

DEPARTMENT OF HEALTH CARE SERVICES

ADDENDUM TO THE PHM POLICY GUIDE: CLOSED-LOOP REFERRAL IMPLEMENTATION GUIDANCE

Updated May 2025

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I. INTRODUCTION

As part of their role of ensuring Members are connected to needed services, Medi-Cal Managed Care Plans (MCPs) are responsible for assessing Members' needs and connecting them to preferred services that can appropriately address clinical and/or social needs identified.¹ The Department of Health Care Services requires MCPs and/or Network Providers to conduct assessments and screenings that often result in referrals to care. In parallel, DHCS' [Basic Population Health Management](#) (BPHM) approach requires MCPs to assist Members in "navigation and coordination of health and services across MCPs, settings, and delivery systems."

Closed-Loop Referrals (CLR) are a key component of DHCS' Population Health Management Program under CalAIM. DHCS defines a Closed-Loop Referral (CLR) as *a referral initiated on behalf of a Medi-Cal Managed Care Member that is tracked, supported, monitored and results in a Known Closure*. A Known Closure occurs when a Member's initial referral loop is completed with a Known Closure reason such as the Member receiving services.²

The goal of CLRs is to increase the share of Medi-Cal Members successfully connected to the services they need by identifying and addressing gaps in referral practices and service availability. The CLR requirements outlined aim to improve MCP information collection, supportive actions on individual referrals, and system-level improvements that will result in Members being connected more quickly to priority services for their health and well-being.

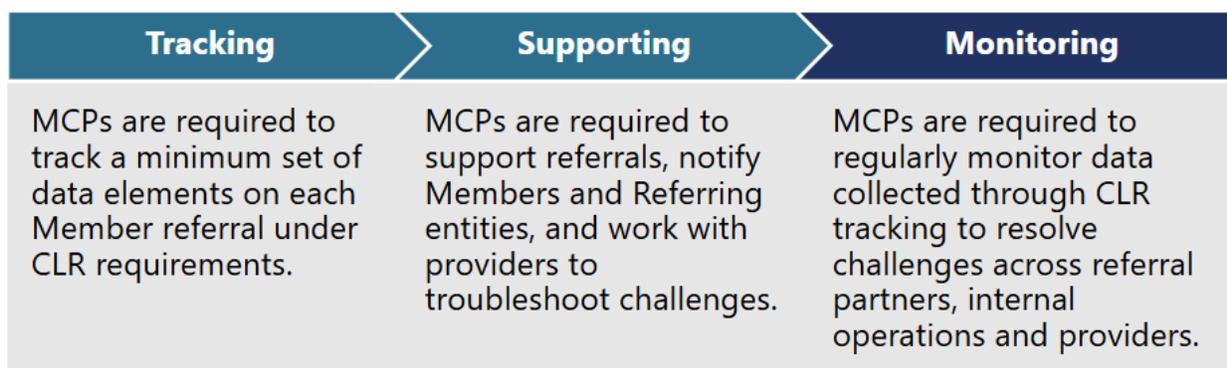
This document is an addendum to the Population Health Management (PHM) [Policy Guide](#) and provides comprehensive guidance for MCPs administering CLRs. The document outlines detailed requirements for MCPs to collect data to track the status of each CLR and serves as a resource for other key stakeholders involved in CLRs, including providers and community-based organizations (CBOs). The guidance is organized around the three components of the CLR framework: Tracking, Supporting and Monitoring (*see Figure 1*). Together, these components support MCPs, Network Providers and referral partners in improved information sharing and communication, to

¹ The DHCS CalAIM Population Health Management Guide provides a detailed overview of screenings and assessments required for Medi-Cal Managed Care Members: [PHM-Policy-Guide.pdf \(ca.gov\)](#).

² For a full list of reasons for referral closure, see Table 4, Section II.A.2.

ensure more Members are connected efficiently to needed services.

Figure 1: DHCS Closed-Loop Referral Framework



Under the [MCP Contract](#)³, the [PHM APL \(APL 22-024\)](#) and the [PHM Policy Guide](#), **MCPs are required to implement CLR requirements starting on July 1, 2025.**

Existing DHCS guidance on processing referrals and authorizing services, such as the MCP noticing requirements for Members and referring providers for authorizations in [APL-21-011](#) on *Grievance and Appeal Processes*, remain in effect for all services that MCPs authorize, including services under CLR requirements.

CLR also bolsters existing authorization notification requirements in APL 21-011 by adding MCP requirements for notifying Referring Entities on each CLR’s referral loop closure under CLR guidance. MCPs must use the data they collect to intervene in support of individual referrals and to resolve provider and system barriers to successful service delivery. Improved information sharing and noticing requirements for referrals to services governed by CLR aim to empower Referring Entities to support Members in their connections to care and to relay key information on the processing of referrals to Members with whom they have an existing relationship.

While MCPs remain responsible for supporting connections to care for all Medi-Cal Members under the BPHM framework, CLR requirements going live on July 1, 2025, enhance requirements on MCPs for two priority services – Enhanced Care Management (ECM) and Community Supports. Launched in 2022 under CalAIM, ECM and Community Supports are critical services for Medi-Cal’s highest need Members, and both are services for which the MCP plays a pivotal role in the “referral loop” by authorizing services and assigning the Member to a Network Provider.

Services outside of ECM and Community Supports, including referrals between MCPs

³ Closed-Loop Referral requirements will be included in the 2025 MCP Contract.

and other managed care delivery systems (e.g., behavioral health), do not fall under the CLR requirements detailed in this guidance at this time. DHCS intends to leverage the CLR definition and requirements as it defines guidance for CLR across delivery systems and for other services, as applicable, over time.

II. CLOSED-LOOP REFERRAL REQUIREMENTS

The CLR definition emphasizes the three distinct actions for MCP implementation—tracking, supporting, and monitoring. The Guidance first describes general CLR requirements across tracking, supporting and monitoring referrals (Figure 2) and then provides additional guidance to MCPs in the Appendices on how requirements must be applied to each required service under CLR, beginning with Appendix B for ECM and Community Supports. Additional Appendices will be added over time as guidance and requirements are developed for CLR across delivery systems and for other services.

Figure 2. CLR Implementation Guidance – Section II. Closed-Loop Referral Requirements

A. Tracking	B. Supporting	C. Monitoring
<ol style="list-style-type: none"> 1. Minimum Data Elements 2. Data Timeliness 3. MCP Systems for CLR 4. System Compliance with Other Data Sharing Requirements 5. Roles & Responsibilities 	<ol style="list-style-type: none"> 1. Requirements for Notifying Members & Referring Entities 2. Supporting Pending & Re-Referrals 3. Roles & Responsibilities 	<ol style="list-style-type: none"> 1. Roles & Responsibilities <ol style="list-style-type: none"> a) MCP Monitoring of CLR b) DHCS Monitoring of CLR

A. Tracking Member Referrals

To successfully connect more Members to services through CLR, MCPs must track and act on referrals, to ensure they are complete and necessary information is shared securely and efficiently. These requirements aim to ensure that MCPs act on CLR in a timely manner and have full information to intervene when there are challenges in connecting Members to services.

1. Minimum Data Elements

The tables below outline the minimum set of data elements that MCPs must track on all referrals under CLR requirements. MCPs are required to track and store all data elements unless otherwise indicated. DHCS requires MCPs to track these elements to ensure that MCPs have sufficient information to meet requirements for supporting and monitoring CLR and ultimately increase the share of Members connected to the services to which they are referred. In some cases, demographic information marked as 'required' below may not be supplied by the Member or the Referring Entity (e.g., Member Homelessness Indicator). MCPs are not required to do extensive follow up to collect this information if it does not impact the successful connection of the Member to services; however, they are required to record it if it is supplied by the Referring Entity or stored in MCP data elsewhere.

Table 1: Member Information

Data Element	Required	Additional Details
Member First Name	Yes	
Member Last Name	Yes	
Medi-Cal Member Client Index Number (CIN)	Yes	
Managed Care Plan Member ID Number	Yes	
Member Date of Birth	Yes	
Member Primary Phone Number	Yes	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may record "0000000000".
Member Residential Address	Yes	MCPs may complete data element as "No fixed current address" if the Member is identified as homeless by the "Member Homelessness Indicator" and another

Data Element	Required	Additional Details
		address is not available.
Member Email	Optional	
Member Preferred Language (Spoken)	Optional	Limited to the Medi-Cal 834 file acceptable values.
Member Preferred Language (Written)	Optional	Limited to the Medi-Cal 834 file acceptable values.
Member Gender Code	Yes	Limited to the Medi-Cal 834 file acceptable values.
Member Race or Ethnicity Code	Yes	Limited to the Medi-Cal 834 file acceptable values.
Member Homelessness Indicator	Yes	Identifier for if the member is experiencing "homelessness," as defined in the ECM Policy Guide (pgs. 11-12) available here .
Member Guardian or Conservator First Name	Required if applicable to referral	
Member Guardian or Conservator Last Name	Required if applicable to referral	
Member Guardian or Conservator Phone Number	Required if applicable to referral	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may record "0000000000".

Table 2: Referral Initiation

Data Element	Required	Additional Details
Date of Referral	Yes	Date the inbound referral to the MCP was made by the Referring Entity. MM/DD/YYYY format.
Referred Service	Yes	Service for which the Member is being referred.
Referring Organization Name	Required if applicable to referral	
Referring Organization NPI	Required if applicable to	

Data Element	Required	Additional Details
	referral	
Referring Individual Name	Yes	Last name, first name, title, separated by commas.
Referring Individual Phone Number	Yes	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may record "0000000000".
Referring Individual Email Address	Optional	
Referring Individual Relationship to Member	Required if applicable to referral	
Referral Type	Required if applicable to referral	The category for the source of the referral such as "Community Referral" or "Identified by the MCP".

Table 3: Referral Authorization

Data Element	Required	Additional Details
Date Received Request for Authorization	Required if MCP is responsible for authorization of the service	Date the MCP received an inbound referral request requiring authorization. May be the same as 'Date of Referral'. MM/DD/YYYY format.
Referral Authorization Status	Required if MCP is responsible for authorization of the service	Status options include: Approved; Under Review; Need Additional Information from Referral Source; Denied. After the authorization is approved or denied by the MCP, MCPs are required to track the progress of the referral using the 'Referral Status' field in Table 4.
Authorization Effective Date	Required if MCP received referral for authorization	Required if Referred Services are authorized by MCP. MM/DD/YYYY format.
Authorization End Date	Required if MCP received referral for	Required if applicable. Track the timeframe for which the Member is authorized to receive the service.

Data Element	Required	Additional Details
	authorization	MM/DD/YYYY format.
Date of Referral Authorization Decision	Required if MCP received referral for authorization	Date the MCP completed the authorization request. MM/DD/YYYY format.
Date Member Notified of Authorization Determination	Yes	Date associated with the completion of Member noticing requirements as outlined in APL 21-011 on grievances and appeals. ⁴ MM/DD/YYYY format.

Table 4: Referral Processing

Data Element	Required	Additional Details
Date Referral Sent to Servicing Provider Organization	Yes	Date the receiving entity (i.e., Service Provider) received the referral request from the MCP or the Referring Entity. MM/DD/YYYY format.
Servicing Provider Organization Name	Yes	
Servicing Provider Organization NPI	Required if applicable to referral	10-digits. If the rendering provider does not have an NPI, the reported NPI may be that of the associated billing provider.
Servicing Provider Name	Yes	Last name, first name, title, separated by commas.
Servicing Provider Phone Number	Yes	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
Referral Status	Yes	Status options include: 1. Accepted; 2. Declined; 3. Pending; 4. Outreach Initiated, 5. Referral Loop Closed. 'Referral Status' may have multiple entries. For services the MCP must

⁴ Excerpt from APL 21-011: "Decisions to approve, modify, or deny requests, must be communicated by the MCP to the provider within 24 hours of the decision and to the Member within two business days using the appropriate NOA template." Please review the full APL for additional details on noticing and grievances.

Data Element	Required	Additional Details
		authorize, MCPs will begin updating 'Referral Status' after the authorization decision is made.
Date of Referral Status	Yes	MCPs are required to track each 'Referral Status' separately by 'Date of Referral Status Update'. MM/DD/YYYY format.

Table 5: Referral Loop Closure

Data Element	Required	Additional Details
Reason for Referral Loop Closure	Required if 'Referral Status' is 'Declined' or 'Referral Loop Closed'	Closure reasons include: 1. Services Received; 2. Service Provider Declined; 3. Unable to Reach Member; 4. Member No Longer Eligible for Services; 5. Member No Longer Needs Services or Declines Services; 6. Other. 7. Authorization Denied.
Date Referring Entity Notified of Referral Loop Closure	Required if 'Referral Status' is 'Declined' or 'Referral Loop Closed'	MCPs are required to track the date that the Referring Entity was notified of the Referral Loop Closure. MM/DD/YYYY format. Please see Section II.B.1 for required timeframes to notify Referring Entities of referral loop closures.

2. Data Timeliness

Maintaining timely data on the status of each CLR is essential to allow MCPs to intervene in support of individual referrals and to improve Member connections to services.

DHCS requires MCPs to build systems for collecting updates on CLR status on at least a **monthly** basis with Service Providers. CLR requirements for the monthly tracking of Referral Status are aligned with but distinct from existing DHCS requirements for processing and supporting referrals. CLR requirements do not supplant existing requirements for processing referrals or authorizing services in DHCS policy such as the existing ECM Referral Standards or in APL 21-011 which requires MCPs to process

referrals associated with authorization requests within five business days and communicate the authorization decision to Referring Entities within 24 hours and Members within two business days.

MCPs must have a process in place to follow up with relevant entities for additional information and to troubleshoot referral challenges where a CLR's Referral Status is not updated on a monthly cadence by the Service Provider. Requirements to track and update a CLR Referral Status in MCP records on at least a monthly basis do not limit MCPs from conducting targeted follow up with Service Providers in situations where the Member's need for services needs more timely review.

3. MCP Systems for CLRs

MCPs may choose their own systems to store data and process referrals to implement CLR requirements. DHCS will not require nor provide a universal system to implement CLRs. Some MCPs may choose to procure a CLR platform through an outside vendor while others may continue to directly receive and process referrals through existing health records and systems.

MCPs must ensure their system allows them to track and act upon all relevant Member referral information within their chosen systems to fulfill CLR tracking requirements.

DHCS recognizes that by allowing MCPs to choose their own systems, referral partners in multi-plan counties may have to navigate disparate platforms. To encourage alignment at the county-level, MCPs must discuss CLR systems and procedures with other MCPs and applicable providers to make reasonable efforts to align and simplify referral pathways to reduce administrative burden on referring partners.

4. System Compliance with Other Data Sharing Requirements and Laws

MCPs must ensure their chosen tracking method or system for CLR supports compliance with existing state and federal data sharing requirements and laws. For some services, like ECM and Community Supports, DHCS has existing information sharing guidance MCPs and providers use to support referral processing and service delivery (e.g., ECM Referral Standards, ECM and Community Supports Member Information Sharing Guidance).⁵ Additionally, several services have DHCS referral standards or assessment

⁵ [Member-Level-Information-Sharing-Between-MCPs-ECM-Providers.pdf \(ca.gov\)](#), [CS-Member-Information-Sharing-Guidance.pdf \(ca.gov\)](#)

tools (e.g., Adult Screening Tool for Medi-Cal Mental Health Services) that facilitate the referral process. MCPs must also ensure referral tracking methods are compliant with CalHHS Data Exchange Framework (DxF) requirements⁶ and CMS Interoperability Rules.⁷

The data exchanged to support CLR requirements may include, but is not limited to, selected and relevant Protected Health Information (PHI) and supporting documentation. MCPs must have processes for receiving, storing, using, and transmitting PHI and sharing data in accordance with applicable laws, MCP contract requirements, and DHCS data privacy and security standards. As indicated in the MCP Contract, MCPs must ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules and, when applicable, the federal substance use disorder confidentiality regulation, [42 CFR Part 2](#). MCPs must also abide by applicable state law requirements. MCPs must have alternative, legally compliant submission processes in place for when standard secure transmission protocols are not available. MCPs may refer to the DHCS [Data Sharing Authorization Guidance](#) for additional information on data privacy and data sharing consent laws.

5. Roles and Responsibilities

MCPs are required to develop internal protocols to electronically collect and store the minimum data elements such as the contact information for the Member, Date of Referral, Referral Status, and Reason for Referral Loop Closure as outlined in the tables above (Section II.A.1).

DHCS aims to reduce the burden on referral partners and Service Providers in the submission of data to support MCP CLR tracking requirements. As such, MCPs may not require Network Providers to submit data elements such as Referral Status and Reason for Referral Loop Closure (outlined in Section II.A1) via pathways outside of the data products outlined in the specified Appendix for each CLR service.

While MCPs are ultimately accountable for meeting CLR tracking requirements, Service Providers that fall under MCP CLR requirements may be asked by MCPs to report on a CLR's Referral Status and Reason for Referral Loop Closure on a monthly cadence through data pathways outlined in the Appendices, starting with Appendix B for ECM

⁶ [APL 23-013](#) requires all Medi-Cal managed care plans to sign the CalHHS Data Exchange Framework Data Sharing Agreement (DSA).

⁷ This document is not intended to provide guidance on the California DxF. See [the CalHHS DxF website](#) for more information.

and Community Supports. MCPs are then required to use the data shared by Service Providers to identify and support referrals that are experiencing barriers and to identify system-level challenges for connecting Members with care.

B. Supporting Member Referrals

There are many reasons a referral may not result in a Member ultimately being connected to services – for example, Members are not authorized for services, incorrect Member contact information, service waitlists or limited provider capacity. To increase the likelihood Members are connected to the care they need through CLRs, MCPs are required to use several strategies to support referrals. Supporting referrals entails intervening to support individual referrals that experience barriers, initiating re-referrals, informing Members and Referring Entities of a referral's progress, and clearly defining roles and responsibilities among partners in the referral pathway. Under CLR guidance, MCPs are accountable for using the data collected via CLR tracking requirements to support Member connections to services.

1. Requirements for Notifying Members and Referring Entities

(Updated May 2025) To support improved communication with Members and Referring Entities⁸ on a referral's status and progress, MCPs are required to provide noticing on service authorization and referral loop closure including select data elements collected through CLR tracking.

a) Service Authorization Noticing Requirements

Consistent with the authorization timeframes and notification requirements in [APL 21-011](#), MCPs are required to communicate the following information to both the Member and the Referring Entity for each referral to an MCP requesting authorization for a service in accordance with existing state and federal templates and guidelines on secure information sharing.

- » Authorization Decision
- » Authorization Decision Date
- » If Authorization Denied, Reason for Denial

⁸ Referring Entities can include various organizations and individuals beyond health care providers and CBOs, such as schools and teachers. These scenarios are not considered self-referrals or caretaker referrals because the Referring Entities are acting in their professional capacity to refer the Member. Therefore, the requirements for Service Authorization and Referral Loop Closure still apply.

Decisions to approve, modify, or deny requests, must be communicated by the MCP to the Referring Entity within 24 hours of the decision and to the Member within two business days using applicable Notice of Action (NOA) templates.⁹ Sharing the outcome of the authorization and MCP's authorization decision for a CLR is an existing requirement for all services MCPs authorize, but DHCS is emphasizing the requirement here because of its importance in supporting Member CLRs.

b) Referral Loop Closure Noticing Requirements

Under this CLR Implementation Guidance, MCPs are also required to communicate the following information to the Referring Entity in accordance with applicable state and federal laws, regulation, and policies on privacy and secure information-sharing.

- » Referral Loop Closure Reason
- » Referral Loop Closure Date

MCPs are required to share the Referral Loop Closure Reason and Referral Loop Closure Date with the Referring Entity within two business days of receiving and processing the data from the Service Provider. MCPs have up to five business days to process and perform quality checks on referral tracking data submitted from Service Providers that includes Referral Loop Closure Date and Reason in addition to the two business days for notifying the Referring Entity. **Electronic notice must be sent to the Referring Entity within a maximum of seven business days from the MCP's original receipt of the data.**

MCPs are required to use electronic methods¹⁰ to send notice of Referral Loop Closure to Referring Entities unless another non-electronic method is mutually agreed upon by both parties.¹¹

Sharing data in accordance with CLR noticing requirements ensures that both the Member and the Referring Entity are provided with timely and accurate information regarding the status of referrals. This practice facilitates transparency, enhances communication between all involved parties, and supports effective care coordination for the Member. MCPs are required to comply with applicable federal and state privacy

⁹ [California Health and Safety Code 1367.01\(c\)\(3\)](#).

¹⁰ Faxes do not qualify as an electronic method and should only be used if mutually agreed upon between MCPs and Referring Entities.

¹¹ In addition to providing electronic notice, MCPs may also choose to display the required data elements within their Provider Portals for Network Providers.

and data-sharing laws, regulations, and policies as they securely share information to implement DHCS requirements for closing the referral loop with the Referring Entity.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA)¹² permits covered entities – including MCPs – to use or disclose “protected health information” (PHI) for certain purposes – including treatment, payment, or health care operations (certain administrative, legal, financial, and quality improvement activities, including care coordination and case management)— **without** patient authorization. Such disclosures may be made both to other covered entities (e.g., health care providers) **and** to non-covered entities (e.g., housing providers, CBOs), as long as the disclosures are for purposes of treatment, payment or health care operations.^{13, 14}

Referral Loop Closure Reason and Referral Loop Closure Date would both constitute PHI under HIPAA; as covered entities, MCPs are able to share that information with non-covered entities without individual authorization for purposes of treatment or care coordination.¹⁵

Exclusions

Referral Loop Closure noticing requirements of Referring Entities do not apply in instances where the referral request is placed by the Member, their guardian/caretaker, their family or friends.

CLR noticing requirements also do not apply to MCP-generated referrals from internal data (i.e., when ‘Referral Type’ is “Identified by the MCP”). However, as a best practice, DHCS encourages MCPs to inform Members they are eligible and have been referred for a service to increase the likelihood of Member engagement.

¹² US Department for Health and Human Services. [HIPAA for Professionals](#). Accessed April 2025.

¹³ Refer to the [CalAIM Data Sharing Authorization Guidance](#) for additional information.

¹⁴ US Department of Health and Human Services. 45 C.F.R. 164.506(c)(1). [Guidance: Treatment, Payment, and Health Care Operations | HHS.gov](#)

¹⁵ Code of Federal Regulations. [45 C.F.R. 164.506\(c\)\(1\)](#), providing that covered entities may use and disclose PHI for their own treatment, payment or health care operations purposes. Accessed April 2025.

2. Supporting Pending and Re-Referrals

As noted in DHCS' BPHM guidance,¹⁶ MCPs are responsible for coordinating efforts to support referral navigation and make sure Members (or their guardians) are aware referrals are placed on their behalf. MCPs must use the data collected under CLR Tracking requirements to identify individual CLRs that have been open for extended periods of time without Referral Status updates from the Service Provider and must take actions to follow up with the Service Provider to support Member outreach and engagement in the services they need.

MCP actions to support individual referrals may include but are not limited to: Elevating referrals pending for extensive amounts of time to the Service Provider for follow up during monthly meetings; Providing supplemental contact information to the Service Provider to support Member outreach; Using MCP staff to outreach the original Referring Entity or other providers to reach a Member; Supporting Service Providers in using alternative contact methods to outreach Members (e.g., text, Member portals).

DHCS is not mandating a standard timeframe for follow-up actions with Service Providers to support referrals outside of the monthly requirement for exchange of data on the Referral Status for CLR tracking purposes because of variations in the urgency of service needs and the reasonable timeframe for service delivery by service. For example, MCPs may choose to follow up and support pending ECM referrals for a Member experiencing homelessness on a more rapid timeline than a referral for another Member for an Environmental Accessibility Adaptation/Home Modification Community Support that requires more time for a Service Provider to deliver.

Outside of the notification requirements outlined in the previous section, MCPs should set standard timeframes for updating a Member on their Referral's Status in cases where a referral may be pending for an extended period of time, or the Member is on a waitlist for support.

Referring Entities and Members may inquire on a CLR's status with the MCP while awaiting communication on the required information outlined above. In these cases, MCPs are expected to respond to the inquiry within one business day.¹⁷ MCPs are not

¹⁶ See section on Basic Population Health Management in the [DHCS PHM Policy Guide](#) on page 35.

¹⁷ MCPs are required to, at a minimum, acknowledge receipt of the inquiry and provide a status of the CLR within 1 business day. For example, the MCP may notify the inquirer

required to provide informational updates on ongoing service delivery after Referral Loop Closure under CLR requirements.

Under CLR, MCPs must have clear procedures for Member follow-up and re-referral in cases where a Member is referred for a service but the referral is denied due to eligibility or capacity of the Service Provider. Procedures should include details on alternative providers, or in the case that none are available, details on alternative services that may support the Member's outstanding need.

3. Roles and Responsibilities

MCPs are ultimately accountable for meeting requirements defined in this section for supporting referrals. However, for a referral to be successfully initiated, processed and closed, many entities may be involved and take an active role in supporting a Member's connection to services and advancing the referral loop to closure. Responsibility will vary by referral/service type as entities may perform one or more steps in the referral process.¹⁸

MCPs are responsible for mapping out use cases for services under CLR and ensuring there are clear roles and responsibilities for outreaching the Member to engage them in services, notifying Members and Referring Entities of a CLR's status, and supporting pending and re-referrals, as necessary. MCPs will need to work with Members, Guardians, Service Providers, and Referring Entities to design roles for supporting and communicating on referrals that create more seamless connections of Members to care. Appendix B of this guidance outlines key steps and roles for one use case for a CLR made by a Primary Care Provider to Enhanced Care Management.

that a referral has been authorized and passed to the Service Provider for outreach on [Date] if that is the latest update the MCP has on the referral's status. The intent of this requirement is to improve Referral Entity understanding of a referral's status more promptly, so they can also best support the Member.

¹⁸ Appendix B, Section II outlines example CLR use cases for Community Supports and ECM, including the stakeholders involved and their potential roles using a RACI (Responsible, Accountable, Consulted, and Informed) responsibility matrix to highlight key functions and responsibilities within a referral loop.

C. Monitoring Member Referrals

MCP efforts to monitor trends in CLR implementation are critical to reaching DHCS' goal of Closed-Loop Referrals of "increasing the share of Medi-Cal Members successfully connected to the services they need by identifying and addressing gaps in referral practices and service availability." This section describes DHCS expectations for MCP monitoring of CLRs and providing technical assistance to partners and providers. It also details DHCS processes for monitoring MCPs' implementation of CLR requirements.

1. Roles and Responsibilities

a) MCP Monitoring of Trends in CLRs

MCPs are required to utilize the information collected via CLR tracking requirements to monitor the progress of referrals and take systematic, data-driven actions to support timely connection of Members to services (See examples in Figure 2 below). In addition to supporting individual referrals, MCPs must regularly monitor data to identify barriers in referral processing and work with other entities with roles and responsibilities in CLR processing to implement solutions. MCPs are also expected to provide technical assistance to Referring Entities and Service Providers when referrals are experiencing consistent delays or outcomes that do not result in Member connections to services.

Figure 2. Examples of Data-Driven Actions to Support CLR

Data-Driven Action	Follow-Up Action to Support Improvement
Review the share/volume of Members referred by Referring Entity that are denied authorization	Identify reasons for authorization denial (e.g., missing clinical information, Member's enrolled in duplicative services); facilitate discussion/TA with Referring Entity to increase referrals that meet eligibility and are authorized; if applicable in the case of duplicate referrals, determine if the Referring Entity/ Member would like to request a change in Provider(s) if there is already a current, approved authorization
Compile a list of pending referrals for key timeframes (30, 60, 90 days) by Service Provider; Review trends in pending referrals over time	Investigate reasons for delayed processing of referrals (e.g., due to member outreach challenges, insufficient staffing); Facilitate TA with Service

Data-Driven Action	Follow-Up Action to Support Improvement
	Provider, as needed
Compile data on Referrals initiated in the previous quarter by Closure Reason to identify trends; Review distribution of Closure Reasons by Service Provider to identify bright spots and challenges	Identify Service Providers with higher rates of Referral Loop Closure due to 'Member Unable To Reach' and provide TA on outreach practices and expectations.

b) DHCS Monitoring of Closed-Loop Referrals

MCPs will submit regular data to DHCS for monitoring of CLR requirements and identifying best practices in supporting, tracking and monitoring CLR. Data that MCPs submit to DHCS for CLR monitoring will parallel MCP CLR tracking requirements. While DHCS will require a core set of CLR monitoring data for regular reporting, the Department reserves the right to make ad hoc requests for additional data MCPs collect in accordance with the CLR tracking requirements outlined in Section II. A.

DHCS will leverage existing data processes as much as possible to minimize burden on MCPs and providers. For monitoring of CLR implementation for ECM and Community Supports, DHCS will update required JSON data submission to reflect data for CLR monitoring effective July 1, 2025.

APPENDIX A: GLOSSARY

For terms that are contractually defined, terms are intended to be identical to those included in the [MCP Contract](#). If terms below vary from the MCP Contract, the MCP Contract supersedes. The terms below are included for ease of requirements navigation.

Basic Population Health Management (Basic PHM): An approach to care that ensures that needed programs and services are made available to each Member, regardless of the Member's risk tier, at the right time and in the right setting. Basic PHM includes federal requirements for care coordination (as defined in 42 C.F.R. § 438.208).

Closed-Loop Referrals (CLR): A referral initiated on behalf of a Medi-Cal Managed Care Member to a service or support that is supported, tracked and monitored and results in a Known Closure.

Community Supports (CS): Substitute services or settings to those required under the California Medicaid State Plan that Medi-Cal Managed Care Plans may select and offer to their Members pursuant to 42 CFR section 438.3(e)(2) when the substitute service or setting is medically appropriate and more cost-effective than the service or setting listed in the California Medicaid State Plan. For a full list of Community Supports, please view the Community Supports Policy Guide.¹⁹

Community Supports Provider: Entities that Contractor has determined can provide the Community Supports to eligible Members in an effective manner consistent with culturally and linguistically appropriate care.

Covered Services: Those health care services, set forth in Welfare and Institutions (W&I) Code sections 14000 et seq. and 14132 et seq., 22 California Code of Regulations (CCR) section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the MCP Contract, and All Plan Letters (APLs), that are made the responsibility of Contractor pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. For a list of services Covered Services do not include, please refer to the MCP Contract.

Enhanced Care Management (ECM): A whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need

¹⁹ DHCS Community Supports Policy Guide: dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf.

Members who meet ECM Populations of Focus eligibility criteria, through a systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered.²⁰

ECM Provider: Community-based entities with experience and expertise providing intensive, in-person care management services to Members in one or more of the Populations of Focus for Enhanced Care Management (ECM).

Known Closure: The final result of a referral loop closure (i.e., Member received services, Member is unable to reach or no longer in need of services, or authorization or Service Provider denied the referral).

Managed Care Plan (MCP): A health plan contracted with California to deliver Medi-Cal benefits to enrollees.

Network Provider: Any provider or entity that has a Network Provider Agreement with Contractor, Contractor's Subcontractor, or Contractor's Downstream Subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render Covered Services under this Contract. A Network Provider is not a Subcontractor or Downstream Subcontractor by virtue of the Network Provider Agreement.

Primary Care Provider (PCP): A provider responsible for supervising, coordinating, and providing initial and Primary Care to Members, for initiating referrals, for maintaining the continuity of Member care, and for serving as the Medical Home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, non-physician medical practitioner, or obstetrician-gynecologist. For Senior and Person with Disability (SPD) Members, a PCP may also be a Specialist or clinic.

Referring Entity: A Network Provider or community-based organization that refers a Medi-Cal Managed Care Member for a particular service.

Return Transmission File (RTF): A file governed by DHCS requirements that is sent from the ECM or Community Supports Provider to the MCP containing Member information relevant to their ECM or Community Supports service delivery.

Service Provider: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.

²⁰ For the definition of "Populations of Focus," see the "CalAIM Enhanced Care Management Policy Guide" at: <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf>.

APPENDIX B: ENHANCED CARE MANAGEMENT AND COMMUNITY SUPPORTS

(Updated May 2025) CLR requirements will first go live for Enhanced Care (ECM) and Community Supports – two priority services for which Managed Care Plans play an active role in processing eligibility, authorizing services and referring eligible Members to Network Providers. CLR requirements will not apply to Sobering Centers because these services are often delivered in real-time and authorized after the provision of care. CLR requirements will apply to the Transitional Rent Community Support upon its launch as a Medi-Cal managed care covered service on July 1, 2025.

CLR requirements for ECM and Community Supports will take effect on July 1, 2025. All requirements outlined in Section II apply to ECM and Community Supports referrals. The purpose of this Appendix is to further detail the application of these requirements (Appendix B. Section I) and present use cases illustrating CLRs for ECM and Community Supports (Appendix B. Section II).

I. CLR Requirements for ECM/CS	II. Example Use Cases
<ul style="list-style-type: none">A. Tracking Member Referrals<ul style="list-style-type: none">1. Minimum Data Elements2. Referral Status & Loop Closure Values3. Additional RequirementsB. Supporting Member ReferralsC. DHCS Monitoring of Member Referrals	<ul style="list-style-type: none">1. PCP Refers Member to Respite Services2. MCP Re-Referral of Member to ECM Services3. Correctional Facility Refers Member to Housing Transition

I. Implementing CLR Requirements for ECM and Community Supports

A. Tracking Member Referrals

For both ECM and Community Supports, MCPs are required to use existing DHCS data sharing guidance – ECM Member Information Sharing Guidance, Community Supports Member Information Sharing Guidance, and ECM Referral Standards –to support collection of the required minimum data elements outlined in Section II.A.1. MCPs must track data elements on all referrals to ECM and Community Supports, including those

generated using data by the MCP or generated by Members or families themselves.

Due to the prominent role MCPs already play in the referral loop for ECM and Community Supports, the majority of the minimum data elements are currently generated by the MCP or received by the MCP through existing information flows from Referring Entities and ECM and Community Supports Network Providers. Specifically, data elements include those:

- » **Generated by MCPs:** Data generated or otherwise known by the MCP for Member referrals to ECM and Community Supports. This may include, for example, the authorization date for ECM or Community Supports referrals or data that the MCP shares with contracted Community Supports Providers via the Community Supports Authorization Status File.
- » **Collected by MCPs via the ECM and Community Supports Provider RTF:** Data reported by ECM and Community Supports Network Providers to the MCP via the RTF. These data offer updates on a referral's status as the Network Provider outreaches the Member and attempts to initiate services.
- » **Collected by MCPs in accordance with ECM Referral Standards:** Effective January 1, 2025, data that MCPs are expected to collect from Referring Entities for Members being referred to an MCP for ECM. Similar information may also be collected by MCPs for Community Supports referrals.

Updates to the RTF to Support CLR: To capture the minimum data elements as outlined in Section II.A.1, DHCS added three data elements to the ECM and Community Supports RTFs to enable MCPs to collect more detailed information on referral progress and loop closure. These data elements are expanded upon below. MCPs should refer to updated Community Supports and ECM Member Information Sharing Guidance²¹ for the details and specifications of each element to be added to the RTF:

- » **Referral Status:** Captures the status of the Member Referral as of the Date of Referral Status Update.
- » **Date of Referral Status:** Captures the date associated with the Referral Status update.

²¹ Please see additional details on the ECM and Community Supports Resources Page: <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>.

- » **Reason for Referral Loop Closure:** Required if Referral Status is 'Denied' or 'Referral Loop Closed' to provide additional detail on the outcome of the referral and a Member's engagement in services.

MCPs are required to update their file templates for exchange of information with ECM and Community Supports Providers ahead of the July 1, 2025 go live, so that these data elements can be exchanged for all referrals to ECM and Community Supports from the go live date. MCPs are also required to provide technical assistance to ECM and Community Supports Providers to explain the purpose of the updates, outline how to populate each new field, and answer questions about implementation. MCPs may not build alternative tools or pathways for ECM and Community Supports Providers to submit the required minimum data elements outside of the Return Transmission Files.

Updates to the Member Information File and Authorization Status File to Support CLR: For ECM and Community Supports, MCPs identify Members potentially eligible for services through both data generated by plans and referrals submitted by the community (e.g., PCPs, CBOs, Specialty Mental Health Service (SMHS) Providers, Members). The data elements outlined in Section II.A.1 should be tracked, supported, and maintained for community and MCP-generated CLRs to ECM and Community Supports.

To support the tracking of both community and MCP-generated referrals, DHCS updated one data element in the ECM Member Information File (MIF) and the Community Supports Authorization Status File (ASF) to transmit information related to the 'Referral Type' with ECM and Community Supports Providers. This data element is outlined below and in Section II.A.1. MCPs must refer to updated Community Supports and ECM Member Information Sharing Guidance for the details and specifications.

- » **Referral Type:** Captures whether the Member referral was submitted to the MCP from the community or was generated by the MCPs through available data.

Using Claims & Encounter Data to Support CLR: As of March 2024, MCPs and ECM/Community Supports Providers are required to use the DHCS-established Healthcare Common Procedure Coding System (HCPCS) codes to document the rendering of ECM & Community Supports services in MCP encounters. While the use of these standardized HCPCS codes and modifiers may capture referral loop closures due to Member outreach or service delivery, there is often a significant data lag between service delivery and the submission of encounter information. To ensure MCPs receive timely, standardized Member referral information to effectuate CLR, MCPs will prioritize information submitted on the RTF but may supplement with claims and encounter data if information on referral loop closure is missing or incomplete. For more information,

please refer to the [Member-Level Information Sharing Between MCPs and ECM Providers](#) and [Community Support Member Information Sharing Guidance](#).

1. Minimum Data Elements: Mapped to ECM/CS Information Sharing

The tables below map the minimum set of data elements that MCPs must track on all referrals under CLR requirements in Section II.A.1 to the relevant ECM and Community Supports information flow. Please note that not all data elements will be included in files shared between MCPs and ECM or Community Supports Providers. MCPs are required to generate or collect these data elements and store them via their internal system.

Table 6: Member Information

Data Elements	ECM	Community Supports
Member First Name	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Last Name	Generated by MCPs; MIF	Generated by MCPs; ASF
Medi-Cal Member Client Index Number (CIN)	Generated by MCPs; MIF	Generated by MCPs; ASF
Managed Care Plan Member ID Number	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Date of Birth	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Primary Phone Number	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Residential Address	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Email	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Preferred Language (Spoken)	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Preferred Language (Written)	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Gender Code	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Race or Ethnicity Code	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Homelessness Indicator	MIF Generated by MCPs; MIF	Generated by MCPs; ASF
Member Guardian or Conservator First Name	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Guardian or Conservator Last Name	Generated by MCPs; MIF	Generated by MCPs; ASF
Member Guardian or Conservator Phone	Generated by MCPs; MIF	Generated by MCPs; ASF

Data Elements	ECM	Community Supports
Number		

Table 7: Referral Initiation

Data Elements	Relevant ECM File	Relevant CS File
Date of Referral	Generated by MCPs and stored internally	Generated by MCPs and stored internally
Referred Service	Generated by MCPs; MIF	Generated by MCPs; ASF ²²
Referring Organization Name	Generated by MCPs; MIF	Generated by MCPs and stored internally
Referring Organization NPI	Generated by MCPs; MIF	Generated by MCPs and stored internally
Referring Individual Name	Generated by MCPs; MIF	Generated by MCPs and stored internally
Referring Individual Phone Number	Generated by MCPs; MIF	Generated by MCPs and stored internally
Referring Individual Email Address	Generated by MCPs; MIF	Generated by MCPs and stored internally
Referring Individual Relationship to Member ²³	Generated by MCPs; MIF	Generated by MCPs and stored internally
Referral Type ²⁴	Generated by MCPs; MIF	Generated by MCPs; ASF

²² If a Member is referred to more than one Community Support, the MCP must create separate entries for each of the Community Supports to which the Member was referred. For example, if a Member has been referred for both Medically Tailored Meals/Medically-Supportive Food and Personal Care and Homemaker Services, the MCP must track all data elements 'Referred Service' separately.

²³ Values from ECM Referral Standards: (1) Medical provider; (2) Social services provider; (3) Member/family; (4) Other.

²⁴ One source code per Member. Source codes will include: 1. Community Referral; 2. Identified by the MCP (e.g., through available data).

Table 8: Referral Authorization

Data Elements	Relevant ECM File	Relevant CS File
Date Received Request for Authorization	Generated by MCPs and stored internally	Generated by MCPs; ASF
Referral Authorization Status	Generated by MCPs and stored internally	Generated by MCPs; ASF
Authorization Effective Date	Generated by MCPs; MIF ²⁵	Generated by MCPs; ASF
Authorization End Date	Generated by MCPs; MIF ²⁶	Generated by MCPs; ASF
Date of Referral Authorization Decision	Generated by MCPs and stored internally ²⁷	Generated by MCPs; ASF ²⁸
Date Member Notified of Authorization Decision	Generated by MCPs and stored internally	Generated by MCPs and stored internally

Table 9: Referral Processing

Data Element	Relevant ECM File	Relevant CS File
Date Referral Sent to Servicing Provider Organization	Generated by MCPs; MIF ²⁹	Generated by MCPs; ASF
Servicing Provider Organization Name	Generated by MCPs	Generated by MCPs
Servicing Provider Organization NPI	Collected by MCPs via the RTF ³⁰	Collected by MCPs via the RTF
Servicing Provider Name	Collected by MCPs via the	Collected by MCPs via the

²⁵ 'ECM Benefit Authorization Effective Date by MCP'

²⁶ 'ECM Benefit Authorization End Date'

²⁷ In instances of ECM presumptive authorization, MCP should populate the date on which they review the Member's referral to ECM and make their 12-month ECM authorization determination.

²⁸ 'Date MCP Provides a Response About the Request for Authorization'

²⁹ 'Member Information File Production Date (MM/DD/YYYY)'

³⁰ 'ECM Provider NPI'

Data Element	Relevant ECM File	Relevant CS File
	RTF ³¹	RTF ³²
Servicing Provider Phone Number	Collected by MCPs via the RTF	Collected by MCPs via the RTF
Referral Status ³³	Collected by MCPs via the RTF	Collected by MCPs via the RTF
Date of Referral Status	Collected by MCPs via the RTF	Collected by MCPs via the RTF

Table 10: Referral Loop Closure

Elements	Relevant ECM File	Relevant CS File
Reason for Referral Loop Closure ³⁴	Collected by MCPs via the RTF	Collected by MCPs via the RTF
Date Referring Entity Notified of Referral Loop Closure	Generated by MCPs and stored internally	Generated by MCPs and stored internally

2. Referral Status and Referral Loop Closure Values

The tables below provide example applications of Referral Status and Referral Loop Closure options for ECM and Community Supports referrals. These tables are intended to serve as examples for using the required status options. MCPs can provide additional technical assistance to Service Providers on permitted policies such as expectations for addressing pending referrals.

³¹ 'ECM Provider Name'

³² 'Community Supports Provider Name'

³³ See Table 11 for further detail on the application of Referral Status to ECM and Community Supports referrals.

³⁴ See Table 12 for further detail on the application of Referral Loop Closure to ECM and Community Supports referrals.

