COMMUNITY SUPPORTS POLICY GUIDE VOLUME 1: ALFT AND PCHS ADDITIONAL PROPOSED CHANGES

Updated September 2026

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

SUMMARY OF PROPOSED CHANGES

We are proposing additional changes to the Assisted Living Facility Transitions and Personal Care and Homemaker Services Community Supports. The new proposed text is bold/underlined in this document. Please limit comments to the **[bold/underlined]** changes.

In brief, the highlighted updates do the following:

- Assisted Living Facility Transitions (ALFT). The proposed updates tighten community-diversion eligibility by requiring documented imminent risk of nursing facility admission within 90 days, shown by at least one of: a clinical determination of likely nursing facility admission without ALF support; failure of existing home supports (insufficient IHSS, unsafe or unstable home, caregiver burnout or absence); repeated ED use that signals escalating caregiver strain; clear functional decline affecting safety at home; or an essential need for ALF stabilization services—each documented by the Member's health care team. The proposed updates also clarify that "Members residing in the community" includes people in private residences, public subsidized housing, and those already in an ALF who are at risk of institutionalization; that referrals for Members already in an ALF must show what change in circumstance now requires this Community Support; that Members on an acute or post-acute facility stay (hospital or short-term SNF) may still qualify if they otherwise meet criteria; and when authorized or available IHSS cannot reliably meet ADL/IADL needs and the Member cannot remain safely at home.
- Personal Care and Homemaker Services (PCHS). Proposed updates specify that inability to remain at home must be confirmed by a member of the Member's health care team; restate that Members must also meet the remaining eligibility criteria in the section; and add a Health care Team Referral standard: PCHS referrals must come from the Member's health care team and be signed by a licensed healthcare professional. The healthcare team includes, but is not limited to, primary care providers, specialists, inpatient providers, clinic care managers, hospital social workers, and other licensed clinicians or staff involved in the Member's clinical care and treatment planning, as well as clinical professionals contracted by the MCP.

Please send feedback on these highlighted changes only to **CommunitySupports@dhcs.ca.gov by October 5, 2026 at 5 p.m.**

Next steps

DHCS plans to issue the final *Community Supports Policy Guide, Volume 1, October 2026 Update* incorporating proposed updates as outlined in the *Summary of Proposed Updates to Community Supports Policy Guide Volume 1* (July 2026) and *Proposed Updates to Community Supports Policy Guide Volume 1* (July 2026)[1], the comments we received during August 2026 comment period, as well as any comments we receive for the proposed updates outlined in this document. The final *Community Supports Policy Guide, Volume 1* will be updated by October, 2026.

[1] See Enhanced Care Management & Community Supports Resources website for these documents: https://www.dhcs.ca.gov/calaim-transforming-medi-cal/enhanced-care-management-and-community-supports/resources-ecm-resources/

Assisted Living Facility (ALF) Transitions

(Updated July 2026 - Proposed October 2026 [bold/underlined])

Description/Overview

Assisted Living Facility Transitions (formerly known as "Nursing Facility Transition/ Diversion to Assisted Living Facilities such as Residential Care Facilities for the Elderly and Adult Residential Facilities") is designed to assist individuals with living in the community and avoid institutionalization, whenever possible. The goal of the service is to facilitate nursing facility transition back into a home-like, community setting, and/or to prevent nursing facility admissions for Members living in the community. This Community Support is intended for Members with an imminent need for nursing facility level of care (LOC) and is intended to provide a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility.

For the purposes of this service definition, the term assisted living facility (ALF) includes a Residential Care Facility for the Elderly (RCFE), or an Adult Residential Care Facility (ARF). This service includes two components, as follows:

Time-limited transition services and expenses to enable a person to establish a residence in an ALF. Transition services end once the Member establishes residency in the ALF.[2] The transitional period will vary in length and services provided based on a Member's unique circumstances. Allowable expenses are those necessary to enable a person to establish ALF residence (except room and board), including, but not limited to:

1. Assessing the Member's housing needs and presenting options.
2. Assessing the service needs of the Member to determine if the Member needs enhanced onsite services at the ALF, so the Member can be safely and stably housed.

