**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/STP[ ] SD County Funded SNF[ ] SNF Patch[ ] NBU Patch[ ] State 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.**