L.A. CARE HOUSING CS PROVIDER GUIDE: PROVIDER MONITORING REPORTING

PURPOSE

The L.A. Care Housing CS Team requires monthly updated submission of its Housing CS Provider Monitoring Report. This report is used to provide updates and notes on the Provider and program status, including:

- Provider information
- Provider CS capacity and current enrollment
- Providers housing staff and key contacts
- Provider service limitations, notes, etc.

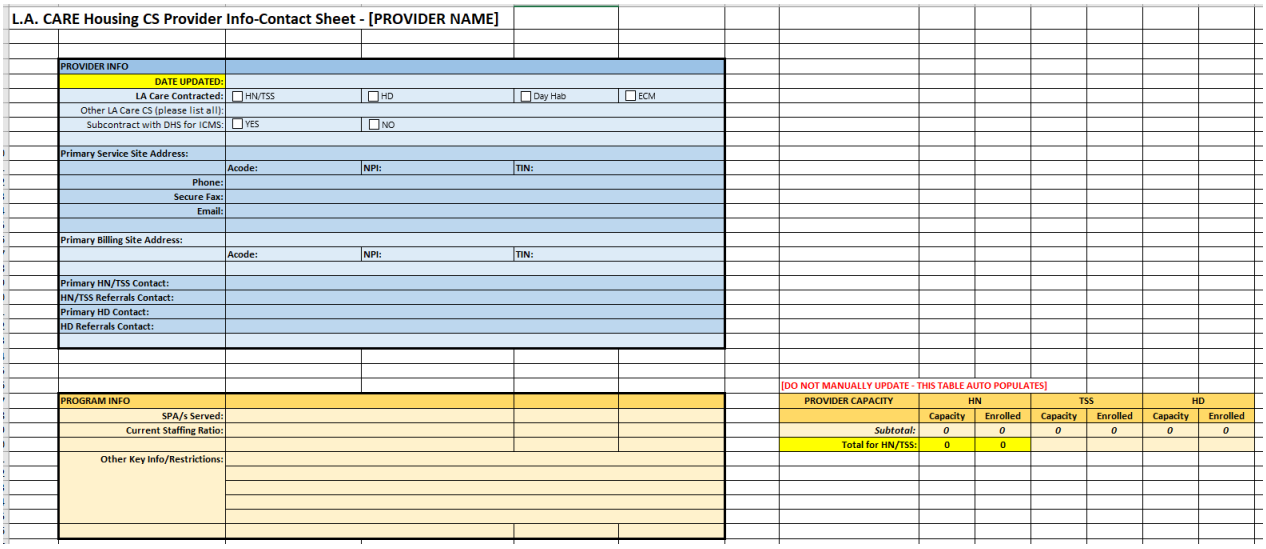
This information is necessary for referrals, reporting and communications. DHCS, as of the beginning of January 2025, will also require monthly reporting on CS Providers capacity and enrollment. As such, L.A. Care requires accurate and timely updates of this information. Beginning December 2024, **Providers must submit their updated report by the 5th of each month. If the 5th is on a weekend, the report will be due the Friday before.** The report will be reviewed at your monthly Provider Check-In meetings.

OVERVIEW AND INSTRUCTIONS

The Provider Monitoring Report currently consists of three tabs: Org Info, Capacity, and Contacts Every month, Providers should review each tab and make appropriate updates.

ORGANIZATION INFORMATION TAB

The purpose of this tab is to collect key summary Provider information.



L.A. CARE Housing CS Provider Info-Contact Sheet - [PROVIDER NAME]

PROVIDER INFO				
DATE UPDATED:				
LA Care Contracted:	☐ HN/TSS	☐ HD	☐ Day Hab	☐ ECM
Other LA Care CS (please list all):				
Subcontract with DHS for ICMS:	☐ YES	☐ NO		
Primary Service Site Address:				
	Acode:	NPI:	TIN:	
Phone:				
Secure Fax:				
Email:				
Primary Billing Site Address:				
	Acode:	NPI:	TIN:	
Primary HN/TSS Contact:				
HN/TSS Referrals Contact:				
Primary HD Contact:				
HD Referrals Contact:				

PROGRAM INFO	
SPA/s Served:	
Current Staffing Ratio:	
Other Key Info/Restrictions:	

[DO NOT MANUALLY UPDATE - THIS TABLE AUTO POPULATES]

