

☐ New Referral ☐ Concurrent Review (If Concurrent Review, requested start date:)

Level of Care Requested: ☐ MHRC/STP ☐ CO-SNF ☐ SNF Patch ☐ NBU Patch

Identify the applicable Exception Criteria "A-F", check all that apply:

☐ **A. Conservatorship, Legal Status, or Court-Ordered Placement**

Explain:

Attached (as applicable):

- ☐ a. Copy of the court order, or formal written communication from the Conservator's Office confirming that LLOC will not be authorized by the court or conservator
- ☐ b. Explanation of the reason LLOC is not authorized and whether there is a timeline for reconsideration.
- ☐ c. Current clinical documentation supporting the requested level of care or continued placement.
- ☐ d. Documentation of payer/funding status and any unresolved MCP, Medi-Cal, SSI, CAPI, or other funding issues.
- ☐ e. With each authorization request, the facility should include documentation confirming whether the legal barrier remains active. Confirmation may come from the Conservator's Office, County Case Manager, or other designated County representative. For ongoing legal barriers, formal reaffirmation should be obtained at least annually or sooner if court status changes.

☐ **B. SSI/Medi-Cal/CAPI Eligibility or SSI/Medi-Cal/CAPI Appeal Barrier**

Explain:

Attached (a and b, c if applicable):

- ☐ a. Verified with the County Case Manager the date the application or appeal was submitted and whether the submission met eligibility or appeal criteria. Explanation of the reason LLOC is not authorized and whether there is a timeline for reconsideration.
- ☐ b. Verified with the County Case Manager that the application or appeal remains active/pending.
- ☐ c. If the application or appeal was denied, provided documentation of the reason for denial and the plan for resubmission, appeal, or pursuit of other options, if available.

☐ **C. No Available Funding for a County Step-Down Option**

Explain:

Attached (as applicable):

- ☐ a. Verified with the County Case Manager that SSI, CAPI, Medi-Cal, or other applicable benefit applications have been submitted, or obtained confirmation of ineligibility.
- ☐ b. Provided documentation supporting that SSI or CAPI has been denied, the client is ineligible, or eligibility remains unresolved.
- ☐ c. Verified that other possible funding sources are unavailable or are being actively pursued but will take additional time, such as Assertive Community Treatment funding or another identified funding pathway.
- ☐ d. Identified the current barrier preventing placement in a lower or alternate level of care.

☐ **D. High Acuity/Risk When Standard LTC Criteria Are Not Clearly Met**

Explain:

Attached (a, b, or c):

- ☐ a. Episodes of significant physical aggression within the last 60 days; or
- ☐ b. Severe and refractory symptoms resulting in elopement behaviors within the last 60 days, such as checking exits, elopement attempts, or a clearly stated and realistic plan to elope; or
- ☐ c. Unsuitability for placement at lower or adjacent levels of care, including repeated denials from potential accepting placements due to clinical severity or legal status. Documentation should include at least five placement contacts or denials per month when such placements are being pursued.

☐ **E. Other LTC Exception Circumstance**

Explain:

- ☐ 1. Internal Case conference and County Direction
- ☐ 2. Managed Care Plan (MCP) Responsibility Dispute or Refusal to Authorize

☐ **F. Clinical Decompensation Warranting Reconsideration of Administrative Days (back to full rate)**

(If F is checked, please also attach the "Long Term Care Reconsideration of Admin Day (back to full rate) Request Form"

Explain: