Long-Term Services and Supports Assessments Request Form

Phone: 714-246-8600   Fax: 714-246-8843

Fax this form to CalOptima LTSS

Requestor Info

Requester Name:_____ Title:_____

Phone Number: _____Fax Number:_____

Email:_____

HMO/Health Network Name:_____

NPI #: _____

Signature:_____ Date:_____

Member Info

Patient Name: _____

Date of Birth: _____/_____/_____ CIN #: _____

Primary Care Provider: _____

Member Eligibility Date: _____/_____/_____ HMO/Health Network Name:_____

Please attach member's eligibility computer screenshot showing eligibility date and HMO/HN affiliation, or a copy of signed and dated member's authorization for release of medical records,

Types of Record Requested

Nursing Facility (NF)

- ☐ NF Minimum Data Set (MDS)
- ☐ NF Case Conference Notes
- ☐ NF MD Orders and Progress Notes
- ☐ NF Nursing Progress Notes
- ☐ NF Treatment Notes
- ☐ NF Care Plan

Community-Based Adult Services (CBAS)

- ☐ CBAS Eligibility Determination Tool (CEDT)
- ☐ CBAS Individual Plan of Care (IPC)

Multipurpose Senior Services Program (MSSP)

- ☐ MSSP Health Assessment
- ☐ MSSP Initial Psychosocial Assessment
- ☐ MSSP Reassessment
- ☐ MSSP Care Plan

In-Home Supportive Services (IHSS)

- ☐ IHSS Assessment Summary

12/2015