



Long-Term Care — Authorization Request Form

California | Anthem Blue Cross | Medi-Cal Managed Care (Medi-Cal)

Managed long-term services and supports (MLTSS) requests for review of long-term care (LTC) may be submitted using the Care Central Portal or via fax. Please attach: Face-Sheet, Record of Admission, Current/Complete Minimum Data Set (MDS), Medication Administration Record, and the Preadmission Screening Resident Review (PASRR), along with this request form, and fax it to the appropriate fax number below:

- Fax number for Los Angeles County: **877-279-2482**
- Fax number for Santa Clara County and all other counties: **844-285-1167**

Request type (select below)		
<input type="checkbox"/> Custodial <input type="checkbox"/> Custodial reauthorization <input type="checkbox"/> Subacute <input type="checkbox"/> Subacute reauthorization Requested start date: _____ <input type="checkbox"/> Expedited review	<input type="checkbox"/> Bed hold/leave of absence Left facility on: _____ Returned to facility on: _____ <input type="checkbox"/> Did not return to facility <input type="checkbox"/> Returned as custodial <input type="checkbox"/> Returned as subacute <input type="checkbox"/> Returned as skilled	Level of care prior to bed hold: <input type="checkbox"/> Skilled Medicare Part A <input type="checkbox"/> Custodial <input type="checkbox"/> Subacute
<input type="checkbox"/> Discharge notice Date of discharge: _____	Discharged to: <input type="checkbox"/> Home <input type="checkbox"/> Board and care <input type="checkbox"/> ALF/RCFE* <input type="checkbox"/> Hospice <input type="checkbox"/> Expired <input type="checkbox"/> Skilled level of care <input type="checkbox"/> Eligibility changed to:	Notes:
Provider information		
Provider type: <input type="checkbox"/> Free-standing skilled nursing facility (SNF) <input type="checkbox"/> Hospital-based SNF <input type="checkbox"/> Intermediate care facility		
Facility name:		
NPI:	Tax ID:	
Facility contact/title:		
Facility address:		
Facility phone:	Facility fax:	

* Assisted living facility/residential care facility for the elderly

Member information		
Resident name:		Date of birth:
Medicaid ID:	Medicare ID:	EAE D-SNP** ID:
Diagnosis code:		

** Exclusively aligned enrollment/Dual Special Needs Plan

Medicaid coverage provided by Anthem Blue Cross, 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. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County. Anthem is a registered trademark of Anthem Insurance Companies, Inc.