

YOUTH LIPOS FUNDING EXTENSION AUTHORIZATION

Today's Date: _____

EHR # _____

Client Information

First Name: _____ MI _____ Last Name _____

LIPOS Start Date: _____

Inpatient Hospital: Dominion North Spring Poplar Springs Snowden Other: _____ OR

PHP: Dominion North Spring

CSB Facilitating Discharge: 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.

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, and/or
- 3) Reaction to medication or further monitoring/adjustment of dosages (daily progress note required)
- 4) Other:

Describe client's presentation, and rationale for continued inpatient or PHP treatment.

The CSB Discharge Planner may grant the first project reauthorization approval for up to 5 days. Further extensions will be a joint decision with the Regional Projects Office, the Youth Director or designee, and the CSB Discharge Planner.

LIPOS Authorization Extended for (#up to 5) _____ days until (date next review due): _____

Authorizing CSB Representative: _____

Date: _____