



CTH *Prevention and Step Down* Admit Checklist
Responsibilities for REACH, Provider/Family, CSB, and Hospital or Training Center

REACH responsibilities (required prior to Prevention or Step Down admission):

- Triage with CTH Team
- Face to face assessment to ensure stability 24-72 hours beforehand (may be accomplished via discharge/planning meeting for step downs; completed by home region if out of region referral)
- Release of information (if out of region referral)
- 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 Prevention 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 responsibilities (required prior to Prevention or Step Down admission):

- REACH Medical Orders Form (signed physician orders)
- REACH Medical Screening Form (signed medical clearance by healthcare professional)
- If out of region referral, participate in call with accepting and home region
- If previously unknown to REACH
 - Program referral form
 - Consent for treatment
 - ROIs
 - Provider choice
- Transportation coordination (if provider/family are unable to transport)

Hospital or training center responsibilities (required prior to Step Down admission)

- Progress notes from hospital (at least previous 24-48 hours)
- Current labs within past quarter
- History and physical
- MARs for last 2 weeks
- Appropriate labeled/bottled medications or prescriptions (minimum of 2 week supply)---*to include medications for both **physical** and **mental** health needs*

Additional 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)