

Filing instructions for new forms – CME revised September ‘19

The revised CME in the Fillable Format is 6 pages however, only 4 (or 5) page will be needed to be filed with the court (as per the treatment recommendations).

➤ **Page – 1.** (page 1 of 4)

- Top left corner insert patient initials (of full legal name including a suffix if appropriate – Example: ABC – ABC, Jr. – ABC, II).
 - Check if the filing is for a Temporary Commitment (45/90 Days – most common) OR if it is for an Extended Commitment (12 Months)
 - Physician’s name
 - (1.) Physician’s address
 - Patient Full Legal Name
 - Mark – by physician initials – that physician did discuss with patient that the eval is *not* confidential
 - (2.) Evaluation date (does not have to match the signature dates on pages 3 & 4)
 - Location of evaluation
 - (3.) Patient address (if the patient’s is homeless that is acceptable)
 - (4.) How long has the patient been under the care for the physician? (*list dates*)
 - (5.) Diagnosis of patient
 - (6.) Description of mental health treatment (if any)
 - (7.) Required criteria for OPC, Check (a) and/or (b)
 - If a patient is voluntary and the physician is wanting to change the status of the admission of the patient to an involuntary commitment, please check.
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➤ **Page – 2. ONLY COMPLETE THIS PAGE – if the patient is voluntary and checked on page 1.** (Attached as Incorporated) *Omit from filing this page if it is not applicable.*

- Check (1) if the patient is requesting to leave AMA and fill in the additional criteria.
- Check (2) when the physician is requesting a change in the patient admission status and fill in the additional criteria.
 - Check (A) if the patient is absent from the facility and fill in the additional criteria.
 - Check (B) if the patient is unable to consent to appropriate and necessary psychiatric treatment and fill in the additional criteria. Describe how and be specific.
 - Check (C) if the patient is refusing to consent to necessary and appropriate treatment and fill in the additional criteria. Describe how patient is refusing and be specific.
- Check (3) when physician is filing on a voluntary patient to indicate the communication with the patient about the filing.

➤ **Page – 3. (8.)** (Page 2 of 4 – Inpatient Criteria) complete this page if the patient meets Inpatient Criteria (*Omit filing this page if requesting Outpatient Commitment*).

- Check (a) if the patient is likely to cause serious harm to self.
- Check (b) if the patient is likely to cause serious harm to others
- Check (c) if the patient is suffering severe and abnormal mental, emotional or physical distress; is experiencing substantial mental or physical deterioration of his ability to function independently, which is exhibited by the Proposed Patient’s inability, except for reasons of indigence, to provide for his / her basic needs, including food, clothing, health, or safety
- Check (d) if the patient an inability to make rational and informed decision as to whether or not to submit to treatment (*required criteria for inpatient commitment*)
- Check (e) if the patient has an inability to participate in outpatient treatment voluntarily and effectively. (*required criteria for inpatient commitment*)

If filing for extended commitment:

- Check (a) that the patients condition is expected to continue past 90 days. (*required criteria for an extended commitment*); and
- Check (b) if the patient has been admitted and under an inpatient court order for 60 consecutive days during the preceding 12 months. (*required criteria for an extended commitment*)

Type in box:

Fill in the details regarding the checked criteria. Please be specific with date(s), whom reported any information, and specifically how/why the patient meets *each criteria checked*.

Check “See Attached as Incorporated:” if the physician wishes to add additional documents to the CME (*if the physician does check this box, when submitting the filing, be sure to scan in the documents behind the correct checked box so that the CME is in the correct filing order*).

➤ **Page – 4 (8.)** (Page 2 of 4 – Outpatient Criteria) complete this page if the patient meets Outpatient Criteria (*Omit filing this page if requesting Inpatient Commitment*)

- Check (A) if the patient is a person with severe and persistent mental illness.
- Check (B) if as a result of the mental illness, the patient will, if not treated, experience deterioration of the ability to function independently to the extent that the patient will, if not treated, experience deterioration of the ability to function independently to the extent that the proposed patient will be unable to live safely in the community without court-ordered outpatient mental health services;

- Check (C) if outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the proposed patient or others; *and*
- Check (D) if the patient has an inability to participate in outpatient treatment services effectively and voluntarily, demonstrated by:
 - Check (i) if any of the patient's actions occurring within the two-year period that immediately precedes the hearing; OR
 - Check (ii) if specific characteristics of the proposed patient's clinical condition that significantly impair the patient's ability to make a rational and informed decision whether to submit to voluntary outpatient treatment.

