

PRE-ADMISSION PROCESS

Direct Care and Treatment

Issue Date: December 9, 2025 Effective Date: December 23, 2025 DCT Policy Number: 210-1010

POLICY:

All referrals/admissions to a Direct Care and Treatment (DCT) program will be triaged through a pre-admission process.

AUTHORITY:

[Minn. Stat. § 245D.11 subd. 4 \(Admission criteria\)](#)

[Minn. Stat. § 253D.02 \(Definitions\)](#)

[Minn. Stat. § 253B \(Civil Commitment\)](#)

[Minn Stat. 611.46](#)

[Minn Stat. 611.43](#)

[45 CFR 96.131](#)

[Minn. Stat. 245G.14](#)

APPLICABILITY:

DCT-wide, excluding Outpatient Services

PURPOSE:

To establish a pre-admission process for employees to follow when receiving a referral to a DCT program.

DEFINITIONS:

Central Pre-admission (CPA) – a 24 hour-a-day call center that receives referrals and facilitates placement into specific DCT programs.

Pre-Admission - the period prior to admission to a DCT program.

Priority Referral – a referral CPA receives for a person who meets the priority criteria under Minn. Stat. 253B.10. The eligibility criteria for a priority referral are:

- Someone who is civilly committed and currently in a jail or correctional institution.
- Someone who is referred to DCT under Minn. Chapter 611
- Someone who has a mental illness and is dangerous to the public (MI&D) commitment.

PROCEDURES:

A. Central Pre-Admission (CPA):

1. coordinates the pre-admission screening process for Mental Health and Substance Abuse Treatment Services (MHSATS), Forensic Services (FS), and Community Based Services (CBS);
2. receives referrals via phone, fax, mail, or email; and
3. receives referrals from a variety of sources that include, but are not limited to, Social Service agencies, court administration, county attorney's offices, holding facilities (hospitals, detox, crisis center, etc.), forensic navigators, Department of Corrections (DOC) and DCT programs.

4. Maintains and tracks dynamic waitlists by service line and by priority status. CPA will regularly monitor the waiting list for each program for upcoming bed openings.
5. Admits people according to their priority status and score on the [Priority Admissions Framework Narrative \(210-1010b\)](#) consistent with the requirements of Minn. Statute 253B.10.
 - a) A priority referral will be admitted to the next available medically appropriate bed before any non-priority referral and, in the case of Community Addiction Recovery Enterprise (CARE), in accordance with federal prioritization requirements.
 - b) A priority referral will be admitted to the next available medically appropriate bed before any non-priority referral. A person qualifying for priority admission under the statute is ranked on the waitlist based on:
 - (1) Their length of time on the waitlist.
 - (2) Their clinical acuity.
 - (3) Their safety in their current environment.
 - (4) Their access to necessary or court-ordered treatment.
 - (5) Distinct and articulable negative impacts of an admission delay on the referring facility.
 - (6) Any relevant federal prioritization requirements. Federal priorities will be ranked above state priority referrals who do not qualify for federal prioritization. Federal priority categories are:
 - (a) Pregnant intravenous drug user (IVDU)
 - (b) Pregnant non-IVDU
 - (c) IVDU
 - (d) All others
 - (7) Whether they are subject to a revoked provisional discharge;
 - (8) Whether there are any other unique relevant considerations, as reviewed by at least two medical directors; and
 - (9) Other factors as captured in the [Priority Admissions Framework Narrative \(210-1010b\)](#).
 - c) Supports quarterly meetings of the Priority Admissions Framework Workgroup to re-evaluate the Priority Admissions Framework factors and process and amend the Priority Admissions Framework as necessary. The Priority Admissions Framework will be reviewed and approved by the workgroup/Executive Medical Director on a quarterly basis.

B. Pre-Admission Processes

1. Upon receiving initial information, CPA employees will open a pre-admission episode in Avatar and start to gather and enter relevant clinical, legal, medical, social and psychiatric information. CBS: CPA staff will also open an episode in Care Manager. Forensic Nursing Home (FNH) referrals will be handled by contacting the FNH administrator or RN administrative supervisor.
2. When CPA staff receive a referral, they will evaluate to determine if the referral is a priority referral.
3. Nonpriority Referrals
 - a) CPA determines the most appropriate program based on the referral's current identified needs and places them on a specific program wait list, as appropriate.
 - b) Nonpriority hospital referrals are reviewed at least monthly.
 - c) CBS: Referral will be handed off to CBS Admissions staff for tracking and follow up.
 - d) If program placement is unclear or not agreed upon, the referral will be reviewed with the MHSATS medical director or the Executive Medical Director for guidance.
 - e) Non-priority referrals will be admitted only when there is not a priority referral that is medically appropriate for the available bed.
4. Priority Referrals
 - a) CPA staff add priority referrals to the Priority Patient Referral Report and notify CPA leadership that they need to be added to the Admission Framework Spreadsheet.
 - b) CPA staff confirms they have all necessary legal paperwork or requests anything that is missing.
 - c) CPA staff gathers initial and updated records/information from the client's current location.
 - d) CPA staff sends referral template, all relevant patient records, and blank Admission Framework Template (with completed Factor 5 score) to the appropriate medical director.
 - (1) 611 only referrals will be sent to the Competency Attainment and MHSATS medical director for scoring of the framework factors, and in accordance with the [DCT Policy 210-1005, "Admissions Under Chapter 611."](#)
 - (2) Referrals with an MI&D commitment will be sent to the FMHP medical director or designee for scoring of the framework factors, according to the identified weights for the appropriate program.
 - (3) Referrals that appear to be appropriate for MHSATS will be sent to the MHSATS medical director. After the MHSATS medical director initial review, CPA will

include the applicable MHSATS service line medical director for a second review.

