DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CalAIM Data Guidance: Community Supports Member Information Sharing Guidance
Updated December 2024

CONTENTS

OVERVIEW

Community Supports are medically appropriate and cost-effective alternatives to services covered under the State Plan. Community Supports are optional for Managed Care Plans (MCPs) to offer and for Members to utilize. MCPs have discretion to establish the criteria used to determine cost-effectiveness and medical appropriateness for the Community Supports they offer. Community Supports launched on January 1, 2022 as part of California Advancing and Innovating Medi-Cal (CalAIM).

The preapproved Community Supports are:[1]

>> Housing Transition Navigation Services

>> Housing Deposits

>> Housing Tenancy and Sustaining Services

>> Short-Term Post-Hospitalization Housing

>> Recuperative Care (Medical Respite)

>> Respite Services

>> Day Habilitation Programs

>> Nursing Facility Transition/Diversion to Assisted Living Facilities

>> Community Transition Services/Nursing Facility Transition to a Home

>> Personal Care and Homemaker Services

>> Environmental Accessibility Adaptations (Home Modifications)

>> Medically Tailored Meals/Medically Supportive Foods

>> Asthma Remediation

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[1] For more information about Community Supports, please refer to the Community Supports Policy Guide: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

» Sobering Centers[2]

» Transitional Rent[3]

Many Community Supports Providers are community-based organizations that are delivering and billing for Medicaid services for the first time. Through the first year of Community Supports implementation, the Department of Health Care Services (DHCS) heard consistent feedback that Community Supports Providers and MCPs were challenged by the variation with which information exchange was occurring to support the delivery of Community Supports. Specifically, Community Supports Providers are receiving, and being asked to share, non-standardized Member-level data elements with MCPs in different formats and transmission methods, which is giving rise to excessive administrative burden.

Based on this feedback, DHCS developed the below guidance to define standards for two key exchanges of information between MCPs and Community Supports Providers:

1. **MCP Community Supports Authorization Status File,** in which the MCP shares updated authorization status with each contracted Community Supports Provider for all Members referred by and/or assigned to their organization to receive Community Supports services.

   » *(Added December 2024)* Beginning July 1, 2025, the Community Supports Authorization Status File will include one additional data element to support the implementation of Closed Loop Referral (CLR) tracking requirements. For more information on this field and its intended use, please refer to the Closed-Loop Referral Implementation Guide. DHCS is also adding standards for the transmission of data on the Transitional Rent Benefit.

2. **Community Supports Provider Return Transmission File**, in which Community Supports Providers share timely updates about service delivery with MCPs.

   » *(Added December 2024)* Beginning July 1, 2025, the Community Supports Provider Return Transmission File must include three additional data elements

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[2] The data guidance standards established in this guidance document do not apply to Sobering Centers; see Exclusions section below for more detail.

[3] The data guidance standards established in this guidance document will apply to Transitional Rent upon its launch as a Medi-Cal service.

to support the implementation of Closed Loop Referral (CLR) tracking requirements. The additional data elements aim to increase the details MCPs receive from Community Supports Providers on the status of each Member referred for Community Supports and the reason for referral loop closure (e.g. Member unable to reach, Services provided). DHCS is also updating guidance on the transmission frequency of the Community Supports Provider Return Transmission File to require MCPs to request submission at least monthly from Community Supports Providers to support CLR requirements.

Similar to the information sharing guidance issued in December 2021 for the Enhanced Care Management (ECM) benefit[4] this guidance defines a standard set of "minimum necessary" data elements, as well as file formats, transmission methods, and transmission frequencies, to initiate and track the progress of Community Supports service delivery. This guidance was informed by extensive stakeholder engagement at the end of 2022 and the beginning of 2023, including through a market survey and conducting interviews with MCPs, Community Supports Providers, and Health Information Organizations (HIOs).

Increased statewide standardization, as overwhelmingly requested by the market, will ultimately support MCPs and Community Supports Providers in:

  » implementing batch reporting from MCPs to Community Supports Providers about Member-level information, including the status of authorizations;

  » facilitating more efficient outreach to Members;

  » improving MCPs' ability to track the status and progress of service delivery; and

  » reducing administrative burden for MCPs and Community Supports Providers.

MCPs and Community Supports Providers **must** adopt the common standards described in this document unless there is a strong rationale, mutually agreed to by both organizations, for departing from these standards. DHCS is not establishing templates for the files described in this guidance but reserves the right to do so in the future. Further, the data requirements outlined in this guidance are intended to be

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[4] Enhanced Care Management Member-Level Information Sharing Between MCPs and ECM Providers Guidance: https://www.dhcs.ca.gov/Documents/MCQMD/Member-Level-Information-Sharing-Between-MCPs-ECM-Providers.pdf

implemented agnostic of the data exchange system or platform. DHCS strongly recommends that MCPs, especially those operating in the same county, work collaboratively to establish common templates for the communication of this information.

Exclusions

The data sharing requirements described in this guidance **do not apply to Members receiving Sobering Center services.** Sobering Center services are provided to Members under urgent circumstances and are covered for a duration of less than 24 hours. As such, MCPs are not required to create and share the *Community Supports Authorization Status File* with contracted Sobering Center Providers or request the

Community Supports Return Member Information File from Sobering Center Providers unless mutually agreed to by both organizations.

Secure Transmission of Member-Level Information

Throughout the data transmission processes discussed in this guidance, MCPs and ECM Providers receiving, storing, using, or transmitting personal identifiable information (PII) and protected health information (PHI) must have processes for using, storing, and sharing data in accordance with federal and state laws, and agency data privacy and security standards, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part II, Confidentiality of Medical Information Act (CMIA), and state law.[5] MCPs must have alternative, legally compliant submission processes in place for when standard secure transmission protocols are not available and must provide ECM Providers with contact information for staff who can provide timely and responsive technical support.

Next Steps and Further Information

Questions and notifications regarding concerns about compliance with the standards established in this guidance document may be directed to the ECM and Community

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[5]See the CalAIM Data Sharing Authorization Guidance for additional information: https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance.pdf

Supports inbox: CalAIMECMILOS@dhcs.ca.gov

MCP COMMUNITY SUPPORTS AUTHORIZATION STATUS FILE

(1) Overview

The purpose of the *Community Supports Authorization Status File* is to allow Community Supports Providers to access Member-level information, including authorization status, for all Members referred by and/or assigned to their organization to receive Community Supports services in a standardized fashion across MCPs. By having standardized, aggregated Member-level information, Community Supports Providers will be able to follow up on Member authorizations more easily, access and utilize information to better engage and serve Members, and track and report information back to MCPs on the status of service delivery.

Each MCP must generate a *Community Supports Authorization Status File* for each contracted Community Supports Provider that contains a cumulative list of <u>both of the following</u>:

> »   Members who have been **assigned to** that Provider for service delivery.

> »   Members the Community Supports Provider **referred to the MCP** for authorization consideration (as applicable).

MCPs must share the *Community Supports Authorization Status File* with each of their contracted Community Supports Providers biweekly, unless an another mutually agreed-upon cadence for updates is established between the MCP and Community Supports Provider.[6] The MCP must construct the *Community Supports Authorization Status File* so that it contains a cumulative list of all Member entries for 18 months prior to the reporting date[7]. The cumulative file allows MCPs and Community

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[6] At least every ten business days.

[7] MCPs are required to ensure compliance with the Community Supports that have a "once in a lifetime" or "total lifetime maximum amount" constraint. The Community Supports Authorization

Supports Providers to track Members who may become disenrolled and then re-engage with services. There may also be instances where a single Member is reported multiple times in the *Community Supports Authorization Status File*; for example, if a Member:

» experiences a reauthorization request; or

» is referred by and/or authorized to receive a different Community Supports service from the Community Supports Provider they are currently assigned to (e.g., a Member receiving Housing Transition/Navigation Services who is subsequently authorized to receive Housing Deposits from the same Community Supports Provider).

DHCS understands that many MCPs have set up systems and processes for real-time or near real-time authorization status alerts and sharing of Member-level information with Community Supports Providers. **This guidance is not intended to disrupt or delay those systems/processes or to delay the authorizations themselves.** As established in the ECM and Community Supports Contract Template[8] and Community Supports Policy Guide,[9] MCPs must continue to ensure that Members do not experience undue delays pending the authorization process for Community Supports, and that Members receive expedited authorization for the Community Supports DHCS has determined as inherently time-sensitive.

DHCS requires that MCPs and Community Supports Providers exchange the Community *Supports Authorization Status File* according to the data standards outlined in this document. However, if there is an overwhelmingly strong reason that is mutually agreed upon by the MCP and Community Supports Provider, the organizations may establish an alternative method for information exchange to meet the requirements outlined in this guidance. Additionally, MCPs and Community Supports Providers may mutually agree to a scaled-back reporting schedule, or that the use of the *Community Supports*

Status File's 18-month cumulative list may help Community Supports Providers assist MCPs with complying with these requirements. See the Community Supports Policy Guide, Section III for more information. Available here.

[8] See ECM and Community Supports Contract Template, Section 7.E. Available here.

[9] See Community Supports Policy Guide, Section VIII. Consent, Authorization and Data Sharing. Available here.

Authorization Status File is unnecessary (for example, if the number of Members is agreed to be too low for it to be necessary).

MCPs must ensure responsibilities outlined in this guidance are satisfied by delegated entities.

