Housing Transition Navigation Services (HTNS) / Housing Tenancy Sustaining Services (HTSS) Referral & Authorization Workflow Toolkit

Housing Community Supports Implementation Advisory Committee
April 2025

Introduction

This toolkit was created by members of the Housing Community Supports Implementation Advisory Committee (Advisory Committee), a group made up of Medi-Cal Managed Care Plans (MCPs), housing-related Community Supports providers, homeless Continuum of Care (CoC) lead entities, CA county departments, people with lived experience of homelessness (the majority of whom are Medi-Cal members), and others with an interest in improving the availability, efficacy, uptake and outcome of housing-related Community Supports. This project is co-convened by CSH and Klurfeld Consulting, LLC, and was generously funded by the California Health Care Foundation.

This document and the companion workflows offer operational guidance to support MCPs, providers, and partners to effectively refer and connect members to Housing Transition Navigation Services (HTNS) and Housing Tenancy Sustaining Services (HTSS), two of the housing-related Community Supports the Advisory Committee focused on. These recommendations were uplifted through a workgroup process held during the Spring and Summer of 2024, and shared with the full Advisory Committee for input in Fall 2024.

The goal was to develop a workflow for HTNS & HTSS that outlines the process steps from referrals to receipt of services. The end product captures some promising practices for each partner's roles, necessary steps in the process, ideal timelines, and prioritization with CES. This document can support MCP and provider staff training and encourages alignment across MCPs in adopting promising operational practices.

Toolkit Contents:

- Overview (this document)
- Referral & Authorization Workflows:
  - Bottom-up referrals
  - Top-Down Referrals
  - Other Community Partner Referrals
- Batch Referrals Considerations

Key Terms:

Bottom-Up Referrals: Community Supports provider is already connected to a member that they believe needs the service and makes a referral to the MCP.

Top-Down Referrals: Managed Care Plan identifies a member who would benefit from the Community Support (usually from data analysis) and refers the member.

Other Community Partners Referrals: Someone from the community who isn't a contracted housing-related CS Provider identifies a member who would benefit from the service and submits a referral (e.g. self-referral, hospital, Enhanced Care Management (ECM) provider, Primary Care Provider (PCP), etc.).

The ECM and Community Supports Action Plan states that "DHCS expects MCPs to source most ECM & Community Supports referrals from the community. Use of internal data to identify should be balanced with active community-based outreach and engagement." This means that most HTNS and HTSS referrals should be identified via the Bottom-Up or Other Community Partners workflows.

Workflow Stages Overview & Timeline Recommendations:

The workgroup identified several stages for referrals and recommended the following guidelines, with input from the Advisory Committee:

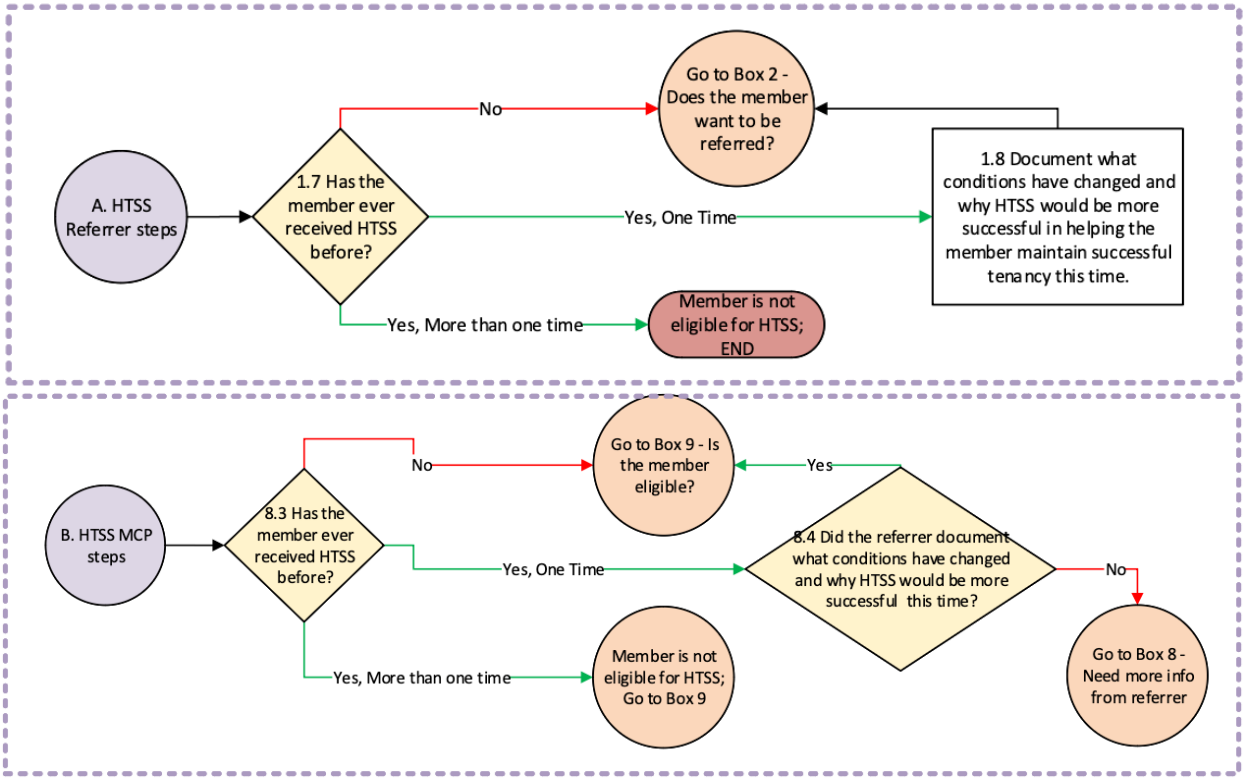
Workflow Stage	Who Does It	Recommended Timeline
Identifying Medi-Cal and MCP Enrollment	Referrer	No longer than 60 days (including the 30-45 days for Medi-Cal MCP enrollment to process).
Member Conversations with Referrers and Referral Submission	Referrer	No longer than 3 business days.
MCP Referral Processing	MCP	No longer than 72 hours (urgent) / 5 business days routine (unless significant information to render decision is missing). Maximum is 14 business days.
Member Outreach to begin services	HTNS or HTSS Provider	No later than 3 business days after receipt of authorization.

