

Questionnaire: Referral Acknowledgement

Referral Acknowledgement

1. *Date referral was acknowledged by provider*
2. *Date member was first contacted*

Instructions: Please note: If you are not able to accept the member, you must work with the Office of Behavioral Health to seek authorization to decline the admission.

3. *Are you able to accept the consumer to your facility?*
(Please select one.)
 - Yes
 - No

If you answered "Yes" on question 3

- 3.1.1. *Projected Admission Date*
- 3.1.2. *Are there accommodations needed?*
(Please select one.)
 - Yes
 - No

If you answered "Yes" on question 3.1.2

- 3.1.2.1.1. *Please explain*

If you answered "No" on question 3

- 3.2.1. *Decline Date*

Instructions: Please note: If you are not able to accept the member, you must work with the Office of Behavioral Health to seek authorization to decline the admission.

- 3.2.2. *Indicate the reason why you are seeking authorization to decline placement*
(Please select between 1 and 8 items.)

- Hospital determined patient not discharge ready
- No current vacancies/open beds within the next 30 days
- Accepting referral would bring staffing ratio out of compliance
- Patient Refused
- Guardian Refused
- Assessment for Dementia requested
- Assessment for Traumatic Brain Injury (TBI)
- PASRR II assessment is needed to determine whether client requires Nursing Facility (NF) level of care.

If you answered "Accepting referral would bring staffing ratio out of compliance" on question 3.2.2

Instructions: Please note: If you are not able to accept the member, you must work with the Office of Behavioral Health to seek authorization to decline the admission.

3.2.2.4.1. *Please describe the rationale.*

If you answered "Assessment for Dementia requested" on question 3.2.2

Instructions: Please note: If you are not able to accept the member, you must work with the Office of Behavioral Health to seek authorization to decline the admission.

3.2.2.7.1. *Please describe the rationale.*

If you answered "Assessment for Traumatic Brain Injury (TBI)" on question 3.2.2

Instructions: Please note: If you are not able to accept the member, you must work with the Office of Behavioral Health to seek authorization to decline the admission.

3.2.2.8.1. *Please describe the rationale.*

If you answered "PASRR II assessment is needed to determine whether client requires Nursing Facility (NF) level of care." on question 3.2.2

Instructions: Please note: If you are not able to accept the member, you must work with

INSTRUCTIONS. Please note, if you are not able to accept the member, you must work with the Office of Behavioral Health to seek authorization to decline the admission.

3.2.2.9.1. *Please describe the rationale.*

3.2.3. *Requesting Authorization for the following reason:*
