DEPARTMENT OF HEALTH CARE SERVICES

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

<mark>DRAFT FOR PUBLIC COMMENT
Please submit all feedback to PHMSection@dhcs.ca.gov by September 4, 2024</mark>

DHCS
**CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES**

I. Introduction

Medi-Cal Managed Care Plans (MCPs) are responsible for assessing Members' needs and preferences and connecting them to services that can appropriately address any clinical and/or social needs identified.[1] Assessments and screenings required by the Department of Health Care Services (DHCS) are conducted by MCPs and/or Network Providers and often result in referrals to care. To support Member's access to care, DHCS's 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's Population Health Management Program under CalAIM. 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. Under the **MCP Contract**[2], the **PHM APL** (APL 22-024) and the **PHM Policy Guide**, MCPs are required to implement CLR requirements starting on January 1, 2025.

This document, and addendum to the PHM Policy Guide, provides comprehensive guidance for MCPs administering CLR and is a resource for other key stakeholders involved in CLRs, including providers and community-based organizations (CBOs). Existing DHCS guidance on processing referrals and authorizing services, such as APL-21-011 on *Grievance and Appeal Processes*, remain in effect for any services falling under CLR requirements.

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.[3]

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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] Closed-loop referral requirements will be included in the 2025 MCP Contract.

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

This CLR guidance further defines MCP requirements for supporting key referrals and regularly tracking data on referral progress to improve access to services. More specifically, this guidance outlines detailed requirements for MCPs to collect data to track the status of each CLR. 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.

While MCPs remain responsible for supporting connections to care for all Medi-Cal Members under the BPHM framework, CLR requirements going live on January 1, 2025, solely apply to MCPs for two priority services – Enhanced Care Management and Community Supports. Services outside of ECM and Community Supports do not fall under the CLR requirements detailed in this guidance at this time. Additionally, this guidance does not address CLR between MCPs and other managed care delivery systems (e.g., behavioral health), although DHCS intends to use the same or similar CLR definition and requirements across delivery systems and for other services, as applicable, over time.

DHCS is issuing this initial draft for stakeholder comment. DHCS welcomes feedback on draft CLR Implementation Guidance via PHMSection@dhcs.ca.gov until September 4, 2024. DHCS will re-issue the CLR Implementation Guidance after incorporating stakeholder feedback prior to January 1, 2025.

II.   Closed-Loop Referral Requirements

The CLR definition intentionally calls out the three distinct actions surrounding referral loop closures—tracking, supporting, and monitoring—to emphasize requirements of MCPs in implementing CLRs. The detailed requirements for these actions are outlined in Section II A:C below and **only apply to services under CLR requirements** (e.g., ECM and Community Support for 1/1/2025, as outlined in Appendix B)

A.   Tracking Member Referrals

To successfully connect more Members to services through CLRs, MCPs must track referrals on behalf of Members, so they are complete and necessary information is shared securely and efficiently. These requirements aim to ensure that MCPs and associated providers act on CLRs in a timely manner and have full information to intervene when there are challenges in connecting Members to services. MCPs must track these data elements on all referrals to ECM and Community Supports, including those generated by the MCP, starting January 1, 2025.[4]

MCPs are required to develop internal protocols to electronically collect and store the minimum data elements outlined in Section II.A.2. As outlined in Section II.A.3, MCPs may choose their own systems and solutions to store data on CLRs, but MCPs must fulfill the requirements outlined in this section.

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 outlined in Section II.A.2 via their Provider Portal or otherwise submit data outside of the data products outlined in the specified Appendix for each CLR service.

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[4] For ECM and Community Supports, MCPs will collect many of the required data elements from community partners via existing referral forms and tools (e.g., ECM Referral Standards) or existing information sharing standards with Providers (e.g., Community Supports Return Transmission File), and maintain responsibility for using information from these tools to internally track and store the minimum data elements outlined in Appendix B.I.A in their own systems of record.

1. 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. Under CLR, MCPs are required to follow up with other entities as needed to support the timely processing and closure of Member CLR loops. 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 and do not supplant existing requirements for processing referrals or authorizing services in DHCS policy or APL 21-011. In cases where a CLR's status is not updated on that monthly cadence, MCPs must build processes to follow up with relevant entities for additional information and to troubleshoot referral challenges.

2. 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.

For ECM and Community Supports, *Appendix B* outlines the collection of data from ECM and Community Supports Providers to meet CLR tracking requirements. For these services, MCP data collection will be done through receipt of the initial referral from outside entities, and the ECM and Community Supports Return Transmission Files from ECM and Community Supports Providers under existing DHCS information sharing guidance for both programs.

Table 1: Member Information

Elements	Additional Details
Member First Name	
Member Last Name	
Medi-Cal Member Client Index Number (CIN)	
Managed Care Plan Member ID Number	
Member Date of Birth	
Member Primary Phone Number	
Member Residential Address	

Elements	Additional Details
Member Email Address[5]	
Member Preferred Language (Spoken)[6]	Limited to the Medi-Cal 834 file acceptable values.
Member Preferred Language (Written)[7]	Limited to the Medi-Cal 834 file acceptable values.
Member Gender Code	Limited to the Medi-Cal 834 file acceptable values.
Member Race or Ethnicity Code	Limited to the Medi-Cal 834 file acceptable values.
Member Homelessness Indicator	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[8]	
Member Guardian or Conservator Last Name[9]	
Member Guardian or Conservator Phone Number[10]	

Table 2: Referral Initiation

Elements	Additional Details
Date of Referral	Date the inbound referral to the MCP was made by the referring entity.
Referred Service	Service for which the Member is being referred.
Referring Organization Name[11]	
Referring Organization NPI[12]	
Referring Individual First Name	
Referring Individual Last Name	
Referring Individual Phone Number	

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[5] Data element is Optional.

[6] Data element is Optional.

[7] Data element is Optional.

[8] Data element is Required if applicable to referral.

[9] Ibid.

[10] Ibid.

[11] Ibid.

[12] Data element is Required if applicable to referral.

Elements	Additional Details
Referring Individual Email Address[13]	
Member Self/Family Referral	Indicates if the referral source is from the Member or a Member's family. MCPs should track as "Yes/No".

Table 3: Referral Processing

Elements	Additional Details
Date Received Request for Authorization (MM/DD/YYYY)[14]	Date the MCP received an inbound referral request requiring authorization. May be the same as 'Date of Referral'.
Referral Authorization Status[15]	Status options include: Approved; Under Review; Need Additional Information from Referral Source; Denied. If the 'Referral Authorization Status' is Approved or Denied, MCPs are required to track the progress of the referral using the 'Referral Status' field.
Authorization Effective Date[16]	Required if referred services are authorized by MCP.
Authorization End Date[17]	Required if applicable. Track the timeframe for which the Member is authorized to receive the service.
Date of Referral Authorization Status[18]	Date the MCP completed the authorization request.
Date Referral Sent to Servicing Provider Organization	Date the receiving entity (i.e., service provider) received the referral request from the MCP or the referring organization.
Servicing Provider Organization Name	
Servicing Provider Organization NPI (if applicable)	

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[13] Data element is Optional.
[14] Data element is Required if the MCP received the referral for authorization.
[15] Ibid.
[16] Ibid.
[17] Ibid.
[18] Ibid.

Elements	Additional Details
Servicing Provider First Name	
Servicing Provider Last Name	
Servicing Provider Phone Number	
Servicing Provider Email Address[19]	
Referral Status	Status options include: Accepted; Denied; Waitlist; Referral Loop Closed. 'Referral Status' may have multiple entries. For services the MCP must authorization, 'Referral Status' applies to referrals after the 'Referral Authorization Status' is Approved or Denied.
Date of Referral Status	MCPs are required to track each 'Referral Status' separately by 'Date of Referral Status Update'.

Table 4: Referral Loop Closure

Elements	Additional Details
Reason for Referral Loop Closure	Required if 'Referral Status' is 'Denied' or 'Referral Loop Closed'. Closure reasons include: Services Received; Authorization Denied; Service Provider Denied; Unable to Reach Member; Member No Longer Eligible for Services; Member No Longer Needs Services; Member Refused Services; Other; Unknown.
Member Notified of Referral Loop Closure	Indicates that Member noticing requirements have been completed as outlined in APL 21-011 on grievances and appeals.
Date Member Notified of Referral Loop Closure	Date associated with the completion of DHCS Member noticing requirements.

3. MCP Systems to Support Referral Tracking

MCPs and their partners currently use a diverse set of tools and systems to support information sharing on referrals. For some services, like ECM and Community Supports,

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[19] Data element is Optional.

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).[20]Additionally, several services have DHCS referral standards or assessment tools (e.g. Adult Screening Tool for Medi-Cal Mental Health Services) that facilitate the referral process.

Outside of pre-defined information sharing standards for ECM and Community Supports (see Appendix B), MCPs may choose their own systems to store data and process referrals to implement CLR requirements. DHCS will not require or 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.

Regardless of the method chosen, MCPs are required to track and act upon all relevant Member referral information within their chosen systems to meet CLR requirements. MCPs must also ensure referral tracking methods are in compliance with CalHHS Data Exchange Framework (DxF) requirements[21] and CMS Interoperability Rules.[22] MCPs should also refer to the DHCS Data Sharing Authorization Guidance for information on data privacy and data sharing consent laws. DHCS recognizes that by allowing MCPs to choose their own systems, Network Providers and referral partners in multi-plan counties may have to navigate differing referral pathways. MCPs must discuss CLR systems and procedures with other MCPs operating in their county to make reasonable efforts to align and simplify referral pathways to reduce administrative burden on Network Providers and referring partners.

4. Secure Transmission of Member-Level Information

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

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

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

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

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.

B. *Supporting Referrals*

There are many reasons a referral may not result in a Member ultimately being connected to services – for example, incorrect Member contact information, service waitlists, or referral partners not understanding eligibility criteria. 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 implementing practices that promote Member awareness of CLRs placed on their behalf and clearly defining roles and responsibilities among partners in the referral pathway. Under CLR guidance, MCPs are also required to use data driven approaches to troubleshoot barriers for individual referrals and design strategies for provider and system-level challenges in connecting Members to services.

In alignment with DHCS's previous BPHM guidance,[23] 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. For all referrals, but particularly for CLR, MCPs should set standard timeframes for updating a Member on their referral's status in cases where a referral may be pending or the Member is on a waitlist for support.

DHCS underscores that across all referrals, including CLR, MCPs should 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.

1. Roles and Responsibilities in Supporting Referrals

As discussed throughout this guidance, MCPs are ultimately accountable for meeting requirements outlined in this CLR Implementation Guidance for applicable services.

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23 See section on Basic Population Health Management in the DHCS PHM Policy Guide on page 35.

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. However, MCPs are ultimately accountable for ensuring all steps are tracked and completed.

There are many permutations in the roles associated with completing CLRs -- with different paths based on which entity makes the referral, which entity is providing the service, and whether or not the referral is authorized, accepted by the servicing provider, and services are successfully provided.[24]

At this time, DHCS will not require notification to the original referring entity on the referral's status in the CLR definition. Notifying the referring entity of a referral's acceptance or denial and a Member's ultimate service receipt is strongly encouraged as a best practice under CLR. Sharing referral status updates should follow existing state and federal guidance on Member and guardian consent and secure information sharing.

2.   Leveraging CLR Tracking Data to Support Member Referrals

MCPs are required to utilize the information tracked for Member referrals to take systematic, data-driven actions to support timely processing of referrals and the connection of Members to services (See examples in Figure 1 below). MCPs are also strongly encouraged to utilize this information to assess referral progress.

Figure 1. Examples of Data-Driven Actions to Support CLR

Data-Driven Action	Follow-Up Action to Support Member Connection to Services
Review the share of Members referred by key partners whose authorizations are denied by the MCP	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 match eligibility

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[24] Figure 2 in Appendix B outlines an example CLR for 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.

Compile a list of pending referrals for key timeframes (30, 60, 90 days) by service provider	Investigate reason for delayed processing of referrals (e.g., due member outreach issues); facilitate discussion/TA with service provider, if needed
Compile a list of referrals by closure reason to identify those closed due to denial by service provider	Identify service providers with frequent denials and determine reasons for denied referrals (e.g., provider capacity issues); facilitate discussion/TA with service provider or route referrals to alternative providers

C. *Monitoring Member Referrals*

DHCS will monitor MCPs for their implementation of CLR requirements and to identify best practices in supporting, tracking and monitoring CLRs across MCPs.   . Data that MCPs submit to DHCS for CLR monitoring will parallel data that MCPs are required to track for each CLR. 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' vision for monitoring CLR is to 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 plans to align monitoring with existing JSON submissions for both services. While still under design, DHCS anticipates data will be submitted by MCPs monthly and will be Member-level in scope.

DHCS anticipates monitoring CLR implementation by reviewing key CLR process measures by service, plan, county and demographic information (e.g. gender, race, ethnicity, language). Examples of key implementation indicators to be monitored include, but are not limited to:

- Volume of referrals
- Share of referral loops open for 30, 60, 90 days+ from Date of Referral
- Average days to referral loop closure
- Share of referrals with an MCP authorization denial
- Volume of referral loops closed
- Share of referrals by loop closure reason

DHCS will release additional details of CLR monitoring, timing, and the format of submissions to DHCS in future versions of the CLR Implementation Guidance.

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.[25]

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

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25 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.[26]

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.

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.

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[26] 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

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. Closed-Loop Referral (CLR) requirements for ECM and Community Supports will take effect on January 1, 2025.

For both services, MCPs are required to use existing DHCS data sharing guidance to support collection of the required minimum data elements outlined in Section II. A.. The sections below outline how MCPs should leverage existing ECM and Community Supports files[27] detailed in DHCS Member Information Sharing Guidance for both services to facilitate the collection of Member referral information to support CLRs, as well as the required timeline for the implementation of CLR requirements. 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.

I. Implementing CLR Requirements for ECM and Community Supports

A. Tracking Member Referrals

Due to the prominent role MCPs already play in the referral loop for ECM and Community Supports, the majority of the minimum data elements outlined in Section II.A.2 are currently generated by the MCP or received by the MCP through existing information flows from referring entities (e.g. ECM Referral Standards) and ECM and Community Supports Network Providers. More specifically, this includes:

- **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 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 Return Transmission File (RTF):** Data reported by ECM and Community Supports Network Providers to the MCP via the RTF. **Collected by MCPs in accordance with ECM**

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27 Member-Level-Information-Sharing-Between-MCPs-ECM-Providers.pdf (ca.gov), CS-Member-Information-Sharing-Guidance.pdf (ca.gov)

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.

Updates to the Return Transmission File to Support CLR: To capture the minimum data elements as outlined in Section II.A.2, DHCS will update [3] data elements in Fall 2024 to the ECM and Community Supports[28] RTFs to enable MCPs to collect more detailed information on referral progress and loop closure. These data elements are outlined below. MCPs should refer to updated Community Supports and ECM Member Information Sharing Guidance 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 Update:** Captures the date associated with the 'Referral Status' update.
- **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 January 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.

Tracking Member Referrals for Community Supports: 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 the data elements outlined in Section II.A.2 for each 'Referred Service' separately. To support standardization of tracking across MCPs for the 14 Community Supports, MCPs must use one of the following values for the 'Referred Service' data element outlined in Section II.A.2, Table 2:

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[28] If a Member is referred to more than one Community Supports service, the MCP must track the data the required data elements as separate entries for each of the Community Supports services the Member was referred to**.** For example, if a Member has been referred for both Medically-Supportive Food/Meals/Medically Tailored Meals and Personal Care and Homemaker Services, each referral should be tracked separately and include all required fields. For more information see the Community Supports Member Information Sharing Guidance.

- Asthma Remediation; Community Transition Services/Nursing Facility Transition to a Home; Day Habilitation Programs; Environmental Accessibility Adaptations; 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; Personal Care and Homemaker Services; Recuperative Care; Respite Services; Short-Term Post Hospitalization Housing.

Universe of Referrals for Tracking: 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 should be tracked, supported, and maintained on community <u>and</u> MCP-generated CLRs to ECM and Community Supports. To support the tracking of both community and MCP-generated referrals, DHCS will update [1] data element in Fall 2024 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. MCPs should refer to updated Community Supports and ECM Member Information Sharing Guidance for the details and specifications.

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

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](#).

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.

Figure 2 outlines an example CLR for ECM with details on 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.

In this use case, a Primary Care Provider makes the initial referral to ECM using the DHCS ECM Referral Standards, and the MCP authorizes the Member's ECM service. The referral is passed from the MCP to an ECM Provider that 1) accepts the referral, 2) outreaches the Member, 3) provides ECM to the Member and closes the referral loop through successful service delivery. Along the way, the MCP tracks information on the referral's status with support and updates from the ECM Provider via the Return Transmission File. The MCP monitors the timeliness and outcome of the referral and intervenes as needed if the referral experiences challenges or delays. Ultimately, DHCS receives data from the MCP to monitor the referral alongside data from other referrals during a similar timeframe. The "I" in Figure 2 indicates many other stakeholders who may receive information on the referral's status including the Member themselves and the Care Team.

Figure 2: Vision for CLR Roles and Responsibilities Use Case: Primary Care Provider refers a Member for Enhanced Care Management

Step in CLR	MCP	PCP	ECM Provider	Member	Care Team, Specialists, etc.	DHCS[29]
Make Referral		R				I
Authorize Referral	A, R		I	I	I	I
Accept/Deny Referral	A, I	I	R	I	I	I
Outreach Member	A, I		R	I		I

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

Step in CLR	MCP	PCP	ECM Provider	Member	Care Team (CBOs, Specialists)	DHCS[29]
Provide Service	A, I		R	I	I	I
Close Referral	A	I	R	I	I	I
Track Referral	A, R		C			I
Monitor Referral	R	C	C			A

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

C.   Monitoring Member Referrals

To streamline DHCS monitoring of CLR for ECM and Community Supports, DHCS aims to align reporting on CLR with existing JSON reporting for ECM and Community Supports. DHCS anticipates releasing updated JSON requirements for MCPs that will include data for CLR reporting in both services. Additional details will provided in future versions of this guidance.

D.   Timeline for ECM and Community Supports

As outlined in Appendix B, the CLR requirements for ECM and Community Supports will be further phased for key activities. Figure 3 below outlines the CLR timeline requirements for these services.

Figure 3. ECM and Community Support CLR Requirement Timeline

Stage	Required Start Date
MCP Begins Referral Tracking	January 1, 2025
MCP Supports Referrals and Closure	January 1, 2025
MCP Reports Monitoring Data to DHCS	TBD