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TRANSMITTAL: 92 INF-5

DIVISION: Adult Services

TO: Commissioners of  
 Social Services

DATE: January 16, 1992

SUBJECT: The Use of the State Office of Mental Health's  
 Geriatric Admission Guidelines by Community Hospitals  
 with Psychiatric Units

SUGGESTED

DISTRIBUTION: Directors of Services  
 Adult Services Staff  
 Staff Development Coordinators

CONTACT PERSON: Adult Services Program Representative  
 at 1-800-342-3715:  
 Irvin Abelman, ext. 432-2980 or (212) 804-1247  
 Thomas Burton, ext. 432-2987  
 Kathleen Crowe, ext. 432-2996  
 Michael Monahan, ext. 432-2667  
 Janet Morrissey, ext. 432-2997

ATTACHMENTS: October 16, 1991 Memorandum from the State Office of  
 Mental Health to Administrators of Community  
 Hospitals with Psychiatric Units

Attachment not available on-line

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90 ADM-40		457	473 SSL  9.39 Mental Hygiene Law		

In July of 1990, the State Office of Mental Health (OMH) issued Geriatric Admission Guidelines which were intended to be used by State operated psychiatric centers. The stated purpose of the guidelines was to assure that elderly individuals admitted to these State operated centers were seriously mentally ill and in need of psychiatric treatment, had been adequately prescreened to assure their appropriateness for inpatient psychiatric treatment, were medically stable and had been carefully considered for other appropriate treatment alternatives before placement in a State psychiatric center was made. The guidelines also represented a further attempt by OMH to prevent the admission to State operated psychiatric facilities of persons with a primary diagnosis of dementia and no co-existing mental illness, since these individuals are not considered seriously mentally ill.

Earlier this year OMH learned that a number of community hospitals with psychiatric units had adopted the Geriatric Admission Guidelines. On October 16, 1991, OMH sent a memorandum to the administrators of all community hospitals with psychiatric units advising them that these guidelines do not apply to psychiatric units in general hospitals, especially those that are designated to do involuntary admissions for the purposes of psychiatric observation, care and treatment under Article 9.39 of the Mental Hygiene Law. The memorandum states that there is nothing in the Article 9.39 statutory language which would preclude a 9.39 hospital from admitting an individual with a diagnosis of dementia for observation and assessment if the presenting behaviors are considered to constitute "a danger to self or others" as defined in the statute. The proper clinical disposition of the case can be made only after such an assessment is completed. The memorandum clearly indicates that it is legally and clinically inappropriate for community hospital staff to make assumptions about the needs of an individual who is suspected of suffering from dementia without confirmation of that diagnosis and diagnosis of any co-existing psychiatric disorder for which psychiatric treatment may be indicated.

The Department expects that OMH's clarification to community hospitals will make it easier for local districts to obtain inpatient evaluations and treatment for persons with Alzheimer's Disease and other dementias. Districts are reminded that they may utilize the PSA emergency room and board provisions to pay for hospital admissions for these persons, pursuant to the conditions set forth in 90 ADM-40.

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William E. Gould  
Acting Deputy Commissioner  
Division of Adult Services