

REVISED DMH Monthly Admissions and Admission Denial Report

Please answer all questions about Admissions and Admission Denials for the month being reported.

Denials related to: 1) Lack of an open bed; or 2) A bed promised to a planned admission do not need to be reported. PLEASE NOTE: Denials related to multiple calls requesting admission for the same client should only be reported once, unless the reason for denial of admission has changed.

* 1. Month being reported:

* 2. Name of person reporting:

* 3. Email Address of person completing report.

* 4. This facility is a:

- ☐ DMH Licensed **FREESTANDING** Psychiatric Hospital
- ☐ DMH Licensed Psychiatric Unit **WITHIN AN ACUTE GENERAL HOSPITAL**

* 5. Hospital Name (please pay close attention to your choice)

* 6. Date Submitting

Date / Time

Date

* 7. Unit Type (Please make sure to report each age group or specialty unit separately)

- ☐ Adult
- ☐ Child/Adolescent
- ☐ Geriatric
- ☐ Developmental Disabilities Unit (if applicable)

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* 8. TOTAL Number of Behavioral Health ADMISSIONS for the month

* 9. Please break out total number of ADMISSIONS by referring entity.

Hospital ED (including
ESPs in ED)

Medical/Surgical Unit
of an Acute Hospital

Transfers

CBHC

Mobile Crisis
Intervention Team (at
home, school etc.)

Outpatient Mental
Health Provider

* 10. Number of admissions arriving at the hospital/facility via § 12(a) for the month

* 11. Number of patients admitted under § 12(b) for the month

* 12. TOTAL Number of discharges for the month

* 13. Number of emergency hearings (24 hour) for abuse or misuse of the § 12b process
requested by patients under amended subsection (b) of C.123, § 12 for the month

* 14. Number of patients discharged as a result of an emergency (24 hour) hearing for the
month

* 15. TOTAL Number of Behavioral Health DENIALS for the month

* 16. Please breakout DENIALS for the month (Only need to enter your number in the corresponding column. If no denials for the month, enter "0" in "No Denials" box only)

No Denials - Please Enter 0	<input type="text"/>
Private Room Unavailable	<input type="text"/>
Quiet Room Unavailable	<input type="text"/>
Specialized Unit Required	<input type="text"/>
Unable to Meet Medical Needs	<input type="text"/>
Lack of Appropriate Staffing	<input type="text"/>
Aggression Exceeds Ability to Manage	<input type="text"/>
Sexually Acting Out Behavior Protocol Indicated, No Ability	<input type="text"/>
Gender Does Not Match Available Bed	<input type="text"/>
Other	<input type="text"/>

* 17. Please break out total number of DENIALS by referring entity. If there are no denials, please enter "0" in "No Denials/N/A" box.

No Denials/N/A - Please Enter 0	<input type="text"/>
Hospital ED (including ESPs in ED)	<input type="text"/>
Medical/Surgical Unit of an Acute Hospital	<input type="text"/>
Transfers	<input type="text"/>
CBHC	<input type="text"/>
Mobile Crisis Intervention Team (at home, school etc.)	<input type="text"/>
Outpatient Mental Health Provider	<input type="text"/>

* 18. Do you need to report on another unit/age group or specialty unit

- ☐ Yes
- ☐ No

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* 19. Type of Unit (Please make sure to report each age group or specialty unit separately)

- ☐ Adult
- ☐ Child/Adolescent
- ☐ Geriatric
- ☐ Developmental Disabilities Unit (if applicable)

* 20. TOTAL Number of Behavioral Health ADMISSIONS for the month

* 21. Please break out total number of ADMISSIONS by referring entity.

Hospital ED (including
ESPs in ED)

Medical/Surgical Unit
of an Acute Hospital

Transfers

CBHC

Mobile Crisis
Intervention Team (at
home, school etc.)

Outpatient Mental
Health Provider

* 22. Number of admissions arriving at the hospital/facility via § 12(a) for the month

* 23. Number of patients admitted under § 12(b) for the month

* 24. TOTAL Number of discharges for the month

* 25. Number of emergency hearings (24 hour) for abuse or misuse of the § 12b process requested by patients under amended subsection (b) of C.123, § 12 for the month

* 26. Number of patients discharged as a result of an emergency (24 hour) hearing for the month

* 27. TOTAL Number of Behavioral Health DENIALS for the month

* 28. Please breakout DENIALS for the month (Only need to enter your number in the corresponding column. If no denials for the month, enter "0" in "No Denials" box only)

No Denials - Please
Enter 0

Private Room
Unavailable

Quiet Room
Unavailable

Specialized Unit
Required

Unable to Meet
Medical Needs

Lack of Appropriate
Staffing

Aggression Exceeds
Ability to Manage

Sexually Acting Out
Behavior Protocol
Indicated, No Ability

Gender Does Not
Match Available Bed

Other

* 29. Please break out total number of DENIALS by referring entity. If there are no denials, please enter "0" in "No Denials/N/A" box.

