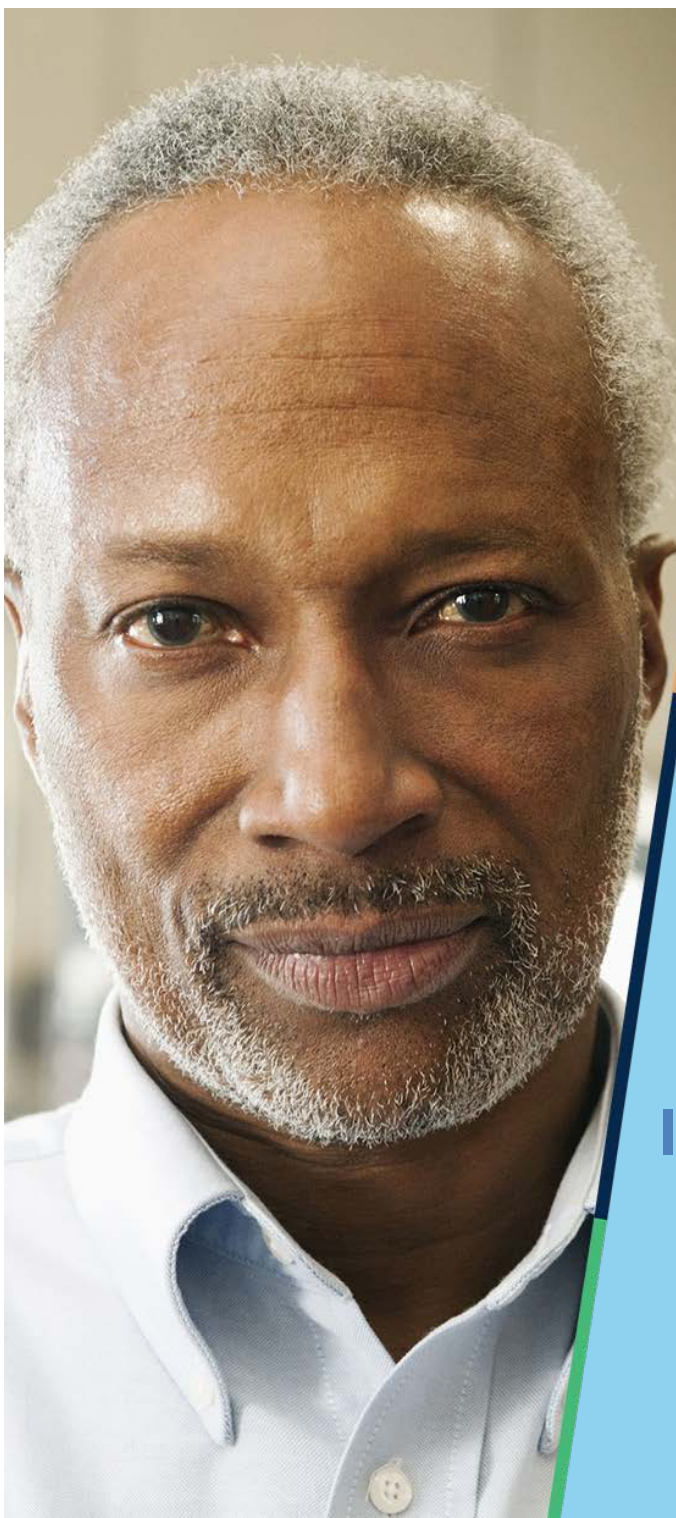
Following arrival and evaluation, the facility may determine that admission to their own programs are appropriate.

- **Admit to Temp Obs** – The Individual is admitted to a Temp Obs bed
- **Admit to CSU** – The Individual is admitted to a CSU bed

Change Highlight

A new Status has been added in an effort to reduce errors that were happening with some frequency.

- **Release Referral** – This status allows a facility to reset a referral. If a facility has an Individual under review, or even if a facility has accepted an Individual, they may update the referral to this status in order to permit review by other facilities. Examples of when to use this status include times when unit acuity forces staff to abandon the review process prior to the 2-hour expiration or if a facility erroneously accepts an Individual and needs to have the Individual returned to the board.



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Individuals Editor and Beds Inventory Status

Instructions for Entering Direct Admissions
and GCAL Referrals Into Electronic Beds

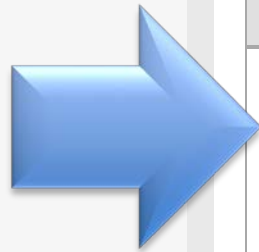


Changes Highlight

The Individuals Editor (used to load Individuals who are not referred via GCAL) now has two forms to choose from based on the situation.

- CSCs (stand-alone and BHCC) will have the option of a short-form to use for Individuals who walk in for evaluation. Only if the Individual is subsequently admitted to Temp Obs or CSU will the additional information be required.
- For Individuals referred directly for CSU admission, the existing long-form will still be required to gather all necessary information to complete the Beacon registration.

From the BHL
Web App menu,
select **Individuals
Editor**



The screenshot shows a dropdown menu for 'CSU/Inpatient Bed Census'. The menu items are:

- Individuals Editor
- Beds Inventory Editor
- Beds Inventory Status
- Beds Utilization Submission
- Statewide Beds Utilization Report
- Beds Census Facilities Editor

Pick the right one!

[Menu](#)

7/16/2018

8/16/2018

Export to XLS

Export to Xlsx

Export to PDF

Add New CSU Direct Admit

Add New BHCC Walk-In

Page 1 of 1 (1 items)



Drag a column header here to group by that column

New	First Name Unknown	First Name	Middle Name	Last Name Unknown	Last Name	SSN Unknown						
Edit New	<input type="checkbox"/>	TestFirstName		<input type="checkbox"/>	TestLastName	<input type="checkbox"/>	555-55-55	<input type="checkbox"/>	11/9/1981			Adult 18 year old or gre

Choose the appropriate option to load the correct form.

Add New CSU Direct Admit

Add New CSU Direct Admit Individual

Use this form to add/edit a CSU Direct Admit Individual or to complete data required to place a BHE/CSC Walk-In into a bed. If you would like to add a new BHE/CSC Walk-In, please Cancel and click the Add New BHE/CSC Walk-In button.

Please fill out the form below with the individual's information. If you select a checkbox to indicate a piece of information is unknown, it will make the corresponding field disabled for input as well as delete anything previously entered in the corresponding field once the Update button at the bottom of the form is clicked. (It is preserved until then in case you checked Unknown on accident. If you check one of the Unknown checkboxes by accident, unchecking the box will allow for input.)

First Name Unknown:	<input type="checkbox"/>	First Name:	<input type="text" value="Unknown, check the box to the left and leave it"/>
Age:	<input type="text" value="Read Only - will be automatically updated"/>	Middle Name Initial:	<input type="text" value=""/>
Last Name Unknown:	<input type="checkbox"/>	Last Name:	<input type="text" value="Unknown, check the box to the left and leave it"/>
SSN Unknown:	<input type="checkbox"/>	SSN:	<input type="text" value=""/>
DOB Unknown:	<input type="checkbox"/>	DOB:	<input type="text" value="Unknown, check the box to the left and leave it"/>
Adult:	<input type="text" value=""/>	Chief Complaint:	<input type="text" value=""/>
Disability:	<input type="text" value=""/>	Gender:	<input type="text" value=""/>
Insurance:	<input type="text" value=""/>	Race:	<input type="text" value=""/>
Hospital / Center:	<input type="text" value=""/>	Payer Source:	<input type="text" value=""/>
Local Provider:	<input type="text" value=""/>	Homeless:	<input type="checkbox"/>
Address Unknown:	<input type="checkbox"/>	Home Address:	<input type="text" value=""/>
Home Zip Code:	<input type="text" value="Enter Zip Code to fill list for Home"/>	Home County:	<input type="text" value="Enter Zip or check Unknown Address list"/>
Cross County:	<input type="text" value=""/>	No Home/Phone Unknown:	<input type="checkbox"/>
Phone Number:	<input type="text" value=""/>	Legal Status:	<input type="text" value=""/>
Initial Call Date:	<input type="text" value="YYYYMMDD HH:MM"/>	Referral Source Type:	<input type="text" value=""/>
Referral Source:	<input type="text" value=""/>	Referral Type:	<input type="text" value=""/>

Add New CSU Direct Admit Individual

Use this form to add/edit a CSU Direct Admit Individual or to complete data required to place a BHE/CSC Walk-In into a bed. If you would like to add a new BHE/CSC Walk-In, please Cancel and click the Add New BHE/CSC Walk-In button.

