FY 26-27

Implementation Handbook

For ICMS Providers

Permanent Housing Edition

LA COUNTY Homeless Services & Housing

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Overview

This Handbook was developed for organizations contracted by the Los Angeles County (LAC) Department of Homeless Services and Housing (HSH) to provide Intensive Case Management Services (ICMS) in permanent housing settings, including Permanent Supportive Housing (PSH), Time-Limited Subsidy (TLS), Shallow Subsidy, and shared housing types. Throughout this Handbook, the term "Permanent Housing ICMS" refers to ICMS delivered within these housing contexts.

HSH funds housing and supportive services delivered through multidisciplinary teams that may include case managers, community health workers, and clinicians.

ICMS is a comprehensive set of interventions designed to support people experiencing homelessness (PEH), including those with complex medical and behavioral health needs, in obtaining and maintaining permanent housing, improving health outcomes, achieving self-sufficiency, and strengthening community integration and social connection.

Services are tailored to each participant and adjust over time, with higher-intensity support provided during the transition from homelessness and gradually tapering as stability is achieved. ICMS employs a "whatever it takes" approach grounded in harm reduction, trauma-informed care, Housing First, and the guiding principles of equity, diversity, inclusion, and anti-racism.

The purpose of this Handbook is to equip ICMS Providers with current information and guidance on:

- **Program partners and funding streams**
- **Administrative requirements for ICMS Providers**
- **Information management**
- **The ICMS enrollment and referral process**
- **Key service delivery and documentation requirements and expectations**
- **Billing**
- **ICMS monitoring, technical assistance, and quality assurance**

This Handbook is a companion to the ICMS Statement of Work (SOW) and the Supportive and/or Housing Services Master Agreement (SHSMA), which establish contractual requirements for ICMS Providers.

Serving as a frontline worker in Los Angeles County's homelessness response system requires patience, skill, and sustained dedication. HSH recognizes the complexity of this work and appreciates your partnership and ongoing commitment.

Key Updates

The following summarizes key updates to ICMS program operations, policies, and systems for Fiscal Year 2026–2027. Providers should review these updates carefully, as they reflect important changes to service delivery expectations, billing, and program oversight.

Program and System-Level Changes

- **Transition to the Department of Homeless Services and Housing (HSH)**
  Housing for Health (HFH) has been integrated with the County Homeless Initiative to form the Los Angeles County Department of Homeless Services and Housing (HSH), which now oversees ICMS and the broader homelessness response system.

- **Integration of TLS and Shallow Subsidy Programs into ICMS**
  Time-Limited Subsidy (TLS) and Shallow Subsidy programs have transitioned from LAHSA to HSH and are now integrated into the Permanent Housing ICMS program, expanding support across a broader range of permanent housing pathways.

- **Sunset of Pre-Match ICMS**
  Pre-Match ICMS was fully sunsetted as of June 30, 2026. To align with reduced housing subsidy availability, ICMS is now prioritized for participants who are permanently housed. Vacated slots without a new housing subsidy match opportunity connected will be closed and not refilled.

- **Fiscal Constraints and ICMS Resource Adjustments**
  HSH is facing a significant funding deficit in FY 2026–2027 due to rising program costs and reductions in federal, state, and one-time funding sources. To maximize the number of participants served, adjustments to ICMS resource allocation are being implemented, including a gradual reduction in the proportion of slots eligible for high billing rates and an increased emphasis on ICMS Graduation for participants ready to transition off the program.

ICMS Operations and Billing Updates

- **Billing Rate Designation Process Clarifications**
  Additional detail has been added regarding the ICMS billing rate designation process and multifactorial analysis to improve transparency, consistency, and understanding of how billing rate designations are determined.

- **New Billing Rate Appeal Pilot**
  A new billing rate appeal process has been introduced for occupied slots with a low billing rate designation determined through multifactorial analysis. The appeal process offers ICMS Providers a structured opportunity to request reconsideration of eligible billing rate designations. The appeal process will initially operate as a six (6) month pilot during FY 2026-27, after which HSH will evaluate utilization, outcomes, administrative impact, and future implementation considerations.

- **Key Billing Rule Updates**
  - Vacant slots are now automatically retained at the low billing rate
  - Family billing rate eligibility now also requires the Household Composition in CHAMP to be updated/confirmed within the past year
  - Slots with participants housed for less than two (2) years will only be auto-retained at a high billing rate if at least two (2) in-person encounters are recorded during the service month

Service Delivery and Documentation Updates

- **Updated Structure for Service Delivery and Documentation Subsections in this Handbook**
  The “Ongoing Support and Care Coordination” subsection has been reorganized into the following six subsections to improve clarity and documentation accuracy:
  - Enhanced Care Coordination
  - Health and Life Skills Promotion
  - Linkage to Community Resources and Social Supports
  - Coordination with Family and Interested Others
  - Safety Planning and Domestic Violence Support
  - Transition of Care Support

- **Standardized Service Options Used in CHAMP for Permanent Housing ICMS Updated**
  The list of standardized service options used for Permanent Housing ICMS documentation in CHAMP has been updated to reflect current program expectations and service delivery practices.

Key Updates

- **Additional CHAMP Documentation Expectations**
  Expanded guidance has been added to emphasize the importance of maintaining up-to-date participant information across multiple sections of the CHAMP profile.

- **Case Conferencing and ICMS Exit Content Reorganized**
  Content related to case conferencing and ICMS exits has been moved into the Service Delivery and Documentation section for improved alignment with direct service expectations.

- **Clarified ICMS Exit Scenarios and Timelines**
  Additional guidance has been added to clarify common ICMS exit scenarios and expectations for timely submission of exit requests.

Monitoring, Reporting, and Systems Updates

- **ICMS Information Center Migrated to HSH Website**
  The ICMS Information Center is now hosted on the HSH website and remains the central hub for program guidance and resources.

- **Expanded Monitoring and Risk Mitigation Framework**
  New content has been added outlining HSH's risk mitigation strategies for addressing ongoing or systemic performance concerns.

- **Case Management Optimization Support Team (CMOST)**
  Information has been added regarding CMOST, which provides targeted technical assistance to support case managers.

- **Clarified Clinical Supervision Requirements**
  The clinical supervision requirement was updated to clarify that clinical supervisors are required to review and approve participant Care Plans at least once every six (6) months, consistent with Section 10.4.1 of the ICMS SOW.

- **Mandatory ICMS Trainings Now Defined**
  A list of mandatory ICMS trainings is now included in the Monitoring, Technical Assistance, and Quality Assurance section.

- **Updates to Universal Consent Template**
  The Universal Information Sharing Consent form has been updated to include an HIV testing checkbox and a Public Housing Authority (PHA) addendum.

Key Updates

- **ICMS Snapshot and PSR Enhancements**
  The ICMS Snapshot is now refreshed daily and available in both Provider-level and Case Manager-level formats. Additionally, new reporting elements have been added to the ICMS Snapshot and Program Summary Report (PSR), including:
  - UHA Log
  - Fiscal Year Summary
  - Race & Ethnicity Level Summary
  - SPA Level Summary
  - Property Manager Level Summary
  - Scattered Site Level Summary
  - Trainings Log

- **External Portal Integration**
  New guidance has been added on the use of external systems, including the FHSP Portal and the TLS payment portals.

Key Updates

Partners and Funding Streams

The Permanent Housing ICMS program has evolved over time and continues to expand the range of funding sources and partnerships leveraged to operate and sustain effective, coordinated programming. In response to system complexity and resource constraints, HSH has adapted its approach by functioning as a centralized hub within the homelessness response system—braiding multiple funding streams while reducing administrative burden for direct service Providers.

Through this hub model, HSH supports a more standardized implementation of ICMS that is largely agnostic to the underlying funding stream(s), while simultaneously connecting Providers and participants to a broader, integrated system of care. This system is supported by multiple public partners who coordinate across housing, health, behavioral health, and supportive services to promote housing stability and positive long-term outcomes.

This section outlines key partners and funding streams that support HSH's Permanent Housing ICMS operation.

American Rescue Plan Act (ARPA)

Los Angeles County (LAC) received approximately $1.9 billion under the American Rescue Plan Act (ARPA). In addition, ARPA funding was allocated to each of LAC's 88 cities, for a combined total of more than $4.5 billion across all jurisdictions. More than $760 million of the County's ARPA allocation has been dedicated to housing and related services for people experiencing homelessness, homelessness prevention efforts, and affordable housing development. This includes the issuance of Emergency Housing Vouchers (EHVs). ARPA funding is time-limited and is expected to expire by the end of calendar year 2026.

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. HSH works closely with funders and operators of PHK sites, including private developers, 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.

LA County Affordable Housing Solutions Agency (LACAHSA)

LACAHSA was created to expand housing affordability, prevent displacement, and increase housing opportunities for people experiencing homelessness across Los Angeles County. LACAHSA is a regional housing entity with the authority to generate and allocate funding for affordable housing and homelessness solutions, including rental assistance, housing production, and supportive services. As a countywide agency, LACAHSA works in coordination with Los Angeles County, cities, and other system partners to support the development and preservation of affordable housing, strengthen homelessness prevention efforts, and expand access to housing resources. Over time, LACAHSA may play an increasing role in funding and shaping housing programs and resources that support ICMS participants and the broader homelessness response system.

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, HSH 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)

The Los Angeles County Department of Mental Health (DMH) contracts with a wide network of providers to deliver mental health services to hundreds of thousands of Los Angeles County residents annually. Services for adults and older adults focus on individuals experiencing severe and persistent mental illness, including those who are low-income, uninsured, or in crisis. Services for children and youth focus on individuals who are emotionally disturbed and have diagnosed mental health conditions.

In March 2024, California voters approved Proposition 1, establishing the Behavioral Health Services Act (BHSA), which replaces the Mental Health Services Act (MHSA). The BHSA reforms behavioral health funding to prioritize services for individuals with the most significant needs, expands support for substance use disorder (SUD) treatment, increases requirements for housing-related interventions, and strengthens the behavioral health workforce. As a result, county behavioral health agencies, including DMH, are expected to play an expanded role in addressing homelessness.

DMH contributes funding for select ICMS slots, serves as a key referral and matching partner, and collaborates closely with HSH on integrated service delivery models.

Through the Permanent Housing Integrated Services Program (ISP), DMH provides services through the Full-Service Partnership (FSP) and Housing Supportive Services Program (HSSP), supporting participants with intensive behavioral health needs.

Additional partnerships between DMH and HSH include:

- **Housing for Mental Health (HFMH):** Connects participants enrolled in DMH's Homeless FSP programs to ICMS and housing resources funded through the Flexible Housing Subsidy Pool (FHSP)
- **No Place Like Home (NPLH):** A State-funded program that supports the development of permanent supportive housing for individuals experiencing or at risk of chronic homelessness who require mental health services

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 HSH to ensure resources for veterans are coordinated and made available when possible.

LA County Department of Public Health (DPH)

The Los Angeles County Department of Public Health (DPH) protects health, prevents disease, and promotes the wellbeing of residents across Los Angeles County through a network of public health programs and services.

Within DPH, the Substance Abuse Prevention and Control Division (SAPC) leads the delivery of prevention, treatment, and recovery services to address substance use across the County. Through the Permanent Housing Integrated Services Program (ISP), SAPC provides Client Engagement and Navigation Services (CENS), which supports ICMS participants by offering substance use outreach, engagement, counseling, and linkage to treatment services.

The Division of HIV and STD Programs (DHSP) within DPH works to prevent and control the spread of HIV and sexually transmitted infections through surveillance, evidence-based programs, and coordinated prevention, care, and treatment services. HSH works closely with DHSP to connect its population of focus to culturally responsive ICMS and ensure timely access to supportive housing and services.

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. HSH 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 HSH's CBEST program, which ICMS participants should be accessing if they are in need of benefits.

Los Angeles Homeless Services Authority (LAHSA)

In December 1993, the Los Angeles County (LAC) Board of Supervisors and the City of Los Angeles Mayor and City Council established the Los Angeles Homeless Services Authority (LAHSA) as an independent joint powers authority. LAHSA serves as the lead agency for the Los Angeles Continuum of Care (CoC), the regional planning body that coordinates housing and services for people experiencing homelessness across Los Angeles County. LAHSA manages the Coordinated Entry System (CES) for Single Adults, Youth, and Families, which connects individuals and households to housing and service resources through a coordinated, “no wrong door” approach. LAHSA also oversees the CoC’s Homeless Management Information System (HMIS). In accordance with an April 2025 LAC Board of Supervisors ruling, Housing for Health (HFH) and the LAC Homeless Initiative (HI) were integrated to form the new LAC Department of Homeless Services and Housing (HSH), which went live in January 2026. HSH will further integrate LAHSA programming beginning in July 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)

Medi-Cal Managed Care Plans (MCPs) are key partners in supporting health-related services for ICMS participants who are Medi-Cal enrolled.

California Advancing and Innovating Medi-Cal (CalAIM) is a Medicaid 1115 Waiver Demonstration designed to transform the Medi-Cal program by increasing flexibility and improving integration with 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. CalAIM enables MCPs to coordinate clinical care with a range of non-medical services that are reimbursable through Medi-Cal. It also establishes expectations for MCPs and public health systems to be more responsive,

equitable, and outcomes-focused. Community Supports, a component of CalAIM, enables HSH to leverage ICMS participants' Medi-Cal coverage to help fund services delivered by ICMS Providers.

To help expand funding for higher-acuity ICMS cases, HSH is exploring opportunities to leverage the Medi-Cal Enhanced Care Management (ECM) benefit. ECM covers intensive care coordination for Medi-Cal beneficiaries with complex medical, behavioral health, and social needs and may serve as a complementary funding source within the ICMS model.

Through the Housing and Homelessness Incentive Program (HHIP), MCPs submit investment plans to the State outlining strategies to achieve housing and homelessness-related goals in collaboration with local stakeholders. HHIP funding is intended to support partnerships with local organizations, including those delivering housing and supportive services.

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

Los Angeles County's permanent housing pipeline is supported by a variety of funding sources. The City of Los Angeles' significant expansion of permanent housing in recent years has been driven in part by Proposition HHH. Passed in November 2016, HHH established a locally generated, dedicated funding source to support the development of permanent supportive housing within the City of Los Angeles. Projects supported through the Supportive Housing Loan Program often combine HHH funding with other financing sources, using both traditional and innovative approaches to support development costs. HSH works with permanent housing developers and other key stakeholders across Los Angeles County to support the creation of stable, service-enriched housing environments where residents can build community and thrive.

Public Housing Authorities (PHAs)

HSH partners with multiple Public Housing Authorities (PHAs) to support the development

and operation of permanent housing (PH) across Los Angeles County. PHA partners within the ICMS program include the Housing Authority of the City of Los Angeles (HACLA), the Los Angeles County Development Authority (LACDA), and housing authorities serving the cities of Long Beach, Pasadena, Santa Monica, Burbank, Redondo Beach, Inglewood, Culver City, Pomona, Hawthorne, Glendale, Compton, South 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 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: 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 Handbook) provides an overview of key areas of ICMS implementation, including core activities, relevant policies and procedures, available technical assistance, and HSH's approach to monitoring implementation throughout the fiscal year. This Handbook is intended to support consistent, high-quality ICMS service delivery across Providers.

ICMS Providers are required to review, sign, and submit the Implementation Handbook Acknowledgement Form to HSH at the start of each fiscal year. Submission of a signed Handbook serves as acknowledgement of the Provider's participation for the fiscal year and agreement to operate in accordance with the requirements and expectations outlined in the Handbook, including HSH's contract monitoring approach described in the Monitoring section.

Personnel Management

Program Manager (PM)

Each ICMS Provider must designate a Program Manager (or designated alternate) who is accountable for the overall daily management, coordination, and operational oversight of the ICMS contract. The Program Manager serves as the primary liaison between the Provider and HSH, ensuring timely communication, data accuracy, and alignment with implementation expectations.

To meet program and contractual requirements, ICMS Providers must ensure that a Program Manager or designated alternate is available to HSH on a 24 hours per day, 365 days per year basis, as needed for urgent programmatic issues. This requirement may be met through established on-call or coverage protocols and does not require continuous active monitoring outside of standard business hours.

