

BILLING QUICK REFERENCE

Community Supports & ECM HCPCS Code Reference

The DHCS-established code + modifier combinations for CalAIM Community Supports and Enhanced Care Management — reflecting the January 2026 coding guidance (v1.3).

How to read this — 5 rules that decide whether you get paid

- ✓ **Code + modifier define the service.** **H0043** alone is just "supported housing"; it only becomes Housing Transition Navigation when billed with **U6**.
- ✓ **Telehealth adds **GQ**** as a secondary modifier (phone or video, per DHCS telehealth policy).
- ✓ **Rule of Eights** applies to 15-minute-increment codes: at least 8 minutes must occur to bill the first 15-minute unit.
- ✓ **These exact codes are mandatory statewide.** MCPs may not require or allow codes/modifiers beyond these — even by mutual agreement.
- ✓ **Rates & authorization still vary by plan.** The codes are standardized; what each plan pays, authorizes, and offers by county is not.

Enhanced Care Management (ECM) PMPM / PER SERVICE

SERVICE	HCPCS	MODIFIER	WHAT IT INDICATES
ECM — Clinical staff, in person	G9008	U1	Care coordination by clinical staff
ECM — Clinical staff, telehealth	G9008	U1, GQ	Phone / telehealth by clinical staff
ECM — Non-clinical staff, in person	G9012	U2	Care coordination by non-clinical staff
ECM — Non-clinical staff, telehealth	G9012	U2, GQ	Phone / telehealth by non-clinical staff
ECM outreach — clinical (in person / telephonic)	G9008	U8 · U8, GQ	Single outreach attempt to initiate ECM
ECM outreach — non-clinical (in person / telephonic)	G9012	U8 · U8, GQ	Single outreach attempt to initiate ECM
ECM multidisciplinary team conference	G9007	none	Team conference involving the lead care manager

Housing Services FLAGSHIP

SERVICE	HCPCS	MODIFIER	DESCRIPTION / BASIS
Housing Transition Navigation	H0043	U6	Supported housing; per diem
	H2016	U6	Comprehensive community support services; per diem
Housing Deposits	H0044	U2	Supported housing, per month; deposit amounts reported on the encounter
Housing Tenancy & Sustaining	T2040	U6	Financial management; per 15 min
	T2050	U6	Financial management; per diem
	T2041	U6	Support brokerage; per 15 min
	T2051	U6	Support brokerage; per diem

For Tenancy & Sustaining, a plan picks *either* the 15-minute *or* the per-diem option for financial management and for support brokerage — not both for the same member on the same day. Most providers prefer per-diem to reduce tracking.

Housing Outreach — to initiate service delivery

SERVICE	HCPCS	MODIFIER	BASIS
Outreach for Navigation, Deposits & Tenancy/Sustaining — in person	T1016	U8	Case management; per 15 min
Same outreach — telephonic / electronic	T1016	U8, GQ	Per 15 min · Rule of Eights applies

Use these only to initiate a member into the housing services (successful or unsuccessful attempts) — not for ongoing engagement after opt-in. Reimbursement for outreach is at plan discretion.

Transitions & Recovery Housing

SERVICE	HCPCS	MODIFIER	DESCRIPTION / BASIS
Recuperative Care (Medical Respite)	T2033	U6	Residential care, NOS, waiver; per diem
Short-Term Post-Hospitalization Housing	H0043	U3	Per diem option
	H0044	U3	Per month option
Assisted Living Facility Transition / Diversion	T2038	U4	Transition services & expenses (billed amounts reported)
	H2022	U5	Ongoing assisted-living services; per diem
Community / Home Transition (NF → home)	T2038	U5	Transition services & expenses
	H0044	U5	Non-recurring set-up expenses; per month
Caregiver Respite	H0045	U6	Respite, not in the home; per diem
	S5151	U6	Unskilled respite, not hospice; per diem

SERVICE	HCPCS	MODIFIER	DESCRIPTION / BASIS
	S9125	U6	Respite, in the home; per diem

Other Community Supports

SERVICE	HCPCS	MODIFIER	DESCRIPTION / BASIS
Personal Care & Homemaker	S5130	U6	Homemaker services; per 15 min
	T1019	U6	Personal care services; per 15 min
Day Habilitation Programs	T2012	U6	Habilitation, educational; per diem
	T2014	U6	Habilitation, prevocational; per diem
	T2018	U6	Habilitation, supported employment; per diem
	T2020	U6	Day habilitation; per diem
	H2014 / H2038	U6	Skills training & development; per 15 min / per diem
	H2024	U6	Supported employment; per diem
	H2026	U6	Ongoing support to maintain employment; per diem
Environmental Accessibility Adaptations (Home Mods)	S5165	U6	Home modifications; per service (billed amounts reported)
Asthma Remediation	S5165	U5	Home modifications; per service
Sobering Centers	H0014	U6	Alcohol/drug services; ambulatory detoxification
Medically Tailored Meals (per meal)	S5170	U6	Home-delivered prepared meal
MTM/MSF — nutrition education / counseling	S9452 / S9470	U5/U6	Per 15 min (individual, group, assessment)
MTM/MSF — groceries / produce / vouchers	S9977	U4-U9	Produce Rx, groceries, food pharmacy, vouchers (basis varies by modifier)

Transitional Rent is handled separately

Transitional Rent — mandatory since 1/1/26 — is **not** in the standard HCPCS coding tables above. It's administered under the dedicated **DHCS Transitional Rent Payment Methodology** (reimbursable ceilings + administrative fees), and it **requires ECM enrollment**. Confirm the exact billing mechanism with the member's managed care plan. (See our Transitional Rent Readiness Guide.)

What CareAutomate runs today

Supported end to end

✔ Housing Navigation, Tenancy & Sustaining, Deposits

Not supported yet

Personal Care & Homemaker — *EVV-required*

✓ Recuperative Care & Post-Hospitalization Housing

Day Habilitation — *group attendance*

✓ ALF / Community / Home Transitions

Meals / Home mods / Asthma / Sobering — *logistics*

One member record. Correct code, every time.

CareAutomate configures each member to the right Community Support, HCPCS code, and modifier — so a signed note becomes a clean claim or invoice without re-keying.

[Book a 20-min walkthrough →](#)

Source & disclaimer. Codes transcribed from the DHCS *ECM and Community Supports HCPCS Coding Guidance*, Version 1.3, most recent update January 2026. These are interim DHCS-established codes that remain in use until permanent HCPCS codes are established. This reference is educational and is not billing or compliance advice; modifier use, authorization, rates, and covered services are operationalized by each managed care plan and county. Always confirm current codes and requirements with the member's plan and the latest DHCS guidance before submitting claims or encounters.