PROVIDER CAPACITY	HN		TSS		HD	
	Capacity	Enrolled	Capacity	Enrolled	Capacity	Enrolled
Subtotal:	*0*	*0*	*0*	*0*	*0*	*0*
Total for HN/TSS:	0	0				

1) (Org Tab) Header: Please be sure your organization's name is in place of [Provider Name]

2) (Org Tab) Provider Info: Please be sure the information in this section is complete and accurate and make any updates, as applicable

PROVIDER INFO				
DATE UPDATED:				
LA Care Contracted:	☐ HN/TSS	☐ HD	☐ Day Hab	☐ ECM
Other LA Care CS (please list all):				
Subcontract with DHS for ICMS:	☐ YES	☐ NO		
Primary Service Site Address:				
	Acode:	**NPI:**	**TIN:**	
Phone:				
Secure Fax:				
Email:				
Primary Billing Site Address:				
	Acode:	**NPI:**	**TIN:**	
Primary HN/TSS Contact:				
HN/TSS Referrals Contact:				
Primary HD Contact:				
HD Referrals Contact:				

Date Updated	Please indicate date updated
LA Care Contracted	Indicate here which of the following you are contracted for: HN/TSS, HD, Day Habilitation, and/or ECM
Other LA Care CS	Indicate here if your organization is contracted for additional Community Supports
Subcontract with DHS	Please indicate Yes or No whether your organization is also subcontracted with DHS for ICMS (for the delivery of HN/TSS)
Primary Service Site	Provide the information for your primary, credentialed service site • Phone number: Staff at the number provided should be made aware of the Housing CS programs and be able to direct LA Care staff to appropriate contacts • A Code: Assigned by LA Care upon credentialing
Primary Billing Site	Provide the information of your primary, credentialed billing site (may be the same as the service site)
Primary HN/TSS Contact	Primary contact for HN/TSS CS
HN/TSS Referrals Contact	Primary contact for HN/TSS referrals and authorizations
Primary HD Contact	Primary contact for HN/TSS
HD Referrals Contact	Primary contact for HD referrals and authorizations
Contacts note:	*You may indicate just the name here. Full contact information for these staff should be included in the Contacts tab.*

3) (Org Tab) Program Information: Please be sure the information in this section is complete and accurate and make any updates, as applicable

PROGRAM INFO			
SPA/s Served:			
Current Staffing Ratio:			
Other Key Info/Restrictions:			

SPA/s Served	Please indicate which Service Planning Area (SPA) that your organization can serve for Housing CS
Current Staffing Ratio	We recommend no more than 1:30 ratio (1 FTE to no more than 30 members)
Ratio note:	*We understand that staff may sometimes carry a temporary caseload of 30+ members (eg, when there is staff turnover). Please report such updates to your LA Care Housing Program Manager. And include true capacity as part of the total capacity.*
Other Key Info/Restrictions	Any restrictions, limitations, or other key program notes will be indicated here. For example: referral holds, if your organization specializes in specific populations, etc. Please be sure to communicate all such information which may impact your service delivery or program operations to your LA Care Housing Program Manager.

4) (Org Tab) Provider Capacity: This table provides a summary of Provider's reported capacity and enrollment. Please DO NOT manually update this table. This table pulls information from the other tabs and will auto populate.

[DO NOT MANUALLY UPDATE - THIS TABLE AUTO POPULATES]						
PROVIDER CAPACITY	HN		TSS		HD	
	Capacity	Enrolled	Capacity	Enrolled	Capacity	Enrolled
Subtotal:	*0*	*0*	*0*	*0*	*0*	*0*
Total for HN/TSS:	0	0				

To note:

- Enrollment in CS should never be more that the Provider capacity for that CS. If the total Enrollment# is higher than the total Capacity#, please make corrections in the Capacity tab.
    - A common reason for this error is that Providers may have staff who are carrying more than 30 clients in their caseload, but still note that staff's capacity as 30. Please indicate true capacity. See also Ratio Note above.

