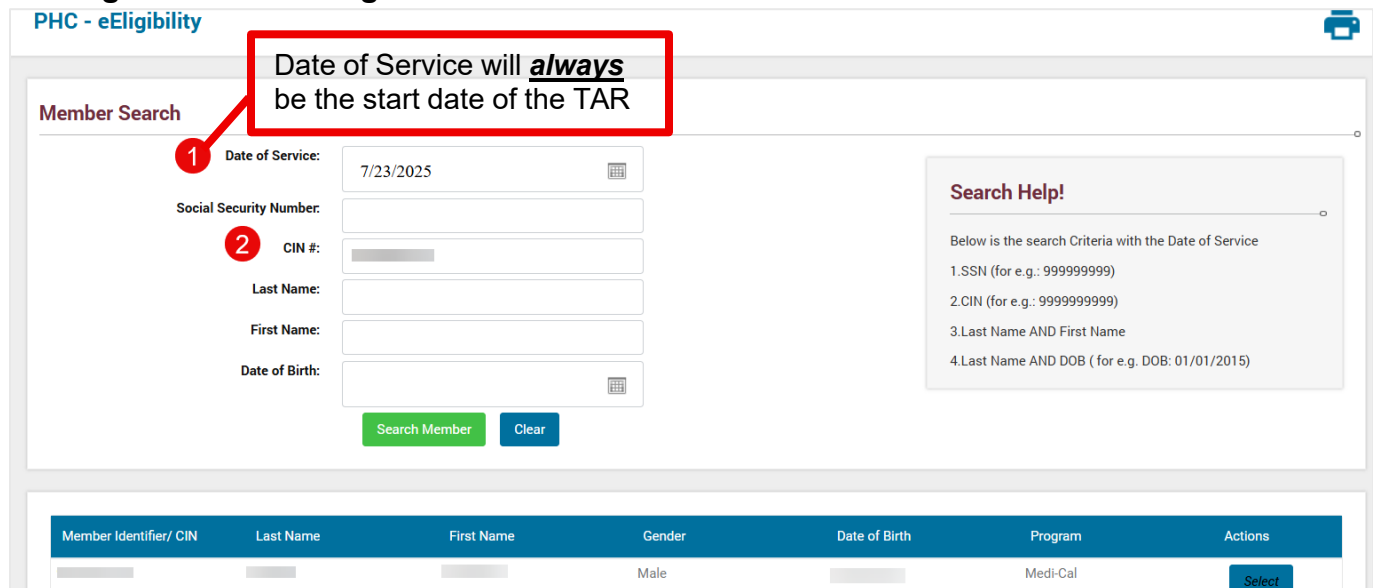Treatment Authorization Request (TAR) reference guide for Community Supports (CS) providers. Please use the guide below to submit correct TARs. **Incorrect TARs will be voided.**

Online Services Provider Portal Link: https://provider.partnershiphp.org/UI/Login.aspx
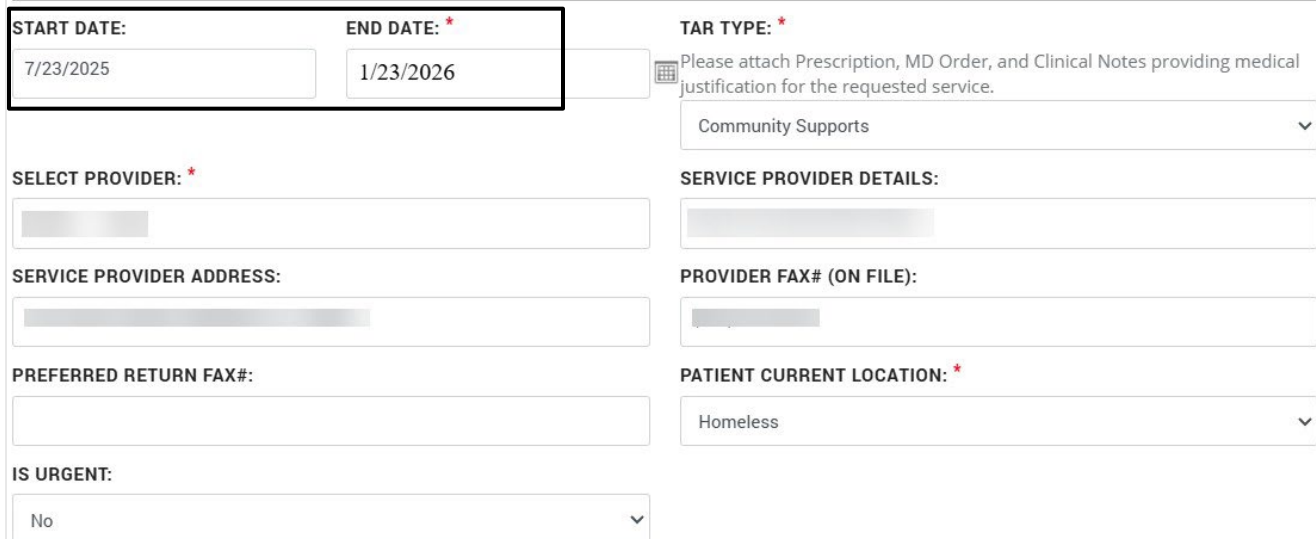
TAR Date Spans:
3 months – Personal Care and Homemaker Services, 2 months – Respite and Housing Deposits Services, 6 months – All other services, 1 day– Sobering Center Services

Housing Transition Navigation: Six months – End date should be six months from the start date.

Click on Select, providers will review eligibility for services. Community Supports TARs will always be Outpatient eTARs. You will see this landing page below once clicked on Submit Outpatient eTAR:

Service Details should be entered and appear exactly as below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)		DIAGNOSIS CODE:	DIAGNOSIS DESCRIPTION:
Z5900		Z5900	Homelessness unspecified

SECONDARY DIAGNOSIS: (No decimal point needed)		SECONDARY CODE:	SECONDARY DESCRIPTION:
Search diagnosis based on diagnosis code or its description			

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges		
H0043	SUPPORTED HOUSING, PER DIEM	U6			0	6	0	✏ Edit	🗑 Delete

Add New Service Code

==A Community Supports (CS) TAR will== ***always*** ==have a CS Referral Form attached via provider portal:==

Attachments:

Attachments: 0

Attach supporting documentation here.

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR

Housing Deposits: Two months – End date should be two months from the start date.

Submit the following:

PHC - eEligibility

Member Search

Date of Service will *always* be the start date of the TAR

1. Date of Service: 7/23/2025

Social Security Number:

2. CIN #:

Last Name:

First Name:

Date of Birth:

[Search Member] [Clear]

Search Help!

Below is the search Criteria with the Date of Service
1.SSN (for e.g.: 999999999)
2.CIN (for e.g.: 9999999999)
3.Last Name AND First Name
4.Last Name AND DOB (for e.g. DOB: 01/01/2015)

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
			Male		Medi-Cal	Select

Click on Select, providers will review eligibility for services. Community Supports TARs will always be Outpatient eTARs. You will see this landing page below once clicked on Submit Outpatient eTAR:

TAR Start & End Dates

START DATE:	END DATE: *
7/23/2025	9/23/2025

TAR TYPE: *
Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.

Community Supports

SELECT PROVIDER: *

SERVICE PROVIDER DETAILS:

SERVICE PROVIDER ADDRESS:

PROVIDER FAX# (ON FILE):

PREFERRED RETURN FAX#:

PATIENT CURRENT LOCATION: *

Homeless

IS URGENT:

No

Service Details should be entered and appear exactly as below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)

Z5900

DIAGNOSIS CODE:

Z5900

DIAGNOSIS DESCRIPTION:

Homelessness unspecified

SECONDARY DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges		
H0044	SUPPORTED HOUSING, PER MONTH	U2			0	1	0	✎ Edit	🗑 Delete

[Add New Service Code]

ADDITIONAL NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)

Landlord Engagement: 00/00/0000
Unit Inspection: 00/00/0000

A Community Supports (CS) TAR will *always* have a CS Referral Form attached via provider portal. Please ensure to also provide:

- Lease/Rental Agreement

- Housing Support Plan (HSP)

- Itemized statement

Attachments:

[Attachments: 0]

Attach supporting documentation here.