If filing for extended commitment:

- Check (a) that the patient's condition is expected to continue past 90 days. (*required criteria for an extended commitment*); *and*
- Check (b) if the patient has been admitted and under an inpatient court order for 60 consecutive days during the preceding 12 months. (*required criteria for an extended commitment*)

Type in box:

Fill in the details regarding the checked criteria. Please be specific with date(s), whom reported any information, and specifically how the patient meets *each criteria checked*.

Check "See Attached as Incorporated:" if the physician wishes to add additional documents to the CME (*if the physician does check this box, when submitting the filing, be sure to scan in the documents behind the correct checked box so that the CME is in the correct filing order*).

➤ **Page – 5. (9.) (Page 3 of 4 – 90 day or 45 day criteria)**

Type in box:

If the patient will require longer than a 45 day commitment, please provide the details explaining and facts forming this opinion. If the patient does not require longer than a 45 day commitment, please state "N/A"

Check "See Attached as Incorporated:" if the physician wishes to add additional documents to the CME (*if the physician does check this box, when submitting the filing, be sure to scan in the documents behind the correct checked box so that the CME is in the correct filing order*).

Date and Signature of the physician completing the CME (does not have to match date of evaluation – is required to be the date signed).

Date, Signature and Stamp of the Notary the physician signed before.

➤ **Page – 6. (Physician’s Affidavit for Proposed Patient)**

Both blank spaces are for the physician’s name.

Type in box:

Please provide the *facts* surrounding the need for the patients need to be committed. The details were provide on (page 2 of 4 – either inpatient or outpatient) here we need a list of the facts of the case.

Check “See Attached as Incorporated:” if the physician wishes to add additional documents to the Affidavit (*if the physician does check this box, when submitting the filing, be sure to scan in the documents behind the correct checked box so that the CME/affidavit are in the correct filing order*).

Recommendation of physician for best treatment plan for the patient.

Please provide the physician’s recommendation here. Please specify if the recommendation is for 45 or 90 day commitment – and is it for an Inpatient or Outpatient Commitment.

Oath before Notary by Physician for CME and Affidavit.

Date and Signature of the Physician completing the Affidavit (does not have to match date of evaluation – is required to be the date signed).

Date, Signature and Stamp of the Notary the Physician signed before.

Filing instructions for new forms – App revised September ‘19

The revised App in the Fillable Format is 7 pages and now includes the outpatient criteria should that be the recommendation of the treatment team. However, only 6 pages will be needed to be filed with the court (as per the treatment recommendations).

➤ **Page – 1. (Page 1 of 6).**

- Top left corner insert patient initials (of full legal name including a suffix if appropriate – Example: ABC – ABC, Jr. – ABC, II).
- Check if the filing is for a Temporary Commitment (45/90 Days – most common) OR if it is for an Extended Commitment (12 Months)
- Date of Application (does not have to be the same date of the CME. Just needs to be after the date of the detention of the patient or admission of the patient if voluntary/recommitments)
- Applicant’s name
- Applicant’s relationship to the patient
- Applicant’s phone number
- Applicant’s address

1. Patient’s Information

- Patient full legal name
- Patients County of Residence in the State of Texas (if the patient lives out of State, please put N/A).
- Patient’s address (if the patient’s is homeless that is acceptable)
- Patient’s date of birth
- Patient’s Social Security Number
- Patient’s Height
- Patient’s Weight
- Patient’s Race
- Patient’s Sex
- Patient’s Hair Color
- Patient’s Eye Color
- Patient’s Driver’s License Number and Expiration Date
- Spoken Language of patient for court proceedings (*this will indicate to the court if an interpreter will need to be secured for any hearings*).

