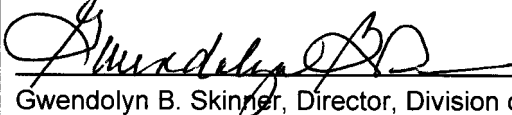


<b>Georgia Department of Human Resources</b> Division of Mental Health, Developmental Disabilities & Addictive Diseases	<b>DHR Online Directive Information System (ODIS)</b> <b>Directive # 6805-202</b> <div style="text-align: right;">Page 1 of 3</div>
<b>DHR ODIS Policy:</b> Provision of Care, Treatment, and Services for Consumers in Division of MHDDAD Hospitals <b>Subject: Admission and Discharge of Consumers in Need of Temporary and Immediate Care (TIC)</b>	
<b>Applicability:</b> State Hospitals and State Operated Community Programs	<b>Effective Date:</b> March 17, 2008 <b>Scheduled Review Date:</b> March 2010
<b>References:</b> Official Code of Georgia Annotated (OCGA) 37-4, OCGA 37-4-21, OCGA 37-4-40.1, OCGA 37-4-2, OCGA 37-4-40.4	<b>Approved:</b> 
<b>Attachments:</b> A – TIC Catchment Areas Map B – Form 111DD: Physician's or Applied Psychologist Certificate for Temporary and Immediate Care	Gwendolyn B. Skinner, Director, Division of MHDDAD  <u>3/14/08</u> Date Signed

### ADMISSION AND DISCHARGE OF CONSUMERS IN NEED OF TEMPORARY AND IMMEDIATE CARE (TIC)

Admission of persons with Developmental Disabilities to a Division of Mental Health, Developmental Disabilities, and Addictive Diseases (MHDDAD) Hospital Intermediate Care Facility for Mental Retardation (ICF/MR) occurs in accordance with Georgia statute and specific eligibility criteria for admission.

The following guidelines apply regarding all TIC admissions:

- The Division of MHDDAD designates the hospital(s) that provide Temporary and Immediate Care Services (**See Attachment A - TIC Catchment Areas Map**).
- No person is admitted if there is not a bed available in the appropriate ICF/MR living unit.
- Individuals with a primary diagnosis of mental illness are not admitted as a Temporary and Immediate Care (TIC) Consumer.
- No person admitted as a Temporary and Immediate Care (TIC) Consumer will be admitted to a Mental Health Unit.
- Candidates for TIC admission must have a primary need for habilitation services.

### PROCEDURES

- A) Any physician or psychologist licensed in Georgia may execute a certificate stating that the physician or psychologist has personally examined a person within the preceding 48 hours and found that, based upon observations set forth in the certificate, the person appears to be a mentally retarded person requiring temporary and immediate care. The certificate expires seven days after it is executed. (**See Attachment B – Form 111DD: Physician's or Applied Psychologist Certificate for Temporary and Immediate Care**)
  
- B) Upon receiving a certificate under this Code section, any responsible family member or representative of the consumer may transport the consumer to the nearest hospital serving the county in which the consumer is found. If a family member or representative is unable or unwilling to transport the consumer, any peace officer

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within 72 hours after receiving the certificate shall make efforts to take the consumer into custody and deliver the consumer to the designated hospital serving the consumer's county of residence.

- C) If a consumer presents at a hospital (in person or by telephone referral/contact) that is not the designated hospital, admissions staff is to refer the consumer to the hospital designated on the attached map. Admission staff will assume responsibility for fully notifying the designated Hospital of the referral and supply as much advance information to the designated Hospital as possible.
- D) A consumer taken to the designated hospital is received there for examination by a physician as soon as possible and may be given emergency care and treatment as indicated.
- E) The ICF/MR programs provide an access to a Developmental Disabilities Professional (DDP) to assist the designated hospital admissions office with a decision related to whether to admit or not admit to the ICF/MR.
- F) A person warranting admission for temporary and immediate care is a consumer who:
- Has documented evidence of mental retardation prior to age 18 or developmental disability prior to age 22;
  - Presents a substantial risk of imminent harm to himself or others;
  - Is in need of immediate care, evaluation, stabilization or treatment for certain developmental, medical or behavioral needs; and
  - Is someone for whom there currently exists no available, appropriate community residential setting to meet the needs of the person.
- G) When a consumer presents at the designated hospital (in person or by telephone referral/contact), **prior to admission**, the Admissions office is to contact the Regional Coordinator or their designee to make them aware of the referral and receive their concurrence that the ICF/MR is the most appropriate, least restrictive, level of service available for the consumer
- H) The ICF/MR staff work with the appropriate Regional Case Expediter, family and/or community provider to ensure that any consumer admitted is discharged within the time frame prescribed in the Temporary Immediate Care Law.
- I) **The consumer must be discharged within 48 hours**, Saturday, Sundays and holidays excluded. If it is determined that a longer period of time is required **for the habilitation service needed**, a petition can be filed with the probate court which authorizes continued admission pending completion of a full and fair hearing. (**See Legal Status Policy** for details about this process)
- J) Developmentally disabled consumers admitted to State Hospitals on 1013's who do not have a serious and persistent mental illness that meets the criteria for service on an

