



Referral Determination

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	
Date of birth	
Name of facility reviewing request	
Level of care requested	☐ MHRC/STP ☐ SD County Funded SNF ☐ SNF Patch ☐ NBU Patch ☐ State Hospital
Date client accepted	
Comments	
Date client declined	
Reason declined	
Willing to reconsider?	☐ Yes ☐ No
If yes, note changes needed	

☐ Fax determination sent to hospital. Check to confirm.