

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

Enhanced Care Management Providers

Name/NPI	Address	Numbers	Populations of Focus	CPT Code	Capacity
Aging and Adult Services – ECM NPI: 1609290030	801 Gateway Blvd. Suite #400 South San Francisco, CA	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	94080 450 Bryant St.	Phone:	Adults Living in the Community and	G9012	Closed
NPI: 1871700716	Palo Alto, CA 94301	650-289-5417 Fax: 650-289-5452	At Risk for LTC Institutionalization • Adults At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	65012	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	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	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	Open to select members only



Services – ECM NPI: 1699041566 San Jose, CA 95112 Fax: 408-579-6.168 Very date and Youth At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers") - Adults Children and Youth berold in CCs or CCS WCM with Additional Needs - Children and Youth Enrolled in CCs or CCS WCM with Additional Needs - Children and Youth Enrolled in CCs or CCS WCM with Additional Needs - Children and Youth Enrolled in CCs or CCS WCM with Additional Needs - Regvond the CCS Condition - Birth Equity Population of Focus - Adults Living in the Community and At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers") - Adults Living in the Community and At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers") - Adults Living in the Community and At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers") - Adults Living in the Community and At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers") - Adults Living in the Community and At Risk for Living in the Community and	Gardner Health	777 E Santa Clara	Phone:	Homeless Families or	G9012	Open
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ECM 94015 Fax:	Services (NEMS) –	Daly City, CA	650-550-3923	for Avoidable Hospital or ED		
	ECM	94015	Fax:			



NPI: 1699052266		415-202-6498	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		
Ravenswood Family Health Network-ECM NPI: 1821170044	1885 Bay Rd. East Palo Alto, CA 94303	Phone: 650-330-7400 Fax: 1-650-965-1020	 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
StarVista Insights NPI: 1821376641	420 Brewster Ave. Redwood City, CA 94063	Phone: 650-366-8436 Fax: 650-412-2337	Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness Children and Youth with Serious Mental Health and/or SUD Needs Children and Youth Transitioning from Incarceration 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
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 Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness Adults At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers") Adults with Serious Mental Health and/or SUD Needs	G9012	Open



		Adults Living in the Community and	
		At Risk for LTC Institutionalization	
		 Adult Nursing Facility Residents 	
		Transitioning to the Community	
		Birth Equity Population of Focus	
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Community Supports Providers

Name/NPI	Address	Numbers	Service Option	CPT Code	Capacity
24 Hour Home	200 North Pacific	Phone:	Personal Care and Homemaker	S5130, U6	Open
Care	Coast Highway	888-324-6225	Services		
NPI: 1376797035	Suite 300		Respite Care	S5151, U6	Open
	El Segundo, CA	Fax:			
	90245	888-522-6796			
Aging and Adult	801 Gateway Blvd.	Phone:	Personal Care and Homemaker	S5130, U6	Open to
Services	Suite #400	650-573-3900	Services		select
	South San	Fax:			members
	Francisco, CA	833-522-0986			only
	94080		Respite Care	S5151, U6	Open to
					select
					members
					only
			Community Transition	T2038, U5	Closed
			Services/Nursing Facility Transition		
			to a Home		
Breathe California	1469 Park Ave.	Phone:	Asthma Remediation	S5165, U5	Open
NPI: 1396400891	San Jose, CA	408-998-5865			
	95126	Fax:			
		408-998-0578			
Brilliant Corners	1390 Market St.	Phone:	Housing Transition Navigation	H0043	Closed
NPI: 1356687354	San Francisco, CA	415-618-0012	Services		
	94102	Fax:	Housing Deposits	H0044	Closed
		877-320-8164	Housing Tenancy – Financial	T2050, U6	Closed
			Management	(per	
				diem)	
			Environmental Accessibility	S5165	Closed
			Adaptations		
Human Good	310 Miller Ave.	Phone:	Housing Tenancy and Sustaining	T2050, U6	Ву
NPI: 1285478164	South San	925-924-7288	Services	(per	Human
	Francisco, CA	Fax:		diem)	Good
	94080	925-414-4102			referral
					only



			•		
Institute on Aging	3575 Geary Blvd.	Phone:	Environmental Accessibility S5165		Open
NPI: 1255730222	San Francisco, CA	628-239-3565	Adaptations		
	94118	Fax:	Nursing Facility Transition/Diversion	T2038, U4	Open
		650-963-4699	to Assisted Living Facilities		
			Community Transition	T2038, U5	Open
			Services/Nursing Facility Transition		
			to a Home		
Mental Health	2686 Spring St.	Phone:	Housing Transition Navigation	H0043	Ву МНА
Association	Redwood City, CA	650-257-8816	Services		referral
NPI: 1073678793	94063	Fax:			only
		650-507-4071	Housing Tenancy – Financial	T2050, U6	Open
			Management	(per	
				diem)	
			Housing Deposits	H0044	Ву МНА
					referral
					only
MidPen Services	303 Vintage Park	Phone:	Housing Tenancy – Financial	T2050, U6	Open to
NPI: 1114674546	Dr. Suite 250	650-218-0555	Management	(per	select
	Foster City, CA	Fax:		diem)	members
	94404	650-281-0012			only
Mom's Meals	3210 SE Corporate	Phone:	Medically Tailored Meals	S5170	Open
NPI: 1093834020	Woods Dr.	888-701-5279			
	Ankeny, IA 50021	Fax:			
		866-942-7873			

