Enhanced Care Management and Community Supports Provider List and Authorization Tips

This list should be used as a reference for submitting prior authorizations. Before submitting forms, please review capacity and eligibility here. Learn more about CalAIM here: [https://www.hpsm.org/provider/calaim](https://www.hpsm.org/provider/calaim)

Enhanced Care Management Providers

<table>
<thead>
<tr>
<th>Name/NPI</th>
<th>Address</th>
<th>Numbers</th>
<th>Populations of Focus</th>
<th>CPT Code</th>
<th>Capacity</th>
</tr>
</thead>
</table>
| Aging and Adult Services – ECM  
NPI: 1609290030 | 801 Gateway Blvd. Suite #400  
South San Francisco, CA 94080 | Phone: 650-573-3900  
Fax: 833-522-0986 | • Adults at risk of institutionalization (LTC).  
• Adults with high utilization. | G9012 | Open |
| Bridges to Wellness  
NPI: 1336809359 | 801 Gateway Blvd. Suite #225  
South San Francisco, CA 94080 | Phone: 650-573-4799  
Fax: 833-218-8864 | • Adults that are homeless with a medical issue.  
• Adults with high utilization.  
• Adults with serious mental health or substance use issues with case management needs. | G9012 | Open |
| California Children’s Services – ECM  
NPI: 1164105698 | 801 Gateway Blvd. Suite #400  
South San Francisco, CA 94080 | Phone: 650-616-2500  
Fax: 650-616-2598 | • Children and youth enrolled in CCS WCM with additional needs beyond the CCS condition. | G9012 | Closed |
| Healthcare in Action  
NPI: 1881360758 | 275 Blomquist St.  
Redwood City, CA 94063 | Phone: 650-442-1569  
Fax: 877-883-6503 | • Adults that are homeless with a medical issue.  
• Adults with high utilization.  
• Adults with serious mental health or substance use issues with case management needs. | G9012 | Open to select members only |
| Institute on Aging  
NPI: 1255730222 | 3575 Geary Blvd.  
San Francisco, CA 94118 | Phone: 628-239-3565  
Fax: 650-963-4699 | • Adults that are homeless with a medical issue.  
• Adults with high utilization.  
• Adults with serious mental health or substance use issues with case management needs.  
• Adults at risk for institutionalization.  
• Adult nursing facility residents transitioning to the community. | G9012 | Open |
| North East Medical Services (NEMS) – ECM | 211 Eastmoor Ave.  
Daly City, CA 94015 | Phone: 650-550-3923  
Fax: | • Homeless families or unaccompanied children and youth experiencing homelessness. | G9012 | Closed |
<table>
<thead>
<tr>
<th>Name/NPI</th>
<th>Address</th>
<th>Numbers</th>
<th>Service Option</th>
<th>CPT Code</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging and Adult Services</td>
<td>801 Gateway Blvd. Suite #400 South San Francisco, CA 94080</td>
<td>Phone: 650-573-3900 Fax: 833-522-0986</td>
<td>Respite Care</td>
<td>S5151</td>
<td>Open to select members only</td>
</tr>
<tr>
<td>Brilliant Corners NPI: 1356687354</td>
<td>1390 Market St. San Francisco, CA 94102</td>
<td>Phone: 415-618-0012 Fax: 877-320-8164</td>
<td>Housing Transition Navigation Services Housing Deposits Housing Tenancy Environmental Accessibility Adaptations</td>
<td>H0043 H0044 T2040 S5165</td>
<td>Open Open Open Open</td>
</tr>
<tr>
<td>Institute on Aging NPI: 1255730222</td>
<td>3575 Geary Blvd. San Francisco, CA 94118</td>
<td>Phone: 628-239-3565 Fax: 650-963-4699</td>
<td>Environmental Accessibility Adaptations Nursing Facility Transition/Diversion to Assisted Living Facilities Community Transition Services/Nursing Facility Transition to a Home</td>
<td>S5165 T2038 T2038</td>
<td>Open Open Open</td>
</tr>
<tr>
<td>Mental Health Association</td>
<td>2686 Spring St. Redwood City, CA</td>
<td>Phone: 650-257-8816</td>
<td>Housing Transition Navigation Services</td>
<td>H0043</td>
<td>Open to select</td>
</tr>
</tbody>
</table>

Community Supports Providers

- **Aging and Adult Services**
  - NPI: 1699052266
  - Address: 801 Gateway Blvd., Suite 100, South San Francisco, CA 94080
  - Phone: 415-202-6498
  - Services:
    - Children and youth at risk for avoidable hospital or ED utilization.
    - Children and youth with serious mental health and/or SUD needs.
    - Children and youth enrolled in CCS WCM with additional needs beyond the CCS condition.
    - Children and youth involved in child welfare.

- **Upward Health**
  - NPI: 1407518780
  - Address: 400 Concar Dr, San Mateo, CA 94402
  - Phone: 650-955-7915
  - Fax: 650-955-7397
  - Services:
    - Adults that are homeless with medical issues.
    - Adults with high utilization.
    - Adults with serious mental health/substance use issues with case management needs.
    - At risk for institutionalization (LTC).
Authorization Form Tips

Here are some critical steps for filling out the Prior Authorization request form for ECM and Community Supports services – filling the form out accurately will help the process go smoothly.

1. Follow instructions on the authorization form: [https://www.hpsm.org/docs/default-source/provider-forms/prior_authorization_request_form.pdf](https://www.hpsm.org/docs/default-source/provider-forms/prior_authorization_request_form.pdf)

2. Include the available ECM or CS provider information for “Servicing Provider Name,” “Street Address,” “City,” “State,” “Zip,” “NPI,” “Phone Number,” and “Fax.” Use the table above to complete this request accurately.