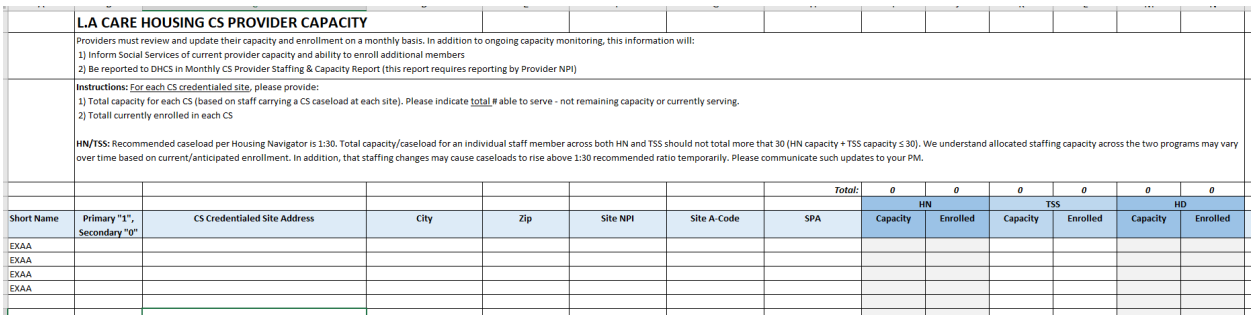
- *Example:* If a Provider currently has (4) FTE staff delivering HN. But due to staff turnover, all 4 are carrying an increased caseload and serving 35 members each while additional staff is hired, total capacity reported for HN at this time should be 140 (4 x 35). It should not be 120 (4 x 30). The temporary increased ratio should also be reported to the Housing PM.

CAPACITY TAB

The purpose of this tab is to collect updated information on Providers current capacity and enrollment for each Housing CS by credentialed site. The reporting by credentialed site is required by DHCS.

Providers must review and update their capacity and enrollment on a monthly basis. In addition to ongoing capacity monitoring, this information will:

- Inform our Social Services team of current provider capacity and ability to enroll additional members (necessary for ongoing authorizations)
- Be reported to DHCS in an Monthly CS Provider Staffing & Capacity Report (this report requires reporting by each Provider NPI credentialed for the CS)



L.A CARE HOUSING CS PROVIDER CAPACITY

Providers must review and update their capacity and enrollment on a monthly basis. In addition to ongoing capacity monitoring, this information will:
1) Inform Social Services of current provider capacity and ability to enroll additional members
2) Be reported to DHCS in Monthly CS Provider Staffing & Capacity Report (this report requires reporting by Provider NPI)

Instructions: For each CS credentialed site, please provide:
1) Total capacity for each CS (based on staff carrying a CS caseload at each site). Please indicate total # able to serve - not remaining capacity or currently serving.
2) Totall currently enrolled in each CS

HN/TSS: Recommended caseload per Housing Navigator is 1:30. Total capacity/caseload for an individual staff member across both HN and TSS should not total more that 30 (HN capacity + TSS capacity ≤ 30). We understand allocated staffing capacity across the two programs may vary over time based on current/anticipated enrollment. In addition, that staffing changes may cause caseloads to rise above 1:30 recommended ratio temporarily. Please communicate such updates to your PM.

							Total:	*0*	*0*	*0*	*0*	*0*	*0*
								HN		TSS		HD	
Short Name	Primary "1", Secondary "0"	CS Credentialed Site Address	City	Zip	Site NPI	Site A-Code	SPA	Capacity	Enrolled	Capacity	Enrolled	Capacity	Enrolled
EXAA													
EXAA													
EXAA													
EXAA													

SHORT NAME	Please indicate your organization short name. This is LA Care assigned. If you are unsure of your organization's short name, please reach out to your LA Care Housing Program Manager.
Primary/Secondary	Please indicate with a "1" which of the sites listed is your primary service site. Indicate all other sites with a "0".
Credentialed Site Address, City, Zip	Please indicate the address of each site which has been credentialed by LA Care to deliver the contracted CS.
NPI	Indicate the credentialed site's NPI
A Code	This is issued by LA Care and will be on your contracted Provider PIF (Provider Information File)
SPA	Please indicate which SPA/s the site serves for Housing CS
Capacity	Please indicate the total capacity to serve for HN and TSS (and HD, if contracted)
Enrollment	Please indicate how many members are currently enrolled with your organization for HN and TSS (and HD, if applicable)

Capacity Reporting Notes:
The following are some notes and tips for reporting your capacity for each Housing CS.

<table>
<tr><td>Standard Capacity</td><td>The standard total capacity is based on total FTE for each CS, at a 1:30 ratio.
For example, if there are 2 FTE for HN, then total available capacity to serve for HN would be 60.</td></tr>
<tr><td>HN/TSS Capacity</td><td>Total Capacity must align with total staff capacity, as indicated on Contacts tab.