- (4) Referrals that appear to be appropriate for CBS will be sent to the CBS medical director.
 - e) The applicable medical director will review the referral information and:
 - (1) identify the most clinically appropriate program for the person; and
 - (2) score the framework factors for the person if the person is appropriate for the program.
 - f) If it is unclear what program the person is clinically appropriate for, CPA will coordinate communication between relevant medical directors and gather additional information as necessary.
 - g) CPA staff obtain the factor scores from the designated medical director then enter the scores into the [How to Apply Admission Framework for High Priority Referrals \(210-1010a\)](#) spreadsheet of the person, noting the responsible county human services agency, the district court, and the source of the referral.
 - h) Using the [How to Apply Admission Framework for High Priority Referrals \(210-1010a\)](#) spreadsheet and in conjunction with the service line medical directors, CPA will identify the next person who should be admitted to the next available bed. The first person on the list who is medically appropriate for the available bed will be admitted to that bed. Example: if the next available bed is on an all-male unit, but the next person on the priority list is a female, the female will be skipped over for the next medically appropriate male on the waitlist.
 - i) Any interested party may update CPA at any time with additional information about the referral. If CPA staff receives new information, they should reassess program appropriateness and re-route referral information to applicable medical directors for rescoring of the framework factors or redetermination of the appropriate program as necessary. New information can result in a new score on the framework factors and overall shifting of order and position on the waitlist for all referrals. Example: Person A is ranked fifth on the waitlist for Anoka Metro Regional Treatment Center (AMRTC) and Person B is ranked sixth. CPA receives information from a jail that Person B has become assaultive to jail staff and other people in jail. After review with the MHSATS medical director, this causes Person B to score higher in the framework factors and as a result they are now ranked fifth and Person A is ranked sixth. Once the ranking has been determined the quartile number will be given. This will put the person in 1 of 4 quartiles. This ranking will be given based on an application of the of the priority framework factors. The quartile number is based on a formula that divides the waitlist up into 25 percentiles by calculating the median, minimum and the maximum of the ranks, placing everyone into a quartile.
6. Clinical Consultation - While a person is on the waitlist, holding facility staff may request a

clinical consultation through CPA to discuss the person's medical needs with a DCT provider. CPA may coordinate medical leadership involvement as appropriate.

7. Transitions Team
 - a) If a referral is appropriate for a non-DCT placement, CPA will send the referral to the DCT Transitions Team. The Transitions Team will facilitate the non-DCT placement and follow the applicable Provisional Discharge policy. The person will remain on the DCT waitlist pending finalization of a remote provisional discharge.
 - b) CPA lead meets weekly with the Transitions team lead to discuss status of high priority referrals who the Transitions team is supporting.

8. When Medically Appropriate Bed is Available
 - a) CPA will contact the program for admission approval and once approved will hand-off the referral to the program via email distribution list.
 - b) When admission is approved CPA employees will contact the case manager and holding facility, and request transportation.
 - c) For priority referrals, the person must be admitted within 48 hours of the offered admission date. The designated agency or facility where the person is awaiting admission is responsible for transporting the person to the admitting DCT program.

9. Internal transfers are for clients who have already been admitted to a DCT facility who may need to move situationally between programs to best meet the needs of the client. Internal transfers must be approved by the medical director or Executive Medical Director and are not referrals or admissions subject to this policy. See [DCT Policy 210-1025, "Client Movement Between DCT Divisions"](#) and/or [MHSATS Policy 230-4060, "Internal Transfers."](#)

- C. Minnesota Sex Offender Program (MSOP) - MSOP clients are referred and admitted following the process outlined in [MSOP Policy 210-5200, "Civil Commitment Process"](#) and [MSOP Policy 210-5100, "Admission to the MSOP."](#)

- D. Upon arrival to the selected program for admission, division specific admission policies will be followed.

REVIEW:

[Biennially](#)

REFERENCES:

[DCT Policy 130-1015, "Transfers Under Interstate Compact on Mental Health"](#)

[DCT Policy 210-1025, "Client Movement Between DCT Divisions"](#)

[DCT Policy 210-1020, "Admissions from and Discharges to the Department of Corrections"](#)

[DCT Policy 210-1000, "Admissions from Correctional Facilities"](#)

[DCT Policy 210-1005, "Admissions Under Chapter 611"](#)

[MSOP Policy 210-5200, "Civil Commitment Process"](#)

[MSOP Policy 210-5100, "Admission to the MSOP"](#)

[MHSATS Policy 230-4060 "Internal Transfers"](#)

[MHSATS Policy 230-4010 “Provisional Discharge Remote Provisional Discharge and Community Holding Facility Provisional Discharge”](#)


ATTACHMENTS:

[How to Apply Admission Framework for High Priority Referrals \(210-1010a\)](#)

[Priority Admissions Framework Narrative \(210-1010b\)](#)

SUPERSESION:

DCT Policy 210-1010, “Pre-Admission Process”, June 3, 2025

/s/ 

Marshall E. Smith, MHA, LNHA, FACHE
Health System Chief Executive Officer
Direct Care and Treatment

/s/ 

KyleeAnn Stevens, M.D.
Executive Medical Director
Direct Care and Treatment