

## Community Supports (CS) Referral Form

Submit this CS referral form to CHG once you have confirmed the member's health plan. If you are a **contracted provider**, please submit this form through the **CHG Provider Portal**, selecting Community Supports from the specialty dropdown. If you are a **non-contracted** provider and would like to refer the member, please send via secure email to [ECM-CS@chgsd.com](mailto:ECM-CS@chgsd.com) CHG will assess the member's eligibility and respond with next steps or request more information if needed.

Select one: ☐ Routine Request or ☐ Urgent Request

Urgent services are services that are required to prevent serious deterioration of health following the onset of an unforeseen condition or injury and have the potential to become an emergency in the absence of treatment. A condition is urgent when our routine time frame for deciding (5 business days) would be detrimental to the patient's life or health or could jeopardize his/her ability to regain maximum function.

CHG will expedite authorization determinations within 72 hours from the receipt of the request for the following Community Supports:

- Recuperative Care
- Short Term Post-Hospitalization Housing

Member Information	
Date:	
Member's Name:	
Member Date of Birth:	
Member's CIN #:	
Member Address:	
Member Primary Phone Number:	
Member E-mail address	
Best time to contact:	
Member's Preferred Language:	
Caregiver's Name or assistant with member (if applicable)	
Caregiver's Alternate Phone Number	
Caregiver's E-mail address	
Referral Source Information	
Internal (CHG) referring department	<input type="checkbox"/> Case Management <span style="float: right;"><input type="checkbox"/> Other</span> <input type="checkbox"/> Utilization Management <input type="checkbox"/> Behavioral Health
External referral by	<input type="checkbox"/> Community-Based Organization (CBO) <span style="float: right;"><input type="checkbox"/> Specialist</span> <input type="checkbox"/> FQHC <span style="float: right;"><input type="checkbox"/> Primary Care Provider</span> <input type="checkbox"/> Hospital <span style="float: right;"><input type="checkbox"/> Other</span> <input type="checkbox"/> Clinic
Referring Individual Name:	
ECM Contracted Provider? Yes or No	
Referrer Phone Number:	
Referrer Email Address:	

**Please select one of the following fourteen CS services you are requesting authorization for from the list below. If more than one CS service is requested, please submit a separate referral form and referral/authorization request for each CS service.**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Housing Transition Navigation Services     | <input type="checkbox"/> 9. Community or Home Transition Services                           |
| <input type="checkbox"/> 2. Housing Deposit                            | <input type="checkbox"/> 10. Personal Care and Homemaker Services                           |
| <input type="checkbox"/> 3. Housing Tenancy and Sustaining Services    | <input type="checkbox"/> 11. Environmental Accessibility Adaptation<br>(Home Modifications) |
| <input type="checkbox"/> 4. Short-Term Post-Hospitalization Housing    | <input type="checkbox"/> 12. Medically Tailored Meals/ Medically-<br>Supportive Food        |
| <input type="checkbox"/> 5. Recuperative Services (Medical Respite)    | <input type="checkbox"/> 13. Sobering Centers (does not require<br>authorization)           |
| <input type="checkbox"/> 6. Respite Services                           | <input type="checkbox"/> 14. Asthma Remediation   |
| <input type="checkbox"/> 7. Day Habilitation Programs                  |   |
| <input type="checkbox"/> 8. Assisted Living Facility (ALF) Transitions |   |

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**Please navigate to the selected CS service below and confirm that the Member meets the criteria following the guidelines listed under each section.**

1. Housing Transition Navigation Services		
HCPCS Code	HCPCS Description	Modifier
H0043	Supported housing per diem	U6
H2016	Comprehensive community support devices; per diem	U6

**To be eligible for this service, Member must meet the following social *and* clinical risk factor requirements:**

- 1) ☐ Experiencing or at risk of homelessness **AND**  
 Must have one or more of the following qualifying clinical risk factors:
- i) Meets the access criteria for Medi-Cal Specialty Mental Health Services
  - ii) Meets the access criteria for Drug Medi-Cal or Drug Medi-Cal organized Delivery System
  - iii) One or more serious chronic physical health conditions
  - iv) One or physical, intellectual, or developmental disabilities OR

**OR** v) Individuals who are pregnant up through 12- months postpartum

- 2) ☐ Individuals who are determined eligible for Transitional Rent. These individuals are automatically eligible for Housing Transition Navigation Services.

**OR**

- 3) ☐ Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration.

**\*\*\*Please submit proof of housing insecurity for this service.** CHG will accept any of the following as supportive documentation. Proof of: Coordinated Entry System (CES) record, VI-SPDAT record, CIE (211) screenshot, letter from homeless provider, GR proof, eviction notice, letter from landlord, etc...

Per DHCS' CS Policy Guide "MCPs may accept an attestation of the need for housing to satisfy any documentation requirements regarding the Member's housing status."

*\*See the last page for HUD's definition of homelessness and at risk for homelessness- Section 91.5 of Title of the Code of Federal Regulations.*

2. Housing Deposit		
HCPCS Code	HCPCS Description	Modifier
H0044	Supported housing, per month. Requires deposit amount to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post Hospitalization Housing.	U2

**Note: Effective April 01, 2025, Housing Deposit does not include payment for RENT (First & Last Month). All services and items must be listed in the members' housing support plan.**

**To be eligible for this service, the Member must meet the following social and clinical risk factor requirements:**

- 1) ☐ Experiencing or at risk of homelessness  
**AND**  
 Must have one or more of the following qualifying clinical risk factors:
- i) Meets the access criteria for Specialty Mental Health Services (SMHS)
  - ii) Meets the access criteria for Drug Medi-Cal or Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS)
  - iii) One or more physical, intellectual, or developmental disabilities **OR**

- iv) Individuals who are pregnant up through 12- months postpartum

**OR**

- 2) ☐ Individuals who are determined eligible for Transitional Rent. These individuals are automatically eligible for housing deposits.

**OR**

- 3) ☐ Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration

**\*\*To help streamline processing and reduce delays, please provide a clear, itemized list of all total costs the housing deposit will be covering in addition to the lease agreement.**

Per DHCS' CS Policy Guide "MCPs may accept an attestation of the need for housing to satisfy any documentation requirements regarding the Member's housing status."

*\*See the last page for HUD's definition of homelessness and at risk for homelessness- Section 91.5 of Title of the Code of Federal*

3. Housing Tenancy and Sustaining Services		
HCPCS Code	HCPCS Description	Modifier
T2040	Financial management, self-directed; per 15 minutes	U6
T2050	Financial management, self-directed; per diem	U6
T2041	Support brokerage, self-directed; per 15 minutes	U6
T2051	Support brokerage, self-directed; per 15 diem	U6

**To be eligible for this service, Member must meet the following social and clinical risk factor requirements:**

- 1) ☐ Experiencing or at risk of homelessness **AND**

Must have one or more of the following qualifying clinical risk factors:

- i) Meets the access criteria for Specialty Mental Health Services (SMHS)
- ii) Meets the access criteria for Drug Medical or Drug Medi-Cal Organized Delivery System
- iii) One or more physical, intellectual, or developmental disabilities or
- iv) Individuals who are pregnant up through 12- months postpartum

**OR**

- 2) ☐ Individuals who are determined eligible for Transitional Rent. These individuals are automatically eligible for Housing Tenancy and Sustaining Services.

**OR**

- 3) ☐ Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration

Per DHCS' CS Policy Guide "MCPs may accept an attestation of the need for housing to satisfy any documentation requirements regarding the Member's housing status."

*\*See the last page for HUD's definition of homelessness and at risk for homelessness- Section 91.5 of Title of the Code of Federal Regulations.*

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4. Short-Term Post-Hospitalization Housing		
HCPCS Code	HCPCS Description	Modifier
H0043	Supported housing, per diem. Modifier used to differentiate Short-Term Post- Hospitalization Housing from Housing Deposits	U3
H0044	Supported housing, per month. Modifier used to differentiate Short-Term Post- Hospitalization Housing from Housing Deposits.	U3

**Note: This Service duration is limited to 6-months global cap within 12 rolling months in conjunction with other rooms and board services such as Recuperative Care.**

**To be eligible for this service, Member must meet the following criteria:**

- 1) ☐ Individuals who are exiting an institution, which includes recuperative care facilities (including facilities covered under Community Support Recuperative Care or other facilities outside of Medi-Cal), inpatient hospitals (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder or mental health treatment facility, correctional facility, or nursing facility.

**AND**

- 2) ☐ Experiencing or at risk of homelessness.