[2] MCPs are required to provide Transitional Care Services (TCS), including transitional care management, for high and lower-risk transitioning Members, as specified in the DHCS PHM Policy Guide. Members who are eligible for this Community Supports service would receive it in addition to TCS. The DHCS PHM Policy Guide is available at: https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf.

3. Assisting in securing an ALF residence, including the completion of facility applications, and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
4. Moving expenses to support a Member's transition, such as movers/moving supplies and necessary private/personal articles to establish an ALF residence.
5. Communicating with facility administration and coordinating the move.
6. Establishing procedures and contacts to retain housing at the ALF.

Ongoing assisted living services are provided to Members on an ongoing basis after they transition into the ALF. Members receive these services indefinitely, as long as the Member resides in the ALF. These services include:

1. Assistance with Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs)
2. Meal preparation
3. Transportation
4. Medication administration and oversight
5. Companion services
6. Therapeutic social and recreational programming provided in a home-like environment
7. 24-hour direct care staff onsite at the ALF to meet unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety, and security
8. Care coordination services to screen for eligibility and support enrollment of Members in Enhanced Care Management (ECM) and other Community Supports

MCPs may not limit their offering of this service to only component 1 (time-limited transition services and expenses) or component 2 (ongoing assisted living services) and must offer both to the extent that they are appropriate for the Member. However, individual Members may require only one or only the other component (e.g., Members already in the ALF will require only component 2 since they are not transitioning; Members enrolled in a waiver program that covers similar wraparound services may require only the first service component).

Eligibility (Population Subset)

Members residing in a nursing facility who:

- Have resided 60+ days in a nursing facility and
- Are willing to live in an assisted living setting as an alternative to a nursing facility; and
- Are able to reside safely in an ALF.

Members residing in the Community who:

- Are interested in remaining in the community; and
- Are willing and able to reside safely in an ALF; and
- Meet the minimum criteria to receive nursing facility LOC services[3] and, in lieu of going into a facility, choose to remain in the community and continue to receive medically necessary nursing facility LOC services at an ALF.
- **[Have documented imminent risk of entering a nursing facility, demonstrated by at least one of the following:**
  - **A clinical determination that the Member is likely to require nursing facility admission within 90 days without ALF support;**
  - **Failure of existing home supports (e.g., IHSS hours insufficient; unsafe or unstable home environment; caregiver burnout or absence) making the Member at risk for institutionalization within the next 90 days as documented by the Member's health care team**;
  - **Repeated emergency department use indicating escalating caregiver strain or inability to maintain the Member's safety at home and the need for ALF support to maintain safety and prevent institutionalization within the next 90 days**.
  - **Clear functional decline impacting safety or ability to remain at home within the next 90 days as documented by the Member's health care team**;

[3] Nursing facility level of care as defined in Section 51124 of Title 22 of the California Code of Regulations.

- **Essential need for ALF stabilization services to prevent institutionalization within the next 90 days as documented by the Member's health care team.]**

» "Members residing in the community" includes Members living in a private residence or public subsidized housing and Members already residing in an ALF who are at risk of institutionalization.

» **[For those who are already residing in an ALF, the referral must demonstrate what changes in circumstance require utilization of this Community Support.]**

» Members who are receiving facility level health care services on an acute or post-acute care basis (such as hospitalization or a short-term skilled nursing facility stay) may be eligible for this Community Support, provided they otherwise meet the eligibility criteria.

» **[IHSS is considered insufficient when the Member's required ADL or IADL support cannot be reliably provided through their authorized or available IHSS services, resulting in an imminent risk that the Member cannot remain safely in their current home setting.**

» **Members must also meet the remaining criteria as applicable and as outlined in this section.]**

Interface with the Assisted Living Waiver and California Community Transitions Program

A Member can be eligible for the Assisted Living Waiver (ALW)[4], the California Community Transitions (CCT) program[5], and ALF Transitions; however, they cannot receive the same services at the same time, as that would be considered duplicative.

MCPs are encouraged to assist Members with enrollment in eligible and available waiver programs, such as the ALW, as appropriate. In addition, MCPs should assist eligible Members who are interested in applying for the ALW with joining the ALW waitlist, and inform Members that the ALF Transitions Community Support service can be used while ALW enrollment is pending. Members can submit the ALW Waitlist Request Form to the

[4] For more information, see the DHCS ALW webpage. Available at: www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx.

