

General Procedures for Admission to Private Hospital using Youth funding:

	<i>Emergency Services Staff Will:</i>	<i>Discharge Planner Will:</i>	<i>Regional Projects Office Will:</i>
Consumer Presents for Evaluation	<ul style="list-style-type: none"> • Assess and determine appropriate disposition, if any: <ul style="list-style-type: none"> ➤ refer to Outpatient services, or ➤ admit to hospital. 		
	<ul style="list-style-type: none"> • Determine eligibility for Youth funding: <ul style="list-style-type: none"> ➤ No health insurance, <u>including Medicaid</u>; ➤ No other private resources ➤ Under age 18; ➤ Resident of one of five CSBs in Northern Virginia; ➤ Less restrictive alternatives not available, non-existent, or do not meet client's psychiatric needs; ➤ Evaluated by CSB staff person and deemed eligible for this funding. 		
At Admission	<ul style="list-style-type: none"> • Complete Youth Funding: Admission Form; • Authorization of Youth bed days is for 3 days; • Fax completed forms and a copy of the completed Pre-admission Screening Form, to the Regional Projects office at 703-531-9562 and the CSB Discharge Planner; • Notify the CSB youth LIPOS discharge planner; • For Cross Jurisdictions: Notify Emergency Services staff in home CSB who will notify appropriate discharge planner. 	<ul style="list-style-type: none"> • Note number of authorized bed days; • Be in contact with admitting hospital, and review consumer's clinical status within 1 business day of admission to hospital. 	<ul style="list-style-type: none"> • Notify Christina Manning in Contracts if client is sent to an Out of Region Hospital where there is no contract; • Enter data into Database.

	<i>Emergency Services Staff Will:</i>	<i>Discharge Planner Will:</i>	<i>Regional Projects Office Will:</i>
At expiration of initial authorization (1-5 days)		<ul style="list-style-type: none"> • Coordinate discharge and complete Youth Funding: Discharge Form, or; • Complete Youth Funding: Extension Authorization Form(s) (3 day extension form(s) for each additional 3 days) and provide copy to hospital; • Fax a copy of form(s) to the Regional Projects Office at 703-531-9562. 	<ul style="list-style-type: none"> • Enter relevant Data into database; • If no discharge form or extension form received in the Regional Office, Regional Clinician will contact the discharge planner to determine status of consumer and obtain forms.
If additional extension is requested (and for all subsequent requests, if any)		<ul style="list-style-type: none"> • Discharge Planner will notify Regional Projects Office that an additional extension beyond 10 days is requested and will provide detailed clinical update; • Discharge Planner will provide Consultation Team (that includes Regional Clinician and Youth/Aftercare Manager or designee) with copies of hospital records and discharge planner notes. 	<ul style="list-style-type: none"> • Regional Clinician will coordinate clinical review of request by a Consultation Team (that includes Regional Clinician and Youth/Aftercare Manager or designee); • Decision to approve extension or deny additional funding will be made by Consultation Team.
Consumer Discharged		<ul style="list-style-type: none"> • Discharge Planner completes Youth Funding: Discharge Form and faxes to Regional Office at 703-531-9562. 	<ul style="list-style-type: none"> • Enter relevant data into database; • File completed packet to await final invoice; • Once invoice received, comparison made to completed packet. If all paperwork is complete, invoice is paid.

Please see DBHDS Region 2 CSB LIPOS Contacts table for Youth Discharge Planner Contact Information Questions? Call Wendy Rose at 703-531-2141.