Please fill out the form below with the individual's information. If you select a checkbox to indicate a piece of information is unknown, it will make the corresponding field disabled for input as well as delete anything previously entered in the corresponding field once the Update button at the bottom of the form is clicked. (It is preserved until then in case you checked Unknown on accident. If you check one of the Unknown checkboxes by accident, unchecking the box will allow for input.)

First Name Unknown:	<input type="checkbox"/>	First Name:	<input type="text" value="Unknown, check the box to the left and leave it"/>
Age:	<input type="text" value="Read Only - will be automatically updated"/>	Middle Name Initial:	<input type="text" value=""/>
Last Name Unknown:	<input type="checkbox"/>	Last Name:	<input type="text" value="Unknown, check the box to the left and leave it"/>
SSN Unknown:	<input type="checkbox"/>	SSN:	<input type="text" value=""/>
DOB Unknown:	<input type="checkbox"/>	DOB:	<input type="text" value="Unknown, check the box to the left and leave it"/>
Adult:	<input type="text" value=""/>	Chief Complaint:	<input type="text" value=""/>
Disability:	<input type="text" value=""/>	Gender:	<input type="text" value=""/>
Insurance:	<input type="text" value=""/>	Race:	<input type="text" value=""/>
Hospital / Center:	<input type="text" value=""/>	Payer Source:	<input type="text" value=""/>
Local Provider:	<input type="text" value=""/>	Homeless:	<input type="checkbox"/>
Address Unknown:	<input type="checkbox"/>	Home Address:	<input type="text" value=""/>
Home Zip Code:	<input type="text" value="Enter Zip Code to fill list for Home"/>	Home County:	<input type="text" value="Enter Zip or check Unknown Address list"/>
Cross County:	<input type="text" value=""/>	No Home/Phone Unknown:	<input type="checkbox"/>
Phone Number:	<input type="text" value=""/>	Legal Status:	<input type="text" value=""/>
Initial Call Date:	<input type="text" value="YYYYMMDD HH:MM"/>	Referral Source Type:	<input type="text" value=""/>
Referral Source:	<input type="text" value=""/>	Referral Type:	<input type="text" value=""/>

Social Issues Impacting Diagnosis (Check all that are applicable):

- None
- Educational Problems
- Financial Problems
- Occupational Problems
- Problems related to interaction w/ legal system/care
- Problems related to the social environment
- Problems with access to health care services
- Problems with primary support group
- Other psychological and environmental problems
- Unknown

Populations with Special Needs (Check all that are applicable):

- None
- Hearing Loss (other identified)
- Hearing Loss (self-identified)
- If Drug User
- HIV/Positive
- Veteran
- Vision Loss (other identified)
- Vision Loss (self-identified)
- Non-in-hospital
- Patient Having Care/Progress
- Intellectual Disability
- Pregnant

Method of Communication Skillset (Check all that are applicable) - Required if Hearing Loss is selected on Special Populations:

- All
- Other manual communication (tactile speech, gestures, signed exact English, other signed languages, etc.)
- Communication aids (any type of device used for communication)
- Communicate verbally (regardless of proficiency)
- Other communication

Preferred Mode of Communication: Only required if Hearing Loss is selected

Type of Substance(s) Used:

Primary Substance Used:	<input type="text" value=""/>	Route of Administration:	<input type="text" value=""/>
Frequency of Use:	<input type="text" value=""/>	Age of 1st Use:	<input type="text" value=""/>
1st Use:	<input type="text" value=""/>	Last Amount Used:	<input type="text" value=""/>
2nd Use:	<input type="text" value=""/>	Route of Administration 2:	<input type="text" value=""/>
Product:	<input type="text" value=""/>	Age of 1st Use 2:	<input type="text" value=""/>
3rd Use:	<input type="text" value=""/>	Last Amount Used 2:	<input type="text" value=""/>
Tertiary Substance:	<input type="text" value=""/>	Route of Administration 3:	<input type="text" value=""/>
Frequency of Use 3:	<input type="text" value=""/>	Age of 1st Use 3:	<input type="text" value=""/>
4th Use:	<input type="text" value=""/>	Last Amount Used 3:	<input type="text" value=""/>
Expected DIC Date:	<input type="text" value=""/>	Facility ID:	<input type="text" value=""/>

Notes/Comments:

Go Facility Consense ID:

Loads the long form for Direct CSU Admissions. Fill in all information (required fields are yellow), and click "Update."

Add New BHCC Walk In

Individuals who walk into a CSC for evaluation (stand-alone or BHCC) are added via this short form. If IND is evaluated and referred out, no further information is required. For those admitted to Temp Obs or CSU, additional information is needed.


Add New BHCC/CSC Walk-In Individual

First Name Unknown:	<input type="checkbox"/>	First Name:	<input type="text" value="If Unknown, check the box to the left and leave this field blank"/>
Last Name Unknown:	<input type="checkbox"/>	Last Name:	<input type="text" value="If Unknown, check the box to the left and leave this field blank"/>
DOB Unknown:	<input type="checkbox"/>	DOB:	<input type="text" value="If Unknown, check the box to the left and leave this field blank"/>
SSN Unknown:	<input type="checkbox"/>	SSN:	<input type="text" value="___-__-____"/>
Residence County:	<input type="text" value="Select the county the Individual resides"/>	Crisis County:	<input type="text" value="Select the county BHCC/CSC is in"/>
Gender:	<input type="text" value="Select from the drop down list."/>	Initial Referral Date/Time:	<input type="text" value="7/19/2018 8:54 AM"/>
fk Facility Id:	<input type="text"/>		

Walk-ins will require additional information.

Note the error message below. For any Individual entered via the short-form, it will be necessary to update the IND Editor record with additional information before posting the referral to the Referral Board, admitting to a Temp Obs bed, or admitting to a CSU bed.

Edit PPOE Status Record ✕

Individuals Name:	<input type="text" value="Leia Organa"/>
Gender:	<input type="text" value="Female"/>
Status:	<input type="text" value="Post to Referral Board"/> 
Denial Explanation:	<input type="text" value="Not Applicable"/>
Notes:	<input type="text"/>
Facility Id:	<input type="text" value="BHS of South Georgia Valdosta CSU 4999"/>
<input type="button" value="Update"/> <input type="button" value="Cancel"/>	

You must complete the Individual's record to use the Post to Referral Board status. Please Cancel, go to the Individuals Editor and complete the full Individual record to use this status.

Adding Information to Existing Record

New	First Name	First Name		Middle Name	Last Name	Last Name	SSI Un
	Unknown				Unknown		Un
Edit New	<input type="checkbox"/>	TestFirstName			<input type="checkbox"/>	TestLastName	

Return to Individuals Editor and click on “Edit.” This will load the long form for the Individual, and user will input the required additional information to complete the record. Click “Update” to save changes.

Properly Documenting Unknown Information

First Name Unknown:	<input type="checkbox"/>	First Name:	If Unknown, check th
Last Name Unknown:	<input type="checkbox"/>	Last Name:	If Unknown, check th
DOB Unknown:	<input checked="" type="checkbox"/>	DOB:	If Unknown, check th
SSN Unknown:	<input checked="" type="checkbox"/>	SSN:	____-____-____

Check-boxes are provided for use when a data point is unknown. Rather than using an alias or false number, check the associated box and leave the field blank. If information is later determined, file may be edited. Note that any time a record is edited, it will be necessary to complete the long-form version of the record.



