



## ENHANCED CARE MANAGEMENT (ECM) AUTHORIZATION REQUEST

☐ Initial Request   ☐ Reauthorization   ☐ Urgent (72 hours)   ☐ Routine   ☐ Retroactive

FAX: 1-855-883-1552   PHONE: 1-888-301-1228   [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)

PROVIDER INFORMATION	
Referring (Ordering) Provider	Servicing ECM Provider
<input type="checkbox"/> Same as Referring (Ordering) Provider	
Name: _____	Name: _____
Specialty: _____	Specialty: _____
NPI: _____ TIN: _____	NPI: _____ TIN: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Office Contact: _____	Office Contact: _____

MEMBER INFORMATION	
Last Name: _____	First Name: _____
Mailing Address: _____	City: _____ Zip: _____ (Required)
Medi-Cal ID: _____ (Required)	Phone: _____ Birth Date: _____ Age: _____ (Required)
Name of PCP: _____	Location: _____

ECM AUTHORIZATION REQUEST	
<input type="checkbox"/> Initial Request for ECM <input type="checkbox"/> Reauthorization	
Diagnosis: _____	ICD-10: _____
Date of Service: _____	HCPCS Code: _____ Modifier: _____ Quantity: _____
Date of Service: _____	HCPCS Code: _____ Modifier: _____ Quantity: _____
Date of Service: _____	HCPCS Code: _____ Modifier: _____ Quantity: _____
Documents to submit with request: <input type="checkbox"/> Referral form (if applicable) <input type="checkbox"/> Other (specify): _____	



**PROGRAM INVOLVEMENT**

**Exclusionary  
Programs**

**Member is not eligible for ECM if enrolled in one of the following comprehensive care management programs:**

- Multipurpose Senior Services Program (MSSP)
- HIV/AIDS Waiver
- Hospice
- Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
- HCBS Waiver-Individuals with Developmental Disabilities (DD)
- Self-Determination Program-Individuals with I/DD
- Home and Community-Based Alternatives (HCBA) Waiver
- California Community Transitions (CCT) Money Follows the Person (MFTP)

☐ I have assessed for the member's enrollment in exclusionary programs, and to the best of my knowledge, the member is not enrolled in any program that would exclude them from participating in ECM.

**Wraparound  
Programs**  
*(can be enrolled  
in ECM  
concurrently)*

- ☐ California Children's Services (CCS)
- ☐ County Targeted Case Management (TCM)
- ☐ Specialty Mental Health (SMHS) TCM
- ☐ SMHS Intensive Care Coordination (ICC) for Children
- ☐ Drug Medi-Cal Organized Delivery Systems (DMC-ODS)
- ☐ Community-Based Adult Services (CBAS)
- ☐ Dual-Eligible Special Needs Plans (D-SNPs) and look-alike plans
- ☐ Medicare Advantage Plans
- ☐ Medicare Fee for Service (FFS)
- ☐ AIDS Healthcare Foundation Plans

Contact Name(s):

Contact Phone Number(s):



**ECM POPULATION OF FOCUS ELIGIBILITY CRITERIA**

*Choose one:*

- ☐ High Utilization    ☐ Homeless    ☐ Serious Mental Illness / Substance Use Disorder    ☐ Justice Involved

**Complete justification for the selected population of focus above.**

**High Utilization  
(18+)**

**Must be 18 years of age or older AND MEET AT LEAST ONE of the following:**

- ☐ 5+ avoidable ER visits in last six months  
☐ 3+ unplanned, avoidable IP admissions or SNF stays in the last six months

**Homeless  
(All Ages)**

**Must meet ALL of the following:**

- ☐ Homeless or at imminent risk of becoming homeless.  
(as defined below; check all that apply)
- ☐ An individual who lacks adequate nighttime residence.
- ☐ An individual or family with a primary residence that is a public or private space not designed for or ordinarily used for human habitation.
- ☐ An individual or family living in a shelter.
- ☐ An individual exiting an institution to homelessness (if exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of institutionalization).
- ☐ An individual or family who will imminently lose housing in the next 30 days.
- ☐ Unaccompanied youth and homeless families and children defined as homeless under other federal statutes.
- ☐ Victims fleeing domestic violence.

