

Questionnaire: Referral Refusal

Referral Refusal Information

1. *Please indicate the date member was referred to service*

2. *Please indicate the reason why you are seeking authorization to decline referral*

(Please select between 1 and 4 items.)

- Agency at staffing capacity Patient Refused Guardian Refused Member recommended for higher level of care

If you answered "Agency at staffing capacity" on question 2

2.2.1. *Please explain the reason your agency is at staffing capacity (i.e. short staffed, fully staffed but all staff are at capacity etc.)*

2.2.2. *Do you have other clients on your waitlist?*

(Please select one.)

- Yes
 No

If you answered "Yes" on question 2.2.2

2.2.2.1.1. *How many clients on your waitlist?*

Min/Max - 0/99999999; No decimal places allowed

2.2.3. *When do you anticipate you will be able to open this client? Please provide approximate date*

If you answered "Member recommended for higher level of care" on question 2

2.5.1. *Please explain why the client is recommended for a higher level of care and which service they are recommended for*

3. *Would you be able to accept this referral with accommodations?*

(Please select one.)

Yes

No

If you answered "Yes" on question 3

3.1.1. *Please indicate the accommodations needed*