Admitting and Discharging



Two Ways In

Remember that Individuals may be processed for admission in different ways:

- Facility uses the Referral Board to accept an Individual referred by GCAL and subsequently enters a disposition indicating admission to a Temp Obs or CSU bed.
- Facility uses the Individuals Editor to load an Individual's information (not referred by GCAL) and subsequently uses the Referral Board to enter a disposition indicating admission to a Temp Obs or CSU Bed.

To place the Individual in a Temp Obs or CSU Bed

From the BHL Web App menu, choose Beds Inventory Status.



CSU/Inpatient Bed Census

Individuals Editor

Beds Inventory Editor

Beds Inventory Status

Beds Utilization Submission

Statewide Beds Utilization Report

Beds Census Facilities Editor

Click on Edit in the row for the bed you selected for the new admission.

Menu Beds Census Inventory Status 6/4/2015 7/1/2015 Swap Beds Export to XLS Export to Xlsx Export to PDF Clear Sorting

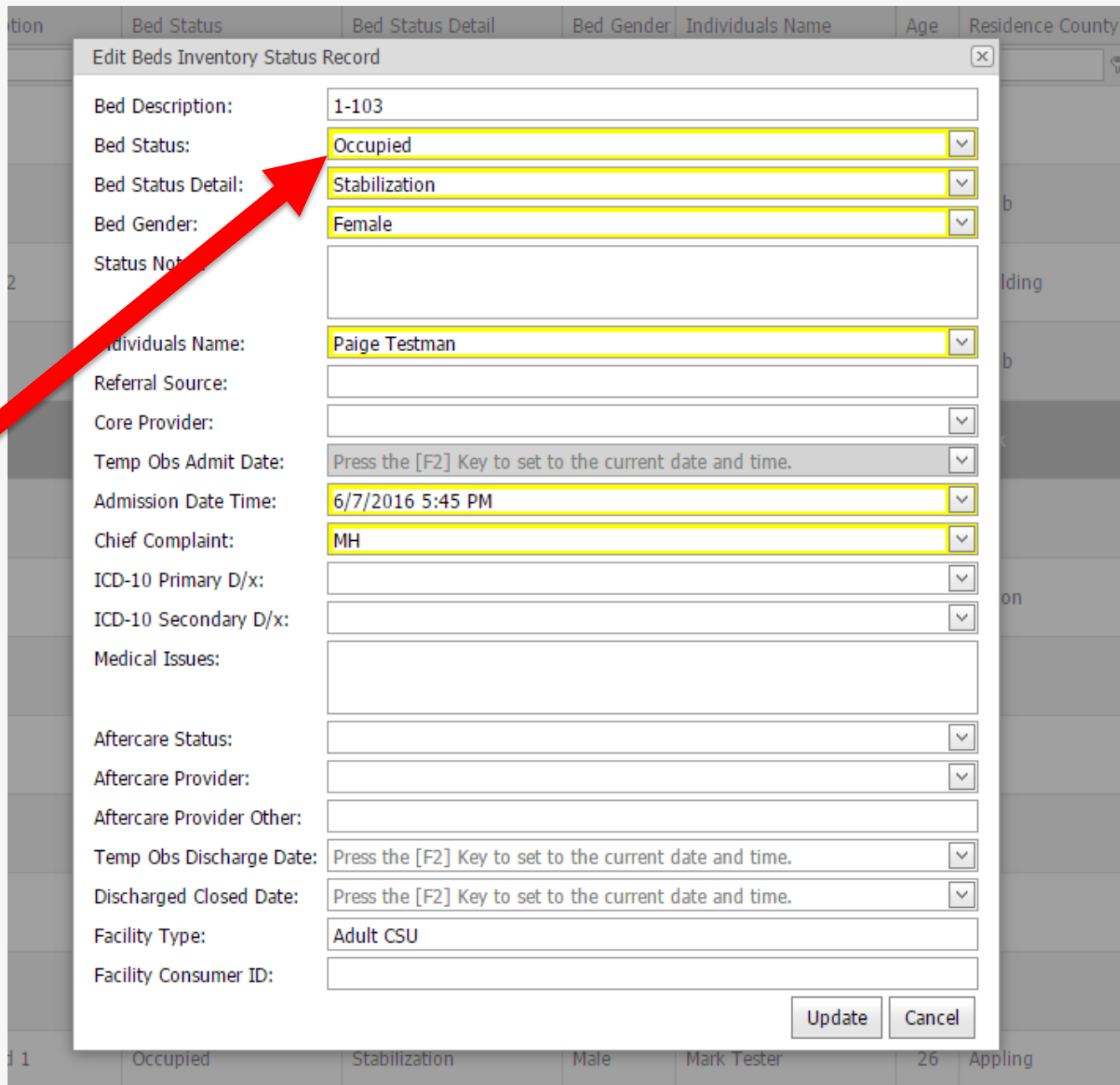
Display Notes Under 18 Only Adult Only

Page 1 of 1 (18 items) [1]

Drag a column header here to group by that column

#	Fac Re	Facility Type	Agency Name	Facility Name	Bed Description	Bed Status	Bed Status Detail	Bed Gender
Clear Filter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Temp"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 1	Occupied	Stabilization	Female
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 5			
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 3			
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 4			
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 6			
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 2			
Edit Delete	4	Adult Temp Obs	BHS of South Georgia	Valdosta CSU	TEMP OBS 3	Occupied	Stabilization	Female

In the Edit Beds Inventory Status Record, choose “Occupied” for Bed Status. Yellow highlighted fields are required.



The screenshot shows a web-based form titled "Edit Beds Inventory Status Record" overlaid on a table. The table has columns for "Bed Status", "Bed Status Detail", "Bed Gender", "Individuals Name", "Age", and "Residence County". The form contains the following fields:

- Bed Description: 1-103
- Bed Status: Occupied (highlighted in yellow)
- Bed Status Detail: Stabilization (highlighted in yellow)
- Bed Gender: Female (highlighted in yellow)
- Status Note: (empty)
- Individuals Name: Paige Testman (highlighted in yellow)
- Referral Source: (empty)
- Core Provider: (empty)
- Temp Obs Admit Date: Press the [F2] Key to set to the current date and time.
- Admission Date Time: 6/7/2016 5:45 PM (highlighted in yellow)
- Chief Complaint: MH (highlighted in yellow)
- ICD-10 Primary D/x: (empty)
- ICD-10 Secondary D/x: (empty)
- Medical Issues: (empty)
- Aftercare Status: (empty)
- Aftercare Provider: (empty)
- Aftercare Provider Other: (empty)
- Temp Obs Discharge Date: Press the [F2] Key to set to the current date and time.
- Discharged Closed Date: Press the [F2] Key to set to the current date and time.
- Facility Type: Adult CSU
- Facility Consumer ID: (empty)

Buttons for "Update" and "Cancel" are located at the bottom right of the form. A red arrow points from the left side of the slide to the "Bed Status" dropdown menu.

Optional Facility Consumer ID

On the Edit Bed Inventory Status Record pop up box you are able to enter your Facility's Consumer ID so it is easier to match the Beds Inventory Status Board Record to the your Facility's Records. This is particularly useful for Individuals with unknown names but can be used as a common point when comparing BHL Web data with the facility's own data.

1 1 Occupied Stabilization Male Mark Tester 26 Applying

Note Two Admit & D/C Times

On the Edit Bed Inventory Status Record pop up box you are only able to enter the Admit and D/c Date and time for the type of Bed that the individual is assigned to.

