



# IMD/STP/ARF Discharge Notification

Discharge Summary Entered into Cerner	<input type="checkbox"/> Yes	Date Entered	
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Please fax completed form to Optum within 24 hours of discharge. Fax to Optum at (888) 687-2515. Thank you.

Optum LTC Phone Line: (800) 798-2254, Option 3, then Option 5

Name of LTC Facility	
Type of LTC Facility	<input type="checkbox"/> IMD <input type="checkbox"/> STP <input type="checkbox"/> ARF
Name of LTC Facility Contact and Phone Number	
Name of Client	
CCBH Number	
Date of Discharge	
Reason for Discharge	<input type="checkbox"/> AWOL <input type="checkbox"/> AMA <input type="checkbox"/> Client Deceased <input type="checkbox"/> Client Incarcerated <input type="checkbox"/> Completed Treatment <input type="checkbox"/> Other <input type="checkbox"/> Transfer to Acute Medical Facility <input type="checkbox"/> Transfer to Psych Provider / Psychiatric Hospital
Placement Type	<input type="checkbox"/> ARF <input type="checkbox"/> B&C <input type="checkbox"/> Hospital – Medical <input type="checkbox"/> Hospital – Psychiatric <input type="checkbox"/> Independent Living / ILF <input type="checkbox"/> Justice – Related <input type="checkbox"/> Other <input type="checkbox"/> Self <input type="checkbox"/> Skilled Nursing Facility / SNF
Placement Name	
Form Completed by	
Date Completed	