



CALAIM COMMUNITY SUPPORTS, HOUSING SUITES 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: _____ <i>(Required)</i>
Medi-Cal ID: _____ <i>(Required)</i>	Phone: _____ Birth Date: _____ Age: _____ <i>(Required)</i>
Name of PCP: _____	Location: _____

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

HOUSING SUITE OF SERVICES AUTHORIZATION REQUEST	
<input type="checkbox"/> Housing Transition Navigation <input type="checkbox"/> Housing Tenancy and Sustaining	
Diagnosis: _____	ICD-10: _____
Date of Service: _____	HCPCS Code: _____ Modifier: _____ Quantity: _____
<input type="checkbox"/> Documents to submit with request:	<input type="checkbox"/> Referral form (if applicable)
<input type="checkbox"/> HOUSING DEPOSIT	
*Member must be receiving Transition Navigation Services from the same provider.	
<input type="checkbox"/> Documents to submit with request:	<input type="checkbox"/> Referral form (if applicable)



COMMUNITY SUPPORTS HOUSING SUITE ELIGIBILITY CRITERIA	
Homeless	<ul style="list-style-type: none"> <input type="checkbox"/> Homeless or at imminent risk of becoming homeless. (as defined below; check all that apply) <input type="checkbox"/> An individual who lacks adequate nighttime residence. <input type="checkbox"/> An individual or family with a primary residence that is a public or private space not designed for or ordinarily used for human habitation. <input type="checkbox"/> An individual or family living in a shelter. <input type="checkbox"/> 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). <input type="checkbox"/> An individual or family who will imminently lose housing in the next 30 days. <input type="checkbox"/> Unaccompanied youth and homeless families and children and youth defined as homeless under other federal statutes. <input type="checkbox"/> Victims fleeing domestic violence.
And at least one of the following:	<ul style="list-style-type: none"> <input type="checkbox"/> One or more or more serious chronic conditions. <input type="checkbox"/> Serious mental illness / substance use disorder. <input type="checkbox"/> At risk of institutionalization. <input type="checkbox"/> Serious emotional disturbance (children / adolescents). <input type="checkbox"/> Exiting incarceration. <input type="checkbox"/> Transitional-aged youth with significant barriers to housing.