



Authorization Status File (CS-ASF)

Element	Responses	Explanation/Comments
1. Authorization Number		
2. Member Client Index Number (CIN)		
3. <i>Medical Record Number (MRN)</i>		<i>Optional</i>
4. Member Last Name		
5. Member First Name		
6. Member Homelessness Indicator	1 – Homeless 0 - Unknown	
7. Member Residential Address	Address on file HOMELESS*	Listed as 'HOMELESS' if member is identified as homeless,
8. Member Residential City	City on file HOMELESS*	Listed as 'HOMELESS' if member is identified as homeless,
9. Member Residential Zip Code	Address on file HOMELESS*	Listed as 'HOMELESS' if member is identified as homeless,
10. Member Mailing Address	Address on file HOMELESS*	Listed as 'HOMELESS' if member is identified as homeless,
11. Member Mailing City	City on file HOMELESS*	Listed as 'HOMELESS' if member is identified as homeless,
12. Member Mailing Zip Code	Zip Code on file 99999*	'99999' if member identified as homeless
13. Member Phone Number	Phone number on file 0000000000	'0000000000' if phone number is not available
14. <i>Member E-mail</i>		<i>Optional</i>
15. Preferred Member Contact Method	1 – Call 2 – Text 3 – In-Person Outreach 4 – Email 5 - Unknown	
16. Member Date of Birth	MM/DD/YYYY	
17. Member Gender Code		Limited to MCAL 834 file accepted values
18. <i>Member Preferred Language (Spoken)</i>		<i>Optional</i>
19. <i>Member Preferred Language (written)</i>		<i>Optional</i>
20. Member Race or Ethnicity Code	0 - Unknown 1 - White 2 - Hispanic 3 - Black 4 - Other Asian or Pacific Islander 5 - American Native or American Indian 7 - Filipino	DHCS MMCD All Plan Letter 13-006

Community Supports Report File Elements



	<p>8 - No Valid Data Reported (MEDS generated)</p> <p>A - Amerasian</p> <p>C - Chinese</p> <p>H - Cambodian</p> <p>J - Japanese</p> <p>K - Korean</p> <p>M - Samoan</p> <p>N - Asian Indian</p> <p>P - Hawaiian</p> <p>R - Guamanian</p> <p>T - Laotian</p> <p>V - Vietnamese</p>	
21. Medi-Cal Renewal Date	MM/DD/YYYY 00/00/0000	00/00/0000 if unknown
22. ECM Provider Name (if applicable)		
23. ECM Provider Phone Number (if applicable)		
24. Community Supports service(s) the Member has been referred to for authorization	<ul style="list-style-type: none"> • Asthma Remediation • Community Transition Services/Nursing Facility Transition to a Home • Day Habilitation Programs • Environmental Accessibility Adaptations (Home Modifications) • 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, such as Residential Care Facilities for Elderly and Adult Residential Facilities • Personal Care and Homemaker Services • Recuperative Care (Medical Respite) • Respite Services • Short-Term Post Hospitalization Housing 	

Community Supports Report File Elements



25. Date MCP Received Request for Authorization		Date Partnership received an inbound referral request
26. Reauthorization Request	0 – Initial Request 1 – First reauthorization request 2 – Second reauthorization request 3 – Third reauthorization request	
27. Date MCP Provides a Response about the request for Authorization		
28. Referral Authorization Status	1 – Approved 2 – Under Review 3 – Need Additional Information 4 - Denied	
29. Authorization Start Date		
30. Authorization End Date		
31. Denial Reason Code	1 - Member not in Medi-Cal 2 - Member not enrolled in PHC/MCP 3 - Clinical Supporting information or documentation missing 4 - Additional documentation needed to evaluate cost-effectiveness and/or medical appropriateness 5 - Member not eligible under MCP's policies and procedures 6 - Member already approved to receive service 7 - Other	
32. Community Supports Authorization Status File Production Date		
33. Community Supports Authorization Status File Reporting Period		
34. Primary Payer (MCP) Identifier	CPP08	
35. MCP Name		
36. MCP Provider Services Phone Number		
37. MCP Community Supports Person Phone Number		
38. Community Supports Member Record	New Continuing Termed	Termed – members no longer receiving CS during reporting period

