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** **ltc.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)**

|  |
| --- |
| [ ]  MHRC/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

|  |
| --- |
| 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

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| 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):

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