If an individual is swapped from a Temp Obs beds to a CSU Bed the system will stamp the time the individual was swapped as the Temp Obs D/c Date and the CSU Admit Date

The screenshot shows the 'Edit Beds Inventory Status Record' dialog box with the following fields and values:

Field	Value
Bed Description:	1-103
Bed Status:	Occupied
Bed Status Detail:	Stabilization
Bed Gender:	Female
Status Notes:	
Individuals Name:	Paige Testman
Referral Source:	
Core Provider:	
Temp Obs Admit Date:	Press the [F2] Key to set to the current date and time.
Admission Date Time:	6/7/2016 5:45 PM
Chief Complaint:	MH
ICD-10 Primary D/x:	
ICD-10 Secondary D/x:	
Medical Issues:	
Aftercare Status:	
Aftercare Provider:	
Aftercare Provider Other:	
Temp Obs Discharge Date:	Press the [F2] Key to set to the current date and time.
Discharged Closed Date:	Press the [F2] Key to set to the current date and time.
Facility Type:	Adult CSU
Facility Consumer ID:	

Buttons: Update, Cancel

To Discharge an Individual from a Bed, from the Web App Menu, go to Beds Inventory Status, click Edit on the row of the IND discharging...

Click Edit in the row for the bed from which the IND is discharging

Menu Beds Census Inventory Status 6/4/2015 7/1/2015 Swap Beds

Display Notes Under 18 Only Adult Only

Page 1 of 1 (18 items) [1]

Drag a column header here to group by that column

#	Fac Re	Facility Type	Agency Name	Facility Name	Bed Description
Clear Filter					temp
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 1
Edit Delete	6	Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization	Temp Obs 5
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 3
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 4
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 2
Edit Delete	6	Adult Temp Obs	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	Temp Obs 6
Edit Delete	4	Adult Temp Obs	BHS of South Georgia	Valdosta CSU	TEMP OBS 3
Edit Delete	4	Adult Temp Obs	BHS of South Georgia	Valdosta CSU	TEMP OBS 1

Click on Edit

Edit Beds Inventory Status Record

Bed Description Room 11: Bed D

Bed Status **Discharged**

Bed Status Detail Not Applicable

Bed Gender

Status Notes

Individuals Name

Referral Source

Core Provider

Admission Date Time Press the [F2] Key to set to the current date and time.

Chief Complaint

DSMIV Axis1 Primary

DSMIV Axis1 Secondary

DSMIV Axis2 Primary

DSMIV Axis2 Secondary

DSMIV Axis3

Aftercare Status

Aftercare Provider

Aftercare Provider Other

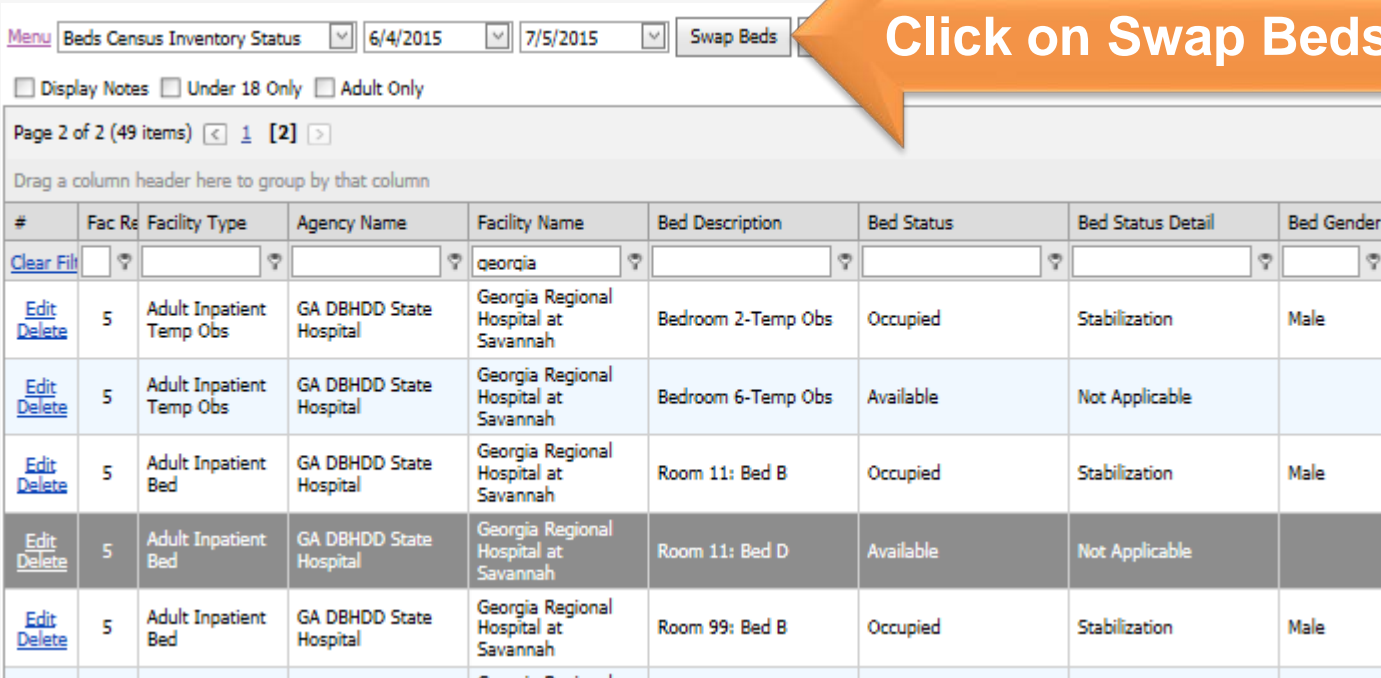
Discharged Closed Date Press the [F2] Key to set to the current date and time.

[Update](#) [Cancel](#)

Select Discharged for Bed Status and enter required information in orange highlighted fields. Click Update to save.

To switch Individuals from one bed to another

- Once on Beds Inventory Status, click on the row for the Individual you want to move to another bed.
- Then, click on the Swap Beds button.



The screenshot shows the 'Beds Inventory Status' page. At the top, there is a 'Menu' dropdown set to 'Beds Census Inventory Status', and two date pickers for '6/4/2015' and '7/5/2015'. A 'Swap Beds' button is visible, with a large orange arrow pointing to it from the right, containing the text 'Click on Swap Beds'. Below the menu are checkboxes for 'Display Notes', 'Under 18 Only', and 'Adult Only'. The page indicates 'Page 2 of 2 (49 items)' with navigation arrows. A table with 9 columns is displayed: '#', 'Fac Re', 'Facility Type', 'Agency Name', 'Facility Name', 'Bed Description', 'Bed Status', 'Bed Status Detail', and 'Bed Gender'. The table contains five rows of data for 'Georgia Regional Hospital at Savannah'.

#	Fac Re	Facility Type	Agency Name	Facility Name	Bed Description	Bed Status	Bed Status Detail	Bed Gender
Clear Filter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="georgia"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Edit Delete	5	Adult Inpatient Temp Obs	GA DBHDD State Hospital	Georgia Regional Hospital at Savannah	Bedroom 2-Temp Obs	Occupied	Stabilization	Male
Edit Delete	5	Adult Inpatient Temp Obs	GA DBHDD State Hospital	Georgia Regional Hospital at Savannah	Bedroom 6-Temp Obs	Available	Not Applicable	
Edit Delete	5	Adult Inpatient Bed	GA DBHDD State Hospital	Georgia Regional Hospital at Savannah	Room 11: Bed B	Occupied	Stabilization	Male
Edit Delete	5	Adult Inpatient Bed	GA DBHDD State Hospital	Georgia Regional Hospital at Savannah	Room 11: Bed D	Available	Not Applicable	
Edit Delete	5	Adult Inpatient Bed	GA DBHDD State Hospital	Georgia Regional Hospital at Savannah	Room 99: Bed B	Occupied	Stabilization	Male

Alert

Contrary to prior training, in order to swap between beds of ANY type, use the “Swap Beds” feature. This includes:

- Temp Obs to Temp Obs
- CSU to CSU
- Temp Obs to CSU

It is NOT necessary to discharge an IND from a Temp Obs bed in order to move that person to a CSU bed.

The Swap Beds/Individuals box comes up

- Click on the drop down box as shown below, and bed options will appear. Select the destination bed.
- Once the destination bed shows in the field, click on the “x” in the upper right corner to save your selection, and return to Beds Inventory Status.

