



COMMUNITY SUPPORTS (CS) RECUPERATIVE CARE 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.

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)



ELIGIBILITY CRITERIA

☐ At risk for hospitalization.

AND at least one of the following:

☐ Live alone with no formal supports.

☐ Housing insecurity jeopardizing their health and safety.

☐ 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.