

Community Supports Authorization Reference Guide



The Community Supports Authorization Step-Action Guide is designed to help CenCal Health's contracted Community Supports providers with the authorization submission process. It includes steps for reassignments, discontinuations, and submitting authorizations for all Community Supports services.

If you have any Community Supports Authorizations-related questions, please contact our Community Supports Department:

- communitysupports@cencalhealth.org
- 805-562-1698, Option 1
- www.cencalhealth.org/providers/calaim/

If you are experiencing CenCal Health Provider Portal issues or have Provider Portal-specific questions/concerns, please contact our Provider Services Webmaster:

- webmaster@cencalhealth.org
- 805-562-1676
- www.cencalhealth.org/providers/provider-portal/

Reassignment Request

Reassignment Form Link

The Reassignment Form should be used when a member with an active authorization wishes to transfer to a different provider for continued Community Supports services.

Community Supports Reassignment Form: Submission Checklist

- ☐ **1. Verify Member Eligibility:** Before initiating a reassignment request, confirm the member's eligibility and review the case management list to determine whether they are currently assigned to another Community Supports (CS) provider and actively receiving services.
- ☐ **2. Complete All Required Fields:** Ensure the Reassignment Form is filled out in its entirety, including all required information, to avoid delays in processing.
- ☐ **3. Attach Form with New Request:** Please include the completed Community Supports Reassignment Form as an attachment when submitting the new authorization request.

Discontinuation Request

Discontinuation Form Link

CS services may be discontinued by the member's request or a determination by the CS provider and/or CenCal Health that discontinuation is appropriate (in accordance with the CS discontinuation criteria listed below). CS providers must notify CenCal Health upon determining that a member meets the CS discontinuation criteria. CenCal Health will review the request and notify the CS provider when to initiate the discontinuation of CS services.

CS providers must notify CenCal Health at least 14 days in advance of service discontinuation, or as soon as possible.

Discontinuation Request (cont.)

Community Supports Reassignment Form: Submission Checklist

- ☐ 1. **Complete All Required Fields:** Ensure the Discontinuation Form is filled out in its entirety, including all required information, to avoid delays in processing.
- ☐ 2. **Submit Form via Secure Link:** Please submit the completed Discontinuation Request to the Community Supports team. CS Secure Link: <https://gateway.cencalhealth.org/form/cs>.

Reauthorization Requirement

All reauthorization requests must be submitted at least 10 days prior to the current authorization's expiration date via the CenCal Health Provider Portal.

Community Supports Submission Checklist

- ☐ Referrer section of referral form completed
- ☐ Member information section completed
- ☐ Member consent box marked "Yes"
- ☐ Applicable program section completed in full
- ☐ Eligibility verified in CenCal Health portal:
 - ☐ Member is currently eligible for CenCal Health
 - ☐ Member demographics match portal records
 - ☐ Member is not receiving duplicate services
- ☐ TAR 50-1 submitted through Provider Portal
- ☐ Completed referral form attached
- ☐ Relevant clinical documents and/or assessments attached

HCPCS Code Submission Chart

Community Supports for Members Experiencing or At-Risk of Homelessness					
Housing Services	HCPCS Code	Modifier	Units	Quantity	Duration
HTNS	H0043	U6	1	1-6 months	As needed, up to 6 months
HD	H0044	U2	1	One (1)	60 days
HD	H2016	U6	1	One (1)	One-time Housing Deposit Fee
HTSS	T2050	U6	1	1-12 months	As needed, up to 12 months
Day Habilitation Services	HCPCS Code	Modifier	Units	Quantity	Duration
DH	T2020	U6	1	1-182 days	As needed, up to 182 days
Recuperative Care Services	HCPCS Code	Modifier	Units	Quantity	Duration
RC Auto Approval	T2033	U6	1	30 days	30 days
RC Subsequent Request	T2033	U6	1	1-182 days	Up to 182-day combined limit per 12-month rolling period (includes Short-Term Post-Hospitalization and Transitional Rent)