Swap Beds/Individuals

Swaps an individual from one bed to another. There must be an individual linked to at least one of the beds. If an individual is linked to both beds the individuals will be swapped. If only one bed is linked to an individual, that individual will be moved.

Bed Selected from Status Grid: PW Bed 3 | McIntosh Trail CSB Pine Woods Crisis Stabilization Program | Inventory Id 309

Click the X/Close button before selecting from drop down to cancel.

To request an Admit Date to be changed

Menu Beds Census Inventory Status 9/3/2016 10/4/2016 Request Admission Date/Time Change Beds Swap Beds Go to SH Transfer Request Application Export to XLS Export to Xlsx Export to PDF

Display Notes Under 18 Only Adult Only

Page 1 of 1 (6 items) [1] All

Drag a column header here to group by that column

2. Then click the button "Request Admission Date/Time Change Beds" Button

#	Fac Re	Facility Type	Agency Name	Facility Name	Bed	Status	Notes	Gender	DOB	DOB	DOB
Edit	6	Adult CSU	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	CSU Bed2	Hold	Not Applicable	Male		-1	
Edit	6	Adult CSU	McIntosh Trail CSB	Pine Woods Crisis Stabilization Program	CSU Bed1	Occupied		Male	Bill Newcoob	39	COBB
Edit	6	Adult CSU								-1	
Edit	6	Adult CSU	St. Francis Hospital	Crisis Stabilization Unit	804-A	Occupied	Not Applicable	Transgender - Male to Female	Test Tester	27	Bacon
Edit	6	Adult CSU	St. Francis Hospital	The Bradley Center Crisis Stabilization Unit	804-B	Pending D/c	Not Applicable	Female		-1	
Edit	1	Adult Contract Bed	Wellstar Cobb Hospital	SCB Wellstar Behavioral Health R1	Bed201	Occupied	Stabilization	Female	This Test	27	

Begins with([Facility Type], 'adult')

1. Click on the row of the individual that you want their admit date changed

This process is very similar to the Swap Beds Process

Request Admission Date/Time Change

Request Admission Date/Time Change

If the incorrect Admission Date/time has been previously submitted, please use this form to submit a request to change the Admission Date/time. Enter the correct information in the boxes below and click Update. Web Support will respond to your request.

Bed Selected from Status Grid: 1-103 | Cobb/Douglas Cobb/Douglas Crisis Stabilization Program | Paige Testman | Facility Id 49 | Status Id 116 | Inventory Id 28

Select the type of bed you need to request to correct an Admission date/time for:

Use the arrow to the right to select from the dropdown list

Please enter the correct date/time you would like BHL Web Support to change the admission date/time to:

Enter the correct admission date/time

Submit Cancel

Click the X/Close button before selecting a date to cancel.

1. Select the type of Bed your need to update the Admit Date Time for (either Temp Obs or CSU/Inpatient)

2. Document the Date and Time you want the Admit Date Time to (up to 7 days back)

Request Admission Date/Time Change

Request Admission Date/Time Change

If the incorrect Admission Date/time has been previously submitted, please use this form to submit a request to change the Admission Date/time. Enter the correct information in the boxes below and click Update. Web Support will respond to your request.

Bed Selected from Status Grid: 1-103 | Cobb/Douglas Cobb/Douglas Crisis Stabilization Program | Paige Testman | Facility Id 49 | Status Id 116 | Inventory Id 28

Select the type of bed you need to request to correct an Admission date/time for:

CSU/Inpatient Admission date/time

Please enter the correct date/time you would like BHL Web Support to change the admission date/time to:

9/6/2016 2:10AM

Submit Cancel

Click the X/Close button before selecting a date to cancel.



The State Hospital Transfer Process

How to navigate and use the Beds Inventory Status Board to submit a request to transfer an individual to a State Hospital



The Applications

Beds Inventory Status

A listing of facility beds with names of individuals in each bed. Also includes information such as primary presentation, admission date, referral source, etc.

The individual must be in an Occupied bed at the CSU on the Beds Inventory Status board

State Hospital Transfer App

Alerts the State Hospital that a referral has been made to the hospital to transfer an individual from a SCB or CSU to the State Hospital.

To get to the SH Transfer Process

Click Here to start the Transfer Process or view the individual you are currently working to transfer

Menu Beds Census Inventory Status Swap Beds [Go to SH Transfer Request Application](#) [Export to XLS](#) [Export to XLS](#)

Display Notes Under 18 Only Adult Only

Page 1 of 1 (6 items) [<](#) **[1]** [>](#) [All](#)

Drag a column header here to group by that column

#	Fac Re	Facility Type	Agency Name	Facility Name	Bed Description	Bed Status	Bed Status Detail	Bed Gender	Indi
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Edit	4	Adult CSU	Albany Area Community Service Board	Albany Area CSU	Bed 101	Available	Not Applicable		
Edit	4	Adult Temp Obs	Albany Area Community Service Board	Albany Area CSU	TEMP OBS 2	Out of Service		Female	
Edit	5	Adult CSU	Unison Behavioral Health	St Illa CSU	Bed 1s				
Edit	5	Adult Contract Bed	Coastal Behavioral Health	CSU of Savannah	Bed101				

To Start a New Request

Menu 5/8/2016 6/8/2016 Export to Xlsx Export to CSV Export to PDF Clear Sorting Return to Beds Inventory Status Board 25 markliv

Active State Hospital Transfers

Completed State Hospital Transfer Requests

State Hospital Transfer Request Audits

Page 1 of 1 (3 items)



[New](#)



To Start a New Transfer Request Click 'New'

Individuals Name

Individuals DOB

SH Status

SH Status Detail

SH Nar

		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Edit	Upload/View Attachments					Georgia R1
Edit	Upload/View Attachments	Obi-Wan Kenobi	7/5/1956	Under Review	Not Applicable	Georgia R1
Edit	Upload/View Attachments	Chew Bacca	3/4/1954	Under Review	Not Applicable	Georgia R1



