Referral – LTSR Acknowledgement
MH Residential Job Aid

The *LTSR Acknowledgement* screen allows the user to document the Consumer's acknowledgement of this Referral. The Level of Care screen must be completed first. If the Level of Care for the Referral is not LTSR, go to the **Applicant Authorization** screen instead.

LTSR Acknowledgement

Signatures

	Date	Applicant's Signature Type	Referral Source Signature Type	Referral Source
	2/8/2017	Capture Signature	Capture Signature	Amy Wienand

Show 10 entries

First   Previous   1   Next   Last

New

LTSR Acknowledgement

By signing this form I _____ (name) acknowledge my understanding that my treatment team, including my psychiatrist, has referred me to a Long Term Structured Residence (LTSR) and that Allegheny County Office of Behavioral Health (OBH) will be forwarding the LTSR referral to an LTSR for me when there is an available opening in the program.

While I am residing in the LTSR I will have a voluntary or involuntary mental health commitment according to the mental health procedures act. If I have an involuntary commitment I will be required to stay in this facility until my treatment team agrees that I am no longer in need of an LTSR. If I have a voluntary commitment I may leave this LTSR after I give 72 hours' notice to the LTSR.

The Purpose of the LTSR is to assist me with learning skills that will support me in caring for my mental health and living in the community.

I understand that this referral and all my Health Records received in relation to this referral will be forwarded to the LTSR for which there is an opening that meets my needs for support.

The original signature for this form will be kept on file at the agency making the referral. The original signature page will be made available upon request from Allegheny County DHS/OBH. DHS/OBH will accept an electronic signature or copy of this form as authorization.

☐ My Provider has discussed this residential as well as this acknowledgement form with me. I understand that this referral is being made by my treatment team who has discussed the reasons for this referral with me.

☐ Applicant is unable/refuses to sign at this time, please explain. The referral source must state if it is due to current symptoms, physical limitations, disagreement with the LTSR referral or other.

Please Explain: *

Applicant Approval *

Name of Applicant

○ Capture Signature   ○ Paper Signature : document uploaded   ○ Refused to Sign

Capture Signature

Referral Source Approval *

Name of Person Completing Form   Agency or Organization   Job Title *

○ Capture Signature   ○ Paper Signature : document uploaded

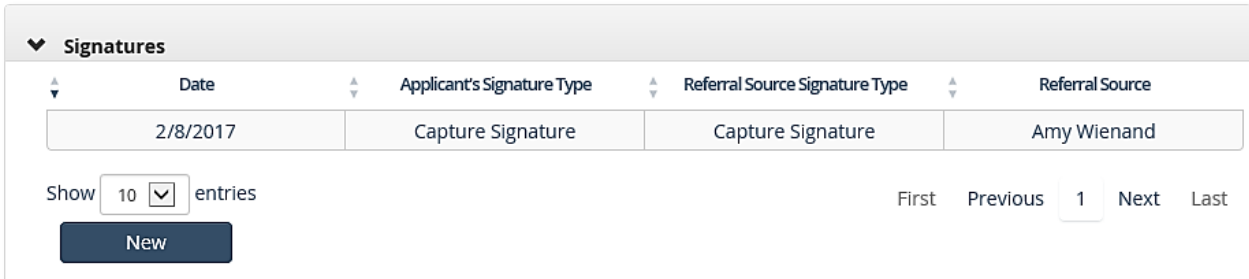Capture Signature

Previous   Save   Next   Print

Navigation

1. From the **Dashboard** : Locate the desired Referral and click on the *Referral ID* to bring the Referral into focus.

    a. Click on the **LTSR Acknowledgement** tile.

2. The **Previous** and **Next** buttons can be used to navigate up or down one screen within the Left Navigation tiles.

    a. CAUTION: The **Back** button at the top of the screen will navigate the user back to the Dashboard and any unsaved information will be lost. If this button is clicked before a new Referral has been saved for the first time, the user will have to start over again on that Referral.

3. Once all of the mandatory fields have been entered, click **Save** at the bottom of the screen to complete this screen.

4. The **Accept** button will remain light blue and inactive until all of the mandatory screens have been completed in the Referral.

    a. Mandatory screens will have a ⊗ next to the Left Navigation tile for that screen.

    b. Once a screen has been completed, this icon will change to a ✅ which indicates that the mandatory information for this screen has been entered and saved.

5. Once this screen has been saved and completed, the **Accept** button will become dark blue and active, allowing the user to submit the Referral to DHS.

Signatures

1. **⌄ Signatures** pane: This pane displays a list of any signatures that have already been captured.

⌄ Signatures			
Date	Applicant's Signature Type	Referral Source Signature Type	Referral Source
2/8/2017	Capture Signature	Capture Signature	Amy Wienand

Show 10 ⌄ entries   First Previous 1 Next Last

New

    a. Click **New** to complete a new LTSR Acknowledgement form.

LTSR Acknowledgement

1. **❤ LTSR Acknowledgement** pane: Review the acknowledgement statement with the Consumer.

❤ LTSR Acknowledgement

(A) By signing this form I _____(name) acknowledge my understanding that my treatment team, including my psychiatrist, has referred me to a Long Term Structured Residence (LTSR) and that Allegheny County Office of Behavioral Health (OBH) will be forwarding the LTSR referral to an LTSR for me when there is an available opening in the program.

While I am residing in the LTSR I will have a voluntary or involuntary mental health commitment according to the mental health procedures act. If I have an involuntary commitment I will be required to stay in this facility until my treatment team agrees that I am no longer in need of an LTSR. If I have a voluntary commitment I may leave this LTSR after I give 72 hours' notice to the LTSR.

The Purpose of the LTSR is to assist me with learning skills that will support me in caring for my mental health and living in the community.

I understand that this referral and all my Health Records received in relation to this referral will be forwarded to the LTSR for which there is an opening that meets my needs for support.

The original signature for this form will be kept on file at the agency making the referral. The original signature page will be made available upon request from Allegheny County DHS/OBH. DHS/OBH will accept an electronic signature or copy of this form as authorization.

(B) ☐ My Provider has discussed this residential as well as this acknowledgement form with me. I understand that this referral is being made by my treatment team who has discussed the reasons for this referral with me.
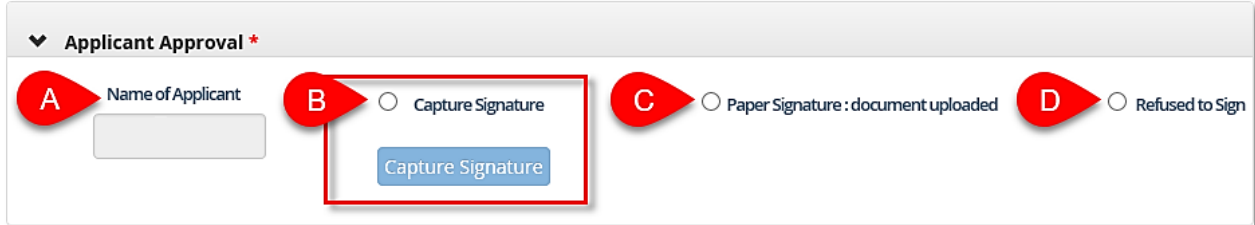
(C) ☐ Applicant is unable/refuses to sign at this time, please explain. The referral source must state if it is due to current symptoms, physical limitations, disagreement with the LTSR referral or other.
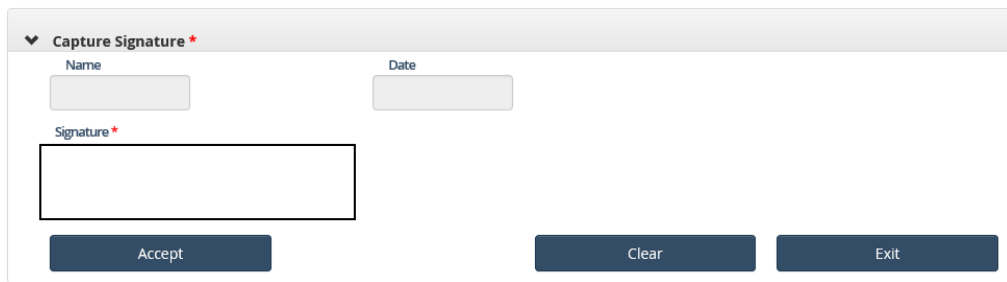
Please Explain: *

a. The name of the Consumer will automatically be filled in.

b. To indicate that the referral and acknowledgement form have been discussed with the Consumer check the checkbox.

c. If the Consumer is unable or refuses to sign check this checkbox and explain specifically why the Consumer is unable or refuses to sign.

Applicant Approval

1. **❤ Applicant Approval** pane: Use this pane to document the Consumer's signature or refusal to sign.

> **❤ Applicant Approval ***
>
> **A** Name of Applicant   **B** ○ Capture Signature   **C** ○ Paper Signature : document uploaded   **D** ○ Refused to Sign
>
> Capture Signature

a. *Name of Applicant*: The name of the Consumer will automatically be entered here.

b. To capture a digital signature, select the ⦿ *Capture Signature* radio button and click **Capture Signature** to open the *Signature* pop-up.

