



Regional Care Coordination and Continuum
 393 E. Walnut Street
 Pasadena, CA, 91188
 Department line: (626) 405-7988

**INTERMEDIATE CARE FACILITY/HOME FOR THE DEVELOPMENTALLY DISABLED (ICF-DD)
 AUTHORIZATION REQUEST**

Upon completion of this form, please send via secure fax to: (866) 473-0344

MEMBER INFORMATION

Member Name (Last)	Member Name (First)	(MI)
Medi-Cal Identification Number and Eligibility		

FACILITY INFORMATION

Facility/Home Name		
Facility/Home Address (Street Name)		
City	State	Zip Code
Facility/Home Contact Name		
Facility/Home Contact Email		
Facility/Home Contact Telephone		

AUTHORIZATION INFORMATION

Type of Authorization:		
<input type="checkbox"/> Initial <input type="checkbox"/> Transfer <input type="checkbox"/> Re-admission <input type="checkbox"/> Reauthorization		
Level of Care Requested:		
<input type="checkbox"/> ICF-DD <input type="checkbox"/> ICF-DD-H <input type="checkbox"/> ICF-DD-N		
The "Admit" Date:	The "From" Date:	The "Through" Date:
International Classification of Diseases (ICD) Diagnoses Codes:		
Prescribing Physician Name:		
Prescribing Physician License Number:		
Physician Signature:		

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