Edit CSU/SCB Transfer Data Form

Print CSU/SCB to SH Transfer Data

Data Elements Reported Missing by the State Hospital			
Clinical Information	<input type="checkbox"/>	Psychiatric Assessment & Progress Notes	<input type="checkbox"/>
IR & P	<input type="checkbox"/>	Warning Notes	<input type="checkbox"/>
Current MAR (Full)	<input type="checkbox"/>	Psychological Assessment	<input type="checkbox"/>
Safety and Consent Waiver	<input type="checkbox"/>	Emergency Intervention Documentation	<input type="checkbox"/>
Legal Status (Training or not completely filled out with all required signatures and date)	<input type="checkbox"/>	All necessary information received and being forwarded to the State Hospital	<input type="checkbox"/>
State Hospital Awarding Docs Notice			
Please Only Use City and ZIP Codes. This field will ensure that those are the only two things we will be using additional info may need.			
DSHDD SPOE State Hospital Transfer Request			
State Hospital		Referring Facility	
Address/ Office Phone Number		Contact Name	
Fax Number		Contact Phone Number	
Doctor to Doctor Contact		Contact Email	
Doctor to Doctor Contact Phone Number		Referring Physician	
Date Time Transfer Requested/Submitted		Physician Contact Number	
Individual Being Transferred			
Individual's Name		Individual's DOB (dd/mm/yyyy after selecting a Month)	
Documents Attached to Transfer Request			
Clinical Information	<input type="checkbox"/>	Psychiatric Assessment & Progress Notes	<input type="checkbox"/>
IR & P	<input type="checkbox"/>	Warning Notes	<input type="checkbox"/>
Current MAR (Full)	<input type="checkbox"/>	Psychological Assessment	<input type="checkbox"/>
Safety and Consent Waiver	<input type="checkbox"/>	Emergency Intervention Documentation	<input type="checkbox"/>
Legal Status (Training or not completely filled out with all required signatures and date)	<input type="checkbox"/>	Current Legal Status Expiration Date	<input type="checkbox"/>
The individual is on a 502L and transferring to a voluntary status is not appropriate.			
Current hospital is unable to clinically manage, for example: (Multiple items can be selected, must select at least one)			
Not or near significant improvement despite extended treatment exposure at the higher level of care	<input type="checkbox"/>	Unwilling to consent to voluntary legal status	<input type="checkbox"/>
Not motivated/engaged to engage in treatment	<input type="checkbox"/>	Refusal of medically indicated medication	<input type="checkbox"/>
Severe and persistent risk of harm/loss of functional status	<input type="checkbox"/>	Other (Please indicate in notes)	<input type="checkbox"/>
Reason for Transfer			
Criteria met for Transfer: (Multiple items can be selected, must select at least one)			
Individual demonstrates serious risk of harm to self or others as evidenced by suicidal or homicidal ideation (with clear expressed intention)	<input type="checkbox"/>	Individual demonstrates a serious risk of harm to self or others as evidenced by suicidal or homicidal ideation, extreme mood or thought disorder (paranoia, extreme delusions), or other serious judgment related to safety, 502L commitment, etc.)	<input type="checkbox"/>
Clinical documentation supports that the individual will require an extended psychiatric inpatient stay secondary to the individual's need for safety and structure at a higher level of care evidenced by at least one of the following: (Multiple items can be selected, must select at least one)			
Less effective or otherwise level of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs (eg. prior treatment failed)	<input type="checkbox"/>	Full response to treatment has been received, even when treated at a high level of care for extended period of time	<input type="checkbox"/>
Symptoms are persistent and functional ability shows no significant improvement despite extended treatment exposure at the higher level of care or current hospital treatment capacity or ability to provide ongoing care	<input type="checkbox"/>	The individual has made minimal progress after a period of appropriate therapeutic care at a higher level of care and therefore is the community or a level of care not willing to clinically manage	<input type="checkbox"/>
Individual has a history of attempted but unsuccessful follow through as evidenced by: (Multiple items can be selected, must select at least one)			
Non-adherence to prescribed treatment (i.e. medications)	<input type="checkbox"/>	Inability to engage in a less restrictive form of treatment	<input type="checkbox"/>
Documents to be sent with individual when transferred:			
<input type="checkbox"/> Psychosocial <input type="checkbox"/> Discharge Planning to include contact with family, communications with community providers, placement options, attempts to locate or reinstate benefits <input type="checkbox"/> Updates to information sent with referral			
Additional Information			

- Blue Sections are to be filled out by the State Hospital Staff
- Green Sections are filled out by the CSU/SCB Staff

The Blue Section for State Hospital Staff to Communicate with the CSUs

Edit CSU/SCB to SH Transfer Data



Data Elements Reported Missing by the State Hospital

Clinical Information	<input type="checkbox"/>	Psychiatric Assessment & Progress Notes	<input type="checkbox"/>
H & P	<input type="checkbox"/>	Nursing Notes	<input type="checkbox"/>
Current MAR (full)	<input type="checkbox"/>	Psychological Assessment	<input type="checkbox"/>
Labs and Current Vitals	<input type="checkbox"/>	Emergency intervention documentation	<input type="checkbox"/>
Legal Status (Missing or not completely filled out with all required signatures and date.)	<input type="checkbox"/>	All necessary information received and being reviewed by State Hospital	<input type="checkbox"/>

State Hospital Awaiting Docs Notes

Read Only for CSU and SCB Users. This field and above checkboxes are filled out by State Hospital staff to indicate additional data they need.



The Green Sections for CSU/SCB Staff to Communicate with the State Hospitals

The fields in Purple will automatically fill

DBHDD SPOE State Hospital Transfer Request			
State Hospital		Referring Facility	
Admission Office Phone Number		Contact Name	
Fax Number		Contact Phone Number	
Doctor to Doctor Contact		Contact Email	
Doctor to Doctor Contact Phone Number		Referring Physician	
Date Time Transfer Requested Submitted		Physician Contact Number	
Individual Being Transferred			
Individual's Name:		Individual's DOB (will fill after updating if blank):	
Documents Attached to Transfer Request			
Clinical Information		Psychiatric Assessment & Progress Notes	
H & P		Nursing Notes	
Current MAR (full)		Psychological Assessment	
Labs and Current Vitals		Emergency Intervention Documentation	
Legal Status: Completely filled out with all required signatures and date.		Current Legal Status Expiration Date	
The individual is on a 1014 and transferring to a voluntary status is not appropriate			

The Green Sections for CSU/SCB Staff to Communicate with the State Hospitals (continued)

Current hospital is unable to clinically manage, for example: (Multiple items can be selected, must select at least one)			
No or minimal significant improvement despite extended treatment exposure at the higher level of care	<input type="checkbox"/>	Unwillingness to convert to voluntary legal status	<input type="checkbox"/>
Poor motivation/willingness to engage in treatment	<input type="checkbox"/>	Refusal of medically indicated medication	<input type="checkbox"/>
Severe and persistent risk of harm/poor functional status	<input type="checkbox"/>	Other (Please indicate in notes)	<input type="checkbox"/>
Reason for Transfer			
Criteria met for Transfer: (Multiple items can be selected, must select at least one)			
Individual demonstrates serious risk of harm as evidenced by current suicidal or homicidal ideation with clear, expressed intentions	<input type="checkbox"/>	Individual demonstrates a serious risk of harm to self or others as evidenced by psychiatric symptoms related to a mood or thought disorder (catatonia, extreme disorganization which impairs judgment related to safety, 1014 commitment, etc.)	<input type="checkbox"/>

The Green Sections for CSU/SCB Staff to Communicate with the State Hospitals (continued)

Clinical documentation supports that the individual will require an extended psychiatric inpatient stay secondary to the individual's need for safety and structure at a higher level of care evidenced by at least one of the following: (Multiple items can be selected, must select at least one)			
Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs (eg. Poor functional status)	<input type="checkbox"/>	Past response to treatment has been minimal, even when treated at a high levels of care for extended periods of time	<input type="checkbox"/>
Symptoms are persistent and functional ability shows no significant improvement despite extended treatment exposure at the higher level of care or current hospital treatment capacity or ability to clinically manage.	<input type="checkbox"/>	The individual has made minimal progress after a clinically appropriate therapeutic stay at a higher level of care and discharge to the community or a least restrictive setting is clinically inappropriate	<input type="checkbox"/>
Individual has a history of attempted but unsuccessful follow through as evidenced by: (Multiple items can be selected, must select at least one)			
Non-adherence to prescribed treatment (i.e. medications)	<input type="checkbox"/>	Inability to engage in a less restrictive forms of treatment	<input type="checkbox"/>

The Green Sections for CSU/SCB Staff to Communicate with the State Hospitals (continued)

Documents to be sent with Individual when Transferred:

- Psychosocial
- Discharge Planning to include contact with family, communications with community providers, placement options, attempts to initiate or reinstate benefits
- Updates to information sent with referral

Additional Information

Attaching the Documentation

Menu 5/8/2016 6/8/2016 Export to Xlsx Export to CSV Export to PDF Clear Sorting Return to Beds Inventory Status Board 25 markliv

