



ECM and Community Supports Quarterly Implementation Monitoring Report Requirements November 2021; *Selectively Updated in April 2023*

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1. DHCS’ Strategy for Monitoring the Implementation of ECM and Community Supports

As articulated in the revised CalAIM Proposal¹, Enhanced Care Management (ECM) and Community Supports are important components of DHCS’s statewide Population Health Management strategy. Managed Care Plans are responsible for implementing ECM and Community Supports, and DHCS will work with and monitor MCPs’ implementation of and compliance with requirements across multiple domains including Membership, Service Provision, Grievances and Appeals, Provider Capacity, and Quality. DHCS will monitor the impact of ECM and Community Supports through ongoing stakeholder engagement and a combination of currently available data sources, including Member-level data reported by MCPs and demographic data to DHCS.

In addition to monitoring how MCPs and Providers are implementing ECM and Community Supports, DHCS will monitor and evaluate outcomes for MCP Members who received ECM and Community Supports, through the use of quality measures. DHCS is also required by state law to publish an annual report regarding utilization of

¹ Revised CalAIM Proposal accessible here:
<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-03-23-2021.pdf>



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ECM and Community Supports, as well as the characteristics and demographics of those served.²

DHCS will provide additional reporting guidance as it relates to Quality performance reporting as we finalize the Quality reporting expectations.

DHCS' vision for the long-term monitoring of ECM and Community Supports is to leverage existing data processes as much as feasible, with the least possible burden on MCPs and Providers. Accordingly, after the initial implementation period, DHCS expects the majority of data to be collected using existing data flows as much as possible:

- For the **Membership** and **Service Provision** monitoring categories described below, DHCS' primary source of information will be encounter data via the use of ECM and Community Supports HCPCS codes. DHCS will require MCPs to submit compliant encounter data, and is standardizing how ECM and Community Supports Providers must code encounters or (if necessary) submit invoices to MCPs.
- For the **Provider Capacity** monitoring category, MCPs will submit 274 Provider files. Additional information and guidance about reporting ECM and Community Supports Providers in the 274 Provider file is forthcoming.
- For the **Grievances and Appeals** monitoring category, DHCS is exploring revising the Managed Care Program Data file to allow for reporting of ECM and Community Supports specific grievance and appeals data. It is expected that additional fields of ECM and Community Supports will be added to the aforementioned file, which would allow DHCS to process and monitor grievance and appeals data. DHCS will provide additional guidance as it becomes available.

2. Overview of Reports and Timelines

During the first two weeks of each new implementation phase (addition of new ECM Populations of Focus and Community Supports), DHCS will perform weekly implementation check-ins with MCPs.

WPC/HHP Transition Reports

DHCS will require MCPs that operate in counties that have an existing Health Homes Program (HHP) and/or Whole Person Care Pilot (WPC) to submit a single report that will provide data about Members that transitioned from the HHP and WPC to ECM and Community Supports. This one time report will cover the time period from January 1,

² A.B. 133, 2021–2022 Reg. Session, 2021 Cal. Stat.



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2022, through March 1, 2022, and will be due to DHCS on May 15, 2022. DHCS will provide MCPs with the SFTP location.

Quarterly Implementation Monitoring Report

Beginning in 2022, DHCS will require MCPs to submit a “Quarterly Implementation Monitoring Report” in addition to encounter and 274 Provider files (see schedule of report due dates below). In order to accurately report on the elements included in this report, MCPs will need to collect data from ECM and Community Supports Providers, and should leverage data from the ECM Member Information and Return Transmission Files to the greatest extent possible.

DHCS expects to keep the Quarterly Implementation Monitoring Report in place for at least three years due to multiple phase-ins of additional ECM Populations of Focus, and in recognition of the significant transition to encounter reporting that will be occurring for many Providers in the field, especially Community Supports Providers. When DHCS determines that the encounter and 274 Provider file information is robust – as evidenced by congruence between that data and the Quarterly Implementation Monitoring Report – it will discontinue the requirement for MCPs to submit the Quarterly Implementation Monitoring Report. After that time, DHCS may require MCPs to report on a limited set of data elements that are not available via encounters, the 274 Provider files, or other data sources. MCPs will use an Excel reporting template corresponding to this document, for use and submission via an SFTP site.

Quarterly Implementation Monitoring Reporting periods and due dates are shown in the table below.

Quarter	Reporting Period*	Report Due Date
2022 Q1	January – March 2022	May 16, 2022
2022 Q2	April – June 2022	August 15, 2022
2022 Q3	July – September 2022	November 14, 2022
2022 Q4	October – December 2022	February 14, 2023
2023 Q1	January – March 2023	May 16, 2023
2023 Q2	April – June 2023	August 14, 2023
2023 Q3	July – September 2023	November 14, 2023
2023 Q4	October – December 2023	February 14, 2024
2024 Q1	January – March 2024	May 15, 2024
2024 Q2	April – June 2024	August 14, 2024



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3. WPC/HHP to ECM & Community Supports Transition Report Elements

The WPC/HHP Transition Report will include an ECM and Community Supports section.

WPC/HHP to ECM Transition Report Elements

MCPs will report all Members that transitioned from the Health Homes Program or the Whole Person Care Program to ECM. This data will be reported one time after the first quarter of ECM implementation. Submission will be due by May 15, 2022.

1. HHP and WPC Transition to ECM	
Column	Element
A	Plan Name <i>(Select)</i>
B	Plan Code <i>(Select)</i>
C	County <i>(Select)</i>
D	Member CIN*
E	Member Last Name*
F	Member First Name*
G	Member Date of Birth <i>(MM/DD/YYYY)*</i>
H	HHP to ECM Transition - Member transitioned from Health Homes by March 31, 2022. <i>(Enter "1" for Yes or "0" for No)</i> <i>Each Member that transitioned from Health Homes Program to ECM between 1/1/22 and 3/31/22 should be reported, regardless of the amount of time they remained in ECM.</i>
I	WPC to ECM Transition - Member transitioned from Whole Person Care by March 31, 2022. <i>(Enter "1" for Yes or "0" for No)</i> <i>Each Member that transitioned from Whole Person Care to ECM between 1/1/22 and 3/31/22 should be reported, regardless of the amount of time they remained in ECM.</i>
J	Member's Assigned ECM Provider NPI*

*Indicates reporting element that may need to be collected from ECM providers/subcontractors in order to be reported by MCP.



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WPC/HHP to Community Supports Transition Report Elements

MCPs will report all Members who transitioned from the Health Homes Program or the Whole Person Care Program to receiving Community Supports. This data will be reported one time after the first quarter of Community Supports implementation. Submission will be due by May 15, 2021.

1. HHP and WPC Transition to Community Supports	
Column	Element
A	Plan Name <i>(Select)</i>
B	Plan Code <i>(Select)</i>
C	County <i>(Select)</i>
D	Member CIN*
E	Member Last Name*
F	Member First Name*
G	Member Date of Birth <i>(MM/DD/YYYY)*</i>
H	HHP to Community Supports Transition - Member transitioned from Health Homes Program to Community Supports, between 1/1/22 and 3/31/22. <i>(Enter "1" for Yes or "0" for No)</i>
I	WPC to Community Supports Transition - Member transitioned from Whole Person Care to Community Supports, between 1/1/22 and 3/31/22. <i>(Enter "1" for Yes or "0" for No)</i>
J-X	<p>For each of the Community Supports services received during the reporting period, enter "1" for Yes or "0" for No.*</p> <ul style="list-style-type: none"> J. Housing Transition/Navigation Services; K. Housing Deposits; L. Housing Tenancy and Sustaining Services; M. Short-Term Post-Hospitalization Housing; N. Recuperative Care (Medical Respite); O. Respite Services; P. Day Habilitation Programs; Q. Nursing Facility Transition/Diversion to Assisted Living Facilities; R. Nursing Facility Transition to a Home; S. Personal Care and Homemaker Services; T. Environmental Accessibility Adaptations;



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1. HHP and WPC Transition to Community Supports	
Column	Element
	U. Medically-Supportive Food/Meals/Medically Tailored Meals; V. Sobering Centers; W. Asthma Remediation X. Other

*Indicates reporting element that may need to be collected from Community Supports Providers /subcontractors in order to be reported by MCP.



