



COMMUNITY SUPPORTS (CS) HOUSING SUITE 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"/> Housing Tenancy and Sustaining	
Date of Service: _____	HCPCS Code: _____ Modifier: _____ Quantity: _____
Date of Service: _____	HCPCS Code: _____ Modifier: _____ Quantity: _____
<input type="checkbox"/> Housing Transition Navigation	
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 HOUSING SUITE ELIGIBILITY CRITERIA

Homeless

- ☐ Unhoused or at imminent risk of becoming homeless (housing insecure)
(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 unhoused 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 (housing insecure).
 - ☐ Unaccompanied youth and families experiencing homelessness and children and youth defined as homeless under other federal statutes.
 - ☐ Victims fleeing domestic violence.

**And at least one
of the following:**

- ☐ One or more serious chronic conditions
- ☐ Serious mental illness / substance use disorder
- ☐ At risk of institutionalization
- ☐ Serious emotional disturbance (children / adolescents)
- ☐ Exiting incarceration
- ☐ Transitional-aged youth with significant barriers to housing