2. Information required for Court Proceedings

- Address where patient can be found at the time of the court hearing.
- Provide any special needs when transporting the patient
- Provide how the patient arrived at your facility (i.e., Voluntary admission, Involuntary admission via Emergency Detention by (give name of officer, agency at – date and time of NOED –), Involuntary admission via Guardian’s Application

for Emergency Detention (GAFED) (provide name of Guardian – date and time of GAFED).

- Indicate the reason for filing an Application for an Involuntary Commitment (i.e., patient has requested to leave against medical advice (give date and time of AMA Request), patient requires further inpatient treatment after emergency detention and refuses voluntary treatment at this time (or is unable to receive voluntary treatment at the time).

➤ **Page – 2. (3.)** (Page 2 of 6 – Inpatient Criteria) complete this page if the patient meets Inpatient Criteria (*Omit filing this page if requesting Outpatient Commitment*).

- Check (1) if the patient is likely to cause serious harm to self, *Provide how the patient meets this criteria in the text box provided (Demonstrated by:)*.
- Check (2) if the patient is likely to cause serious harm to others, *Provide how the patient meets this criteria in the text box provided (Demonstrated by:)*.
- Check (3) if the patient is suffering severe and abnormal mental, emotional or physical distress; is experiencing substantial mental or physical deterioration of his ability to function independently, which is exhibited by the Proposed Patient’s inability, except for reasons of indigence, to provide for his / her basic needs, including food, clothing, health, or safety, *Provide how the patient meets this criteria in the text box provided (Demonstrated by:)*.
- Check (4) if the patient has an inability to make rational and informed decision as to whether or not to submit to treatment (*required criteria for inpatient commitment*), *Provide how the patient meets this criteria in the text box provided (Demonstrated by:)*.
- Check (5) if the patient has an inability to participate in outpatient treatment voluntarily and effectively (*required criteria for inpatient commitment*), *Provide how the patient meets this criteria in the text box provided (Demonstrated by:)*.
- Check (6) indicate if the patient has any pending criminal charges.

If filing for extended commitment:

- Check (a) that the patient’s condition is expected to continue past 90 days. (*required criteria for an extended commitment*); and
- Check (b) if the patient has been admitted and under an inpatient court order for 60 consecutive days during the preceding 12 months. (*required criteria for an extended commitment*)

Check “See Attached as Incorporated.” if the applicant wishes to add additional documents to the Application (*if the applicant does check this box, when submitting the filing, be sure to scan in the documents behind the correct checked box so that the App is in the correct filing order*).

➤ **Page – 3. (3.)** (Page 2 of 6 – Outpatient Criteria) complete this page if the patient meets Outpatient Criteria (Omit filing this page if requesting Inpatient Commitment)

- Check (1) it indicate that there is Appropriate Outpatient Mental Health Services are available to the proposed patient, Provide where/how Outpatient Mental Health Services are available (via:).
- Check (2) if the patient is a person with severe and persistent mental illness, Provide how the patient meets this criteria in the text box provided (Demonstrated by:).
- Check (3) if as a result of the mental illness, the patient will, if not treated, experience deterioration of the ability to function independently to the extent that the patient will, if not treated, experience deterioration of the ability to function independently to the extent that the proposed patient will be unable to live safely in the community without court-ordered outpatient mental health services, Provide how the patient meets this criteria in the text box provided (Demonstrated by:).
- Check (4) if outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the proposed patient or others; Provide how the patient meets this criteria in the text box provided (Demonstrated by:) and
- Check (5) if the patient has an inability to participate in outpatient treatment services effectively and voluntarily, demonstrated by:
 - Check (1) if any of the patient's actions occurring within the two-year period that immediately precedes the hearing; Provide how the patient meets this criteria in the text box provided (Demonstrated by:)
 - OR*
 - Check (2) if specific characteristics of the proposed patient's clinical condition that significantly impair the patient's ability to make a rational and informed decision whether to submit to voluntary outpatient treatment, Provide how the patient meets this criteria in the text box provided (Demonstrated by:).
- Check (6) indicate if the patient has any pending criminal charges.

If filing for extended commitment:

- Check (a) that the patient's condition is expected to continue past 90 days. (required criteria for an extended commitment); and
- Check (b) if the patient has been admitted and under an inpatient court order for 60 consecutive days during the preceding 12 months. (required criteria for an extended commitment)

Check “See Attached as Incorporated:” if the applicant wishes to add additional documents to the Application *(if the applicant does check this box, when submitting the filing, be sure to scan in the documents behind the correct checked box so that the App is in the correct filing order).*

➤ **Page 4.** (Page 3 of 6) (4.) Voluntary to Involuntary Criteria (*Only complete this section if the patient voluntary and the physician's is wanting to change the status of the patient's admission to Involuntary due to the patient meeting the following criteria*).

- Check (1) if the patient is requesting to leave AMA.
- Check (2) when the physician is requesting a change in the patient admission status *and*:
 - Check (A) if the patient is absent from the facility and fill in the additional criteria.
 - Check (B) if the patient is unable to consent to appropriate and necessary psychiatric treatment and fill in the additional criteria.
 - Check (C) if the patient is refusing to consent to necessary and appropriate treatment and check the additional criteria – (i) *and* (ii).
- Check (3) when physician is filing on a voluntary patient to indicate the communication with the patient about the filing.

5. Certificate of Medical Exam information

Provide if the required CME for filing is attached when submitting paperwork. Also, indicate whom the physician was that completed the CME, with the date it was completed on.

6. Guardian Information (*If applicable, if not please put "N/A"*)

If the patient has a guardian please provide *all* of the required information in question 6. Be sure to include any Letters of Guardianship (the Guardian is required to give your facility a copy. If the Guardian does not, you can contact the issuing court for assistance). *Note: an Order for Guardianship is not the same thing as Letters of Guardianship and will not be accepted as such.*

➤ **Page 5.** (Page 3 of 6) Signature Page for Application.

Date and Signature of the Applicant completing the Application (does not have to match date of application on page 1 – is required to be the date signed).

Oath before Notary by Applicant

Date, Signature and Stamp of the Notary the Applicant signed before.

➤ **Page 6.** (Page 4 of 6) Affidavit of Facts Supporting the Application

- Top left insert patient initials (of full legal name including a suffix if appropriate).
- Top right insert the applicant's initials.
- 1. Indicate if the patient has any pending criminal charges.
- 2. Indicate if the patient has ever received Psychiatric Care?

- If yes, indicate when and where in text box.
 - 3. Indicate if the applicant has reason to believe, and does believe, that the proposed patient is at risk of *serious harm* to self or others?
 - *In the text box, be specific as to how the applicant came to this conclusion (give as many details as possible).*
 - 4. Indicate if the applicant has reason to believe, and does believe, that the risk is substantial unless the proposed patient is immediately restrained and is unable to return safely to the community?
 - *In the text box, be specific as to how the applicant came to this conclusion (give as many details as possible).*
 - 5. State whether your beliefs are based on:
 - recent behavior
 - overt acts
 - attempts, or
 - threats
 - *In the text box, be specific as to how the applicant came to this conclusion (give as many details as possible).*
 - 6. Does that applicant think the proposed patient will be violent when the officers arrive to transport to court?
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➤ **Page 7. (Page 6 of 6) Affidavit of Facts Supporting the Application Cont.**

- 7. Is it known if there are any Knives or Guns in the proposed patient House?
 - *In the text box, if known, indicate the type of weapons (give as many details as possible).*
- 8. Indicate if the applicant knows if the proposed patient carry weapons?
 - *If know, indicate what type of weapons.*
- 9. Indicate if the proposed patient participated in recent Outpatient Treatment?
 - *If know, indicate when and where.*
- 10. Detail *your* efforts as the applicant, to obtain Outpatient Treatment as a least restrictive, most effective treatment, if any:
 - *In the text box, be as detailed as possible.*

Check “See Attached as Incorporated:” if the affiant wishes to add additional documents to the Affidavit (*if the physician does check this box, when submitting the filing, be sure to scan in the documents behind the correct checked box so that the app/affidavit are in the correct filing order*).

Date and Signature of the Affiant completing the Affidavit (does not have to match date of application on page 1 – is required to be the date signed).

Oath before Notary by Affiant.

Date, Signature and Stamp of the Notary the Affiant signed before.