



Referral Determination

Please fax form to Optum Long Term Care at (888) 687-2515 and to the hospital after a client has been accepted or declined. Thank you.

Client Name	
Date of birth	
Name of facility reviewing request	
Level of care requested	<input type="checkbox"/> IMD/STP <input type="checkbox"/> SD County Funded SNF <input type="checkbox"/> SNF Patch <input type="checkbox"/> NBU Patch <input type="checkbox"/> State Hospital <input type="checkbox"/> ARF
Date client accepted	
Comments	
Date client declined	
Reason declined	
Willing to reconsider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, note changes needed	

Fax determination sent to hospital. Check to confirm.