|  |  |  |  |
| --- | --- | --- | --- |
| Discharge Summary Entered into Cerner | [ ] Yes | Date Entered | Click or tap here to enter text. |

**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 | Click or tap here to enter text. |
| Type of LTC Facility | [ ]  IMD[ ] STP[ ] ARF  |
| Name of LTC Facility Contact and Phone Number | Click or tap here to enter text. |
| Name of Client | Click or tap here to enter text. |
| CCBH Number | Click or tap here to enter text. |
| Date of Discharge | Click or tap here to enter text. |
| Reason for Discharge | [ ] AWOL [ ]  AMA [ ] Client Deceased[ ] Client Incarcerated [ ] Completed Treatment [ ]  Other[ ] Transfer to Acute Medical Facility[ ]  Transfer to Psych Provider / Psychiatric Hospital |
| Placement Type | [ ] ARF [ ]  B&C [ ] Hospital – Medical [ ] Hospital – Psychiatric [ ] Independent Living / ILF [ ]  Justice – Related [ ] Other [ ] Self [ ]  Skilled Nursing Facility / SNF |
| Placement Name | Click or tap here to enter text. |
| Form Completed by | Click or tap here to enter text. |
| Date Completed | Click or tap here to enter text. |