The Program Manager is also responsible for coordinating with HSH on ongoing contract monitoring, supporting staff access to required data systems, and leading internal quality assurance and continuous improvement efforts throughout the fiscal year.

Direct Service Staff

ICMS direct service staff are responsible for delivering day-to-day case management and supportive services to participants in alignment with ICMS guiding principles and implementation requirements. While staffing models may vary and may include multidisciplinary roles, **ICMS Providers shall designate case managers as the primary point of contact and lead support coordinators for participants.**

ICMS Providers must maintain current and accurate organizational charts reflecting all staff assigned to the ICMS contract. Organizational charts must be submitted to HSH upon request and as required for contract administration activities, including invoice review. HSH reserves the right, consistent with contractual terms, to review, approve, or disapprove staff assignments to the ICMS contract. Providers experiencing challenges with maintaining adequate staffing levels shall notify their assigned HSH Program Manager as soon as possible to support coordination and problem-solving.

Case managers shall engage participants consistently, provide individualized and participant-centered support, and document services and outcomes in required systems in a timely and accurate manner. Services shall be delivered in a way that is responsive to participant needs, acuity, and level of housing stability.

Under the direction of the Program Manager and applicable supervisors, case managers are responsible for coordinating with care team members, participating in case conferencing and clinical supervision, and responding to urgent participant needs in accordance with Provider on-call and coverage protocols.

Case managers must maintain access to required data and documentation systems and comply with applicable confidentiality, privacy, and information-sharing requirements. These staff shall also participate in required trainings and technical assistance activities to support high-quality ICMS implementation.

Employee Handbook

ICMS Providers must maintain an up-to-date employee handbook or equivalent written personnel policies outlining expectations for staff conduct, workplace practices, and organizational procedures. The employee handbook must be accessible to all staff and acknowledged upon hire in accordance with the Provider's internal policies.

At a minimum, the handbook or associated personnel policies shall address areas such as workplace conduct, confidentiality, anti-discrimination and harassment policies, grievance procedures, and other applicable employment practices. Providers shall ensure that staff assigned to the ICMS contract are familiar with and adhere to applicable personnel policies.

Employee handbooks and associated personnel policies must be maintained by the Provider and made available to HSH upon request as part of contract administration or monitoring activities.

Personnel Records

ICMS Providers must maintain complete and up-to-date personnel records for all staff assigned to the ICMS contract. Personnel records must be retained in accordance with applicable employment laws and the Provider's internal policies.

At a minimum, personnel records shall include:

- Resume or documentation of relevant qualifications
- Job description and role assignment
- Date of hire and employment status
- Records of required trainings and certifications
- Documentation of supervision and performance evaluations, as applicable
- Signed acknowledgements of relevant organizational policies or personnel procedures (including ICMS Program Guide)
- Timesheets and compensation records

Personnel records must be maintained by the Provider and made available to HSH upon request as part of contract administration, monitoring activities, or staff assignment review processes.

Providers shall ensure that personnel records remain current and accurately reflect staff roles and assignments under the ICMS contract.

Clinical Supervision

Clinical supervision provides consultation and professional guidance to staff addressing complex medical, behavioral health, and social needs among participants.

ICMS Providers must ensure that case managers receive regular clinical supervision from an appropriately licensed clinical supervisor. Clinical supervision shall support case consultation, strengthen professional development, and promote safe and effective service delivery.

Clinical supervisors must hold a valid professional clinical license and possess appropriate training and experience to supervise staff working with participants experiencing complex health, behavioral health, and social needs.

Acceptable licensed clinical supervisors may include, but are not limited to:

- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage and Family Therapist (LMFT)
- Physician (MD or DO)
- Registered Nurse (RN)
- Other appropriately licensed clinicians whose scope of practice supports clinical supervision and consultation

Clinical supervisors must also be accessible to staff when urgent participant situations or crises arise, providing consultation and support as needed to ensure appropriate responses and risk management.

Clinical supervisors must review and approve participant Care Plans at least once every six (6) months, or more frequently when participant acuity or risk factors warrant additional oversight.

Where applicable, supervisory review may include written sign-off or other documentation indicating consultation and oversight. Providers must maintain records of clinical supervision activities and make such documentation available to HSH upon request as part of contract monitoring or program review.

ICMS Providers must also conduct regular case conferencing to support care coordination and service delivery, which may include participation from the Clinical Supervisor. Expectations related to case conferencing are outlined in the Service Delivery and Documentation section of this Handbook.

Participant Experience Management

Participant Experience Management refers to the systems and practices ICMS Providers use to support participant wellbeing, gather feedback, and address concerns or grievances in a timely and respectful manner. Participant experience is a core component of ICMS program quality and informs continuous improvement across service delivery.

Participant Assistance Funds

Participant Assistance Funds (PAF) are intended to support ICMS participants in addressing immediate needs that may affect housing stability, health, safety, or engagement in services. As part of operating ICMS, Providers shall set aside a portion of their ICMS program funds to address participant needs that may arise and cannot be readily addressed through other available resources.

ICMS Providers shall set aside at least $200 per ICMS slot per year for Participant Assistance Funds (PAF). These funds are drawn from the Provider's ICMS program budget and should be managed in a manner that allows timely and flexible assistance to participants when needs arise. Providers must be able to demonstrate that PAF are reasonably accessible to participants.

PAF may be used to support needs such as transportation assistance, basic household items, essential personal needs, or other expenses that support housing stability and participant wellbeing. PAF may also be used alongside other available resources when appropriate. Providers typically manage PAF as a pooled resource across ICMS participants rather than allocating funds to individuals in advance.

ICMS Providers must establish internal policies and procedures governing the use of PAF. These policies shall promote equitable access and ensure that expenditures are reasonable, documented, and aligned with program goals. Providers must maintain documentation of PAF expenditures, including the purpose of the assistance and its connection to participant wellbeing or housing stability. Documentation must be retained by the Provider and made available to HSH upon request as part of contract monitoring or program review.

PAF must not replace or duplicate assistance available through other funding sources when those sources are reasonably accessible.

Participant Feedback and Satisfaction

ICMS Providers must maintain processes for gathering feedback from participants regarding their experience with ICMS services. Understanding participant experiences supports improved service delivery, engagement, and overall program quality.

Providers shall gather feedback using methods appropriate to their operational structure, such as participant satisfaction surveys, informal feedback processes, focus groups, or other engagement strategies.

At a minimum, ICMS Providers shall collect participant feedback at least semi-annually and review results to identify opportunities for improvement.

Participant feedback processes must:

- Be accessible to participants with varying language, literacy, and communication needs
- Encourage honest and voluntary participation
- Protect participant confidentiality
- Ensure that participation does not affect access to services

Providers must maintain documentation of feedback processes and tools used. Documentation must be made available to HSH upon request as part of contract monitoring or program review.

Grievance, Conflict, and Crisis Management

ICMS Providers must maintain procedures for addressing participant concerns, grievances, or conflicts that may arise during service delivery. These procedures shall support timely, respectful resolution while prioritizing participant wellbeing and housing stability.

Providers must maintain internal grievance processes that allow participants to safely raise concerns regarding services, staff interactions, or program operations. Participants must not face retaliation or negative consequences for submitting grievances. Providers shall inform participants of grievance procedures in a manner that is accessible and easy to understand and shall keep participants reasonably informed of the status and outcome of their concerns.

Providers shall approach concerns with an emphasis on problem-solving, collaboration, creativity, and flexibility, while fostering open communication and working toward mutually acceptable solutions. Providers shall make reasonable efforts to resolve concerns at the Provider level through communication, supervisory consultation, and appropriate follow-up actions. Resolution efforts shall prioritize fairness, transparency, and maintaining constructive relationships between participants and staff.

Providers must document grievances and related actions, including:

- Steps taken to address the concern
- Follow-up activities
- Any resulting updates to the participant's Care Plan

Documentation must be retained in accordance with Provider policies and made available to HSH upon request.

ICMS Providers must maintain crisis response procedures, including access to a crisis response line available 24 hours per day, 7 days per week, including weekends and holidays. Providers must ensure adequate staffing coverage to maintain continuous access.

Providers must also maintain procedures for responding to emergency situations. When a situation presents an immediate threat to life or safety, staff shall contact 911 or appropriate emergency services. Providers must maintain contingency procedures for natural disasters or other large-scale emergencies that may impact participant safety, housing stability, or program operations.

ICMS Providers must notify HSH of significant incidents that may affect participant safety, program operations, or public concern. Significant incidents may include situations such as serious injury, death, threats to participant or staff safety, or other events requiring immediate attention or coordination with HSH. Providers shall follow established reporting procedures, including use of the Significant Incident Report template available in the ICMS Information Center.

When concerns cannot be resolved at the Provider level or involve significant safety, ethical, or program integrity issues, HSH may become involved to support appropriate resolution.

Quality Control Plan

ICMS Providers must maintain a Quality Control Plan (QCP) that outlines the internal processes used to ensure service quality, monitor program performance, and support continuous improvement in ICMS operations.

The QCP shall describe how the Provider monitors key areas of ICMS implementation, such as administration, service delivery and documentation, clinical supervision, billing, and overall alignment with ICMS program requirements and expectations. The QCP shall also identify the roles and responsibilities of supervisory or management staff responsible for overseeing quality control activities.

Providers shall use available program data, including the ICMS Snapshot, ICMS Program Summary Report (PSR), and other reporting tools, to inform internal quality monitoring and improvement efforts.

Quality control activities may include practices such as periodic policy reviews, documentation audits, case consultation, supervision oversight, and other internal review processes designed to ensure services are delivered consistently and in accordance with program expectations. Providers shall review the results of quality control activities on a regular basis and identify opportunities for operational improvement.

When improvement needs are identified, Providers shall take reasonable steps to address them, which may include staff coaching, training, or process updates.

The QCP must be reviewed by the Provider at least annually and updated as needed to reflect current quality control practices. The QCP must be maintained by the Provider and made available to HSH upon request as part of contract monitoring or program review activities.

Example Areas of QCP Focus

The following are examples of operational areas that may be included in an ICMS Provider's QCP:

- **Personnel Management**
  - Staff hiring procedures
  - Staff orientation, training, and performance management
- **Clinical Supervision**
- **Participant Experience**
  - Participant Assistance Funds (PAF)
  - Participant feedback and satisfaction surveys
  - Grievance and conflict resolution procedures
  - 24/7 crisis response and incident reporting
- **Service Delivery and Documentation**
  - Alignment with ICMS intake requirements and expectations
  - Access to and use of ICMS Snapshot for case managers
  - HIPAA and confidentiality compliance
  - Case conferencing practices
  - Referral procedures
- **Billing**
  - Submission of timely and accurate invoices
- **Collaboration and Partnerships**
  - Participation in HSH-scheduled meetings
  - Responsiveness to HSH requests and coordination activities

Information Management Systems

Accurate, timely, and complete documentation is a core component of ICMS service delivery. It supports participant safety, continuity of care, and effective coordination across Providers and systems, and ensures accountability for services delivered, program monitoring, reporting, and reimbursement.

ICMS Providers shall maintain accurate records across required systems and ensure that staff have appropriate access, training, and ongoing familiarity with these systems.

Comprehensive Health Accompaniment Management Platform (CHAMP)

The Comprehensive Health Accompaniment Management Platform (CHAMP) is the official system of record for the ICMS program. All ICMS data, including participant information, service delivery, and program activity, must be documented in CHAMP.

CHAMP can be accessed at: https://ct.caseworthy.net/login/LACHFH

ICMS Providers are required to:

- **Maintain active CHAMP access for all relevant staff**
- **Ensure timely and accurate documentation of all services delivered**
- **Use CHAMP as the primary system for tracking participant engagement and program activity**

CHAMP includes, but is not limited to:

- Participant enrollments, referrals, housing subsidy information, and Provider assignments
- Demographics, contact information, household composition, and participant consents
- Health-related information, including conditions, insurance coverage, and service needs
- Housing status, assessments, Care Plans, case notes, and service records
- Billing and program reporting data

All staff using CHAMP are required to adhere to applicable privacy and security requirements, including compliance with the Health Insurance Portability and

Accountability Act (HIPAA) and other relevant laws and regulations governing the use and disclosure of participant information.

The HSH system of care follows all applicable privacy and security practices in the management of CHAMP to ensure that:

- Participant health information is protected in all forms, including paper, electronic, verbal, video, and photographic formats
- Participants can access, inspect, and request copies of their protected health information (PHI)
- Participants can obtain a copy of the Notice of Privacy Practices
- Participants can file complaints regarding privacy practices
- Participants can request an accounting of disclosures indicating where and with whom their PHI has been shared
- Participants can place reasonable limits on the use and disclosure of their information, consistent with applicable laws

ICMS Providers shall use the CHAMP User Profile Request Form (available on the CHAMP home page) to:

- Request new user access
- Reinstate access due to inactivity
- Update user roles or organizational assignments

Ongoing support is available through CHAMP Office Hours and 1:1 technical assistance sessions, which can be accessed through the ICMS Information Center.

Homeless Management Information System (HMIS)

The Homeless Management Information System (HMIS) (also known as Clarity in Los Angeles County) is used across the Los Angeles Continuum of Care (LACoC) to collect and manage participant-level data related to homeless services.

CHAMP is integrated with HMIS, and documentation completed in CHAMP satisfies HMIS documentation requirements for ICMS participants. Data from CHAMP is regularly transmitted to HMIS to support system-wide reporting, coordination, and compliance. Accurate and timely documentation in CHAMP directly impacts the quality and completeness of HMIS reporting.

Maintaining comprehensive records in HMIS supports:

- Seamless transfer of information for service providers operating across multiple Continuums of Care (CoCs)
- Continuity of services for people experiencing homelessness who move between CoCs
- System-level analysis to inform and adapt strategies to meet the needs of people experiencing homelessness
- Increased transparency and understanding of homelessness trends across Los Angeles County
- Improved communication and coordination across agencies, helping to reduce service delays and target resources effectively

In alignment with California Assembly Bill (AB) 977, homelessness programs that receive state funding are required to report participant and service data into HMIS. The integration between CHAMP and HMIS supports compliance with AB 977 by ensuring that ICMS program data is captured and reported accurately.

The LAC HMIS (aka Clarity) can be accessed at: https://la.clarityhs.com/

While ICMS Providers are not required to enter data directly into HMIS for ICMS services, staff shall:

- **Maintain active HMIS access**
- **Use HMIS as needed for care coordination**
- **Review participant information across systems to support service delivery**

Maintaining HMIS access supports coordination with other programs and providers that may not use CHAMP and ensures ICMS Providers can access the most complete picture of participant service engagement across the homelessness response system.

Countywide Homeless Information Portal (CHIP)

The Countywide Homeless Information Portal (CHIP) supports multidisciplinary care coordination by allowing authorized users to access information across multiple County systems.

Under California Assembly Bill (AB) 210 and AB 1948, counties are authorized to establish multidisciplinary teams (MDTs) that may share otherwise confidential information for the purpose of coordinating care, facilitating housing placements, and improving service delivery for individuals experiencing or at risk of homelessness. **ICMS Providers are considered members of these MDTs.**

CHIP serves as a key tool supporting MDT efforts by aggregating and presenting information from multiple systems to assist Providers in coordinating care and services.

The CHIP Portal can be accessed at: https://chip.lacounty.gov/

ICMS Providers shall:

- **Obtain and maintain CHIP access for relevant staff**
- **Use CHIP to support care coordination and information sharing, as appropriate**

Access to CHIP requires completion of required agreements and training. Providers shall work with their HSH Program Manager to establish and maintain access.

External Program and Payment Portals

In addition to CHAMP and other core systems, ICMS Providers may be required to access external systems used by HSH partners and contractors to support housing subsidies and rental payments.

Use of these systems will depend on the participant's subsidy type and program enrollment.

Flexible Housing Subsidy Pool (FHSP) Portal

Brilliant Corners maintains a portal for participants receiving subsidies through the Flexible Housing Subsidy Pool (FHSP).

The FHSP Portal can be accessed at: https://brilliantcorners.my.site.com/FHSPonlineportal/s/login/?ec=302&startURL=%2FFHSPonlineportal%2Fs%2F

ICMS Providers supporting participants with FHSP rental subsidies are required to access the FHSP Portal to:

- **Review subsidy and payment status**
- **Support coordination with housing providers and contractors**
- **Identify and help resolve issues related to subsidy utilization**

Time-Limited Subsidy (TLS) Payment and Shallow Subsidy Payment Portals

Rental payments for participants housed with a Time-Limited Subsidy (TLS) or Shallow Subsidy are administered by HSH through contracted payment providers. ICMS Providers are required to access contractor-managed portals to support coordination of rental payments for participants in their caseload who have been assigned TLS or Shallow Subsidy rental assistance.

TLS and Shallow Subsidy payment operations are currently administered through:

- Brilliant Corners
- Housing Operations Management, Inc. (HOM, Inc.)

Each payment provider maintains its own payment portal. **ICMS Providers serving participants receiving TLS or Shallow Subsidy rental assistance shall:**

- **Obtain and maintain access to applicable payment portal(s)**
- **Enter and update required participant and subsidy-related information within the applicable portal(s), as appropriate**
- **Submit required documentation in a timely and accurate manner**
- **Coordinate with contractors and HSH staff to support timely and accurate rental payments**

The Brilliant Corners TLS Portal can be accessed at: https://brilliantcorners.my.site.com/SoCal/s/login/?ec=302&startURL=%2FSoCal%2Fs%2F

The HOM TLS and Shallow Subsidy Portal can be accessed at: padmissionjourney.com/login

ICMS Providers are not responsible for authorizing or issuing TLS or Shallow Subsidy rental payments. However, case managers play an important role in identifying, communicating, and resolving issues that may impact housing stability.

Access and Coordination Expectations

ICMS Providers shall:

- Maintain access to relevant external systems based on their caseload
- Use these systems to support housing stability and care coordination
- Coordinate with HSH Program Managers and contractor staff when issues arise

Additional guidance on accessing and using these systems is available through the ICMS Information Center.

Enrollments and Referrals

Selecting Households for Permanent Housing ICMS

For ICMS placement, HSH prioritizes households experiencing homelessness with higher levels of acuity who have been matched to a permanent housing opportunity, including those with chronic illness or physical disability. Additional ICMS-connected permanent housing pathways, including matches to Time-Limited Subsidies (TLS) and Shallow Subsidies, may also serve participants with lower levels of support needs.

Pathways into Permanent Housing ICMS include, but are not limited to:

- Los Angeles County's Coordinated Entry System (CES)
- HSH Time-Limited Subsidy (TLS) and Shallow Subsidy Queues
- Department of Health Services (DHS) municipal hospital system
- HSH Street-Based Engagement (SBE) program
- HSH Interim Housing (IH) program
- HSH Enriched Residential Care (ERC) program
- Referrals from County departments (e.g., DMH, DPH, DCFS, DPSS, DMVA)
- Referrals from Medi-Cal Managed Care Plans (MCPs)
- Referrals from Veterans Affairs, including Other Than Honorable discharge populations

ICMS Enrollment and Referral Process

Specialized HSH staff oversee ICMS and HMIS enrollments in CHAMP and manage the ICMS referral process. Key activities include:

- Tracking matches to federally funded housing subsidies in LAHSA's Resource Management System (RMS)
- Facilitating matches to locally funded housing subsidies in CHAMP
- Referring households into ICMS slots associated with project-based and tenant-based housing subsidies
- Referring households into ICMS slots associated with TLS and Shallow Subsidies
- Checking households into ICMS slots in CHAMP

Front-End Reverse Referrals (FERRs)

Front-End Reverse Referrals (FERRs) occur when HSH enrolls and checks a household into an ICMS slot prior to household contact by the assigned ICMS Provider. FERRs may occur

through multiple housing and referral pathways, including Coordinated Entry System (CES) matches and certain HSH-administered housing subsidy programs.

For CES-connected housing opportunities:

- HSH enters housing resources in RMS that correspond to ICMS slots.
- CES matchers match households to these resources, prompting ICMS connection.
- HSH completes the ICMS enrollment in CHAMP, refers the household to an ICMS slot, and checks them in.

For HSH-administered housing subsidies (e.g., FHSP or TLS):

- HSH identifies and assigns the household to an appropriate ICMS slot.
- HSH completes the ICMS enrollment in CHAMP and checks the household into the assigned ICMS slot.
- The assigned ICMS Provider becomes aware of the referral through the ICMS Snapshot and begins engagement and housing support activities.

Reverse Referrals (RRs)

Reverse Referrals (RRs) apply to eligible households already receiving ICMS services but not yet formally enrolled in ICMS in CHAMP.

In this process:

- The ICMS Provider submits an HSH Application in CHAMP, including the required consents.
- HSH completes the ICMS enrollment in CHAMP, refers the household to an ICMS slot, and checks them in.

Processing considerations:

- Reverse referrals may take up to five (5) business days.
- Providers should plan for this timeline when managing slot vacancies.
- ICMS slots that remain vacant for more than two (2) weeks while awaiting a reverse referral may be subject to closure (see Billing section for details).

HMIS Enrollments

HMIS enrollments are completed by HSH staff as part of the ICMS enrollment and referral process.

To ensure accuracy and consistency in system-wide reporting:

- ICMS Providers shall not complete HMIS enrollments in CHAMP.
- Providers with questions regarding HMIS enrollment status should contact their HSH Program Manager.

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

ICMS Transfers

ICMS transfers may be initiated by HSH for a variety of programmatic or participant-centered reasons. Transfer decisions are made collaboratively through case conferencing between HSH and the ICMS Provider.

Examples of transfer scenarios include:

- Transfer between scattered site ICMS Providers
- Transfer from a scattered site to a project-based ICMS Provider (or vice verse)
- Transfer between project-based ICMS Providers

For households already permanently housed:

- Transfer to a project-based ICMS slot may only occur after the household has moved into the destination unit.

While a transfer is pending, ICMS Providers must continue delivering services to the household for as long as the participant remains checked into the Provider's ICMS slot.

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

Service Delivery and Documentation

The Service Delivery and Documentation section outlines the core expectations for how ICMS Providers deliver services to participants and document those services in CHAMP. Service delivery and documentation are interconnected and essential to supporting participant housing stability, health, and overall wellbeing.

ICMS services shall be participant-centered, responsive to individual needs and preferences, and adjusted in intensity over time based on participant circumstances. **Not all participants will require all services described in this section at all times; rather, these activities represent the range of services that may be provided and that shall be delivered as appropriate based on participant needs and preferences.**

ICMS services may be delivered in both project-based (site-based) and scattered-site housing models. In project-based settings, ICMS Providers typically serve participants within a specific housing development where multiple ICMS participants reside. In scattered-site models, participants live in units distributed throughout the community, and ICMS Providers deliver services across a geographically dispersed caseload. While service delivery approaches may vary based on the housing model, all ICMS services shall be delivered in alignment with program expectations and tailored to participant needs.

Documentation within CHAMP shall accurately reflect services provided, participant needs, and coordination efforts. Accurate documentation is critical for care planning, program monitoring, and program funding and reporting requirements.

Together, service delivery and documentation support effective care coordination, informed decision-making, and the equitable distribution of program resources across LA County's homelessness response system.

Additional guidance, tools, and job aids related to many of the topics described in this section are available in the ICMS Information Center on the HSH website. These resources may be updated throughout the year to reflect evolving guidance and best practices.

Service Delivery Expectations

ICMS Providers shall deliver participant-centered services that support housing stability, health, and overall wellbeing. Services shall be tailored to each participant's unique needs,

strengths, preferences, and goals, and shall be delivered in alignment with the participant's individualized Care Plan.

ICMS services begin at the point a participant is placed in an ICMS slot and shall not be delayed based on housing status or voucher match. Providers shall actively engage participants from the time of slot entry, including those who are not yet permanently housed, to support housing navigation, service connection, move-in, and stabilization.

ICMS service delivery is guided by core principles including Housing First, harm reduction, trauma-informed care, and a commitment to equity, diversity, inclusion, and anti-racism. Providers shall apply these principles in a manner that promotes trust, engagement, and long-term stability for participants.

Service delivery shall be participant-driven and strengths-based. Providers shall collaborate with participants to identify priorities, build on existing strengths, and develop goals that are meaningful and achievable. Services shall be responsive to changes in participant needs and circumstances, with adjustments to service intensity and focus as appropriate.

ICMS services are delivered using a flexible, participant-centered approach within the scope of the program. ICMS service delivery includes both housing-focused case management and enhanced care coordination activities. While these activities may align with different service domains, funding sources, or case management priorities, they are delivered as part of a unified service model. Providers shall make reasonable efforts to remove barriers to engagement, support participants in accessing needed services and resources, and coordinate care across systems—including housing, health care, behavioral health, and social supports—in alignment with the participant's Care Plan. Documentation shall reflect this integrated approach while accurately capturing the type of service provided.

Service intensity shall increase or decrease over time based on participant needs, acuity, and key transition periods.

Providers shall maintain regular contact with participants, including in-person engagement as appropriate to the participant's needs, level of acuity, and Care Plan. In-person encounters remain a key component of ICMS service delivery and shall be incorporated regularly to support engagement, assessment, and care coordination.

At a minimum, the following in-person encounter requirements apply:

- **Cases billed at low service intensity tier: At least one (1) in-person case management encounter per month**
- **Cases billed at high service intensity tier: At least two (2) in-person case management encounters per month**

In addition to in-person encounter requirements, ICMS Providers must meet minimum monthly service documentation requirements as outlined in Section 5.2 of the ICMS Statement of Work (SOW). Specifically, ICMS Providers are required to provide and document a minimum of two (2) services per participant per month. These services may include, but are not limited to, in-person encounters and other service activities documented in CHAMP. In-person encounters and documented services are related but distinct requirements. Meeting the minimum in-person encounter requirement alone does not satisfy the minimum service requirement for cases billed at the low service intensity tier (i.e., minimum of one in-person encounter, but also a minimum of two services overall for the month).

These minimum requirements are intended to support consistent engagement and service delivery. Providers may exceed these minimums based on participant need and shall adjust service frequency and intensity accordingly.

Service delivery must be accurately and timely documented in CHAMP. Documentation shall reflect services provided, participant engagement, and progress toward Care Plan goals, and shall support ongoing care coordination, program monitoring, and continuous quality improvement. ICMS documentation is subject to continuous review and monitoring throughout the fiscal year and must align with services delivered.

Services and Case Notes Documentation

ICMS services are documented in CHAMP using both case notes and standardized service options. ICMS Providers shall document all participant interactions and services in a manner that is accurate, timely, and reflective of services actually delivered.

Case notes provide qualitative detail about participant interactions, while service documentation captures the type of service delivered using standardized options. Together, these components form the official record of service delivery and support care coordination, billing, program oversight, and continuous quality improvement.

Case Notes

Case notes provide qualitative details about participant interactions and help explain how services and interventions were delivered. They shall clearly describe the purpose of the contact, services provided, and any relevant outcomes or follow-up actions, while reflecting the participant's current needs, goals, and level of engagement. Case note details related to domestic/intimate-partner violence shall be minimized and protected to avoid compromising the safety of impacted survivors.

Case notes shall:

- **Accurately reflect the service provided and the nature of the interaction**
- **Align with the participant's Care Plan goals and action steps**
- **Include sufficient detail to support care coordination and continuity of care**
- **Be entered in CHAMP in a timely manner following the service**

Where appropriate, case notes should reflect a structured approach (e.g., GIRP or similar framework) to support consistency and completeness.

Service Documentation

In CHAMP, services are recorded within the case note. Providers shall ensure that all services provided are appropriately documented and categorized within the corresponding case note. Service documentation shall clearly reflect the type of service delivered and be consistent with the participant's needs and Care Plan.

In accordance with ICMS program requirements, **Providers shall provide and document a minimum of two (2) services per participant per month,** as outlined in Section 5.2 of the ICMS Statement of Work. **Service documentation is considered overdue if the participant has been enrolled in the ICMS program for at least one full calendar month and fewer than two (2) eligible Services were recorded in CHAMP for any full month of enrollment.**

ICMS services must be documented using the standardized "Service Option" drop-down menu in CHAMP. Each service option represents a distinct range of ICMS activities and is used to capture the nature of services delivered across participants and Providers.

When recording a service in CHAMP, Providers must also select the appropriate "Place of Service" from the corresponding drop-down menu. The selected Place of Service is used to determine whether a service is classified as in-person or not in-person. Providers shall refer to the CHAMP Place of Service Job Aid available in the ICMS Information Center for guidance on selecting the appropriate option.

Providers shall select the service option that best reflects the primary purpose of the interaction or activity being documented. **Below is the list of standardized service options used in CHAMP for permanent housing ICMS, including the service definition, and the range of activities included under that service option**:

- **Program Participation Management**
  Coordinating enrollment, participation, and status updates within LA County's homelessness response system.

  Intake | Universal Consent | CHAMP Profile Update | PH Update | Incident Report | Exit Request | Opt-Ins | Notice of Privacy Practices

- **Assessment and Care Planning**
  Conducting assessments and developing/updating participant-centered care plans based on needs, strengths, and goals.

  HMIS Assessment | 5x5 | Housing Acuity Index | Psychosocial Assessment | LA HAT | Create SMART goal | Assign New Action Step | Update Goal Status | Update Action Step Status

- **Housing Navigation Support**
  Supporting housing search, application, and move-in processes for participants.

  Document Support (Housing/Subsidy) | Submit Subsidy Application | Resolve Housing-Related Debt | Housing Search | Coordinate Move-In | Housing Deposits Coordination

- **Permanent Housing Retention Assistance**
  Providing ongoing support to maintain housing stability and promote long-term wellbeing.

  Health and Safety Visit | Tenancy Education | Lease Compliance Support | Reasonable Accommodation Support | Engage Property Manager | Re-Certify Voucher | Moving On Application | Decluttering Support | Resolve Arrears | Submit FHSP GAR Request | Mediate Dispute | Crisis Intervention

- **Accompaniment – Health Care**
  Attending healthcare visits alongside participants.

  Prepare Participant for Appointment | Attend Participant Appointment | Debrief with Participant After Appointment

- **ISP Care Coordination**
  Linking to and coordinating services with PSH Integrated Services Program (ISP) providers.

  Submit CENS Referral | Submit HSSP Referral | Submit FSP Referral | Coordination / Follow-Up with ISP Provider

- **Case Conference**
  Collaborating with internal and external care team members to coordinate services and address complex participant needs.

  Internal Case Conference | Multidisciplinary Team Coordination | Case Conference with Housing Providers | Case Conference with Healthcare Providers

- **Transportation**
  Supporting participant access to services, housing, and appointments through transportation-related assistance.

  Housing Search Tranportation | Coordinate Rides or Transit Access | Healthcare Transportation

- **Health and Life Skills Promotion**
  Supporting participant education, coaching, and skill-building related to health, daily living, and self-sufficiency.

  Life Skills Coaching | Health Education | Medication Adherence Support | Budgeting and Daily Living Skills

- **Community Resources/Supports Linkage**
  Assisting participants in connecting to community-based resources and services that support health, income, and overall wellbeing.

  Basic Needs Assistance | CBEST Referral | Medi-Cal / Medicare Application | GR/CalFresh | Unemployment Income Connection | VA Coordination | BenefitsCal | Social Security Benefits Assistance | Document Support (Benefits/Services) | Connect to Caregiving | Connect to Primary Care | Connect to Mental Health Care | Connect to Specialty Medical Care | Connect to Substance Use Care | PH² Referral | Pharmacy & Grocery | Link to Community of Faith | Volunteer Opportunities | School Registration | Job Search

- **Family/Friend Coordination**
  Engaging and coordinating with family members or other individuals identified by the participant to support care and housing stability.

  Coordination with Family | Communication with Identified Support Persons | Family Reunification | Care Planning with Family Involvement | Support for Family Engagement in Care Planning | Coordination During Crises

- **Safety Planning**
  Supporting participants in identifying risks, enhancing personal safety, and developing strategies to reduce harm, including in situations involving domestic or intimate partner violence.

  Identify Safe Contacts/Locations/Emergency Strategies | Develop Safety Plan | Provide Info About DV Resources | Refer to DV Shelter | Coordinate VAWA Relocation

- **ICMS TOC Visit**
  Supporting participants during transitions of care following hospitalization.

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

Documentation Timelines and Backdating

Documentation shall be completed as close to the time of service delivery as possible to ensure accuracy and completeness. Backdated documentation may be appropriate in limited circumstances when documentation was not completed at the time of service.

In such cases, the documentation shall:

- Accurately reflect the date the service occurred
- Be entered as soon as possible after the service
- Clearly describe the services and interaction that took place

Documentation shall not be backdated in a manner that misrepresents when services were delivered or created solely to meet program or billing expectations, as this is considered fraudulent documentation, which is not supported by HSH.

Documentation Quality and Integrity

Documentation must be of sufficient quality to demonstrate that meaningful services are being provided. Low-quality, incomplete, or inconsistent documentation may not adequately support service delivery or billing.

Examples of documentation concerns include, but are not limited to:

- Case notes that are overly brief or lack sufficient detail
- Repetitive or templated notes that do not reflect the specific interaction
- Documentation that does not align with recorded services
- Recording services without a corresponding interaction or activity

- Documentation that does not reflect participant needs, engagement, or progress

Providers shall ensure that documentation reflects actual services delivered and is not created solely to meet billing or program requirements. Documentation that misrepresents service delivery is considered fraudulent documentation and is not supported by HSH.

Documentation is subject to ongoing review and monitoring and shall remain consistent, accurate, and aligned with program expectations.

In CHAMP, add every Service and Case Note directly under a SMART goal in the Care Plan. The Case Notes screen should not be used for documenting ICMS services.

Program Participation and Status Management

ICMS Providers shall maintain accurate and up-to-date participant information in CHAMP to support program participation, care coordination, and service delivery. This includes maintaining key records related to participant enrollment, status, and required program documentation. Program participation and status management activities are distinct from direct service delivery but are essential to ensuring that participant information is current, complete, and available to support care planning, coordination, and program operations.

Intake

Providers shall complete all required intake activities when a participant is assigned to an ICMS slot. Intake is a critical early step in establishing engagement, gathering key participant information, and setting the foundation for care planning and service delivery.

ICMS intake shall be conducted as a face-to-face encounter and may involve completion of a “new participant” intake packet. The purpose of intake is to provide participants with an overview of the ICMS program, answer initial questions, and gather the information needed to formally onboard the participant into services and assign them to a case manager. If a Provider chooses to develop an intake packet for their ICMS operations, it shall be reviewed and approved by their HSH Program Manager prior to use.

During intake, Providers shall work with participants to ensure all required consents, authorizations, and program opt-ins are recorded in CHAMP as soon as possible. Providers should also begin exploring housing plans and initiate discussion of potential goals and action steps to inform care planning.

Intake activities shall be completed within seven (7) days of a participant’s assignment to

an ICMS slot. Timely completion of intake supports early engagement, care planning, and coordination of services. Providers shall make reasonable efforts to meet this timeframe and document any barriers that delay completion.

For each ICMS intake session completed, record one unit of the "Program Participation Management" service.

Consents, Authorizations, and Opt-Ins

ICMS Providers must ensure that all required consents, authorizations, and program opt-ins are obtained, documented, and maintained in CHAMP. These records are essential to supporting care coordination, service delivery, and access to resources across the HSH system of care and partner agencies.

Providers shall ensure that all consent-related documentation is complete, accurate, and up to date. Missing, expired, or incomplete consent records may limit or prevent the ability to coordinate care, access services, or share information with partners.

- **Notice of Privacy Practices**
  The Notice of Privacy Practices is foundational to all consent discussions with participants. It explains how participant health information may be used and shared, and outlines participant rights related to their health information. The Notice of Privacy Practices must be reviewed with participants prior to obtaining any information sharing consent. **Providers shall ensure acknowledgement of receipt of the Notice of Privacy Practices is obtained and documented in CHAMP.**

  If a participant declines to sign the acknowledgment:
  - Providers shall document good faith efforts to obtain the signature
  - The acknowledgment status shall be recorded in CHAMP as "Declined," including the reason
  - **Providers shall follow up at least once every six (6) months to revisit acknowledgment that was previously declined**

- **Universal Information Sharing Consent**
  The Universal Information Sharing Consent allows HSH and its partners to share participant health and social services information to support care coordination, service delivery, and access to resources. ICMS Providers shall make reasonable efforts to ensure a valid Universal Information Sharing Consent is recorded in CHAMP for all participants, as this consent supports information sharing through the HSH system of care, including data available through the County's health

information exchange, and in the ICMS Snapshot.

Participating entities may include:

- LAC departments (e.g., HSH, DHS, DMH, DPH, DPSS, DMVA)
- Housing Authority of the City of Los Angeles (HACLA)
- Los Angeles County Development Authority (LACDA)
- Medi-Cal managed care plans
- Community-based providers and other service partners

When a participant signs the Universal Sharing Consent, they authorize the use and sharing of relevant information to support care coordination, service delivery, and access to resources.

Consent Requirements for Information Sharing

ICMS Providers must ensure that a valid Universal Information Sharing Consent is on file and accurately reflected in CHAMP, as this consent guides information sharing across the HSH system of care and supports care coordination through shared data systems.

Case managers must ensure that a valid Universal Information Sharing Consent is on file prior to directly sharing participant information outside of the HSH system of care.

Valid sharing consent is required when:

- Coordinating care with external providers or partners not directly operating within the HSH system of care
- Sharing participant information with housing authorities (e.g., HACLA, LACDA) beyond standard housing administration processes
- Communicating participant information with Medi-Cal managed care plans or other healthcare entities
- Engaging family members or other individuals in care coordination, unless otherwise permitted by law

When valid sharing consent is not on file:

- Information sharing shall be limited to what is permitted under applicable laws and regulations
- Providers shall avoid sharing sensitive or identifiable participant information unless required for safety or mandated reporting purposes
- Providers shall make reasonable efforts to obtain consent to support effective care coordination

Within the HSH system of care, information sharing may occur in accordance with

applicable policies and legal requirements; however, Providers shall still verify consent status and adhere to any participant-imposed limitations.

Scope and Limitations

Participants may choose to limit sharing of certain types of information. The consent form includes checkboxes that allow participants to opt out of sharing:

- Mental health information
- Substance use disorder information
- HIV/AIDS test results

Regardless of consent status, detailed diagnosis or treatment information related to mental health or substance use disorder shall not be documented in CHAMP.

The Universal Consent contains a Public Housing Authority (PHA) addendum that allows participants to also choose whether they will allow the sharing of their housing subsidy information on file with HACLA or LACDA (if applicable). This supports housing coordination, subsidy administration, and communication with housing partners.

Participants may also designate family members or other individuals authorized to receive information for care coordination purposes.

Declined or Revoked Consent

Participants have the right to decline or revoke information sharing consent at any time.

When consent is declined or revoked:

- Providers shall document the updated consent status in CHAMP as soon as possible
- Providers shall limit information sharing outside the HSH system of care to what is necessary for service delivery
- Sensitive information (e.g., mental health, substance use disorder) shall not be accessed or shared without consent
- **Providers shall revisit consent discussions at least once every six (6) months with participants who have declined or revoked consent.**

Validity and Maintenance

- A valid Universal Sharing Consent applies across all HSH programs once uploaded in CHAMP
- A new consent is not required unless the participant requests a change in

consent level
- Providers shall ensure consent status in CHAMP accurately reflects the most current signed document
- Providers shall use the ICMS Snapshot to monitor each participant's current Universal Sharing Consent status in CHAMP

- **CalAIM Opt-Ins**

HSH leverages Medi-Cal benefits and waiver demonstrations, including CalAIM Community Supports (CS), to support payment for ICMS service delivery.

For many participants, these Medi-Cal programs are used as a primary funding source for the ICMS services they are already receiving. Opting in does not enroll the participant in a separate or additional program; rather, it allows HSH to use available Medi-Cal coverage for the participant to fund and sustain the housing-related and care coordination services being provided by ICMS.

Providers shall approach opt-in discussions in a clear and participant-centered manner, helping participants understand that:
- The services they are receiving will remain the same
- Opting in allows available resources to be used to support those services
- Participation is voluntary and does not impact eligibility for housing or ICMS

Providers shall make reasonable efforts to obtain opt-ins when applicable, as these funding sources support the sustainability of ICMS services across the system. CalAIM CS opt-in responses (e.g., "Provided" or "Declined") shall be recorded in CHAMP along with a case note, regardless of the participant's decision.

CalAIM Community Supports may be used to fund housing case management services, including Housing Navigation (HN) and Tenancy Sustaining Services (TSS), provided through ICMS.

Providers shall:
- **Obtain CalAIM CS verbal opt-in responses from participants when prompted and explain how HN and TSS are included in the ICMS being provided**
- **Record verbal opt-in statuses in CHAMP**
- **Refer to ICMS Snapshot indicators (e.g., "CalAIM CS HN/TSS Verbal Opt-In Status Needed?") to identify participants requiring follow-up**

In addition to HN and TSS opt-ins, HSH may contact ICMS Providers on a case-by-case basis to support participant opt-ins for other CalAIM Community Supports, such as Housing Deposits, Transitional Rent, Personal Care and Homemaker Services, or Recuperative Care. These opt-ins are not relevant for all ICMS

participants and are distinct from HN and TSS, which directly support funding for ICMS service delivery. **Participation in CalAIM is voluntary and does not impact eligibility for housing or ICMS services.**

For each consent or opt-in review with the participant, record one unit of the "Program Participation Management" service.

Permanent Housing (PH) Updates and Status Tracking

The Permanent Housing Status (PH) Update in CHAMP is a core component of ICMS documentation and program operations. PH Updates are used to record and confirm key information about a participant's housing status, case manager assignment, and location. This information supports service coordination across partners within the HSH system of care and supports tracking of program performance, outcomes, and resource utilization.

For each active enrollment, Providers are required to complete a PH Update in CHAMP in a timely manner each time a participant's housing status changes, and to confirm the status at least once per month, even when no changes have occurred. This requires selecting "Save" (never click "No Changes") within the PH Update section of the participant's CHAMP profile to update or confirm all required fields. If "No Changes" is clicked, services and case notes will still save, but the previous PH Update date will remain listed on the ICMS Snapshot.

At a minimum, each monthly PH Update shall include the following:

- Current Status
- Assigned ICMS Case Manager
- Subsidy Application Date (if applicable)
- Voucher Issued Date (if applicable)
- Move-In Date (homelessness end date) (if permanently housed)
- Service Planning Area (SPA) of current location
- Current address or location, including unit number if applicable

PH Updates shall reflect the participant's most current housing status, including housing placement, location changes, and any case manager reassignment (if applicable). CHAMP job aids, including the CHAMP Cheat Sheet, are accessible in the ICMS Information Center on the HSH website and provide guidance on completing a PH update.

- **ICMS Case Manager Assignment**
  Each participant must have an assigned ICMS Case Manager documented in the PH Update section of their CHAMP profile. Case manager assignments must reflect the staff member responsible for providing direct case management services to

the participant. Update case manager assignments through the PH Update screen only. Providers shall not assign a case manager through the Care Team screen, as this will lead to a non-primary case manager assignment and will not appear in the ICMS invoice or ICMS Snapshot.

Case manager assignments must meet ICMS Program Requirements, including:

- **Assignment to an active staff member of the assigned ICMS Provider**
- **An active CHAMP user account**
- **The case manager's total caseload weight does not exceed 100% of a full caseload (1.0 FTE)**
- **Active provision of case management services to the assigned participant**

Caseloads may include slots with varying billing rates, but total caseload weight must not exceed 100% of a full caseload (1.0 FTE) for each case manager. Providers shall use available tools and reporting, including the ICMS Snapshot, to monitor caseload distribution and staffing capacity. Requests to create, deactivate, or reactivate CHAMP user profiles, or to change a CHAMP user role, owning organization, or supervisor can be made via the form accessible through the CHAMP home page.

- **Timeliness and Completeness of PH Updates**
  PH Updates are considered incomplete or overdue if a participant has been enrolled in the ICMS program for at least one full calendar month and required PH Update information is missing or not updated within the service month.

  Examples include:
  - Missing or blank Current Status
  - "Active/Housed" status without a Move-In Date
  - Missing or invalid Case Manager assignment
  - Missing address or SPA information
  - No PH Update completed during a full month of active enrollment

  Providers shall maintain complete and current PH Updates to ensure accurate participant tracking, effective care coordination, and alignment with program expectations.

For each PH Update completed, record one unit of the "Program Participation Management" service.

Participant Profile Updates

Providers shall maintain accurate and up-to-date participant profile information in CHAMP. This includes demographic information, household composition, interested others, legal profile information, and other core participant data used to support care coordination and service delivery. **Participant CHAMP profile information shall be reviewed and updated or confirmed at least annually, and whenever changes occur.** Maintaining accurate profile data supports housing navigation, care coordination, and program reporting.

Providers shall ensure that the following areas of the CHAMP profile are kept current:

- Demographic information
- Household composition, including dependents and minors
- Interested others or authorized support persons
- Medical Profile
- Legal profile information
- Other relevant participant profile fields

Updates shall reflect the participant's current circumstances and be entered in a timely manner when changes occur.

For each participant CHAMP profile update session, record one unit of the "Program Participation Management" service.

Incident Documentation and Reporting

When significant incidents occur involving a participant, ICMS Providers shall document the incident and take appropriate follow-up actions to support participant safety and housing stability.

At the participant level, Providers shall:

- Document the incident and relevant details in CHAMP in a timely manner
- Record any related services or interventions provided
- Update the participant's Care Plan when the incident results in new risks, needs, or service strategies
- Coordinate with appropriate partners and emergency services when necessary

Significant incidents that meet HSH reporting criteria must also be reported in accordance with HSH Incident Reporting guidance, as outlined in the Provider Administrative Requirements section of this Handbook. Incident documentation shall accurately reflect the nature of the event, actions taken, and any ongoing follow-up to support the participant.

For each incident report completed and submitted to HSH, record one unit of the "Program Participation Management" service.

Outreach and Engagement

ICMS outreach involves ongoing efforts to establish and maintain contact with participants assigned to an ICMS caseload in order to provide information and services. Outreach applies to participants who are newly enrolled, currently experiencing homelessness, or already housed.

Outreach is a participant-centered process that may vary in duration and intensity depending on individual needs and circumstances. **Providers shall make reasonable and persistent efforts to locate and engage participants, particularly during the initial period following assignment to an ICMS slot, to support timely completion of intake and initiation of services.**

Outreach Activities

Outreach approaches shall be flexible and tailored to the participant's circumstances, including, but not limited to:

- Visiting known locations such as encampments, shelters, interim housing, or participant residences
- Attempting contact via phone, text message, or other available communication methods
- Coordinating with emergency contacts or known service providers
- Checking available resources (e.g., HMIS, CHIP, hospitals, Medical Examiner, LASD Inmate Locator, ICMS Snapshot) to help locate participants

Documentation of Outreach Activities

All outreach attempts must be documented in CHAMP using the appropriate service types within case cotes.

- **Initial Outreach**
  For participants newly assigned to an ICMS slot, Providers shall document initial outreach attempts using the following service types:
  - **Initial Outreach – Successful**
  - **Initial Outreach – Unsuccessful**

  These service types are used to track efforts to establish initial contact and do not count toward the monthly minimum service requirement.
  - Initial Outreach – Successful shall be used to document the first successful contact with the participant. Once contact is established, Providers shall discontinue use of this service type and record services that reflect actual

service delivery (e.g., housing navigation, care coordination).
- Initial Outreach – Unsuccessful shall be used to document attempts where contact was not made. The case note shall describe the method of outreach attempted.

- **Unsuccessful Outreach for Previously Engaged Participants**
  For participants who were previously engaged but are no longer in contact, Providers shall document ongoing attempts using the following service type:
  - **Unsuccessful Outreach Attempt**

  This service type does not count toward the monthly minimum service requirement. