

Community Supports Quick Reference Guide

USE THIS TO HELP MAKE REFERRALS, REQUEST AUTHORIZATIONS AND SUBMIT CLAIMS

Community Supports (CS) services are part of the California Advancing and Innovating Medi-Cal (CalAIM) program to address the social determinants of health and improve health equity statewide. The Department of Health Care Services (DHCS) has pre-approved 14 CS services to address the needs of members – including those with the most complex challenges affecting health, such as homelessness, unstable and unsafe housing, food insecurity, and/or other social needs.



Make a referral

Health Net*, on behalf of CalViva Health, accepts referrals from Enhanced Care Management (ECM) providers, other providers/entities serving members, family members, guardians, caregivers, and/or other authorized support persons. Referrals are not limited to members engaged with an ECM provider.

Use the resources below to connect Medi-Cal members to CS services.



Findhelp: Go to the CalAIM findhelp website at calvivahealth-ecm-cs.findhelp.com to search for available CS programs. Simply put in a ZIP Code to find CS programs and refer the member.



Provider Directory: Identify CS providers through the Provider Directory at www.calvivahealth.org/providers/provider-directory/. Contact the CS provider and provide the member's contact information and supplemental information used to determine eligibility.

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Request authorization

The Plan has a variety of methods to submit an authorization request. However, it is recommended to submit through the provider portal. The provider portal is a secure web-based platform that can be used to verify member eligibility status and access real-time status updates.

CS providers can follow the steps below to complete an authorization request.

- 1 Log in to the provider portal at provider.healthnetcalifornia.com, then select Authorizations.
- 2 Verify member eligibility with the Plan. Use the CS authorization guides on the CalAIM Resources for Providers page at www.healthnet.com/providers/CalAIM/ to determine if a member qualifies for CS services.
- 3 Click on the Auth tab and select create a new auth.
- 4 Under service type, select the option for Community Supports.
- 5 Enter your National Provider Identifier (NPI) as requesting and servicing provider.
- 6 Enter the diagnosis codes that help determine the member's eligibility.
- 7 Attach documents (i.e. assessment, diagnosis) that support the authorization request.
- 8 Enter all other requested information including service, procedure code, etc., and click submit.

Submit claims and invoice forms

CS providers are required to submit a claim or an invoice form for CS services provided to members using the codes set by DHCS. There are two ways to submit claims: electronically (preferred method) and manually (paper claim).

- **Electronic claims:** Use a clearinghouse; the Plan accepts claims directly from Availity and Ability clearinghouses.
- **Manual paper claims:** Submit fee-for-service professional claims on the paper CMS-1500 (02/12) claim form, EDI 837 professional or the Plan invoice form.

Submit paper claims or invoice forms and supporting information via one of the options below:

- **Email:** CalAIM_CS_invoicesubmission@centene.com
- **Mail:** Health Net – CalAIM Invoice,
PO Box 10439, Van Nuys, CA 91410-0439
- **Fax:** 833-386-1043
- **Conduent web portal:** <https://calaim.portal.conduent.com/>

For more information, refer to the Community Supports Reference Guide located online at www.healthnet.com/providers/CalAIM/

