

Re: Custodial Long-Term Care (LTC) – Authorization Request Form

Hello,

Thank you for contacting Blue Shield of California Promise Health Plan. Attached is the Custodial Care Long Term Care Treatment Authorization Request (TAR) form. Please use this form when requesting prior authorization for Custodial Care.

Along with the TAR form, the following information is required when requesting an approval:

- Face sheet
- DOPA (if any)
- MDS
- State TAR
- PASARR
- List of Medication
- MC 171
- Current IDT Meeting
- List of Current Specialists Treating Member
- Date of Last PCP Visit/ Last Progress Notes
- H&P

If you have any questions or need further assistance, please contact the Long-Term Care department at (855) 622-2755 or fax (844) 200-0121.

Sincerely,

MLTSS-LTC Department

Custodial Long Term Care (LTC) – Authorization Request Form

Initial Reauthorization Bed Hold/ LOA Discharge Notice

Section I

Patient Name: _____ M F DOB: _____ Age: _____
Mailing Address: _____ City: _____ Zip: _____
Phone: () _____ ID # _____ CIN # _____
Medicare Eligible? Yes No Date Medicare Benefits Exhausted: _____
Diagnosis: _____

General Condition: Bedridden Ambulatory with Assistance Ambulatory Confined to Wheelchair
 Maximum Assistance with all ADLs Incontinent of B&B
Physician Name: _____ NPI: _____
Office Number: _____ Office Fax: () _____
Mailing Address: _____ City: _____ Zip: _____

Section II

Other Request: Home Health Medical Supplies Skilled PT/OT/ST Durable Medical Eqpmt (DME)
Facility Request Type: SNF Sub-Acute (Vent) Sub-Acute (Non-Vent)
Facility Name: _____ Contact Person: _____
Telephone #: _____ Fax: _____
Address: _____ City: _____ Zip: _____

Admitted from: Home Board & Care/ALF Acute Hospital Another SNF Homeless

Section III

Please attach current Health & Physical and supporting medical records for review.

Request Date: _____ Time of Request: _____
Additional Comments: _____

To be completed by Blue Shield of California Promise Health Plan UM Department ONLY:

Active Medi-Cal Eligibility? Yes No Assigned to Blue Shield Promise? Yes No

Reviewer _____ Date: _____