[5] For more information, see the DHCS CCT webpage. Available at: www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx.

Care Coordination Agency (CCA) serving their county. The ALW Waitlist Request Form can be accessed online.[6]

DHCS encourages MCPs to offer this Community Support to Members on the ALW waitlist.[7] For example, Members transitioning out of a nursing facility who are awaiting enrollment in the ALW may use the time-limited transition component of ALF Transitions to support their transition to an assisted living facility. Members may then utilize the ongoing assisted living services component of ALF Transitions to support the services received from the assisted living facility until their enrollment in the ALW is completed.

While ALF Transitions may be used by Members when their ALW enrollment is pending and for those on the waitlist, the service is not limited only to Members on the waitlist. Eligibility for, or enrollment in, the ALW is not a prerequisite for being eligible for the ALF Transitions Community Support. Thus, MCPs should not require Members to join or already be on the ALW waitlist as a condition of approving ALF Transitions services.

MCPs must ensure no duplication of payment. When a Member is actively enrolled in the ALW, MCPs must not pay for services covered under the ALW or other Medi-Cal covered benefits.

DHCS provides MCPs with a monthly file of their specific Members who are on the ALW waitlist to support care planning and timely coordination and delivery of ALF Transitions services. MCPs should use this file as a primary resource when planning transitions, monitoring Member status, and ensuring non-duplication of services.[8] MCPs and their

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[6] The Assisted Living Waiver (ALW) Waitlist Request Form. Available at: www.dhcs.ca.gov/wp-content/uploads/2025/10/ALW_Waitlist_Request_Form_5_17_17.pdf

[7] To determine whether a Member is on the ALW waitlist, MCPs may contact DHCS directly at the email address provided on the DHCS ALW webpage. Effective January 2026, DHCS will make available to MCPs a list of their Members who are also on the ALW waitlist, and the associated Care Coordination Agency, to facilitate delivery of this Community Support service for Members who are likely to benefit from the service. These lists will be uploaded monthly and available in each MCP's secure file transfer protocol (SFTP) data folder.

[8] DHCS makes these ALW waitlist files available to MCPs monthly via each plan's secure SFTP folder. DHCS has initially provided all MCP primary and secondary compliance contacts with access to the files. MCPs may contact their DHCS contract manager to add other individuals. MCPs may contact DHCS at ALWP.IR@dhcs.ca.gov or the assigned Care Coordination Agency for questions related to the ALW waitlist process and policy or general questions about the program.

contracted ALW Transitions provider should ensure smooth transition to the ALW provider and ALW services once a Members is enrolled in the ALW.

Specifically, MCPs should work collaboratively with ALW Care Coordination Agencies to align care planning and ensure appropriate referrals.[9] As a best practice, MCPs should establish written protocols for warm handoffs between Community Supports Providers and ALW case managers, including timelines, documentation packages, and Member communications that explain benefit transitions.

Upon enrollment in the ALW, Members must transition to an ALW provider. An ALW provider is one that is participating in the ALW program. See the *Assisted Living Waiver Participating Facilities* list for the most current list of participating RCFE/ARFs.[10]

MCPs should review and ensure sufficient claims adjudication processes, service authorization processes, and related policies and procedures are in place to prevent duplicate payments if and when Members transition from the ALF Transitions Community Support to the ALW.

Additional guidance on ALW services and eligibility criteria is available on the DHCS ALW website.[11]

Restrictions/Limitations

Room and board expenses are not included in this service. Members may receive assistance with room and board from other sources at the same time as receiving this service. Additional details on how Members can obtain assistance for payment of room and board when residing in an ALF can be found on the DHCS ALW website, including the ALW Reimbursement Rate Sheet.

[9] A list of participating CCA agencies can be found at: https://www.dhcs.ca.gov/services/long-term-care-alternatives-home-and-community-based-service-options/participating-care-coordination-agencies/

[10] DHCS. Assisted Living Waiver Program Participating Facilities. Available at: https://www.dhcs.ca.gov/services/long-term-care-alternatives-home-and-community-based-service-options/assisted-living-waiver-program-participating-facilities/

[11] DHCS. Assisted Living Waiver. Available at: https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx.

