

Community Supports - Reauthorization Form

This form is for reauthorization requests only.

Community Supports (CS) refers to services that are flexible, wrap-around supports designed to fill medical and socially driven healthcare gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use. To be eligible for CS, members must meet specific eligibility requirements. Contracted community-based CS providers will provide services to approved members.

Submit reauthorization requests via secure email to CalAlMReferrals@anthem.com or by fax to 877-734-1857.

Provider name:	NPI:	Tax ID:
Provider contact:	Contact title:	
Provider address:	55.116.51	
Provider phone:	Provider fax:	
•	-	
Member information		
Member name:		Sex: ☐ Male ☐ Female
Date of birth:		
Medicaid ID #:		
Member primary phone number:		
Member primary language:		
Authorized representative name:	Phone number:	
Diagnosis code:		
Data requested for convices to be required		
Date requested for services to be reauthorize	ze:	
ype of community support services reques	ted:	
☐ Medically tailored meals		
, ☐ Nursing facility diversion services to an assist	ted living facility	
☐ Community transition services/ nursing facility	•	
☐ Environmental accessibility adaptations (EAA		
☐ Asthma remediation services	,	
☐ Day habilitation		
☐ Personal care and homemaker services		
☐ Short-term post hospitalization housing		
☐ Respite services		

Please attach any supporting, new, or updated documentation that would best support reason for reauthorization.

https://providers.anthem.com/ca

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