Santa Clara Family Health Plan

Long Term Care Authorization Form FAQs

Q1: When should Skilled Nursing Facilities (SNFs) use the Long Term Care Authorization Form?

A: SNFs should use this form for requesting:

- Long Term Care, or
- Long Term Care Subacute—Vent or Non Vent **ONLY**.

For Skilled Level of Care, or if member is receiving therapy, please use the Prior Authorization Request for Medical Services Form.

Q2: What is the "Member Original Admit Date"?

A: "Member Original Admit Date" is the date that the member was admitted to the facility during the current treatment period, as long as the member did not discharge to a lower level of care/community. This date may include skilled admissions, as long as the member did not discharge.

Q3: What dates should I enter under "Requested Service Dates"?

A: Please provide the complete date range for which you are requesting Long Term Care authorization.

Q4: What is an "Initial" request?

A: A request is considered "initial" when the facility asks for Long Term Care authorization for the first time, or when the member is discharged to a lower level of care/community and the facility is now re-admitting the member. Anything exceeding the bed hold requirement is a new authorization.

Q5: What is a "Re-Authorization" request?

A: A request is considered "re-authorization" when the facility requests a continued stay under Long Term Care benefits and the member has not been discharged to a lower level of care/community.

Q6: What is defined as a discharge?

A: A discharge is defined as, but not limited to, a member's election of inpatient hospice, discharge to a lower level of care such as home, Assisted Living Facility (ALF), or Board and Care, or when member has exceeded a bed hold (7 days).

Q7: What is a "retroactive" request?

A: A request for Long Term Care authorization received by Santa Clara Family Health Plan (SCFHP) after the facility has begun providing services is considered "retroactive."

Q8: What clinical documentation is required for authorization review and approval?

A: An authorization request for Long Term Care MUST be accompanied by **all** of the following clinical documentation: face sheet, current, active care plan, Medicare denial letter (if applicable), and physician's current orders—signed and dated. Failure to provide documentation will delay processing and may result in a denial of services. (CFR) title 42, part 483, sections 483, 100-483, 138t.

Q9: What is a valid care plan?

A: A care plan must be current and include all appropriate updates to the care plan at the time the authorization request is submitted. SCFHP does not accept "cancelled" care plans.