**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.  
• Adults transitioning from incarceration. | 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 | Open to select members only |
| Gardner Health Services – ECM  
*NPI: 1699041566* | 777 E Santa Clara St. Suite 2004 San Jose, CA 95112 | **Phone:** 669-444-5480  
**Fax:** 408-579-6168 | • Homeless families or unaccompanied children and youth experiencing homelessness.  
• 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 involved in child welfare.  
• Birth equity/youth pregnant and postpartum. | 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 |
<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Address</th>
<th>Contact Information</th>
<th>Eligibility</th>
<th>Status</th>
</tr>
</thead>
</table>
| Institute on Aging                                    | 3575 Geary Blvd. San Francisco, CA 94118 | **Phone:** 628-239-3565  
**Fax:** 650-963-4699 | • Adults transitioning from incarceration.  
• 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:** 415-202-6498 | • Homeless families or unaccompanied children and youth experiencing homelessness.  
• 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.  
• Birth equity/youth pregnant and postpartum. | G9012 Closed |
| Ravenswood Family Health Network-ECM                  | 1885 Bay Rd. East Palo Alto, CA 94303 | **Phone:** 650-330-7400  
**Fax:** 650-321-2002 | • Individuals experiencing homelessness.  
• Adults without dependent children/youth living with them experiencing homelessness.  
• Homeless families or unaccompanied children/youth experiencing homelessness.  
• Individuals at risk for avoidable hospital or emergency department (ED) utilization.  
• Adults at risk for avoidable hospital or ED utilization. | G9012 Closed |
| Upward Health                                         | 400 Concar Dr. San Mateo, CA 94402 | **Phone:** 650-955-7915  
**Fax:** 650-955-7397 | • Adults that are homeless with medical issues.  
• Adults with high utilization. | G9012 Open |
Community Supports Providers

<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></td>
<td></td>
<td></td>
<td>Personal Care and Homemaker Services</td>
<td>S5130</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</td>
<td>H0043</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Housing Deposits</td>
<td>H0044</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Housing Tenancy</td>
<td>T2040</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Environmental Accessibility Adaptations</td>
<td>S5165</td>
<td>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</td>
<td>S5165</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nursing Facility Transition/Diversion to Assisted Living Facilities</td>
<td>T2038</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community Transition Services/Nursing Facility Transition to a Home</td>
<td>T2038</td>
<td>Open</td>
</tr>
<tr>
<td>Mental Health Association NPI: 1073678793</td>
<td>2686 Spring St. Redwood City, CA 94063</td>
<td>Phone: 650-257-8816 Fax: 650-507-4071</td>
<td>Housing Transition Navigation Services</td>
<td>H0043</td>
<td>Open to select members only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Housing Tenancy</td>
<td>T2040</td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Housing Deposits</td>
<td>H0044</td>
<td>Open to select members only</td>
</tr>
<tr>
<td>MidPen Services NPI: 1114674546</td>
<td>303 Vintage Park Dr. Suite 250 Foster City, CA</td>
<td>Phone: 650-218-0555 Fax:</td>
<td>Housing Tenancy</td>
<td>T2040</td>
<td>Open to select members only</td>
</tr>
</tbody>
</table>
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>SS165</td>
<td>Environmental Accessibility Adaptations</td>
<td>Up to 1 unit</td>
<td>1 unit = 3 months</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Units</td>
<td>Unit</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>T2038</td>
<td>Nursing Facility Transition/Diversion to Assisted</td>
<td>Up to 12</td>
<td>1 unit</td>
</tr>
<tr>
<td></td>
<td>Living Facilities</td>
<td>units</td>
<td>= 1 month</td>
</tr>
<tr>
<td>T2038</td>
<td>Community Transitions/Nursing Facility to Home</td>
<td>Up to 12</td>
<td>1 unit</td>
</tr>
<tr>
<td>S5170</td>
<td>Medically Tailored Meals</td>
<td>Up to 168</td>
<td>1 unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>units</td>
<td>= 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)
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 provider requesting the CalAIM service for the member, if any.

The Servicing Provider is the HPSM CalAIM provider found on our ECM and CS Provider List who will be providing the service.

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