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4. Quarterly Implementation Monitoring Report Elements

The Quarterly Implementation Monitoring Report will include an ECM and a Community Supports section.

Quarterly ECM Implementation Monitoring Report Elements

DHCS will utilize data reported in the Quarterly Implementation Monitoring Reports, along with other available data, to monitor key indicators for ECM. Examples of key implementation indicators to be monitored include, but are not limited to, ECM Membership and characteristics, including Populations of Focus, race, ethnicity, sex, age and primary language; ECM utilization; outreach; referral; ECM Provider capacity.

The tables below outline the elements MCPs will be required to report in the Quarterly Implementation Monitoring Report.

2. ECM Members and Services Tab <i>MCPs will report all ECM Members who received ECM during the reporting period.</i>	
Column	Element
A	Plan Name <i>(Select)</i>
B	Plan Code <i>(Select)</i>
C	County <i>(Select)</i>
D	Reporting Period <i>(Select)</i>
E	Member CIN*
F	Member Last Name*
G	Member First Name*
H	Member Date of Birth <i>(MM/DD/YYYY)*</i>
I-T	Member's ECM Population of Focus *: <ul style="list-style-type: none"> I. Adult – Experiencing Homelessness J. Adult – High Utilizer K. Adult – Serious Mental Illness (SMI) or Substance Use Disorder (SUD) L. Adult – Transitioning from Incarceration M. Adult – LTC Eligible At-Risk for Institutionalization

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2. ECM Members and Services Tab	
<i>MCPs will report all ECM Members who received ECM during the reporting period.</i>	
Column	Element
	<p>N. Adult – NF Residents Transitioning to Community</p> <p>O. Child/Youth – Experiencing Homelessness</p> <p>P. Child/Youth – High Utilizer</p> <p>Q. Child/Youth – Serious Emotional Disturbance (SED) or Identified to be At Clinical High Risk (CHR) for Psychosis or Experiencing a First Episode of Psychosis</p> <p>R. Child/Youth – Enrolled in California Children’s Services (CCS)/CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Qualifying Condition</p> <p>S. Child/Youth – Involved in, or with a History of Involvement in, Child Welfare (including Foster Care up to Age 26)</p> <p>T. Child/Youth – Transitioning from Incarceration</p> <p><i>Mark all applicable populations of focus that are known to the MCP to apply to the Member, based on the Populations of Focus that are eligible for ECM in the county during the reporting period.</i></p> <p><i>(Enter “1” for Yes or “0” for No).</i></p>
U	ECM Benefit Start Date (<i>MM/DD/YYYY</i>), defined as the date upon which the MCP enrolls the Member in ECM.
V	ECM Benefit End Date (<i>Disenrollment Date as MM/YY/DDDD, or blank if Member was receiving ECM through the end of the reporting period</i>). Members who cease to receive ECM should not be reported in subsequent reports unless they become reenrolled in ECM. If a Member ends ECM and is subsequently reenrolled in ECM during the same reporting period, report the Member on a new row with the new ECM Benefit Start date).
W	Reason for Discontinuation of ECM if the Member has been disenrolled and the benefit has ended. Select one reason code below. <ul style="list-style-type: none"> 1. The Member has met all care plan goals; 2. The Member is ready to transition to a lower level of care; 3. The Member no longer wishes to receive ECM;

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2. ECM Members and Services Tab	
<i>MCPs will report all ECM Members who received ECM during the reporting period.</i>	
Column	Element
	4. The ECM Provider has not been able to connect with the Member after multiple attempts; or 5. Other
X	Member’s Assigned ECM Provider NPI*
Y	Number of in-person ECM encounters Member received during the reporting period*
Z	Number of telephonic/telehealth ECM encounters Member received during the reporting period*

*Indicates reporting element that may need to be collected from ECM Providers/subcontractors in order to be reported by MCP.