Denials/N/A - Please
Enter 0

Hospital ED (including
ESPs in ED)

Medical/Surgical Unit
of an Acute Hospital

Transfers

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Intervention Team (at
home, school etc.)

Outpatient Mental
Health Provider

* 30. Do you need to report on another unit/age group or specialty unit

☐ Yes

☐ No

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* 31. Type of Unit (Please enter units in order below)

- ☐ Adult
- ☐ Child/Adolescent
- ☐ Geriatric
- ☐ Developmental Disabilities Unit (if applicable)

* 32. TOTAL Number of Behavioral Health ADMISSIONS for the month

* 33. Please break out total number of ADMISSIONS by referring entity.

Hospital ED (including
ESPs in ED)

Medical/Surgical Unit
of an Acute Hospital

Transfers

CBHC

Mobile Crisis
Intervention Team (at
home, school etc.)

Outpatient Mental
Health Provider

* 34. Number of admissions arriving at the hospital/facility via § 12(a) for the month

* 35. Number of patients admitted under § 12(b) for the month

* 36. TOTAL Number of discharges for the month

* 37. Number of emergency hearings (24 hour) for abuse or misuse of the § 12b process requested by patients under amended subsection (b) of C.123, § 12 for the month

* 38. Number of patients discharged as a result of an emergency (24 hour) hearing for the month

* 39. TOTAL Number of Behavioral Health DENIALS for the month

* 40. Please breakout DENIALS for the month (Only need to enter your number in the corresponding column. If no denials for the month, enter "0" in "No Denials" box only)

No Denials - Please
Enter 0

Private Room
Unavailable

Quiet Room
Unavailable

Specialized Unit
Required

Unable to Meet
Medical Needs

Lack of Appropriate
Staffing

Aggression Exceeds
Ability to Manage

Sexually Acting Out
Behavior Protocol
Indicated, No Ability

Gender Does Not
Match Available Bed

Other

* 41. Please break out total number of DENIALS by referring entity. If there are no denials, please enter "0" in "No Denials/N/A" box.

Denials/N/A - Please
Enter 0

Hospital ED (including
ESPs in ED)

Medical/Surgical Unit
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Outpatient Mental
Health Provider

* 42. Do you need to report on another unit

☐ Yes

☐ No

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* 43. Type of Unit (Please enter units in order below)

- ☐ Adult
- ☐ Child/Adolescent
- ☐ Geriatric
- ☐ Developmental Disabilities Unit (if applicable)

* 44. TOTAL Number of Behavioral Health ADMISSIONS for the month

* 45. Please break out total number of ADMISSIONS by referring entity.

Hospital ED (including
ESPs in ED)

Medical/Surgical Unit
of an Acute Hospital

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Outpatient Mental
Health Provider

* 46. Number of admissions arriving at the hospital/facility via § 12(a) for the month

* 47. Number of patients admitted under § 12(b) for the month

* 48. TOTAL Number of discharges for the month

* 49. Number of emergency hearings (24 hour) for abuse or misuse of the § 12b process requested by patients under amended subsection (b) of C.123, § 12 for the month

* 50. Number of patients discharged as a result of an emergency (24 hour) hearing for the month

* 51. TOTAL Number of Behavioral Health DENIALS for the month

* 52. Please breakout DENIALS for the month (Only need to enter your number in the corresponding column. If no denials for the month, enter "0" in "No Denials" box only)

No Denials - Please
Enter 0

Private Room
Unavailable

Quiet Room
Unavailable

Specialized Unit
Required

Unable to Meet
Medical Needs

Lack of Appropriate
Staffing

Aggression Exceeds
Ability to Manage

Sexually Acting Out
Behavior Protocol
Indicated, No Ability

Gender Does Not
Match Available Bed

Other

* 53. Please break out total number of DENIALS by referring entity. If there are no denials, please enter "0" in "No Denials/N/A" box.

No Denials/N/A -
Please Enter 0

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ESPs in ED)

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