

## LTC Authorization Processing Guidelines

Direct all Long Term Care Authorization Referral Forms (LTC ARFs) to:

CalOptima LTC Dept.  
P.O. Box 11045  
Orange, CA 92856

Phone: (714) 246-8444 / (800) 965-8979 (Press #2)

Fax: (714) 246-8843

**ALWAYS verify eligibility prior to submitting a CalOptima LTC ARF!**

### New Admission or Initial ARF

- ✓ **LTC ARF Submission:** Present completed ARF (Sections I, II, III and IV) along with the required documents to CalOptima within **21 calendar days** from start date of CalOptima coverage.

### ARF Reauthorizations

- ✓ **Subacute:** May be presented up to **30 calendar days** prior to the expiration of the ARF.
- ✓ **All Other Facilities:** May be presented up to **60 calendar days** prior to the expiration of the ARF.

### Interruptions in Stay (Bed Hold/LOA)

- ✓ **Bed Hold/LOA:** Follow same instructions as New Admission or Initial ARF. Submit **within 21 calendar days** of return to the facility or if member does not return by the 8<sup>th</sup> day.
- ✓ **M.D. order:** Required for bed hold and acute hospital transfer. A separate bed hold request is not needed if the member has a current open ARF and the member returns during the bed hold period.

### Deferral Extension

- ✓ Provider must request a deferral extension within **30 calendar days** if additional time is required to complete ARF submission package.

### Retroactive Eligibility Authorization Procedures

- ✓ Authorization Requests for members with retroactive eligibility are due to CalOptima within **60 calendar days** of the State of California's eligibility determination. **Do not wait for the Notice of Action.** Please check eligibility at least twice a month.

### ARF Appeal and Provider Complaint Process

- ✓ **Level of care/medical necessity denials:** (1) File a written level of care appeal; (2) Submit a provider complaint (if not satisfied with the level of care appeal decision)
- ✓ **Administrative denials:** Submit a provider complaint. Include: (1) A letter of explanation; (2) A completed **Provider Complaint Form**; (3) A new **LTC ARF**; and (4) Supporting documentation.

**On site Process**

Orange County SNF, ICF, Subacute Facilities

**Mail In Process**

ICF/DD, ICF/DD-H, ICF/DD-N, Out-of-County Facilities

## How to Identify a CalOptima Member:

1. Residence county code of 30 (Orange County); or
2. Possibly has a county code other than 30, such as 19 (Los Angeles) or 36 (San Bernardino) etc.; and
3. A CalOptima covered aid code

**Note:** Members with a county code other than 30 who are listed as CalOptima members on the State eligibility verification system are typically, but not exclusively, in transition in Orange County jurisdiction. Because of this, **providers cannot rely only on county code to identify CalOptima members.**

## Guidelines for Checking CalOptima Member Eligibility:

- ✓ Check eligibility at least twice per month using the State of California's Medi-cal Beneficiary Eligibility Verification System. This system includes the:
  1. Automated Eligibility Verification System (AEVS) at 800-456-2387
  2. Point of Service (POS) Device
- ✓ Audit all key data elements on AEVS and POS including:
  1. Verification that the resident is eligible for Medi-cal benefits on the dates of service;
  2. The county code
  3. The primary and secondary aid code
  4. Any restriction such as Hospice; and
  5. Indication of CalOptima assignment. The data confirms any question as to whether or not the beneficiary is a CalOptima member, regardless of county code.
- ✓ **Keep the Eligibility Printout!** By checking eligibility through the POS device or AEVS, the facility will obtain a printout detailing member eligibility information for the date of service in question. This printout can be used for documentation should a discrepancy arise. It is highly recommended that the printout be maintained in the resident's file.

## CalOptima Covered Aid Codes (2007)

Aged, Blind, and Disabled:	1H, 10, 14, 16, 17, 18, 20, 24, 26, 27, 28, 36 6A, 6R, 6V, 6W, 6Y, 6C, 60, 64, 65, 66, 68, 1E, 2E, 69, 6E, 6H, 6J, 6N, 6P
LTC, Children, Foster Care, Adult, Share of Cost	13, 23, 53, 63, 03, 04, 4C, 4K, 40, 42, 45, 5K, 81, 82, 83, 86, 87, 4A, 4F, 4G, 7J, 4M
Family	0A, 01, 02, 08, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 30, 32, 33, 34, 35, 37, 38, 39, 5X, 54, 59, 7X
Federal Poverty Level	47, 72, 7A, 8P, 8R, 70, 72, 79, 7X, 8P, 8R
SOC Aid Codes (check categories above)	17, 27, 37, 67, 83, 87, 6W, 6Y

**For questions regarding CalOptima member eligibility, please contact CalOptima at (714) 246-8500**