

ACUTE CARE REPORT FORM

Children & Adolescents Not Admitted to Licensed Inpatient Acute Care Facilities

Complete one form for each child for whom admission to an inpatient acute care facility was requested but not obtained **FOR 8 HOURS**. DO NOT COMPLETE THIS FORM IF YOU OBTAINED ADMISSION IN LESS THAN 8 HOURS. See "Instructions - Acute Care Report Form" for additional information.

I. General Information *Complete all parts of Section I.*

Date Request Initiated: ____/____/____

Agency Submitting Data:

CPMT Name: _____ FIPS Code: _____

CSB Name: _____ CSB Code: _____

Contact Person: Name: _____ Phone #: _____

FAX #: _____ Email Address: _____

Child Information: DOB: ____/____/____ Last 4 digits of child's SSN: _____ Gender: Male Female

II. Admission Information *Check all facilities licensed by DBHDS to which admission was requested but not obtained.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Augusta Health | <input type="checkbox"/> John Randolph | <input type="checkbox"/> Sentara Norfolk |
| <input type="checkbox"/> Bon Secours Maryview | <input type="checkbox"/> The Kempsville Center | <input type="checkbox"/> Sentara Obici Hospital |
| <input type="checkbox"/> Bon Secours St. Mary's Hospital | <input type="checkbox"/> Lewis-Gale Salem | <input type="checkbox"/> Southern Virginia Regional |
| <input type="checkbox"/> Bon Secours Richmond Community | <input type="checkbox"/> Lewis-Gale Alleghany | <input type="checkbox"/> Southside Regional |
| <input type="checkbox"/> Carillion New River | <input type="checkbox"/> Mary Washington | <input type="checkbox"/> Spotsylvania Regional |
| <input type="checkbox"/> Centra Health | <input type="checkbox"/> Memorial Hosp. Martinsville | <input type="checkbox"/> University of Virginia |
| <input type="checkbox"/> Community Memorial South Hill | <input type="checkbox"/> Pavilion at Williamsburg | <input type="checkbox"/> Virginia Beach Psychiatric Center |
| <input type="checkbox"/> CJW Medical Center | <input type="checkbox"/> Poplar Springs Hospital | <input type="checkbox"/> Virginia Hospital Center Arlington |
| <input type="checkbox"/> Danville Regional | <input type="checkbox"/> Prince William Hospital | <input type="checkbox"/> VCU Health System/Virginia Treatment Center for Children (VTCC) |
| <input type="checkbox"/> DLP Twin County | <input type="checkbox"/> Riverside BHS | <input type="checkbox"/> Valley Behavioral Health |
| <input type="checkbox"/> Dominion Hospital | <input type="checkbox"/> Rappahannock General | <input type="checkbox"/> Wellmont Health System |
| <input type="checkbox"/> Inova Loudoun BHS | <input type="checkbox"/> Roanoke Memorial | |
| <input type="checkbox"/> Inova Fairfax Hospital | <input type="checkbox"/> RMH Mental Health Center | |
| <input type="checkbox"/> Inova Mount Vernon Hospital | <input type="checkbox"/> Russell Co. Medical Center | |
| <input type="checkbox"/> Other Acute Care Facility (Specify below.) | | |

*Note: List was last updated by DBHDS on 7/1/14.

III. Reason(s) Admission Was Not Obtained *Check all that apply.*

- No bed available for day(s) requested
 Bed available, but child not placed - Check AT LEAST ONE Child-Specific, Funding or Other Issue below.

Child-Specific Issues

- | | |
|--|---|
| <input type="checkbox"/> Age of child | <input type="checkbox"/> Physical limitations |
| <input type="checkbox"/> Gender of child | <input type="checkbox"/> Hearing impaired/deaf |
| <input type="checkbox"/> Aggressive/Violent/Unable to Control | <input type="checkbox"/> Vision impaired/blind |
| <input type="checkbox"/> Fire-setting | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Child formerly treated in same facility and facility choosing not to approve subsequent admissions |
| <input type="checkbox"/> Sex offender/Sexually aggressive | <input type="checkbox"/> Facility not accepting child as voluntary admission |
| <input type="checkbox"/> Mental retardation or borderline intellectual functioning | <input type="checkbox"/> Child not meeting criteria for involuntary admission |
| <input type="checkbox"/> Autism or other developmental disability | <input type="checkbox"/> Type of service needed not available (Specify in Comments below.) |
| <input type="checkbox"/> Learning disability | |

Funding Issues

- | | |
|---|--|
| <input type="checkbox"/> No insurance coverage | <input type="checkbox"/> Medicaid not active because of inmate status |
| <input type="checkbox"/> No means of payment following involuntary commitment hearing | <input type="checkbox"/> Child's insurance (Medicaid, FAMIS, CHAMPUS, private, other) not accepted by facility |

Other Issues *Write in any other issues that have not been listed.*

- No source of transportation to acute care facility Facility too far from child's home community
 Other: _____
 Other: _____

IV. Comments