

CTH *Crisis Stabilization* Admit Checklist Responsibilities for REACH, Provider/Family, and CSB

REACH responsibilities (required prior to admission):

	Triage with CTH Team
	Face to face crisis assessment
	Release of information (if out of region referral)
	Signed Crisis Stabilization Service Plan
	Signed CTH Program Guidelines
	Provisional Crisis Plan (or Full CEPP) if known to REACH
	If out of region referral, home region coordinates call with accepting region and CSB for hand off
Provider/family responsibilities (required prior to admission):	
	Appropriate labeled/bottled medications or prescriptions (minimum of 2 week supply)to
	include medications for both physical and mental health needs
	Transportation coordination
CSB Support Coordinator (required prior to admission):	
	REACH Medical Orders Form (signed physician orders)
	REACH Medical Screening Form (signed medical clearance by healthcare professional)
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	Program referral form
	 Consent for treatment ROIs
	Provider choice
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Adait	ional requests (may occur subsequent to admission):
	If billing Waiver (H2011-Center based crisis supports), request ISAR to be opened by SC
	Admission/Discharge planning calls scheduled with all available team members
	Copy of ID (SC)
	Copy of insurance card (SC)
	Verification of guardianship (SC)