Authorization Duration: The workgroup also recommended that the authorization start date be retroactive to the date of the member's opt-in or the referral request, whichever is earlier and that the initial authorization period should last 12 months with the possibility of extensions.

HTNS vs. HTSS Workflow

The HTNS and HTSS workflows are very similar, but there are a few key differences.

- When members receive each service: HTNS helps members to **find, apply for, and secure** housing. In contrast, HTSS helps members **maintain** safe and stable tenancy once housing is secured. Often, members are referred and connected to HTNS while experiencing homelessness, and then exit HTNS and transition to HTSS after moving in.
- HTSS single duration restriction: In the Community Supports Policy Guide, DHCS states that HTSS services are only available for a single duration in the member's lifetime, and can be approved one additional time with documentation as to what conditions have changed and why providing services would be more successful on the second attempt. Plans are also expected to make a good faith effort to review information available to them to determine if individual has previously received services. The workflow therefore includes callout boxes in purple for these additional HTSS steps, for example:



Recommended Provider Selection Algorithm:

MCPs currently use many different internal rules to match members referred to HTNS and HTSS to Community Supports providers in their networks. The workgroup proposed this algorithm as the best practice, with input and feedback from Advisory Committee members:

1. If a member indicates a preferred provider, choose that provider (see exceptions below).
2. If no preferred provider is indicated, and the referral came from a contracted HTNS or HTSS provider, choose that provider (see exceptions below).
3. If none of the above, connect the member to a provider they already have some relationship with (e.g. homeless services or housing provider listed in HMIS as working with the member, ECM provider, Behavioral Health provider, PCP who also offers HTNS / HTSS).
4. If none of the above, connect the member to a provider who can meet their needs (e.g. geographically close, serves their age group, linguistic capabilities, etc.)
5. Where possible, consider provider capacity as part of the selection algorithm, helping providers who are interested in increasing their member caseload.

Exceptions:

- Community Supports provider has no open capacity to accept and serve additional members.
- Community Supports provider has a documented quality concern and is closed to new referrals.
- Community Supports provider only accepts members they refer in (not new-to-them clients referred by the MCP and other community referral partners).

Note: The workgroup recommends the above algorithm even for members who are connected to other providers for ECM, i.e. the preferred and/or referring provider should have precedence over the current ECM provider in most cases.

MCP Top-Down Referrals and Member Opt-In

Among MCPs, top-down referrals from internal staff in Care Management, Social Services, Utilization Management, or other departments to HTNS and HTSS were common. In those cases, staff usually spoke with the member directly to confirm their desire to participate in Community Supports or asked a community referral partner to do so (e.g. an MCP UM staff person asking a hospital discharge planner to document opt-in for a homeless member in inpatient care).

Using internal datamining to proactively identify and refer members to HTNS or HTSS was less common, and the recommended workflows varied considerably. One area of variability was around when the member opted in. Some partners recommended that

the MCP authorize members for service when sending the member to the Community Supports provider, who would then conduct outreach to find, engage, and secure opt-in from the member. Others felt that the Community Supports provider should find, engage, and secure opt-in from the member first, and then notify the MCP to initiate the authorization (similar to the ECM outreach process for many MCPs). Either way, ensuring payment for the Community Supports provider prior to member opt-in is important to providers as it can take significant time to make contact with new clients experiencing homelessness or housing instability.

Visio versions of the workflows are available upon request for MCPs, providers, and partners who wish to customize them for local use. Questions or comments about the recommendations or the Advisory Committee can be directed to the co-facilitators of the group:

- *Cheryl Winter, Cheryl.winter@csh.org*
- *Alison Klurfeld, alison@klurfeldconsulting.org*

Housing Transition Navigation Services (HTNS) and Housing Tenancy Sustaining Services (HTSS) "Bottom-Up" (a.k.a. Community Supports Provider-Initiated) Referral Work Flow (April 2025)

Member / Client

Community Supports Provider - HTNS or HTSS

Managed Care Plan

0. START: Identify an existing client of the organization who would benefit from HTNS or HTSS

See Batch referral options

1. Does the client have Medi-Cal?

Yes or Unsure

No

1.1. Help client connect with local partner for Medi-Cal application assistance

Medi-Cal eligible?

Not eligible?

END

1.2. If client is eligible, proceed with enrollment & check back in 30-45 days for MCP assignment. Can expedite by selecting MCP at time of enrollment: https://www.healthcareoptions.dhcs.ca.gov/en/enroll

1.3. Look up client on State Medi-Cal Provider website and/or MCP Provider Portal to confirm active Medi-Cal, Managed Care Plan assignment, and Client ID Number (CIN)

1.4. Conversation between CS Provider & Member / Client about HTNS / HTSS program

1.5 Is the member already receiving HTNS / HTSS or similar support from another provider?

No - HTSS

Go to Box A. HTSS Referrer Steps

No - HTNS

1.6 Does the member want to switch providers?

Yes

No

1.7 Reconnect the member with their current provider.

End

2. Does the member want to be referred to HTNS / HTSS?

No

Yes

3. Does the member want to work with the CS provider as their HTNS / HTSS provider?

Yes

No

3.1. Fill out referral w/own CS org. identifed as preferred provider

3.2 Use MCP's online provider directory to identify another CS provider who offers HTNS / HTSS

3.3. Fill out referral w/alternate CS org. identifed as preferred provider and/or no provider preference

See Batch referral options

4. Confirm HTNS / HTSS eligibility criteria & documentation

Documentation may be available in HMIS

5. Submit referral & authorization form

See Batch referral options

Provider attests to member eligibility for HTNS / HTSS & member opt-in to services.