Active State Hospital Transfers

Completed State Hospital Transfer Requests

State Hospital Transfer Request Audits

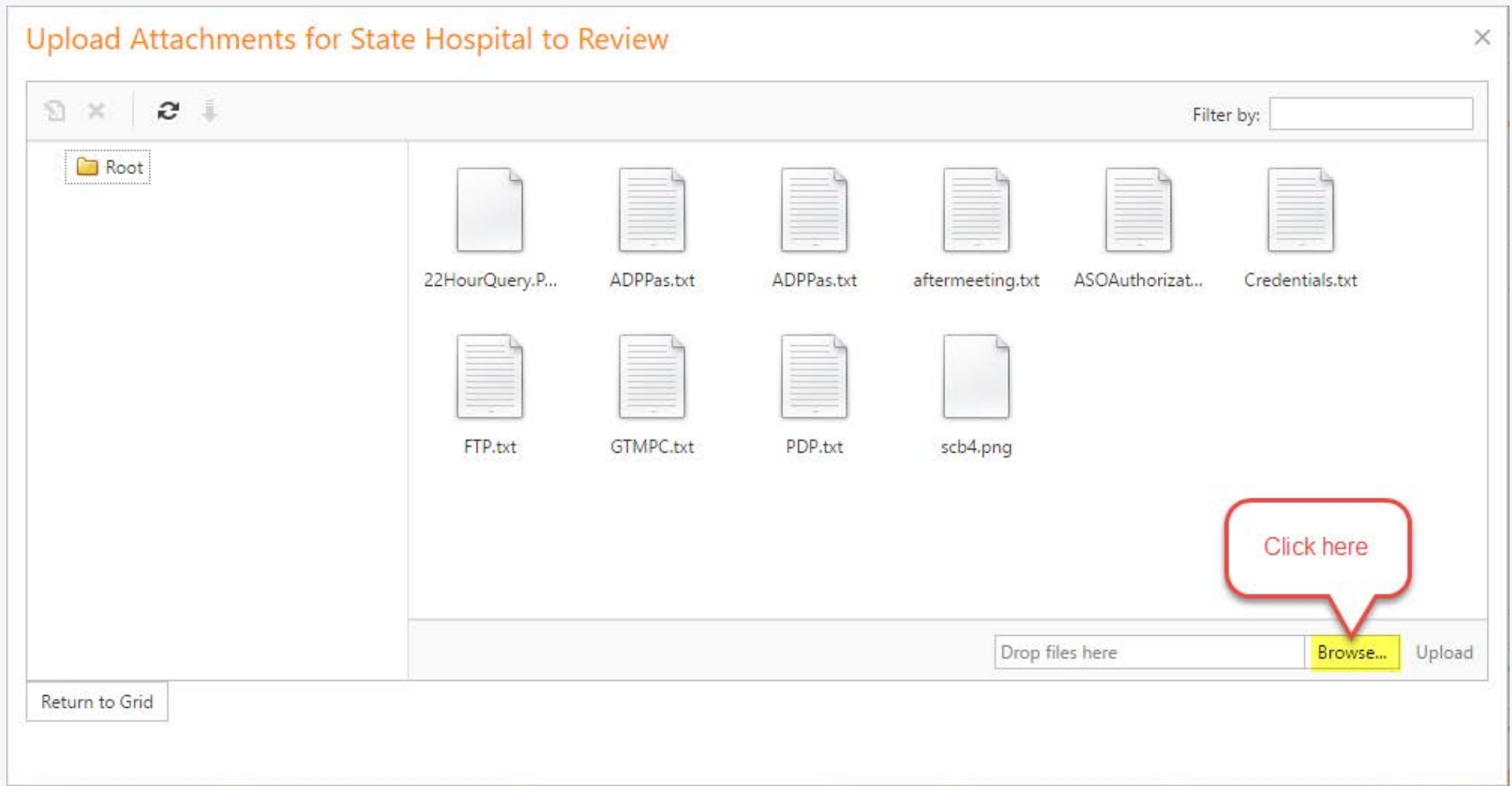
Page 1 of 1 (3 items)



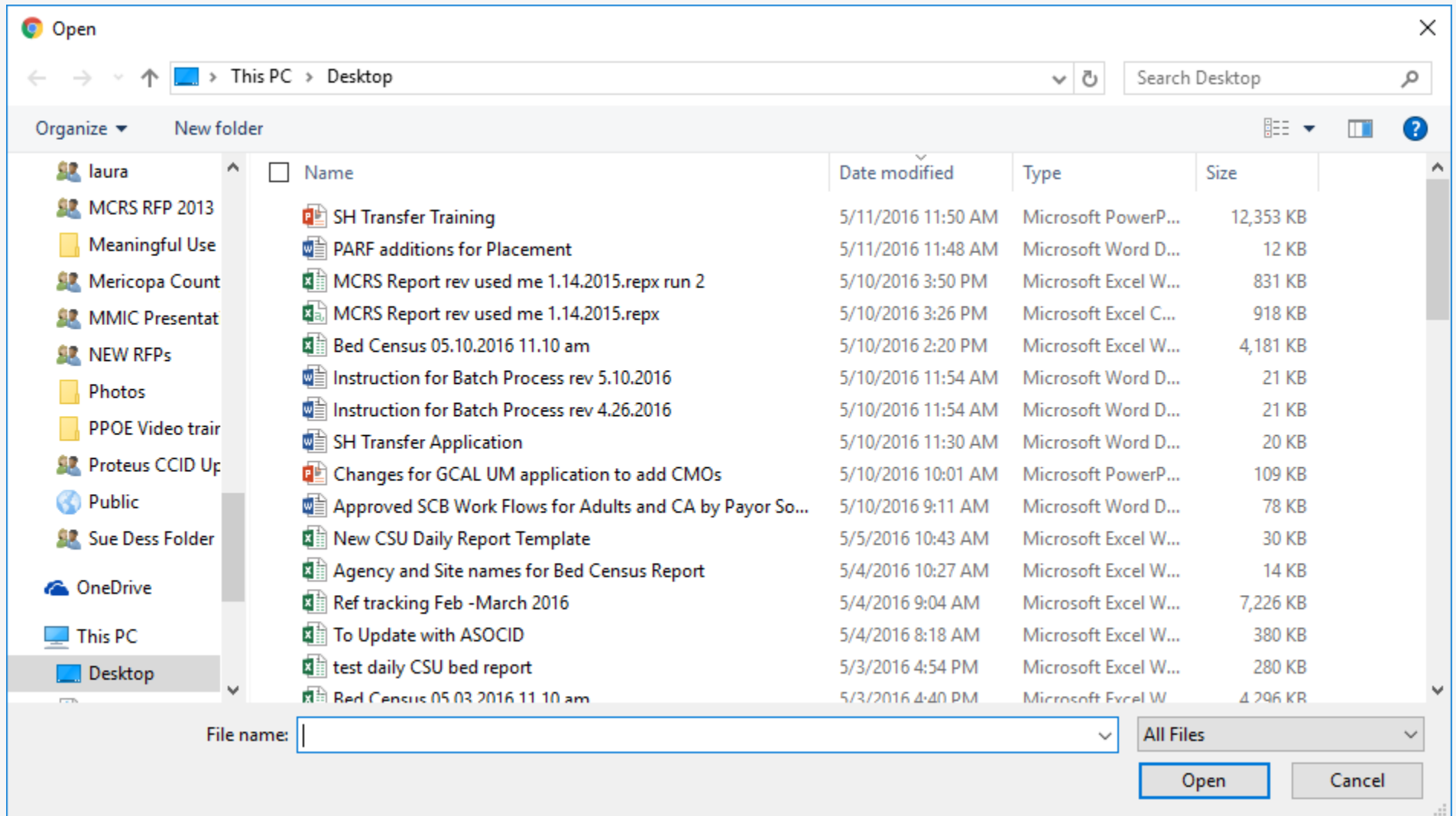
New	#	Individuals Name	Individuals DOB	SH Status	SH Status Detail	SH Nar
Edit						
Edit	Upload/view attachments	Obi-Wan Kenobi	7/5/1956	Under Review	Not Applicable	Georgi R1
Edit	Upload/View Attachments	Chew Bacca	3/4/1954	Under Review	Not Applicable	Georgi R1

To attach documents to the referral click here

To attach documentation click on the Browse Button



Locate the File you want to attach on your PC



Once you have selected the files you want to upload, click on upload

The screenshot shows a web-based file upload interface titled "Upload Attachments for State Hospital to Review". The interface includes a sidebar with a "Root" folder, a main area displaying a grid of files, and a bottom bar with an "Upload" button. A red callout bubble points to the "Upload" button with the text "Once you have selected the file click here". A green box at the bottom of the interface contains the text "You can upload more than 1 file at a time".