(2)   Data Elements

The *Community Supports Authorization Status File* must contain the data elements in Table 1 for:

> »   all Members who have been assigned to the Community Supports Provider by the MCP for service delivery; and

> »   all Members who have been referred by the Community Supports Provider for authorization consideration by the MCP.

Data elements are defined by DHCS encounter data reporting standards unless otherwise specified.[10] All fields that are indicated as required must be provided in the Community *Supports Authorization Status File* to the extent that the MCPs' data systems allow. Data must be shared with Community Supports Providers in the following sequence unless otherwise agreed to by the MCP and Community Supports Providers:

Table 1: Member Information

Data Element	Required
Medi-Cal Member Client Index Number (CIN)	*Yes*
Medical Record Number (MRN)[11]	*Optional*
Member Last Name	*Yes*
Member First Name	*Yes*

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[10] Medi-Cal Managed Care Encounter Data Reporting," DHCS. Available here. Where data elements are not in the DHCS Companion Guide and not otherwise defined in this guidance, MCPs shall provide Community Supports Providers with clear specifications that promote standardized submission while minimizing administrative burden.

[11] MCPs must provide this information if required for the submission of claims or invoices by the Community Supports Provider.

Data Element	Required
Member Homelessness Indicator[12]	*Yes*
Member Residential Address[13]	*Yes*
Member Residential City[14]	*Yes*
Member Residential Zip Code[15]	*Yes*
Member Mailing Address[16]	*Yes*
Member Mailing City[17]	*Yes*
Member Mailing Zip Code[18]	*Yes*
Member Phone Number[19]	*Yes*
Member Email	*Optional*
Preferred Member Contact Method[20]	*Yes*
Member Date of Birth (MM/DD/YYYY)	*Yes*
Member Gender Code[21]	*Yes*
Member Preferred Language (Spoken)[22]	*Optional*

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[12] Identifier for if the Member is experiencing "homelessness," as defined in the CalAIM 1115 Special Terms and Conditions VIII.62.a, available here. If "homeless," enter "1"; if not or unknown, enter "0".

[13] MCPs may complete data element as "HOMELESS" if the Member is identified as homeless by the "Member Homelessness Indicator" and another address is not available.

[14] Ibid.

[15] Ibid.

[16] Ibid.

[17] Ibid.

[18] MCPs may complete data element as "99999" if the Member is identified as homeless by the "Member Homelessness Indicator" and another zip code is not available.

[19] Numbers only; no dashes; character of limit of ten. If the phone number is not available to the MCP from DHCS, the MCP may report "0000000000".

[20] Options: 1. Call; 2. Text; 3. In-Person Outreach; 4. Email; 5. Unknown.

[21] This will be limited to the Medi-Cal 834 file acceptable values, available here.

[22] This will be limited to the Medi-Cal 834 file acceptable values, available here.

Data Element	Required
Member Preferred Language (Written)[23]	*Optional*
Member Race or Ethnicity Code[24]	*Yes*
Medi-Cal Renewal Date (MM/DD/YYYY)[25]	*Yes*
ECM Provider Name (if applicable)[26]	*Yes[27]*
ECM Provider Phone Number (if applicable)[28]	*Yes[29]*

Table 2. Community Supports Information

MCPs must provide the data elements below as separate entries for each of the Community Supports services a Member has been referred to for authorization. For example, if a Member has been authorized to receive Housing Transition Navigation Services and Housing Deposits from the same Community Supports Provider, the MCP must provide all the data elements in Table 2 for each service as separate entries for that Member in the *Community Supports Authorization Status File*. See Appendix A for an example.

Conversely, MCPs should only share data elements about the Community Supports services that the specific Community Supports Provider offers. For example, the *Community Supports Authorization Status File* sent to an Asthma Remediation Community Supports Provider should not include information about Medically Tailored

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[23] This will be limited to the Medi-Cal 834 file acceptable values, available here.

[24] Codes are defined by DHCS encounter data reporting standards; if no data is available, please leave blank.

[25] Date Member needs to renew their Medi-Cal membership. If unknown by the MCP, the MCP must notify DHCS of such missing information and input "00/00/0000" in the field for Community Supports Providers.

[26] Full Provider Name.

[27] Required if the Member has an assigned ECM Provider.

[28] Numbers only; no dashes; character limit of ten.

[29] Ibid.

Meals authorized for delivery by a different Community Supports Provider.

Data Element	Required
Community Supports service(s) the Member has been referred to for authorization:[30] (*Updated December 2024*) » *Asthma Remediation* » *Community Transition Services/Nursing Facility Transition to a Home* » *Day Habilitation Programs* » *Environmental Accessibility Adaptations (Home Modifications)* » *Housing Deposits* » *Housing Tenancy and Sustaining Services* » *Housing Transition Navigation Services* » *Medically Tailored Meals/Medically-Supportive Food* » *Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities* » *Personal Care and Homemaker Services* » *Recuperative Care (Medical Respite)* » *Respite Services* » *Short-Term Post Hospitalization Housing* » *Transitional Rent*[31]	*Yes*

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[30] Each of the Community Supports services a Member has requested should be presented as an indicator completed with a "1" for "Yes." As previously mentioned, these data guidance standards do not apply to Sobering Centers; as such, Sobering Centers are not listed here.