- ☐ 1+ complex physical, behavioral, or developmental health need (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Substance Use Disorder (SUD)          | <input type="checkbox"/> Other medical or chronic mental health condition(s).<br>Specify: |
| <input type="checkbox"/> Bipolar disorder             | <input type="checkbox"/> Chronic congestive heart failure      |   |
| <input type="checkbox"/> Dementia                     | <input type="checkbox"/> Chronic kidney disease                |   |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Chronic liver disease                 |   |
| <input type="checkbox"/> Hypertension                 | <input type="checkbox"/> Coronary artery disease               |   |
| <input type="checkbox"/> Major depressive disorder    | <input type="checkbox"/> Chronic obstructive pulmonary disease |   |
| <input type="checkbox"/> Psychotic disorders          | <input type="checkbox"/> Serious Emotional Disorder (SED)      |   |
| <input type="checkbox"/> Serious Mental Illness (SMI) | <input type="checkbox"/> Traumatic brain injury                |   |



**ECM POPULATION OF FOCUS ELIGIBILITY CRITERIA**

**SMI/SUD (18+)**  
(All Ages)

**Must meet ALL of the following:**

- ☐ 18 years of age or older
- ☐ Meet criteria for SMH and/or DMC-ODS services
- ☐ 1+ complex SDoH factors (check all that apply)
  - ☐ Z55.0 Illiteracy and low-level literacy
  - ☐ Z59.0 Homelessness
  - ☐ Z59.1 Inadequate housing (lack of heating / space, unsatisfactory surroundings)
  - ☐ Z59.3 Problems related to living in residential institution
  - ☐ Z59.4 Lack of adequate food and safe drinking water
  - ☐ Z59.7 Insufficient social insurance and welfare support
  - ☐ Z59.8 Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)
  - ☐ Z60.2 Problems related to living alone
  - ☐ Z60.4 Social exclusion and rejection (physical appearance, illness or behavior)
  - ☐ Z62.819 Personal history of unspecified abuse in childhood
  - ☐ Z63.0 Problems in relationship with spouse or partner
  - ☐ Z63.4 Disappearance and death of family member (assumed death, bereavement)
  - ☐ Z63.5 Disruption of family by separation and divorce (marital estrangement)
  - ☐ Z63.6 Dependent relative needing care at home
  - ☐ Z63.72 Alcoholism and drug addiction in family
  - ☐ Z65.1 Imprisonment and other incarceration
  - ☐ Z65.2 Problems related to release from prison
  - ☐ Z65.8 Other specified problems related to psychosocial circumstances (religious or spiritual problem)

**AND AT LEAST ONE of the following:**

- ☐ Overdose / At risk of overdose
- ☐ Pregnant / Post-partum
- ☐ Suicidal ideation
- ☐ High risk of institutionalization
- ☐ 2+ ER visits or 2+ Admits for SUD / alcohol use in 12 months
- ☐ Uses crisis services, ER, UC, or IP stays as the sole source of care



**ECM POPULATION OF FOCUS ELIGIBILITY CRITERIA**

**Justice Involved**

**Must meet ALL of the following:**

- ☐ Transitioning from incarceration or transitioned from incarceration within the last 12 months.

**AND AT LEAST ONE of the following:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Chronic congestive heart failure         | <input type="checkbox"/> Other medical or chronic mental |
| <input type="checkbox"/> HIV/AIDS                     | <input type="checkbox"/> Chronic kidney disease                   | health condition(s).                                     |
| <input type="checkbox"/> Hepatitis C                  | <input type="checkbox"/> Chronic liver disease                    | Specify:   |
| <input type="checkbox"/> Diabetes                     | <input type="checkbox"/> Coronary artery disease                  |  |
| <input type="checkbox"/> Hypertension                 | <input type="checkbox"/> Chronic obstructive pulmonary disease    |  |
| <input type="checkbox"/> Pregnant / Post-partum       | <input type="checkbox"/> Intellectual or developmental disability |  |
| <input type="checkbox"/> Substance Use Disorder (SUD) | <input type="checkbox"/> Traumatic brain injury                   |  |
| <input type="checkbox"/> Serious Mental Illness (SMI) |   |  |