Cal MediConnect Plan

Long-Term Care Authorization Request Form

Fax referrals to: 1-866-639-2281

Type of request: (Select below.) **Requested start date:** _______________

☐ **Custodial** Has the member been receiving custodial care? ☐ Yes ☐ No (If yes, since what date? __________)
☐ **Subacute** ☐ Free-standing facility ☐ Hospital-based facility Has member been receiving subacute care? ☐ Yes ☐ No (If yes, since what date? __________)
☐ **Bed hold/leave of absence** **Left facility on:** __________ **Returned to facility on:** ___________ Returned at custodial level of care? ☐ Yes ☐ No
☐ **Discharge notice** **Date of discharge:** _____________ **Discharged to:** __________________

Facility name: ____ Facility NPI: ______________________

Facility contact: _______________________________________ Contact title: _____________________

Facility address:____

Facility phone number: _____________________________ Facility fax number: _______________

Member information

Resident name: __________________________ Gender: ☐ M ☐ F DOB: ____/____/____ Age: ______

Medicaid number: __________ Medicare number: ___________ Diagnosis code(s): ____; _____; _____

PCP/ordering MD: ___________________________ PCP phone number: _________________________

☐ Full code ☐ *Do not resuscitate* ☐ *Physician Order for Life-Sustaining Treatment Form* ☐ *Advance Directive*

Durable power of attorney ☐ Y ☐ N Name: _________________ Phone number: __________________

Relationship: _________________

Please attach current Minimum Data Set and *Medication Administration Record (MAR)* when submitting *Long-Term Care Authorization Request Form.*

Cognitive/mood/behavior

Oriented to: ☐ Person ☐ Place ☐ Time ☐ Situation

☐ Disoriented/disorganized thinking

☐ Abusive to self or others: (Select below.)

☐ Verbally ☐ Physically

☐ Resists care

☐ Wanders (to extent of endangering self)

☐ Comatose/persistent vegetative state

☐ Alzheimer's/other dementias

☐ Evidence of confusion

Anthem Blue Cross Cal MediConnect Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

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Physical limitations

☐ Limited range of motion/limited use of extremity
☐ Use of assisted device: (Select below.)
  ☐ Wheelchair ☐ Walker ☐ Cane
☐ Wheelchair bound ☐ Fall risk
☐ Bedfast ☐ Unsteady gait/poor balance

Activities of daily living

	Independent	Limited assistance	Extensive assistance	Dependent
Feeding				
Toileting				
Personal hygiene				
Bathing				
Ambulation				
Transfers				
Bed mobility				
Dressing				

Social

☐ Family involved (Select below.)
  ☐ Never ☐ Occasionally ☐ Regularly
☐ Prior living arrangements
☐ Home
☐ Board and care
☐ Assisted living facility
☐ Homeless

Health care needs

☐ Frequent 24-hour observation of vital signs, skin conditions, intake/output
☐ Pain management
☐ Requires oxygen
☐ Nebulizer treatments
☐ Gastrostomy tube/enteral feedings
☐ Tracheostomy (Select below.)
  ☐ Mechanical ventilator
  ☐ Cool aerosols — room air: ____ Fraction of inspired oxygen: _____
  ☐ Needs suctioning every four hours or more
  ☐ Passy-Muir® Valve/tracheostomy plug
☐ Incontinent of bowel/bladder
☐ Indwelling catheter
☐ Colostomy care (needs help managing)
☐ Wound care

Discharge plan

☐ Home alone
☐ Home with family
☐ Assisted living facility
☐ Board and care
☐ Other: _______________

If unable to send an *MAR*, please complete the medication record below:

Medication	Route PO/SLV/IM/topical	Dosage	Frequency	Current	PRN