[31] Effective with Transitional Rent go live.

Data Element	Required
Date MCP Received Request for Authorization (MM/DD/YYYY)[32]	*Yes*
Reauthorization Request[33]	*Yes*
Date MCP Provides a Response About the Request for Authorization (MM/DD/YYYY)	*Yes*
Referral Authorization Status[34]	*Yes*
Authorization Number[35]	*Optional*
Authorization Effective Date (MM/DD/YYYY)[36] *(Updated December 2024)*	*Yes*
Authorization End Date (MM/DD/YYY)[37]	*Yes*
Denial Reason Code[38]	*Yes*

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[32] Date the MCP received an inbound referral request (e.g., from Community Supports Providers, Self-Referrals) to authorize a Community Supports service.

[33] MCP to select "0" for Initial Request, "1" for the first reauthorization request, "2" for the second reauthorization request, "3" for the third reauthorization request, and so on. Each reauthorization must be recorded as a separate entry for that Member.

[34] One reason code per Member. Reason codes include 1. Approved; 2. Under Review; 3. Need Additional Information from Community Supports Provider/Referral Source; 4. Denied.

[35] MCP-generated code that may be used to expedite invoice approval and/or processing. For use by Community Supports Providers as instructed by and agreed with MCPs.

[36] Required if the MCP is authorizing the Community Supports.

[37] Required if applicable. Indicate the time frame for which the Member is authorized to receive the Community Supports service. If there is no authorization time frame, please leave blank.

[38] Required if applicable; otherwise, leave blank. Select one reason code per Member. Reason codes include: 1. Member not in Medi-Cal Managed Care; 2. Member not enrolled in MCP; 3. Clinical supporting information or documentation missing; 4. Additional information or documentation needed to evaluate cost-effectiveness and/or medical appropriateness; 5. Member not eligible under the MCP's policies and procedures; 6. Member already approved to receive the service; 7. Other.

Data Element	Required
Referral Type[39] *(Added December 2024)*	*Yes*

Table 3. Administrative and Plan Information

MCPs must share the data elements below if the Member was authorized to receive a Community Supports service. If the referral request is still pending or has been denied, the MCP does not have to report this information to the Community Supports Provider.

Data Element	Required
Community Supports Authorization Status File Production Date (MM/DD/YYYY)	*Yes*
Community Supports Authorization Status File Reporting Period[40]	*Yes*
Primary Payer (MCP) Identifier[41]	*Yes*
MCP Name	*Yes*
MCP Provider Services Phone Number[42]	*Yes*
MCP Community Supports Person Phone Number[43]	*Yes, Conditional[44]*
MCP Community Supports Contact Person[45]	*Optional*

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

[40] Start and end dates reported as two sets of numbers separated by a period delimiter (i.e., MM/DD/YYYY.MM/DD/YYYY).

[41] As provided by the MCP for Community Supports reporting purposes.

[42] Numbers only; no dashes; character of limit of ten. If the phone number is not available to the MCP from DHCS, MCP may report "0000000000".

[43] Required if different from MCP Member Services Phone Number. The purpose of this field is to provide a direct phone number for Community Supports Providers to call to troubleshoot issues as needed. Numbers only; no dashes; character limit of ten.

[44] "Conditional" indicates the field is only required if other criteria are met.

[45] Last name, first name, title, separated by commas.

Data Element	Required
Community Supports Member Record: New /Continuing/Termed (final report)[46]	*Yes*

File Format

MCPs should send the *Community Supports Authorization Status File* to the Community Supports Providers as an Excel-based workbook or another file format agreed upon with the Community Supports Provider.

MCPs are encouraged to develop a common, consolidated template containing the *Community Supports Authorization Status File* and the *Community Supports Provider Return Member Information File* (described in the next section). For example, an MCP may produce an Excel-based table that includes all *Community Supports Authorization Status File* data elements with paired, blank columns that would allow a Community Supports Provider to directly append information required for the *Community Supports Return Member Information File* directly to member records (rows).

(3) Transmission Methods

MCPs can share the *Community Supports Authorization Status File* with Community Supports Providers through one of the following methods:

» Web-based portals

» SFTP transmission

» Secure email (if no other option is available)

DHCS strongly encourages MCPs and Community Supports to establish regional agreements for the exchange of the *Community Supports Authorization Status File* to align the data sharing method or platform and to reduce administrative burden. These could include via Health Information Exchanges, Community Health Information

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[46] Response options: "New" to indicate Members who are newly authorized to receive Community Supports since the previous reporting period; "Continuing" to indicate Members who are continuing to receive Community Supports since the previous reporting period; "Termed" to indicate Members who are no longer receiving Community Supports during this reporting period.

Exchanges, or referral platforms from other vendors.[47]

DHCS reserves the right to further standardize file formats and transmission methods in the future.

(4)   Transmission Frequency

MCPs must share a complete and updated *Community Supports Authorization Status File* with all contracted Community Supports Providers containing all new and continuing Members **at least bi-weekly,[48] unless an another mutually agreed-upon cadence for updates is established between the MCP and Community Supports Provider.** In particular, it may be beneficial for Community Supports Providers who send high volumes of Member referrals and/or who are assigned large numbers of authorized Members to receive the status tracker more frequently from their MCP partner(s).

(5)   File Receipt

MCPs are encouraged to establish communication processes for Community Supports Providers to acknowledge receipt of the *Community Supports Authorization Status File*.

COMMUNITY SUPPORTS PROVIDER RETURN TRANSMISSION FILE

(1)   Overview

The purpose of the *Community Supports Provider Return Transmission File* is to allow Community Supports Providers to share timely updates about service delivery with MCPs. Although MCPs can track Community Supports service delivery through invoices and claims, there is an inherent data lag with solely relying on these data sources.

Similar to the "ECM Return Transmission File Guidance," MCPs and Community Supports Providers have requested minimum data standards for sharing the status of Member engagement so they can track the timeliness of Community Supports service delivery.

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[47] MCPs cannot require Community Supports Providers to participate in such platforms or exclude providers who do not opt into such platforms.

[48] Every other week or every ten business days.

To address this information need, MCPs are **required** to collect the *Community Supports Provider Return Transmission File* from all contracted Community Supports Providers.

The *Community Supports Provider Return Transmission File* must include consolidated Member-level information about the status of Member engagement and Community Supports service delivery for all Members who have been authorized to receive Community Supports services during the most recent calendar month (i.e., between the date the previous file was generated and the current file production date). Community Supports Providers must use the most timely and accurate data available.

MCPs may not impose additional reporting requirements on Community Supports Providers that exceed the "minimum necessary" data elements established in this guidance unless mutually agreed to with the Community Supports Provider.

Additionally, MCPs and Community Supports Providers may mutually agree to a scaled back reporting schedule, or that the use of the *Community Supports Provider Return Transmission File* is unnecessary (for example, if the number of Members is agreed to be too low for it to be necessary). DHCS also strongly encourages MCPs and Community Supports to establish regional agreements for the exchange of the *Community Supports Provider Return Transmission File* to align the data sharing method or platform to help reduce administrative burden.

MCPs may not exclude Community Supports Providers from their networks due to an inability to consume, use, or exchange Member data beyond what is described in this guidance.[49]

MCPs must ensure that the responsibilities outlined in this guidance and the specified requirements are satisfied by delegated entities.

(2) Data Elements

MCPs must request the *Community Supports Provider Return Transmission File* from Community Supports Providers with the following data elements. Data elements are

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[49] "CalAIM Enhanced Care Management (ECM) and Community Supports (ILOS) Contract Template Provisions," DHCS. Available here.

defined by DHCS encounter data reporting standards unless otherwise specified.[50] Data must be reported in the following sequence unless otherwise agreed to by both MCP and Community Supports Provider. MCP data requests may not extend beyond what is required in this guidance unless mutually agreed upon with the Community Supports Provider.

Table 4: Member Information

Data Element	Required
Member Client Index Number (CIN)	*Yes*
Member Last Name	*Yes*
Member First Name	*Yes*
Member New Address Indicator[51]	*Optional*
Member New Homelessness Indicator[52]	*Optional*
Member New Residential Address[53]	*Optional*

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[50] "Medi-Cal Managed Care Encounter Data Reporting," DHCS. Available here. Where data elements are not in the DHCS Companion Guide and not otherwise defined in this guidance, MCPs shall provide Community Supports Providers with clear specifications that promote standardized submission while minimizing administrative burden.

[51] Indicate with: "1" for new address or homelessness indicator; "0" for no change. Community Supports Providers may indicate a new address for Members after engagement; they are expected to seek and share up-to-date addresses, where possible, particularly for individuals experiencing "homelessness."

[52] Provide only if there is an update to the existing Member homelessness status. Identifier for if the Member does not have an address and is experiencing "homelessness," as defined in the CalAIM 1115 Special Terms and Conditions VIII.62.a, available here. If "homeless," enter "1"; if not or unknown, enter "0".

[53] Provide only if there is an update to the existing Member address information. Community Supports Providers may complete data element as "HOMELESS" if the Member is identified as homeless by the "Member Homelessness Indicator."

Data Element	Required
Member New Residential City[54]	*Optional*
Member New Residential Zip Code[55]	*Optional*
Member New Phone Number Indicator[56]	*Optional*
Member New Phone Number[57]	*Optional*
Member Preferred Language (Spoken)[58]	*Optional*
Member Preferred Language (Written)[59]	*Optional*
New Preferred Member Contact Method[60]	*Optional*
Member Date of Birth (MM/DD/YYYY)	*Yes*

Table 5: Community Supports Information (Updated December 2024)

Community Supports Providers must report the data elements below for each of the Community Support services they are providing to a Member. For example, a Community Supports Provider that is providing both Housing Transition Navigation Services and Housing Deposits to the same Member must report separate entries containing the discrete data elements listed below for **each Community Supports service**. See Appendix B for an example of how Community Supports Providers may

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[54] Provide only if there is an update to the existing Member address information. Community Supports Providers may leave blank if the Member is identified as homeless by the "Member Homelessness Indicator."

[55] Ibid.

[56] Indicate with: "1" for new phone number; "0" for no change. After engaging with Members ECM Providers are expected to seek and share up-to-date phone numbers, where possible. MCPs may follow-up with Members to verify.

[57] Conditional for the Community Supports Provider to include if the New Phone Number Indicator Field is marked. Provide only if there is an update to the existing Member phone number information. Numbers only; no dashes; character limit of ten.

[58] This will be limited to the Medi-Cal 834 file acceptable values, available here.

[59] This will be limited to the Medi-Cal 834 file acceptable values, available here.

[60] Provide only if there is an update to the existing Member preferred contact information. Options: 1. Call; 2. Text; 3. In-Person Outreach; 4. Email; 5. Unknown.

report the data in Table 5 for Members to whom they are providing more than one Community Supports service.

Data Element	Required
Community Supports services the Member is receiving:[61] » Asthma Remediation » Community Transition Services/Nursing Facility Transition to a Home » Day Habilitation Programs » Environmental Accessibility Adaptations (Home Modifications) » Housing Deposits » Housing Tenancy and Sustaining Services » Housing Transition Navigation Services » Medically Tailored Meals/Medically-Supportive Food » Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities » Personal Care and Homemaker Services » Recuperative Care (Medical Respite) » Respite Services » Short-Term Post Hospitalization Housing » Transitional Rent[62]	*Yes*

[61] Each of the Community Supports services a Member is receiving should be presented as an indicator completed with a "1" for "Yes." As previously mentioned, these data guidance standards do not apply to Sobering Centers; as such, Sobering Centers are not listed here.

[62] Effective upon Transitional Rent go live.

Data Element	Required
Community Supports Service Delivery Start Date (MM/DD/YYYY)	*Yes*
Current Status of Member Engagement[63]	*Yes*
Discontinuation Reason Code[64]	*Yes, Conditional*
Community Supports Services End Date (MM/DD/YYYY)[65]	*Yes*
(Added December 2024) Referral Status[66]	*Yes*
(Added December 2024) Date of Referral Status (MM/DD/YYYY)	*Yes*
(Added December 2024) Reason for Referral Loop Closure[67]	*Yes*

[63] One reason code per Member. Reason code: 1. Pending Outreach; 2. Currently in Outreach; 3. Currently Delivering Service; 4. Services Discontinued; if selecting Services Discontinued, please complete the field below.

[64] Required if selecting "4. Services Discontinued" in the Current Status of Member Engagement field. One reason code per Member. Reason Code: 1. Opted out; 2. Reassigned to other Community Supports Provider; 3. Deceased; 4. Program completed/Graduated; 5. Incarcerated; 6. Declined to participate; 7. Duplicative program; 8. Lost Medi-Cal coverage; 9. Switched health plans; 10. Switched Community Supports Provider; 11. Moved out of the county; 12. Moved out of country; 13. Unable to contact/Lost to follow-up; 14. Unsafe behavior or environment; 15. Member not reauthorized for Community Supports; 16. Other.

[65] Required as applicable. Leave blank if Member was receiving Community Supports through the end of the reporting period. Members who cease to receive Community Supports should not be reported in subsequent reports unless Community Supports is reinitiated.

[66] Status codes include: 1. Accepted; 2. Declined; 3. Pending; 4. Outreach Initiated; 5. Referral Loop Closed. For additional details on how to use the codes above, please see the DHCS Closed-Loop Referral Implementation Guidance.

[67] Required if selecting "5. Referral Loop Closed" in the Referral Status field. One reason code per Member. Reason codes will 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. Some closure reasons will be provided by the MCP.