Recommended HN/TSS caseload per Housing Navigator is 1:30. Total capacity/caseload for an individual staff member <u>across both HN and TSS should not total more than 30</u> (per 1 FTE, HN capacity + TSS capacity ≤ 30).

We understand allocated staffing capacity across the two programs may vary over time based on current/anticipated enrollment. Be sure to report capacity across these two programs based on your current service delivery of HHSS.

For example:
One month
<table>
<tr><td></td><td>HN</td><td>TSS</td><td>Total Capacity</td></tr>
<tr><td>1 FTE Staff</td><td>#members in HN: 15
# of additional HN members can take on: 3
Total HN capacity: 18</td><td>#members in TSS: 7
# of additional TSS members can take on: 5
Total TSS capacity: 12</td><td>30</td></tr>
</table>
Next month: 2 members moved into housing and transitioned to TSS
<table>
<tr><td></td><td>HN</td><td>TSS</td><td>Total Capacity</td></tr>
<tr><td>1 FTE Staff</td><td>#members in HN: 13
# of additional HN members can take on: 5
Total HN capacity: 18</td><td>#members in TSS: 9
# of additional TSS members can take on: 3
Total TSS capacity: 12</td><td>30</td></tr>
</table>
As HN/TSS staff capacity allocation may be fluid across HN and TSS, we leave it to providers to allocate their capacity across the 2 programs. However, providers must:
Align with staff's total capacity – HN + TSS capacity should not exceed 30 per 1 FTE (unless otherwise necessary due to staffing coverage – see below note on Increased Capacity Ratio); AND
Capacity should not be less than enrollment</td></tr>
</table>

<table>
<tr><td></td><td>Common Error Example:
If you have 2 FTE with 30 total capacity each for HN and TSS, do not report HN capacity as 60 and TSS capacity as 60 = 120 HN/TSS capacity.
2 FTE with 30 capacity each = total HN/TSS capacity of 60
Allocate total capacity of 60 across both HN and TSS, eg: 30/30, 25/15, etc. as per above guidance.</td></tr>
<tr><td>HD Capacity</td><td>HD capacity is calculated separately. It is not included in the total capacity for HN/TSS to avoid duplication as HD is delivered in conjunction with navigation.</td></tr>
<tr><td>Increased Capacity Ratio</td><td>Total capacity should reflect total staffing’s actual capacity at the time of reporting.

As noted above, we understand that staff may sometimes carry a temporary caseload of 30+ members (eg, when there is staff turnover). This should be reflected in your total reported capacity.

For example:
A staff member has to temporarily take on the HN and TSS clients of another staff who has left the organization, until a new housing navigator is hired.

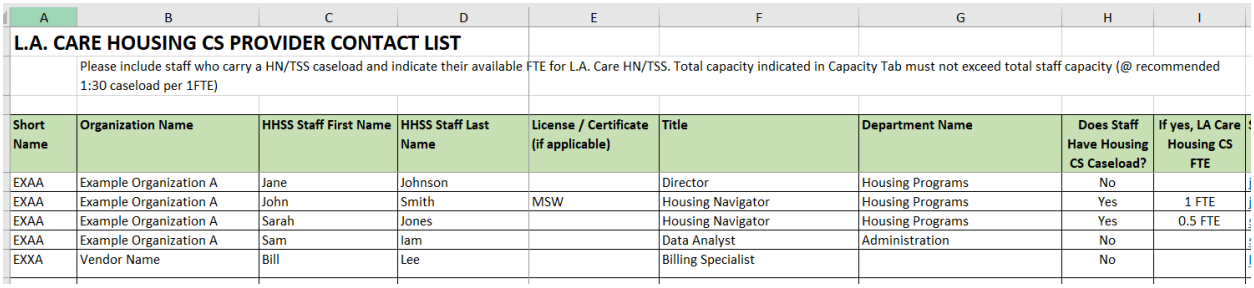
<table>
<tr><td></td><td>HN</td><td>TSS</td><td>Total Capacity</td></tr>
<tr><td>1 FTE Staff</td><td>#members in HN: 25
# of additional HN members can take on: 0
Total HN capacity: 25</td><td>#members in TSS: 10
# of additional TSS members can take on: 0
Total TSS capacity: 10</td><td>35</td></tr>
</table>
</td></tr>
</table>

CONTACTS TAB

Please include the information for the following key staff:

- Organization leadership (eg, CEO, CFO)
- Housing program leadership
- Housing program staff working on LA Care Housing CS, including those overseeing services delivery, operations, carrying member caseloads, and submitting authorization requests
- Other key contacts: billing/claims, data, reporting, etc.