Short-Term Post-Hospitalization Services	HCPCS Code	Modifier	Units	Quantity	Duration
STPHH Auto Approval	H0043	U3	1	30 days	30 days
STPHH Subsequent Request	H0043	U3	1	1-182 days	Up to 182-day combined limit per 12-month rolling period (includes Short-Term Post-Hospitalization and Transitional Rent)
Community Supports for Members' Health-Related Social Needs					
Respite Services	HCPCS Code	Modifier	Units	Quantity	Duration
RS	S9125	U6	1	1-336 hours	As needed, up to 1 year
Assisted Living Facility Transition Services	HCPCS Code	Modifier	Units	Quantity	Duration
ALF Coordination	T2038	U4	1	1-6 months	As needed, up to 6 months
Community or Home Transition Services	HCPCS Code	Modifier	Units	Quantity	Duration
TS	T2038	U5	1	1-6 months	As needed, up to 6 months
Environmental Accessibility Adaptation Services	HCPCS Code	Modifier	Units	Quantity	Duration
EAA Initial	T1028	U6	1	1	90 days
EAA Subsequent	S5165	U6	1	1-6 months	As needed, up to 6 months
Personal Care and Homemaker Services	HCPCS Code	Modifier	Units	Quantity	Duration
PCHS Initial	S5130	U6	1	Determined by the PCHS Calculator	Initial: Up to 60 days
PCHS Subsequent	S5130	U6	1	Determined by the PCHS Calculator	Subsequent: Up to 365 days
Medically Tailored Meals Services	HCPCS Code	Modifier	Units	Quantity	Duration
Meals	S5170	U6	1	168	12 weeks (84 days)
Medically Supportive Food	S9977	U6	1	12	12 weeks (84 days)
RD Assessment	S9470	U6	1	1	12 weeks (84 days)
Asthma Remediation Services	HCPCS Code	Modifier	Units	Quantity	Duration
AS Initial	T1028	U5	1	1	90 days
AS Subsequent	S5165	U5	1	1-6 months	As needed, up to 6 months
Sobering Centers Services	HCPCS Code	Modifier	Units	Quantity	Duration
SC Auto Approval	H0014	U6	1	1-3 days	As needed, up to 3 days consecutively

Housing Transition Navigation Services



Housing Transition Navigation Services is a CS service aimed to assist members experiencing homelessness, or at-risk of homelessness obtain housing by providing support.

Authorization Details:

Service	HCPCS Code	Modifier	Units	Quantity	Duration
HTNS	H0043	U6	1	1-6 months	As needed, up to 6 months

Initial Required Attachments to TAR 50-1:

- **Completed** HTNS Information and Referral Form
- **Housing Screening**

Subsequent Required Attachments to TAR 50-1:

- **Completed** HTNS Information and Referral Form
- **Completed Individualized Housing Support Plan**

Housing Deposits



Housing Deposits is a CS service that assists with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that does not constitute room and board.

Authorization Details:

Service	HCPCS Code	Modifier	Units	Quantity	Duration
HD	H0044	U2	1	One (1)	60 days
HD	H2016	U6	1	One (1)	One-time Housing Deposit Fee

Required Attachments to TAR 50-1:

- **Completed** HD Information and Referral Form
- **Individualized Housing Support Plan**
- Housing Screening (if not submitted with HTNS)
- Lease and W9
- Relevant Supporting Documents (Utility Bills, Goods Requests)

Housing Tenancy and Sustaining Services



Housing Tenancy and Sustaining Community Supports services help to maintain safe and stable residency once housing is secured.

Authorization Details:

Service	HCPCS Code	Modifier	Units	Quantity	Duration
HTSS	T2050	U6	1	1-12 months	As needed, up to 12 months

Required Attachments to TAR 50-1:

- **Completed** HTSS Information and Referral Form
- **Individualized Housing Support Plan**

Day Habilitation



Day Habilitation assists members in finding help for their own personal needs, socialization, and adaptive skills necessary to reside successfully in their environment.

Authorization Details:

Service	HCPSC Code	Modifier	Units	Quantity	Duration
DH	T2020	U6	1	1-182 days	As needed, up to 182 days

Required Attachments to TAR 50-1:

- **Completed** DH Information and Referral Form

Recuperative Care (Medical Respite)



Recuperative Care, also known as Medical Respite, assists members experiencing homelessness who no longer require hospitalization, but still need to heal from an injury or illness, and whose conditions would be exacerbated by an unstable living environment.

Authorization Details:

Service	HCPSC Code	Modifier	Units	Quantity	Duration
RC Auto Approval	T2033	U6	1	30 days	30 days
RC Subsequent Request	T2033	U6	1	1-182 days	Up to 182-day combined limit per 12-month rolling period (includes Short-Term Post-Hospitalization and Transitional Rent)

Required Attachments to TAR 50-1:

- **Completed** RC Information and Referral Form
- **CenCal RCP and STPH Referral Form**
- Relevant **clinical documentation**

Short-Term Post-Hospitalization Housing



Short-Term Post-Hospitalization housing provides members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting a facility.

Authorization Details:

Service	HCPSC Code	Modifier	Units	Quantity	Duration
STPHH Auto Approval	H0043	U3	1	30 days	30 days
STPHH Subsequent Request	H0043	U3	1	1-182 days	Up to 182-day combined limit per 12-month rolling period (includes Short-Term Post-Hospitalization and Transitional Rent)

Required Attachments to TAR 50-1:

- **Completed** STPHH Information and Referral Form
- **CenCal RCP and STPH Referral Form**
- **Clinical Documentation Requirement – Short-Term Post-Hospitalization**
Authorization submissions must include documentation from a qualified health professional, dated within the last 30 days, confirming that the member has an ongoing physical or behavioral health need and would require continued institutional-level care if Short-Term Post-Hospitalization housing is not provided.

Respite Services



Respite Services are provided to caregivers of members who require intermittent temporary supervision.

Authorization Details:

Service	HCPSC Code	Modifier	Units	Quantity	Duration
RS	S9125	U6	1	1-336 hours	As needed, up to 1 year

Required Attachments to TAR 50-1:

- **Completed** RS Information and Referral Form

Assisted Living Facility Transition Services



Assisted Living Facility Transitions is designed to assist individuals with living in the community and avoid institutionalization whenever possible.

Authorization Details:

Service	HCPSC Code	Modifier	Units	Quantity	Duration
ALF Coordination	T2038	U4	1	1-6 months	As needed, up to 6 months

Required Attachments to TAR 50-1:

- **Completed** ALF Information and Referral Form
- Any relevant documentation to support request

Community or Home Transition Services



Community or Home Transition Services help individuals transition back to the community and avoid further institutionalization in a nursing facility.

Authorization Details:

Service	HCPCS Code	Modifier	Units	Quantity	Duration
TS	T2038	U5	1	1-6 months	As needed, up to 6 months

Required Attachments to TAR 50-1:

- **Completed** TS Information and Referral Form

Environmental Accessibility Adaptations (Home Modifications)



Environmental Accessibility Adaptations (Home Modifications) are services that assist with home changes to keep someone healthy, safe, and independent at home.

Authorization Details:

Service	HCPCS Code	Modifier	Units	Quantity	Duration
EAA Initial	T1028	U6	1	1	90 days
EAA Subsequent	S5165	U6	1	1-6 months	As needed, up to 6 months

Initial EAA Required Attachments to TAR 50-1:

- **Completed** EAA Information and Referral Form

Subsequent EAA Required Attachments to TAR 50-1:

- **Signed Consent Form(s)** (required for permanent modifications only)

- » **Member Consent Form** and
- » **Homeowner Consent Form**

- **Evaluation Report**

Completed by a licensed physical or occupational therapist (preferably unaffiliated with the vendor), and must include:

- » Assessment of the member's current needs and limitations within the home environment
- » Clinical justification for the requested adaptation(s) to support safe community living and reduce the risk of institutionalization
- » Confirmation that the member and/or caregiver is able to use and maintain the adaptation
- » Documentation of any previously used similar equipment and why it was insufficient

- **Home Evaluation Report**

Verifying that the residence can accommodate the requested adaptation

- **Bid Requirements (if applicable):**

- » A minimum of **two itemized bids**, each including:
 - ◇ Detailed description of proposed services
 - ◇ Total cost (including materials and labor)
 - ◇ Applicable warranty terms

- **Timeline Requirement:**

All assessments, documentation, and authorization steps must be completed within 90 days of the initial request date.

Personal Care and Homemaker Services



Personal Care Services and Homemaker Services support individuals who need assistance with Activities of Daily Living (ADLs).

Authorization Details:

Service	HCPCS Code	Modifier	Units	Quantity	Duration
PCHS Initial	S5130	U6	1	Determined by the PCHS Calculator	Initial: Up to 60 days
PCHS Subsequent	S5130	U6	1	Determined by the PCHS Calculator	Subsequent: Up to 365 days

Use the **PCHS Calculator** to determine hours based on the member's **rank and length of authorization**.

Required Attachments to TAR 50-1:

- **Completed** PCHS Information and Referral Form
- **PCHS Calculator Results**

**IHSS Pending - Authorize This Number of Units					
	Weekly Hours	Monthly Hours	2 Month Hours	6 Months Hours	12 Months Hours
Average Rank (1)	0	0	0	0	0
Average Rank (2)	94	376	752	2256	4512
Average Rank (3)	112	448	896	2688	5376
Average Rank (4)	149	596	1192	3576	7512
Average Rank (5)	181	724	1448	4344	8688

**Above IHSS Complete Assessment - Authorize This Number of Units					
	Weekly Hours	Monthly Hours	2 Month Hours	6 Months Hours	12 Months Hours
Average Rank (1)	0	0	0	0	0
Average Rank (2)	47	188	376	1128	2256
Average Rank (3)	56	224	448	1344	2688
Average Rank (4)	75	300	600	1800	3600
Average Rank (5)	91	364	728	2184	4368

Medically Tailored Meals/Medically Supportive Food



MTM/MTS is a therapeutic nutrition intervention aimed at improving health outcomes and reducing hospital readmission.

Authorization Details:

Service	HCPCS Code	Modifier	Units	Quantity	Duration
Meals	S5170	U6	1	168	12 weeks (84 days)
Medically Supportive Food	S9977	U6	1	12	12 weeks (84 days)
RD Assessment	S9470	U6	1	1	12 weeks (84 days)

Required Attachments to TAR 50-1:

- **Completed** MTM/MTS Information and Referral Form
- **Registered Dietitian (RD) Assessment** (HCPCS S9470, U6, qty 1)
- Any **relevant clinical notes and educational materials** provided to the member

Asthma Remediation



Asthma remediation services are changes made to a home to keep someone with asthma healthier and safer.

Authorization Details:

Service	HCPCS Code	Modifier	Units	Quantity	Duration
AS Initial	T1028	U5	1	1	90 days
AS Subsequent	S5165	U5	1	1-6 months	As needed, up to 6 months

Initial Required Attachments to TAR 50-1:

- **Completed** AS Information and Referral Form

Subsequent AS Required Attachments to TAR 50-1:

- **Licensed Healthcare Provider's Order**
A current order specifying the requested remediation(s) for the member.
- **Clinical Justification**
A brief, individualized evaluation describing how and why the proposed remediation(s) address the member's specific health needs.
Note: This is required for any request involving "Other interventions identified to be medically appropriate and cost-effective."
- **Home Visit Verification**
Written confirmation that a home visit has been conducted to assess the appropriateness and feasibility of the requested remediation(s)
- **Signed Consent Form(s)** (required for permanent modifications only)
 - » **Member Consent Form** and
 - » **Homeowner Consent Form**

Sobering Centers



Sobering Centers are a Community Support service that provides an alternative destination for members aged 18 years and older who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail.

Authorization Details:

Service	HCPCS Code	Modifier	Units	Quantity	Duration
SC Auto Approval	H0014	U6	1	1-3 days	As needed, up to 3 days consecutively

Initial Required Attachments to TAR 50-1:

- **Completed** SC Information and Referral Form