**AND**

- 3) ☐ Meet one of the following criteria:
- a) Are receiving ECM
  - b) Have one or more serious chronic conditions
  - c) Have serious mental illness; or
  - d) Are at risk of institutionalization or requiring residential services because of a substance use disorder.

**AND**

- 4) ☐ Have ongoing physical or behavioral health needs as determined by a qualified health professional that would otherwise require continued institutional care if not for receipt of Short-Term Post-Hospitalization Housing.

Per DHCS' CS Policy Guide "MCPs may accept an attestation of the need for housing to satisfy any documentation requirements regarding the Member's housing status."

*\*See the last page for HUD's definition of homelessness and at risk for homelessness- Section 91.5 of Title of the Code of Federal Regulations.*

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5. Recuperative Care (Medical Respite)		
HCPCS Code	HCPCS Description	Modifier
T2033	Residential Care, not otherwise specified (NOS), waiver, per diem	U6

**Note: This CS service duration is limited to a 6-month global cap within 12 rolling months in conjunction with other room and board services such as Short-Term Post Hospitalization.**

**To be eligible for this service, Member must meet both the following criteria:**

- 1) ☐ Individuals requiring recovery to heal from an injury or illness **AND**
- 2) ☐ Experiencing or at risk of homelessness

Per DHCS' CS Policy Guide "MCPs may accept an attestation of the need for housing to satisfy any documentation requirements regarding the Member's housing status."

*\*See the last page for HUD's definition of homelessness and at risk for homelessness- Section 91.5 of Title of the Code of Federal Regulations.*

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6. Respite Service		
HCPCS Code	HCPCS Description	Modifier
H0045	Respite care services, not in the home; per diem	U6
S5151	Unskilled respite care, not hospice; per diem	U6
S9125	Respite Care, in the home; per diem	U6

**To be eligible for this service, Member must meet the following criteria:**

- 1) ☐ Individuals who live in the community and are compromised in their Activities of Daily Living (ADLs) and are therefore dependent upon a qualified caregiver who provides most of their support, and who require caregiver relief to avoid institutional placement. Other subsets may include children who previously were covered for Respite Services under the Pediatrics Palliative Care Waiver, foster care program beneficiaries, Members enrolled in either California Children's Services or the Genetically Handicapped Persons Program, and Members with Complex Care Needs.
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7. Day Habilitation		
HCPCS Code	HCPCS Description	Modifier
T2012	Habilitation, educational; per diem	U6
T2014	Habilitation, prevocational; per diem	U6
T2018	Habilitation, supported employment; per diem	U6
T2020	Day habilitation; per diem	U6
H2014	Skills training and development; per diem	U6
H2024	Supported Employment; per diem	U6
H2026	Ongoing support to maintain employment; per diem	U6

To be eligible for this service, Member must meet the following criteria:

- 1) ☐ Member is experiencing homelessness **OR**
- 2) ☐ Member exited homelessness and entered housing in the last 24 months **OR**
- 3) ☐ Member is at risk of homelessness or institutionalization whose housing stability could be improved through participation in a day habilitation program

*\*See the last page for HUD's definition of homelessness and at risk for homelessness- Section 91.5 of Title of the Code of Federal Regulations.*

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8. Assisted Living Facility (ALF) Transitions		
HCPCS Code	HCPCS Description	Modifier
T2038	Community Transition; per service. Requires billed amount(s) to be reported on the encounter. Modifier used to differentiate from Community Transition Services/Nursing Facility Transition to a Home.	U4
H2022	Community wrap-around services, per diem. Requires billed amount(s) to be reported on the encounter.	U5

To be eligible for this service, Member must meet the following criteria:

**For Nursing Facility Transition:**

- 1) ☐ Has resided 60+ days in a nursing facility; **AND**
- 2) ☐ Are willing to live in an assisted living setting as an alternative to a nursing Facility; **AND**
- 3) ☐ Can reside safely in an assisted living facility

**For Nursing Facility Diversion:**

- 1) ☐ Interested in remaining in the community; **AND**
- 2) ☐ Are willing and able to reside safely in an assisted living facility

**AND**

- 3) ☐ Meet the minimum criteria to receive nursing facility LOC services and in lieu of going into a facility, is choosing to remain in the community and continue to receive medically necessary nursing facility LOC services at an Assisted Living Facility.

