Regional Long-Term Care
393 E. Walnut Street
Pasadena, CA 91188
Department line: 626-405-7988

KAISER PERMANENTE®

Long Term Care Secure FAX: (866) 473-0344

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**

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