

<p>Lancaster County Drug &amp; Alcohol Commission Case Management &amp; Clinical Services Policy &amp; Procedure Manual</p>	<p>CMCS # 4  <i>Policy: Screening for Emergent Care</i></p>
<p><i>Most Current Revision: 07/01/2021</i> <i>Effective Date: 07/01/2020</i></p>	<p><i>Page: 1 of 3</i></p>

**I. Purpose:**

To establish a procedure for LCDAC and its contracted service providers to evaluate the need for emergent care services including withdrawal management, prenatal, and psychiatric services and to ensure that the identified emergent care needs are addressed immediately.

Although the term “screening” may be defined by the contracted service providers as including additional tasks such as gathering demographic and other relevant “intake” information to determine a person’s eligibility for their services, the driving purpose of this policy is to rule-out the need for emergent care services prior to initiating the next appropriate service.

**II. Procedure:**

Screening is the first activity provided to an individual who seeks to access treatment or treatment related services. The purposes of screening include:

1. To obtain information to determine the need for emergent care in the following areas:
  - **Withdrawal Management Services**
  - **Prenatal Care Services**
  - **Psychiatric Care Services**
2. To motivate and refer, if necessary, for an assessment or other interim services.
3. To identify individuals being referred by an emergency room or urgent care facility following an overdose.

A. The following parameters shall apply to emergent care screenings:

- *Must be provided 24 hours a day, seven days a week.* \* (\*This requirement is specific to LCDAC; not the LCDAC contracted service provider)
- May be conducted by telephone or in-person.
- Referrals may come from many different entities including the individual, family, or a community agency.
- Whenever possible, must be done by speaking with the individual who may need services.
- Must be completed using the Intake and Screening Tool in PA Web Infrastructure for Treatment Services (PA WITS).
- Emergent care needs identified at the time of the screening must be met immediately.

- LCDAC and/or its contracted service provider\* MUST qualify as one of the three (3) *Options for Screening* outlined in the most current CMCS Manual. (\*At the time of the LCDAC monitoring site visit, LCDAC may request documentation from the LCDAC contracted service provider to ensure alignment to the chosen screening Option.)

B. Procedures for referrals to emergent care **WITHDRAWAL MANAGEMENT SERVICES** during business hours and after-hours shall be as follows:

1. LCDAC has authorized various call centers/support centers to manage screenings 24 hours a day, seven days a week as well as placement of LCDAC funded individuals who need emergent care and meet criteria for LCDAC funding.
2. The contact information for these services can be found on the most LCDAC “Getting Help” brochure
3. LCDAC encourages all providers to include these numbers in their after-hours protocol.
4. For those emergent care withdrawal management service providers who are also a potential treatment provider, ***evidence of neutrality*** will be required. ***Evidence of neutrality*** may include yet not be limited to evidence of client choice, data demonstrating a sufficient number for referrals to alternate treatment providers, etc.
5. ***DOCUMENTING in PA WITS Need for and/or Referral to Withdrawal Management Services***
  - If client needed withdrawal management, documentation in the notes section of the screening or in the encounter notes must indicate that the client was offered admission immediately.
  - ***For non-priority populations:*** If client was in need of withdrawal management, documentation in the notes section of the screening or in the encounter notes must indicate that the client was offered admission within 24 hours.
  - If admission to withdrawal management was not offered in the timeframes above, the reason ***must be*** documented in the notes section of the screening or in the encounter notes

C. Procedures for referrals to the emergent care services for **PRENATAL CARE** during business hours and after-hours shall be as follows:

1. LCDAC has authorized identified service providers on the most current LCDAC “Getting Help” brochure to manage screenings 24 hours a day, seven days a week as well as placement of LCDAC funded individuals who need emergent care and meet criteria for LCDAC funding.
2. LCDAC encourages all providers to include this information on their after-hours protocol.

- D. Procedures for referrals to the emergent care services for **PSYCHIATRIC CARE** during business hours and after-hours shall be as follows:
1. LCDAC has authorized the identified service providers on the most current LCDAC “Getting Help” brochure to manage screenings 24 hours a day, seven days a week as well as placement of LCDAC funded individuals who need emergent care and meet criteria for LCDAC funding.
  2. LCDAC encourages all providers to include this information on their after-hours protocol.
- E. All priority populations that do not require emergent care services must be offered LoCA services immediately (see Priority Population Policy)
- F. Any time a screening is not completed for an individual, LCDAC or its contracted provider must document the reason in PA WITS at the bottom of the screening tool and/or in an encounter note.

Approved By:



Rick Kastner LCDAC Executive Director

7/1/2021

Date