



Filing a Claim—What Is Needed?

Filing a Claim—What Is Needed?

If you are requesting CalPERs benefits for long-term care, please help us obtain the information and documentation listed below. This will allow us to process your request as quickly as possible. Under certain situations, additional information may be required when the need arises. We will work with you to identify additional information and documentation requirements.

Many of these items must be supplied by your provider of long-term care. Some of the terms may not be familiar to you but are understood by your provider.

Home and Community Care

1. Claim form, including a signed medical records authorization form and/or Kaiser authorization form
2. Billing statements
3. Daily visit notes corresponding to billing statements
4. Provider's initial assessment or plan of care
5. Copy of the provider's license, professional liability insurance, and bonding

After you have requested benefits, a nurse assessor may contact you or your representative to conduct a face-to-face assessment.

Assisted Living Facility

1. Claim form, including a signed medical records authorization form and/or Kaiser authorization form
2. Facility service plan
3. Facility rate schedule
4. Physician orders
5. Billing statements
6. Copy of facility license

After you have requested benefits, a nurse assessor may contact you or your representative to conduct a face-to-face assessment. A Claimant Care Needs Assessment form may be requested from the assisted living facility.

Nursing Home

1. Claim form, including a signed medical records authorization form and/or Kaiser authorization form
2. Initial, ongoing, and/or discharge Minimum Data Set (MDS) completed by the nursing home
3. Billing statements or (if care is covered by Medicare) UB04 form, for all dates of service
4. Copy of the nursing home license

Hospice Care

1. Claim form, including a signed medical records authorization form
2. Name, address, and telephone number of the hospice provider
3. Initial nursing assessment
4. Certificate of terminal illness
5. Billing statements
6. Daily visit notes corresponding to billing statements

Adult Day Care

1. Claim form, including a signed medical records authorization form and/or Kaiser authorization form
2. Billing statements
3. Provider's initial assessment or plan of care
4. Copy of the provider's license

After you have requested benefits, a nurse assessor may contact you or your representative to conduct a face-to-face assessment.