

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 94080	Phone: 650-573-3900 Fax: 833-522-0986	<ul style="list-style-type: none"> • 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 to select members only
Avenidas NPI: 1871700716	450 Bryant St. Palo Alto, CA 94301	Phone: 650-289-5417 Fax: 650-289-5452	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

<p>Gardner Health Services – ECM NPI: 1699041566</p>	<p>777 E Santa Clara St. Suite 2004 San Jose, CA 95112</p>	<p>Phone: 669-444-5480 Fax: 408-579-6168</p>	<ul style="list-style-type: none"> • 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 	<p>G9012</p>	<p>Open</p>
<p>Healthcare in Action NPI: 1881360758</p>	<p>275 Blomquist St. Redwood City, CA 94063</p>	<p>Phone: 650-442-1569 Fax: 877-883-6503</p>	<ul style="list-style-type: none"> • 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 	<p>G9012</p>	<p>Open to select members only</p>
<p>Institute on Aging NPI: 1255730222</p>	<p>3575 Geary Blvd. San Francisco, CA 94118</p>	<p>Phone: 628-239-3565 Fax: 650-963-4699</p>	<ul style="list-style-type: none"> • 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 	<p>G9012</p>	<p>Open</p>

<p>North East Medical Services (NEMS) – ECM NPI: 1699052266</p>	<p>211 Eastmoor Ave. Daly City, CA 94015</p>	<p>Phone: 650-550-3923 Fax: 415-202-6498</p>	<ul style="list-style-type: none"> • 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 	<p>G9012</p>	<p>Open</p>
<p>Ravenswood Family Health Network-ECM NPI: 1821170044</p>	<p>1885 Bay Rd. East Palo Alto, CA 94303</p>	<p>Phone: 650-330-7400 Fax: 1-650-965-1020</p>	<ul style="list-style-type: none"> • Adults without Dependent Children/Youth Living with Them Experiencing Homelessness • Adults At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”) 	<p>G9012</p>	<p>Open to select members only</p>
<p>StarVista Insights NPI: 1821376641</p>	<p>420 Brewster Ave. Redwood City, CA 94063</p>	<p>Phone: 650-366-8436 Fax: 650-412-2337</p>	<ul style="list-style-type: none"> • 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 	<p>G9012</p>	<p>Closed</p>
<p>Upward Health NPI: 1407518780</p>	<p>400 Concar Dr. San Mateo, CA 94402</p>	<p>Phone: 650-955-7915 Fax: 650-955-7397</p>	<ul style="list-style-type: none"> • 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”) 	<p>G9012</p>	<p>Open</p>

			<ul style="list-style-type: none"> • 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 		
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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 Adult Services	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 to select members only
			Respite Care	S5151, U6	Open to select members only
			Community Transition Services/Nursing Facility Transition to a Home	T2038, U5	Closed
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
Human Good NPI: 1285478164	310 Miller Ave.	Phone: 925-924-7288 Fax:	Housing Tenancy and Sustaining Services	T2050, U6 (per diem)	By Human Good

	South San Francisco, CA 94080	925-414-4102			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
			Nursing Facility Transition/Diversion to Assisted Living Facilities	T2038, U4	Open
			Community Transition Services/Nursing Facility Transition to a Home	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	By MHA referral only
			Housing Tenancy – Financial Management	T2050, U6 (per diem)	Open
			Housing Deposits	H0044	By MHA referral only
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)	Open to select members 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	S5170	Open

Authorization Form Tips

Here are some critical steps for filling out the Prior Authorization request form for ECM reauthorizations 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 reauthorization 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 units	1 unit = 1 month
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 Assisted Living Facilities	Up to 12 units	1 unit = 1 month
T2038	Community Transitions/Nursing Facility to Home	Up to 12 units	1 unit = 1 month
T2050, U6	Housing Tenancy – Financial Management (per diem)	1 unit per month, up to 12 units	1 unit = 1 month

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

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

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 for CPT codes, service options, and units of service for Community Supports services.)	
8			
9			
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

PRINT FORM

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

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.