Table 11: Example Referral Status Options for ECM and Community Supports Referrals

Status Options	Example Application to ECM Referral	Example Application to Community Supports Referral
Accepted	ECM Provider received the referral and intends to outreach for services but has not yet initiated outreach	Community Supports Provider received the referral and intends to outreach for services but has not yet initiated outreach
Declined	Provider received the referral but has declined the referral (e.g., ECM Provider is at capacity)	Provider received the referral but has declined the referral (e.g., Community Support Provider is at capacity).
Pending	Provider received the referral but has not yet reviewed or taken action on the referral.	Provider received the referral but has not yet reviewed or taken action on the referral.
Outreach Initiated	Provider received the referral and initiated outreach and is in active outreach with the Member.	Provider received the referral and initiated outreach and is in active outreach with the Member.
Referral Loop Closed	Provider closed the referral loop using one of the Reason Codes	Provider closed the referral loop using one of the Reason Codes

Table 12: Example Referral Loop Closure Options for ECM and Community Supports Referrals

Status Options	Example Application to ECM Referral	Example Application to Community Supports Referral
Services Received	Member received their first billable ECM service, excluding outreach services.	Member received their first billable Community Support service

Status Options	Example Application to ECM Referral	Example Application to Community Supports Referral
Service Provider Declined	ECM referral was declined by the ECM Provider	Community Supports referral was declined by the Community Supports Provider
Unable to Reach Member	MCP/ECM Provider were unable to reach the Member after multiple attempts	MCP/Community Supports Provider were unable to reach the Member after multiple attempts
Member No Longer Eligible for Services	Member is no longer eligible for ECM (e.g., due to Member enrolling in another plan)	Member is no longer eligible for Community Supports (e.g., due to Member incarceration)
Member No Longer Needs Services or Declines	Member states they no longer require ECM services	Member states they do not wish to receive Community Supports services
Other	Member referral loop is closed for a reason not listed above.	Member referral loop is closed for a reason not listed above.

ECM and Community Supports Providers may report multiple values on the RTF in cases where Referral Status is updated more than once within the reporting period. For example, if a referral was accepted by the ECM Provider on October 1st and the Member received initial services on October 15th, the ECM Provider would populate data elements as outlined in Table 13 in the October 31st RTF.

Table 13. Populating the RTF with Multiple Referral Status Updates

Referral Status	Date of Referral Status Update	Reason for Referral Loop Closure
Accepted	10/01/YYYY	
Referral Loop Closed	10/15/YYYY	Services Received

3. Additional Requirements for ECM and Community Supports Referrals

Presumptive Authorization and CLR Tracking

In cases when a Member begins receiving ECM or Community Supports under a presumptive authorization process, MCPs must still follow the referral tracking requirements outlined for CLRs. In cases of presumptive authorization, providers still will submit a referral to the Managed Care Plan for full authorization, and MCPs must populate the Referral Initiation and Authorization elements outlined in Tables 7 and 8 based on the provider's referral to the MCP, including but not limited to, their Referred Service, the Date of Referral and the Referral Authorization Status. In cases when the MCP authorizes ECM or Community Supports during the presumptive period, MCPs should still record data elements outlined in Table 9 and Table 10 below for Referral Processing and Referral Loop Closure. In cases when the MCP does not authorize the service, they will populate "Referral Authorization Status" as "Denied" which also results in a Referral Loop Closure for data element population in Tables 9 and 10.

Referrals from Correctional Facility Pre-Release Care Managers

Referrals made by the Correctional Facility or a Pre-Release Care Manager to ECM and Community Supports on behalf of individuals residing in Correctional Facilities and receiving or eligible for Pre-Release Services through the CalAIM Justice Involved Initiative are also subject to requirements for MCPs to track, support and monitor CLRs under DHCS CLR Implementation Guidance. DHCS is emphasizing that CLR requirements apply to these referrals since these individuals are covered under fee-for-service while incarcerated, and therefore may be assigned, but suspended from coverage by a MCP at the time of referral. Per the [Justice-Involved Initiative Policy Guide](#) MCPs are required to accept referrals during the period while individuals are incarcerated and ensure services are available on the day of release. All referrals for ECM or Community Supports made while the individual is incarcerated and assigned to an MCP fall under CLR requirements.

B. Supporting Member Referrals

As discussed in Section II.B.1, to successfully support CLRs, MCPs may coordinate with other stakeholders involved in the referral loop. All requirements outlined in Section II. B.1 apply for most ECM and Community Supports referrals (See Exclusions below). Refer to Section II for illustrative use cases demonstrating CLR requirements for supporting ECM and Community Supports referrals.

(Updated May 2025) Exclusions

Referral Loop Closure noticing requirements of Referring Entities do not apply in instances where the referral request is placed by the Member, their guardian/caretaker, or their family or friends.

The CLR noticing requirements in Section II.B.1 do not apply to MCP-generated referrals (i.e., when 'Referral Type' is "Identified by the MCP"). However, as a best practice, DHCS encourages MCPs to inform Members they are eligible and have been referred for a service to increase the likelihood of Member engagement.

C. DHCS Monitoring of Member Referrals

To streamline DHCS monitoring of CLR for ECM and Community Supports, DHCS will align reporting on CLR with existing JSON reporting for ECM and Community Supports. DHCS updated JSON requirements for MCPs to include a first phase of data for CLR reporting for both services effective July 1, 2025. Additional data elements in alignment with CLR Tracking Standards will be integrated to JSON requirements over time.

II. Example Use Cases

Use Case #1: PCP Refers Member to Respite Services

1. **Make Referral:** Primary Care Provider makes the initial referral to the MCP for a Member for the Respite Services.
2. **Authorize Referral:** The MCP reviews eligibility and authorizes services within five business days.
3. **Notice Referring Entity and Member:** The MCP informs the PCP of the authorization status the next business day and notifies the Member and their caretaker within two business days.
4. **Accept Referral:** The MCP assigns the Member to a Community Supports Provider in their area and transmits the Authorization Status File (ASF) to the Community Supports Provider. The Provider receives the ASF, reviews the Member's information, assesses their capacity to serve, and reaches out to the Member and their caretaker.
5. **Provide Service:** The Community Supports Provider begins providing Respite Services.
6. **Track Referral:** The Community Supports Provider updates the RTF on the referral's status and transmits it monthly to the MCP, who tracks updates and supports outreach as needed.
7. **Close Referral Loop:** Once services start, the Community Supports Provider marks the Referral Status as 'Referral Loop Closed' with the Referral Loop Closure reason as 'Services Received' on the RTF. The MCP notifies the Member's PCP of the closure within two business days of receiving the RTF.
8. **Monitor Referral:** DHCS receives data from the MCP via JSON to monitor the referral alongside data from other Community Supports referrals during a similar timeframe.

The table below outlines roles and responsibilities for stakeholders involved using a RACI (Responsible, Accountable, Consulted, and Informed) matrix to highlight key functions and responsibilities within a referral loop. The "I" indicates additional individuals involved in coordinating a Member's care who may receive information on the referral's status including the Member themselves and the Care Team.

Use Case #1: PCP Refers Member to Respite Services

Vision for CLR Roles and Responsibilities

Step in CLR	MCP	PCP	Community Supports Provider	Member	Care Team	DHCS ³⁵
1. Make Referral	A	R		I		I
2. Authorize Referral	A, R	I	I	I	I	I
3. Notify Referring Entity and Member	A, R	I		I	I	
4. Accept Referral	A, I	I	R	I	I	I
5. Provide Service	A, I	I	R	I	I	I
6. Track Referral	A, R		C			I
7. Close Referral Loop	A	I	R	I	I	I
8. Monitor Referral	A, R		C			A, R

Legend

R (Responsible): Entity responsible for performing the step in the referral process

A (Accountable): Entity ultimately accountable for the step in the referral process

C (Consulted): Entity whose subject matter expertise is required in order to complete the step in the referral process

I (Informed): Entity that needs to be kept informed of Referral Status

³⁵ DHCS is developing monitoring requirements for CLR but expects to require MCPs to report information related to these steps in the future.

Use Case #2: MCP Re-Referral of Member to ECM Services

1. **Make Referral:** Specialist makes the initial referral for a Member to ECM using the ECM Referral Standards and submits them to the MCP.
2. **Authorize Referral:** The MCP receives the referral, reviews eligibility and authorizes services for the Member within five business days.
3. **Notify Referring Entity and Member:** The MCP notifies the Specialist of the authorization status the next business day and notifies the Member within two business days.
4. **Decline Referral:** MCP then transmits the Member Information File (MIF) to the ECM Provider (ECM Provider #1) with the Member's information included. The ECM Provider receives the MIF and assesses their capacity to serve the Member. Unfortunately, the ECM Provider declines the referral, citing a lack of capacity.
5. **Track Referral:** The ECM Provider notifies the MCP through the RTF, populating the Referral Status as 'Declined' and Referral Loop Closure Reason as 'Service Provider Declined'.
6. **Close Referral Loop #1:** The MCP notifies the Specialist that the initial referral loop was closed and shares the Reason for Referral Closure within two business days.
7. **Re-Refer Member:** The MCP subsequently identifies a different ECM Provider (ECM Provider #2) for the Member and re-refers the Member to ECM Provider #2 by placing the Member on the ECM Provider's monthly MIF. The MCP also informs the Member and their Specialist of the Referral's Status and that the newly assigned ECM Provider should begin outreaching the Member soon.
8. **Accept Referral:** ECM Provider #2 reviews the Member's information on the MIF and then accepts the referral and outreaches to the Member.
9. **Provide Service:** ECM Provider #2 begins the provision of services.
10. **Track Referral:** Once services start, ECM Provider #2 indicates the Referral Status as 'Referral Loop Closed' with the Referral Loop Closure Reason as 'Services Received' on the next month's RTF.
11. **Close Referral Loop #2:** The MCP receives the RTF, confirms that services were received by the Member, and notifies the Member's Specialist of the Referral Loop Closure Reason and Referral Loop Closure Date within two business days of receiving the closure on the RTF.
12. **Monitor Referral:** DHCS receives data from the MCP via JSON to monitor the referral alongside data from other ECM referrals during a similar timeframe.

Use Case #2 MCP Re-Referral of Member to ECM Services

Vision for CLR Roles and Responsibilities

Step in CLR	MCP	Specialist	ECM Provider #1	ECM Provider #2	Member	Care Team	DHCS ³⁶
Referral Loop #1 – ECM Provider #1 Declines Referral							
1. Make Referral	A	R			I		I
2. Authorize Referral	A, R	I	I		I	I	A, R
3. Notify Referring Entity and Member	A, R	I			I	I	
4. Decline Referral	A	I	R		I	I	I
5. Track Referral	A, R		C				I
6. Close Referral Loop #1	A, R	I	C		I	I	I
Referral Loop #2 – MCP Re-Refers Member to ECM Provider #2							
7. Re-Refer Member	A, R	I			I	I	I
8. Accept Referral	I	I		R	I	I	I
9. Provide Service	A, I	I		R	I	I	I
10. Track Referral	A, R			C			I
11. Close Referral Loop #2	A	I		R	I	I	I
12. Monitor Referral	A, R			C			A

Legend

R (Responsible): Entity responsible for performing the step in the referral process

C (Consulted): Entity whose subject matter expertise is required in order to complete the step in the referral process

A (Accountable): Entity ultimately accountable for the step in the referral process

I (Informed): Entity that needs to be kept informed of Referral Status

³⁶ DHCS is developing monitoring requirements for CLR but expects to require MCPs to report information related to these steps in the future.

Use Case #3: Correctional Facility Refers Member to Housing Transition Navigation Services

1. **Make Referral:** Correctional facility makes the initial referral to the MCP for a Member to receive the Housing Transition Navigation Services Community Support upon release. The Member is currently incarcerated and is scheduled to be released in 30 days.
2. **Authorize Referral:** The MCP receives the referral and confirms that the Member's enrollment is currently suspended but will be active upon their release. The MCP confirms eligibility and authorizes services for the Member.
3. **Notify Referring Entity and Member:** The MCP notifies the correctional facility of the authorization status the next business day and notifies the Member via the correctional facility within two business days.
4. **Accept Referral:** The MCP then transmits the Authorization Status File (ASF) to the Community Supports Provider with the Member's information included. The Community Supports Provider then accepts the referral and outreaches to the appropriate correctional facility staff and Member to understand their needs.
5. **Provide Service:** The Community Supports Provider begins the provision of Housing Transition and Navigation services.
6. **Track Referral:** The Community Supports Provider regularly makes updates to the RTF on the Referral's Status and transmits the RTF monthly to the MCP. The MCP tracks updates to the RTF and supports outreach as necessary. Once services start, the Community Supports Provider indicates the Referral Status as 'Referral Loop Closed' with the Referral Loop Closure Reason as 'Services Received'.
7. **Close Referral Loop:** After receiving the referral loop closure information via the RTF, the MCP notifies the correctional facility contact originally placing the referral that the referral loop is closed and that services have been initiated with the Member.
8. **Monitor Referral:** DHCS receives data from the MCP via JSON to monitor the referral alongside data from other Community Supports referrals during a similar timeframe.

Use Case #3: Correctional Facility Refers Member to Housing Transition Navigation Services

Vision for CLR Roles and Responsibilities Use Case

Step in CLR	MCP	Correctional Facility	CS Provider	Member	Care Team	DHCS ³⁷
1. Make Referral	A	R		I		I
2. Authorize Referral	A, R	I	I	I	I	I
3. Notify Referring Entity and Member	A, R	I		I	I	
4. Accept Referral	A, I	I	R	I	I	I
5. Provide Service	A, I	I	R	I	I	I
6. Track Referral	A, R		C			I
7. Close Referral Loop	A	I	R	I	I	I
8. Monitor Referral	A, R		C			A, R

Legend

R (Responsible): Entity responsible for performing the step in the referral process

A (Accountable): Entity ultimately accountable for the step in the referral process

C (Consulted): Entity whose subject matter expertise is required in order to complete the step in the referral process

I (Informed): Entity that needs to be kept informed of Referral Status

³⁷ DHCS is developing monitoring requirements for CLR but expects to require MCPs to report information related to these steps in the future.

Change Log

Version	Date Published	Description of Change
1.0	December 2024	<ul style="list-style-type: none"> • NA
2.0	May 2025	<p>Major edits include:</p> <ul style="list-style-type: none"> • Edits to Section B.1. Requirements for Notifying Members and Referring Entities <ul style="list-style-type: none"> ○ Add citations to support Referral Entity noticing of Referral Loop Closure to non-covered entities under HIPAA (p. 17). ○ Remove requirement for Referral Loop Closure noticing in cases where the referral request is placed by the Member, their guardian/caretaker, or their family or friends (pg. 17). ○ Remove requirement for noticing for MCP-generated referrals (i.e., when 'Referral Type' is "Identified by the MCP") (pg. 17). ○ Clarify required use of NOA templates in accordance with APL 21-011 for all CLRs authorized by the MCP (pg. 16). ○ Clarify MCPs have up to five business days to process data on Referral Loop Closure Reason and Date prior to the two business day requirement for noticing Referring Entities (pg. 16). • Edits to APPENDIX B: ENHANCED CARE MANAGEMENT AND COMMUNITY SUPPORTS <ul style="list-style-type: none"> ○ Clarify that CLR requirements will not apply to Sobering Centers. CLR requirements will apply to the Transitional Rent Community Support upon its launch as a Medi-Cal managed care covered service (pg. 24). • Minor formatting updates for clarity throughout.