

## **Maryland Department of Health Hospital Admission Policy**

**Purpose:** The Maryland Department of Health (MDH) prioritizes admissions based on a combination of clinical and legal factors to address the needs of the individuals requiring hospitalization in a state psychiatric hospital and entities making referrals, including the courts ordering admission of defendants.

**Scope:** The policy applies to all MDH operated State Psychiatric Hospitals or beds contracted by MDH with community hospitals to provide in-patient psychiatric care to patients referred for service. This policy applies to individuals committed to MDH by the courts and individuals certified for involuntary admission. MDH has the authority to determine the appropriate facility for all patient admissions.

**Policy:** The Maryland Department of Health will prioritize cases based on legal status, the date of referral and the patient's clinical acuity. In the event of conflicts, special circumstances, or requests for exceptions to this policy, the Deputy Secretary, Operations has the responsibility to make final decisions about admissions.

### **Procedure:**

- A. MDH will admit patients across all priority levels considering factors that include, but are not limited to bed and staffing availability. Referrals and court ordered admissions are prioritized based on patients' legal status and clinical acuity at the time of referral:
  1. First priority:
    - a. conditionally released patients referred voluntarily or pursuant to a hospital warrant [Criminal Procedure §3-12l(e)(1)]
    - b. mandatory releases from DPSCS who meet the criteria for involuntary admission in Health General Title 10, Subtitle 6, Part III.
  2. Second priority:
    - a. patients committed as not criminally responsible [Criminal Procedure §3-112].
    - b. patients committed as incompetent to stand trial and dangerous (ISTD) due to a mental disorder, with or without co-occurring mental retardation [Criminal Procedure §3-106(b)], including pretrial released patients referred pursuant to a revocation of a rdease warrant.
  3. Third priority: Patients referred to the Department for examination regarding their competency to stand trial [Criminal Procedure §3-105[Criminal Procedure §3-111], or a juvenile court order for evaluation and/or dispositions [Courts and Judicial

Proceedings §3-816, §3-819, §3-8A-17, §3-8A-17.2, §3-8A-19, Maryland Rule 11-115].

4. Fourth priority: Patients without court involvement who continue to meet medical necessity criteria after MDH recommendations have been exhausted and are either:

- a. a referral from a community/general hospital certified for involuntary psychiatric commitment following a continuous 90 day inpatient stay; or
- b. inmates from a local detention center or a prison certified for involuntary psychiatric commitment.

B. Patients in priority levels 1, 2, 3 and 4b who present with acute clinical issues beyond the management capacity of his/her current placement, may be admitted ahead of other, more stable patients at higher priority levels. The Chair, Clinical Directors' Council, in consultation with the referring agency or detention center clinicians, and the Director, Admissions & Evaluations, may override the prioritization in such a case. Such exceptions shall be made on clinical grounds only.

**References:** This policy supplements but does not replace the following:

- Annotated Code of Maryland, Criminal Procedure §3-105, §3-106(b)(1), §3-111, §3-112 and §3-121
- Annotated Code of Maryland, Courts and Judicial Proceedings, §3-816, §3-819, §3-8A-17, §3-8A-17.2 and §3-8A-19(i)
- Maryland Rule 11-115
- Annotated Code of Maryland, Health General §10-609, §10-610 and §10-617
- Joint Commission Accreditation Standards on Care, Treatment and Services, 2016 CTS.01.02.01

  
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