

Case Management Concurrent Recommendation Long-Term Care County Funded SNF

SNF facilities receiving County funds for San Diego clients need to submit the following information from the client's case manager when requesting authorization for continued stay.

To the Case Manager: Please complete the following questions. Please note that this information will be used to assess whether the client meets criteria for continued stay at a County Funded facility.

Case Manager Name:	Case Management Program:	Phone: Fax:
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Case Manager Involvement, Baseline and Rehabilitation Potential

1. What services has Case Management provided for the client in the past quarter? Please be specific about discharge considerations or any services that demonstrate the need for the level of care requested above.

2. Is the client at baseline? If not at baseline, what specific areas are necessary for improvement?

3. List any risk factors present in the last 90 days. Please include use of seclusion, restraints, PRN meds, acute hospitalizations, significant changes in medical, assaultive behavior, AWOL attempts etc.

Client Name:	Admit Date:	DOB:
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Document: Recommendation for Case Manager Date: 2/18/2015



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Discharge Planning

- 4. To what program or level of care are you ultimately planning to discharge this client?
- 5. Identify the factors that may prevent step down to a lower level of care. How are these barriers being addressed?

6. Please list specific efforts/attempts that have been made for placement/discharge since last review. Identify facilities that denied placement and the reason(s) why.

- Has an Augmented Service Program (ASP) Board and Care been considered? If this level of care is not appropriate, please indicate why.
- Has Intensive Case Management been considered? If this level of care is not appropriate, please indicate why.

Additional Information

7. What additional information do you feel is important to be considered in review of this case?

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