Some MCPs have a single referral & authorization request form; others have separate forms. Combined is recommended.

Submit via secure email, secure fax, and/or MCP provider portal (process varies by MCP)

6. Review referral document / file

See Batch referral options

7. Is the member a member of the MCP?

No

Yes

7.1 Secure email, secure fax, &/or call to CS provider that person is not an MCP member and thus not eligible for HTNS / HTSS with that MCP

Go to Box 1.3 - look up client

7.2 Email or call to member that they are not an MCP member and thus not eligible for HTNS / HTSS with that MCP

Note: MCP cannot send a true "denial" letter because the individual is not a member of the MCP.

8. Does the form have enough information to make an authorization decision?

No

8.1. Request more information from CS provider referrer

8.2 Provide requested information

Yes, HTNS

Yes, HTSS

Go to B. HTSS MCP steps

9. Is the member eligible for HTNS or HTSS?

No

9.1 Denial notification to CS provider

See Batch referral options

END

9.2 Denial notification to member

Review provider attestations; if provider attests to eligibility & member opt-in, assume eligible.

May need an exception process for rare cases in which a member is eligible but doesn't want CS provider to share their information with other organizations.

Yes

10. Is the member already authorized for HTNS or HTSS from another provider?

Yes

10.1. Initiate conversation with CS provider / referrer & member re: which provider the member wants to continue with

10.2. Select provider

No

11. Select HTNS / HTSS provider

See Provider Selection algorithm

Recommend that MCPs have a formal provider change process for HTNS / HTSS for when members wish to transfer their care (e.g. if member moves into an interim housing setting with integrated HTNS or a supportive housing building with integrated HTSS)

12. Create authorization for HTNS / HTSS w/ assigned provider in MCP clinical data mgmt system

See Batch referral options

12.1 Authorization notification to CS provider

12.2 Authorization notification to member

Authorization info shared with ECM provider (if member has one)

13. Deliver HTNS / HTSS to member

14. 1-2 months prior to authorization end, assess if member reauthorization / extension request will be needed.

15. Reassess available resources (e.g. other Community Supports, BHSA housing, etc.) and approach to securing or maintaining housing; reach out to MCP, COC, or other partners for assistance if needed

HMIS may have information re: member prioritization in the housing queue

Member will also appear in the next Authorization Services File

Go to HTNS / HTSS Extension request workflow

A. HTSS Referrer steps

1.8 Has the member ever received HTSS before?

No

Go to Box 2 - Does the member want to be referred?

Yes, One Time

1.9 Document what conditions have changed and why HTSS would be more successful in helping the member maintain successful tenancy this time.

Yes, More than one time

Member is not eligible for HTSS; END

B. HTSS MCP steps

8.3 Has the member ever received HTSS before?

No

Go to Box 9 - Is the member eligible?

Yes, One Time

8.4 Did the referrer document what conditions have changed and why HTSS would be more successful this time?

No

Go to Box 8 - Need more info from referrer

Yes, More than one time

Member is not eligible for HTSS; Go to Box 9

Key

Blue text = detail to help reader use workflow or understand a concept

= Process

= Decision

= Subprocess

= Document

= Data

= Database

= on-page note or reference

= off-page note or reference

= batch referral consideration

Dotted line with two circle end points = information that can feed into decision/process