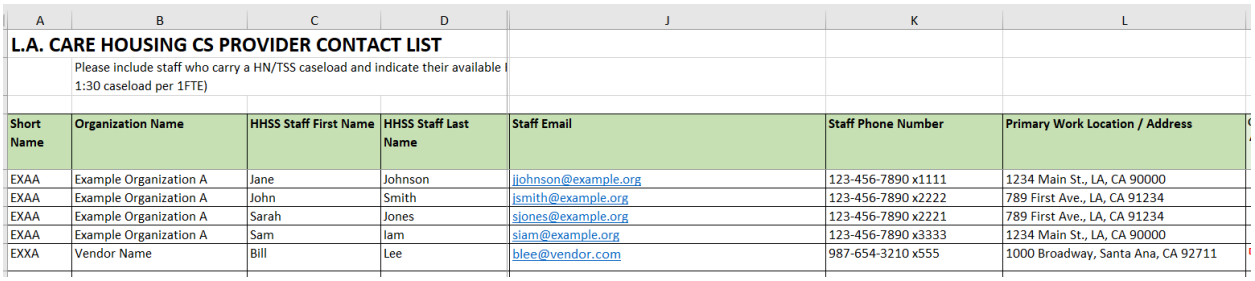
COLUMNS A-I



A	B	C	D	E	F	G	H	I
L.A. CARE HOUSING CS PROVIDER CONTACT LIST								
	Please include staff who carry a HN/TSS caseload and indicate their available FTE for L.A. Care HN/TSS. Total capacity indicated in Capacity Tab must not exceed total staff capacity (@ recommended 1:30 caseload per 1FTE)							
Short Name	**Organization Name**	**HHSS Staff First Name**	**HHSS Staff Last Name**	**License / Certificate (if applicable)**	**Title**	**Department Name**	**Does Staff Have Housing CS Caseload?**	**If yes, LA Care Housing CS FTE**
EXAA	Example Organization A	Jane	Johnson		Director	Housing Programs	No	
EXAA	Example Organization A	John	Smith	MSW	Housing Navigator	Housing Programs	Yes	1 FTE
EXAA	Example Organization A	Sarah	Jones		Housing Navigator	Housing Programs	Yes	0.5 FTE
EXAA	Example Organization A	Sam	Iam		Data Analyst	Administration	No	
EXXA	Vendor Name	Bill	Lee		Billing Specialist		No	

SHORT NAME	Please indicate your organization short name. This is LA Care assigned. If you are unsure of your organization's short name, please reach out to your LA Care Housing Program Manager. *Note: You may indicate the Provider Short Name for vendor contacts*
Organization Name	Contact's organization name
Contact Information	First/last name, licenses (if applicable), title, department name
Staff Carrying Caseload	Please indicate with Yes or No whether the contact/staff person carries a Housing CS caseload (is serving members directly for delivery of CS)
If yes, FTE	ONLY for staff carrying a Housing CS caseload. Please indicate their FTE allocation for delivery of LA Care Housing CS. Note: We understand that some staff may simultaneously be carrying a caseload for other LA Care CS/ECM or another MCP or have other duties. Please indicate here ONLY the FTE allocated to LA Care Housing CS (HN/TSS/HD). *Example:* • Staff has a caseload of 15 members. They split their time 50/50 delivering Housing CS and ECM to these members. Housing CS FTE for this staff should be 0.5 FTE and should be accounted for as such in total capacity calculations.

