San Francisco Health Plan℠

Community-Based Adult Services (CBAS) Prior Authorization Request Form

For **routine requests** fax completed form with clinical notes to Institute on Aging (IOA) Fax: **1(415) 579-1740**
For **expedited requests*** fax completed form with clinical notes to SFHP LTC & CBAS Fax: **1(415) 943-9700**

**NOTE: Expedited requests are only for members discharging from a Hospital or Skilled Nursing Facility (SNF) OR members identified as being at high risk for SNF admission.*

AUTHORIZATION INFORMATION

Request Priority: ☐ Routine ☐ Expedited* (Hospital/SNF discharge ONLY)

*Expedited Request Justification:

Reason for Request: ☐ Initial Authorization ☐ Reauthorization (continuation of CBAS services)
☐ Modification Request (i.e. change in status, increase or decrease in level of service) ☐ Emergency Remote Services (ERS)
☐ CBAS Center Transfer
☐ CBAS Discharge - Discharge Date: Reason for Discharge:

MEMBER INFORMATION

Name:	SFHP ID#:	CIN/Medi-Cal#:	
Date of Birth (DOB):	Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them		
Member Address:	City:	State:	Zip:
Phone:	Interpreter needed? ☐ Yes ☐ No		

Primary Language: ☐ English ☐ Cantonese ☐ Mandarin ☐ Russian ☐ Spanish ☐ Tagalog ☐ Vietnamese
☐ Other (Write in):

REQUESTING CBAS PROVIDER

CBAS Center Name:		NPI#:	
Contact Person:			
Phone:	Fax:		
Address:	City:	State:	Zip:

CBAS SERVICES REQUESTED

Diagnosis Codes (at least one code):

PROCEDURE CODE (S5012 and/or H2000)	DATES OF SERVICE		# OF DAYS/WEEK
	Start Date	End Date	
	Start Date	End Date	

Today's Date: Comments:

****Attach current Health & Physical and supporting clinical documentation for review.**
For existing authorizations, attach updated Individualized Plan of Care (IPC) AND Participant Attendance Records**
Questions? Contact SFHP LTC CBAS Team **1(415) 615-4530.**

CEDT ASSESSOR DISPOSITION - TO BE COMPLETED BY SFHP CEDT ASSESSOR ONLY

Reviewer:		Date:	Anticipated F2F Assessment Date:	
☐ Recommend Approval	☐ Recommend Denial	☐ Deferred to SFHP	☐ Recommend Modification (Number of Days/Weeks):	
Documentation Required:	☐ IPC – Original ☐ CEDT Reassessment	☐ IPC – Updated ☐ Clinical Notes	☐ CDA 4000	☐ CEDT Assessment

Comments: