

General Procedures for Admission to Crisis Stabilization or Private Hospital using LIPOS funding:

	<b><i>Emergency Services Staff Will:</i></b>	<b><i>Discharge Planner Will:</i></b>	<b><i>Regional Projects Office Will:</i></b>
Consumer Presents for Evaluation	<p>Assess and determine appropriate disposition, if any:</p> <ul style="list-style-type: none"> <li>• refer to Outpatient services,</li> <li>• admit to Crisis Stabilization, or</li> <li>• admit to hospital.</li> </ul>		
	<p>If appropriate for admission to Hospital complete Pre-admission Screening Form</p> <p>If appropriate for admission to Crisis Stabilization services, and crisis bed is available complete Crisis referral form.</p> <p>If crisis bed is NOT available and individual must be admitted to the hospital on LIPOS funding AND individual meets admission criteria for crisis bed, admit to LIPOS hospital AND request that individual be placed on the crisis unit referral list.</p> <p><b>Notify both the receiving hospital and the discharge planner that step-down is planned.</b></p>		
	<p>Determine eligibility for LIPOS funding</p> <p><i>For eligibility criteria, refer to page 4 of this document.</i></p> <p><b>Before requesting approval of LIPOS funding contact NVMHI and verify that no bed is available.</b></p> <p><b>If bed IS available arrange admission to NVMHI.</b></p>		

	<b><i>Emergency Services Staff Will:</i></b>	<b><i>Discharge Planner Will:</i></b>	<b><i>Regional Projects Office Will:</i></b>
	<b>If no bed available at NVMHI, and If consumer eligible for LIPOS funding the following procedures apply.</b>		
At Admission	<ul style="list-style-type: none"> <li>• For CSBs requiring supervisor approval before LIPOS admission arranged, obtain approval of supervisor or designee.</li> <li>• Complete LIPOS Private Bed Purchase Admission form and UR form, OR Crisis Care Referral Form.</li> <li>• Authorization of LIPOS bed days is for 1 to 5 days (but no more than 5 days).</li> <li>• Fax completed forms, and a copy of the completed Pre-admission Screening Form, to the Regional Projects office at 703-968-4020</li> <li>• Notify appropriate Discharge Planner of admission, and fax LIPOS Private Bed Purchase Admission form and Preadmission Screening Form OR Crisis Referral to discharge planner.</li> <li>• For Cross Jurisdictions: Notify Emergency Services staff in home CSB who will notify appropriate discharge planner</li> </ul>	<p>Discharge Planner will note number of authorized bed days</p> <p>Contact LIPOS admitting Hospital, and review consumer's clinical status within 1 business day of admission to LIPOS Hospital, OR</p> <p>Contact Crisis Stabilization facility within 3 days (preferably sooner) to review consumer's clinical status.</p> <p>If step-down to crisis care is planned at time of admission, continue to assess readiness for step-down, and maintain contact with crisis care for bed availability.</p>	<p>Enter data into Database. Record UR information in clinical database</p>

	<b><i>Emergency Services Staff Will:</i></b>	<b><i>Discharge Planner Will:</i></b>	<b><i>Regional Projects Office Will:</i></b>
At expiration of initial authorization (1-5 days)		<p>Coordinate discharge and complete LIPOS receiving form, or</p> <p>Complete 3 day extension form and provide copy to LIPOS hospital</p> <p>Fax a copy of either form to the Regional Projects Office at 703-968-4020</p>	<p>Enter relevant Data into database.</p> <p>If no receiving form or extension form received in the Regional Office, Regional Clinician will contact the LIPOS Hospital and/or discharge planner to determine status of consumer and obtain forms.</p>
If additional extension is requested (and for all subsequent requests, if any)		<p>Discharge Planner will notify Regional Projects Office that an additional extension beyond 8 days is requested and will provide detailed clinical update.</p> <p>Discharge Planner will provide Consultation Team with copies of Preadmission Screening Form, hospital records, and discharge planner notes</p>	<p>Regional Clinician will coordinate clinical review of request by a Consultation Team that includes Regional Clinician, Aftercare Manager or designee, and a Representative from NVMHI.</p> <p>Decision to approve extension or deny additional LIPOS funding will be made by a majority vote of the Consultation Team</p>
At 10 days			Regional Clinician will coordinate case review at LIPOS Hospital to include Discharge Planner, treatment team, and others as needed.
At 21 days		Summarize case for the Regional Projects Manager	Regional Projects Manager will review consumer status, including barriers with Regional Management Group
Consumer Discharged from LIPOS, or transferred to NVMHI		Discharge Planner completes receiving form and faxes to Regional Office at 703-968-4020	<p>Regional Office staff will enter relevant data into database, and file completed packet to await final invoice.</p> <p>Once invoice received, comparison made to completed LIPOS packet. If all paperwork complete, invoice is paid.</p>
If Consumer in a LIPOS Hospital is placed on Transfer List		<p>Discharge Planner must approve transfer to NVMHI and ensure that relevant information is provided to NVMHI to facilitate transfer.</p> <p>Discharge planner will notify Regional Office of transfer</p>	Regional Office will maintain contact with discharge planner, LIPOS Hospital, and NVMHI to determine expected date of transfer