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adult mental health inpatient unit may not be admitted to adult mental health inpatient units. When the mental health assessment is complete, they are to be re-assessed as a potential TIC admission and served as appropriate through the TIC Admission process.

K) When a developmentally disabled consumer is admitted to State Hospitals on a 1013 and needs additional services after their mental health diagnosis is no longer primary, they are to be transferred to a DD Unit and served as appropriate through the TIC Admission process. If there is no DD unit at the Hospital that is currently serving them, they are to be transferred as a TIC admission to the designated hospital serving the consumer's county of residence.

<p align="center"><b>Georgia Department of Human Resources</b> Division of Mental Health Developmental Disabilities and Addictive Diseases (DMHDDAD)</p>	<p align="center"><b>Consumer Identification</b></p> Name: _____ Address: _____ _____ Telephone: (____) _____ Social Security #: _____ Date of Birth: _____
<p align="center">Policy 1.103: Legal Status of Consumers in DMHDDAD Hospitals</p> <p align="center"><b>FORM 11DD</b> – PHYSICIAN'S OR APPLIED PSYCHOLOGIST'S CERTIFICATE FOR TEMPORARY AND IMMEDIATE CARE (TIC)</p>	

STATE OF GEORGIA, COUNTY OF \_\_\_\_\_

TO FACILITY known as \_\_\_\_\_

This is to certify that I have personally examined \_\_\_\_\_

on \_\_\_\_\_  
(Date and time of examination)

In my opinion this person appears to be a mentally retarded person requiring temporary and immediate care in that he/she appears to be mentally retarded AND (a) presents a substantial risk of imminent harm to himself or others; AND (b) is in need of immediate care, evaluation, stabilization, or treatment for certain developmental, medical, or behavioral needs; AND (c) for whom there currently exists no available, appropriate community, residential setting for meeting the needs of the person.

This opinion is based upon the following observations:

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This certificate expires seven (7) days after it is executed.

Signature of physician or applied psychologist licensed in Georgia:

\_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Upon receiving this signed certificate, any responsible family member or representative of the consumer named in this certificate may transport that consumer to the nearest facility, as designated by the Department of Human Resources, serving the county in which the consumer is found. If such responsible family member or representative is unable to transport the consumer safely to a facility or is unwilling to transport the consumer to a facility, any peace officer within 72 hours after receiving this certificate shall make diligent efforts to take into custody the consumer named in this certificate and deliver the consumer to the nearest facility, as designated by the Department of Human Resources, serving the county in which the consumer is found. Any peace officer who delivers a person to a facility under this authority shall complete a written report detailing the circumstances under which the consumer was taken into custody. The report of the peace officer and this certificate shall be made a part of the consumer's clinical record.

REPORT OF PEACE OFFICER ON REVERSE SIDE

**REPORT OF PEACE OFFICER**

STATE OF GEORGIA, COUNTY OF \_\_\_\_\_ GEORGIA

Date and Time \_\_\_\_\_ In accordance with O.C.G.A. 37-4-40.1, requiring a written report detailing the circumstances under which \_\_\_\_\_ was taken into custody, I report as follows:

Time and date of receipt of certificate of physician or applied psychologist:

\_\_\_\_\_ Time and date taken custody: \_\_\_\_\_

Behavior at that time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of family or others who were present when client was taken into custody:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Comments or instructions of family or others having personal knowledge of consumer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Restraints if any: \_\_\_\_\_

\_\_\_\_\_

Personal knowledge of Peace Officer, if any, relating to this consumer:

\_\_\_\_\_  
\_\_\_\_\_

Other information:

\_\_\_\_\_  
\_\_\_\_\_

Time and date delivered to facility: \_\_\_\_\_

\_\_\_\_\_  
Peace Officer  
\_\_\_\_\_

Title or Rank, Organization

