

Enhanced Care Management and Community Supports Provider Capacity List

This list should be used as a reference for verifying provider capacity of Cal-AIM providers. Before completing and submitting referral forms, please review capacity and eligibility here. Find referral forms and learn more about CalAIM here:

<https://www.hpsm.org/provider/calaim>

Enhanced Care Management Providers

Name/NPI	Address	Numbers	Populations of Focus	CPT Code	Capacity
Aging and Disability Services – ECM NPI: 1609290030	801 Gateway Blvd. Suite #400 South San Francisco, CA 94080	Phone: 650-573-3900 Fax: 833-522-0986	• Adults Living in the Community and At Risk for LTC Institutionalization • Adults At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)	G9012	Open
Avenidas NPI: 1871700716	450 Bryant St. Palo Alto, CA 94301	Phone: 650-289-5417 Fax: 650-289-5452	• Adults Living in the Community and At Risk for LTC Institutionalization • Adults At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)	G9012	Closed
Bridges to Wellness NPI: 1336809359	801 Gateway Blvd. Suite #225 South San Francisco, CA 94080	Phone: 650-573-4799 Fax: 833-218-8864	• Adults without Dependent Children/Youth Living with Them Experiencing Homelessness • Adults At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Adults with Serious Mental Health and/or SUD Needs • Adults Transitioning from Incarceration	G9012	Closed
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	• Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness • Children and Youth At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Children and Youth with Serious Mental Health and/or SUD Needs • Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition • Children and Youth Involved in Child Welfare	G9012	Closed

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/Youth Experiencing Homelessness • Children and Youth At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Adults/Children and Youth with Serious Mental Health and/or SUD Needs • Children and Youth Involved in Child Welfare • Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition • Birth Equity Population of Focus • Adults Living in the Community and At Risk for LTC Institutionalization • Adult Individuals At Risk for Avoidable Hospital or ED Utilization	G9012	Closed
Healthcare in Action NPI: 1881360758	275 Blomquist St. Redwood City, CA 94063	Phone: 650-442-1569 Fax: 877-883-6503	• Adults without Dependent Children/Youth Living with Them Experiencing Homelessness • Adults At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Adults with Serious Mental Health and/or SUD Needs • Adults Transitioning from Incarceration	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 without Dependent Children/Youth Living with Them Experiencing Homelessness • Adults At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Adults with Serious Mental Health and/or SUD Needs • Adults Living in the Community and At Risk for LTC Institutionalization	G9012	Open

			• Adult Nursing Facility Residents Transitioning to the Community • Adults Transitioning from Incarceration		
North East Medical Services (NEMS) – ECM NPI: 1699052266	211 Eastmoor Ave. Daly City, CA 94015	Phone: 650-550-3923 Fax: 415-202-6498	• Adults/Children and Youth At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Adults/Children and Youth with Serious Mental Health and/or SUD Needs • Adults Living in the Community and At Risk for LTC Institutionalization • Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness • Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition • Children and Youth Involved in Child Welfare • Birth Equity Population of Focus	G9012	Open
Ravenswood Family Health Network-ECM NPI: 1821170044	1885 Bay Rd. East Palo Alto, CA 94303	Phone: 650-330-7400 Fax: 650-321-2002	• Adults without Dependent Children/Youth Living with Them Experiencing Homelessness • Adults At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)	G9012	Open to select members only
Upward Health NPI: 1407518780	400 Concar Dr. San Mateo, CA 94402	Phone: 650-955-7915 Fax: 650-955-7397	• Adults without Dependent Children/Youth Living with Them Experiencing Homelessness • Adults At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) • Adults with Serious Mental Health and/or SUD Needs • Adults Living in the Community and At Risk for LTC Institutionalization • Adult Nursing Facility Residents Transitioning to the Community • Birth Equity Population of Focus	G9012	Open

