HHSS Provider Guide: ASF and RTF

L.A. Care HEALTH PLAN
For All of L.A.

Presented by HHSS Team

September2023

Housekeeping

- Please submit all questions to **Everyone**
- Questions will be managed through the Chat
- Send a message to the host if you cannot hear or see the slides

ASF and RTF Overview

As of September 2023, per DHCS guidance, L.A. Care will be replacing the Provider Member Information Files (Assigned MIF and Enrolled MIF) with the new ***Authorization Status File (ASF)*** and ***Return Transmission File (RTF)***.

	Summary	Frequency	Action Required
ASF: Authorization Status File	Includes list of all referrals and authorizations over the last 18-mo period (including enrolled and denied).	Goes out every 2 weeks	For review. No return submission required. Providers should track "New" members for outreach.
RTF: Return Transmission File	This is similar to the MIF Approved auths only Includes fields for Providers to complete/update	Goes out every 2 weeks	Providers must submit updates at least once a month

ASF: Authorization Status File Overview

Provider Authorization Status File (ASF)

- Both the ASF and RTF files will be sent to providers every 2 weeks

- The ASF file will include a list of all referrals and authorizations processed over the most recent 18-month period
  - Will include authorizations approved and denied

- The ASF is “read-only” and intended for Provider review. No return submission required

- Some column values remain as TBD, and will be updated in the future

- Providers should track "New" members for initial outreach.
  - Providers must outreach to members within 5-days of Authorization Start Date
  - Capitation payments start as of Authorization Start Date
  - Please see ASF Data Dictionary for more detailed column descriptions

RTF: Return Transmission File Overview

Provider Return Transmission File (RTF)

- Both the ASF and RTF files will be sent to providers every 2 weeks

- The RTF file will include a list of all members Enrolled with Provider for HHSS
  - Providers must review, complete, and provide any updates
    - Columns with gold headings are Optional, only update when a change in member information
    - Columns with green headings are Required, but some have conditions
    - All other columns in gray are “read-only”
  - Please see RTF Data Dictionary for more detailed column descriptions

Providers must submit their updated RTF to L.A. Care at least once a month

- Preferred method: via upload to their Provider SFTP folder: **/infile/CS/HHSS/MIF**
  - Use same folder to send both MIF and RTF
- If unable to access your agency's SFTP, please alert your L.A. Care Program Manager to troubleshoot. RTF may be submitted via secure email, until resolved.

Provider Responsibility

Best Practices for completing RTF

- Providers must check member eligibility monthly

- Providers must ensure all level changes are indicated correctly
  - Housing Navigation or Tenancy Services

- Providers must select the correct disenrollment reason on the RTF

RTF Required Fields to Note

Community Supports Services Start Date (Conditional): MM/DD/YYYY format. If member has received CS, then fill in start date. If Member has not started receiving CS, then leave blank.

Current Status of Member Engagement (Always Required): Please indicate one status value.

1. Pending Outreach	3. Currently Delivering Service
2. Currently in Outreach	4. Services Discontinued*

**If Services Discontinued, also complete Discontinuation Reason Code and CS Services End Date*

- Providers must attempt outreach to member within 5-days of start date

Discontinuation Reason Code (Conditional): Required if selecting "4. Services Discontinued" in the Current Status of Member Engagement field. One reason code per Member.

1. Opted Out	5. Incarcerated	9. Switched health plans	13. Unable to contact/Lost to follow-up
2. Reassigned to other CS Provider	6. Declined to participate	10. Switched CS Provider	14. Unsafe behavior or environment
3. Deceased	7. Duplicative program	11. Moved out of the county	15. Member not reauthorized for CS
4. Program completed/ Graduated	8. Lost Medi-Cal coverage	12. Moved out of the country	16. Other

Community Supports Services End Date (Conditional): MM/DD/YYYY Required as applicable. Leave blank if Member was receiving CS through the end of the reporting period. Members who cease to receive CS will not be reported in subsequent reports unless CS is reinitiated.

REFERENCE

DHCS Guidance:

https://www.dhcs.ca.gov/Documents/MCQMD/CS-Member-Information-Sharing-Guidance.pdf

CONTACTS

Questions regarding your Provider ASF or RTF, you may reach out to:

CS Data

- Alex Currie: acurrie@lacare.org

HHSS Points of Contact:

- Shannon Keutzer: skeutzer@lacare.org
- Nathalie Bedolla: nbedolla@lacare.org

HHSS Housing Assessments and Individualized Housing Support Plans

Submission Process

Overview

Homeless and Housing Support Services (HHSS) providers must conduct housing assessments and develop individualized housing support plans (IHSP) for members within 90 days of enrollment. HHSS providers will submit these documents via SFTP.