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

[Submit eTAR]

Housing Tenancy and Sustaining: Six months – End date should be six months from the start date.

Submit the following:

Click on Select, providers will review eligibility for services. Community Supports TARs will always be Outpatient eTARs. You will see this landing page below once clicked on Submit Outpatient eTAR:

Service Details should be entered and appear exactly as below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)

Z59812

DIAGNOSIS CODE:

Z59812

DIAGNOSIS DESCRIPTION:

Housing instability, housed, homelessness in past 12 months

SECONDARY DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges		
T2040	FINANCIAL MGT WAIVER/ SERVICE	U6			0	6	0	✏ Edit	🗑 Delete
T2041	SUPPORT BROKER WAIVER/ 15 MIN	U6			0	6	0	✏ Edit	🗑 Delete

Add New Service Code

==A Community Supports (CS) TAR will *always* have a CS Referral Form attached via provider portal:==

Attachments:

Attachments: 0

Attach supporting documentation here.

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR

Personal Care/Homemaker: Three months – End Date should be three months from the start date.

Submit the following:

PHC - eEligibility

Date of Service will ***always*** be the start date of the TAR

Member Search

1 Date of Service: 7/23/2025

Social Security Number:

2 CIN #:

Last Name:

First Name:

Date of Birth:

Search Member   Clear

Search Help!

Below is the search Criteria with the Date of Service

1. SSN (for e.g.: 999999999)
2. CIN (for e.g.: 9999999999)
3. Last Name AND First Name
4. Last Name AND DOB (for e.g. DOB: 01/01/2015)

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
			Male		Medi-Cal	Select

Click on Select, providers will review eligibility for services. Community Supports TARs will always be Outpatient eTARs. You will see this landing page below once clicked on Submit Outpatient eTAR:

TAR Start & End Dates

START DATE: 7/23/2025

END DATE: * 10/23/2025

TAR TYPE: *

Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.

Community Supports

SELECT PROVIDER: *

SERVICE PROVIDER DETAILS:

SERVICE PROVIDER ADDRESS:

PROVIDER FAX# (ON FILE):

PREFERRED RETURN FAX#:

PATIENT CURRENT LOCATION: *

Home

IS URGENT:

No

Service Details should be entered and appear exactly as below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)

Z602

DIAGNOSIS CODE:

Z602

DIAGNOSIS DESCRIPTION:

Problems related to living alone

SECONDARY DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges		
S5130	HM SVS, NOS, 15 MIN	U6			0	960	0	✏ Edit	🗑 Delete

Add New Service Code

==A Community Supports (CS) TAR will *always* have a CS Referral Form attached via provider portal:==

Attachments:

Attachments: 0

Attach supporting documentation here.

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR

Respite Services: Two months – End date should be two months from the start date.

Submit the following:

Click on Select, providers will review eligibility for services. Community Supports TARs will always be Outpatient eTARs. You will see this landing page below once clicked on Submit Outpatient eTAR:

Service Details should be entered and appear exactly as below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)

Z600

DIAGNOSIS CODE:

Z600

DIAGNOSIS DESCRIPTION:

Problems of adjustment to life-cycle transitions

SECONDARY DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges		
S9125	RESPITE CARE, IN THE HOME, P	U6			0	320	0	✏ Edit	🗑 Delete

A Community Supports (CS) TAR will **always** have a CS Referral Form attached via provider portal:

Attachments:

Attachments: 0

Attach supporting documentation here.

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR

Recuperative Care: Six months – End date should be six months from the start date.

Submit the following:

PHC - eEligibility

Member Search

Date of Service will ***always*** be the start date of the TAR

① Date of Service: `7/23/2025`

Social Security Number:

② CIN #: [redacted]

Last Name:

First Name:

Date of Birth:

[Search Member] [Clear]

Search Help!

Below is the search Criteria with the Date of Service

1.SSN (for e.g.: 999999999)
2.CIN (for e.g.: 9999999999)
3.Last Name AND First Name
4.Last Name AND DOB (for e.g. DOB: 01/01/2015)

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
[redacted]	[redacted]	[redacted]	Male	[redacted]	Medi-Cal	Select

Click on Select, providers will review eligibility for services. Community Supports TARs will always be Outpatient eTARs. You will see this landing page below once clicked on Submit Outpatient eTAR:

TAR Start & End Dates

START DATE: `7/23/2025`

END DATE: * `1/23/2026`

TAR TYPE: *

Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.

`Community Supports`

SELECT PROVIDER: *
[redacted]

SERVICE PROVIDER DETAILS:
[redacted]

SERVICE PROVIDER ADDRESS:
[redacted]

PROVIDER FAX# (ON FILE):
[redacted]

PREFERRED RETURN FAX#:

PATIENT CURRENT LOCATION: *
`Homeless`

IS URGENT:
`No`

Service Details should be entered and appear exactly as below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)

Z5900

DIAGNOSIS CODE:

Z5900

DIAGNOSIS DESCRIPTION:

Homelessness unspecified

SECONDARY DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges		
T2033	RES NOS WAIVER PER DIEM	U6			0	1	0	✏ Edit	🗑 Delete

Add New Service Code

==A Community Supports (CS) TAR will *always* have a CS Referral Form attached via provider portal:==

Attachments:

Attachments: 0

Attach supporting documentation here.

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR

Short-Term Post-Hospitalization: Six months – End date should be six months from the start date.

Submit the following:

PHC - eEligibility

Member Search

Date of Service will *always* be the start date of the TAR

1   Date of Service: 7/23/2025

Social Security Number:

2   CIN #:

Last Name:

First Name:

Date of Birth:

Search Member   Clear

Search Help!

Below is the search Criteria with the Date of Service

1.SSN (for e.g.: 999999999)
2.CIN (for e.g.: 9999999999)
3.Last Name AND First Name
4.Last Name AND DOB (for e.g. DOB: 01/01/2015)

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
			Male		Medi-Cal	Select

Click on Select, providers will review eligibility for services. Community Supports TARs will always be Outpatient eTARs. You will see this landing page below once clicked on Submit Outpatient eTAR:

TAR Start & End Dates

START DATE: 7/23/2025   END DATE: *   1/23/2026

TAR TYPE: *
Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.
Community Supports

SELECT PROVIDER: *

SERVICE PROVIDER DETAILS:

SERVICE PROVIDER ADDRESS:

PROVIDER FAX# (ON FILE):

PREFERRED RETURN FAX#:

PATIENT CURRENT LOCATION: *
Homeless

IS URGENT:
No

Service Details should be entered and appear exactly as below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)
Z5900

DIAGNOSIS CODE:
Z5900

DIAGNOSIS DESCRIPTION:
Homelessness unspecified

SECONDARY DIAGNOSIS: (No decimal point needed)
Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges		
H0044	SUPPORTED HOUSING, PER MONTH	U3			0	1	0	✎ Edit	🗑 Delete

Add New Service Code

A Community Supports (CS) TAR will *always* have a CS Referral Form attached via provider portal:

Attachments:

Attachments: 0

Attach supporting documentation here.

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR

Day Habilitation Programs: Six months – End date should be six months from the start date.

Submit the following:

Click on Select, providers will review eligibility for services. Community Supports TARs will always be Outpatient eTARs. You will see this landing page below once clicked on Submit Outpatient eTAR:

Service Details should be entered and appear exactly as below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)

Z5900

DIAGNOSIS CODE:

Z5900

DIAGNOSIS DESCRIPTION:

Homelessness unspecified

SECONDARY DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges		
T2020	DAY HABIL WAIVER PER DIEM	U6			0	1440	0	✏ Edit	🗑 Delete

Add New Service Code

Attachments:

Attachments: 0

Attach supporting documentation here.

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR

==A Community Supports (CS) TAR will *always* have a CS Referral Form attached via provider portal:==

Medically Tailored Meals: Six months – End date will be six months from the start date for delivery delays. This service will be approved for 12 weeks only.

Submit the following:

PHC - eEligibility

Member Search

Date of Service will ***always*** be the start date of the TAR

1 Date of Service: 7/23/2025

Social Security Number:

2 CIN #:

Last Name:

First Name:

Date of Birth:

[Search Member] [Clear]

Search Help!

Below is the search Criteria with the Date of Service

1.SSN (for e.g.: 999999999)

2.CIN (for e.g.: 9999999999)

3.Last Name AND First Name

4.Last Name AND DOB (for e.g. DOB: 01/01/2015)

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
			Male		Medi-Cal	Select

Click on Select, providers will review eligibility for services. Community Supports TARs will always be Outpatient eTARs. You will see this landing page below once clicked on Submit Outpatient eTAR:

TAR Start & End Dates

START DATE:	END DATE: *
7/23/2025	1/23/2026

TAR TYPE: *
Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.

Community Supports

SELECT PROVIDER: *

SERVICE PROVIDER DETAILS:

SERVICE PROVIDER ADDRESS:

PROVIDER FAX# (ON FILE):

PREFERRED RETURN FAX#:

PATIENT CURRENT LOCATION: *

Home

IS URGENT:

No

Service Details should be entered and appear exactly as below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)

Z5948

DIAGNOSIS CODE:

Z5948

DIAGNOSIS DESCRIPTION:

Other specified lack of adequate food

SECONDARY DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges		
S5170	HOME DEL, INCL PREP, PER MEL	U6			0	168	0	✎ Edit	🗑 Delete
S9470	NUTRITIONAL COUNSELING, DIET	U6			0	6	0	✎ Edit	🗑 Delete

Add New Service Code

==A Community Supports (CS) TAR will *always* have a CS Referral Form attached via provider portal.==
==Please ensure to also provide:==

- ==Condition and Criteria/Supporting Documents==

Attachments:

Attachments: 0

Attach supporting documentation here.

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR

Sobering Centers: 1 day, 23:59 – End date will be the same as the start date

Submit the following:

PHC - eEligibility

Date of Service will ***always*** be the start date of the TAR

Member Search

1. Date of Service: 7/23/2025
   Social Security Number:
2. CIN #:
   Last Name:
   First Name:
   Date of Birth:

Search Member   Clear

Search Help!

Below is the search Criteria with the Date of Service
1. SSN (for e.g.: 999999999)
2. CIN (for e.g.: 9999999999)
3. Last Name AND First Name
4. Last Name AND DOB (for e.g. DOB: 01/01/2015)

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
			Male		Medi-Cal	Select

Click on Select, providers will review eligibility for services. Community Supports TARs will always be Outpatient eTARs. You will see this landing page below once clicked on Submit Outpatient eTAR:

TAR Start & End Dates

START DATE:	END DATE: *	TAR TYPE: *
7/23/2025	7/23/2025	Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.

Community Supports

SELECT PROVIDER: *

SERVICE PROVIDER DETAILS:

SERVICE PROVIDER ADDRESS:

PROVIDER FAX# (ON FILE):

PREFERRED RETURN FAX#:

PATIENT CURRENT LOCATION: *

Homeless

IS URGENT:

No

Service Details should be entered and appear exactly as below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)

Z5900

DIAGNOSIS CODE:

Z5900

DIAGNOSIS DESCRIPTION:

Homelessness unspecified

SECONDARY DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges		
H0014	Alcohol and/or drug scvcs; ambulatory detoxification	U6			0	1	0	✎ Edit	🗑 Delete

Add New Service Code

==A Community Supports (CS) TAR will *always* have a CS Referral Form attached via provider portal:==

Attachments:

Attachments: 0

Attach supporting documentation here.

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR