

ADULT LIPOS PRIVATE BED / PHP – EXTENSION AUTHORIZATION

Today's Date: _____

EHR#: _____

Client Information

First Name: _____ MI _____ Last Name _____

LIPOS Start Date: _____

Hospital or PHP: Dominion INOVA – Fairfax INOVA – Loudoun INOVA – Mt. Vernon
 Novant PW Pavilion Poplar Springs Snowden Spotsylvania
 Virginia Hospital Center Other _____

Authorizing CSB: Alexandria Arlington Fairfax Loudoun Prince William

Utilization Review – The client identified above is referred to your facility for continued acute inpatient or PHP treatment as per the terms and conditions for the LIPOS Regional Acute Bed Purchase Project. Hospital must provide insurance verification information to CSB Discharge Planner before continued days may be authorized. The CSB Discharge Planner shall determine the client's eligibility for extended admission.

Hospital Admission Only - Authorizing Criteria Met: (check all that apply)

- 1) Confirmed Diagnosis of mental illness, and/or
- 2) Clinical evidence indicates persistence of symptoms that caused initial admission, or remain despite therapeutic efforts, or due to the emergence of new symptoms (daily progress note required), and/or
- 3) Severe reaction to medication or further monitoring/adjustment of dosages (daily progress note required)

Level of Care needed: Level I (Acute Stabilization) Level 2 (Intensive Care)

Level I – Acute Stabilization

- High acuity, **low** complexity.
- Substance-induced symptomatology.
- Situational crises resulting from psychosocial stressors.
- Situational difficulties resulting from Axis II symptomatology.
- Stopped taking medications or in need of medication adjustment (with history of good response to medication).

Level 2 – Intensive Care

- High acuity, **high** complexity.
- Current lack of willingness or ability to participate in treatment.
- Long-term, persistent or recurrent psychiatric difficulties.
- Complex discharge issues (i.e., homelessness, lack of social support).
- May include medical co-morbidity.

Has transfer to NVMHI been initiated? Yes No

If yes, NVMHI Contact: _____

If yes, date of request for transfer _____

Partial Hospitalization Only - Hospital Diversion Authorizing Criteria Met: (check all that apply)

- 1) Confirmed Diagnosis of mental illness, and/or
- 2) Meets clinical criteria for Temporary Detention Orders, or
- 3) Is at risk of psychiatric hospitalization on the basis of meeting at least two of the Medicaid eligibility Criteria for Crisis Stabilization listed below:
 - Experiencing difficulty in maintaining normal interpersonal relationships to such a degree that the individual is at risk of hospitalization or homelessness because of conflicts with family or community.
 - Experiencing difficulty in activities of daily living such as maintaining personal hygiene, preparing food, and/or maintaining adequate nutrition or managing finances to such a degree that health or safety is jeopardized.
 - Exhibiting such inappropriate behavior that immediate intervention by mental health and/or other agencies is needed.
 - Exhibiting difficulty in cognitive ability such that the individual is unable to recognize personal danger or unable to recognize significantly inappropriate social behavior.

Hospital Step-Down Authorizing Criteria Met:

- Client continues to require additional treatment and support provided by the PHP to maintain stability in the community.

The CSB Discharge Planner may grant the first project reauthorization approval for up to 3 days. The Mental Health Director or designee may grant reauthorization approval in increments of up to 3 days thereafter.

LIPOS Authorization Extended for (#up to 3) _____ days until (date next review due): ____ / ____ / ____

Authorizing CSB Representative: _____ Date: ____ / ____ / ____