



Case Management Concurrent Recommendation Long-Term Care County Funded SNF

Discharge Planning

4. To what program or level of care are you ultimately planning to discharge this client?

5. Identify the factors that may prevent step down to a lower level of care. How are these barriers being addressed?

6. Please list specific efforts/attempts that have been made for placement/discharge since last review. Identify facilities that denied placement and the reason(s) why.
 - Has an Augmented Service Program (ASP) Board and Care been considered? If this level of care is not appropriate, please indicate why.

 - Has Intensive Case Management been considered? If this level of care is not appropriate, please indicate why.

Additional Information

7. What additional information do you feel is important to be considered in review of this case?