| Hospice Level of Care | Routine Hospice | Continuous Care Hospice | Respite Care Hospice | General Inpatient Hospice |
|---|---|---|---|---|
| * CalOptima Health Hospice Notification Form (HNF)<br>Available on the CalOptima Health website under LTSS Common Forms | x | x | x | x |
| * Certification of Terminal Illness by attending physician, PCP and/or hospice medical director | x | x | x | x |
| * Medi-Cal Hospice Program Election signed by member/authorized representative | x | x | x | x |
| Face-to-face encounter (for third benefit period) | x | x | x | x |
| Continuous care documentation of skilled nursing provided totaling ≥ 8 hours/day | | x | | |
| Member's initial plan of care | | | x | x |
| DHS 6194 Hospice General Inpatient Information Sheet | | | | x |

* Required forms must be submitted to our Long-Term Care department by fax at **714-246-8843** or email at LTCHospice@caloptima.org within five calendar days of hospice election.