COLUMNS J-L

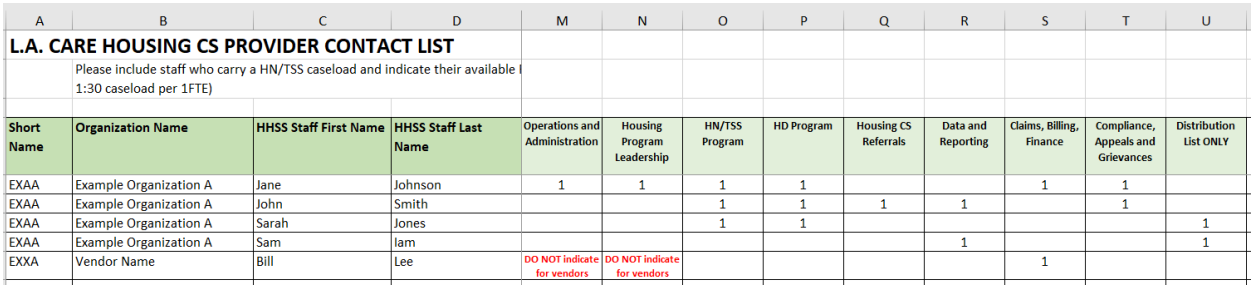


A	B	C	D	J	K	L
L.A. CARE HOUSING CS PROVIDER CONTACT LIST						
	Please include staff who carry a HN/TSS caseload and indicate their available l					
	1:30 caseload per 1FTE)					
Short Name	**Organization Name**	**HHSS Staff First Name**	**HHSS Staff Last Name**	**Staff Email**	**Staff Phone Number**	**Primary Work Location / Address**
EXAA	Example Organization A	Jane	Johnson	jjohnson@example.org	123-456-7890 x1111	1234 Main St., LA, CA 90000
EXAA	Example Organization A	John	Smith	jsmith@example.org	123-456-7890 x2222	789 First Ave., LA, CA 91234
EXAA	Example Organization A	Sarah	Jones	sjones@example.org	123-456-7890 x2221	789 First Ave., LA, CA 91234
EXAA	Example Organization A	Sam	Iam	siam@example.org	123-456-7890 x3333	1234 Main St., LA, CA 90000
EXXA	Vendor Name	Bill	Lee	blee@vendor.com	987-654-3210 x555	1000 Broadway, Santa Ana, CA 92711

Contact's Email	
Contact's Phone Number	Please provide their direct phone number, where possible
Primary Location	Please provide the address for their primary work site. For staff delivering services directly to Members, their work site must correspond to one of the credentialed site/s indicated on the Capacity tab.

COLUMNS M-U

These are communications "buckets", which we reference and provide us with which staff we may reach out to for specific questions or for provider messaging. Please indicate here with a "1" which area/s staff may be contacted for. You may indicate more than 1 "bucket" for each staff.



A	B	C	D	M	N	O	P	Q	R	S	T	U
L.A. CARE HOUSING CS PROVIDER CONTACT LIST												
	Please include staff who carry a HN/TSS caseload and indicate their available l											
	1:30 caseload per 1FTE)											
Short Name	**Organization Name**	**HHSS Staff First Name**	**HHSS Staff Last Name**	**Operations and Administration**	**Housing Program Leadership**	**HN/TSS Program**	**HD Program**	**Housing CS Referrals**	**Data and Reporting**	**Claims, Billing, Finance**	**Compliance, Appeals and Grievances**	**Distribution List ONLY**
EXAA	Example Organization A	Jane	Johnson	1	1	1	1			1	1	
EXAA	Example Organization A	John	Smith			1	1	1	1		1	
EXAA	Example Organization A	Sarah	Jones			1	1					1
EXAA	Example Organization A	Sam	Iam						1			1
EXXA	Vendor Name	Bill	Lee	DO NOT indicate for vendors	DO NOT indicate for vendors					1		

Operations and Administration	This will include executive leadership, general operations and administration staff, etc. *Note: Should not include vendors.*
Housing Program Leadership	This will include staff overseeing and managing the Housing CS programs *Note: Should not include vendors.*
HN/TSS Program	Staff working in the Housing Navigation and Tenancy Services programs
HD Program (if contracted for HD)	Staff working in the Housing Deposits program

Housing CS Referrals	Staff responsible for submitting, managing HN/TSS/HD referrals and authorizations
Data and Reporting	Staff responsible for managing the Housing CS data and reporting, including submissions
Claims, Billing, Finance	Staff involved in Housing CS claims, billing, and finance; including claims submissions
Compliance, Appeals, and Grievances	Staff responsible for Housing CS/CalAIM/MCP compliance, appeals, and grievances; including member grievances
Note:	*Providers must indicate at least 1 contact for each of the above communication "buckets"*
Distribution List ONLY	Staff not indicated for other "buckets", but request to be included in general provider communications from the Housing CS team.