



Acute Partial Hospitalization (APH) and Diversion and Acute Stabilization (DAS)

Referral Process

1. Fax the following paperwork to **(412) 462-4901**
 - a. Intake referral form—see below
 - b. Most recent psychiatric evaluation
 - c. Medication list
 - d. PHI information re: medical concerns
 - e. Any additional information such as recent progress notes.
2. Please call the APH/DAS referral phone to inquire about referral **412-906-0101**
3. Once paperwork is received, the supervisor will review for program appropriateness and medical necessity. The following will be safety items will be assessed- lethality risk, drug, and alcohol history/concerns, dangerous or aggressive behaviors and willingness to adhere to medication management and group participation.
4. Supervisor or on call clinician will contact you with approval or denial (with the reason for denial) after review.

Important Contact Names:

APH supervisor: Jackie Bollinger

DAS supervisor: Kristen Wagner

DAS nurse: Shannon Welsch

APH therapist: Cathy Laus, Hannah Ryan



DAS/APH ASSESSMENT/INTAKE SHEET

Consumer: _____ **DOB:** _____

SSN: _____

Legal Address: _____

Phone #: _____

Insurance:	(1)	(2)
CCBHO (yes or no):	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Referred by: _____ **Phone #:** _____

Agency/Hospital: _____

Service Coordination: _____ **Agency:** _____

Phone #: _____

Admitting Psychiatric Diagnosis (DSM V): _____

Other relevant Diagnoses (Medical, Housing/Supports): _____

SI/HI:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sexually inappropriate or registered sex offender?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Hx of Violence: _____

Probation/Parole:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Reason: _____ **PO Officer Name/Contact:** _____

D&A Diagnosis: _____

Current Acute Psychiatric Symptoms: _____

Housing Status: _____

Disposition plan: _____

Need handicap accessible?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Meet ADLS? (Without help)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Projected admission date: _____ **Family involved:** _____

Signature of Staff completing initial evaluation	Date:
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