



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

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

☐ Initial Request for ECM ☐ 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		
✓	Populations	Eligibility Criteria
All Ages		
<input type="checkbox"/>	Individuals Experiencing Homelessness	Homeless or at risk of homelessness
<input type="checkbox"/>	Individuals At Risk for Avoidable Hospital or ED UT	3+ avoidable ED AND/OR 2+ avoidable IP/SNF in 12 consecutive months
<input type="checkbox"/>	Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes	Are pregnant or are postpartum (through 12 months period); AND Qualify for eligibility in any other adult or youth ECM Pop of Focus. 0 Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.
<input type="checkbox"/>	Individuals with I/DD	Have a diagnosed I/DD AND 1+ complex physical, behavioral, or developmental health need
Adults (>21)		
<input type="checkbox"/>	Individuals with Mental Health and/or SUD Needs	Meet the eligibility criteria for DMC-ODS or SMHS, AND 1+ complex social factor
<input type="checkbox"/>	Individuals Transitioning from Incarceration	Are transitioning from or transitioned from a correctional setting within the last 12 months
<input type="checkbox"/>	Adults Living in the Community and At Risk for LTC Institutionalization	Are living in the community who meet the SNF LOC criteria; or who require lower-acuity skilled nursing AND can reside continuously in the community with supports
<input type="checkbox"/>	Adult Nursing Facility Residents Transitioning to the Community	Nursing facility residents who: want to move out of the institution; AND are likely candidates to do so successfully; AND can reside continuously in the community.
Children / Youth (<21)		
<input type="checkbox"/>	Individuals with Serious Mental Health and/or SUD Needs	Meet the eligibility criteria for DMC-ODS or SMHS
<input type="checkbox"/>	Justice Involved	Are transitioning from being in custody or transitioned from being in custody of a youth correctional facility and/or on probation within the past 12 months.
<input type="checkbox"/>	Children and Youth Enrolled in CCS with Additional Needs Beyond the CCS Condition	Are enrolled in CCS AND Are experiencing at least one complex social factor influencing their health.
<input type="checkbox"/>	Children and Youth Involved in Child Welfare	Are under 21 and are in foster care or within the last 12 months; AND/OR have aged out of foster care up to age 26 AND/OR Are under 18 and are eligible for and/or in California's Adoption Assistance Program; AND/OR Are under age 18 and are currently receiving or have received services from California's Family Maintenance program the last 12 months.