Black arrow = direction process moves through

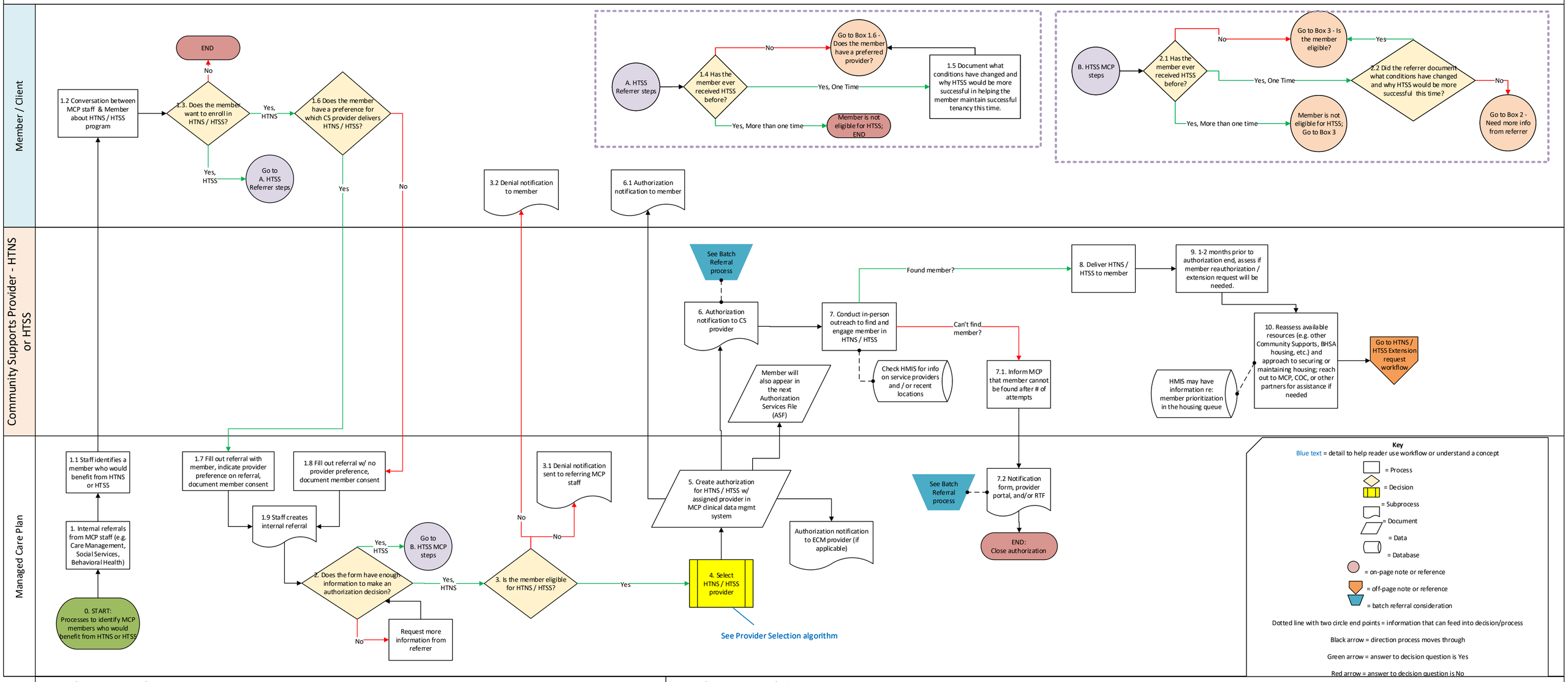
Green arrow = answer to decision question is Yes

Red arrow = answer to decision question is No

Timeline Recommendations:
Steps 0 - 1.2 (Identifying Medi-Cal and MCP Enrollment) should take no longer than 60 days (including the 30-45 days for Medi-Cal MCP enrollment to process)
Steps 1.3 - 5 (Member Conversation and Referral Submission) should take no longer than 3 business days

Timeline Recommendations:
Steps 6 - 12 (MCP Referral Processing) should take no longer than 72 hours (urgent) / 5 business days routine (unless significant information to render decision is missing). Maximum is 14 business days.
Step 13 (HTNS / HTSS Services for Member) should begin no later than 3 business days after receipt of authorization
Authorization Recommendations: Authorization start date should be retroactive to date of referral request. Initial authorization period should last 12 months

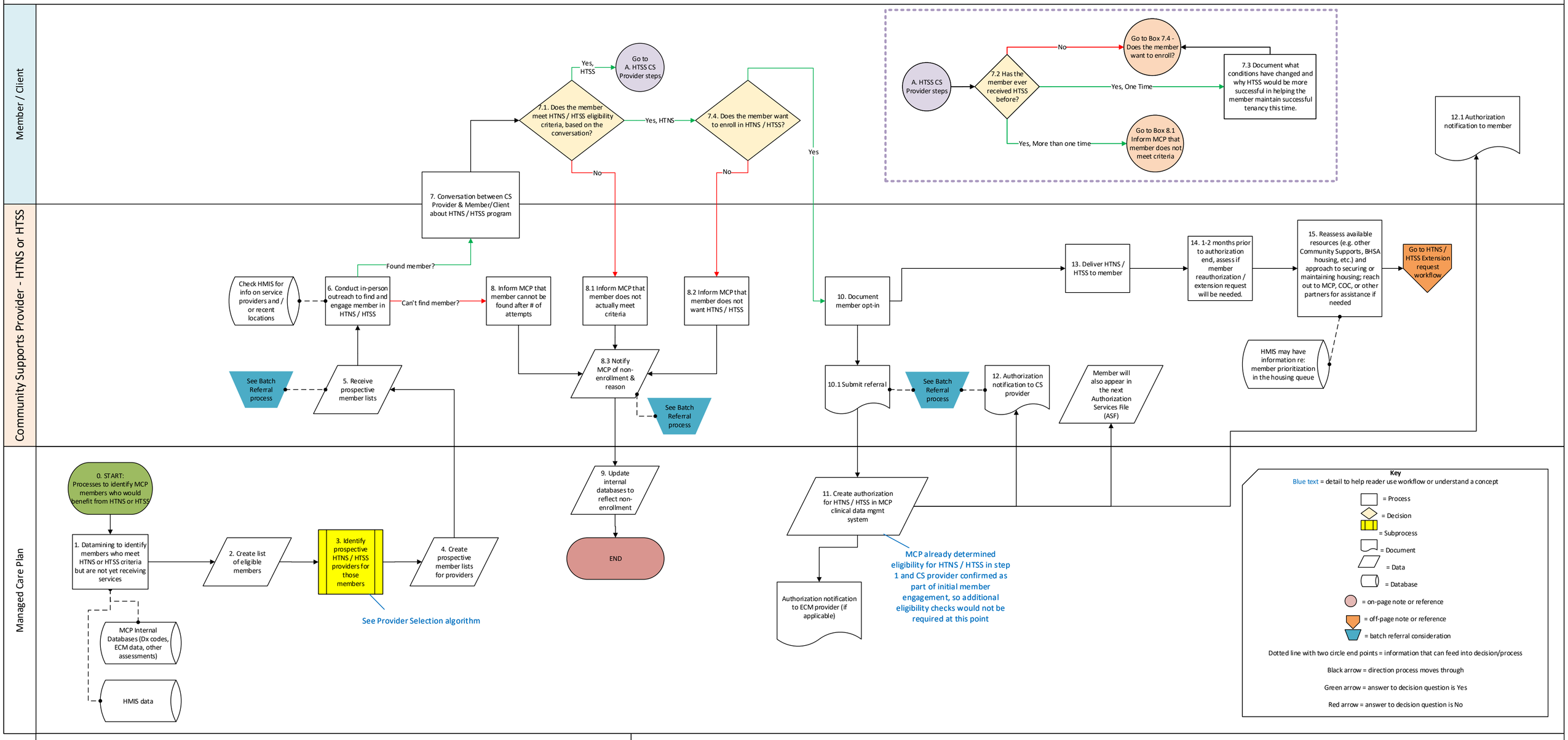
Housing Transition Navigation Services (HTNS) and Housing Tenancy Sustaining Services (HTSS) "Top-Down" (a.k.a. MCP-Initiated) Referral Work Flow, MCP Staff-Initiated (April 2025)



Timeline Recommendations:
Steps 0 - 1.9 (Identifying Potential Member, Member Conversation, and Referral Submission) should take no longer than 3 business days.
Steps 2-5 (MCP Referral Processing) should take no longer than 72 hours (urgent) / 5 business days routine (unless significant information to render decision is missing). Maximum is 14 business days.

Timeline Recommendations:
Step 7 (Member Outreach) should begin no later than 3 business days after receipt of authorization
Authorization Recommendations: Authorization start date should be retroactive to date of member opt-in. Initial authorization period should last 12 months

Housing Transition Navigation Services (HTNS) and Housing Tenancy Sustaining Services (HTSS) "Top-Down" (a.k.a. MCP-Initiated) Referral Work Flow, Datamining (April 2025)



Timeline Recommendations:
Steps 1 (MCP Datamining) should occur regularly (e.g. monthly or quarterly).
Step 6 (Member Outreach) should ideally begin no later than 3 business days after receipt of prospective member list, but will depend on size of the list.

Timeline Recommendations:
Steps 8-8.3 (Notifying MCP of non-enrollment) or steps 10-10.1 (Documenting member opt-in and referral submission) should occur no later than 3 business days after Steps 7-7.4 (Member Conversation)
Authorization Recommendations: Authorization start date should be retroactive to date of member opt-in. Initial authorization period should last 12 months

Housing Transition Navigation Services (HTNS) and Housing Tenancy Sustaining Services (HTSS) "Other Community Partners" Referral Flow (April 2025)

Member / Client

Other Community Provider or Partner (homeless/housing, ECM, social services) not contracted with MCP to offer HTNS or HTSS

Managed Care Plan

Community Supports Provider - HTNS or HTSS

START: 1A. Member interested in receiving HTNS or HTSS

2A. Does member have active Medi-Cal?

Yes

No/Unknown

3A. Does member know which MCP they are enrolled with?

No

3.1A Call MCP or go online to check MCP enrollment

Many MCPs have online member portals; can also check CA HCO Online Enrollment Portal at https://www.healthcareoptions.dhcs.ca.gov/en/eligibility-check

Yes

Actively enrolled in Medi-Cal

2.1.0A Call County Social Services or look up enrollment status on MCP Member Portal and/or Medi-Cal Managed Care Health Care Options website

CA HCO Online Enrollment Portal at https://www.healthcareoptions.dhcs.ca.gov/en/eligibility-check

4A. Does the member have a preference for which CS provider delivers HTNS / HTSS?

CS provider network is available on MCP provider directory

Yes

5.0A. Member calls MCP to request service or submits referral form, listing their preferred provider

No

5.1A Member calls MCP to request service or submits referral form, does not list a preferred provider

Member self-referral

Eligible but not yet enrolled in Medi-Cal

2.1.4A Apply for Medi-Cal coverage (online, mail, or in person): https://www.dhcs.ca.gov/Get-Medi-Cal/Pages/apply-for-medi-cal.aspx; Select MCP through Health Care Options website

Provider / partner submitted referral

Not eligible for Medi-Cal

End

2.1B Conversation between Community Provider & Member/Client about Medi-Cal HTNS or HTSS program

3.1B Help member look up Medi-Cal status and/or apply for Medi-Cal; follow up in 30-45 days for new enrollments

No/Unsure

See Batch Referral process

START: 1B. Identify a community member who would benefit from HTNS or HTSS

2B. Does the member want to be referred to HTNS or HTSS?

Yes

No

End

3.0B. Does member have active Medi-Cal?

Yes, HTSS

Go to Box A. HTSS Referrer Steps

Yes, HTNS

Information may be accessible for some Medi-Cal providers in Medi-Cal Provider Portal, AEVS, or Health Care Options website with member SSN or CIN. Can also call the Managed Care Plan customer service phone lines together with the member present to verify.

4.0B Does the member have a preference for which CS provider delivers HTNS / HTSS?

CS provider network is available on MCP provider directory

Info re: current homeless service providers may be available in HMIS

Yes

5.0B Fill out referral with client, indicate provider preference on referral, document member consent

No

5.1B Fill out referral w/ no provider preference, document member consent

See Batch Referral process

6B. Submit/resubmit referral

7. Review referral document / File / phone request

See Batch Referral process

8.0 Is the member a member of the MCP?

No

8.1 Phone call, secure fax &/or secure email to client and/or referrer

Yes

8.2A Phone call to member that explains member is not with that MCP, will check the AEVS website to help member locate their MCP.

Note: MCP cannot send a true "denial" letter because the individual is not a member of the MCP.

8.3A Does member want to pursue HTNS / HTSS referral with correct MCP? Return to filling out referral form or call for correct MCP

Member can look up their MCP through Health Care Options website with SSN or CIN

8.2B Phone call / secure fax / secure email to referring partner to inform that client is not with that MCP

8.3B Does member want to pursue HTNS / HTSS referral with correct MCP? Return to filling out referral form for correct MCP

Member can look up their MCP through Health Care Options website with SSN or CIN

9.0 Does the form have enough information to make an authorization decision?

No

Yes, HTNS

Yes, HTSS

Go to B. HTSS MCP steps

9.1 Who submitted the referral?

Provider/Partner submitted referral

Member self-referral

9.2 MCP requests more information from referrer

9.3 Provide requested information

9.4 MCP requests more information from member; recommend at least 3 outreach attempts as well as outreach to any known service providers

10.0 Is the member eligible for HTNS or HTSS?

No

Yes

10.1 Denial notification sent to referring entity

See Batch Referral process

End

10.2 Denial notification to member

End

11.0 Is the member already authorized for HTNS or HTSS from another provider?

Yes

No

11.1 Contact referrer and member notifying them of existing authorization, and contact current HTNS or HTSS provider care team to reconnect with member and follow up about services received.

End

12.0 Select HTNS / HTSS Provider

See Provider Selection algorithm

Yes

13.0 Create authorization for HTNS / HTSS with assigned provider in MCP clinical data mgmt system

13.1 Authorization notification to referring partner

See Batch Referral process

13.2 Authorization notification to member

13.3 Authorization info shared with EOM provider (if member has one)

Member will also appear in the next Authorization Services File (ASF)

13.1C Authorization notification to selected provider

See Batch Referral process

14. Conduct in-person outreach to find and engage member in HTNS / HTSS

Can't find member?

14.1 Inform MCP that member cannot be found after # of attempts

Found member?

15. Deliver HTNS / HTSS to member

16. 1-2 months prior to authorization end, assess if member reauthorization / extension request will be needed.

17. Reassess available resources (e.g. other Community Supports, BHSA housing, etc.) and approach to securing or maintaining housing; reach out to MCP, COC, or other partners for assistance if needed

Go to HTNS / HTSS Extension request workflow

HMIS may have information re: member prioritization in the housing queue

Check HMIS for info on service providers and / or recent locations

14.2 Notification form, provider portal, and/or RTF

See Batch Referral process

END: Close authorization

A. HTSS Referrer steps

5.1B Has the member ever received HTSS before?

No

Go to Box 4.0B - Preferred Provider

Yes, One Time

3.2B Document what conditions have changed and why HTSS would be more successful in helping the member maintain successful tenancy this time.

Yes, More than one time

Member is not eligible for HTSS; END

B. HTSS MCP steps

9.5 Has the member ever received HTSS before?

No

Go to Box 10.0 - Is the member eligible?

Yes

Yes, One Time

9.6 Did the referrer document what conditions have changed and why HTSS would be more successful this time?

No

Go to Box 9.0 - Need more info from referrer

Yes, More than one time

Member is not eligible for HTSS; Go to Box 10.0

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Timeline Recommendations:
Steps 1.A to 3.1A and 1B to 3.1B (Identifying Medi-Cal and MCP Enrollment) should take no longer than 60 days (including the 30-45 days for Medi-Cal MCP enrollment to process)
Steps 4-6 (Referral Submission) should take no longer than 3 business days

Timeline Recommendations:
Steps 7 - 13 (MCP Referral Processing) should take no longer than 72 hours (urgent) / 5 business days routine (unless significant information to render decision is missing). Maximum is 14 business days.
Step 14 (Member Outreach) should begin no later than 3 business days after receipt of authorization
Authorization Recommendations: Authorization start date should be retroactive to date of referral request. Initial authorization period should last 12 months with possibility of extension.

Promising Practices in Batch Referrals for Housing Transition Navigation Services & Housing Tenancy Sustaining Services

1. Introduction

a. This document proposes promising practices and important considerations for Managed Care Plans and Community Supports providers working on submitting or receiving batch referrals. It was created in fall 2024 as part of the Housing Community Supports Implementation Advisory Committee, a multistakeholder group co-convened by the Corporation for Supportive Housing (CSH) and Klurfeld Consulting, LLC, and generously funded by the California Health Care Foundation.

b. In June 2024, CSH and Klurfeld Consulting, LLC convened a focus group of housing-related Community Supports providers and Medi-Cal Managed Care Plans who were already making and receiving some form of referral and/or authorization of Housing Transition Navigation Services (HTNS) and/or Housing Tenancy Sustaining Services (HTSS) for multiple/many Medi-Cal members at the same time. Focus group participants[1] shared current practices, implementation challenges and ideas that informed the promising practices outlined here.

c. The goal of this publication is to: 1) improve understanding of batch referrals processes for HTNS and HTSS; 2) encourage the adoption of batch referral submission and processing by additional provider and MCP partners; 3) make replication of promising practices in implementation easier to navigate for all involved; and 4) support new staff joining provider and MCP agencies needing onboarding resources to understand processes and best practices.

2. About batch referrals and who makes them

a. The process of making and/or processing multiple referrals simultaneously is often referred to as “batch referrals” or “bulk referrals” by partners. The California Department of Health Care Services (DHCS) refers to batch referrals in its guidance for Enhanced Care Management (ECM) saying:
“ ‘Batch’ referrals are referrals of multiple individuals at the same time.”

b. Several types of agencies are in a good position to make batch referrals, including:

   i. **Coordinated Entry System lead agencies** who may have agreements with MCPs to connect people experiencing homelessness, moving into housing, and/or at risk of homelessness with housing-related Community Supports.

[1] Focus group participants included: Managed Care Plans (MCPs) – Health Net, L.A. Care, San Francisco Health Plan, Kaiser; Providers – Alameda County Health Care Services Agency-Office of Homeless Care and Coordination, L.A. County Department of Health Services-Housing for Health, San Francisco Department of Homelessness and Supportive Housing.

ii. **County agencies who oversee homelessness and housing resources** and who may hold contracts with homeless service providers and have capacity to identify multiple people who are eligible for HTNS and HTSS through data.

iii. **Community Supports providers** who serve a large volume of Medi-Cal members AND have capacity to make batch referrals AND staffing capacity to receive and act on multiple authorizations at the same time.

3. Benefits of batch referrals

There are many benefits to both providers and MCPs in making and receiving batch referrals. In the ECM referral standards guidance, DHCS specified that MCPs must offer at least one electronic batch referral method, and we anticipate similar forthcoming guidance for Community Supports. Specific benefits may include:

- Provider administrative efficiency: "Batching" is an efficient way for higher-volume providers (such as Counties or CoCs) to refer individuals to MCPs for Community Supports eligibility consideration. Batching decreases the administrative time (and thus costs) to prepare, submit, and track individual forms. Especially for large providers who have their own sophisticated EHR, HMIS, or care management systems, it is much faster to pull data for batch referrals, rather than individually (and often manually) enter the data into referral forms.

- Potential for MCP administrative efficiency: The majority of MCPs appear to be processing all Community Supports requests (individual and batch) via individual case review. However, if an MCP invests in developing electronic adjudication logic to process batch authorizations (i.e. auto-authorization processing), then most approvals could conceivably be processed automatically, decreasing MCP administrative time. However, individual review would still be needed for all potential denials or modifications, and for any requests without sufficient information to make a decision.

- Alignment with Coordinated Entry System (CES): MCPs and Community Supports provider partners can use batch processes to systematically align referral processes timing for Medi-Cal members in CES. For example, CES leads who are Community Supports providers could refer all new CES clients each month to Housing Transition Navigation Services (HTNS), ensuring that they are systematically connected to help finding housing. Or they could refer all people prioritized and/or matched to permanent housing that month to Housing Tenancy Sustaining Services.

- Scaling up faster: Batch referrals can allow providers to quickly scale up service provision to new clients. For example, a homeless services organization who is also a Community Supports provider could identify a group of 20 existing clients of the organization to refer when their HTNS contract with an MCP first starts so that they are able to immediately improve cash flow and build financial stability to add additional staff.

- Improved MCP-Provider Coordination and Communication: Joint planning to implement batch referrals can help MCPs and Community Supports providers to better understand and plan for referral volume over time.

4. Challenges

Batch referrals also pose many challenges for both Community Supports providers and MCPs, such as:

- IT development, refinement, and maintenance: Both providers and MCPs must make technical investments to use batch referrals. Providers need to map required referral data elements from their EHR, HMIS, or case management systems and to develop a regular process to extract and share that data with MCPs in the required format. MCPs need to develop processes to intake batch referrals from providers (whether via file, provider portal, or another mechanism), ingest the data into existing Utilization Management (UM) systems, and make authorization and provider matching decisions for those referrals. Both parties will need to communicate closely and to continue to invest in addressing issues and improving operations over time.

- MCP UM compliance: MCPs must still comply with all DHCS and DMHC UM standards and requirements when processing batch referrals, such as tracking intake and notification timeliness compliance, qualified health care professional supervision of the overall review process, and individual clinical review of any denials or modifications.

- Staffing capacity planning: MCPs will need to communicate closely with batch referral providers to anticipate expected batch referral volume and ensure sufficient staffing to complete all requests within UM timeliness standards. Providers will need to ensure that they have sufficient staff to serve cases referred in batches (e.g. hiring a new FTE if 15-30 new HTNS cases are expected to be referred in one week). Tracking and updating provider capacity (e.g. via weekly or monthly reports) is key to success.

- Reauthorization / Extension request timing: Batching referrals could mean that a large volume of members have the same authorization end date, meaning that both MCPs and providers need to plan for a large volume of reauthorization or extension requests just prior (as has been seen with individuals who transitioned from Whole Person Care to Community Supports).

5. **Getting Started**: What members could be referred using batch referrals?

    a. People being assessed for housing and services through local CES, with referrals made through data matching/sharing by CES lead agencies or County agencies overseeing prioritization of housing/homelessness resources and services.

        i. HTNS: People recently entered into HMIS/assessed who are not yet connected to Housing Navigation services

ii. HTNS: People recently prioritized for housing opportunities through CES but not yet housed

iii. HTSS: People recently prioritized for and/or moved into permanent supportive housing (PSH), and/or other housing opportunities where additional service support is needed to sustain tenancy. This could happen as a bulk referral when a project-based PSH service provider is doing lease-ups (with advance notice to the MCP re: expected volume and timing), or as multiple people are prioritized during the same week for scattered-site PSH.

b. High-volume CS provider

i. HTNS: Monthly list of new clients experiencing homelessness

ii. HTSS: Monthly list of new move-ins or clients identified as at risk of homelessness without tenancy supports services.

Considerations & promising practices for batch referrals	
For Submitters	**For MCPs**
Workflow Stage: Referral Initiation & Submission	

• Who to refer via batch processes: Will all referrals be provided via batch referrals or only some (e.g. only those who meet certain eligibility criteria)? Please see section 5 above for potential members who could be referred via batch referrals.
• Identifying Medi-Cal status and MCP: How will you identify that an individual's Medi-Cal coverage is active, identify their Client Identification Number (CIN – recommended but likely not required), and their current Managed Care Plan prior to submission? Coverage status and MCP can change up to once per month.
  ○ *Promising Practice: Alameda County uses a Social Health Information Exchange (SHIE) to integrate housing status and Medi-Cal information to facilitate batch referrals.*
• Member Consent for Community Supports: How and when will you ask for permission to refer members to Community Supports, and/or to serve them as their preferred provider? Will this documentation be verbal or written, and where will it be tracked in your systems? What language will you use to explain the request?
  ○ *Promising Practice: The L.A. County DHS HFH team obtains consent to refer and serve individuals under Community Supports at time of initial connection to DHS HFH, at the same time as other consenting processes. Even if the individual is not yet Medi-Cal eligible, they are asked if HFH can submit a request for payment to their MCP in the future. They are also reassured that HFH will continue to serve them even if Community Supports are not available.*
• Format: What data elements are required vs. optional? Are these available and extractable in your EHR, HMIS, or care
	Same as for submitters, plus:
	• Retroactivity: How far back will the MCPs allow providers to go in making batch referrals (e.g. individuals engaged within the last month)?
	• Attestation: Will MCPs require referrers to attest that all members referred meet criteria for HTNS / HTSS?
	• Documentation: Will any additional documentation be needed or will the file be enough? Is this different for new referrals vs. extension requests (e.g. copy of the Individual Housing Support Plan for extensions)?
	• Quality checks: Will the MCP review some portion of referrals (e.g. certain cases, a small percent) in more detail to confirm that submitters are accurately describing member eligibility?
	  ○ *Promising Practice: Santa Clara Family Health Plan allows Community Supports providers to attest that all members referred via batches meet eligibility criteria, and audits 5%.*

Considerations & promising practices for batch referrals	
For Submitters	**For MCPs**
management system? Do you need an integration engine or other software to produce the file type? • Submission method: How will you actually submit the batch referral? Will files be delivered via SFTP, secure email, the MCP's provider portal, or another method? Will an API be possible, now or in the future? • Frequency: How often is it feasible and sensible to submit batch referrals? Common frequencies include weekly and monthly. Submitters should communicate with MCPs regularly to provide information on expected referral volume. • Request type: Will batch referrals be used for new requests only, for extension / reauthorization requests only, or for both? Are there any process differences (e.g. submission of supporting documentation for extension requests)? • Capacity planning: Will there be sufficient staffing to accept and serve all individuals referred via the batch, if most / all are approved? ○ *Promising Practice: Some Community Supports providers submit regular reports to MCPs regarding open capacity, including whether capacity is available to any new member vs. only existing clients of the organization.*	
Workflow Stage: MCP Review & Provider Assignment	
• Contract and provider model: Large CS providers making batch referrals are likely referring members with whom they have a direct relationship and whom they would like to serve under HTNS / HTSS. However, many large Counties and Continuums of Care use a subcontractor model, where they contract with the MCP for HTNS and/or HTSS on behalf of multiple homeless service providers, often as part of the larger local homeless response system. In this	• UM compliance tracking: Most MCPs have sophisticated clinical data systems to track every step of the authorization process, from turnaround times to reviewer notes to letter generation. MCPs may need to modify these systems to allow for batch referral submission. • Provider selection: Usually, the batch referral submitter is the same entity that will provide Community Supports to the member. However, if the member requests a different provider or if

Considerations & promising practices for batch referrals	
For Submitters	**For MCPs**
case, it may be helpful to indicate the relevant subcontractor agency, if known, as well as the bulk referral submitter agency. ○ *Promising Practice: Both San Francisco and Alameda Counties have batch referral processes with their MCPs where the County identifies client lists from CES and submits batch referral requests to the MCP. Once the MCP approves members, the County refers them down to a subcontracted provider agency (who is often already serving the individual via CES processes and funds) to enroll them into the HTNS or HTSS service.*	the submitter cannot accept new members, the MCP will need a process to select a provider. • Documentation: Will data elements provided via the batch referral be sufficient documentation to make a decision on the service authorization? The Advisory Committee recommended that no additional documentation be required for initial referrals, but this may be different for reauthorization or extension requests. • Consent tracking: How will the MCP track member consent for batch referrals, and will this process differ from the individual referral process? • Capacity planning: Will there be sufficient staffing to review and make decisions on all members referred via the batch in a timely manner? ○ *Promising Practice: Some MCPs work closely with batch submitters to anticipate and track expected referral volume over time, including any large waves. MCPs should not limit the number of referrals per submission as it can be a barrier to timely service for members.*
Workflow Stage: Authorization & Notification	
Same as for MCPs, plus: • Outcomes tracking: How will you track outcomes from batch referrals and initiate workflows to respond if more information or assistance is needed for certain referrals? Will revised individual or batch referrals need to be submitted in some cases?	• Notifications: All MCPs will need to provide individual authorizations letters to members to comply with UM requirements, as well as to report the outcomes to providers via the regular Authorization Status File. MCPs may use individual letters for provider notification or create provider portal reports and/or return files to show outcomes of a batch as a group. ○ *Promising Practice*: Providers found it helpful to receive a specific file response from the MCP with outcomes for all members in a batch (e.g. by adding columns to the referral file). • Non-Referrer Provider Communication: If the assigned provider is not the same as the batch referral submitter, what info from the referral will be shared with the assigned provider, and

Considerations & promising practices for batch referrals	
For Submitters	**For MCPs**
	will this process differ from the individual referral workflow (e.g. sharing file data elements instead of pdfs)? ○ *Promising Practice: MCPs should share as much information with the provider as possible, and at minimum, all of the referrer's information, so that the provider can contact the referrer to reach the member.*

Questions or comments about the recommendations or the Advisory Committee can be directed to the co-facilitators of the group:

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