**State Institutional Alternatives (SIA)/ State Hospital Mental Health Screening Form Instructions**

This screening form must be completed electronically, in its entirety and encrypted. Every question must have a response even if it is unknown or not applicable.

**List of acronyms/definitions**

CINC - Child In Need Care

CMHC - Community Mental Health Center

DCF – Department of Children and Families

DOC – Department of Correction

GED – General Education Diploma

HIS - HealthSource Integrated Solutions

IEP – Individualized Educational Plan

JO - Juvenile Offender

LD – Learning Disability

LEO – Law Enforcement Officer

LMHP - Licensed Mental Health Professional

N/A – Not Applicable

NFMH – Nursing Facility for Mental Health

PPH – Private Psychiatric Hospital

PRTF – Psychiatric Residential Treatment Facility

QMHP - Qualified Mental Health Professional

QRTP – Qualified Residential Treatment Program

Secure Care/ Accommodation - a form of residential care that restricts the freedom of children under the age of 18

SIA – State Institutional Alternative

ST – State Hospital

YRC – Youth Residential Care

Additional Information

Starting 10/28/2021, If a patient is in law enforcement protective custody, the QMHP completing the

screening should refer the patient to the closest facility admitting involuntary patients with an

available bed.

Staring 10/28/2021, The QMHP conducting the screen and recommending involuntary hospital placement should refer the patient to the closest facility admitting involuntary patients with an available bed. The QMHP should review the HealthSource bed board to identify available facilities for involuntary placements at a SIA or state hospital. Search for SIA at the link - <http://bedcount.healthsrc.org/>

There are 2 spots on the screen form to list 2 exhausted community options. Alternative placement options need to be exhausted prior to recommending admission to a state hospital/SIA as they are the most restrictive environments. Thus, the NON-SIA alternative options should be listed. We do recognize that all of the SIA hospitals have Acute programs and SIA programs. In case one of the exhausted options is a hospital that also provides SIA services, please use Hospital Name Acute, e.g. KVC Acute/ PVI Acute/Via Christie Acute, etc

It is a requirement that Mental Health Screen form is filled out electronically and in its entirety. What process will be followed if an SIA or State Hospital receives an incomplete screen? – It is responsibility of an QMHP to submit the fully completed screen. In situations when incomplete screens reach SIAs or State Hospitals, SIA and State hospitals are to request that the screen is filled out in its entirety and HIS will need to be included in communication SIA@healthsource.com

For frequently asked questions and additional information about SIA, visit the KDADS website. Link - [https://kdads.ks.gov/state-hospitals-and-institutions/state-institution-alternatives-(sias)](https://kdads.ks.gov/state-hospitals-and-institutions/state-institution-alternatives-%28sias%29)

**CMS Signature Requirement Guidelines Electronic Signatures vs. Digital signatures\*:**

* **Electronic signatures** usually contain date and time stamps and include printed statements, e.g., 'electronically signed by,' or 'verified/reviewed by,' followed by the practitioner’s full name and preferably a professional designation.

**Note:** The responsibility and authorship related to the signature should be clearly defined in the record. The system/process should be secure, allowing sole usage or password protection for each user.

* **Digital signatures** are an electronic method of a written signature that is typically generated by special encrypted software that allows for sole usage.

**Note:** Be aware that electronic and digital signatures are not the same as 'auto-authentication' or 'auto- signature' systems, some of which do not mandate or permit the Provider to review an entry before signing. Indications that a document has been 'Signed but not read' are not acceptable.

## ACCEPTABLE SIGNATURE EXAMPLES

|  |  |
| --- | --- |
| **Acceptable Electronic Signature Examp le s*** ‘Approved by’ with Provider’s name
* 'Authorized by’ with Provider’s name
* Chart ‘Accepted By’ with Provider’s name
* ‘Closed by – with date/time’ with Provider’s name
* ‘Completed by’ with Provider’s name
* ‘Confirmed by’ with Provider’s name
* ‘Data entered by’ with Provider’s name
* Digitalized signature: Handwritten and scanned into computer
* ‘Electronically signed by’ with Provider’s name
* ‘Electronically verified by’ with Provider’s name
* ‘Finalized by’ with Provider’s name
* ‘Generated by’ followed by a signature and treating physician credentials
* ‘Released by’ with Provider’s name
* ‘Sealed by’ with Provider’s name
* ‘Seized by’ with Provider’s name
* ‘Signed before import by’ with Provider’s name
* ‘Signed by’ with Provider’s name
* ‘Signed: John Smith, M.D.’ with Provider’s name
* ‘This is an electronically verified report by John

Smith, M.D.’* ‘Validated by’ with Provider’s name
* ‘Verified by’ with Provider’s name
 | **Acceptable Written Signatures*** Legible full signature
* Legible first initial and last name
* Illegible signature over a typed or printed name
* Illegible signature where the letterhead, addressograph or other information on the page indicates the identity of the signatory. Example: An illegible signature appears on a prescription. The letterhead of the prescription lists 3 physicians’ names: One of the names is circled
* Illegible signature NOT over a typed/printed name and NOT on letterhead, but the submitted documentation is accompanied by:
	1. a signature log, or
	2. an attestation statement
* Initials over a typed or printed name
* Initials NOT over a typed/printed name but accompanied by:
	1. a signature log, or
	2. an attestation statement
* Unsigned handwritten note where other entries on the same page in the same handwriting are signed
 |

## UNACCEPTABLE SIGNATURE EXAMPLES:

|  |  |
| --- | --- |
| **Unacceptable Signatures\**** Signature 'stamps' alone in medical records are not recognized as valid authentication for Medicare signature purposes and may result in payment denials by Medicare.
* Reports or any records that are dictated and/or transcribed, but do not include valid signatures 'finalizing and approving' the documents are not acceptable for reimbursement purposes. Corresponding claims for these services will be denied.
* Illegible signature NOT over a typed/printed name, NOT on letterhead and unaccompanied by:
	1. an attestation statement
* Initials NOT over a typed/printed name unaccompanied by:
	1. an attestation statement
* Unsigned typed note with provider’s typed name.
* Unsigned typed note without provider’s typed/printed name.
* Unsigned handwritten note, the only entry on the page.
 | **Unacceptable Signature Examples\**** 'Signing physician' when Provider's name is typed Example: Signing physician:

John Smith, M.D.* 'Confirmed by' when a Provider's name is typed Example: Confirmed by:

John Smith, M.D.* 'Signed by' followed by Provider's name typed and the signing line above but done as part as the transcription.
* 'This document has been electronically signed in the surgery department' with no Provider name.
* 'Dictated by' when Provider's name is typed

Example: Dictated by:John Smith, M.D.* Signature stamp
* 'Signature On File'
* 'Filled By'
* ‘Electronically signed by agent of Provider’
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**\*(borrowed from Inland Empire Health Plan)**