



Policy and Procedure No: CM 23.0		Revision No: 0
Division: Care Management		
Department: Care Management		
Title: CalAIM Closed Loop Referrals for Community Supports and Enhanced Care Management		
Effective Date: 7/1/2025		
Supersedes Policy No: N/A		
Reviewed/Revised by: Tiffany Jarrett		Review/Revision Date: 6/6/2025
Approving Committee: Utilization Management Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To describe how PHC California (the Health Plan) tracks, supports and monitors referrals of its enrollees for Community Supports (CS) and Enhanced Care Management (ECM), and complies with Department of Health Care Services (DHCS) policy for closed loop referrals (CLR) for these services.

Policy:

1. The Health Plan uses internal resources to provide ECM to plan enrollees and does not engage in the CLR data sharing process for ECM.
2. The Health Plan uses internal resources to provide selected Community Supports and does not engage in the CLR data sharing process for the following:
 - a. Community Transitions/Nursing Facility Transition to a Home
 - b. Environmental Accessibility Adaptations
 - c. Housing Deposits
 - d. Transitional Rent, effective January 1, 2026
 - e. Nursing Facility Diversion/Transition to Assisted Living Facilities
3. The Health Plan engages in the CLR data sharing process with contracted Community Supports providers for the following Community Supports:
 - a. Medically Tailored Meals/Medically Supportive Foods
 - b. Housing Tenancy and Sustaining Services
 - c. Housing Transition Navigation Services
 - d. Personal Care (beyond In Home Services and Supports) and Homemaker Services
 - e. Recuperative Care (Medical Respite)
4. The Health Plan shares its Community Supports Authorization Status File (ASF), including all DHCS-required fields, with contracted Community Supports providers on a biweekly basis unless

another mutually agreed-upon cadence for updates is established between the plan and the provider.

5. The Health Plan collects the return transmission file (RTF) from its contracted Community Supports providers on at least a monthly cadence.
6. In the event a Community Supports or ECM referral originates from an external source, the Health Plan supplies the referring entity with the following notifications:
 - a. Service Authorization: within 24 hours of the authorization decision.
 - b. Referral Loop Closure: within 2 business days of:
 - i. Engaging the enrollee in ECM, or
 - ii. Engaging the enrollee in an internally provided Community Support, or
 - iii. Receiving the RTF from a contracted Community Supports provider
7. The Health Plan uses electronic methods (not including fax) to transmit notifications to referring entities unless a non-electronic method is mutually agreed upon by both parties.
8. In the event a Community Supports or ECM referral originates from an external source, the Health Plan notifies the enrollee within two business days of the plan's authorization approval or denial. This notification includes the decision, decision date, and if authorization is denied, reason for denial.
 - a. When an authorization is denied, the Health Plan uses the DHCS required Notice of Action template as required by DHCS APL 21-011.
 - b. Both approval and denial notifications are accompanied by DHCS's Nondiscrimination Notice and the Notice of Availability (i.e. language taglines) as required by DHCS APL 25-005.
 - c. In the event the enrollee has opted out of receiving written communication, the Health Plan provides notification using the enrollee's preferred contact method.
9. The Health Plan does not send enrollee or referring entity notifications when the plan identifies an individual as eligible for Community Supports or ECM using its own internal data.
10. The Health Plan does not send enrollee authorization notifications when the plan identifies an individual as possibly eligible for Community Supports or ECM using its internal data and subsequently determines the individual is ineligible.
11. The Health Plan supplies monthly individual-level data on Community Supports and ECM referral volume, timelines, and closure reasons using its existing JSON data submission.

Procedure:

1. Referral and Authorization Intake and Processing

- a. The ECM Project Manager or designee processes all external and internal ECM and Community Supports referrals using the Health Plan’s existing care management platform.
- b. In the event an ECM or Community Supports referral originates from an external source, the ECM Project Manager or designee notifies the referring entity within 24 hours of the authorization decision using electronic methods (not including fax) unless a non-electronic method is mutually agreed upon by both parties.
- c. In the event a Community Supports or ECM referral originates from either an external or internal source, the ECM Project Manager or designee notifies the enrollee within two business days of the plan’s authorization approval or denial, as outlined in Policy section 8.

2. Authorization Status File (ASF) sharing

- a. The ECM Project Manager or designee uses data elements extracted from the existing care management platform to generate the ASF, with all DHCS-required fields, by the 1st and 15th day of each month (or per agreed schedule with contracted Community Supports providers).
- b. The ECM Project Manager or designee transmits the ASF via a secure electronic file transmission to contracted Community Supports Providers.

3. Return Transmission File (RTF) Receipt and Processing

- a. The ECM Project Manager or designee collects the RTF from contracted Community Supports providers by the 5th of each month (or per agreed schedule with providers).
- b. The ECM Project Manager or designee reviews referral status entries and resolves any mismatches.

4. Supporting Enrollee Referrals

- a. The ECM Project Manager or designee uses the RTF to update referral status monthly on the ASF (e.g. Pending → Accepted).
- b. The ECM Project Manager or designee uses RTF data to identify individual CLRs that have been open for at least one month without Referral Status updates from the Service Provider and conducts direct outreach to the provider, referring entity (if applicable), or enrollee to resolve barriers.
- c. The ECM Project Manager or designee notifies the referring entity (if applicable) and the enrollee of authorization decisions as outlined in Procedure section 1 above.
- d. The ECM Program Manager or designee shares with the Referring Entity (if applicable) the Referral Loop Closure Reason and Referral Loop Closure Date within 2 business



days of receiving and processing the data from the Service Provider, whether through engagement with the Service Provider or RTF receipt. The ECM Program Manager or designee performs quality checks on referral tracking data submitted from Service Providers, where applicable, within five days of receiving referral tracking data. The ECM Program Manager or designee notifies the Referring Entity within seven business days from original receipt of Service Provider data via electronic method unless another non-electronic method is mutually agreed upon by both parties.

- e. Per DHCS CLR Implementation Guidance, Referral Loop Closure noticing requirements to Referring Entities do not apply in instances where the referral request is placed by the enrollee, their guardian/caretaker, or their family or friends. Furthermore, CLR noticing requirements do not apply to Health Plan-generated referrals from internal data.
- f. If a Referring Entity (if applicable) or enrollee inquires on a CLR's status with the Health Plan, the ECM Program Manager responds to the inquiry within 1 business day.
- g. In the event that an enrollee is referred for a service but the referral is denied due to eligibility or capacity of the Service Provider, the Utilization Management (UM) Department follows the standard UM process for assigning a non contracted Provider, including development of a letter of agreement (LOA) in conjunction with the Department of Contracting and Provider Relations.

5. Closure of Referral

- a. The ECM Program Manager or designee notifies the Referring Entity (if applicable) of referral closure as outline in Procedure 4d above.
- b. In the instance of duplicate referrals in which the enrollee is already authorized or has an open referral in process, the ECM Program Manager or designee records information on both referrals on the Authorization Status File (ASF). In the event an enrollee is already authorized for a service, the UM Department sends a Notice of Action (NOA) of denial to the Referring Entity (if applicable) and/or enrollee, and provides Health Plan contact information, if they would like to request a change in Service Provider for their current, open authorization, if applicable. In the event there is a referral for service for which the enrollee has another open referral in process, the ECM Program Manager coordinates across both the Referring Entity (if applicable) and the enrollee to determine the enrollee's preferred Service Provider assignment.

Definitions:

- 1. Closed Loop Referral: A referral initiated on behalf of a Medi-Cal managed care enrollee that is tracked, supported, monitored and results in a known closure.
- 2. Community Supports: 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 enrollees 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.
- 3. Enhanced Care Management: A whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need enrollees who meet ECM

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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.

4. Member Information Sharing File (MIF). File used by Medi-Cal managed care plans to share enrollee information with Community Supports and ECM providers.
5. Authorization Status File (ASF). File used to Medi-Cal managed care plans to share updated authorization status with each contracted Community Supports provider for all enrollees referred by and/or assigned to their organization to receive Community Supports services.
6. Return Transmission File (RTF). File used by Community Supports providers to share timely updates about service delivery with Medi-Cal managed care plans.

Monitoring:

This policy is reviewed and revised as necessary and approved annually by the Utilization Management Committee.

References:

1. DHCS Addendum to the PHM Policy Guide: [Closed-Loop Referral Implementation Guidance](#).
2. CalAIM Data Guidance: [Community Supports Member Information Sharing Guidance](#), Updated December 2024.
3. DHCS APL 21-011, Grievance and Appeal Requirements, Notice and “Your Rights” Templates, Published August 31, 2022.
4. DHCS APL 25-005, Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, And Alternative Formats (Supersedes APL 21-004), Published February 12, 2025.

Regulatory Agency Approval(s):

Date	Version	Regulatory Agency	Purpose	Response
	23.0	Department of Health Care Services (DHCS)	January 2026 Community Supports Model of Care	Pending

