

LIPOS Out of Region (OOR) Admission Form

Today's Date: _____

EHR #: _____

Client Information

1. First Name: _____ 2. MI: _____ 3. Last Name _____

At times, Emergency Services staff may not be able to access a bed at a local hospital that has a LIPOS contract with our region (Region 2), or Emergency Services staff may be notified that a client will be placed in an out of region hospital following a TDO and commitment facilitated by an out of region CSB for whom LIPOS funds will be requested.

Please check that all criteria for Out of Region Placement have been met and reviewed with hospital staff:

- A copy of this form has been sent to the hospital.
- Hospital agrees to comply with Articles 3 and 5 of the Fairfax County Purchasing Resolution, which are incorporated by reference, regardless of dollar threshold. This can be found at www.fairfaxcounty.gov/procurement/resolution
- Hospital has agreed to provide services at the rate of \$960/day.
- Hospital has been notified that five days have been authorized, and the Region 2 CSB discharge planner must approve any additional days. Information for the appropriate discharge planning staff has been shared with the hospital.
- Hospital has been notified that Region 2 requires that individuals are discharged with 2 weeks of medication which is included in the per diem rate of \$960/day.
- Hospital has been notified that transportation is not reimbursable by LIPOS funding, and arrangements have been discussed.
- Hospital has been notified that they should mail invoices to: Northern Virginia Regional Projects Office, 14150 Parkeast Circle, Suite 200, Chantilly, VA 20151 within 60 days of patient's discharge from their facility.

Hospital Information:

Hospital Name: _____

Hospital Address: _____ Full Name of Contact: _____

_____ Phone: _____

_____ Email: _____

Reason for selecting a LIPOS Hospital out of region (briefly describe the reason):

CSB Therapist authorizing the use of LIPOS funds Out of Region: _____

IMMEDIATELY send this form, along with the LIPOS Admission Form and Preadmission Screening Form via email to Dana Johnson, Dana.Johnson@fairfaxcounty.gov, and Xiuping Cheung, Xiuping.Cheung2@fairfaxcounty.gov, to establish a payment process.