Santa Clara Family Health Plan™

LTC Discharge Notification Form

Utilization Management
Phone: **1-408-874-1821**
Fax: **1-408-874-1985**
Email: UMHelpDesk@scfhp.com

This form is for long-term care (LTC) discharge notification only. Please complete and fax to Santa Clara Family Health Plan (SCFHP) Utilization Management (UM) LTC Department at **1-408-874-1985** within 24 hours of any LTC discharge. This does NOT include transfers to acute settings. If you have any questions, please call UM Department at **1-408-874-1821** or refer to the LTC Discharge Notification Form FAQs.

Today's date: _____

Member name: _____ Member ID: _____

Date of birth: _____ Plan: ☐ Cal MediConnect ☐ Medi-Cal

Admission date: _____ Discharge date: _____

Name of facility from which patient is discharged: _____

Discharge reason (check all that apply):

☐ Hospice ☐ Death ☐ Last covered day ☐ Sent to other location
☐ Hospital / exceeded bed hold – reason
☐ Sent to hospital (describe): _____
☐ Other (describe): _____

Discharge destination (other than death):

☐ Member's residence ☐ Family's residence
☐ Assisted living facility ☐ Shelter
☐ Board and care ☐ Other: _____
☐ Location name (if not a residence): _____

REQUIRED CHECKLIST BEFORE SUBMISSION

☐ Discharge plan is attached **OR** ☐ Discharge summary is attached
☐ Medication list (if applicable for discharge type)

Signature: _____ Date: _____

Name: _____ Phone: _____ Fax: _____