Many ALW participants use income supports such as Social Security Income/State Supplementary Payment (SSI/SSP)[12] to pay for room and board. MCPs may assist Members, as appropriate, with referrals or applications for SSI/SSP.

MCPs should strive to keep Members in the setting that is clinically appropriate while respecting the Member's choice of setting and freedom from coercion and restraint.[13] In counties where the ALW is available, MCPs may direct ALF Transitions placements in ALW providers (i.e. RCFE/ARFs enrolled in the ALW program), provided there is sufficient capacity and the ALW provider is able to accept the Member, and consistent with the governing authorities for In-Lieu-of Services.

The MCP is not compelled to authorize the ALF Transitions Community Support if the MCP can coordinate an alternative care plan that is clinically appropriate, including, but not limited to, leveraging In-Home Supportive Services, home health, and/or other supports, to keep the Member within their current housing, and the Member chooses this alternative.

ALF Transitions: Delivery with Other Community Supports, ECM, Transitional Care Services, and Population Health Management

The time-limited transition services and ongoing assisted living services offered through ALF Transitions are designed to complement Enhanced Care Management (ECM).[14] The Community Support does not replace ECM services for Members who are eligible for or receiving ECM, and ECM should be used for the ongoing care management of Members receiving this Community Support.[15] For Members already enrolled in ECM during the time of transition, the MCP must ensure that the ECM Care Manager provides all necessary Transitional Care Services (TCS) and coordinates referrals to Community

[12] For more information on federal SSI benefits, Living Arrangements, and personal needs allowance, visit: https://www.ssa.gov/ssi/text-living-ussi.htm.
For more information on California's SSP, visit: https://www.cdss.ca.gov/inforesources/ssi-ssp.

[13] 42CFR_441.530(a)(1)(iii)

[14] Refer to the DHCS ECM Policy Guide for additional details on scope of services available through ECM. Available at: https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf.

[15] Refer to the ECM Populations of Focus Spotlight for Long-Term Care POFs for additional details on integrating ECM and Community Supports for Members. Available at: https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-POF-Spotlight-LongTermCarePopulation.pdf.

Supports like ALF Transitions on the Member's behalf. Regardless of whether the Member is enrolled in ECM, ALF Transitions is not intended to replace TCS, which MCPs are required to provide for Members transitioning from one setting or level of care to another under Population Health Management.[16]

Members receiving this service may also be eligible for other Community Supports. MCPs should ensure Members are appropriately screened and referred for services for which they may be eligible. For example, Members can be connected to Housing Transition Navigation Services[17] at the same time as the time-limited transition component of this service (if they meet eligibility criteria and the MCP has made them available) as long as the activities provided are distinct between the Community Supports.

Licensing/Allowable Providers for ALF Transitions

For the purposes of this service definition, the term ALF includes an RCFE or an ARF. RCFE/ARFs are licensed and regulated by the California Department of Social Services, Community Care Licensing Division.

The list below is provided as an example of the types of providers MCPs may choose to contract with, but it is not an exhaustive list of providers who may offer the services.

- Case Management agencies
- Home Health agencies
- ARF/RCFE Operators
- 1915(c) Home & Community Based Alternatives (HCBAs)/ALW providers
- CCT/Money Follows the Person providers

Additionally, MCPs must consider factors such as the availability of clinical staff, staff training, emergency response systems and procedures, licensing, and adequate home and community-based setting characteristics within their screening, enrollment, credentialing, revalidation, and recredentialing processes.

[16] Refer to the Population Health Management Policy Guide. Available at: https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf.

[17] The Housing Transition Navigation Services service definition is located in Volume 2 of the Community Supports Policy Guide.

Interface with Assisted Living Waiver (ALW) Providers

MCPs are encouraged to contract with ALW providers as Community Support providers. DHCS conducts enrollment for ALW providers in certain counties and MCPs may leverage the state-enrollment pathway for ALF Transitions Community Support provider screening and enrollment where it is available. If MCPs leverage the state-enrollment pathway, they must document this in their Policies and Procedures.

However, MCPs are required to conduct credentialing, revalidation and recredentialing in accordance with APL 22-013.

