



Quality Assurance Bulletin

Quality Assurance Unit

County of Los Angeles – Department of Mental Health

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REPORTING OF HOMELESSNESS USING ICD-10-CM SOCIAL DETERMINANTS OF HEALTH DIAGNOSIS CODES

This Bulletin establishes the requirement for all Los Angeles County Department of Mental Health (LACDMH) Providers to record and report homelessness using the applicable ICD-10-CM Social Determinants of Health (SDOH) diagnosis codes effective immediately for any client experiencing homelessness. Individuals experiencing homelessness often face complex and overwhelming challenges which are further compounded for those living with serious mental illness (SMI) and significant functional impairments. Accurate identification and documentation of homelessness helps ensure accurate treatment planning, service provision, and care coordination to address both housing instability and behavioral health needs.

This new requirement supports uniform, unduplicated, and reportable data collection across all LACDMH providers, data collection systems, and programs and allows all providers to see homelessness status for clients in the LACDMH system of care. This requirement aligns with reporting mandates tied to Department of Health Care Services (DHCS), Behavioral Health Services Act (BHSA), California Advancing and Innovating Medi-Cal (CalAIM) and the LACDMH Board of Supervisors.

DEFINITION OF HOMELESSNESS

As required in this Bulletin, reporting “homelessness status” includes all clients experiencing or chronically experiencing homelessness. While the [BHSA Policy Manual](#) includes “at risk” populations in its definitions, those individuals are not included for the purposes of this reporting requirement. For this bulletin, homelessness status includes, but is not limited to, clients who:

- Lack a fixed, regular, and adequate nighttime residence;
- Have a primary residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation, including a car, park, abandoned building, bus or train station;
- Are living in a shelter, interim housing, or motel;
- An individual who is exiting an institution and was considered homeless immediately prior to entering the institution or becomes homeless during the institutional stay, regardless of the length of stay;
- Are unaccompanied youth or homeless families/children/youth defined as homeless under other federal statutes¹; or
- Are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence and has no other residence.

BACKGROUND

LACDMH providers currently document homelessness on the Problem List, various referral forms and outcome measure tools for specific programs. Unfortunately, the data collected in these various methods are not consistent nor all reported to LACDMH (e.g., Contracted providers Problem List is not shared with LACDMH). This means LACDMH is unable to track homelessness in a comprehensive and unified way across the system of care and providers are unable to comprehensively view homelessness status.

However, all providers are required to submit and keep updated the client’s diagnosis using ICD-10-CM diagnosis codes. All providers are able to view the diagnosis submitted by other providers as well as update their own diagnosis at any time within the Integrated Behavioral Health Information System (IBHIS). Within the ICD-10-CM diagnostic code set submitted to IBHIS are codes that can be used for Social Determinants of Health (SDOH). ICD-10-CM codes Z55-Z65 (Z codes) are SDOH codes identifying non-medical factors like housing, education,

¹Section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a)

employment, economic instability and other psychosocial factors that impact client health. These Z codes allow providers to track social risks, plan, and implement social needs interventions. The collection of SDOH information can be done before, during or after a client session; it can be collected from a client, or other provider and it must be documented in the client's clinical record. Please refer to this brief document from the [Centers for Medicare and Medicaid Services on the use of Z Codes for Social Determinants of Health](#).

USING SDOH ICD-10-CM DIAGNOSIS CODES FOR HOMELESSNESS

Effective upon the date of this Bulletin, providers must record the specific type of homelessness a client is experiencing as part of the client's diagnosis. Providers must include all diagnoses as clinically necessary and must not omit applicable SDOH ICD-10-CM codes solely due to workflow burden.

Note: As a reminder, the client's complete diagnosis should be reviewed and updated at every client visit to ensure its accuracy and reflection of the client's current condition. This includes any changes in symptoms, daily functioning, SDOH, or response to treatment.

Providers shall adhere to the following guidance related to homelessness and use of ICD-10-CM SDOH codes:

- Housing status must be evaluated at assessment and its relation to or impact on the client's mental health must be documented in the Assessment. If the client is homeless, the most applicable ICD-10-CM SDOH code to describe the client's housing status shall be recorded. The SDOH codes should only be given when a provider has documented the associated problems or risk factors that impact the client's health. Common Z Codes related to homelessness include:
 - Z59.00 Homelessness, unspecified (may be used for individuals exiting institutions)
 - Z59.01 Sheltered homelessness (living in shelters, transitional housing)
 - Z59.02 Unsheltered homelessness (living in streets, cars, abandoned buildings)

Note: Always ensure the current list of valid ICD-10-CM codes is used. [CMS ICD-10 Webpage](#).

- At subsequent appointment contacts, any changes to this status should be evaluated and appropriately documented in the progress note or other document in the clinical record. When a client's housing status changes (e.g., transition from unsheltered to sheltered, or placement into permanent housing), providers must update the diagnosis record set accordingly. When a client is no longer experiencing homelessness and has obtained appropriate housing, the homelessness diagnosis should be updated to "resolved".
- Depending on the client's presentation and identified needs, homelessness may be designated as a primary, secondary, tertiary, or additional diagnosis.

Note: As a reminder, the primary diagnosis reflects the principal reason for care; secondary, tertiary, and additional diagnoses reflect co-existing conditions or social factors that may influence the individual's circumstances. Refer to the Organizational Provider's Manual for additional information on SDOH diagnosis.

FORMS & SUBMITTING ICD-10-CM SDOH HOMELESSNESS CODES

The IBHIS diagnosis record shall be used to record the ICD-10-CM SDOH homeless codes. As a reminder, when updating the diagnosis record, the entire complete and current diagnosis should be entered.

- Directly Operated Providers: The Diagnosis Form in IBHIS shall be used to record the diagnosis, including applicable SDOH as outlined in the [Adding & Updating the Diagnosis in Avatar NX](#) training video. If a non-diagnosing practitioner identifies homelessness in client interactions, they will follow the Administrative Process for adding or updating diagnoses outlined in [QA Bulletin 22-05](#) New First Point of Contact Requirements.

Note: Diagnoses may be added to the Problem List using the Diagnosis form but must be resolved on both the Diagnosis form and the Problem List form separately.

- Legal Entity Providers: Applicable forms in their electronic health record shall be used and transmitted to IBHIS using the DMH Client Services webservices as outlined in the [Companion Guide](#). Contract providers must determine their own process for documenting homelessness diagnoses by non-practitioners.
- Individual/Group and Fee For Service Hospital Providers: The Diagnosis form in IBHIS Provider Connect shall be used to record the diagnosis. Additional information on the use of Provider Connect can be found in the [End User Training Manuals](#).

For any new clients as of the date of this Bulletin, providers must consider homelessness status when diagnosing and enter the diagnosis accordingly. For any existing clients, providers should establish a process to review current diagnoses and problem lists to ensure they are correct and, if applicable, update to include the appropriate Z code.

If directly operated or contracted providers have questions related to this Bulletin, please email the QA Unit at QAPolicy@dmh.lacounty.gov.

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