

# Questionnaire: Referral Acknowledgement

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## 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:*

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