#### State Hospital Referral Documentation Requirements

**Documentation needed by Optum:**

* Referral Screening Form requesting State Hospital
* Case Manager Recommendation Form requesting State Hospital
* San Diego County Medi-Cal (eligibility/POS Strip) or written statement from Case Manager that they believe client is eligible for Medi-Cal and that Case Management is taking responsibility for following up on the Medi-Cal status
* Proof of SSI if not included on Case Manager Recommendation Form or written statement from Case Manager that they believe the client is eligible for SSI and that Case Management is taking responsibility for following up on the SSI status
* Electronic Short Doyle Form

**Documentation needed by State Hospital:**

State Hospital referrals require that documents be submitted in the following order. Please use the dividers (beginning on next page) to identify the documents.

|  |  |  |
| --- | --- | --- |
| **Document** | **Yes** | **No** |
| 1-CONSERVATORSHIP (No T-Con ORDERS) \*/Legal  |  |  |
| 2-CONSENT FOR TREATMENT (MSH FORM) Signed by Conservator |  |  |
| 3-COMPREHENSIVE PSYCHIATRIC EVALUATION\* (Completed by a Physician within the last 30 days) |  |  |
| 4-PSYCHIATRIST PROGRESS NOTES- LAST 10 DAYS\* |  |  |
| 5-PHYSICIAN ORDERS- LAST 10 DAYS ONLY\* |  |  |
| 6-MOST RECENT PHYSICAL EXAM AND MEDICAL HISTORY\* |  |  |
| 7-NURSING NOTES- LAST 10 DAYS\* |  |  |
| 8-PSYCHOSOCIAL HISTORY\* |  |  |
| 9-LAB and DIAGNOSTIC RESULTS\* |  |  |
| 10-CURRENT MEDICATIONS AND DOSAGES \* |  |  |
| 11-PPD-MOST RECENT \* |  |  |
| 12-ADVANCE HEALTH CARE DIRECTIVE (if applicable) |  |  |

Additional COVID-19 related required documents

\*\* Please check with Optum staff to see if these items continue to be required

|  |  |  |
| --- | --- | --- |
| **Document** | **Yes** | **No** |
| 13 -The COVID-19 Admission Clearance Memo Form (attached) (needs to be completed 48-24 hours before admission) |  |  |
| 14-COVID-19 Test Results (testing must be within 3 days of admission) |  |  |
| 15-Scanned copy of COVID-19vaccination card or at minimum, all the information that appears on the COVID-19 vaccination card: Type (Moderna, Pfizer, etc.), Lot Number, Dates, Clinic Site |  |  |

Section 1:

**Referral Screening Form Requesting State Hospital**

**Case Manager Recommendation Requesting State Hospital**

**Documentation of San Diego County Medi-Cal (eligibility/POS Strip)**

**Documentation of SSI if not included on Case Manager Recommendation Form**

Section 2:

**Proof of Conservatorship**

**Court Investigator Report**

**Current Letters and Orders**

Section 3:

**Consent for Treatment (MSH Form)**

San Diego County Conservator is unable to sign this form until there is an acceptance and a tentative admission date. Once accepted, the Conservator’s Office will complete the Consent for Treatment and Voluntary Application for Treatment Form

Section 4:

**Comprehensive Admission/Initial Psychiatric Evaluation**

**Psychiatric H&P**

Section 5:

**Physician Orders**

Last 7 days only

Section 6:

**Physical Exam and Medical History**

Includes Internal Medicine H&P and Nursing Assessment

Section 7:

**Labs and Diagnostic Results**

Section 8:

**Psychiatrist’s Progress Notes**

Last 7 days

Section 9:

**Psychosocial History**

Section 10:

**Nursing Notes**

Last 7 Days

Section 11:

**Current Medications and Dosages**

Section 12:

**PPD**

Most Recent

Section 13:

**Advance Health Care Directive**

Section 14:

**Short Doyle Form**

Section 15:

**COVID-19 Forms**