Table 6. Administrative and Community Supports Provider Information[68]

Data Element	Required
Community Supports Provider Return Transmission File Production Date (MM/DD/YYYY)	*Yes*
Community Supports Provider Return Transmission File Reporting Period[69]	*Yes*
Community Supports Provider Name[70]	*Yes*
Community Supports Provider National Provider Identifier (NPI)[71]	*Yes*
Community Supports Provider Phone Number[72]	*Yes*

File Format

MCPs can require Community Supports Providers to report the *Community Supports Provider Return Transmission File* as an Excel-based workbook or another file format agreed upon with the Community Supports Provider.

As previously described, MCPs may use the *Community Supports Authorization Status File* to support Community Supports Provider reporting of the *Community Supports Provider Return Transmission File* (see "Authorization Status Tracker: (3) File Format").

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[68] Information is provided by MCP to verify the accuracy of the name and identity of the assigned Community Supports Provider.

[69] Start and end dates reported as two sets of numbers separated by a period delimiter (e.g., MM/DD/YYYY.MM/DD/YYYY).

[70] Member's assigned Community Supports Provider.

[71] "National Provider Identifier (NPI) Application A Step-by-Step Guide for Providers Participating in the ECM and Community Supports Programs," DHCS. Available here. If the rendering Provider does not have an NPI, the reported NPI may be that of the associated billing provider.

[72] Numbers only; no dashes; character limit of ten.

(3) Transmission Methods

Community Supports Providers can share files with MCPs through one of the following methods:

» Web-based portals;

» SFTP transmission

» Secure email (if no other option is available)

MCPs and Community Supports may exchange the *Community Supports Provider Return Transmission File* via another method if mutually agreed upon. These methods could include Health Information Exchanges, Community Information Exchanges, or referral platforms from other vendors.[73]

DHCS reserves the right to further standardize file formats and transmission methods in the future.

(4) Transmission Frequency

Community Supports Providers must share complete and updated *Community Supports Provider Return Transmission Files* with MCPs at least **monthly,** unless an another mutually agreed-upon cadence for updates is established between the MCP and Community Supports Provider.

(5) File Receipt

MCPs are encouraged to establish communication processes for Community Supports Providers to acknowledge receipt of the *Community Supports Provider Return Transmission File*.

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[73] MCPs cannot require Community Supports Providers to participate in such platforms or exclude providers who do not opt into such platforms.

APPENDIX A: SHARING AUTHORIZATION STATUS FILE COMMUNITY SUPPORTS INFORMATION *(UPDATED DECEMBER 2024)*

Provided below is an example of how MCPs should report the data elements listed in Table 2 of the *Community Supports* Authorization *Status File* for a Member who has been referred by and/or assigned to receive more than one Community Supports service from the same Provider.

Table 2. Community Supports Information[74]

	Data Element									
	Community Supports Service(s) the Member Has Been Referred to for Authorization	Date MCP Received Request for Authorization (MM/DD/YYYY)	Reauthorization Request	Date MCP Provides a Response About the Request for Authorization (MM/DD/YYYY)	Referral Authorization Status	Authorization Effective Date (MM/DD/YYYY)	Authorization End Date (MM/DD/YYYY)	Authorization Number	Denial Reason Code	Referral Source
	Required	Required	Required	Required	Required	Required	Required	Optional	Required	Required
Asthma										

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[74] MCPs may collapse reporting and only include rows that contain relevant Community Supports information.

Data Element										
	Community Supports Service(s) the Member Has Been Referred to for Authorization	Date MCP Received Request for Authorization (MM/DD/YYYY)	Reauthorization Request	Date MCP Provides a Response About the Request for Authorization (MM/DD/YYYY)	Referral Authorization Status	Authorization Effective Date (MM/DD/YYYY)	Authorization End Date (MM/DD/YYYY)	Authorization Number	Denial Reason Code	Referral Source
	Required	Required	Required	Required	Required	Required	Required	Optional	Required	Required
Remediation										
Community Transition Services/ Nursing Facility Transition to a Home										
Day Habilitation Programs										
Environ-										

Data Element										
	Community Supports Service(s) the Member Has Been Referred to for Authorization	Date MCP Received Request for Authorization (MM/DD/YYYY)	Reauthorization Request	Date MCP Provides a Response About the Request for Authorization (MM/DD/YYYY)	Referral Authorization Status	Authorization Effective Date (MM/DD/YYYY)	Authorization End Date (MM/DD/YYYY)	Authorization Number	Denial Reason Code	Referral Source
	Required	Required	Required	Required	Required	Required	Required	Optional	Required	Required
mental Accessibility Adaptations (Home Modifi-cations)										
Housing Deposits	1	04/04/2023	0	04/06/2023	1	4/10/2023	07/06/2023	9999999		Community Referral
Housing Tenancy and Sustaining Services										
Housing	1	04/04/2023	0	04/06/2023	1	4/10/2023	07/06/2023	8888888	Community	

Data Element										
	Community Supports Service(s) the Member Has Been Referred to for Authorization	Date MCP Received Request for Authorization (MM/DD/YYYY)	Reauthorization Request	Date MCP Provides a Response About the Request for Authorization (MM/DD/YYYY)	Referral Authorization Status	Authorization Effective Date (MM/DD/YYYY)	Authorization End Date (MM/DD/YYYY)	Authorization Number	Denial Reason Code	Referral Source
	Required	Required	Required	Required	Required	Required	Required	Optional	Required	Required
Transition Navigation Services									Referral	
Medically Tailored Meals/ Medically Supportive Food										
Nursing Facility Transition/ Diversion to										

Data Element										
	Community Supports Service(s) the Member Has Been Referred to for Authorization	Date MCP Received Request for Authorization (MM/DD/YYYY)	Reauthorization Request	Date MCP Provides a Response About the Request for Authorization (MM/DD/YYYY)	Referral Authorization Status	Authorization Effective Date (MM/DD/YYYY)	Authorization End Date (MM/DD/YYYY)	Authorization Number	Denial Reason Code	Referral Source
	Required	Required	Required	Required	Required	Required	Required	Optional	Required	Required
Assisted Living Facilities										
Personal Care and Homemaker Services										
Recuperative Care (Medical Respite)										
Respite Services										
Short-Term										

Data Element										
	Community Supports Service(s) the Member Has Been Referred to for Authorization	Date MCP Received Request for Authorization (MM/DD/YYYY)	Reauthorization Request	Date MCP Provides a Response About the Request for Authorization (MM/DD/YYYY)	Referral Authorization Status	Authorization Effective Date (MM/DD/YYYY)	Authorization End Date (MM/DD/YYYY)	Authorization Number	Denial Reason Code	Referral Source
	Required	Required	Required	Required	Required	Required	Required	Optional	Required	Required
Post-Hospitalization Housing										
Transitional Rent (after go live)										

APPENDIX B: SHARING RETURN TRANSMISSION FILE COMMUNITY SUPPORTS INFORMATION *(UPDATED DECEMBER 2024)*

Provided below is an example of how Community Supports Providers should report the data elements listed in Table 5 of the *Community Supports Provider Return Transmission File* for a Member who is receiving more than one Community Supports service.

Table 5: Community Supports Information[75]

Data Elements								
	Community Supports Services the Member Is Receiving	Community Supports Service Delivery Start Date (MM/DD/YYYY)	Current Status of Member Engagement	Dis-continuation Reason Code	Community Supports Services End Date (MM/DD/YYYY)	Referral Status	Date of Referral Status (MM/DD/YYYY)	Reason for Referral Loop Closure
	Required	Required	Required	Required	Required	Required	Required	Required
Asthma Remediation								
Community								

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[75] MCPs may collapse reporting and only include rows that contain relevant Community Supports information.

Data Elements								
	Community Supports Services the Member Is Receiving	Community Supports Service Delivery Start Date (MM/DD/YYYY)	Current Status of Member Engagement	Dis-continuation Reason Code	Community Supports Services End Date (MM/DD/YYYY)	Referral Status	Date of Referral Status (MM/DD/YYYY)	Reason for Referral Loop Closure
	Required	Required	Required	Required	Required	Required	Required	Required
Transition Services/ Nursing Facility Transition to a Home								
Day Habilitation Programs								
Environmental Accessibility Adaptations (Home Modifications)								
Housing Deposits	1	04/13/23	3. Currently Delivering Service			4. Referral Loop Closed	4/1/23	1.Services Received

Data Elements								
	Community Supports Services the Member Is Receiving	Community Supports Service Delivery Start Date (MM/DD/YYYY)	Current Status of Member Engagement	Dis-continuation Reason Code	Community Supports Services End Date (MM/DD/YYYY)	Referral Status	Date of Referral Status (MM/DD/YYYY)	Reason for Referral Loop Closure
	Required	Required	Required	Required	Required	Required	Required	Required
Housing Tenancy and Sustaining Services								
Housing Transition Navigation Services	1	04/13/23	3. Currently Delivering Service			4. Referral Loop Closed	4/1/23	1.Services Received
Medically Tailored Meals/Medically Supportive Food								
Nursing Facility Transition/Diversion to Assisted Living Facilities								

Data Elements								
	Community Supports Services the Member Is Receiving	Community Supports Service Delivery Start Date (MM/DD/YYYY)	Current Status of Member Engagement	Dis-continuation Reason Code	Community Supports Services End Date (MM/DD/YYYY)	Referral Status	Date of Referral Status (MM/DD/YYYY)	Reason for Referral Loop Closure
	Required	Required	Required	Required	Required	Required	Required	Required
Personal Care and Homemaker Services								
Recuperative Care (Medical Respite)								
Respite Services								
Short-Term Post-Hospitalization Housing								
Transitional Rent								