



Long Term Care Administrative Days Request Form

The Long Term Care (LTC) Administrative Days Request Form is used by LTC facilities with County-paid beds (MHRCs, Bradley Court STP, and County Funded SNF) due to discharge barriers and one of the following circumstances:

1. Optum issued a Notice That Continued Stay Criteria Is Not Met (denial), **OR**
2. The LTC facility and Optum came to an agreement, during the regular concurrent review, to move the client from LTC days to administrative days.

Submit to Optum at least two weeks before current authorization ends.

Client Name	
Client DOB	
Facility Name	
Admission Date	
Last Authorized Day	
Date of Administrative Days Request	
Name of Requestor	
Phone of Requestor	
Fax Number of Requestor	
Email of Requestor	
Case Management Provider(s)	

Facility must provide documentation on page 2 for either Circumstance 1 or 2:

1. Facility provides documentation clearly supporting discharge barriers such as:
(Check 1 item from a-c below)
 - ☐ a. Behavioral disturbance delaying admission to step-down placement (although they confirm they will still accept client)
 - ☐ b. Legal barriers, e.g., PC 290 sex offender status, arson, etc.
 - ☐ c. Resistance to discharge from client or others
2. Facility provides documentation to Optum clearly supporting the discharge plan, and actions are being taken to secure discharge placement:
(Documentation required to support all items a-c below)
 - ☐ a. Active discharge efforts are clear, as shown by 5 placement calls per month
 - ☐ b. Documentation provided is recent, from the last couple weeks, including who was contacted (including phone number), when the contacts were made and what was discussed.
 - ☐ c. Weekly outreach is documented with current Case Management (CM), or if no current CM, referral has been submitted and follow up is occurring weekly.

1.a, b, or c: Identify barriers to the client's discharge noting 1. a, b, or c.

2.a and 2.b: Please attach call log including the below information or document calls here.

Date	Facility/Placement Contacted	Contact Person	Phone Number	Outcome/Discussion

2.c. Has weekly outreach been documented with the current Case Management (CM) provider, or, if a referral has been submitted, is follow-up occurring on a weekly basis?

☐ Yes ☐ No

If Yes, provide details:

Date	CM Agency/Placement Contacted	Contact Person	Phone Number	Outcome/Discussion

If No, explain barriers and action plan: