FY 25-26

Implementation Handbook

For ICMS Providers

Permanent Housing Edition

HOUSING FOR HEALTH

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Overview

This Handbook was developed for organizations contracted through the Los Angeles County (LAC) Department of Health Services (DHS) to provide Intensive Case Management Services (ICMS) within the purview of the Permanent Housing (PH) Unit of the Housing for Health (HFH) division of DHS Community Programs. HFH provides funding for housing and essential services, bringing together clinicians, community health workers, and case managers to implement ICMS. ICMS is a range of crucial interventions to help people experiencing homelessness (PEH) and complex health and behavioral conditions become stably permanently housed and part of a thriving community. ICMS offers tailored support, adjusting the level of care based on each participant's needs, from high-intensity assistance during the transition from homelessness, to less intensive support for ongoing stability in housing, employing a 'whatever it takes' approach by incorporating guiding principles of harm reduction, trauma-informed care, Housing First, equity, diversity, inclusion, and anti-racism.

The purpose of this Handbook is to equip ICMS Providers with the most current details on:

1. Program partners and funding streams;
2. Administrative requirements for ICMS Providers;
3. Information management;
4. The ICMS enrollment and referral process;
5. Key service and documentation deliverables;
6. Billing; and
7. The monitoring, technical assistance, and quality assurance roles of HFH.

This Handbook is a companion to the ICMS Statement of Work (SOW) and the Supportive and/or Housing Services Master Agreement (SHSMA).

It takes patience, skill, and dedication to be a frontline worker in LAC's homelessness response system. *Thank you for being a partner with HFH to do this important work every day.*

Key Updates

The following are key operational changes that informed updates to this fiscal year's Handbook:

Policy, Procedure, and Administration Updates

- **HFH Division to Split off From DHS and Become Its Own County Department**
  According to an April 2025 LAC Board of Supervisors ruling, LAC is consolidating HFH and LA County Homeless Initiative (HI) programs into a single County department, with the merger officially taking effect in July 2025 and the new department going live in January 2026. This new department will be responsible for addressing homelessness, and it will be funded by transferring LAHSA funding and programming by July 1, 2026.
- **Measure H Replaced by Measure A and MHSA Replaced by BHSA**
  Approved by LA County voters in November 2024, Measure A is a half-cent sales tax that took effect on April 1, 2025. It replaces Measure H (a quarter-cent sales tax set to expire in 2027) and expands funding for homeless housing and services, permanent housing with supportive services, and broader homelessness prevention efforts. With the passage of Proposition 1 and the Behavioral Health Services Act (BHSA) in March 2024 by California voters, county behavioral health agencies will assume a larger role in addressing homelessness. The BHSA replaces the Mental Health Services Act of 2004 (MHSA). It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs, while also adding the treatment of substance use disorders (SUD), expanding requirements for counties to fund and provide housing interventions, and increasing the behavioral health workforce.
- **Program Guide for ICMS Case Managers Now Available**
  The Program Guide for ICMS Case Mangers was designed for direct service staff and supervisors at agencies subcontracted by HFH. The Program Guide is intended to help case managers understand contractual requirements in the context of good, grounded practice, with a mix of "how to," "what if," and "here's what works" for providing ICMS. It is expected that each case manager receives a copy of the ICMS Program Guide and that a signed acknowledgement of the receipt of the Guide is stored in their personnel file.
- **ICMS Exit Request Guidance Updated**
  Guidance was added around how to approach ICMS Exit requests when death or incarceration is involved, and how HFH's clearer voucher utilization timeline requirements factor into ICMS Exits. Additionally, HFH developed a clearer ICMS Exit request disposition timeline and provided details around how ICMS Exit request timing is impacted by a service month's documentation deadline.
- **ICMS Invoice Submission Expectations Updated**
  ICMS Invoice files submitted to HFH each month are now expected to be in both PDF and Excel formats (both available in CHAMP), and the overall submission each month is now expected to also include an updated organizational chart of your agency's ICMS staffing.
- **ICMS Program Information Center Website Available**
  In 2025, HFH began development of a website for service providers which serves as a system of care information hub that branches into information centers for each of HFH's core programs, including ICMS. The ICMS Program Information Center is a one-stop shop for all informational resources relevant to ICMS

implementation, including visual aids, information systems and search tools, housing navigation resources, permanent housing retention resources, key forms, and more.

- **HFH Performs Qualitative Reviews of Consent Document Uploads**
  Specialized HFH staff members are now performing quality assurance reviews of Universal Information Sharing Consent and Notice of Privacy Practices Acknowledgement documents uploaded in CHAMP. If errors are identified, this notification appears in the ICMS Snapshot until the error is resolved in CHAMP.
- **Emergency Department and Inpatient Hospital Encounters Now Tracked in ICMS Snapshot**
  The Hospitalization Log is a list of all emergency room and inpatient hospital encounters for ICMS participants who have had one of these types of encounters within the past two weeks. The data points included in this log are encounter type, encounter start date, encounter discharge date, and encounter location.
- **Timeline Requirements Established for PH Subsidy Applications and Utilization**
  Recent HUD recaptures and funding reductions have led to a shortfall of federally funded permanent housing subsidies in LA County. There is a heightened importance of obtaining and utilizing matched permanent housing vouchers ASAP due to the shortfall. ICMS Providers are expected to ensure subsidy applications are submitted to the appropriate PHA (or Brilliant Corners if an FHSP subsidy) within 14 days after match for project-based vouchers (PBVs), or within 21 days after match for tenant-based vouchers (TBVs). Even after the voucher is issued, some permanent housing opportunities may expire if participants have been matched for too long without leasing up, and in this case HFH staff may complete an ICMS Exit to ensure timely voucher utilization.
- **Scoring Ranges for Direct Service Documentation Quality Reviews Updated**
  The scoring system for HFH's direct service documentation quality reviews has been refined. The previous scoring system rated documentation quality with 'yes' or 'no.' Under the new scoring system, documentation quality is rated as excellent, good, satisfactory, fair, or poor. Results from these reviews will continue to be displayed in the monthly ICMS Program Summary Report.
- **Launch of ICMS Graduation Pathway for Most Stable ICMS Participants**
  As the Permanent Housing ICMS Program has matured, there has been an increase in the number of ICMS participants being housed for longer and becoming more stable with more community supports in place. After being delayed this past year, HFH is now launching an ICMS Graduation pathway in FY 25-26. HFH will be working closely with Public Housing Authorities, ICMS Providers, and other key stakeholders to further develop and implement this new component of the Permanent Housing ICMS Program.

CHAMP and Other Information Management System Updates

- **HUD/HMIS Standards Alignment in CHAMP and New HMIS Assessment Requirement**
  As of June 16, 2025, CHAMP is now aligned with federal HMIS and state Assembly Bill (AB) 977 standards to increase transparency, improve data completeness and accuracy, and strengthen oversight and accountability for ICMS. CHAMP updates included aligning universal data elements (e.g., participant location, housing move-in date, and reporting of data), program-specific data elements (e.g., income sources and exit destinations), and functionality to complete HMIS enrollments and assessments directly in CHAMP, eliminating the need for "double documentation" in HMIS. Annual HMIS assessments are now included under HFH's ICMS assessment requirements, but HFH will not include HMIS assessment completion in overdue documentation reviews until 2026.

- **In-Person Encounters Now Included in Multifactorial Analysis for ICMS Billing Rates**
  In March 2025, updates were made to the Place of Service (POS) functionality in CHAMP so that it can be accurately tracked whether an ICMS encounter occurred in person. Now that in-person encounters can be tracked accurately in CHAMP, this information will be included in the multifactorial analysis used to designate cases for billing rate changes, in accordance with section 2.7.3 of the ICMS Statement of Work. This update to the billing rate monitoring and designation process will go into effect starting July 2025.

- **Microsoft Teams Channels for Sharing Information**
  HFH now uses private Microsoft Teams Channels to share protected health information (PHI) and personally identifiable information (PII) bidirectionally with ICMS Providers and other collaborating partners. The practice of using secure emails to share PHI and PII was discontinued in 2024 in favor of using private Microsoft Teams Channels to allow for more controlled security, access to more types of information, more equitable access to key information, more frequent access to current information, better monitoring of what is being shared (and with who and when), more effective collaboration between multiple teams, and more overall automation.

- **Using Countywide Homeless Information Portal (CHIP) to Coordinate Care**
  Under California Assembly Bill (AB) 210 and AB 1948, counties can share information that is otherwise confidential under State law to facilitate the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county, and to allow the sharing of confidential information between providers for the purpose of coordinating housing and continuity of care, including homelessness prevention. The Countywide Homeless Information Portal (CHIP), managed by LA County, queries information from various information management systems to supplement the information homeless services providers receive to coordinate care. HFH is working closely with ICMS Providers to gain access to and use CHIP more robustly.

- **HMIS Access Requirement for All Case Managers**
  LA County's Homeless Management Information System (HMIS) (aka Clarity), which is overseen by LAHSA, along with CHAMP, form the core information management systems for tracking homelessness response programming in LA County. While all ICMS documentation requirements can be completed in CHAMP and do not need to be "double documented" in HMIS, HFH still expects all ICMS Provider staff to maintain access to HMIS for care coordination purposes. Given that many ICMS participants may be connected to multiple homelessness response services and programs concurrently, some of which may be solely tracked in HMIS, it is vital for case managers to maintain access to HMIS in an effort to use all relevant participant information available to coordinate high quality and timely care.

Partners and Funding Streams

HFH's PH ICMS program has evolved over the years and continues to expand the range of funding utilized and partnerships leveraged to operate and sustain the most optimal programming possible. Due to limited resources and a variety of other obstacles, HFH has continued to find new ways to adapt, including becoming a community hub for PH programming that 'braids' multiple funding sources together while removing the administrative complexities for direct service providers. HFH's hub model allows for a more standardized implementation of ICMS that is agnostic of the underlying funding stream(s), while also providing access to a larger system of integrated care that is managed by multiple system partners coordinating together. These are a few of the key partners and/or funding streams in HFH's PH ICMS program:

American Rescue Plan Act (ARPA)

LAC received $1.9 billion under ARPA. In addition, ARPA funding has also been awarded to each of LAC's 88 cities, for a grand total of more than $4.5 billion across all jurisdictions. More than $760 million of the ARPA funds received are dedicated to housing and related services for people experiencing homelessness, for services to prevent people from falling into homelessness, and for affordable housing development.

Care First Community Investment (CFCI) Fund

The CFCI Fund resulted from LAC Ballot Measure J ("Care First, Jails Last") passing in November 2020 to allocate at least 10% of the County's locally generated unrestricted revenues to address the disproportionate impact of racial injustice through direct community investment and alternatives to incarceration.

Homekey (PHK)

Administered by the California Department of Housing and Community Development (HCD), PHK is an opportunity for state, regional, and local public entities to sustain, convert, and rapidly expand a broad range of housing types, including but not limited to hotels, motels, hostels, single-family homes and multifamily apartments, adult residential facilities, manufactured housing, commercial properties, and other existing buildings to permanent or interim housing for persons experiencing or at risk of homelessness, and who were disproportionately impacted by COVID-19. HFH works closely with funders and operators of PHK sites, including private developers, the LAC Chief Executive Office's Homeless Initiative, the LAC Development Authority (LACDA), the Los Angeles Housing Department, and the Housing Authority of the City of Los Angeles (HACLA) to ensure ICMS is available and delivered on site as projects near completion and lease up.

Homeless Housing Assistance and Prevention (HHAP) Program

HHAP is a block grant program designed to provide cities, counties, and continuums of care with flexible one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges. Spending must be informed by a best-practices framework focused on moving individuals and families experiencing homelessness into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing.

Homeless Initiative (HI)

The HI is the central coordinating body for LAC's ongoing effort – unprecedented in scale – to expand and enhance services for people experiencing homelessness or at risk of losing their homes. Created by the LAC Board of Supervisors in August 2015, the HI is part of LAC's Chief Executive Office and primarily funded through Measure A. According to an April 2025 LAC Board of Supervisors ruling, LAC is consolidating HFH and HI programs into a single County department, with the merger officially taking effect in July 2025 and the new department going live in January 2026. This new department will be responsible for addressing homelessness, and it will be funded by transferring LAHSA funding and programming by July 1, 2026.

LA County Department of Children and Family Services (DCFS)

As one of the largest governed child protective services agencies in the nation, DCFS is responsible for ensuring the safety of more than 2 million children across LAC. DCFS supports children and families in crisis by focusing on three key areas: safety, wellbeing, and permanency. Under the federal Foster Youth to Independence (FYI) and Family Unification Program (FUP) initiatives, HFH is partnering with public housing authorities and DCFS to provide housing and services assistance for up to 36 months for youth between 18 and 24 years of age, who left foster care or are in the process of leaving foster care, and who are homeless or at risk of becoming homeless.

LA County Department of Mental Health (DMH)

DMH contracts with close to 1,000 organizations to provide a variety of mental health-related services to over 250,000 LAC residents annually. Services to adults and older adults are focused on those who are functionally disabled by severe and persistent mental illness, including those who are low-income, uninsured, temporarily impaired, or in situational crises. Services to children and youth are focused on those who are emotionally disturbed and diagnosed with a mental disorder. With the passage of Proposition 1 and the Behavioral Health Services Act (BHSA) in March 2024 by California voters, county behavioral health agencies will assume a larger role in addressing homelessness. The BHSA replaces the Mental Health Services Act of 2004 (MHSA). It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs, while also adding the treatment of substance use disorders (SUD), expanding requirements for counties to fund and provide housing interventions, and increasing the behavioral health workforce.

DMH is one of HFH's core partners, including providing BHSA funds to cover some ICMS slots, serving as an important source for ICMS matches, funding some rental subsidies through FHSP, and collaborating in the PH Integrated Services Program (ISP) through the provision of Full-Service Partnership (FSP) and the Housing Supportive Services Program (HSSP). Housing for Mental Health (HFMH) is also a partnership between DMH and HFH in which Homeless FSP participants are matched to ICMS that is connected to housing funded through FHSP. No Place Like Home (NPLH) is a California program that went into effect in 2016 to fund the development of permanent housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or at risk of chronic homelessness.

LA County Department of Military and Veteran Affairs (DMVA)

DMVA counsels veterans, their dependents, and survivors regarding federal and state benefits such as compensation, pension, education, home loans, license plate designation, and burial benefits. DMVA's

accredited Veterans Service Officers also connect veterans to comprehensive VA health care. DMVA hosts a one-stop shop for veterans at Bob Hope Patriotic Hall located at 1816 S. Figueroa St. Los Angeles, CA 90015 that includes support for mental health, employment, clothing, a shower facility, DPSS, legal services, and more, regardless of a veteran's discharge status. DMVA is a key partner for HFH to ensure resources for veterans are coordinated and made available when possible.

LA County Department of Public Health (DPH)

DPH protects health, prevents disease, and promotes health and wellbeing for all persons in LAC, with a focus on the overall population, conducting its activities through a network of public health professionals throughout the community. The Substance Abuse Prevention and Control (SAPC) program leads and facilitates the delivery of a full spectrum of prevention, treatment, and recovery services proven to reduce the impact of substance use, abuse, and addiction in LAC. SAPC's Client Engagement Navigation Services (CENS) program is available for ICMS participants seeking substance use counseling and/or linkage to various forms of substance use treatment. The DPH Division of HIV and STD Programs (DHSP) aims to prevent and control the spread of HIV and STDs through epidemiological surveillance, implementation of evidence-based programs, coordination of prevention, care and treatment services, and the creation of policies that promote health. DHSP is a key partner to fund local rental subsidies, the Flexible Housing Subsidy Pool (FHSP), for their population of focus. HFH works closely with DHSP to ensure culturally appropriate ICMS is connected to participants identified by DHSP, bringing supportive services online quickly, and delivering them long-term in permanent housing.

LA County Department of Public Social Services (DPSS)

Serving low-income households, DPSS is the second largest governmental department in LAC and the largest social service agency in the USA. DPSS has an annual budget of $5 billion and provides services to one out of every three LAC residents. HFH partners with DPSS to braid ICMS with the Housing and Disability Advocacy Program (HDAP). HDAP is a State program established in 2016 to assist people experiencing or at risk of homelessness who are likely eligible for disability benefits by providing advocacy for disability benefits as well as housing supports. DPSS is also a key partner and funder of HFH's CBEST program, which ICMS participants should be accessing if they are in need of benefits.

Los Angeles Homeless Services Authority (LAHSA)

In December of 1993, the LAC Board of Supervisors and the City of Los Angeles mayor and City Council created the Los Angeles Homeless Services Authority (LAHSA) as an independent, joint powers authority. LAHSA is the lead agency in LAC's Continuum of Care (CoC), the planning body that coordinates housing and services for homeless households across LAC. LAHSA coordinates and manages over $800 million annually in federal, State, County, and City funds for programs that provide shelter, housing, and services to people experiencing homelessness. LAHSA manages the Coordinated Entry System (CES) for Single Adults, Youth, and Families, which helps make linkages to supportive services and housing resources across LAC, intended as a collaborative, no-wrong door network. LAHSA also oversees the LAC CoC Homeless Management Information System (HMIS). LAHSA is the entity that matches households to HFH for PH. According to an April 2025 LAC Board of Supervisors ruling, LAC is consolidating HFH and HI programs into a single County department, with the merger officially taking effect in July 2025 and the new department going live in January 2026. This new department will be responsible for addressing homelessness, and it will be funded by transferring LAHSA funding and programming by July 1, 2026.

Measure A

Approved by LA County voters in November 2024, Measure A is a half-cent sales tax that took effect on April 1, 2025. It replaces Measure H (a quarter-cent sales tax set to expire in 2027) and expands funding for homeless housing and services, permanent housing with supportive services, and broader homelessness prevention efforts. Measure A enables LA County to address both the immediate needs of people experiencing homelessness and the systemic drivers through investments in affordable housing construction, rental assistance, and support for vulnerable renters. Measure A supports the continued expansion of ICMS by creating a more stable, long-term revenue stream for programs and partnerships throughout LA County.

Medi-Cal Managed Care Plans (MCPs)

California Advancing and Innovating Medi-Cal (CalAIM) is a Medicaid 1115 Waiver Demonstration in California to transform the Medi-Cal program, make it more flexible, and integrate it more seamlessly with other social services. CalAIM builds on prior initiatives, including the Whole Person Care pilots, Health Homes program, Drug Medi-Cal Organized Delivery System, and the Coordinated Care Initiative. It enables MCPs to couple clinical care with a range of new non-medical services, which are reimbursed by Medi-Cal, including housing supports, medical respite, personal care, medically tailored meals, and peer supports. CalAIM requires MCPs and incentivizes public health systems to be more responsive, equitable, and outcomes focused. Community Supports is a CalAIM program that enables HFH to utilize ICMS participants' Medi-Cal coverage to help pay the ICMS Providers for the ICMS being delivered.

The California Department of Housing and Community Development (HCD) implemented Housing for a Healthy California (H4HC), established through the enactment of California Assembly Bill 74. H4HC was established for the purposes of providing supportive housing for Medi-Cal eligible households who are experiencing homelessness using the federal National Housing Trust Fund (NHTF). The goal of H4HC is to improve access to supportive housing, complemented with improved access to primary and behavioral health care services, to reduce inappropriate utilization of emergency departments, hospitals, nursing homes, and correctional resources for eligible Medi-Cal beneficiaries who are experiencing homelessness or chronic homelessness.

Through the Housing and Homelessness Incentive Program (HHIP), MCPs file an investment plan with the state, demonstrating a road map for achieving targets in collaboration with local community stakeholders across California. The state expects that MCPs will pass through the incentive funds to local partners by investing in work with local organizations that are leading housing and homelessness response efforts.

Pathway Home (PTH)

By leveraging emergency powers and partnerships with local jurisdictions, Pathway Home brings people off the streets and into immediately available interim housing accompanied by a comprehensive suite of supportive services and, ultimately, into safe, permanent homes. The program also removes unsafe recreational vehicles (RVs) and other debris from community spaces, whether freeway underpasses or side streets, returning them to their intended uses. The primary funding source for most Pathway Home projects is Measure A, but some projects in this program are funded by the State's Encampment Resolution Fund (ERF).

Project-Based Permanent Housing Developers

LAC's Permanent Housing Pipeline is made possible with financial support from a variety of sources. The City of LA's significant increase in PH in recent years is due to Proposition HHH. Passed in November 2016, HHH created a locally generated, dedicated source of funding for the streamlined development of PH in the City of Los Angeles. Supportive Housing Loan Program development proposals use both traditional and innovative financing and construction techniques on this type of housing, often combining HHH loans with other financial resources to pay for the total development costs. HFH works with PH developers and other key stakeholders throughout LAC to create supportive environments in these developments, where residents can build community and thrive.

Public Housing Authorities (PHAs)

HFH partners with many PHAs to support in the development and operation PH across LAC. PHA partners of the ICMS program include the Housing Authority of the City of Los Angeles (HACLA), the Los Angeles County Development Authority (LACDA), and housing authorities in the cities of Long Beach, Pasadena, Santa Monica, Burbank, Redondo Beach, Inglewood, Culver City, Pomona, Hawthorne, Glendale, Compton, Soth Gate, Norwalk, Pico Rivera, Torrance, Baldwin Park, Lomita, and Hawaiian Gardens.

Skid Row Action Plan (SRAP)

Though spanning only 4 square miles, Skid Row has 3,791 people experiencing homelessness, 2,112 of them unsheltered, according to the 2024 Greater Los Angeles Homeless Count. This is the densest concentration of people experiencing homelessness in the County. Developed by HFH in collaboration with stakeholders, business owners, and community members who live and work in the area, SRAP is intended to comprehensively address the need for more interim and permanent housing, behavioral health, substance use treatment, and other services in the Skid Row area. SRAP is leveraging a $60M Encampment Resolution Fund (ERF) grant from the State, $125M under the LAC Board of Supervisors declaration of a state of emergency of homelessness, $40M from the City of Los Angeles, and $60M in LAHSA resources (which includes a $15M ERF grant received by LAHSA for its Every Woman Housed (EWH) program). The ERF, administered by the Business, Consumer Services and Housing Agency (BCSH) and the California Interagency Council on Homelessness (Cal ICH) was designed by the State to provide communities of all sizes with the funding to move people living in encampments into housing. The EWH program was specifically designed to utilize ERF grant funds to end homelessness for women and families in Skid Row.

U.S. Department of Housing and Urban Development (HUD)

HUD is a federal agency responsible for national policies and programs that address America's housing needs, improve and develop urban communities, and enforce fair housing laws. Key roles of HUD include: 1) Affordable Housing Development (funds housing and affordable rental housing programs and supports housing for seniors, people with disabilities, and low-income families); Homeless Programs (oversees the CoC Program, Emergency Shelter Grants (ESG), and requires communities to use HMIS and conduct point-in-time counts); Fair Housing Enforcement (enforces the Fair Housing Act); Community Development (administers Community Development Block Grants (CDBG); and Housing Choice Vouchers (Section 8 to help low-income households afford safe, decent housing in the private market).

Provider Administrative Requirements

Implementation Handbook Acknowledgement

The Implementation Handbook for ICMS Providers (this document) provides a broad overview on key areas of ICMS implementation, the activities involved in each implementation area, relevant policies and procedures, available technical assistance, and the HFH methods for monitoring these implementation activities. The Implementation Handbook must be signed and sent to HFH at the start of each fiscal year, and adhered to by each ICMS Provider. Returning a signed copy of the Implementation Handbook to HFH serves as an acknowledgement and opting in to the fiscal year, and the corresponding HFH contract monitoring plan, as described in the Monitoring section of this Handbook.

Personnel Management

- ### Program Manager (PM)
  It is essential for ICMS Providers to maintain an ICMS Program Manager (or designated alternate) who is responsible for the overall day-to-day activities, management, and coordination of ICMS, and who serves as the liaison with HFH. HFH needs access to the PM 24 hours per day, 365 days per year.
- ### Direct Service Staff
  - The ICMS Provider should maintain an updated organizational chart which lists all staff funded under the ICMS program and be prepared to share the chart with HFH at least monthly.
  - HFH maintains the right to approve or disapprove all staff performing work in the ICMS program, as necessary.
  - Case managers serve as the central point of contact for ICMS participants and are the most essential staff members to maintain, to help ensure that ICMS participants do not have any lapses in program support. If you are having challenges with maintaining adequate numbers of case managers on staff for ICMS, please discuss this challenge with your HFH program manager.
- ### Employee Handbook
  An Employee Handbook helps employees get acquainted with everything they need to be successful and safe in their workplace. It should provide guidance and information on your organization's mission, vision, values, policies and procedures, and workplace code of conduct.
- ### Personnel Records
  HFH expects that ICMS Providers maintain adequate personnel records for ICMS staff. These records should include, at minimum:
  - Resume and Hiring Documents
  - Signed Agency Policy Sheets
  - Training Proof/Certifications
  - Signed ICMS Program Guide
  - Performance Evaluations
  - Time Sheets and Payment Information
  - Other Sensitive and Relevant Human Resource Documents

Case Conference and Clinical Supervision

HFH's expectation for case conferencing is that it's a collaborative process involving the care team, which includes the ICMS Provider and other providers, such as medical providers, HSSP/FSP, CENS, property management, and may include HFH clinicians who are involved in the participant's care. The purpose of these meetings is to review the participant's background, current situation, and progress, identify any unmet needs or barriers, propose solutions, and coordinate services to ensure comprehensive and efficient care. During the conference, the ICMS Provider should set specific goal(s) with measurable action steps for the participant's Care Plan, ensuring all providers work towards common objectives. Discussions and decisions are documented, and follow-up meetings are scheduled to monitor progress and make necessary adjustments. This process promotes communication, collaboration, and accountability among the care team, leading to better outcomes for participants, especially those with complex needs who receive services from multiple providers.

HFH requires that ICMS Providers establish a comprehensive system for providing clinical supervision to the case managers on their ICMS staff. Regular clinical supervision sessions are beneficial to offer guidance, support, and feedback to the staff. This level of support helps with ensuring the quality and appropriateness of case management services, monitoring staff interactions with ICMS participants, and reviewing program and service delivery documentation. The clinical supervision should include thorough reviews of participant charts and organizing case conferences to address the needs of ICMS participants. Furthermore, the clinical supervisor must be available on an on-call basis to assist with emergencies encountered by ICMS staff, ensuring immediate and effective responses to urgent issues.

Participant Assistance Funds

For each active CHAMP slot assigned to an ICMS Provider, the expectation is to set aside $200 per year, at minimum, with this collection of funds dedicated to participant assistance. These funds should be used only as needed to support basic participant needs when other resources are not available elsewhere. Common use of these funds includes, but is not limited to transportation, application fees, groceries, clothes, and laundry.

Participant Experience Management

- ## Monitoring Participant Satisfaction
  - Evaluate participant satisfaction on a regular basis (at least semi-annually) through feedback gained via one-on-one conversations, tenant meetings, and satisfaction surveys.
  - HFH expects ICMS Providers to develop surveys for HFH review and approval, then to administer the surveys throughout the fiscal year to assess participant satisfaction with ICMS. Survey results and findings should be shared with HFH at least twice per fiscal year and discussed with your HFH program manager for any intended operational adjustments based on the survey findings.
- ## Addressing Grievances, Conflicts, Crises, and Significant Incidents

  HFH supports each ICMS Provider having its own grievance policy and procedures, and defers to the ICMS Provider to manage this protocol appropriately. HFH expects that each ICMS Provider's grievance policy includes the following elements:
  - Promptly acknowledge the participant's concerns and provide a safe environment for the participant to fully express their concerns.
  - Practice active listening and document the grievance accurately, including relevant details and specific issues mentioned.

- Conduct a thorough investigation, gathering information from all relevant parties, and reviewing pertinent documents.
- Keep the participant informed about the status of their grievance throughout the process to maintain transparency and trust.
- Evaluate the findings fairly, considering the participant's perspective and relevant policies, and communicate the resolution.
- Offer a follow-up meeting or conversation to address any further concerns and confirm the participant's satisfaction with the outcome.
- Implement necessary changes if the grievance highlighted systemic issues, such as updating policies or providing additional staff training.
- Document the entire process and regularly review grievance records to identify patterns and areas for continuous improvement in service delivery.
- Provide HFH with the formal grievance statement and resolution.

HFH expects that ICMS Providers acknowledge conflicts promptly and address them calmly. Foster open communication where all parties feel comfortable discussing their views. Look for common ground and collaborate to brainstorm possible solutions, encouraging creativity and flexibility. Agree on specific action steps and responsibilities for each party, ensuring everyone understands their role in the resolution process. Schedule follow-up meetings to monitor progress and address any new issues that arise.

For crises and significant incidents, HFH expects that ICMS Providers maintain a crisis response phone line that is available 24/7 to swiftly assess the situation, identify immediate threats, and prioritize actions. Develop and implement a clear action plan, assigning specific roles to on-site staff. If necessary, contact the Psychiatric Mobile Response Team (PMRT) or law enforcement. After addressing the crisis, document the incident in a detailed report and send it to HFH and other relevant stakeholders. Provide support for both staff and program participants affected by a crisis. For more information on HFH's incident report guidance (including the report template), visit Significant Incident Reports in the ICMS Information Center.

Quality Control Plan

The Quality Control Plan (QCP) is a living document that outlines the methods taken for quality control of critical policies and procedures necessary to deliver ICMS of the highest quality possible. It should include written descriptions of the measurements, inspections, and checks put in place to ensure the highest quality ICMS. The QCP should specify relevant policies and procedures, activities to be monitored, method(s) of monitoring, and frequency of monitoring, and be performed by a person specifically trained to conduct the monitoring. The QCP should include, but not necessarily be limited to detailed policies and procedures for ensuring quality in the following operational areas:

- **Personnel Management**
  - Staff Hiring Procedures
  - Staff Orientation, Training, and Performance Management
  - Employee Handbook
- **Collaboration and Partnerships**
  - Care Coordination

- Participation in HFH-Scheduled Meetings
- Fulfilling Ad Hoc Requests From HFH

- **Meeting ICMS Service and Documentation Requirements**
  - Ensuring Direct Service Staff Access to ICMS Snapshot Data
- **HIPAA/Confidentiality**
- **Case Conferencing and Clinical Supervision**
- **Participant Experience**
  - Participant Assistance Funds
  - Satisfaction Surveys
  - Grievance Policy
  - Conflict Resolution Procedures
  - 24/7 Crisis Intervention Support Procedures
  - Significant Incident Reporting (SIR) Policy
  - Program Graduation Procedures
- **Submitting Timely and Error-Free ICMS Invoices**
- **Plan for reviewing and updating the QCP annually, at minimum**

Information Management Systems

Documentation of services provided is an important part of service delivery. Documentation is important to protect and properly support participants, ICMS Providers, and the overall ICMS program.

- Good and consistent documentation promotes participant safety, quality, and continuity of care. Complete and accurate recordkeeping help ensure participants receive the right care at the right time.
- Good and consistent documentation is important to protect ICMS Providers from liability, and to prevent disallowed costs for insufficient proof of services rendered. If service records do not justify the ICMS Provider's invoiced amount, HFH may have to recover previous payment for which there is no connected proof of services rendered.
- Accurate documentation ensures that funders of the ICMS program pay the right amounts (not too much and not too little) to HFH, and that HFH is able to accurately monitor performance and outcomes. Accurate documentation enables HFH to report out on the impact of the ICMS program, and to better concentrate resources equitably.

Comprehensive Health Accompaniment Management Platform (CHAMP)

All ICMS data are tracked in the Comprehensive Health Accompaniment Management Platform (CHAMP), which is the HFH-approved information management system for the ICMS program.

- CHAMP can be accessed at: https://clienttrack.eccovia.com/login/LACHFH.
- It is imperative that ICMS staff maintain access to CHAMP and ensure timely and accurate documentation in CHAMP to bill for services rendered.

CHAMP is required to be used by ICMS Providers to store all ICMS case and service delivery information for participants assigned to their ICMS roster. Participant and overall program information tracked in CHAMP continues to expand, and currently includes:

- HFH system of care enrollments, referrals, housing subsidy details, provider assignments, funding, and billing.
- Demographics, participant consents, identifying information, contact information, emergency contact information, household composition, service animal(s) and emotional support companion(s), health insurance coverage, homeless history, health conditions, and income.
- Housing and service engagement status, various assessments, the Care Plan, service records, and case notes.

All staff working within the HFH system of care who use CHAMP to store records reflecting their provision of participant care are subject to the same privacy and security requirements as everyone who coordinates care for patients and participants across DHS. Every participant has a right to privacy. To earn our participants' trust, we must protect their health information according to the Health Insurance Portability and Accountability Act (HIPAA). In addition to HIPAA, there are several laws defining how participant information should be appropriately handled. The HFH system of care follows all applicable privacy and security practices in the management of CHAMP to ensure:

- Participant health info is protected in all forms, including paper, electronic, verbal, video, and photo.
- Participants can access, inspect, and request copies of their protected health information (PHI).
- Participants can file a complaint.
- Participants can obtain a copy of the Notice of Privacy Practices.
- Participants can request a list of where/with who the HFH system of care shared their PHI.
- Participants can contribute to governing the use of and disclosure of their information.

Utilize the CHAMP User Profile Request Form to create a new CHAMP User profile (including access to CHAMP introductory training), reestablish access that was lost due to prolonged inactivity, update an existing CHAMP User's assigned role, or to update the Owning Organization and/or Supervisor of the CHAMP User.

Existing CHAMP Users with any CHAMP functionality and/or ICMS documentation questions are free to visit CHAMP Office Hours, with multiple sessions available each week, or request a 1:1 screen share. You can register for a CHAMP Office Hours session or 1:1 screen share through links available in the ICMS Program Information Center.

Homeless Management Information System (HMIS)

The Los Angeles Continuum of Care (LACoC) is part of a larger collaborative composed of three Continuums of Care (CoCs): Los Angeles, Glendale, and Pasadena. Organizations operating within the LACoC use the Homeless Management Information System (HMIS) (aka Clarity) to securely collect participant-level, system wide information on the services they provide to people experiencing homelessness and those who are at risk of homelessness. The information tracked in HMIS is used to improve the ability of LACoC's governing agencies, service providers, volunteers, and external stakeholders to provide access to resources and housing which aids in the effort to end homelessness. Coordinating efforts, including tracking, allows for a more complete snapshot of the entire system at any given time, and a multitude of benefits, including:

- Seamless transfer of information for service providers operating in multiple CoCs.
- Those experiencing homelessness can travel between CoCs and receive the services they need without delays due to loss of information.
- Enables the LACoC to analyze and adapt strategies to meet the needs of people experiencing homelessness.
- Provides LAC with a greater understanding of the current state of homelessness across the entire system.
- Improves communication between agencies across LAC, reducing delays in services and ensuring resources are provided to those with the greatest need.

In an effort to improve statewide data collection, ensuring better tracking, evaluation, and transparency of homelessness response interventions, California Assembly Bill (AB) 977 was signed by the Governor in 2021, and it requires homelessness programs that include any state funding to report detailed participant and service data into HMIS. In June 2025, CHAMP further integrated with the LACoC's HMIS, aligning with federal HMIS and California AB 977 standards to increase transparency, improve data completeness and accuracy, and strengthen oversight and accountability for ICMS. ICMS program enrollment in CHAMP includes a corresponding HMIS enrollment, and ICMS documentation in CHAMP covers HMIS documentation requirements and standards.

While documentation in HMIS is not required under the ICMS contract, as all HMIS documentation requirements for an ICMS case are covered via documentation in CHAMP, HFH expects that all ICMS Provider staff maintain active HMIS access for care coordination purposes. Given that many ICMS participants may be connected to multiple homelessness response services and programs concurrently, some of which may be solely tracked in HMIS, it is vital for case managers to maintain access to HMIS as part of using all relevant participant information available to coordinate high quality and timely care. If an ICMS Provider needs support with obtaining HMIS access for ICMS staff, it is recommended to consult with their HFH program manager.

Countywide Homeless Information Portal (CHIP)

Under California Assembly Bill (AB) 210 and AB 1948, counties can form multidisciplinary personnel teams (MDTs) to share information that is otherwise confidential under State law to facilitate the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county, and to allow the sharing of confidential information between providers for the purpose of coordinating housing and continuity of care, including homelessness prevention. To support MDT efforts, the Countywide Homeless Information Portal (CHIP), managed by LA County, queries information from various governmental and related information management systems to supplement the overall information homeless services providers receive to coordinate care.

In the context of AB 210, AB 1948, and CHIP, contracted ICMS Providers are automatically included as members of the MDTs that are permitted to gain access to CHIP. HFH expects each ICMS Provider to obtain and manage CHIP access for their entire ICMS staff, and to ensure that it is used as an additional tool in care coordination. To gain CHIP access for individual staff members, an ICMS Provider must first sign and submit a Participating Agency Agreement to the County and designate a "Point Person(s)" who will be responsible for requesting the addition and deletion of CHIP users for their agency. Gaining CHIP access requires completion of a basic training administered by the County. If an ICMS Provider has any questions about how to obtain or confirm a CHIP Participating Agency status, it is recommended they consult with their HFH program manager.

Enrollments and Referrals

Selecting Households for Permanent Housing ICMS

For ICMS placement, HFH prioritizes households experiencing homelessness and a chronic illness or physical disability. These households are identified through a variety of pathways, enrolled by HFH in ICMS in CHAMP, and referred into CHAMP slots to begin receiving ICMS from HFH-contracted ICMS Providers. Pathways into Permanent Housing ICMS include, but are not limited to:

- LAC's Coordinated Entry System (CES)
- DHS' municipal hospital system
- HFH's Street-Based Engagement (SBE) program
- HFH's Interim Housing Outreach Program (IHOP)
- Referrals from partner LAC departments such as DMH, DPH, DCFS, DPSS, and DMVA
- Referrals from Medi-Cal Managed Care Plan (MCP) partners
- Referrals from Veterans Affairs for Other than Honorably discharged Veterans

ICMS Enrollment and Referral Process

Specialized HFH staff oversee the creation of initial ICMS and HMIS enrollments in CHAMP, and manage the following aspects of the ICMS referral process:

- Closely tracking ICMS-connected housing subsidy matches in LAHSA's Resource Management System (RMS) (also known as "CES matches");
- Facilitating matches to locally funded housing subsidies;
- Making referrals into CHAMP slots for households matched to project based and tenant-based housing vouchers with ICMS attached;
- Making referrals into CHAMP slots for households with people experiencing homelessness who have been matched to ICMS but who are not matched to a housing subsidy (learn more); and
- Checking the referred ICMS participant into the connected ICMS slot in CHAMP.

- **Front end reverse referrals (FERRs)** are completed for newly enrolled ICMS participants that were selected and matched to an ICMS-connected permanent housing opportunity via CES (includes DMH-affiliated housing matches). Through this process, HFH enters housing resources in RMS that correlate with CHAMP slots, and the CES SPA matchers match households in the CES to these available tenant or project-based housing resources. Once the CES SPA matcher matches a household to one of HFH's ICMS-connected housing resources, HFH utilizes the basic identifying and demographic information that exists for the head of the household in HMIS Clarity to enter a "skeleton HFH Application" in CHAMP, create an ICMS enrollment, and refer the new ICMS participant into one of an ICMS Provider's slots in CHAMP.
- **Reverse referrals (RRs)** are completed when households are already receiving ICMS from an ICMS Provider, but they have not yet been officially enrolled in ICMS in CHAMP. The ICMS Provider enters an HFH Application (including the Universal Sharing Consent from the participant) in CHAMP, and then HFH completes an official ICMS enrollment and refers the new ICMS participant into one of an ICMS Provider's ICMS slots in CHAMP. **Reverse referral requests may take up to 5 business days to process, so this should be taken into consideration for slot vacancy planning. ICMS slots that remain vacant for more than 2 weeks while awaiting a reverse referral are subject to potential slot closure.** Plese see "Slot Closure" in the Billing section of this Handbook for more details.

- **HMIS Enrollments** are completed by HFH staff as part of the ICMS enrollment and slot referral process. Due to the importance of HMIS enrollments being completed correctly in CHAMP to ensure appropriate tracking and reporting, ICMS Providers should not complete HMIS enrollments in CHAMP. If an ICMS Provider has any questions about an ICMS participant's HMIS enrollment status, they should reach out to their HFH program manager for support.

> All newly enrolled ICMS participants placed in one of your CHAMP slots are listed in the ICMS Snapshot. The slot "Check-In Date" represents the ICMS enrollment begin date.

ICMS Transfers

ICMS transfers can be initiated by HFH for a variety of reasons; through case conferencing, an HFH program manager will work with the ICMS Provider to determine the type of ICMS transfer needed or permitted, if any.

Example ICMS transfer scenarios include:

- Transferring from one scattered site ICMS Provider to another scattered site ICMS Provider.
- Transferring from a scattered site ICMS Provider to a project-based ICMS Provider.
  - For participants already permanently housed before the transfer is requested, this type of transfer can only be completed after the participant has moved into the destination project-based unit.
- Transferring from one project-based ICMS Provider to another project-based ICMS Provider.
  - For participants already permanently housed before the transfer is requested, this type of transfer can only be completed after the participant has moved into the destination project-based unit.

While awaiting transfer, ICMS Providers are required to continue providing ICMS for as long as a participant remains checked in to one of their ICMS slots.

> For permanently housed ICMS participants transferring between ICMS Providers, even if moving between apartments, the move-in date (which is the homelessness end date) should not change as part of the transfer.

ICMS Exit Requests

An ICMS Exit is a disenrollment from HFH's ICMS program, and when applicable, a declined permanent housing opportunity match in the CES, or a declined permanent housing opportunity match in HFH's Flexible Housing Subsidy Pool (FHSP). An ICMS Exit may be requested by an ICMS Provider for a variety of reasons, such as not being able to locate/find a participant, a participant declining the new housing opportunity, long-term incarceration, a participant leaving the County jurisdiction, reunification with family or friends, entry into a higher level of care, ICMS program graduation, or unfortunately death. Some permanent housing opportunities may expire if participants have been matched for too long without leasing up, and in this case HFH staff may complete an ICMS Exit outside the normal request process to ensure timely voucher utilization.

- **ICMS Exit and match decline expectations for FHSP matches:**
  - ICMS Providers are expected to submit FHSP subsidy applications to Brilliant Corners within 14 days after match for project-based vouchers (PBVs), or within 21 days after match for tenant-based vouchers (TBVs). Failure to submit an FHSP application within these timeframes may result in the participant being exited from ICMS by HFH staff to ensure timely voucher utilization.
  - Cases in which an FHSP permanent housing subsidy was assigned but the ICMS participant has not leased up for 90+ days post issuance for PBV, or 180+ days post issuance for TBV, may be subject to an ICMS exit by HFH staff to ensure timely voucher utilization.
  - When an ICMS participant matched to an FHSP subsidy is being exited due to the FHSP opportunity expiring, transfer to pre-match ICMS may be an option if the participant is interested in continuing ICMS participation for future housing opportunities.

For ICMS participants who have recently become incarcerated, there are many factors to consider before pursuing ICMS exit. Try to determine whether it will be a short-term stay in the LA County jail system or if there is a risk of long-term imprisonment. If the participant is permanently housed and has an active lease at the time of incarceration, ICMS Providers are expected to continue providing ICMS. If a permanently housed participant will be subjected to longer term imprisonment as part of their incarceration, then the ICMS Provider is expected to work with the participant on relinquishing their unit before pursuing ICMS exit, to help minimize future housing barriers for the participant.

For ICMS participants who have unfortunately passed away, an ICMS exit should be requested and completed ASAP after their passing so that we do not fraudulently carry on a services enrollment for too long after their death. If a recently deceased participant's permanent housing voucher is in the process of being transferred to another household member, the deceased participant still needs to be exited ASAP and the household member who is intended as the new voucher recipient should be added in CHAMP and referred into the ICMS slot.

ICMS exits are to only be completed by HFH's designated ICMS Exit Manager. It is essential for ICMS exits to be completed properly to ensure that billing, outcomes tracking, and system housing resource availability information are updated properly and in alignment across systems. Please ensure that ICMS Provider staff always use the below ICMS Exit Request process for ICMS cases that need to be closed:

- **Step 1:** The ICMS Provider submits the request using the **HFH ICMS Client Exit Request Form**
- **Step 2:** Upon submission of the ICMS Exit Request, a confirmation email is sent to the submitter.
- **Step 3:** HFH's ICMS Exit Manager reviews the exit request to ensure it meets the standards for an ICMS exit approval.
- **Step 4:** If approved, HFH's ICMS Exit Manager completes the ICMS exit in CHAMP. The submitter is notified of the completed program exit. If HFH's ICMS Exit Manager does not approve the ICMS exit, they will contact the ICMS submitter with an explanation for denying the ICMS Exit Request.
- **Step 5:** Completed ICMS Exits will be displayed in the Exit Log of the ICMS Snapshot and ICMS Program Summary Report.

ICMS Exits may take up to 5 business days to process after an exit request is submitted, so the ICMS Provider should take this timeline into account to understand whether an ICMS Exit will be completed before a service month's documentation deadline. If the ICMS Exit is not completed before a service month's documentation deadline, that ICMS enrollment will be included in HFH's review of required minimum documentation for that service month. ICMS Providers are also expected to continue providing (or attempting to provide) ICMS, as applicable, while awaiting the disposition of their ICMS Exit request.

Service Delivery and Documentation

An ICMS Provider's delivery of ICMS and documentation of all services delivered is expected to begin immediately after a household is enrolled by HFH in the ICMS program and placed in one of the ICMS Provider's CHAMP slots. It is essential for ICMS Providers to conduct meaningful and substantive in-person visits to ensure ongoing support for all participants assigned to their caseload, tailoring the intensity of services provided based on participant need. Regardless of housing status, the number of in-person visits shall, at a minimum, be conducted as follows:

- Participants in a high billing rate enrollment shall receive a minimum of two (2) visits per month.
- Participants in a low billing rate enrollment shall receive a minimum of one (1) visit per month.

Recording Services and Writing Case Notes

The **"Services"** functionality in CHAMP is a sub-component of CHAMP's **"Case Notes"** functionality. ICMS Providers should use the Services functionality to help quantify how frequently they are having encounters with an ICMS participant and/or how frequently they are providing support within that participant's ICMS case. It is ideal that every time a case note is being added in a participant's CHAMP profile, that at least one Service is being recorded in the case note to help quantify and track the support being provided by the assigned ICMS Provider.

According to Section 5.2 of the ICMS SOW, each participant record in CHAMP must include, but not be limited to, case notes with Services recorded at a minimum of two (2) times per month to document the provision of services.

Writing good case notes is an important part of providing good care and support. Case notes help promote continuity of care and can serve as valuable communication for other members of the care team. While there are many structured data fields in CHAMP to track quantitative information about a participant's ICMS case, the case notes allow space for adding qualitative details that help identify case themes and challenges. Case notes are also a tool to provide context that explains why and how certain interventions were, or were not, carried out. Case notes should be written in connection to any documentation being added in CHAMP, including for direct service delivery and coordination (or attempts), Permanent Housing Status and/or participant profile updates, collecting forms and/or signatures, completing assessments, and Care Plan updates.

Only the following ten (10) Service options in CHAMP are Eligible to count towards the minimum of 2 Services required per month for ICMS:

Homeless System of Care Linkage/Coordination

Coordinating enrollment and/or notifications in LA County's homelessness response system.

Intake | Opt-In | Pre-Match Request | Demographic Profile Update | Alternate Voucher Request | RMS Update | PH Update | Universal Consent | Incident Report | Exit Request

Assessment

Conducting an HFH-approved non-clinical assessment to evaluate participant functioning and self-sufficiency.

HMIS Assessment | 5x5 | Housing Acuity Index | Psychosocial | LA HAT

Care Plan Development / Update

Updating Care Plan content based on assessments, achievements, and participant feedback.

Create SMART Goal | Assign New Action Step | Update Action Step Status | Update Goal Status

Housing Navigation Support

Gathering and submitting key housing eligibility applications and documents, assisting with housing search, and facilitating move-in to permanent housing.

Basic Needs Assistance | CES Linkage | Document Support | Submit Subsidy App | Resolve Debt | Arrange Transportation | Housing Search | Coordinate Move-In | Housing Deposits Coordination

Mainstream Benefits Assistance

Assisting with connection to safety net programs, including health care, income, and nutrition.

CBEST Referral | Medi-Cal / Medicare Application | GR / CalFresh | Unemployment Income Connection | VA Coordination | Social Security Benefits Assistance

Health, Mental Health, Substance Use Linkages

Linkage to and/or coordination with health care providers.

Connect to PCP | Connect to Specialty Medical Care | Connect to Mental Health Care | Connect to Substance Use Care | PH² Referral | Case Conference / Follow-up with Care Provider | Appointment Reminder

ISP Care Coordination

Linkage to and/or coordination with PSH Integrated Services Program (ISP) providers.

Submit CENS Referral | Submit HSSP Referral | Submit FSP Referral | Case Conference / Follow-up with ISP Provider

Accompaniment – Health Care

Attending a health care visit alongside a participant.

Arrange Travel to Appointment | Attend Participant Appointment | Debrief with Participant After Appointment

ICMS TOC Visit

Visiting a participant in their home within 72 hours of hospital discharge.

Hospital Visit | Coordinate Hospital Discharge | Home Visit Post-Hospitalization

Permanent Housing Retention Assistance

Ongoing support, advocacy, and interventions for permanently housed participants to promote long-term tenancy, wellness, and self-sufficiency.

Build Rapport | Health & Safety Visit | Tenancy Education | Life Skills Coaching | Budgeting | Reasonable Accommodation Support | Family Reunification | Connect to Caregiving | Engage Property Manager | Re-certify Voucher | Moving On Application | Decluttering Support | Resolve Arrears | Submit FHSP GAR Request | Safety Plan | Mediate Dispute | Crisis Intervention

Writing case notes in a structured format, when possible, ensures further consistency and clarity. Structured format examples include DAP (Data, Assessment, Plan), GIRP (Goal, Intervention, Response, Plan), and SOAP (Subjective, Objective, Assessment, Plan). **HFH requires a minimum of one unique Case Note per month for each case, and that the Note is structured and organized. Repeating copies of the same exact Case Notes over time for a particular case without being able to confirm in some other way that truly unique encounters or services are occurring is considered fraudulent documentation, and fraudulent documentation is not permitted by HFH.**

Recorded Services documentation is considered overdue if the participant has been enrolled in the ICMS program for at least one full calendar month and there is not a minimum of two (2) Eligible services recorded by the ICMS Provider in the participant's CHAMP record for any full month of service in which that participant is enrolled in ICMS.

For each Service you record in a Case Note, you should ideally be selecting a "Complete" status for a corresponding Action Step in the Care Plan.

Backdated Documentation

While we aim to keep backdating minimal, HFH also understands that sometimes backdating is necessary for reconciliation purposes. Backdating should only be used in circumstances where services were delivered on a specific date, but an ICMS Provider just hadn't yet added those records in CHAMP. Adding backdated documentation to represent services that were not actually delivered is considered fraudulent documentation, and fraudulent documentation is not permitted by HFH.

For disallowed cost reviews, only backdated service month documentation that is added in CHAMP through that respective service month's documentation deadline will be referenced in the review. Any backdated service month documentation added in CHAMP after that respective service month's documentation deadline will not be included in the disallowed cost review for that respective service month.

Permanent Housing Status Updates

The Permanent Housing Status (PH) Update is a core component of ICMS documentation. The PH Update is used to update or confirm key details about an ICMS participant's case, which is used for service and resource coordination among multiple partners within the HFH system of care, and for tracking key performance indicators and outcomes.

A PH Update must be completed (Click "Save" and never click "No Changes") for each participant enrollment once per month, at minimum, and should involve adding or confirming the following information:

- Current Status; **AND**
- ICMS Case Manager (this is where you assign the Case Manager); **AND**
- Subsidy Application Date if the participant was matched to subsidy but hasn't yet been housed; **AND**
- Voucher Issued Date; **AND**
- Move-In Date (homelessness end date) if the participant became permanently housed; **AND**
- Service Planning Area (SPA) of participant's current location; **AND**
- Address where the participant is currently staying or residing (including unit # if applicable).

ICMS Case Manager Assignment

- According to Section 10.2 of the ICMS SOW, an ICMS Provider shall assign a sufficient number of employees to perform the required work. The ICMS Provider shall also maintain caseload ratios for each ICMS billing rate as follows:

Single Adult Low Rate	Family Low Rate	Single Adult High Rate	Family High Rate
1:40	1:30	1:20	1:15

- Mixed billing rate caseloads are allowable but must align with the above ratios. HFH can share a tool, as requested, to help calculate caseload distributions and bandwidth. The ICMS Program Summary Report also provides a monthly summary of caseload bandwidth being used by each active case manager serving participants in the ICMS Provider's CHAMP projects.

- **ICMS Case Manager assignment documentation is considered missing if the ICMS Case Manager assigned in the Permanent Housing Status section of the participant's CHAMP profile:**
  - **Is not a current staff member of the assigned ICMS Provider; OR**
  - **Does not have a currently active CHAMP account; OR**
  - **Has a caseload that exceeds a caseload ratio listed above; OR**
  - **If it is determined the staff member is not providing direct case management to the participant to which they are assigned.**
  - Requests to reactivate a CHAMP User profile that has been locked due to inactivity, change a CHAMP User Role, Owning Organization, or Supervisor, or to create or deactivate an account should be submitted using this form: https://lacdhs.workflowcloud.com/forms/2b2d36b6-223a-4e28-b710-6ced-9543de5c.

- **Permanent Housing Status (PH Update) documentation is considered overdue if a participant has been enrolled in the ICMS Program at least one full calendar month and the participant record is flagged for any of the following:**
  - **Current Status is blank; AND/OR**
  - **Current Status is "Active/Housed" but the Move-In Date is blank; AND/OR**
  - **ICMS Case Manager assignment documentation is missing; AND/OR**
  - **Address is blank; AND/OR**
  - **Service Planning Area is blank, AND/OR**
  - **There is no PH Update completed during a full month of service in which an enrollment is active.**

For each Permanent Housing Status Update completed, one unit of the "Homeless System of Care Linkage/Coordination" Service should be recorded in the Case Notes.

Outreach and Engagement

ICMS outreach involves ongoing efforts to build relationships with ICMS participants newly assigned to your caseload, including participants who may already be housed, or participants who are currently experiencing homelessness. Outreach is a process that can vary in length and should be customized to meet each participant's unique needs. Sample outreach activities may include, but are not limited to:

- Driving around to look for a missing participant;
- Visiting an encampment;
- Making a phone call or sending a text message;
- Visiting a shelter or interim housing facility;
- Knocking on the door of a participant's home; or
- Checking emergency contacts, HMIS, CHIP, hospitals, Medical Examiner, LASD Inmate Locator, and Hospitalization Log within the ICMS Snapshot without success.

For outreach attempts made to newly enrolled ICMS participants, record the "Initial Outreach – Successful" and "Initial Outreach – Unsuccessful" Services in Case Notes, depending on whether the initial outreach attempt was successful or unsuccessful.

- The **Initial Outreach – Successful** Service option does not count towards the monthly Service minimum documentation requirement; it is only to be used to indicate when the first successful contact was made with the participant. For successful initial outreach, additional Services should be recorded in the Case Notes to reflect actual services provided in connection to successfully reaching the participant (e.g., Housing Navigation Support). After initial outreach is successful and contact has been established with the participant, you should discontinue using the **Initial Outreach – Successful** option when recording Services in Case Notes.
- The **Initial Outreach – Unsuccessful** Service option does not count towards the monthly Service minimum documentation requirement; it is only to be used to track how many attempts were needed before making the first successful contact with the participant. For unsuccessful initial outreach, no additional Services should be recorded in the Case Notes since no contact was made with the participant during the recorded attempt. However, unsuccessful outreach attempts, when recorded appropriately, can qualify certain enrollments for temporary exclusion from disallowed cost flagging. In the body of the Case Note, please specify the method of unsuccessful outreach performed. After initial outreach is successful and contact has been established with the participant, you should discontinue using the **Initial Outreach – Unsuccessful** option when recording Services in Case Notes.

- **Unsuccessful Outreach Attempts for Previously Engaged Participants**
  - HFH understands that unsuccessful outreach is sometimes an inevitable part of ICMS, even after successful outreach was previously achieved. For participants previously engaged in ICMS, but who are now out of contact with the assigned ICMS Provider, record the **Unsuccessful Outreach Attempt** Service in the Case Note, and describe in the body of the note the method of unsuccessful outreach performed. The **Unsuccessful Outreach Attempt** Service option does not count towards the monthly Service minimum documentation requirement. However, unsuccessful outreach attempts, when recorded appropriately, can qualify certain enrollments for temporary exclusion from disallowed cost flagging.

- **After the close of the service month, any ICMS enrollments flagged for overdue required minimum documentation will be excluded from disallowed cost flagging if there are two or more unsuccessful outreach attempts recorded over two or more separate days during that respective service month. The following two Service options will be counted in this review:**
  - **Initial Outreach – Unsuccessful**
  - **Unsuccessful Outreach Attempt**

Upon successful outreach, ICMS Providers should engage ICMS participants in a trusting and supportive relationship, building rapport and motivation, and addressing any barriers or challenges to service delivery. All communication with ICMS participants, and with collaborative partners, should be done in a respectful, empathic, and culturally sensitive manner, involving the participant as an active contributor and partner as much as possible. The ICMS Provider is expected to have capacity to provide ICMS in languages for non-English speaking participants, in respect of how participants choose to identify, and tailored to meet the needs of participant subpopulations such as justice-involved participants, transition aged youth (TAY), families, and participants impacted by domestic violence. Coordinating and collaborating partners may include, but are not limited to, family, friends, health care professionals, educators, legal services, and community-based organizations. ICMS Providers should facilitate the access and delivery of the services and supports that participants desire and need, advocating for each assigned participant's rights and interests. Visit HFH's Outreach and Engagement information center to obtain more guidance.

Intake

The ICMS intake is a face-to-face encounter that typically involves a packet being filled out as 'new participant paperwork.' Its purpose is to provide new participants with an overview of the ICMS program, answer any initial questions, and gather basic information on the participant so that they can be formally onboarded into one of your case managers' caseloads and as a client of your organization.
During intake, work with ICMS participants to obtain all needed consents, authorizations, and opt-ins ASAP. Start working to determine available housing opportunities and discuss potential goals and action steps that can be used to drive Care Planning.

> Please only collect outstanding consent and opt-ins according to what is flagged per participant listed in the ICMS Snapshot. If an item is not flagged as missing or erroneous in the ICMS Snapshot, it means the record is already on file and there is no need to gather it again.

Notification of Privacy Practices

- The Notice of Privacy Practices is foundational to all consent discussions with participants. It describes the HFH pledge to keep each participant's health information private and secure, the different ways the HFH system of care (including ICMS Providers) may use, disclose, or share a participant's health information (with or without obtaining the participant's authorization), and participant rights regarding their health information. In the context of all consent discussions, the Notice of Privacy Practices should be shared and discussed with participants first, even before moving to signature of the Universal Information Sharing Consent. A participant providing full or limited Information Sharing Consent without acknowledging receipt of the Notice of Privacy Practices is equivalent to the participant providing no Information Sharing Consent at all.

- Example scenarios of the HFH system of care sharing participant health information without authorization, but in a permitted manner, include:
  - Sharing with doctors, medical staff, counselors, treatment staff, clerks, support staff, and other health care personnel who are involved in their care.
  - Sharing to bill and receive payment for services provided (e.g., ICMS).
  - Sharing to evaluate staff performance in caring for the participant.
  - Sharing in one or more HIE for purposes of coordinating care.
  - Sharing to contact participants as a reminder of upcoming appointments.
  - Sharing directly with participants to provide them information about a health condition they have, or to recommend options to accessing care.
  - Sharing with health care oversight agencies for audits, investigations, or inspections of the HFH system of care.
  - Sharing to prevent a serious threat to the participant's health and safety, or the health and safety of others (but only to the extent required or permitted by federal, State, or local laws and regulations).
- Specific participant rights regarding their health information include their right to:
  - Request restrictions (or limit the level of sharing) of their health information.
    - The HFH system of care is not required to agree to this request, however, is required to notify the participant if a request cannot be honored.
  - Receive confidential communications from the HFH system of care.
  - Access, inspect, and copy their health information.
  - Amend their health information if certain information in their record is incomplete or incorrect.
  - Receive an accounting of how and where their health information was disclosed by the HFH system of care.
  - Obtain a paper copy of the Notice of Privacy Practices.
- **Acknowledgment of Receipt of the Notice of Privacy Practices**
  - The Notice of Privacy Practices should be discussed with and provided to each ICMS participant just before the Universal Sharing Consent is reviewed and signed.
  - **Upon providing the Notice of Privacy Practices to the ICMS participant, the ICMS Provider shall have the participant sign the Acknowledgement of Receipt of the Notice of Privacy Practices and then move right into having the Universal Sharing Consent signed.**
  - The status of the Acknowledgment of Receipt of the Notification of Privacy Practices is expected to be completed in CHAMP even if no signature is obtained by the ICMS participant. If it's not possible to obtain the participant's acknowledgment, describe on the Acknowledgment Form and in the Case Notes the good faith efforts made to obtain the signature, and the reason(s) why the participant signature wasn't obtained. In this case, the Acknowledgment Form should still be signed by the case manager and a "Declined" status and reason added in CHAMP for the Notice of Privacy Practices. ICMS Providers are also expected to follow up at least once every 6 months with ICMS participants who previously declined acknowledgement of HFH's Privacy Practices to see if they eventually change their mind.
- HFH Privacy Practices may evolve over time. If they ever change, the revised Notice will be posted and available to obtain as a printout in HFH facilities and posted on multiple LAC websites noted within the original Notice document.

- **The Universal Participant Information Sharing Consent (aka Universal Sharing Consent)**
  - LAC's health care and social services departments, including HFH, operate and engage in health information exchanges (HIE), which are community-wide information systems used by participating service providers to share participant information that helps them with accessing resources and services, with the intent to help them improve their health and wellbeing.
  - LAC departments participating in HIE with HFH include DHS, DMH, DPH, DPSS, and DMVA. Partners of LAC that also participate in HIE include Medi-Cal managed care plans, community-based organizations, and providers of medical care, mental health care, substance use care, social services, housing and assisted living, meal services, and legal support.
  - When an ICMS participant signs the Universal Sharing Consent, they are authorizing LAC, and its partners, to use and share their health and social services information to maximize their access to resources and care that they are entitled to receive, which can significantly improve their health and wellbeing.
    - Obtaining permission from participants to share their health information helps ICMS Providers and HFH with determining participant eligibility for services and benefits, coordinating health care and community supports, monitoring service quality and effectiveness, receiving payment for service, and continually improving the quality of services provided.
    - ICMS participant information that may be shared includes general demographic information, medical, mental health, and/or substance use history, public benefits records, and details about support received within the HFH system of care.
    - Participants may request to limit the HFH system of care from accessing or sharing out information about mental health and/or substance use disorder diagnoses or treatment. Regardless of whether permission is granted to access this type of information, neither diagnosis or treatment information about mental health and substance use disorder should ever be documented in CHAMP.
    - Participants also can designate family members and/or other specific people who can receive information about the participant to assist in coordinating their care.
  - It is ideal for each CHAMP profile to have an active Universal Sharing Consent signed and uploaded, regardless of which program in the HFH system of care it was obtained within. Once signed and uploaded in CHAMP, the Universal Sharing Consent will remain valid for as long as the participant continues to receive support from LAC programs. A Universal Sharing Consent status in a CHAMP profile applies universally to all programs a participant might be enrolled in within the HFH system of care. Once a signed Universal Sharing Consent document and status is on record in the CHAMP profile, there is no need for the ICMS Provider to obtain and upload another one, unless the ICMS participant requests to change their level of sharing consent.
  - **Declining or Refusing to Provide Information Sharing Consent**
    - ICMS participants have the right to decline or refuse to provide Universal Sharing Consent. Upon declining, the HFH system of care may not be able to share certain information to coordinate support in some circumstances, which may limit the level of care coordination and access to resources received by the participant. However, State and federal laws already allow the HFH system of care to share some participant health information (as described in the Notice of Privacy Practices) to provide services, obtain payment, and run its operations, even without participant consent.
      - When sharing consent is declined or refused, ICMS Providers should not share participant

health information outside the HFH system of care when it is non-essential to the provision of support for housing navigation and housing retention.
  - Neither information about the participant's substance use care, nor about their mental health care, should be accessed or shared outside the HFH system of care without prior participant consent to share these types of information.
  - If a participant declines or refuses to provide information sharing consent, the ICMS Provider is expected to document this Universal Sharing Consent status in the CHAMP profile ASAP. ICMS Providers are also expected to follow up at least once every 6 months on Universal Sharing Consent statuses with ICMS participants who previously declined information sharing consent to see if they eventually change their mind.

- **Revoking Previously Provided Information Sharing Consent**
  - ICMS participants have the right at any time to revoke the Universal Sharing Consent they previously provided. Upon revoking, the HFH system of care may not be able to share certain data to coordinate support in some circumstances, which may limit the level of care coordination and access to resources received by the participant. However, State and federal laws already allow the HFH system of care to share some participant health information (as described in the Notice of Privacy Practices) to provide services, obtain payment, and run its operations, even without participant consent.
  - When sharing consent is revoked, case managers should not share participant health information outside the HFH system of care when it is non-essential to the provision of support for housing navigation and housing retention.
  - Neither information about the participant's substance use care, nor about their mental health care, should be accessed or shared outside the HFH system of care without prior participant consent to share these types of information.
  - If a participant revokes previously provided information sharing consent, the ICMS Provider is expected to have the participant sign the revoked consent section of the Universal Sharing Consent form and then upload a copy of the revocation and document the "Revoked" Universal Sharing Consent status in the CHAMP profile ASAP. ICMS Providers are also expected to follow up at least once every 6 months on Universal Sharing Consent statuses with ICMS participants who revoked information sharing consent to see if they eventually change their mind.

- **CalAIM Opt-Ins**
  - HFH has access to a funding source called CalAIM Community Supports (CS), which enables program participants' Medi-Cal coverage to pay for some or all the housing navigation and tenancy support services (i.e., ICMS) they receive within the HFH system of care. Opting in to CalAIM is voluntary, however it is tied directly to the ICMS you are providing, serving in many cases as the primary funding source of the ICMS. Upon a household agreeing to receive ICMS that is interconnected to them being prioritized for a permanent housing opportunity, they are also opting in to CalAIM Community Supports, since CalAIM is used whenever eligible Medi-Cal plans are available, to help pay for ICMS. HFH will never charge participants for HFH or CalAIM participation, and participants will not be paid to participate in HFH or CalAIM programming. ICMS participants have the right to opt out of CalAIM at any time, however, in doing so, the opt-out may be putting HFH in a challenging position to pay for the ICMS being provided. Scripts for discussing and obtaining CalAIM verbal opt-ins from ICMS participants can be accessed here in the ICMS Program Information Center.

- The ICMS Snapshot includes flagging of which ICMS participants HFH is requesting verbal opt-in to be obtained from and recorded in their CHAMP profile ASAP. The data point in the ICMS Snapshot is specifically entitled "CalAIM CS Housing Navigation (HN) or Tenancy Sustaining Services (TSS) Verbal Opt-In Needed?" If the ICMS Snapshot displays a "Yes" for this item, please obtain the participant's verbal opt-in for CalAIM CS and record it in the Consent space of their CHAMP profile, specifically selecting "CS Housing Navigation" and "CS Tenancy and Sustaining Services."
- Opting in or out of CalAIM programming will NOT impact a participant's eligibility for the housing and services they currently receive or might receive in the future.
- A participant's Medi-Cal MCP may reach out to the participant directly to confirm their agreement to allow their Med-Cal insurance coverage to be used to pay for the ICMS (and other connected support) they are receiving in the HFH system of care.

Each time an ICMS Provider completes an ICMS intake and/or collects any consent or opt-in, one unit of the "Homeless System of Care Linkage/Coordination" Service should be recorded in the Case Notes.

Assessments

Assessments are crucial tools used by ICMS providers to obtain and analyze information from ICMS participants and anyone integral to the care and wellbeing of the participant. Case managers must assess to help identify and respond to risks, as well as to determine the wants and needs of participants and their care team. While undertaking assessments, ICMS Provider staff should always be self-aware and consider the diversity of each participant in their roster. The goal of each ICMS assessment is to help identify the support an ICMS participant needs to work through their situation(s), helping them prioritize SMART goals and action steps to reach their full potential.

According to section 2.3 of the ICMS SOW, the ICMS Provider shall conduct a comprehensive initial assessment using County-approved assessment tools within thirty (30) days of the participant's initial enrollment in ICMS, and reassess every 90 days after the initial assessment, recording the results of these assessments in the County-approved information management system. Assessment data shall be referenced by ICMS Providers to help develop and update the Care Plan.

- Assessment requirements for ICMS include Quarterly ICMS Assessments and Annual HMIS Assessments through the use of the following **three tools:**
  - The 5x5 assessment evaluates a participant's functioning, needs, and changes over time across five key domains: Physical Health; Mental Health; Substance Use; Life Negotiation Skills; and Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Each domain is scored on a scale of 1 to 5, with higher scores indicating greater risk of negative outcomes such as death, decline, disability, eviction, or return to homelessness. Scoring is based on participant function, rather than the presence of a diagnosis or behavior, and is informed by both self-report and external sources (e.g., clinician input, case notes, observations).
  - The Housing Acuity Index (HAI) is a structured assessment tool that evaluates a permanently housed ICMS participant's independence and support needs across key areas affecting housing stability,

income, health, and access to services. It helps guide individualized service planning, identify priority areas for support, and inform supervision levels and caseload distribution. The HAI is divided into three sections: 1) Housing, Income, and Benefits; 2) Health, Supportive Services, and Resources; and 3) Parenting and Child Services. Each item is scored on a 0–3 scale, reflecting the participant's level of self-sufficiency: 0 = Intensive support needed / None of the time; 1 = Ongoing support needed / Less than half the time; 2 = Some support needed / Most of the time; 3 = Little or no support needed / All or almost all of the time. ICMS Providers should use all available sources of information, including participant self-report, and carefully review all rating options before selecting scores. Estimates can be used when exact percentages are unknown.

- The HMIS assessment is a standardized intake and update tool used to collect key data about individuals and families experiencing or at risk of homelessness. This assessment: captures demographic, housing, service, and needs-related information to document housing status and service needs; tracks progress over time; supports coordinated entry and referrals; and meets HUD funding and reporting requirements. Common HMIS assessment components include: personal and demographic information (e.g., age, race, veteran status); housing status and history; income and benefits; health and disabilities; domestic violence history; services provided; and housing outcomes. HMIS assessments support data-driven decisions, improve service coordination, and help ensure resources are allocated to those with the greatest needs.

- For each ICMS participant assigned, the ICMS Provider is required to start completing **Annual HMIS Assessments** within 30 days after enrollment, and then reassess annually.
  - An initial HMIS assessment completed after program enrollment is referred to as an "Intake/Entry Assessment," and all subsequent annual assessments under that enrollment are referred to as a "New Annual Assessment."
  - HMIS Assessments are interview-style assessments and are required to be completed by the ICMS Provider while in the presence of the ICMS participant.
  - The ICMS Snapshot will flag whether an HMIS Assessment (Intake or Annual) is outstanding.

- For each ICMS participant assigned, the ICMS Provider is required to start completing **Quarterly ICMS Assessments** within 30 days after enrollment, and then reassess every 90 days:
  - If the participant is not yet housed at the time of assessment, only a 5x5 assessment must be completed and documented in CHAMP using the 5x5 functionality.
  - If the participant is permanently housed at the time of assessment, both a 5x5 assessment and a HAI assessment must be completed and documented in CHAMP using the respective functionalities.
  - 5x5 and HAI assessments are used to help reflect the case manager's interpretation of the needs and self-sufficiencies present in the ICMS participant's case, and do not necessarily need to be completed in the presence of the participant.

- **Assessment documentation is considered overdue if:**
  - **A participant has been enrolled in the ICMS program for at least a full calendar month and there is no CHAMP 5x5 assessment completed within the past 120 days; AND/OR**
  - **A participant has been permanently housed at least 120 days, has been enrolled in the ICMS program at least a full calendar month, and there is no CHAMP record of an HAI assessment completed within the past 120 days.**

- **While some assessments can be completed without being in the presence of the ICMS participant, you should not complete an assessment if you have not been in contact with the ICMS participant within the past 30 days. Assessments should also not be completed for deceased participants. Adding an assessment record in CHAMP for a deceased participant, or for a participant who you have not been in contact with over the past 30 days, is considered fraudulent documentation and is not permitted by HFH.**

Additional assessment guidance for ICMS Providers is available here in the ICMS Program Information Center.

For each assessment completed, one unit of the "Assessment" Service should be recorded in the Case Notes.

Care Plan Updates

Based on the principles of participant-centered, collaborative, and outcome-oriented case management, the Care Plan is an essential tool for ICMS Providers and program participants, as it outlines goals, action steps, and resources needed to help improve a participant's wellbeing. However, Care Plans are not static documents that can be left unchanged for long periods of time. They need to be regularly reviewed, updated, and revised to reflect the changing needs, preferences, and circumstances of participants.

- Care Plan content should be informed by recently completed assessments, and reflect the participant's goals, preferences, and choices, as well as available resources and options. Care Plan content should be (SMART) specific, measurable, achievable, realistic/relevant, and time-bound, and should include clear roles and responsibilities for the participant, the case manager, and other care team members, as applicable. The Care Plan should also prioritize the most urgent and important issues and tasks, aiming for a balance of short-term and long-term outcomes.
  - Care Plans should embody HFH's foundational principles, being participant-centered, trauma-informed, Housing First, and guided by harm reduction, EDIA, and doing "whatever it takes."
  - SMART goals help the participant and the case manager to define what success looks like, how to track progress, and how to overcome obstacles. The goals should reflect the participant's values, interests, and motivations, and be aligned with their desired outcomes.
  - Identify the Action Steps and resources that can help a participant achieve their goal(s). Action Steps are the strategies that the case manager and the participant agree to implement, such as counseling, education, referrals, or advocacy. Resources are the supports or services that the participant can access through Action Steps, such as financial assistance, housing, health care, or other community supports. The Action Steps and resources should be tailored to the participant's needs, preferences, and circumstances, and ideally be based on evidence and best practices.
- The case manager should involve the participant and any other care team members in recurring Care Plan check-ins to determine its effectiveness, discussing the achievements, challenges, and lessons learned from the Action Steps completed over time. Care Plan check-ins should also celebrate the achievements and acknowledge the efforts of the participant and the case manager. The Care Plan should be continually updated based on the outcomes, participant feedback, and data collected from the completed Action Steps. Care Plan updates may include making any necessary changes or adjustments to the goal(s), action steps, or resources, based on the participant's current needs, preferences, and circumstances. An expanding list of sample Care Plan content is accessible in the ICMS Information Center.

- **Care Plans Do Not 'Close' or 'End' for Active ICMS Participants**
  - Each CHAMP profile only has one Care Plan, which is to remain active for the duration of the ICMS enrollment. A Care Plan can only be 'closed' or 'ended' when a participant is not active in any program within the HFH system of care.
  - According to Section 2.4 of the ICMS SOW, the individualized Care Plan shall be updated within 30 days after enrollment then updated every ninety (90) days at minimum. Updates to the Care Plan shall include, but not be limited to, development of new Goals, progress made toward achieving stated Goals, and any changes to Goals or Action Steps noted in the County-approved information management system.
  - During an active ICMS enrollment, a Care Plan must **always** include at least one SMART Goal with an "Open" status, and open SMART Goals must contain at least one Action Step with a "New/Pending" status and "Set Date" within the past 90 days. Additionally, a Care Plan must include at least one Action Step with a "Complete" status and "Complete Date" within the past 90 days at any given time during the ICMS enrollment.
- **Care Plan documentation is considered overdue if:**
  - **The participant has been enrolled for at least 30 days and there is not at least one SMART Goal with an "Open" status that contains an Action Step with a "New/Pending" status and Set Date within the past 120 days; AND/OR**
  - **The participant has been enrolled for at least 90 days and there is not at least one Action Step with a "Complete" status and Complete Date within the past 120 days.**

For each Care Plan update, one unit of the "Care Plan Development/Update" Service should be recorded in the Case Notes. Also, for each Action Step you mark as "Complete" in the Care Plan, record a Service in the Case Note to reflect the support provided to carry out that Action Step.

Housing Navigation

Foundational to ICMS housing navigation practices is the Housing First approach, supporting participants in obtaining and retaining permanent housing without any prerequisites or conditions related to physical health, mental health, or sobriety status. Participants are not required to demonstrate 'housing readiness,' such as sobriety or behavioral health services compliance, prior to obtaining permanent housing. Until permanent housing is secured, the ICMS Provider shall facilitate access to temporary housing through referrals. Temporary housing may include, but is not limited to interim housing, crisis/bridge housing, shelters, motel vouchers, or other temporary housing opportunities. **ICMS shall continue to be fully provided throughout the participant's stay in any of these interim settings.**

Pre-Housing Resource Housing Navigation

- Also referred to as "pre-match" ICMS, it's critical to initiate ICMS with enrolled participants even before they have been matched to a housing subsidy. Pre-match ICMS focuses on helping participants get placed into interim housing, enroll in a health insurance plan, access health care, have transportation to needed medical, mental health and substance use care appointments, become housing document ready, and ultimately shorten the timeframe from homelessness to permanent housing. It is important to deliver pre-match ICMS where the participant is located (e.g., streets,

shelter, etc.) using a low barrier, "whatever it takes" approach. Accurate and consistent documentation in CHAMP on participants receiving this level of ICMS is vital to help ensure timely prioritization for a match to a permanent housing opportunity.

Housing Navigation After Match to a Permanent Housing Opportunity

- Upon a successful match of a participant to a permanent housing resource, ICMS Providers shall ensure timely and thorough completion, submission, and coordination of housing subsidy and/or lease applications, including gathering all necessary documentation and paperwork required by Public Housing Authorities (PHAs), or the Flexible Housing Subsidy Pool (FHSP), and/or any other housing programs.
  - **ICMS Providers are expected to ensure subsidy applications are submitted to the appropriate PHA (or Brilliant Corners if an FHSP subsidy) within 14 days after match for project-based vouchers (PBVs), or within 21 days after match for tenant-based vouchers (TBVs).** Review the ICMS Exit Request subsection within the Enrollments and Referrals section of this Handbook for match decline and ICMS exit guidance.
  - Common documentation to gather includes, but is not limited to government issued identification, social security cards, tax ID numbers, consulate cards, birth certificates, proof of income, and disability paperwork.
  - It is also important to assist participants with follow-ups on their housing subsidy and/or lease application status, providing any missing or additional information to secure permanent housing in a timely manner.
- ICMS Providers support unhoused participants who have a TBV with the unit search process by assisting the participant with all unit viewings, conducting introductory meetings with property management, explaining the terms of the rental or lease agreement, reviewing rules and responsibilities of tenancy prior to move-in, and coordinating move-in.
- ICMS participants should be assisted with their move-in by coordinating housing deposits (including security deposits, utility deposits, and first month's rent), accompaniment to lease-signing, assistance on moving day, acquainting them with on-site services staff, activities, local amenities, acquisition of furniture, and any other items that meet their basic needs upon move-in.

Each time a case manager provides housing navigation support, one unit of the "Housing Navigation Support" Service should be recorded in the Case Notes.

Housing Stabilization and Tenancy Support

- Upon successfully moving into permanent housing and the initial stabilization of the move-in process, case managers are expected to begin providing housing stabilization and tenancy support, tailoring the intensity of services, as needed, to properly meet the ICMS participant's needs during this vulnerable period. Home visits in the first few months of permanent housing should be meaningful, substantive, and in person, and occur more frequently to help ensure basic needs are met and that the participant is safe in their new home.
- ICMS Providers educate permanently housed ICMS participants on tenant rights and responsibilities including, but not limited to: how to communicate effectively with ICMS staff, property management

staff, and other entities; when and how to report building/maintenance issues or disclosure of financial challenges; reviewing the lease and the importance of abiding by this agreement, program policies, and house rules; the importance of paying rent, budgeting appropriately, and participating in a representative payee system (if needed); responsibility for apartment maintenance; getting along with neighbors; and resources for addressing crises.

- Permanently housed participants should receive assistance with obtaining furniture and other essential household items, continue to be assessed for whether they have stable access to food, and for their level of functional ability to complete activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Upon identifying need for assistance with ADLs and IADLs, the ICMS Provider should work with the ICMS participant to access community supports for caregiving, such as In-Home Supportive Services (IHSS) or In-Home Caregiving (IHCG) to ensure a more accommodating housing experience. It should also be determined whether any unit modifications are necessary for appropriate accessibility. Visit HFH's Caregiving Information Center for more information.
- It is important to assist ICMS participants with establishing a system for successfully maintaining their tenancy, including assistance with obtaining and/or submitting key documents, resolving debts and arrears, setting up utility accounts and coordinating payments, coordinating home repairs before issues become worse, recertification of their housing voucher, lease renewal support, and reasonable accommodation support (as needed).
- Participants may be eligible to access public benefits to increase their income, which can help pay their rent and provide funds to use for other life expenses. ICMS Providers must also be prepared to work with the participant to create goals and/or action steps in the Care Plan, focusing on successful household budgeting based on the participant's income amount.
- It is beneficial to work patiently with participants to explore nearby points of interest in their neighborhood, working with them to find opportunities for community participation, and to set up sustainable access to transportation.
- To further enrich the participant's permanent housing experience, they may benefit from assistance with gaining, restoring, improving, and/or maintaining life skills that enable people to more successfully thrive. This work may involve support with family reunification and support to address any outstanding legal issues. Life skills coaching and support makes for great Care Plan content.
- ICMS Providers should engage in periodic wellness checks, health and safety visits, and unit habitability checks. This promotes the early identification of issues that might jeopardize the participant's housing stability and their wellbeing. Issues caught early can sometimes be resolved by assistance with basic needs, landlord education and mediation, mediation between roommates, mediation between neighbors, or eviction prevention counseling for the participant. An escalated housing retention intervention that may be necessary includes case conferencing and/or collaborating with the participant, their family, property management, and other service providers (including PCPs, ECM, HSSP, FSP, and CENS) to address chronic and acute issues through Care Plan enhancement. In some cases, housing retention assistance provided by ICMS may involve crisis intervention support, dispute resolution, safety planning, and in extenuating circumstances, negotiation of a mutual termination of the lease agreement to prevent eviction. Additional permanent housing retention assistance guidance and resources can be accessed here in the ICMS Information Center.
- HFH promotes a harm reduction approach to decluttering, with a focus on making homes safe, healthy, and comfortable. Rather than trying to remove as much clutter as possible, take steps to promote participant safety in their living space. Visit HFH's Decluttering Information Center for more.

- **Prevent Homelessness Promote Health (PH²)** is a joint program between HFH and DMH to provide additional support for permanently housed ICMS participants who are at risk of eviction and in need of higher level medical and/or mental health care. If only physical or medical assistance is required, send the completed form (linked at the beginning of this paragraph) to HFHmedicalcasemanagement@dhs.lacounty.gov. If only behavioral or psychiatric assistance is required, send the completed form to PHsquared@dmh.lacounty.gov. If assistance for both is needed, send the completed form to both of these email addresses.

Each time a case manager provides housing stabilization and tenancy support, one unit of the "Permanent Housing Retention Assistance" Service should be recorded in the Case Notes.

Ongoing Support and Care Coordination

Successful ICMS involves ongoing coordination and collaboration with other professionals and stakeholders who are involved in their participants' care. The ICMS Provider should act as a liaison and advocate for participants, facilitating communication and cooperation among the different parties. The coordination and collaboration should respect each participant's autonomy and confidentiality and aim to enhance the quality and continuity of services. Case managers providing ICMS should also seek supervision and support from their peers and supervisors and adhere to ethical and professional standards. Ongoing support and care coordination are essential throughout the entire ICMS enrollment, regardless of the participant's permanent housing status. Common areas of support and coordination that can be provided by a case manager at any stage of the ICMS enrollment include:

- Assisting with securing public benefits offered through the Department of Public Social Services (DPSS), Covered California, BenefitsCal, and HFH's Countywide Benefits Entitlement Services Team (CBEST). This includes tracking participant income in CHAMP and may include support with accessing identification documents necessary for the completion of benefits applications and providing support and advocacy for annual recertification of certain benefits, as necessary.
  - Specific benefits and entitlements include but are not limited to: General Relief (GR), CalWORKs, CalFresh, Medi-Cal, Medicare, Veterans Administration (VA), In-Home Supportive Services (IHSS), Social Security Income, State Disability Insurance (SDI), Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Cash Assistance Program for Immigrants (CAPI).
  - Caregiving is helping someone with their daily needs when they're unable to do so for themselves, and it helps participants impacted by various conditions stay in their homes or in transitional shelter settings instead of moving to care facilities. California's IHSS program funds ongoing caregiving support, while HFH's IHCG program temporarily provides caregiving support as participants await IHSS approval. Visit HFH's Caregiving Information Center for more guidance.
- Initiating referrals/linkages and promoting engagement in primary health care, mental health care, substance use care, enhanced care management (ECM) for complex medical coordination needs, or any other relevant wrap-around services (including onsite and mobile) that may be available within the HFH system of care.
  - **Accompanying participants to appointments with medical, mental health, and/or other care providers is a core ICMS activity, and accompaniment to PCP appointments is recommended at least once per quarter.**

- As part of the PH Integrated Services Program (ISP), DMH's Housing Supportive Services Program (HSSP) and/or Full-Service Partnership (FSP) resources are available for participants in need of mental health care but not yet linked to any other mental health care provider. HSSP and FSP providers are mental health clinicians who provide individual and group therapy, medication support, crisis intervention, targeted case management, referrals and linkages, and additional housing retention support. If an ICMS Provider is unsure whether a participant is already enrolled in one of these programs, they can check in with the HFH program manager or phone the DMH Helpline at 1-800-854-7771.
- Also as part of PH ISP, DPH's Client Engagement Navigation Services (CENS) program is available for participants seeking substance use counseling and/or linkage to various forms of substance use treatment. CENS providers conduct outreach, engagement, screening, treatment referral coordination, educational sessions, and ancillary linkages. If an ICMS Provider is unsure how to link a participant to CENS, they can check in with the HFH program manager or phone the Substance Abuse Services Helpline (SASH) at 1-844-804-7500.

Each time an ICMS Provider coordinates a participant's care in collaboration with a care team member working under the HSSP, FSP, or CENS programs, record one unit of the "ISP Care Coordination" Service in the Case Notes. There should also be a SMART Goal and/or Action Steps developed in the Care Plan to track progress with this important coordination work.

- Transition of Care (TOC) assistance involves contacting a participant within 24 hours of learning about a hospitalization and visiting them within 72 hours of discharge to support their wellbeing. An ICMS Provider should ideally take the following steps for a TOC visit:
  - Prepare for the TOC visit by finding out as much as they can about the admission. Ask the participant if they received any discharge paperwork or request the hospital records (if there is information sharing consent on record), and if not then ask the HFH program manager to request information from the HFH Clinical Team (e.g., LANES record). Key information to try gathering about the hospital stay include the reason for the hospitalization, any important discharge instructions, any significant changes to medications (and if they were provided or need to be ordered), if any follow-up appointments were scheduled (or need to be), and if any home health equipment/resources were ordered. By knowing beforehand what the key follow-ups are, the TOC visit can be focused on clearer action steps and helping to make sure the participant understands their situation.
  - During the TOC visit, review the reasons for hospitalization, changes in medications, need for home support and durable medical equipment (DME), and treatment recommendations (e.g., eat less salt or do dressing changes twice a day.) Also assess for red flags, including if the participant is feeling worse, or if they look sick.
  - Contact the participant's PCP to share significant findings or concerns from the TOC home visit, and document information about this communication in CHAMP.
  - Ensure the participant is scheduled for an appointment with their PCP within 2-4 weeks of discharge and consider accompanying them to this appointment.
- Assist participants in following through with treatment/medication regimens and receiving after care, when necessary.
- Access HFH's most current TOC guidance in the ICMS Information Center.

Each time an ICMS Provider engages in a TOC visit, one unit of the "ICMS TOC Visit" Service should be recorded in the Case Notes.

- Providing transportation assistance by means of bus fare assistance, using a private vendor, or with an agency or personal vehicle, as needed.
  - Ongoing transportation assistance includes helping participants navigate public transportation systems, assisting with access to paratransit services, and assisting with applications for reduced cost public transit passes.
- Assisting with gaining, restoring, improving, and/or maintaining life skills connected to activities of daily living (e.g., healthy eating, cooking, cleaning), personal hygiene, interpersonal communication, community participation, independent living, vocational training, academics, job seeking, physical fitness, and social leisure.
  - Budgeting and money management is a common area of coaching provided by case managers. This includes, but is not limited to, assistance with household budgeting; assistance with overcoming bad credit, no credit, and/or eviction histories (e.g., linkage to no cost legal assistance); and arranging for representative payees for participants who require assistance in money management and/or are at-risk for non-payment of rent.
  - Harm reduction coaching (an important part of first aid training) is another key part of ICMS. Regardless of whether a participant uses drugs or not, ensure all participants are offered overdose response training and naloxone, or (when legally permissible to do so) other harm reduction supplies such as disposable syringes, pipes, wound care, condoms, and 'lube.'
- Identifying and reviewing participants' legal barriers (e.g., poor credit history, criminal records, pending warrants) that are impacting access to, or maintenance of, permanent housing.

Ongoing support and care coordination efforts make great Care Plan content. For all ongoing care coordination, make sure to track your efforts using Action Steps in the Care Plan, and also record Services in Case Notes that connect to these important Action Steps being taken.

ICMS Program Graduation

- The ICMS Snapshot will soon include an indicator for ICMS participants which HFH has nominated for potential ICMS Graduation, based on multifactorial analysis of all ICMS case data available. There are limitations to this indicator, as the analysis may be taking into account inaccurate data. Nomination for potential ICMS Graduation does not represent a requirement that an ICMS participant must graduate from the ICMS program. This indicator is meant to help ICMS Providers better determine which cases within their roster are worth at least considering for potential ICMS Graduation. Reviewing case documentation, case conferencing, and participant discussion are all important action steps for ICMS Providers to take when an ICMS participant is nominated for potential ICMS Graduation. If an ICMS Provider has any questions about ICMS Graduation, these should be discussed with their HFH program manager.
- HFH understands that ICMS Graduation possibilities can become complex in some housing settings and with some permanent housing voucher types, so ICMS Graduation activities will start

out with more straightforward cases. As resources permit, future considerations for additional pathways to ICMS Graduation will include, but not be limited to:

- Participants housed with TBVs which do require services, but who are eligible and willing to transfer to a new TBV which doesn't require services (e.g., CoC to HCV).
- Participants housed with PBVs which they want to move on from by either obtaining a TBV, or by moving to an affordable housing unit that does not require services.
- Participants who wish to graduate from ICMS, are housed with a PBV that requires services, but who do not want to move out of their current housing unit.

- For participants successfully graduating from ICMS, it is important to coordinate this transition with all relevant care team members to ensure the participant receives adequate assistance and support during this important life change. These activities should be carried out with the authorization and cooperation of the participant, may include relocation to other affordable housing, and may involve support with transferring to new primary health, behavioral health, and/or other wrap-around service providers.
- Nomination for potential ICMS Graduation is only considered by HFH for participants who have been continuously permanently housed for 3 or more years, along with other factors. However, ICMS Graduation may be possible for any ICMS participant, even if they were not nominated for potential ICMS Graduation according to HFH's multifactorial analysis. It is recommended for ICMS Providers to consult with their HFH program manager if they wish to initiate ICMS Graduation for an ICMS participant which wasn't nominated by HFH.

Billing

HFH uses a Fee for Service model to reimburse on ICMS costs recorded in an ICMS Provider's submitted monthly Invoice. Each ICMS Invoice is generated according to pre-set billing logic in CHAMP, referencing a combination of enrollment status and assigned billing rate data for each active slot.

ICMS Project and Slot Setup Process

- Slot Activation
  - Slots can be activated within an ICMS Provider's project(s) in CHAMP at the approval and request of a HFH program manager. Newly activated (aka expansion) slots will become active on the first calendar day of the month following the date of the slot activation request. At the time of slot setup, a default billing rate will be assigned, and this will be applied on future Invoices whenever the activated slot is vacant on the last day of the month of service. Slots corresponding to new project-based permanent housing developments can only be activated a) upon HFH confirmation of available FTE to serve those slots, b) no more than two months prior to the issuance of the Certificate of Occupancy, and c) upon approval from the HFH program manager. Depending upon the funding source, some newly activated expansion (non-repurposed) slots qualify the Provider to receive a one-time $100 activation stipend per activated slot.
  - Once a new ICMS project is set up in CHAMP, newly enrolled ICMS participants can be referred into the project's slots and begin receiving ICMS. However, please note that for brand new ICMS projects in CHAMP that have not yet ever received any ICMS referrals, an error message may appear on the project's home page, stating "Error loading the form: The record you're attempting to access doesn't exist or you don't have access to it." This does not mean the project was set up incorrectly, nor does it mean ICMS Provider staff do not have access to this project. After the first referral is made to a slot in this newly created project, the error message will stop appearing.
- Slot Closure
  - To maintain efficiency and ensure timely service delivery, active slots will be subject to monthly reviews. These reviews ensure there are pending referrals associated with vacant slots. If an active slot remains active without being filled after 2 or more weeks, it may be closed. This process helps optimize resource allocation and minimize wait times in service provision.
  - Slots will also be closed (made inactive) within an ICMS Provider's project(s) in CHAMP when:
    - A participant is checked out of the slot and there is no renewable housing resource connected to the vacant slot; **AND/OR**
    - No case manager is staffed by the ICMS Provider to deliver services connected to a vacant slot.
  - Inactive (closed) slots will become inactive on the first calendar day of the month following the date of the slot closure request by a HFH program manager. If a slot is not active on the last day of the calendar month of service, it will not be included in the Invoice for that month of service.

- ## Repurposed Slots
  - A repurposed slot is an existing active slot that is transferred from one ICMS project to another ICMS project in CHAMP by a HFH program manager. When a slot is transferred between ICMS projects, the originally created slot in the previous ICMS project will be inactivated (closed), and the new slot will be activated (opened) within the new destination ICMS project and provided a slot begin date corresponding to the closure date in the previous project. When transferring a slot due to it being repurposed for a separate ICMS project, aligning the slot end date in the previous project with the slot begin date in the new project ensures the repurposed (transferred) slot does not generate billing services within two separate projects (duplicate billing) during the same month of service. Whenever an ICMS slot is repurposed, the slot will not be eligible to bill for a one-time $100 activation stipend, since that stipend is only allowable for certain expansion (non-repurposed) slots.

Billing Rates

Single Adult Low Rate	Family Low Rate	Single Adult High Rate	Family High Rate
$258.75/month	$345/month	$517.50/month	$690/month

Billing Amount for Active Slots Which are Occupied

- HFH checks each referred participant into an ICMS project slot in CHAMP as part of the ICMS enrollment and referral process. Each participant enrolled in the ICMS program and checked in to a project slot in CHAMP as of the last day of a calendar month of service will be included in the ICMS Invoice for that month of service. The billing amount for each slot occupied by a participant will be based on the billing rate assigned by HFH to the respective participant's ICMS enrollment in CHAMP. To better understand how billing rates are determined, please reference the Family Billing Rate subsection below, and the Billing Rate Designation subsection included in the Monitoring, Technical Assistance, and Quality Assurance Roles of HFH section of this Handbook.

Billing Amount for Active Slots Which Are Vacant

- Each active project slot in CHAMP which does not have a participant checked in to the slot on the last day of the calendar month of service is considered vacant, but that slot will be included in the ICMS Invoice for that month of service. The billing amount for a vacant slot which is active will be based on the agreed upon default billing rate assigned by HFH to that slot at the time of project and slot setup in CHAMP.

Slot Activation Stipend

- Depending upon the funding source, some newly activated ICMS slots in CHAMP qualify an ICMS Provider to receive a one-time $100 activation stipend per activated slot. Newly opened (non-repurposed) ICMS slots which qualify for the activation stipend will be listed and included in the Invoice amount for the month of service in which they were opened.

Family Billing Rate

An ICMS Provider may request to change the billing rate of an ICMS enrollment from a single adult rate to a family rate if the Provider intends to deliver ICMS to a household in which more than one member is eligible (see criteria below) to receive ICMS-connected support from the Provider.

For additional household members to be eligible to receive ICMS-connected support alongside the ICMS participant, and for the slot to then qualify for HFH consideration of a change to the family billing rate, **ALL** the following criteria must be met:

- The additional household member is a full-time member of the household; **AND**
- The Household Type selected in the Household Composition section of the participant's CHAMP profile is not "Single Person;" **AND**
- The additional household member is listed in the Household Composition section of the participant's CHAMP profile; **AND**
- At least one Household member listed in the Household Composition section of the participant's CHAMP profile has a "dependent" relationship to the head of the household; **AND**
- The additional household member is recorded in the Household Composition section as having one of the following relationships to the head of the household:
  - Dependent Child
  - Dependent Adult
  - Self (i.e., ICMS participant is recorded as a dependent of the head of the household in the Household Composition section of the participant's CHAMP profile); **AND**
- There is a case note in CHAMP written by the ICMS Provider, detailing the household composition and explaining the need for a family billing rate.

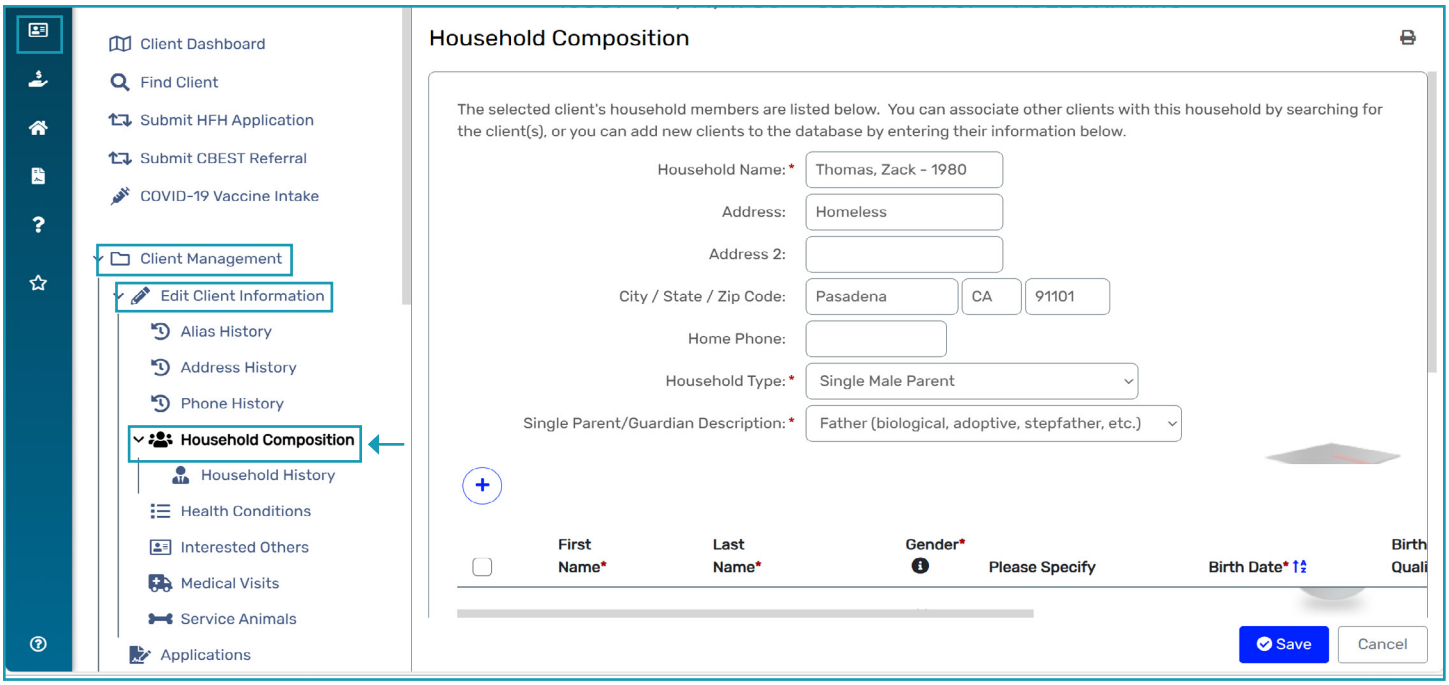
Upon receipt of a request to assign a family billing rate, the participant's CHAMP profile will be reviewed to confirm whether all required information above is documented, and whether a family billing rate is justified. If the billing rate change is approved, HFH will record a Billing Rate Change Service in the participant's case notes in CHAMP, indicating the date that HFH reviewed and approved the Family Billing Rate Request. A family Billing Rate can be requested using this link:

https://lacdhs.workflowcloud.com/forms/b1ed6797-250d-42ab-a94b-1344fa98fd04

- If the family billing rate change request is submitted by the 20th calendar day of the month, and the change is approved by HFH, the family billing rate will be reflected in the Invoice for that month of service.

- To access the Household Composition section of a participant's CHAMP profile:

Click **Client** (workspace) > Click **Client Management** (menu group) > Hover Over **Edit Client Information** (menu option) > Click **Household Composition** (menu option)



Billing Rate Changes Initiated by HFH

Changes Due to Household Composition Updates

The ICMS Snapshot includes a flag to indicate ICMS enrollments with a family billing rate, yet insufficient household composition data to support a family billing rate. This flag is intended to help highlight which cases need household composition reviews completed by the ICMS Provider to ensure this information is correct. At the close of each month of service, HFH performs a review of all cases that are still flagged for having insufficient household composition data to support a family billing rate. If during this review, it is determined that an enrollment with a family billing rate has been active for at least one full calendar month and the household composition section of the CHAMP profile still does not have sufficient data to support a family billing rate, the billing rate in the enrollment will be changed to a single adult rate.

Changes Due to Multifactorial Analysis of Case Data

After the close of each month of service, HFH performs multifactorial analysis on ICMS program records to determine which enrollments are subject to a billing rate change. Please see the Monitoring section of this Handbook to learn more about how HFH performs multifactorial analysis of the program records. Enrollments identified for a billing rate change through this multifactorial analysis are compiled in a Billing Rate Change Report. The Billing Rate Change Report is referenced by HFH program managers to change the billing rate assigned in the ICMS enrollment for each enrollment designated for a billing rate change.

Invoice Submission

- To access guidance on how to generate, export, and interpret an ICMS Invoice, please click here.
- Please submit final Invoices each month to hfhinvoices@dhs.lacounty.gov, include both PDF and Excel formats (both formats can be downloaded in CHAMP), and ensure the overall submission has:
  - All sections in the Invoice expanded out in both formats; and
  - A Cover Page dated and signed by an authorized signatory for the ICMS Provider; and
  - An organizational chart of your agency's ICMS staffing.
- According to Exhibit H, Section IV of the ICMS Work Order; and Section 5.4 of the SHSMA, the ICMS Provider shall submit monthly Invoices to the County by the 15th calendar day of the month following the month of service. If a Provider does not submit a final Invoice between the 1st and the 15th of the month following the month of service, the Provider is out of compliance with this agreement and subject to the issuance of a Contractor Discrepancy Report by HFH.
- **An Invoice submitted by an ICMS Provider will not be processed if an outstanding credit memo has not been submitted by the Provider and accepted by HFH.**
- **Supplemental Invoice Submission**
  At the discretion of HFH, the submission of supplemental Invoices may be requested in cases where erroneous slot or participant enrollment data were reconciled in CHAMP after an Invoice was processed, and the reconciliation requires a supplemental Invoice to be submitted by the ICMS Provider to ensure the prevention of underpayment or overpayment to the Provider for services rendered.
  - Please consult hfhinvoices@dhs.lacounty.gov prior to the submission of any supplemental Invoices.

Reconciling Invoice Discrepancies

- Most discrepancies an ICMS Provider identifies within the Invoice can only be updated by HFH. Please reference this separate Guide for examples of discrepancies that may be identified in the Invoice.
- As noted in the Monitoring section of this Handbook, the ICMS fiscal year is segmented into quarters for monitoring and reporting purposes. Invoice discrepancies can only be addressed if updates are requested within the same fiscal year quarter in which the Invoice discrepancy occurred. HFH is unable to resolve Invoice discrepancies from prior fiscal year quarters.
- Discrepancies identified by the ICMS Provider in the Staffing section of the Invoice are due to incorrect Case Manager assignments by the ICMS Provider, and therefore should not be addressed by submitting an Invoice Change Request. To resolve this discrepancy, the ICMS Case Manager data field must be updated by completing a Permanent Housing Status Update for each participant record that has an erroneous assignment.

For each Permanent Housing Status Update completed, one unit of the "Homeless System of Care Linkage/Coordination" Service should be recorded in the Case Notes.

- All ICMS Invoice Change Requests must be submitted using the **HFH Invoice Change Request Form:**

https://lacdhs.workflowcloud.com/forms/b1ed6797-250d-42ab-a94b-1344fa98fd04

- The request must be submitted by the 5th business day of the month following the month of service reported in the Invoice to ensure that, should the request be approved, the update will be reflected for the service month reported in the Invoice before it is processed for reimbursement.
- If an ICMS Invoice Change Request is submitted AFTER the 5th business day of the month following the month of service reported in the Invoice, and the request is approved, the update will not be reflected for the month of service reported in the Invoice; it will instead become effective in the next service month.

Monitoring, Technical Assistance, and Quality Assurance Roles of HFH

The Permanent Housing ICMS program is annually budgeted and monitored within a fiscal year that begins on July 1st of one calendar year and concludes on June 30th of the following calendar year. To properly manage internal program reporting requirements, and to ensure accurate and timely payment to all Providers, each fiscal year is segmented by HFH into four quarters as follows:

Q1: July 1st - September 30th

Q3: January 1st - March 31st

Q2: October 1st - December 31st

Q4: April 1st - June 30th

Training and Technical Assistance

- Training
  - The HFH Training Team's mission is to deliver transformative educational opportunities that enhance, support, and empower the HFH workforce (including contracted partners) to achieve knowledge and skills that will improve the lives of the people, families, and the communities they serve.
  - All HFH Training courses and calendars are accessible using TalentWorks, LAC's online learning platform. ICMS Provider staff can keep track of learning records and completion certificates all in one convenient location. Example training courses available in TalentWorks include, but are not limited to ICMS Core Tenets, self-paced CHAMP training, the ICMS Documentation Series, ICMS Health Promotion, direct service troubleshooting and process groups, and capacity building workshops, including for equity, diversity, inclusion, and anti-racism (EDIA). More information about available trainings can be accessed on the Trainings, Office Hours, and Workshops page in the ICMS Program Information Center.
- ICMS Program Information Center
  - HFH operates a website for service providers which serves as a system of care information hub that branches into information centers for each of HFH's core programs, including ICMS. The ICMS Program Information Center is a one-stop shop for all informational resources relevant to ICMS implementation, including visual aids, information management systems and search tools, housing navigation resources, permanent housing retention resources, key forms, and more.
- Program Glossary
  - Encouraging ICMS Providers to learn and use official HFH, PH, and ICMS terminology, acronyms, and phrases enables them to communicate correctly and efficiently with other ICMS Providers and system stakeholders and builds their knowledge such that it can be further developed without having to

relearn terms and concepts later. The most common terms, acronyms, and phrases used in ICMS are available in the ICMS Program Glossary, maintained as a landing page that can be accessed here.

- The ICMS Data Glossary, available here, is a sub-component of the ICMS Program Glossary and is also maintained as a dynamic landing page that links to glossaries for each distinct ICMS data report generated by HFH.

The Focus Newsletter

- The Focus is a newsletter generated by the HFH Permanent Housing Team, specifically focused on sharing out key program announcements, participant success stories, and links to program resources. The Focus is typically generated and sent at the beginning and middle of each month. The Focus highlights a new "Focus of the Month" at the beginning of each month to help ensure that the entire ICMS network focuses together on key program priorities as they arise, including why these priorities are important, as well as methods for maximizing documentation credit while achieving these program priorities.

Office Hours

- A range of office hours are available for registration and drop-in on an ongoing basis to support ICMS Providers with understanding how to better access and utilize resources available within the HFH system of care. More information about available office hours topics and the session schedules can be accessed in our Trainings, Office Hours, and Workshops Information Center.

Visual Aids

- HFH continues to develop more visual aids (e.g., cheat sheets, share sheets, and guides) to support ICMS Providers with clearer understandings of ICMS requirements, including tips for delivering higher quality and more efficient support. Many of HFH's visual aids for ICMS are embedded with hyperlinks to various sections of the ICMS Program Information Center to ensure access to the most updated guidance available. All available ICMS visual aids can be accessed in the Guides and Cheat Sheets Information Center.
- The Program Guide for ICMS Case Mangers was designed for direct service staff and supervisors at agencies subcontracted by HFH. The Program Guide is intended to help case managers understand contractual requirements in the context of good, grounded practice, with a mix of "how to," "what if," and "here's what works" for providing ICMS. It is expected that each case manager receives a copy of the ICMS Program Guide and that a signed acknowledgement of the receipt of the Guide is stored in their personnel file.

ICMS Quarterly Meetings

- A 90-minute meeting facilitated at the beginning of each fiscal year quarter by HFH for all ICMS Provider staff (including direct service and administrators) to learn about key policy and procedure updates, resources newly available within the HFH system of care, and useful tips for improving ICMS practice. Information about the next upcoming quarterly meeting, as well as agendas and recaps from prior quarterly meetings can be accessed via the Quarterly Partner Meeting Information Center.

HFH-Assigned Program Managers

Ongoing Check-Ins for New Project-Based PH Lease-Ups

- HFH program managers play a crucial role in the PH lease-up process for new project-based buildings by ensuring efficient and effective operations. This involves coordinating and collaborating with all project partners, including Public Housing Authorities, property management, permanent housing developers, ICMS Providers, LAHSA, and CES Providers. Additionally, technical assistance and training are delivered to ICMS Providers during this process to ensure they are well-equipped to manage their roles, while HFH develops, recommends, and supports implementation of program modifications that continually improve project outcomes and streamline processes.

Ongoing Check-Ins for General Project-Based and Scattered Site ICMS

- The HFH program manager plays a crucial role in promoting high standards of care, accountability, and innovation within the HFH framework. Regular check-ins between HFH program managers and ICMS Providers involve discussing key programmatic updates, ongoing monitoring activities, technical assistance, support with collaboration and integration, case conferencing, collaborative problem-solving, and identifying operational areas where the Provider will benefit from advocacy.
- The HFH program manager's support involves: regularly reviewing ICMS implementation to ensure that each ICMS Provider's operations align with HFH requirements; offering guidance on best practices and strategies for enhanced service delivery; initiating collaborative solutions to operational challenges with ICMS Providers and other partners for cohesive work toward common goals; addressing any housing-related concerns; coordinating multi-disciplinary team meetings; discussing challenging participant cases; recommending strategies for overcoming barriers to care; facilitating linkages to various resources within the HFH system of care; and navigating and troubleshooting systems issues. By maintaining open communication and fostering strong partnerships, HFH program managers strive to help build a seamless and integrated service delivery system, supporting ICMS Providers with continuously increasing capacity to improve outcomes for participants impacted by homelessness.

Integrated Services Program (ISP) Support

- The PH Integrated Services Program (ISP) is part of LAC's homeless response strategy to provide housing subsidies and essential support to households matched to permanent housing opportunities. Aiming for long-term stability and improved health and wellbeing, PH ISP is comprised of a range of critical interventions, including ICMS overseen by HFH, the Full-Service Partnership (FSP) and Housing Support Services Program (HSSP) overseen by the LAC Department of Mental Health (DMH), and Client Engagement Navigation Services (CENS) for linkage to substance use treatment support overseen by the LAC Department of Public Health Substance Abuse Prevention and Control division (DPH SAPC). HFH works closely with DMH and DPH SAPC to coordinate setup of PH ISP operations at PH sites across LAC, and to support effective collaboration between ISP providers. ICMS check-ins between the ICMS Provider and the HFH program manager may also include ISP Providers, DMH, and/or DPH SAPC to support case conference, or to help with program setup strategy.

Each time an ICMS Provider coordinates a participant's care in collaboration with a care team member working under the HSSP, FSP, or CENS programs, record one unit of the "ISP Care Coordination" Service in the Case Notes. There should also be a SMART Goal and/or Action Steps developed in the Care Plan to track progress with this important coordination work.

Ongoing Reviews by HFH

Direct Service Documentation Quality

HFH program managers perform in-depth case reviews throughout each month to assess service and documentation quality. These reviews reference documentation in CHAMP and involve reading through participant assessments, care plans, and case notes. Areas of review include whether:

- The Care Plan is informed by the assessments;
- The Care Plan contains any SMART Goals;
- The Case Notes are organized, cohesive, detailed, and personalized;
- The Case Notes and Care Plan align;
- HFH core practices are being used;
- The Care Plan contains content on health care engagement;
- Emergent needs are being addressed appropriately; and
- Case managers are collaborating with other care team members for wrap-around support.

Each of these areas are reviewed and given a rating of excellent, good, satisfactory, fair, or poor. Results from these reviews are displayed in the monthly Program Summary Report, including in the Participant Level Summary, as case manager-level metrics in the Case Manager Level Summary, and as Provider-level metrics in the Provider Level Summary.

Agency Reviews

To ensure that ICMS Providers are meeting contract standards as required by the ICMS SOW, HFH staff assess the following elements for each ICMS Provider:

- ICMS Quality Control Plan (QCP) updates that encompass evolving policies and procedures reflecting efforts to improve ICMS operations and quality management;
- Staff organizational charts and case manager staffing ratios;
- Clinical supervision attendance logs and notes;
- Participant satisfaction survey templates, results, and analyses, including how this information is being used to inform continuous quality improvement; and
- ICMS staff access to harm reduction supplies.

CHAMP Data Quality Control

- HFH performs CHAMP data quality control activities daily to help ensure accuracy in tracking and billing. This involves identifying and reviewing participant enrollments flagged for a variety of data errors that can impact ICMS slot capacity and billing, and reviewing other areas of participant profiles to ensure the most accurate housing and contact information on the households being served. While CHAMP data are thoroughly researched, reconciled, and updated by specialized HFH staff members, it is also important to notify your HFH program manager of any erroneous data that you are unable to reconcile on your end, so that HFH can assist with making the appropriate corrections. HFH values and prioritizes the quality of information tracked in CHAMP to support larger efforts to maximize the quantity and quality of support provided to people impacted by homelessness in LAC.
- Specialized HFH staff members regularly perform quality assurance reviews of the Authorization for the Use and Disclosure of Health and Social Service Information (aka Universal Consent) and the Notice of Privacy Practices Acknowledgement Form uploaded in CHAMP to ensure their accuracy and alignment with data integrity and compliance:

- The Universal Consent review may reveal one (1) or more of the following possible error(s):
  1. Boxes not checked to match consent status (full or limited)
  2. Missing CID
  3. Missing DOB
  4. Missing participant's initial(s)
  5. Use of an outdated form
  6. Missing participant's signature
  7. Form not dated
  8. Poor quality or incorrect format uploaded
- The Notice of Privacy Practices Acknowledgement review may reveal one (1) or more of the following possible error(s):
  1. Missing participant's signature
  2. Form not dated
  3. Poor quality or incorrect format uploaded
- When one or more of the compliance errors listed above is identified during the quality assurance review, these will be reflected in the ICMS Snapshot as **"Error(s) in Uploaded Document."** Once the error(s) have been corrected and uploaded in CHAMP to replace the prior upload(s) and reviewed/approved by HFH, the **"Error(s) in Uploaded Document"** status will be cleared from the ICMS Snapshot.

- Duplicate participant profiles in CHAMP arise when more than one CHAMP ID is created for one HFH system of care participant. Duplicate CHAMP profiles consist of the same or similar first and last names, the same social security number, same date of birth, etc. This can cause duplicate enrollments and billing amounts, among other serious system issues. To reconcile these issues, the duplicate profiles are reviewed by HFH staff members to determine, as part of the profile merge, which of the two CHAMP profiles (and the corresponding CHAMP ID) shall be kept. Please use the Merge Duplicate Clients Form to notify HFH program staff when you identify potentially duplicate CHAMP profiles for the same ICMS participant, so that this important issue can be resolved ASAP.

Billing Rate Monitoring and Designation Process

- All enrollments in which an ICMS participant has not yet been permanently housed, and those in which the ICMS participant has been permanently housed for less than two continuous years, are automatically designated with a high billing rate.
- For enrollments in which ICMS participants have been permanently housed for at least two continuous years, there is an automatic designation with a low billing rate, unless there were at least two in-person encounters for the month and there is additional case documentation in CHAMP to justify keeping a high billing rate designation. The following additional factors may be referenced when determining whether an ICMS enrollment will be designated with a high billing rate:
  - Completion of ICMS documentation requirements
  - Documentation quality and accuracy
  - Service intensity
  - Assessment scores
  - Care Plan content
  - Any other documentation or data available in the participant's CHAMP profile.

- Billing rate designation reviews occur after the close of each month of service. The way in which the factors noted above will be specifically used to determine billing rate from month to month are subject to change so that HFH can maintain the flexibility needed to stay within budget and sustain the overall permanent housing ICMS program.
  - Billing rate redesignation occurs when an ICMS enrollment, after multifactorial analysis using all available data from the most recent month of service, is designated by HFH with a billing rate that differs from that enrollment's billing rate in the prior month.
- Based on the enrollments designated for a billing rate change, HFH will generate monthly reporting to clearly communicate with ICMS Providers which ICMS enrollments will undergo billing rate changes, to be reflected in the next ICMS Invoice.
  - The ICMS Program Summary Report will indicate, within the Participant Level Summary, which ICMS enrollments will undergo billing rate changes that will be in effect in the next ICMS Invoice. For each enrollment designated for a billing rate change, the Report will indicate the new billing rate designation, and the new billing amount that will be assigned.
- Enrollments for the most stably housed, self-sufficient ICMS participants will also be reviewed according to the factors listed above, along with housing subsidy requirements, to determine readiness for ICMS program Graduation. For ICMS participants nominated for ICMS Graduation, HFH will work with ICMS Providers and other system of care partners (including public housing authorities) on coordinating an appropriate ICMS Graduation and exit plan.

ICMS Information Sharing and Reports

HFH generates a range of automated reports to support ICMS Providers and internal HFH staff with more efficient and comprehensive care coordination and monitoring. These tools are modular and iterative, with enhancements made on an as-needed basis to continue maximizing alignment with program priorities, integration of newly available information, and user-friendliness.

Microsoft Teams Channels

- HFH uses private Microsoft Teams Channels to share protected health information (PHI) and personally identifiable information (PII) bidirectionally with ICMS Providers and other collaborating partners. The practice of using secure emails to share PHI and PII was discontinued in 2024 in favor of using private Microsoft Teams Channels to allow for more controlled security, access to more types of information, more equitable access to key information, more frequent access to current information, better monitoring of what is being shared (and with who and when), more effective collaboration between multiple teams, and more overall automation.

ICMS Snapshot

- The ICMS Snapshot is generated and shared with each ICMS Provider at least once weekly, and will eventually be available daily. The ICMS Snapshot is intended to support ICMS Providers with having a user-friendly view of key case information for their entire ICMS roster at each point in time the file is generated. The ICMS Snapshot supports ICMS Providers with accessing relevant (and available) case details for engaging in more proactive, efficient, and impactful service coordination and care, as well as for monitoring performance.

- **Participant Level Summary**
  - The Participant Level Summary represents a point in time summary of the ICMS Provider's active participant roster across all the Provider's CHAMP slots, and key point-in-time coordination, needs, and outcomes details within each respective participant's ICMS case.
- **Hospitalization Log**
  - The Hospitalization Log is a list of all emergency room and inpatient hospital encounters for ICMS participants who have had one of these types of encounters within the past two weeks. The data points included in this log are encounter type, encounter start date, encounter discharge date, and encounter location. A blank discharge date for an inpatient hospital encounter may indicate that the participant is still receiving care at that facility. Emergency room and inpatient hospital encounter data shared in this file may be limited or incomplete. Emergency room and inpatient hospital data, when available, are only shared in the ICMS Snapshot when full information sharing consent and a signed notification of HFH's Privacy Practices Acknowledgement are present in the participant's CHAMP profile.
- **Services Log**
  - The Services Log is a point in time summary that lists all Services recorded in Case Notes within the current month of service for all currently active ICMS participants. Each row represents a unique Service that was recorded and includes information on where it was provided, when it was provided, the date the record was created in CHAMP, and which CHAMP user created the record.
- **Action Step Log**
  - The Action Step Log is a point in time summary which contains all Care Plan Action Steps (and connected Care Plan content) recorded in CHAMP over the past year (including all open and closed SMART Goals) for currently active ICMS participants. The information in the Action Step Log can be used to track case progress and service quality across the participant roster, and to improve care coordination. Each row represents a unique Action Step within the ICMS participant's Care Plan. For each Action Step, this Log indicates the Smart Goal it was created under, all relevant information about that connected SMART Goal, the status of the Action Step, which CHAMP user created the Action Step record, and which CHAMP user most recently updated the Action Step record. Action Step Log data can be filtered in many ways, but two common strategies include filtering by Case Manager to isolate Care Plan data for a particular case manager's caseload, and by CHAMP ID to isolate these data for a particular participant.
- **Exit Log**
  - The Exit Log is a list of all ICMS program exits that were completed so far in the month of service. Each row represents a unique ICMS enrollment that was ended as part of a program exit, including information on which participant was exited, which particular slot was vacated, the check-in and check-out date from the slot, and information on the ICMS exit reason and destination.

Overdue ICMS Documentation Report

- The Overdue ICMS Documentation Report lists participant enrollments flagged for potential disallowed costs for a service month that has just ended. Each participant enrollment listed in this report is missing one or more required minimum documentation elements, flagged for being overdue at the end of the service month, according to the disallowed cost report logic displayed in the flagging logic table near the end of this Handbook section. Further, this Report indicates the specific overdue documentation element(s) for each participant enrollment listed. Upon the issuance of this Report,

an ICMS Provider is granted a four-business day grace period to reconcile (including backdating, if needed) any of the listed overdue documentation before the recently ended service month is fully closed and the final service month review is completed.

- The **Service Delivery Deadline** is the last calendar day of the service month, and the last possible date on which any services can be delivered in a respective service month. The Service Delivery Deadline references 'Assessment Dates' and 'Service Dates' in CHAMP. Only services delivered through a service month's service delivery deadline will count for service credit in that respective service month's review. Assessment and Service Dates that are after a service month's Service Delivery Deadline will not count in that respective service month review.
- The **Documentation Deadline** is the last date on which any required minimum documentation can be added in CHAMP and still count for service credit in a respective service month review. The Documentation Deadline references documentation 'created dates' in CHAMP. The Documentation Deadline is generally set to be a four-business day grace-period after the service delivery deadline, used to add backdated documentation for services that were delivered during the recently ended service month, but which the Provider wasn't yet able to add in CHAMP. Only overdue documentation from a recently ended service month that is added in CHAMP through the documentation deadline will count for service credit in that respective service month review. Any service month documentation that is added in CHAMP after that service month's documentation deadline will not be included in that respective service month review.
- **Backdated Documentation**
  - While we aim to keep backdating minimal, HFH also understands that sometimes backdating is necessary for reconciliation purposes. Backdating should only be used in circumstances where services were delivered on a specific date, but ICMS Providers just hadn't yet added those records in CHAMP. Adding backdated documentation to represent services that were not actually delivered is considered fraudulent documentation, and fraudulent documentation is not permitted by HFH.
  - For disallowed cost reviews, only backdated service month documentation that is added in CHAMP through that respective service month's documentation deadline will be referenced in the review. Any backdated service month documentation added in CHAMP after that respective service month's documentation deadline will not be included in the disallowed cost review for that respective service month.

ICMS Program Summary Report

- The ICMS Program Summary Report is the primary ICMS contract monitoring report generated by HFH. The report is generated after the close of each month of service and is broken down into sub-components that summarize a variety of elements of program performance and outcomes.
- **Provider Level Summary**
  - The Provider Level Summary displays metrics on ICMS statuses, processes, and outcomes that are representative of the ICMS Provider's overall ICMS implementation across all slots under the Provider's ICMS contract.
- **Building Level Summary**
  - The Building Level Summary displays metrics on ICMS statuses, processes, and outcomes for each permanent housing building at which the ICMS Provider is stationed to provide project-based ICMS.

- **Case Manager Level Summary**
  - For each of the ICMS Provider's staff members who has an ICMS caseload in CHAMP at the close of the service month, the Case Manager Level Summary displays metrics on ICMS statuses, processes, and outcomes across each staff member's caseload.
- **Participant Level Summary**
  - The Participant Level Summary represents the ICMS Provider's overall participant roster across all the Provider's CHAMP slots at the close of the month of service, and key point-in-time coordination, needs, and outcomes details within each respective participant's ICMS case.
- **Services Log**
  - The Services Log in the Program Summary Report is a list of all Services recorded in Case Notes throughout the month of service for all ICMS participants that were actively enrolled as of the last day of the month of service. Each row represents a unique Service that was recorded and includes information on where it was provided, the date it was provided, when the record was created in CHAMP, and which CHAMP user created the record.
- **Action Step Log**
  - The Action Step Log in the Program Summary Report contains all Care Plan Action Steps (and connected Care Plan content) recorded in CHAMP over the past year (including all open and closed SMART Goals) for all ICMS participants that were actively enrolled as of the last day of the month of service. The information in the Action Step Log can be used to track case progress and service quality across the participant roster, and to improve care coordination. Each row represents a unique Action Step within the ICMS participant's Care Plan. For each Action Step, this Log indicates the SMART Goal it was created under, all relevant information about that connected SMART Goal, the status of the Action Step, which CHAMP user created the Action Step record, and which CHAMP user most recently updated the Action Step record. Action Step Log data can be filtered in many ways, but two common strategies include filtering by Case Manager to isolate Care Plan data for a particular case manager's caseload, and by CHAMP ID to isolate these data for a particular participant.
- **Exit Log**
  - The Exit Log in the Program Summary Report is a list of all ICMS program exits that were completed throughout the month of service. Each row represents a unique ICMS enrollment that was ended as part of a program exit, including information on which participant was exited, which particular slot was vacated, the check-in and check-out date from the slot, and information on the ICMS exit reason and destination.
- **Vacant Slots**
  - The Vacant Slots summary is a list of all ICMS slots that were active, but vacant (not occupied by an active ICMS enrollment) on the last day of the month of service. Each row represents a unique vacant ICMS slot and which ICMS project it is in, whether the slot is connected to DMH, the billing rate for the slot, and the billing amount for the slot.
- **Annual ICMS Program Summary Report**
  - After the close of the fiscal year, HFH will also generate an annual ICMS Program Summary Report, which includes a Provider Level Summary that displays the ICMS Provider's performance across each month in the fiscal year, and a Fiscal Year Summary that displays metrics on the ICMS Provider's performance averages throughout the fiscal year.

Contractor Discrepancy Reports (CDRs)

According to Section 8.3 of the ICMS SOW, HFH may issue a CDR in response to deficient performance. Upon receipt of the CDR, the ICMS Provider is required to provide to HFH, within five business days, a Corrective Action Plan (CAP) to address the deficiencies reported by HFH. The CAP will be reviewed by the HFH program manager for approval.

- CDR Due to Overdue Documentation
  - HFH will issue a CDR after the first service month within the fiscal year for which an ICMS Provider is flagged for any Overdue Documentation.
  - Overdue Documentation refers to required minimum documentation that has been missing from an enrolled ICMS participant's CHAMP record for thirty (30) or more days.
- CDR Due to Low Quality Documentation
  - HFH may issue a CDR in response to ICMS documentation in CHAMP that is determined, upon HFH review, to be below an acceptable quality.
- CDR Due to Poor Service Quality or Operational Deficiencies
  - HFH may issue a CDR in response to service quality that is determined to be below the minimum standards described in the ICMS SOW and this Handbook (e.g., no 24/7 crisis response phone line). A CDR may also be issued for any operational deficiencies that HFH staff determine to be unacceptable (e.g., being chronically short-staffed).

Monitoring Summary Letters

At the close of the fiscal year, HFH will generate Monitoring Summary letters which are issued to each ICMS Provider, including key performance metrics and insights for the respective Provider, noting program monitoring findings that indicate areas of strong performance, areas of sub-optimal performance, and recommending relevant actions that can be taken to improve overall performance and service quality.

Disallowed Costs and Payment Recovery

According to Section 6.2 of the ICMS SOW, the ICMS Provider shall have up to date required documentation in CHAMP for each participant in their care during the month of service to be provided reimbursement for services delivered during that respective month of service. The County reserves the right to deny payment for services when minimum documentation requirements are missing or not met during the billing period.

- Overdue Documentation and Disallowed Costs
  - **Overdue Documentation** refers to required minimum documentation that has been missing from an enrolled ICMS participant's CHAMP record for thirty (30) or more days.
  - HFH will issue a CDR after the first service month within the fiscal year for which an ICMS Provider is flagged for Overdue Documentation. An ICMS Provider can only receive one (1) CDR per fiscal year in response to Overdue Documentation. If an ICMS Provider has been issued a CDR for Overdue Documentation, all subsequent months within the fiscal year for which the ICMS Provider is flagged for Overdue Documentation will result in Disallowed Costs.
  - **Disallowed Costs** refer to any services costs reimbursed to the ICMS Provider for which the ICMS Provider, after applicable data reconciliation in CHAMP, is not entitled to keep due to being flagged for missing supporting documentation.

- The Service Delivery Deadline and the Documentation Deadline are each important parameters in flagging Overdue Documentation that will result in Disallowed Costs.
  - The **Service Delivery Deadline** is the last calendar day of the service month, and the last possible date on which any services can be delivered in a respective service month to count towards minimum documentation requirements in that service month. The Service Delivery Deadline references 'Assessment Dates' and 'Service Dates' in CHAMP. Only services delivered through a service month's service delivery deadline will count for service credit in that respective service month's review. Assessment and Service Dates that are after a service month's Service Delivery Deadline will not count in that respective service month review.
  - The **Documentation Deadline** is the last date on which any required minimum documentation can be added in CHAMP and still count for service credit in a respective service month review. The Documentation Deadline references documentation 'created dates' in CHAMP. The Documentation Deadline is generally set to be a four-business day grace-period after the service delivery deadline, used to add backdated documentation for services that were delivered during the recently ended service month, but which the Provider wasn't yet able to add in CHAMP. Only overdue documentation from a recently ended service month that is added in CHAMP through the documentation deadline will count for service credit in that respective service month review. Any service month documentation that is added in CHAMP after that service month's Documentation Deadline will not be included in that respective service month review.

- **Below is the Documentation Deadline schedule for FY 25-26:**

Service Month	Service Delivery Deadline	Documentation Deadline
July 2025	7/31/2025	8/7/2025
August 2025	8/31/2025	9/5/2025
September 2025	9/30/2025	10/7/2025
October 2025	10/31/2025	11/7/2025
November 2025	11/30/2025	12/5/2025
December 2025	12/31/2025	1/8/2026
January 2026	1/31/2026	2/6/2026
February 2026	2/28/2026	3/6/2026
March 2026	3/31/2026	4/7/2026
April 2026	4/30/2026	5/7/2026
May 2026	5/31/2026	6/5/2026
June 2026	6/30/2026	7/8/2026

- **The County will recover payment for Disallowed Costs using the following process:**
  - Issue a notification letter indicating the total amount of Disallowed Costs that resulted from Overdue Documentation at the close of a specified month of service; AND
  - Provide a report of CHAMP data highlighting the specific records and elements of Overdue Documentation that prompted the Disallowed Costs; AND
  - Recover payment for these Disallowed Costs via deduction from the following month's Invoice amount.

- The table below displays differences in the flagging logic used for monitoring progress with meeting minimum ICMS documentation requirements in each the Overdue ICMS Documentation Report, the Disallowed Cost Report, and the ICMS Snapshot.
  - The flagging logic used in each the Overdue ICMS Documentation Report and the Disallowed Cost Report includes the service month's Service Delivery Deadline and Documentation Deadline as parameters.

Flagging Logic for Missing Required Minimum Documentation						
	PH Update	**5x5**	**HAI**	**Care Plan Pending Action Step**	**Care Plan Completed Action Step**	**Eligible Services**
Overdue ICMS Documentation Report & Disallowed Cost Report	Checked In 1+ Calendar Months on Service Delivery Deadline No PH Update in the Service Month	Checked In 1+ Calendar Months on Service Delivery Deadline Most Recent 5x5 Assessment Date 120+ Days Ago on Service Delivery Deadline, or no 5x5 Assessment Date on Record	Checked In 1+ Calendar Months on Service Delivery Deadline Housed 120+ Days on Service Delivery Deadline Most Recent HAI Assessment Date 120+ Days Ago on Service Delivery Deadline, or no HAI Assessment Date on Record	Checked In 1+ Calendar Months on Service Delivery Deadline Most Recent Care Plan Action Step Set Date 120+ Days Ago on Service Delivery Deadline, or No Care Plan Action Step Set Date on Record	Checked In 90+ Days on Service Delivery Deadline Care Plan Action Step Status = Complete Most Recent Care Plan Action Step Completion Date 120+ Days Ago on Service Delivery Deadline, or No Care Plan Action Step Completion Date on Record	Checked In 1+ Calendar Months on Service Delivery Deadline Count of Eligible Services Recorded in the Service Month is Less Than 2
ICMS Snapshot	Checked In No PH Update This Month	Checked In Most Recent 5x5 Assessment Date 90+ Days Ago This Month, or no 5x5 Assessment Date on Record	Checked In Housed 90+ Days This Month Most Recent HAI Assessment Date 90+ Days Ago This Month, or no HAI Assessment Date on Record	Checked In Care Plan SMART Goal Status = Open Care Plan Action Step Status = New/Pending Most Recent Care Plan Action Step Set Date 90+ Days Ago This Month, or No Care Plan Action Step Set Date on Record	Checked In Care Plan Action Step Status = Complete Most Recent Care Plan Action Step Completion Date 90+ Days Ago This Month, or No Care Plan Action Step Completion Date on Record	Checked In Count of Eligible Services Recorded This Month is Less Than 2

Implementation Handbook Acknowledgement

As an authorized signatory on behalf of my organization, I acknowledge that we have read and agree to abide by the Fiscal Year 2025-2026 Implementation Handbook for ICMS Providers [Permanent Housing Edition]. We also acknowledge that all activities performed under our ICMS Work Order are subject to Housing for Health (HFH) contract monitoring, as described in this Handbook, throughout the entirety of the Fiscal Year. Any questions we have regarding this Handbook will be directed to our HFH program manager.

Organization _____

Master Agreement # _____

Work Order # _____

Name _____

Signature _____

Date _____