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9. Community or Home Transition Services		
HCPCS Code	HCPCS Description	Modifier
T2038	Community Transition; per service. Requires billed amount(s) to be reported on the encounter. The modifier used to differentiate from Nursing Facility Transition/Diversion to Assisted Living Facilities.	U5

**To be eligible for this service, Member must meet the following criteria:**

- 1) ☐ Is currently receiving medically necessary nursing facility Level of Care (LOC) services and, in lieu of remaining in the nursing facility or recuperative care, is choosing to transition home and continue to receive medically necessary nursing facility LOC services **AND**
- 2) ☐ Has lived 60+ days in a nursing home and/or recuperative care setting **AND**
- 3) ☐ Is interested in moving back to the community **AND**
- 4) ☐ Can reside safely in the community with appropriate and cost-effective support and services

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10. Personal Care and Homemaker Services		
HCPCS Code	HCPCS Description	Modifier
S5130	Homemaker Services; per 15 minutes	U6
T1019	Personal Care Services; per 15 minutes	U6

**Note: CHG may choose to perform a third-party in-home assessment to determine the hours necessary to meet the member's needs.**

This service cannot be utilized in lieu of referring to the In-Home Supportive Services program. Members must be referred to the In-Home Supportive Services program when they meet referral criteria. Similar services available through In-Home Supportive Services should always be utilized first. These Personal Care and Homemaker services should only be utilized if appropriate and if In-Home Supportive Services do not authorize additional hours/supports.

**To be eligible for this service, Member must meet the following criteria:**

- ☐ Is at risk for hospitalization or institutionalization in a nursing facility **OR**
- ☐ Has functional deficits and no other adequate support system **OR**
- ☐ Was approved for IHSS
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-Include proof of application for In-Home Supportive Services program

-If the member is already receiving In-Home Supportive Services and the member is seeking additional hours please indicate member's change in condition:

11. Environmental Accessibility Adaptations (Home Modifications)		
HCPCS Code	HCPCS Description	Modifier
S5165	Home modifications; per service. Requires billed amount(s) to be reported on the encounter.	U6

Environmental Accessibility Adaptations are physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home without which the Member would require institutionalization

**To be eligible for this service, Member must meet the following criteria:**

- 1) ☐ Is at risk for institutionalization in a nursing facility

Home Modification Additional Supportive Documentation Needed
REQUIRED LICENSED HEALTHCARE PROFESSIONAL RECOMMENDATION
<p>This request for CS MUST include the following:</p> <p>1) <input type="checkbox"/> An order from the Member's current primary care physician or other health professional specifying the requested equipment or service as well as documentation from the provider of the equipment or service describing how the equipment or service meets the medical needs of the Member, including any supporting documentation describing the efficacy of the equipment where appropriate. Brochures will suffice to show the purpose and efficacy of the equipment; however, a brief written evaluation regarding the Member, describing how and why the equipment or service meets the needs of the Member will still be necessary.</p> <p>-A physical or occupational therapy evaluation and report to evaluate the medical necessity of the requested equipment or service unless the CHG determines it is appropriate to approve without an evaluation. This should typically come from an entity with no connection to the provider of the requested equipment or service. The physical or occupational therapy evaluation and report should contain at least the following:</p> <p>-An evaluation of the Member and the current equipment needs specific to the Member, describing how/why the current equipment does not meet the needs of the Member</p> <p>-A description of similar equipment used either currently or in the past that has demonstrated to be inadequate for the Member and a description of the inadequacy.</p> <p>2) <input type="checkbox"/> Landlord consent (if the home is being rented)</p> <p>3) <input type="checkbox"/> Photos of the requested area requiring modification</p> <p>4) <input type="checkbox"/> "Home Modification Member Agreement." This is required, please email: <a href="mailto:ecm-cs@chgsd.com">ecm-cs@chgsd.com</a> for the form.</p> <p><b><i>**CHG and contractor are not responsible for any ongoing maintenance following completion of home modification**</i></b></p>

12. Medically Tailored Meals/ Medically-Supportive Food		
HCPCS Code	HCPCS Description	Modifier
S5170	Home-delivered prepared meal	U6
S9470	Nutritional counseling, diet	U6
S9977	Meals; per diem not otherwise specified	U6

**1) To be eligible for this service, Member must meet the following criteria:**

Has chronic conditions, or other serious health conditions that are nutrition sensitive, such as (but not limited to): cancer(s), cardiovascular disorders, chronic kidney disease, chronic lung disorders or other pulmonary conditions such as asthma/COPD, heart failure, diabetes or other metabolic conditions, elevated lead levels, end-stage renal disease, high cholesterol, human immunodeficiency virus, hypertension, liver disease, dyslipidemia, fatty liver, malnutrition, obesity, stroke, gastrointestinal disorders, gestational diabetes, high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.

