

ADULT LIPOS PRIVATE BED/PHP-ADMISSION/UTILIZATION FORM

***LIPOS is funding of last resort. Admission Form does not guarantee payment; hospitals MUST provide insurance verification to CSB discharge planner before Discharge Form is completed. LIPOS will not be paid until all Extension and Discharge Forms are received.**

Today's Date: _____

EHR #: _____

Client Information

First Name: _____ MI: _____ Last Name: _____

Insurance Information: _____ Client Legal Status: Voluntary CMA Involuntary

Reason for no insurance:

Not eligible Not signed up Benefits pending No MH benefits in plan Other (describe below)

If Partial Hospitalization: PHP Hospital Diversion PHP NVMHI Step-Down PHP LIPOS Hospital Step-down

Level of Care needed: Level 1 (Acute Stabilization) Level 2 (Intensive Care)

Utilization Information

For Inpatient Only:

Not able to admit to NVMHI, consulted at NVMHI: Name: _____ Date: _____ Time: _____

Select one of the following:

1. No bed availability

2. Not appropriate medically

3. Not appropriate for other reasons: _____

Total Number of private hospitals called _____

For PHP Only:

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 relationship 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 maintaining adequate nutrition or managing finances to such a degree that health or safety is jeopardized.

Exhibiting such inappropriate behavior that immediate interventions by mental health and other agencies are needed.

Exhibiting difficulty in cognitive ability such that the individual is unable to recognize personal danger or unable to recognize significantly inappropriate social behavior.

Admission Information

LIPOS Start Date: _____

Admitting Hospital or PHP Program: Dominion Inova-Fairfax Inova- Loudoun Inova-Mt. Vernon
 Prince William Virginia Hospital Center

No beds available in Region 2. Client placed at: Poplar Springs Pavilion Snowden Spotsylvania

Other - please complete OOR form and identify hospital: _____

Hospital/PHP Staff contact: _____

Payment Authorized for up to _____ days

CSB Information

Facilitating Admission: Alexandria Arlington Fairfax Loudoun Prince William

Staff Facilitating Admission: _____

CSB Facilitating Discharge Planning: Alexandria Arlington Fairfax Loudoun Prince William

If CSB facilitating discharge planning is different than CSB authorizing LIPOS, please contact the discharge planning CSB to alert them of LIPOS authorization and discharge planning needs. Person contacted: _____