Community Supports Report File Elements



Return Transmission File (CS-RTF)

Element	Responses	Explanation/Comments
1. Member Client Index Number (CIN)		
2. Member Last Name		
3. Member First Name		
4. Member New Address Indicator	1 – New address 0 – No change	Optional. CS providers may indicate a new address after engagement; they are expected to seek and share up-to-date addresses, where possible, particularly for individuals experiencing “homelessness.”
5. Member New Homelessness Indicator	1 – Homeless 0 – If not or unknown	Optional. Provide ONLY if there is an update to existing homeless status
6. Member New Residential Address		Optional. Provide ONLY if there is an update. May list as HOMELESS if identified by ‘Member Homeless Indicator’
7. Member New Residential City		Optional. Provide ONLY if there is an update. May leave blank if identified homeless by ‘Member Homeless Indicator’
8. Member New Residential Zip Code		Optional. Provide ONLY if there is an update. May leave blank if identified homeless by ‘Member Homeless Indicator’
9. Member New Phone Number Indicator	1 – New Phone Number 0 – No change	Optional
10. Member New Phone Number		Optional. Include if the New Phone Number Indicator Field is marked. Provide only if there is an update to the existing Member phone number information. Numbers only; no dashes; character limit of ten
11. Member Preferred Language (Spoken)		Optional. Limited to MCAL 834 file accepted values
12. Member Preferred Language (Written)		Optional. Limited to MCAL 834 file accepted values
13. New Preferred Member Contact Method	1 – Call 2 – Text 3 – In-Person Outreach 4 – Email 5 – Unknown	Optional. Provider only if there is an update to existing Member preferred contact information
14. Member Date of Birth		
15. Community Supports services the Member is receiving	<ul style="list-style-type: none"> • Asthma Remediation • Community Transition Services/Nursing Facility Transition to a Home • Day Habilitation Programs 	If providing more than one (1) service for the same member, each service must be reported on separate entries

Community Supports Report File Elements



	<ul style="list-style-type: none"> • Environmental Accessibility Adaptations (Home Modifications) • 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, such as Residential Care Facilities for Elderly and Adult Residential Facilities • Personal Care and Homemaker Services • Recuperative Care (Medical Respite) • Respite Services • Short-Term Post Hospitalization Housing 	
16. Community Supports Service Delivery Start Date	MM/DD/YYYY	
17. Current Status of Member Engagement	<p>1 – Pending outreach 2 – Currently in outreach 3 – Currently delivering service 4 – Services discontinued</p>	If 4 – Services discontinued, please complete discontinuation code in the next field
18. Discontinuation Code	<p>1 – Opted out 2 – Reassigned to other CS Provider 3 – Deceased 4 – Program Completed/graduated 5 – Incarcerated 6 – Declined to participate 7 – Duplicative program 8 – Lost Medi-Cal coverage 9 – Switched health plans 10 – Switched CS Provider 11 – Moved out of county 12 – Moved out of country 13 – Unable to contact/Lost to follow-up 14 – Unsafe behavior or environment 15 – Member not reauthorized for CS 12 - Other</p>	

Community Supports Report File Elements



19. Community Supports Services End Date	MM/DD/YYYY	Leave blank if member was receiving CS through the end of the reporting period. Member who cease to receive CS should not be reported on subsequent reports unless CS is reinstated
20. Community Supports Provider Return Transmission File Production Date	MM/DD/YYYY	
21. Community Supports Provider Return Transmission File Reporting Period	MM/DD/YYYY.MM/DD/YYYY	
22. Community Supports Provider Name		
23. Community Supports Provider NPI		
24. Community Supports Provider Phone number		