3. ECM Requests for Services and Outreach Tab	
<i>MCP should report <u>all Members identified as eligible for ECM</u>. Rows E - G ask for data to be reported cumulatively; rows H – I ask for data only from the reporting period.</i>	
<i>*NOTE: THE MEMBERS WHO TRANSITIONED FROM WPC PILOTS & HHPS SHOULD BE <u>EXCLUDED</u> FROM THIS TAB</i>	
Column	Element
A	Plan Name (Select)
B	Plan Code (Select)
C	County (Select)
D	Reporting Period (Select)
E	<p>Number of unique Members identified as eligible for ECM.</p> <p><i>This number should include all of the pathways Members can be identified: i.e., via receipt of requests from ECM Providers and other Providers or community-based entities; self or family-referrals; analysis of MCP’s own enrollment, claims, and other relevant data and available information. This number is cumulative for the calendar year and should include all Members that have been identified to date (i.e., data from each reporting period should be added to the data from the previous reporting period).</i></p>

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3. ECM Requests for Services and Outreach Tab

MCP should report all Members identified as eligible for ECM. Rows E - G ask for data to be reported cumulatively; rows H – I ask for data only from the reporting period.

*NOTE: THE MEMBERS WHO TRANSITIONED FROM WPC PILOTS & HHPS
SHOULD BE EXCLUDED FROM THIS TAB

Column	Element
F	<p>Denominator for this count is column E. Number of unique Members identified as eligible for ECM that received one or more outreach attempts for initiation into ECM.</p> <p><i>This number is cumulative <u>for the calendar year</u> and should include <u>all Members that have received one or more outreach attempts for initiation into ECM to date (i.e., data from each reporting period should be added to the data from the previous reporting period)</u>. An “outreach attempt” is defined as an in-person or telephonic/electronic attempt to connect with an individual Member for the purpose of enrolling the Member in the ECM benefit. <u>Outreach attempts from all entities (ECM Providers / staff, MCPs) should be included in this reporting.</u></i></p>
G	<p>Denominator for this count is column F. Number of unique Members that received one or more outreach attempts that were enrolled in ECM.</p> <p><i>This number is cumulative and should include <u>all Members that received one of more outreach attempts that were ultimately enrolled in ECM (i.e., data from each reporting period should be added to the data from the previous reporting period)</u>.</i></p>
H	<p>Number of unique Members for whom the MCP received a request for ECM services from all external sources (e.g., ECM Providers and other Providers or community-based entities, Members/families directly), during the reporting period.</p>
I	<p>Denominator for this count is column H. Number of unique Members for whom the MCP received a request for ECM services from all external sources (e.g., ECM Providers and other Providers or community-based entities, Members/families directly), for which MCP determined ineligible/denied, during the reporting period.</p>

*Indicates reporting element that may need to be collected from ECM Providers/subcontractors in order to be reported by MCP.

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4. ECM Provider Capacity Tab

MCPs will first report ECM Provider Capacity in their MOC Template prior to launch. In the ECM Provider Capacity Tab, MCPs will update the information already provided.

Column	Element
A	Plan Name (<i>Select</i>)
B	Plan Code (<i>Select</i>)
C	County (<i>Select</i>)
D	Reporting Period (<i>Select</i>)
E	ECM Provider NPI*
F	ECM Provider Type (select one)*: <ol style="list-style-type: none"> 1. County; 2. County behavioral health Provider; 3. Primary care or specialist physician or physician group; 4. Federally Qualified Health Center; 5. Community Health Center; 6. Hospital or hospital-based physician group or clinic 7. Public hospital, district/municipal public hospital or healthcare system; 8. Rural Health Center/Indian Health Center; 9. Local health department; 10. Behavioral health entity; 11. Community mental health center; 12. Substance use disorder treatment Provider; 13. Organization serving individuals experiencing homelessness; 14. Organization serving justice-involved individuals; 15. Other qualified Provider or entity not listed above.
G - R	ECM populations of focus served by Provider. For each of the ECM populations of focus listed enter "1" for Yes or "0" for No, as applicable.* G. Adult – Experiencing Homelessness H. Adult – High Utilizer I. Adult – Serious Mental Illness (SMI) or Substance Use Disorder (SUD)

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4. ECM Provider Capacity Tab

MCPs will first report ECM Provider Capacity in their MOC Template prior to launch. In the ECM Provider Capacity Tab, MCPs will update the information already provided.

Column	Element
	<p>J. Adult – Transitioning from Incarceration</p> <p>K. Adult – LTC Eligible At-Risk for Institutionalization</p> <p>L. Adult – NF Residents Transitioning to Community</p> <p>M. Child/Youth – Experiencing Homelessness</p> <p>N. Child/Youth – High Utilizer</p> <p>O. Child/Youth – Serious Emotional Disturbance (SED) or Identified to be At Clinical High Risk (CHR) for Psychosis or Experiencing a First Episode of Psychosis</p> <p>P. Child/Youth – Enrolled in California Children’s Services (CCS)/CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Qualifying Condition</p> <p>Q. Child/Youth – Involved in, or with a History of Involvement in, Child Welfare (including Foster Care up to Age 26)</p> <p>R. Child/Youth – Transitioning from Incarceration</p>
S	Number of Adult Members ECM Provider is currently serving, at the end of the reporting period *
T	Number of Children/Youth Members ECM Providers is currently serving, at the end of the reporting period.
U	<p>Approximate total number of Adult Members the ECM Provider is able to serve, beyond who they are currently serving, at the end of the reporting period.</p> <p><i>This number should reflect the ECM Provider’s capacity to serve this MCP’s Membership, not the ECM Provider’s overall capacity.</i></p>
V	Approximate total number of Children/Youth Members the ECM Provider is able to serve, beyond who they are currently serving, at the end of the reporting period.



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4. ECM Provider Capacity Tab

MCPs will first report ECM Provider Capacity in their MOC Template prior to launch. In the ECM Provider Capacity Tab, MCPs will update the information already provided.

Column	Element
	<i>This number should reflect the ECM Provider’s capacity to serve this MCP’s Membership, not the ECM Provider’s overall capacity.</i>

*Indicates reporting element that may need to be collected from ECM Providers/subcontractors in order to be reported by MCP.

Quarterly Community Supports Implementation Monitoring Report Elements

DHCS will utilize data reported in the Quarterly Implementation Monitoring reports, along with other available data to monitor key indicators for Community Supports. Examples of key implementation indicators to be monitored for the reporting period include, but are not limited to, Members receiving Community Supports and their characteristics, including Populations of Focus, race, ethnicity, sex, age and primary language; Community Supports utilization; Community Supports Provider types and capacities.

5. Community Supports Members and Services Tab

MCPs will report all Members for which Community Supports services have been approved or received, during the reporting period.

Column	Element
A	Plan/County Code <i>(Select)</i>
B	Plan Code <i>(Select)</i>
C	County <i>(Select)</i>
D	Reporting Period <i>(Select)</i>
E	Member CIN*
F	Member Last Name*
G	Member First Name*
H	Member Date of Birth <i>(MM/DD/YYYY)*</i>
I	Member received Community Supports services during reporting period <i>(Enter “1” for Yes or “0” for No)*</i>

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5. Community Supports Members and Services Tab <i>MCPs will report all Members for which Community Supports services have been approved or received, during the reporting period.</i>	
Column	Element
J-X	<p>For each of the Community Supports services <u>approved</u> during reporting period, enter “1” for Yes or “0” for No.*</p> <ul style="list-style-type: none"> J. Housing Transition/Navigation Services; K. Housing Deposits; L. Housing Tenancy and Sustaining Services; M. Short-Term Post-Hospitalization Housing; N. Recuperative Care (Medical Respite); O. Respite Services; P. Day Habilitation Programs; Q. Nursing Facility Transition/Diversion to Assisted Living Facilities; R. Nursing Facility Transition to a Home; S. Personal Care and Homemaker Services; T. Environmental Accessibility Adaptations; U. Medically-Supportive Food/Meals/Medically Tailored Meals; V. Sobering Centers; W. Asthma Remediation X. Other
Y-AM	<p>For each of the Community Supports services <u>received</u> during reporting period, enter “1” for Yes or “0” for No.*</p> <ul style="list-style-type: none"> Y. Housing Transition/Navigation Services; Z. Housing Deposits; AA. Housing Tenancy and Sustaining Services; AB. Short-Term Post-Hospitalization Housing; AC. Recuperative Care (Medical Respite); AD. Respite Services; AE. Day Habilitation Programs; AF. Nursing Facility Transition/Diversion to Assisted Living Facilities; AG. Nursing Facility Transition to a Home; AH. Personal Care and Homemaker Services; AI. Environmental Accessibility Adaptations; AJ. Medically-Supportive Food/Meals/Medically Tailored Meals; AK. Sobering Centers; AL. Asthma Remediation



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5. Community Supports Members and Services Tab	
<i>MCPs will report all Members for which Community Supports services have been approved or received, during the reporting period.</i>	
Column	Element
	AM. Other

*Indicates reporting element that may need to be collected from Community Supports Providers/ subcontractors in order to be reported by MCP.

5. Community Supports Provider Capacity Tab	
<i>MCPs will first report Community Supports Provider Capacity in their MOC Template prior to launch. In the Community Supports Provider Capacity Tab, MCPs will update the information already provided.</i>	
Column	Element
A	Plan Name <i>(Select)</i>
B	Plan Code <i>(Select)</i>
C	County <i>(Select)</i>
D	Reporting Period <i>(Select)</i>
E	Community Supports Provider NPI*
F	Community Supports Provider Type (select one)*: <ol style="list-style-type: none"> 1. Counties; 2. County behavioral health Providers; 3. Primary care or specialist physician or physician groups; 4. Federally Qualified Health Centers; 5. Community Health Centers; 6. Hospitals or hospital-based physician group or clinics (including public hospitals and district/municipal public hospitals); 7. Rural Health Centers/Indian Health Centers; 8. Local health departments; 9. Behavioral health entities; 10. Community mental health centers; 11. Substance use disorder treatment Providers; 12. Organizations serving individuals experiencing homelessness; 13. Organizations serving justice-involved individuals;

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5. Community Supports Provider Capacity Tab	
<i>MCPs will first report Community Supports Provider Capacity in their MOC Template prior to launch. In the Community Supports Provider Capacity Tab, MCPs will update the information already provided.</i>	
Column	Element
	14. Other qualified Providers or entities that are not listed above, as approved by DHCS.
G	<p>Community Supports offered by Provider. (If multiple Community Supports are offered by the same Provider, report separate rows for each Community Support.)</p> <ol style="list-style-type: none"> 1. Housing Transition Navigation Services 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Short-term Post-Hospitalization Housing 5. Recuperative Care (Medical Respite) 6. Respite Services 7. Day Habilitation Programs 8. Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly & Adult (RCFE) and Adult Residential Facilities (ARF) 9. Nursing Facility Transition to a Home 10. Personal Care (beyond In Home Services and Supports) and Homemaker Services 11. Environmental Accessibility Adaptations (Home Modifications) 12. Medically-Supportive Food/Meals/Medically Tailored Meals 13. Sobering Centers 14. Asthma Remediation 15. Other
H	<p>Number of Members Community Supports Provider is able to serve, at the end of the reporting period, for each Community Supports.*</p> <p><i>MCPs should work with Community Supports Providers to consider how many units of a particular Community Support a Member needs (as applicable) to ensure adequate capacity reporting.</i></p>

*Indicates reporting element that may need to be collected from Community Supports Providers /subcontractors in order to be reported by MCP.



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6. Community Supports Requests & Denials	
Column	Element
A	Plan Name (<i>Select</i>)
B	Plan Code (<i>Select</i>)
C	County (<i>Select</i>)
D	Reporting Period (<i>Select</i>)
E	Number of unique Members for whom the MCP received a request for Community Supports services from all external sources (e.g., Community Supports Providers and other Providers, Members/families directly), during the reporting period.
F	Denominator for this count is column C. Number of unique Members for whom the MCP received a request for Community Supports services from all external sources (e.g., Community Supports Providers and other Providers, Members/families directly), for which MCP determined ineligible/denied, during the reporting period.