DHCS also encourages MCPs to consider non-ALW RCFE/ARFs for enrollment and contracting as an ALF Transitions provider. MCPs should not restrict their ALF Transitions networks to ALW-enrolled providers only, as the ALW is not available statewide and there are currently delays in ALW provider enrollment. Non-ALW RCFE/ARF operators who meet DHCS qualifications and program standards may be well-qualified to deliver ALF Transitions services and should be considered for contracting upon provider screening, enrollment, credentialing, revalidation and recredentialing.

MCPs should review their Community Supports ALF Transitions network composition to assess current access and network capacity against their Members' needs. Again, MCPs should consider contracting with qualified providers including RCFE/ARF that are not currently enrolled in the ALW program but can pass the MCPs' screening, enrollment, credentialing, revalidation, and credentialing process in accordance with APL 22-013.

HCPCS Codes for ALF Transitions

Listed below are the HCPCS code and modifier combinations that must be used for ALF Transitions. The modifier descriptions have been updated to clarify the appropriate HCPCS code and modifier combinations for billing Transition Services and Expenses versus Ongoing Assisted Living Services. See Section VII for more information about Billing & Payments for Community Supports.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T2038	Community transition; per service. Requires billed amount(s) to be reported on the encounter.	U4	Used with HCPCS code T2038 to indicate Community Supports Assisted Living Facility Transitions: Transition Services and Expenses. Modifier used to differentiate from Community or Home Transition Services ***(Updated January 2026)***
H2022	Community wrap-around services, assisted living services, per diem. Requires billed amount(s) to be reported on the encounter.	U5	Used with HCPCS code H2022 to indicate Community Supports Assisted Living Facility Transitions: Ongoing Assisted Living Services ***(Updated January 2026)***

Personal Care and Homemaker Services (PCHS)

Description/Overview

Personal Care Services and Homemaker Services (PCHS) can be provided for individuals who need assistance with Activities of Daily Living (ADLs) such as bathing, dressing, toileting, ambulation, or feeding. Personal Care Services can also include assistance with Instrumental Activities of Daily Living (IADLs) such as meal preparation, grocery shopping, and money management.

Includes services as similarly provided by the In-Home Supportive Services (IHSS) program, including house cleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming, and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired.

PCHS aid individuals who could otherwise not remain in their homes [**as confirmed by a member of the Member's health care team]**. However, if upon assessment, the MCP finds that it would be clinically appropriate for a member to go to a higher level of care, the MCP should work with the Member to transition to that higher level of care instead of authorizing PCHS.

The PCHS Community Support can be utilized:

- During the IHSS application process, including during any waiting period after an application has been made. PCHS may be authorized prior to, and up until, IHSS services are in place.
- In addition to any approved county IHSS hours when additional support is required and a request for increased hours is pending, and when IHSS benefits are exhausted.
- For Members who are ineligible for IHSS, PCHS can be put in place to help prevent a short-term stay in a skilled nursing facility (not to exceed 60 days). In order to receive short term PCHS, Members are not required to apply for IHSS, but the authorization request should include information about the need for short term stay in a skilled nursing facility in the absence of PCHS being available.

Eligibility (Population Subset)

- Individuals at risk for hospitalization, or institutionalization in a nursing facility; **or**

- Individuals with functional deficits and no other adequate support system; **or**
- Individuals approved for In-Home Supportive Services. Eligibility criteria can be found at: http://www.cdss.ca.gov/In-Home-Supportive-Services.
- **[Please note individuals must meet the criteria laid out in the rest of this section.]**

Interface with IHSS and the Home and Community Based Alternatives (HCBA) Waiver

While IHSS must be the primary source of support for eligible Members, PCHS may be provided when an IHSS application is pending, additional support is needed beyond authorized IHSS hours and a request for increased hours is pending, or when IHSS allocations are insufficient. In such cases, PCHS can supplement IHSS and extend care to ensure the Member's needs are fully met.

To be approved for this Community Support, Members must:

1) Demonstrate willingness and cooperate with the IHSS application process including the initial application process, or the application request for additional IHSS hours, beyond the hours that have been initially approved. This means responding to inquiries in a timely manner, providing required documentation in a timely manner, and cooperating with the case manager; or
2) Demonstrate a need for hours beyond the maximum number of hours IHSS authorized and proof that the member is already authorized for the maximum amount of IHSS hours.

