

VIA USPS

To: Contract SNFs
From: Susan Elizabeth Wang MD, FAAHPM, HMDC
SCPMG Chief, Geriatrics & Palliative Medicine

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Regional Director, Geriatrics & Palliative Medicine

Date: December 28, 2023

Re: Greetings and Updates from Kaiser Permanente Southern California Region

As we approach the end of 2023, we wanted to express our sincerest gratitude to you for partnering with Kaiser Permanente (KP) to serve patients across Southern California. Day to day, we rely on you, our nursing home partners, to fulfill our goal of delivering high-quality and exceptional patient care hand-in-hand with our care teams in the Post-Acute Space, ever more so in the upcoming winter season.

As an organization, every day we continuously work towards our mission of improving the health of our members and the communities we serve and strive to design processes that keep the patient's best interests in mind. This includes honoring the patient's personal preference in the location of the Skilled Nursing Facility where they receive care, regardless of their home location. **We aim to ensure KP members have access to appropriate care at any location across our network.** Thank you for your partnership in delivering the right care to our patients at the right place and the right time.

In addition, we wanted to share a couple of operational changes and reminders as we gear up for winter and step into 2024:

- There is now an updated LTSS referral form for referring KP Medi-Cal members to LTSS services (attached).
- We have a new phone number and email for contacting KP's Regional Long Term Care (LTC) department: (626) 405-7988 (Press 4) and scalcp-h-authorizations@kp.org. If you have any authorization questions for Kaiser Permanente's Regional LTC department, this would be the best way to connect.
- We are excited to announce the launch of a new regional department called the Complex Placement Hub. The goal of this team is to support complex KP patients, primarily in searching for post-acute beds. This team may contact you via phone and email:

- **Department Phone Line:** (626) 405-7988 (To connect with the appropriate team, press 1, 2, or 3 based on where your facility is located)
- **Department Email:** scalcp@kp.org
- **Hours of Operation:** Monday-Sunday, 7:00 AM to 7:30 PM
- As a quality reminder, please ensure timely reporting of any sentinel events as these are time-bound incidents. Should you have any questions, please reach out to your Local Term Care Department or Regional Continuum Quality.

KP Long Term Care Departments			
Area	Phone	Area	Phone
Antelope Valley	(661) 428-1306	Riverside	(951) 602-4230
Baldwin Park	(626) 851-7037	San Bernardino County	(909) 609-3500
Downey	(562) 622-3823	San Diego	(619) 528-1245
Kern County	(661) 337-7235	South Bay	(424) 251-7875
Los Angeles	(213) 351-4534	West Los Angeles	(323) 857-3606
Orange County	(714) 734-5500	Woodland Hills/West Ventura	(818) 592-2400
Panorama City	(818) 832-7292	Regional Continuum Quality	(626) 590-3723

Please reach out to us via SCAL-Regional-Long-Term-Care@kp.org if you have any general questions or feedback. We are always looking for opportunities to partner and improve the care for our patients.

We wish you a very safe and happy holiday season and restful New Year.

Sincerely,
Kaiser Permanente Regional Long Term Care Department

This form is to be used only for Kaiser Permanente (KP) Medi-CAL Members where KP has the financial risk for the Medi-CAL benefit. This form should not be used for any other KP Member, i.e. Fee-For-Service

KAISER PERMANENTE MEDI-CAL LONG-TERM CARE FACILITY ADMISSION AND DISCHARGE NOTIFICATION

Patient's Name (Last) (First) (MI)			Name of Facility		
Kaiser Permanente MRN		Date of Birth	Address (Number and Street)		
Medi-Cal ID Number (Taken from Medi-Cal card)			City	State	Zip

DOES FACILITY HAVE A CURRENT LTSS CONTRACT WITH KAISER FOUNDATION HEALTH PLAN

Yes No If No, has a Letter of Agreement (LOA) been obtained Yes No

ADMISSION FROM

Hospital Home Skilled Nursing Facility Other _____

TYPE OF AUTHORIZATION BEING REQUESTED

Initial Long Term Care Authorization Reauthorization Bed Hold Discharge

INITIAL LONG TERM CARE AUTHORIZATION OR LONG-TERM CARE REAUTHORIZATION

Admission Date: ___/___/___ Requested Date of Service: ___/___/___ Stay anticipated to be less than 90 days

Level of Care: SNF (NFB) SNF (NFA) Sub Acute Vent Sub Acute Non-Vent

Attending Physician: _____ ICD10: _____

BED HOLD AUTHORIZATION

Hospitalization – unplanned Hospitalization – planned Therapeutic Leave of Absence

Requested Dates of Service: ___/___/___ to ___/___/___ Total # of Days: _____

Level of Care: SNF (NFB) SNF (NFA) Sub Acute Vent Sub Acute Non-Vent

Peds Level of Care: Sub Acute Vent Sub Acute Non-Vent Ventilator Weaning

Attending Physician: _____ ICD10: _____

(A Long Term Care Re- Authorization must be requested when resident returns to the facility)

DISCHARGE NOTIFICATION

Date of Discharge: ___/___/___

Discharge Disposition: Home SNF RCFE Death Other _____

Facility Representative (please print)	Title
Facility Representative (signature)	Date
Representative or Department Email	Phone Number