



Case Manager Recommendation

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 itc.faxes@optum.com.
Thank you.

Name of Client	
Name of Case Manager/Program	
Case Manager Phone	
Case Manager Fax	
Date	

1. Recommended County Funded LTC Program Level(s)

<input type="checkbox"/> IMD/STP <input type="checkbox"/> Community Care Bungalows <input type="checkbox"/> State Hospital <input type="checkbox"/> ARF <input type="checkbox"/> County Funded SNF <input type="checkbox"/> NBU Patch <input type="checkbox"/> SNF Patch	
Reason for Recommendation to this Level of Care	

2. How Long have You Known this Client?

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3. Please Complete the Following Risk Assessment

Risk Factors	Weak —————→ Strong				
Weak to Strong	1	2	3	4	5
Suicidal Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of AWOL from Locked Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assaultive Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/ETOH Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual History Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation of any Risk Factors Rated 4 or 5 and any Historical Risk Factors

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Dangerous Propensities

4. **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.)

5. Client’s Income

Source	Amount
<input type="checkbox"/> SSI	
<input type="checkbox"/> SSA	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Payee:	

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

6. 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):