ECM Authorization
Information and Checklist
(Form A)

The ECM program team at CenCal Health (CCH) has created this authorization information and checklist to assist ECM providers with understanding the ECM authorization process/requirements as they partner with CenCal Health to serve our ECM members.

Authorization Request:

1. All ECM services require a pre-service authorization prior to rending services.
2. ECM providers shall submit their authorization request through the CenCal Health **Provider Portal:** Provider Only (Restricted) (cencalhealth.org)
3. If additional time is needed to render ECM services (Outreach/ECM Services), please submit a new authorization request, or call our ECM Team at (805) 562-1698; at least 10 days prior to the end of the prior approval to request an authorization extension.
4. Submitting all required documents will prevent delay in authorization determination.
5. CenCal Health will review all fully completed ECM Authorization requests within **1-5 business days or 72 hours for Urgent Requests.**

ECM Outreach Authorization:

CCH will automatically issue an Outreach Authorization for newly assigned members at the end of the week. An email notification will be sent to the ECM Provider once the Outreach Authorization is processed

1. **Dates of Services**: up to **six (6) weeks at a time**
2. **ECM Provider** can begin outreach process to complete **FORMS B and C**

ECM Services Authorization Submission:

Please submit ECM Service Authorization request with attached **FORM B and C**

1. **Care Plan (FORM D)** should be submitted within 60 days of approved Service Authorization.
2. **Dates of service:** up to **six (6) months at a time**

ECM PROVIDER FORM CHECKLIST Submit required forms * (please see check list below)

1. **ECM Authorization Information and Checklist (Form A)**
   To be used as a reference
2. **ECM Exclusionary Screening Checklist * (Form B)**
   Submit with Initial ECM service authorization request
3. **ECM Comprehensive Assessment * (Form C)**
   Submit with Initial ECM authorization service request
4. **ECM Care Management Plan (CMP) * (Form D)**
   a. *Submit upon Initial completion (no later than 60 days) from approved services authorization*
   b. *Submit with every Reauthorization request*
5. **ECM Discontinuation of Services * (Form E)**
   Submit PRIOR to member disenrollment of ECM services
6. **ECM Discontinuation of Services Request (Form F)**
   Submit by due date upon request by CCH
7. **ECM Data Sharing Quick Reference Guide (Form G)**
   Submit by due date ad indicated

ECM forms can be found on our CalAIM ECM page

www.cencalhealth.org/providers/calaim/

CCH Departments:
ECM & CS Outside Line

Phone Number:
(805) 562-1698

Fax Number:
(805) 681-3038

Secure Link: **https://gateway.cencalhealth.org/form/ecm**