Eligibility for LIPOS funding is based upon the following criteria:

	Admission Criteria	Eligibility Criteria
<b>LIPOS Hospitals</b>	<ul style="list-style-type: none"> <li>○ Meets state hospital admission criteria for NVMHI: <ul style="list-style-type: none"> <li>▪ Age 18 and above</li> <li>▪ Indigent-No psychiatric hospitalization insurance or other financial means</li> <li>▪ Meets TDO criteria</li> <li>▪ Less restrictive alternatives (ex. Crisis Care, detox, CSB bed purchase, shelters, etc.) not available, non-existent, or do not meet client’s psychiatric needs</li> <li>▪ Not primary SA</li> </ul> </li> <li>○ Not medically appropriate for NVMHI.</li> <li>○ Voluntary, Court Mandated, Committed</li> </ul>	<p>Eligible:</p> <ul style="list-style-type: none"> <li>○ Individuals who are evaluated by CSB staff at local sites designated by the local CSB.</li> <li>○ Individuals who have been directed to see CSB Emergency Services staff at a local Emergency Department.</li> </ul> <p>Ineligible:</p> <ul style="list-style-type: none"> <li>○ Individuals who present to a hospital emergency department who were not referred by the CSB, and who have the ability to consent for voluntary psychiatric admission.</li> <li>○ Referrals from Inpatient psychiatric units.</li> <li>○ Referrals from hospital medical units</li> </ul>
<b>Crisis Stabilization Unit</b>	<ul style="list-style-type: none"> <li>○ Age 18 and above</li> <li>○ No health insurance or benefits have been exhausted</li> <li>○ Meets clinical TDO criteria (e.g.: imminent risk to self/others, substantial inability to care), or at risk of psychiatric hospitalization on the basis of meeting <b>at least two</b> of the Medicaid Eligibility Criteria for Crisis Stabilization (H2019) listed below: <ul style="list-style-type: none"> <li>▪ Experiencing difficulty in maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or homelessness or isolation from social supports.</li> <li>▪ Experiencing difficulty in activities of daily living (ADL) such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized.</li> <li>▪ Exhibiting such inappropriate behavior that immediate interventions by mental health, social services, or the judicial system are necessary.</li> <li>▪ Exhibiting difficulty in cognitive ability (e.g.: the individual is unable to recognize personal danger or recognize significantly inappropriate social behavior).</li> </ul> </li> <li>○ Least restrictive alternative available</li> <li>○ Primary MH diagnosis (e.g.: not primary SA)</li> </ul>	<p>Eligible:</p> <ul style="list-style-type: none"> <li>○ Individuals who are evaluated by CSB staff at local sites designated by the local CSB.</li> <li>○ Individuals who have been directed to see CSB Emergency Services staff at a local Emergency Department.</li> </ul> <p>Ineligible:</p> <ul style="list-style-type: none"> <li>○ Individuals unknown to the CSB who present to a hospital emergency department expressly for the purpose of psychiatric admission.</li> <li>○ Referrals from inpatient psychiatric units for individuals in <u>non</u>-state funded beds.</li> <li>○ Referrals from hospital medical units.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Voluntary (Woodburn Place can accept certain TDOd consumers)</li> </ul>	
<b>Step-down hospital to Crisis Stabilization Unit</b>	<p>All above under Crisis Care plus:</p> <ul style="list-style-type: none"> <li>○ Client no longer requires inpatient level of care AND</li> <li>○ Client is being discharged from a State-funded hospital stay AND</li> <li>○ Client requires intensive residential short-term psychiatric care which is more intensive than outpatient AND</li> <li>○ Client referral to crisis care is not solely for respite or housing AND</li> <li>○ Client agrees to call shelters if no other discharge placement is available AND</li> <li>○ Client agrees to participate in Crisis Care programming</li> </ul>	<p>Eligible:</p> <ul style="list-style-type: none"> <li>○ Individuals who are evaluated as needing this level of care by Home CSB Discharge Planner, in consultation with discharging hospital's Treatment Team, or by Emergency Services staff</li> <li>○ Individuals hospitalized on State funds (i.e., admitted to a State psychiatric facility or on LIPOS private bed purchase funds)</li> <li>○ Insured individuals at NVMHI</li> <li>○ Individuals with Medicaid option that reimburses for crisis stabilization services (after an evaluation by CSB Emergency Services in consultation with hospital treatment team)</li> </ul> <p>Ineligible:</p> <ul style="list-style-type: none"> <li>○ Individuals with insurance who are not known to or in treatment at CSB</li> <li>○ Individuals who are deemed not in need of this level of care by Emergency Services staff or CSB Discharge Planners</li> </ul>