> **❤ Capture Signature ***
>
> Name   Date
>
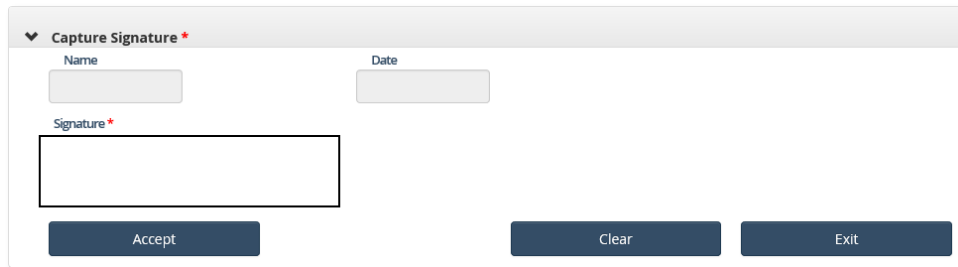> Signature *
>
> [Accept]   [Clear]   [Exit]

   i. *Name* and *Date*: The Consumer's name and today's date will automatically be entered.
   ii. The Consumer can sign within the *Signature* box with a stylus. Note that a computer or tablet with a touch screen is required to capture a signature.
   iii. Click **Accept** to capture the signature.
   iv. If the Consumer would like to re-do their signature, click **Clear** to reset the *Signature* box for another signature attempt.
   v. To close the *Signature* pop-up without saving the signature, click **Exit**.

c. If the digital signature could not be captured and the Consumer signed the paper form:
   i. Select the ⦿ *Paper Signature: document uploaded* radio button.
   ii. After completing the **LTSR Acknowledgement** screen and gathering the paper signature, navigate to the **Document Folder** screen to upload the paper signature.

d. If the Consumer refused to sign, select the ⦿ *Refused to sign* radio button.

Referral Source Approval

1. [⌄ Referral Source Approval] pane: Use this pane to document the Referral Source/User's signature.

    ⌄ **Referral Source Approval** *

    Ⓐ Name of Person Completing Form   Agency or Organization   Job Title *

    Ⓑ ○ Capture Signature   Ⓒ ○ Paper Signature : document uploaded
    [Capture Signature]

    a. *Name of Person Completing Form, Agency or Organization,* and *Job Title*: Enter the Job Title. The name and organization of the user will automatically be entered.

    b. To capture a digital signature, select the ⦿ *Capture Signature* radio button and click **Capture Signature** to open the *Signature* pop-up.

        ⌄ **Capture Signature** *
        Name   Date

        Signature *

        [Accept]   [Clear]   [Exit]

        i. *Name* and *Date*: The User's name and today's date will automatically be entered.

        ii. The User can sign within the *Signature* box with a stylus. Note that a computer or tablet with a touch screen is required to capture a signature.

        iii. Click [Accept] to capture the signature.

        iv. If the User would like to re-do their signature, click [Clear] to reset the *Signature* box for another signature attempt.

        v. To close the *Signature* pop-up without saving the signature, click [Exit].

    c. If the digital signature could not be captured and the User signed the paper form:
        i. Select the ⦿ *Paper Signature: document uploaded* radio button.

        ii. After completing the **LTSR Acknowledgement** screen and gathering the paper signature, navigate to the **Document Folder** screen to upload the paper signature.

Completing and Printing the Acknowledgement

1. Click **Save** at the bottom of the screen. The **Print** button will now become dark blue and active.

2. Click **Print**. A printable PDF preview of the Acknowledgement form will open.

Important Reminder when previewing and printing:

Previews will open in a new window or tab. This window or tab may open in the background and may not be immediately visible. Close all other previews first.

Synergy is **NOT** compatible with Microsoft's Edge browser.

Use either Internet Explorer or Chrome browsers.

3. Once this screen has been saved and completed, the **Accept** button at the top of the screen will become dark blue and active, allowing the user to submit the Referral to DHS.

> **Reminder:** If paper signatures were gathered, make sure to scan and upload these signatures before submitting the Referral.

For more information...

For assistance, please contact the Allegheny County Service Desk at ServiceDesk@AlleghenyCounty.US or call 412-350-HELP (4357). Select Option 2 for the DHS Service Desk.

To access I-Service, go to: https://servicedesk.alleghenycounty.us

This and other Job Aids can be found at: http://s3.amazonaws.com/dhs-application-support/index.htm or http://dhsassist.dhs.allegheny.local for internal users.