If the Member is not already enrolled in the IHSS program, it is important that there is timely progression through the initial IHSS application process unless there is proof that the Member is not eligible for IHSS. Delays resulting from county-level IHSS processing—both for the initial application or for authorization of additional hours—should not be deemed as lack of timely progression through the IHSS application process.

Waiver Personal Care Services (WPCS) provided through the HCBA Waiver must be coordinated separately from IHSS to ensure there is no duplication of authorized hours.[18]

Individuals enrolled in the HCBA Waiver and eligible for or receiving WPCS are not eligible to receive PCHS. However, individuals who are on the waitlist for HCBA Waiver may receive PCHS while they are awaiting HCBA waiver approval.

[Health Care Team Referral

IHSS requires a health care provider certification to ensure that individuals are unable to perform some activity of daily living independently and without IHSS the individual would be at risk of placement in out-of-home care.[19] Similarly, referrals for PCHS must come from the Member's health care team and be signed by a licensed health care professional.

The health care team includes, but is not limited to, primary care providers, specialists, inpatient providers, clinic care managers, hospital social workers, and any other licensed clinicians or staff directly involved in the Member's clinical care and treatment planning. The health care team may also include other professionals contracted by the MCP who provide clinical services.]

Restrictions/Limitations

The eligibility criteria for this Community Supports remain the same as those used for IHSS. PCHS may only be authorized in the specific circumstances described above and cannot be utilized in lieu of applying to the In-Home Supportive Services program. The Member must apply to the In-Home Supportive Services program when the program criteria are met.

Members requesting PCHS must demonstrate a completed initial application for IHSS (if applicable) or a completed request for additional hours (if applicable) as part of the request for PCHS.

Members approved for PCHS must provide proof of application status (if applicable) and application progress (if applicable) every 90 days to the MCP to remain eligible for PCHS. Members must make a good faith effort to address any information requests or

[18] Any WPCS hours granted must supplement, rather than overlap with, the IHSS-approved hours to prevent duplication of services.

19 For further information, please refer to the Department of Social Services' IHSS Program Page, available at: https://www.cdss.ca.gov/in-home-supportive-services

MCPs are responsible for conducting the appropriate medical necessity determination based on level of care needs for the member. MCPs may deny authorization requests for PCHS if Members require higher levels of care needs than can be safely furnished by PCHS alone. MCPs are encouraged to refer Members to Transitional Care Services when appropriate. Please see the *Transitional Care Services for Members with Long-Term Services and Supports Needs: A Technical Assistance Resource for Medi-Cal Managed Care Plans*[20] for additional information.

In accordance with APL 22-14,[21] MCPs are required to implement electronic visit verification for all personal homemaker services that are delivered by a Community Supports provider. Validation of hours of service provided by the personal homemaker service worker is a federal requirement necessary to ensure program integrity and delivery of authorized hours.

Licensing/Allowable Providers for PCHS

This list is provided as an example of the types of providers Medi-Cal MCPs may choose to contract with, but it is not an exhaustive list of providers who may offer the services.

- Home health agencies
- County agencies
- Personal care agencies
- AAA (Area Agency on Aging)

MCPs remain responsible for conducting provider screening, enrollment, credentialing, revalidation and recredentialing for Community Supports Providers per the Community Supports Policy Guide, MCP Contract, and APL 22-013.

HCPCS Codes for PCHS

Listed below are the HCPCS code and modifier combinations that must be used for Personal Care and Homemaker Services. See Section VII for more information about Billing & Payments for Community Supports.

[20] Available at: https://www.dhcs.ca.gov/wp-content/uploads/2025/10/TCS-TA-Resource-for-LTSS-Transitions.pdf

[21] DHCS APL 22-014. Available at: https://www.dhcs.ca.gov/wp-content/uploads/2025/10/APL22-014.pdf

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
S5130	Homemaker services; per 15 minutes	U6	Used with HCPCS code S5130 to indicate Community Supports Personal Care and Homemaker Services
T1019	Personal care services; per 15 minutes	U6	Used with HCPCS code T1019 to indicate Community Supports Personal Care and Homemaker Services