Upload Attachments for State Hospital to Review

Filter by:

Root

22HourQuery.P... ADPPas.txt ADPPas.txt aftermeeting.txt ASOAuthorizat... Credentials.txt

FTP.txt GTMPC.txt PDP.txt scb4.png

PARF additions for Placement.doc X Browse... **Upload**

Return to Grid

You can upload more than 1 file at a time

Only file extensions that can be attached is listed here are allowed

- **.pdf** - a file format that provides an electronic image of text or text and graphics that looks like a printed document and can be viewed, printed, and electronically transmitted. (most commonly used application Adobe Reader)
- **.doc or .docx** - (an abbreviation of 'document') is a filename extension for word processing documents (most commonly used application Microsoft Word) docx files are files created Microsoft Word 2007 or later version)
- **.rtf** - Rich Text File is a file format standardized by Microsoft for creating formatted text files. Unlike a basic text file, an RTF file can include information such as text style, size, and color

Only file extensions that can be attached is listed here are allowed

- **.txt** - a computer file that contains text
- **.xls or .xlsx** - is a file extension for a spreadsheet file format created by Microsoft for use with Microsoft Excel. XLS stands for Excel (files are files created Microsoft Excel 2007 or later version)
- **.jpg, .jpeg, .png, or .gif** are all image files

When the State Hospital Updates or requests additional information, the button at the top of the website will notify you

click here

Menu Beds Census Inventory Status 5/8/2016 6/8/2016 Swap Beds **SH Transfer Request Data Updated by SH, Click to Review** Export to XLS Export to Xlsx Ex

Display Notes Under 18 Only Adult Only

Page 1 of 1 (15 items)

Drag a column header here to group by that column

#	Fac Re	Facility Type	Agency Name	Facility Name	Bed Description	Bed Status	Bed Status Detail	Bed Gender	Individuals Name	Age
Clear Filter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="oc"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Edit Delete	1	Adult CSU	Cobb/Douglas	Cobb/Douglas Crisis Stabilization Program	1-102	Occupied	Stabilization	Male	Obi-Wan Kenobi	59
Edit Delete	1	Adult CSU	Cobb/Douglas	Cobb/Douglas Crisis Stabilization Program	1-104	Occupied	Stabilization	Male	Chew Bacca	62
Edit Delete	1	Adult CSU	Cobb/Douglas	Cobb/Douglas Crisis Stabilization Program	1-101	Occupied	Stabilization	Female	Darth Vader	41
Edit Delete	3	C&A Contract Bed	View Point Health (GRN CSB)	View Point Health - GRN C&A 14-17	GRN CA Bed 1	Occupied	Stabilization	Male	Mark Tester	25

The individuals whose data has been updated will be highlighted in teal

Menu 5/8/2016 6/8/2016 Export to Xlsx Export to CSV Export to PDF Clear Sorting Return to Beds Inventory Status Board 25 markliv

Active State Hospital Transfers Completed State Hospital Transfer Requests State Hospital Transfer Request Audits

Page 1 of 1 (3 items) 1

New	#	Individuals Name	Individuals DOB	SH Status	SH Status Detail	SH Name	Admission Office Phone Number
Edit	Upload/View Attachments					Georgia Regional Hospital Atlanta R1	
Edit	Upload/View Attachments	Obi-Wan Kenobi	7/5/1956	Under Review	Not Applicable	Georgia Regional Hospital Atlanta R1	
Edit	Upload/View Attachments	Chew Bacca	3/4/1954	Under Review	Not Applicable	Georgia Regional Hospital Atlanta R1	

markliv Administrators Login Session ET: 00:21:30 v4.71 TB4

The individuals where the name is highlighted in Teal have been updated by the State Hospital



Edit CSU/SCB Transfer Data Form

- If the State Hospital needs additional information, it will be indicated with a check mark on the boxes below or in the State Hospital Awaiting Docs Notes

Edit CSU/SCB to SH Transfer Data
✕

Data Elements Reported Missing by the State Hospital

Clinical Information	<input type="checkbox"/>	Psychiatric Assessment & Progress Notes	<input type="checkbox"/>
H & P	<input type="checkbox"/>	Nursing Notes	<input type="checkbox"/>
Current MAR (full)	<input type="checkbox"/>	Psychological Assessment	<input type="checkbox"/>
Labs and Current Vitals	<input type="checkbox"/>	Emergency intervention documentation	<input type="checkbox"/>
Legal Status (Missing or not completely filled out with all required signatures and date.)	<input type="checkbox"/>	All necessary information received and being reviewed by State Hospital	<input type="checkbox"/>

State Hospital Awaiting Docs Notes

Additional Information

If you need to communicate anything to the State Hospital (either with the initial referral or in response to a request for additional data)

Additional Information

Update

Cancel



Once the State Hospital Accepts and the individual is being transported to the State Hospital

- Once the State Hospital Accepts the individual, follow the normal process to D/C an individual using the Aftercare Status “Transfer to State Hospital Acute Care Unit”
- Once this is done the individual will move to the tab “Completed State Hospital Transfer Requests”

Edit Beds Inventory Status Record

Bed Description	1-103
Bed Status	Discharged
Bed Status Detail	Not Applicable
Bed Gender	Male
Status Notes	
Individuals Name	Han Solo
Referral Source	
Core Provider	
Temp Obs Admit Date	Press the [F2] Key to set to the current date and time.
Admission Date Time	5/1/2016 9:14:00 AM
Chief Complaint	MH
ICD-10 Primary D/x	F43.0 Acute Stress Disorder
ICD-10 Secondary D/x	
Medical Issues	
Aftercare Status	Transfer to State Hospital Acute Unit
Aftercare Provider	
Aftercare Provider Other	
Temp Obs Discharge Date	Press the [F2] Key to set to the current date and time.
Discharged Closed Date	Press the [F2] Key to set to the current date and time.

[Update](#) [Cancel](#)

How the State Hospital Transfer Application feeds the State Hospital Notification Board

- If the SH user indicates that more information is necessary, the Status on the State Hospital Notification Board will be updated automatically to “Awaiting Documentation” and the Awaiting Documentation Start Time on the State Hospital Notification will be updated automatically and an alert will be sent to the CSU/SCB facility that the State Hospital has updated the record.
- If the SH User indicates that they have received all necessary documentation, the Status on the State Hospital Notification Board will be automatically set to “Under Review” and the State Hospital will review the information and update the State Hospital Notification Board as usual from there. No other use of the State Hospital Transfer Request Board will be required of the State Hospital.

How the State Hospital Transfer Application feeds the State Hospital Notification Board

- (If the State Hospital had originally requested more documentation through the State Hospital Notification Board and the CSU/SCB facility then attached the requested additional information, when the State Hospital indicates that they have received all necessary information in the State Hospital Transfer Board edit form, the application will automatically change the Status on the State Hospital Notification Board to “Under Review and set the Awaiting Documentation End Time)
- The Individual will stay on the Active State Hospital Transfer Board until they have been discharged out of the Bed they are in at the CSU or SCB facility.
- The Rest of the Process is the same as the State Hospital Notification Board

SH Status Column on the State Hospital Notification Board

Menu 5/13/2016 6/13/2016 Export to Xlsx Export to CSV Export to PDF Clear Sorting Return to Beds Inventory Status Board 25 dmarklivingston@

Active State Hospital Transfers Completed State Hospital Transfer Requests State Hospital Transfer Request Audits

Page 1 of 1 (1 items) [1] All

New	#	Individuals Name	Individuals DOB	SH Status	SH Status Detail	SH Name
Edit	Upload/View Attachments	Han Solo	11/9/1988	CSU/SCB Transfer Request	Not Applicable	Georgia Regional Hospital Atlanta R1

If you have questions or problems...

Eric Eason, LPC

eeason@ihrcorp.com

770-365-9872

Bari Blake, LPC

bblake@ihrcorp.com

770-388-0078

Help Desk

bhlhelp@ihrcorp.com



Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborative@beaconhealthoptions.com