Community Supports Providers

Name/NPI	Address	Numbers	Service Option	CPT Code	Capacity
24 Hour Home Care NPI: 1376797035	200 North Pacific Coast Highway Suite 300 El Segundo, CA 90245	Phone: 888-324-6225 Fax: 888-522-6796	Personal Care and Homemaker Services	S5130, U6	Open
			Respite Care	S5151, U6	Open
Aging and Disability Services NPI: 1609290030	801 Gateway Blvd. Suite #400 South San Francisco, CA 94080	Phone: 650-573-3900 Fax: 833-522-0986	Personal Care and Homemaker Services	S5130, U6	Open
			Respite Care	S5151, U6	Open
Breathe California NPI: 1396400891	1469 Park Ave. San Jose, CA 95126	Phone: 408-998-5865 Fax: 408-998-0578	Asthma Remediation	S5165, U5	Open
Brilliant Corners NPI: 1356687354	1390 Market St. San Francisco, CA 94102	Phone: 415-618-0012 Fax: 877-320-8164	Housing Transition Navigation Services	H0043	Closed
			Housing Deposits	H0044	Closed
			Housing Tenancy – Financial Management	T2050, U6 (per diem)	Closed
			Environmental Accessibility Adaptations	S5165	Closed
Gardner Health Services - CS NPI: 1699041566	777 East Santa Clara St. Suite 2004 San Jose, CA 95112	Phone: 669-444-5480 Fax: 408-579-6168	Housing Transition Navigation Services	H0043	By internal referral only
			Housing Tenancy and Sustaining Services	T2050, U6 (per diem)	By internal referral only
Human Good NPI: 1285478164	310 Miller Ave. South San Francisco, CA 94080	Phone: 925-924-7288 Fax: 925-414-4102	Housing Tenancy and Sustaining Services	T2050, U6 (per diem)	By Human Good referral only
Institute on Aging NPI: 1255730222	3575 Geary Blvd. San Francisco, CA 94118	Phone: 628-239-3565 Fax: 650-963-4699	Environmental Accessibility Adaptations	S5165	Open to select members only

			Assisted Living Facilities (ALF) Transitions	T2038, U4	Open
			Community or Home Transition Services	T2038, U5	Open
Mental Health Association NPI: 1073678793	2686 Spring St. Redwood City, CA 94063	Phone: 650-257-8816 Fax: 650-507-4071	Housing Transition Navigation Services	H0043	Closed
			Housing Tenancy – Financial Management	T2050, U6 (per diem)	Open
			Housing Deposits	H0044	Open
MidPen Services NPI: 1114674546	303 Vintage Park Dr. Suite 250 Foster City, CA 94404	Phone: 650-218-0555 Fax: 650-281-0012	Housing Tenancy – Financial Management	T2050, U6 (per diem)	By MidPen referral only
Mom’s Meals NPI: 1093834020	3210 SE Corporate Woods Dr. Ankeny, IA 50021	Phone: 888-701-5279 Fax: 866-942-7873	Medically Tailored Meals (with at least 1 required Nutritional Counseling Assessment)	S5170, S9470, U6	Open

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 ECM or Community Supports service to the member.

The "Servicing Provider" is the provider submitting the request.

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

CLEAR FORM



Prior Authorization Request Form

Fax completed form to 650-829-2079.

Please type into PDF form and fill out all fields.

REQUEST

☐ URGENT
☒ ROUTINE

Mark ✓ or X

LINE OF BUSINESS

☐ CAREADVANTAGE
☒ MEDI-CAL
☐ ACE
☐ HEALTHWORX

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

Line No.	Procedure Code (CPT/HCPCS Code/Modifier if applicable)	Specific Services Requested	Units of Service (Days/Quantity)
1	G9012	ECM (ECM authorizations should only request 1 unit.)	1
2			
3			
4			
5			
6	T2038	Nursing Facility Transitions/Diversion to Assisted Living Facilities	2
7		(Please see the "Community Support Providers" chart	
8		for CPT codes, service options, and units of service for	
9		Community Supports services.)	
10			

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.)

INPATIENT ONLY – LTC Required Information (Mark ✓ or X):

☐ Transfer ☐ Initial ☐ Reauthorization ☐ Bed Hold ☐ Skilled Nursing ☐ ICF-DD ☐ Sub-Acute

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
Signature of Physician or Provider

Case Manager
Title

04-18-2023
Date MM-DD-YYYY

801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 • TEL: 650-616-0050 • TTY: 1-800-735-2929

For authorization questions contact HPSM Health Services Ph 650-616-2070 • Fax 650-829-2079 • For Facesheets fax to 650-829-2060

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE ID CARD IS CURRENT BEFORE RENDERING SERVICE.

Version 5.0 January 2023

PRINT FORM