Recommendation from Case Manager for Initial Placement in County Funded Secure Facility/Long Term Care Facility

**Note: To be completed by client’s community case manager. It is not to be completed by the hospital/facility.**

**Please fax completed form to Optum at (888) 687-2515 or securely e-mail form to** [**itc.faxes@optum.com**](mailto:itc.faxes@optum.com)**. Thank you.**

|  |  |
| --- | --- |
| Name of Client | Click or tap here to enter text. |
| Name of Case Manager/Program | Click or tap here to enter text. |
| Case Manager Phone | Click or tap here to enter text. |
| Case Manager Fax | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

1. **Recommended County Funded LTC Program Level(s)**

|  |  |
| --- | --- |
| IMD/STP  Community Care Bungalows  State Hospital ARF  County Funded SNF  NBU Patch  SNF Patch | |
| Reason for Recommendation to this Level of Care | Click or tap here to enter text. |

1. **How Long have You Known this Client?**

|  |
| --- |
| Click or tap here to enter text. |

1. **Please Complete the Following Risk Assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Factors** | **Weak Strong** | | | | |
| Weak to Strong | 1 | 2 | 3 | 4 | 5 |
| Suicidal Risk |  |  |  |  |  |
| Risk of AWOL from Locked Placement |  |  |  |  |  |
| Assaultive Risk |  |  |  |  |  |
| Drug/ETOH Risk |  |  |  |  |  |
| Sexual History Risk |  |  |  |  |  |

Explanation of any Risk Factors Rated 4 or 5 and any Historical Risk Factors

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| --- |
| Click or tap here to enter text. |

Dangerous Propensities

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| --- |
| Click or tap here to enter text. |

1. **Please provide information on client’s living situation and hospitalizations over the past year.** (This can be a copy of the placement information in the client’s chart or a brief narrative that includes information on hospitalizations and placements in board and cares, independent living situations, hotels, etc.)

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| --- |
| Click or tap here to enter text. |

1. **Client’s Income**

|  |  |
| --- | --- |
| **Source** | **Amount** |
| SSI | Click or tap here to enter text. |
| SSA | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | Click or tap here to enter text. |
| Payee: Click or tap here to enter text. | |

If you are unsure of a client’s income status, please note and indicate what steps are being taken to obtain information, instate, or reinstate benefits

|  |
| --- |
| Click or tap here to enter text. |

1. **The County requests that a client’s Case Manager verify their agreement to assist with the SSI benefit process when a client is unfunded in order to qualify for LTC Placement.**

Please initial agreement with the following items:

The client’s case management program will submit an SSI application or confirm that an application is

pending.

The client’s case management program will provide follow up on the application process, including status of

denial and appeals, to the LTC Program.

Once SSI is granted, the client’s case management program agrees to assist the client in obtaining a payee

and setting up share of cost payments.

Additional comments (Optional):

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| --- |
| Click or tap here to enter text. |