HHSS Providers should note on each housing assessment two data elements:

1. Name of HHSS staff who completed the housing assessment
2. Date that the staff completed the housing assessment

HHSS Providers should note on each IHSP two data elements:

1. Name of HHSS staff who developed the IHSP
2. Date that the staff developed the IHSP

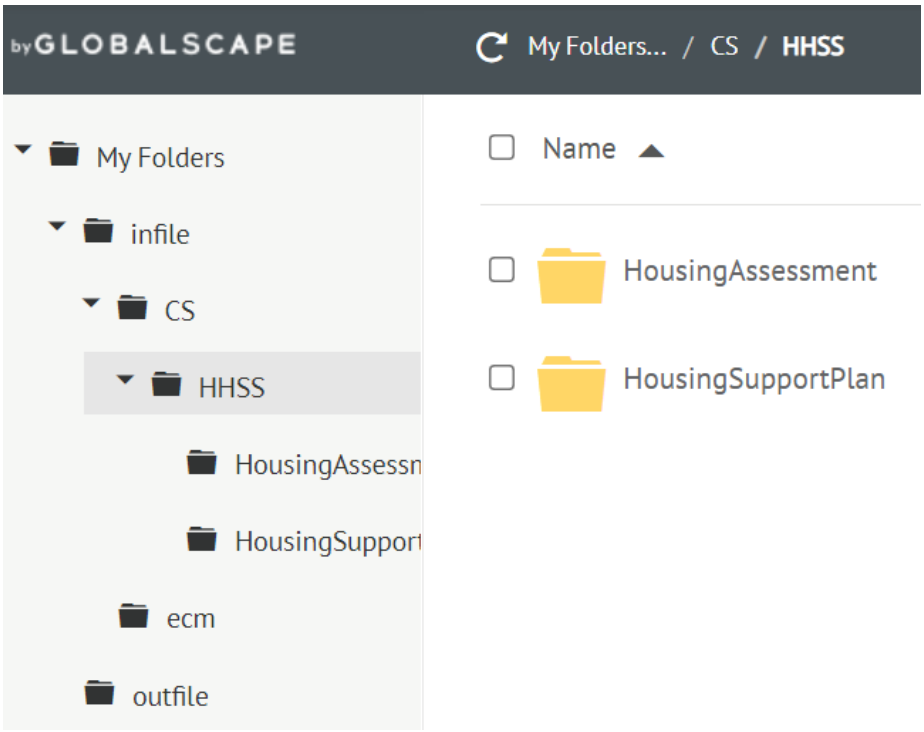
Naming Convention

Providers must utilize the following file naming convention:

Document Type	File Naming Convention	Example
Housing Assessments	HA_MBR CIN_MBR INITIALS_HHSS PROVIDER SHORT NAME_YYYYMMDD SUBMITTED	HA_1234567890_JDS_LACARE_20220101
Individualized Housing Support Plan	IHSP_MBR CIN_MBR INITIALS_HHSS PROVIDER SHORT NAME_YYYYMMDD SUBMITTED	IHSP_1234567890_JDS_LACARE_20220101

How To: Uploading Documents onto SFTP

1. Log into your HHSS SFTP account
2. There are currently 2 folders in your SFTP account.
   - The Infile folder is used to send and upload files to LA Care's SFTP.
   - The Outfile folder is used to retrieve files from LA Care's SFTP.
3. Select Infile
4. Save files using the file naming convention shown above
5. Add files to the appropriate folders: HousingAssessment or HousingSupportPlan



Additional Reporting

L.A. Care is working to send HHSS providers an updated Member Enrollment List via SFTP, which has the provider's enrolled HHSS members. On the updated Member Enrollment List, the provider will also be responsible for reporting the following data elements to L.A. Care:

1. Name of HHSS staff who completed the housing assessment for the member
2. Date that the staff completed the housing assessment for the member
3. Name of HHSS staff who developed the IHSP for the member
4. Date that the staff developed the IHSP for the member

Providers will report these data elements and submit this data back to L.A. Care via secure email to HHSS-Program@lacare.org.

If you have any questions, please contact your HHSS program manager.