**Restrictions/Limitations**

- Up to two (2) meals per day and/or medically supportive food and nutrition services for up to 12 weeks, or longer if medically necessary.
- Meals are not covered to respond solely to food insecurities.

Member's ICD-10 Code:

Please indicate which of the following meal type(s) will best meet the member's dietary needs:

- |  |  |
|--|--|
| <input type="checkbox"/> General Wellness  | <input type="checkbox"/> Gluten Free         |
| <input type="checkbox"/> Heart-Friendly    | <input type="checkbox"/> Vegetarian          |
| <input type="checkbox"/> Diabetes-Friendly | <input type="checkbox"/> Low Sodium          |
| <input type="checkbox"/> Renal-Friendly    | <input type="checkbox"/> Low Acidity         |
| <input type="checkbox"/> Protein+          | <input type="checkbox"/> Lactose sensitivity |

Please indicate additional dietary needs/restrictions that can be helpful to the provider in processing this referral:

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13. Sobering Centers (Does not require authorization)		
HCPCS Code	HCPCS Description	Modifier
H0014	Alcohol and/or drug services; ambulatory detoxification	U6

**To be eligible for this service, the Member must meet the criteria:**

- 1) ☐ Individuals ages 18 and older **AND**
- 2) ☐ Who are intoxicated but conscious, cooperative, able to walk, nonviolent, free from any medical distress (including life-threatening withdrawal symptoms) **AND**
- 3) ☐ Apparent underlying symptoms, and who would otherwise be transported to the emergency department or jail or who presented at an emergency department and are appropriate to be diverted to a Sobering Center.

14. Asthma Remediation		
HCPCS Code	HCPCS Description	Modifier
S5165	Home modifications; per service	U5

**To be eligible for this service, the Member must meet the criteria:**

- 1) ☐ Members with a completed in-home environmental trigger assessment within the last 12 months through the Asthma Preventive Services benefit that identifies medically appropriate Asthma Remediations and specifies how the interventions meet the needs of the Member. Effective January 1, 2026, MCPs must cover in-home environmental trigger assessments through the APS benefit, as described above.

When authorizing physical modifications and supplies for Asthma Remediation as a community support service, MCPs must receive and document that an assessment is completed, as outlined above. An in-home trigger assessment within the last 12 months, assuming no change in the Member's residence, provider under the APSs benefit suffices as a medical appropriateness determination for Asthma Remediation. No further document of medical appropriateness is required for the MCP to authorize Asthma Remediation.

*From January 1, 2025, to December 31, 2025, only, if the Member is receiving the in-home environmental trigger assessment or asthma self-management education through the Asthma Remediation Community Support, they must:*

- Have poorly controlled asthma (defined as an emergency department visit or hospitalization or two sick or urgent care visits due to asthma in the past 12 months, or a score of 19 or lower on the Asthma Control Test), or otherwise have a recommendation from a licensed health care provider (e.g., physician, nurse practitioner, or physician assistant) that the service will likely avoid asthma-related hospitalizations, emergency department visits, and/or other high-cost services.

## Housing Insecurity Definitions

- Individuals who meet the Housing and Urban Development (HUD) definition of homeless as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (including those exiting institutions but not including any limits on the number of days in the institution) and who are receiving enhanced care management, or who have one or more serious chronic conditions and/or serious mental illness and/or is at risk of institutionalization or requiring residential services as a result of a substance use disorder. For this service, qualifying institutions include hospitals, correctional facilities, mental health residential treatment facility, substance use disorder residential treatment facility, recovery residences, Institutions for Mental Disease, and State Hospitals; or
- Individuals who meet the HUD definition of at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations as:
  - (1) An individual or family:
    - That has an annual income below 30 percent of median family income for the area, as determined by HUD.
    - Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section; and
      - Meets one of the following conditions:
        - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance.
        - Is living in the home of another because of economic hardship.
        - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance.
    - Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals.
    - Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau.
    - Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
    - Otherwise lives in housing that have characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.