Frequently Asked Questions (FAQ) Regarding The "Form 1013 and Form 2013"

1	What if the Emergency Receiving Facility (EREF) evaluates and determines that the individual does not meet criteria for admission? How is transportation handled?	The individual must obtain a ride home. DBHDD expects the EREF to assist the individual in arranging a ride home. The Sheriff Dept. is not responsible for transportation.
2	In Region 1, the referring facility first calls Georgia Crisis and Access Line (GCAL) and GCAL contacts the Crisis Stabilization Unit (CSU) or local hospital. Does this change the process with the 1013/2013 form?	No, the 1013/2013 is completed the same. After GCAL has located an Emergency Receiving Facility (EREF) which can evaluate the individual for admission, the referring facility should call that EREF to confirm. That contact between the referring facility and the EREF is documented on the bottom of page 1 of the 1013/2013 form.
3	The referring facility is to confirm that the Emergency Receiving Facility (EREF) has space to admit the individual (provided, of course, that the individual meets criteria for admission at the time the EREF evaluates him/her). The EREF is supposed to "hold" space for the individual, pending their evaluation by EREF staff. What if the transport of the individual is significantly delayed and it is a matter of hours or even days before the individual arrives at the EREF? Will there still be a bed available if he/she meets admission criteria?	Yes, DBHDD expects the EREF to hold a bed for the individual even if the arrival from the referring facility is delayed. DBHDD also encourages Sheriff Departments statewide to transport individuals as quickly as possible, in order to reduce the need to reserve beds for prolonged periods when other individuals may need admission.
4	Some Sheriff Departments have protocols or practices regarding when to seek medical evaluation that varies from the DBHDD "medical clearance" policy.	Over time, we hope that Sheriff Departments will become more familiar with the DBHDD Medical Evaluation Guidelines and Exclusion Criteria for Admission, which was created in conjunction with Hospital Emergency Department physicians.
5	The new section added regarding the names at sending and receiving facilities is redundant with information already filled out on the COBRA/EMTALA transfer forms from ER's. Do they need to be included on both forms?	Yes, please complete all portions of the Form 1013/2013, including the names of the sending and receiving facilities. The Form 1013/2013 may be completed in a variety of non-hospital settings where a COBRA transfer form would not be applicable. Sheriff Departments will be looking to see that this information is completed prior to providing transportation.
6	Can we get the Form 1013/2013 as a Word document so that we can complete it on the computer?	DBHDD has created a PDF that is form-fillable which can be completed electronically and printed prior to signing. We do not distribute Word versions of the form.

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7	Can the Form 1013/2013 be signed by a Nurse Practitioner?	The reference of O.C.G.A. Chapter 37 [37-3-41 for mental health and 37-7-41 for alcohol, drug dependence or drug abuse] does specify "…or clinical nurse specialist in psychiatric/mental health may perform any act specified by this Code section to be performed by a physician." **In this citation, it is stated directly in law that the CNS or APRN with psychiatric / mental health certification may sign a 1013/2013. The citations that follow discuss physician delegation through protocol.** In O.C.G.A. § 43-34-23. Delegation of authority to nurse or physician assistant, the law states (a)(7) "Nurse protocol" means a written document mutually agreed upon and signed by a nurse and a licensed physician, by which document the physician delegates to that nurse the authority to perform certain medical acts pursuant to subsection (b) of this Code section, and which acts shall include, without being limited to, the administering and ordering of any drug." Further in 43-34-23(b)(1)(A), the law states "A physician may delegate the authority contained in subparagraph (B) of this paragraph to: (ii) A nurse recognized by the Georgia Board of Nursing as a certified nurse midwife, certified registered nurse anesthetist, certified nurse practitioner, or clinical nurse specialist, psychiatric/mental health in accordance with a nurse protocol." In 43-34-23 (b)(1)(B), the law states: [the physician may delegate] (iii) "The authority to sign, certify, and endorse all documents relating to health care provided to a patient within his or her scope of authorized practice, including, but not limited to, documents relating to physical examination forms of all state agencies and verification and evaluation forms of the Department of Human Services, the State Board of Education, local boards of education, the Department of Community Health, and the Department of Corrections; provided, however, that a health care professional identified in subparagraph (A) of this paragraph shall not have the authority to sign death certificates or assign a percentage of a disability rating."

