CalOptima
A Public Agency
Better. Together.

P.O. Box 11045
Orange, CA 92856
Phone No. 714-246-8444
Fax No. 714-246-8843

For CalOptima Use Only
REFERENCE NO:

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Status: ☐ Approved as Requested ☐ Pending
From: To:

Long-Term Care Authorization Request Form (Admissions)

☐ Initial ☐ Re-Authorization ☐ Retroactive Eligibility
☐ Bed Hold/Leave of Absence ☐ Retro-Authorization ☐ Treatment in Place (CCN only)

SECTION I
Bed Hold Start Date: ________ Bed Hold End Date: ________
Bed Hold Start Date: ________ Bed Hold End Date: ________
Date of Admission: Dates of Service Requested: From: To:

PROVIDER: Authorization does not guarantee payment. CalOptima ELIGIBILITY must be verified at the time services are rendered.

Patient Name: ________ (Last) ________ (First) ☐ M ☐ F D.O.B. ________ Age: ________
Mailing Address: ________ City: ________ ZIP: ________ Phone: ________
CIN#: ________ Aid Code: ________ County Code: ________

Facility Name:	Physician Name:
Facility Address: City: ZIP: Phone:	Physician Address: City: ZIP: Phone:
Fax Number:	Fax Number:
Medi-Cal Provider ID #/NPI:	Physician Medi-Cal ID #:
Former Facility: Office Contact:	Physician Signature:
Diagnosis:	ICD - 10 Code:

☐ SNF ☐ ICF ☐ ICFDD ☐ ICFDDN ☐ ICFDDH ☐ SUBACUTE-VENT ☐ SUBACUTE-NON-VENT

SECTION II Admitted From:
☐ Member's Home
☐ Household of Another
☐ Board & Care /Assisted Living
☐ Acute Hospital — Home, B&C Immediately prior to acute
☐ Acute Hospital — SNF/ICF Immediately prior to acute
☐ Another SNF/ICF

SECTION III
Date PASRR completed by NF: ________
Level II screening required: YES ☐ NO ☐
Date of referral: ________
Date Level II completed: ________
Pertinent Medications:

SECTION IV Patient's General Condition:
☐ Bedridden
☐ Ambulatory with Assistance
☐ Ambulatory
☐ Incontinent of B&B
☐ Confined to Wheelchair
☐ Maximum Assist with all ADLs

SECTION V
Community placement alternatives considered? YES ☐ NO ☐
If no, select all applicable boxes
☐ Community resources unavailable
☐ Due to, or change in medical, mental & physical functioning capability
☐ Caregiver unavailable
☐ Resident, conservator, or family choice
☐ Other

DO NOT WRITE BELOW THIS LINE FOR CalOptima USE ONLY

COMMENTS:

Signature: Date: