



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
CAPITAL CENTER, 50 E. STATE STREET
PO Box 727
TRENTON, NJ 08625-0727

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

October 26, 2011

JENNIFER VELEZ
Commissioner

LYNN A. KOVICH
Assistant Commissioner

Dear Provider:

As you may know, the Department of Health and Senior Services (DHSS) recently announced that the Universal Transfer Form (UTF) is being mandated for use in all transfers between licensed healthcare facilities effective October 30, 2011 (please refer to the attachment that contains the announcement and a link to the form). The UTF will help to ensure that appropriate patient information concerning medical status is conveyed at the time of transfer between the facilities. Last April, when the Consensus Guidelines for Medical Clearance were finalized by a workgroup that was assisted by the New Jersey Hospital Association, it was announced that the Psychiatric Transfer – Inpatient Interfacility Transfer form (attached) that was developed for conveying mental health and substance use information would become effective when the UTF was implemented.

As such, effective October 30, 2011, the Psychiatric Transfer – Inpatient Interfacility Transfer form will be required for the following patient transfers:

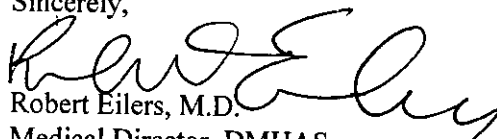
1. inpatient psychiatric unit to a state or county psychiatric hospital
2. inpatient medical unit to the private inpatient psychiatric unit to a state or county psychiatric hospital
3. developmental center to a state or county psychiatric hospital
4. county jail or state prison to a state or county psychiatric hospital

In transfers between licenses healthcare facilities (e.g., #1 and #2 above), the Psychiatric Transfer – Inpatient Interfacility Transfer form shall be completed and sent as an addendum to the UTF. Although use of the UTF is not an official requirement by DHSS for transfers in the case of #3 and #4, these facilities are asked to also utilize the UTF along with the Psychiatric Transfer – Inpatient Interfacility Transfer form to convey appropriate patient information concerning their medical status. Providers shall place a check in "Attached Documents" (item 19) of the UTF and write in "Psychiatric Transfer – Inpatient Interfacility Transfer form" in the accompanying box.

Brief instructions for the completing forms are also attached here. We will eventually be making changes in the forms to allow ease of electronic transfer of information between facilities.

We thank you for your cooperation with the new procedures and ask that you refer any questions or comments to my office at 609-777-0713.

Sincerely,


Robert Eilers, M.D.
Medical Director, DMHAS

Attachments

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