		Finally, in 43-34-23-(b), it is specified: (5) "Delegation of authority to a nurse pursuant to this subsection shall be authorized only if that delegation is contained in a nurse protocol for that nurse." Detailed processes specific to development of a nurse protocol and subsequent approval by the Composite Medical Board may be found at O.C.G.A. § 43-34-35 or at the **Secretary of State's website in these rules: RULES 360-32-.02 Requirements for Nurse Protocol Agreements Pursuant to Code Section 43-34-25**.
8	Can the Form 1013/2013 be signed by a Physician's Assistant (PA)?	Maybe. The physician's assistant under protocol takes authority from the physician to do the acts delegated by the physician, and the physician may choose to limit the acts that he/she delegates to the physician's assistant. Therefore, we cannot assume that all physicians' assistants hold the delegated authority to conduct mental health assessments and sign documents such as 1013/2013s. The DBHDD form does not list physicians' assistants as authorized signers of the form because they may not all be authorized to do so. This does not mean that a particular physician's assistant does not have the delegated authority to sign the 1013/2013 form.
9	Can you clarify for me at the bottom of the new 1013/2013 it states "*As soon as possible, but within 72 hours after receiving this certificate,...*" then it later states that "*This certificate expires 7 days after it is executed*." What does executed mean? How long does the 1013/2013 last after the doctor signs it?	"Executed" means "signed". Please note the following timeframes: • 1013 - Expires 7 days after signature for the purpose of initiating transportation to an EREF. • Law Enforcement - After receiving the 1013 has 72 hours to begin diligent efforts to take the individual into custody and transport him/her to the EREF. • EREF - May detain the individual involuntarily for 48 hours after arrival based on the 1013. If a longer admission is required a 1014 must be executed (see question 11).

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10	Say there is a patient who comes into the emergency room needing hospital admission for non-psychiatric medical treatment and for whom a 1013/2013 has already been signed. After medical treatment is completed, is the 1013/2013 still valid for subsequent admission to a psychiatric facility or does the patient require a new risk assessment by someone who can complete a 1013/2013 to re-assess the risk?	If 7 days have passed from the date that the 1013/2013 was signed, it has expired, and a new assessment is required to determine whether the individual still meets criteria for admission to an emergency receiving facility. If the individual does meet those criteria, a new 1013/2013 can be executed. **NOTE:** A completed Form 1013/2013 does not give any authority to an Emergency Room or hospital that is not an Emergency Receiving Facility (as defined in the Mental Health Code) to hold a person involuntarily. **NOTE:** For more information about "medical clearance" for admission to an emergency receiving facility see DBHDD Policy titled: Medical Evaluation Guidelines and Exclusion Criteria for Admission to State Hospitals and Crisis Stabilization Units, 03-520.
11	What is the length of time during which an individual brought to an emergency receiving facility under a 1013 or 2013 may be detained by the emergency receiving facility?	An Emergency Receiving Facility must, within 48 hours of arrival, discharge an individual brought to the facility under a form 1013 or 2013 unless a 1014 or 2014 is executed transferring the individual to an evaluating facility. Once a 1014 or 2014 has been executed, the individual must be transferred to an evaluating facility within 24 hours.
12	Can an Emergency Receiving Facility discharge an individual from a 1013 and immediately issue another 1013?	No. If the individual needs to be detained longer than the 48 hours of the 1013 period, a 1014 should be executed.

QUESTIONS MAY BE SENT TO: PolicyQuestions@dbhdd.ga.gov

Note that this email address is checked daily and responses are usually provided within two weeks. This resource is not to be used for urgent issues.