**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 | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Name of Facility Reviewing Request | Click or tap here to enter text. |
| Level of Care Requested | IMD/STPSD County Funded SNFSNF Patch  NBU PatchState Hospital ARF |
| Date Client Accepted | Click or tap here to enter text. |
| Comments | Click or tap here to enter text. |
| Date Client Declined | Click or tap here to enter text. |
| Reason Declined | Click or tap here to enter text. |
| Willing to Reconsider | Yes No |
| If yes, note changes needed | Click or tap here to enter text. |

**Fax determination sent to hospital. Check to confirm.**