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
- 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:

CPT Code	Community Support Service Option	Max Units of Service Paid per Authorization	Days/Quantity
H0043	Housing Navigation/Transition Services	1 unit per month, up to 6	1unit = 1 month
		units	
H0044	Housing Deposits	Up to 1 unit	1 unit = 3 months
S5130, U6	Personal Care and Homemaker Services	N/A	1 unit = 15 minutes
S5151, U6	Respite Care	Up to 336 units	1 unit = 1 hour
S5165	Environmental Accessibility Adaptations	Up to 1 unit	1 unit = 3 months
S5165, U5	Asthma Remediation	Up to 1 unit	1 unit = \$7,500 lifetime
			max
S5170	Medically Tailored Meals	Up to 168 units	1 unit = 1 meal
T2038	Nursing Facility Transition/Diversion to	Up to 12 units	1 unit = 1 month
	Assisted Living Facilities		
T2038	Community Transitions/Nursing Facility to	Up to 12 units	1 unit = 1 month
	Home		
T2050, U6	Housing Tenancy – Financial Management	1 unit per month, up to 12	1 unit = 1 month
	(per diem)	units	

For a list of all HPSM providers, please visit our HSPM Provider Directory: https://www.hpsm.org/provider/directory-search

CLEAR FORM	Prior Authorization	REQUEST	LINE OF BUSINESS	Most required should be
Phi HealthPlan II II OF SAN MATEO	Request Form	URGENT	CAREADVANTAGE	ROUTINE
IIII OF SAIN WALLO	Fax completed form to 650-829-2079.	ROUTINE	MEDI-CAL	URGENT
Plea	ase <u>type</u> into PDF form and fill out all fields.	Mark ✓ or X	ACE	only be u
04.40.0000		Mark For A	⊣	turnarou can caus
Today's Date:04-18-2023	MM-DD-YYYY	<u>[L</u>	HEALTHWORX	harm to
Is member currently in the hosp		heet to 650-829-2060		life and h
Member Last Name: Gray			04107	
Street Address: 7435 Santa			94127	This is th
Phone: (415) 658-1111		DOB: 02-04-1993		CalAIM p
Requesting Provider:	Bridges to Wellness		09359	found on
Street Address: 225 37th Av		San Mateo, CA 944	03	CalAIM P
Phone: (650) 743-7272	Fax: (650) 573-1023 Offic	e Contact:		List who providing
Servicing Provider (if needed	i): ACE Center	_{NPI:} 75315	997135	or Comm
Phone: (415) 658-2222	Fax: (415) 658-2323 Office	e Contact:		Supports
Primary Diagnosis Code: F3	3.2 Description: Major Depressiv	ve Disorder		to the me
Line Procedure Code (CPT/HCPCS	Specific Services Request	ed	Units of Service	The "Sen
No. Code/Modifier if applicable)	· · · · · · · · · · · · · · · · · · ·		(Days/Quantity)	Provider provider
1 G9012	ECM (ECM authorizations should only	request 1 unit.)	 ' 	ting the r
3				
4				
5				
6 T2038	Nursing Facility Transitions/Diversion to Ass	sisted Living Facilities	2	
7	(Please see the "Community Supp			Not to ex
8	for CPT codes, service options, and	d units of service for		year. Initi
10	Community Supports services.)		 	authoriza
	04.40.0000	10.17.0000		periods r
Requested Service Dates FROI			MM-DD-YYYY	for 12 mc
Member is a high utilize	l justification. Requesting Provider please attach r that could use extra support establish ition to an assisted living facility.			Reauthor periods t must be
(Please see "Autho	rization Form Tips" for more information	n.)		months.
INPATIENT ONLY – LTC Requir	ed Information (Mark Vor X):			
Transfer Initial	Reauthorization Bed Hold	Skilled Nursing CF-D	DD Sub-Acute	
To the best of my knowledge, the indicated and necessary to the	he above information is true, accurate and comp health of the patient.	lete, and the requested serv	vices are medically	
Timothy Drake	Case Manager	04-18-2023		
Signature of Physician or Provider	Title	Date MM-DD-YY		
For authorization questions contact HPSM Hea	co, CA 94080 · TEL: 650-616-0050 · TTY: 1-800-735-2929 Ith Services Ph 650-616-2070 · Fax 650-829-2079 · For Facesheets fax to EE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE		PRINT FORM ERING SERVICE.	

quests be marked E.

should used when und time se serious member's nealth.

e HPSM rovider our Provider will be g the ECM nunity s service ember.

vicing " is the submitrequest.

ceed one ation must be onths. rization thereafter for six