

REFERRAL AGREEMENT

LME/MCO representative must review this document with the legally responsible person prior to submission of the referral to the state developmental centers. By checking the below statements, the legally responsible person acknowledges these statements were reviewed with them and understands these conditions of the referral process.

- I (legally responsible person) have provided consent to the LME/MCO to complete and submit a referral to the State Developmental Center for _____
- I (legally responsible person) understand that this referral is a request for admission but does not guarantee an admission; All referrals are reviewed by a multidisciplinary team and decisions for admission are made by an admission review committee
- I (legally responsible person) understand that criteria for admission include that community options have been explored and are not sufficient to meet the needs of the applicant at the time of this referral
- I (legally responsible person) understand *all* admissions to the State Developmental Centers are time-limited, and I will actively participate in transition planning to ensure that the applicant transitions back to the community as quickly as possible
- I (legally responsible person) understand that if the referral is accepted for admission, a discharge date will be set at the point of admission by agreement with the State Developmental Center and LME/MCO. The discharge date is indicated in the Memorandum of Agreement (MOA) which is a contractual agreement governing the length of stay between the legally responsible person, the LME/MCO, and the respective State Developmental Center
- I (legally responsible person) have received options counseling or education about alternatives to institutionalization

The legally responsible person should complete the below narrative portion of the application. In the space provided below, describe, or list your 1) desired outcomes of admission to SDC and 2) initial return to community plan.

Signatures:

Legally Responsible Person

Date

LME/MCO Designee

Date