



**COMMUNITY SUPPORTS (CS)
RESPITE CARE / PERSONAL HOMEMAKER SERVICES
AUTHORIZATION REQUEST FORM**

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

FAX: 1-855-883-1552 PHONE: 1-888-301-1228 www.goldcoasthealthplan.org

PROVIDER INFORMATION	
Referring (Ordering) Provider	Servicing CS 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: _____

Members receiving similar services through other community and government programs are ineligible to receive GCHP Community Supports concurrently.

HOUSING SUITE OF SERVICES AUTHORIZATION REQUEST	
Diagnosis: _____	ICD-10: _____
<input type="checkbox"/> Respite Care	
Date of Service: _____	HCPCS Code: _____ Modifier: _____ Quantity: _____
Date of Service: _____	HCPCS Code: _____ Modifier: _____ Quantity: _____
<input type="checkbox"/> Personal Homemaker Services	
Date of Service: _____	HCPCS Code: _____ Modifier: _____ Quantity: _____
Date of Service: _____	HCPCS Code: _____ Modifier: _____ Quantity: _____



☐ **Housing Deposit**

Member must be receiving Transition Navigation Services from the same provider.

Date of Service: _____ HCPCS Code: _____ Modifier: _____ Quantity: _____

Documents to submit with request:

☐ Referral form (if applicable)

COMMUNITY SUPPORTS ELIGIBILITY CRITERIA

Respite Care

☐ Member lives in the community, depends on a caregiver for support, including Activities of Daily Living (ADLS), and requires caregiver relief to avoid institutionalization.

**Personal
Homemaker
Services**

- ☐ Member is at risk for hospitalization or institutionalization in a skilled nursing facility (SNF).
- ☐ Member has a functional deficit and does not have an adequate support system.

For questions regarding CalAIM, call the CalAIM hotline at 1-805-437-5911, Monday through Friday, from 8 a.m. to 5 p.m. (excluding holidays). You may also email: calaim@goldchp.org.