3. If you are not the provider who will be rendering the service, please include your name/facility/practice and NPI in the “Servicing Provider” section. If you want to receive a notification of outcome HPSM must have your NPI number and adjoining fax number on record. If you are not sure if this is on record, please be sure your fax number or email is clearly stated in attached documents or in the optional comments box at the bottom of the form.

4. Use correct CPT Codes listed in the table above.
   a. **Enhanced Care Management:** HPSM has adopted a simplified G9012 code for authorization purposes.
   b. **Community Support:** HPSM has a unique CPT code for each CS service option.

5. Diagnosis Codes: include primary diagnosis that indicates population of focus or service option qualification (example: Z codes for housing).

6. Attach any information, including recent appointment notes, care plan, summary of needs, or forms that demonstrate members qualifying criteria. If you do not include information that demonstrates qualifying criteria, the member may not be approved for services.
   a. For ECM requests, please specify which Population of Focus the member qualifies for in the comments on the PA form.
   b. For CS requests you will need to attach the Community Supports Request Information Form.

7. “Requested Service Dates From” and “To” should not overlap any existing Authorization of the same type of services. Authorizations cannot exceed one year.
8. For “Units of service” please enter numbers only and do not write any words in the box.
   a. ECM Authorizations only need to request one unit.
   b. For Community Supports (CS), see table below for guidance on units per each CS service type. Dates of service Authorization Start and End Date is within 12 month span:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Community Support Service Option</th>
<th>Units of Service</th>
<th>Days/Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0043</td>
<td>Housing Navigation/Transition Services</td>
<td>Up to 6 units</td>
<td>1 unit = 1 month</td>
</tr>
<tr>
<td>H0044</td>
<td>Housing Deposits</td>
<td>Up to 1 unit</td>
<td>1 unit = 3 months</td>
</tr>
<tr>
<td>T2040</td>
<td>Housing Tenancy</td>
<td>Up to 12 units</td>
<td>1 unit = 1 month</td>
</tr>
<tr>
<td>S5165</td>
<td>Environmental Accessibility Adaptations</td>
<td>Up to 1 unit</td>
<td>1 unit = 3 months</td>
</tr>
<tr>
<td>T2038</td>
<td>Nursing Facility Transition/Diversion to Assisted Living Facilities</td>
<td>Up to 12 units</td>
<td>1 unit = 1 month</td>
</tr>
<tr>
<td>T2038</td>
<td>Community Transitions/Nursing Facility to Home</td>
<td>Up to 12 units</td>
<td>1 unit = 1 month</td>
</tr>
<tr>
<td>S5170</td>
<td>Medically Tailored Meals</td>
<td>Up to 168 units</td>
<td>1 unit = 1 meal</td>
</tr>
</tbody>
</table>

For a list of all HPSM providers, please visit our HSPM Provider Directory: [https://www.hpsm.org/provider/directory-search](https://www.hpsm.org/provider/directory-search)
Prior Authorization Request Form

Fax completed form to 650-829-2079. Please type into PDF form and fill out all fields.

Today’s Date: 04-18-2023  MM-DD-YYYY

Is member currently in the hospital? [ ] YES [ ] NO IF YES, FAX Facesheet to 650-829-2060

Member Last Name: Grayson  First Name, M.I.: Richard
Street Address: 7435 Santa Ana Blvd
City, State, Zip: San Francisco, CA 94127
Phone: (415) 658-1111  Member ID#: 75319  DOB: 02-04-1993  Age: 30

Requesting Provider: Bridges to Wellness  NPI: 1336809359
Street Address: 225 37th Avenue
City, State, Zip: San Mateo, CA 94403
Phone: (650) 743-7272  Fax: (650) 573-1023  Office Contact:

Servicing Provider (if needed): ACE Center  NPI: 75315997135
Phone: (415) 658-2222  Fax: (415) 658-2323  Office Contact:

Primary Diagnosis Code: F33.2  Description: Major Depressive Disorder

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Procedure Code (EPT/MDCS Code/Modifier if applicable)</th>
<th>Specific Services Requested</th>
<th>Units of Service (Days/Quantity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>G0012 ECM (ECM authorizations should only request 1 unit.)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>T2038 Nursing Facility Transitions/Diversion to Assisted Living Facilities</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Requested Service Dates FROM: 04-18-2023  MM-DD-YYYY TO: 10-17-2023  MM-DD-YYYY

Optional comments for medical justification. Requesting Provider please attach required medical records/supporting documents.

Member is a high utilizer that could use extra support establishing regular care with a PCP, especially as they transition to an assisted living facility.

(Please see “Authorization Form Tips” for more information.)

<table>
<thead>
<tr>
<th>INPATIENT ONLY – LTC Required Information (Mark ✓ or X):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Transfer  [ ] Initial  [ ] Reauthorization  [ ] Bed Hold  [ ] Skilled Nursing  [ ] ICF-DD  [ ] Sub-Acute</td>
</tr>
</tbody>
</table>

To the best of my knowledge, the above information is true, accurate, and complete, and the requested services are medically indicated and necessary to the health of the patient.

Timothy Drake  Case Manager  04-18-2023

Signature of Physician or Provider  Title  Date  MM-DD-YYYY

Print Form

NOTE: Do not use a cover sheet. This form should be the FIRST page of your fax.

Most requests should be marked ROUTINE.

URGENT should only be used when turnaround time can cause serious harm to member’s life and health.

This is the HPSM CalAIM provider found on our CalAIM Provider List who will be PROVIDING the service that is being requested.

The “Servicing Provider” is the other provider requesting the CalAIM service for the member, if any.

Not to exceed one year. Initial ECM authorization periods must be for 12 months. Reauthorization periods thereafter must be for six months.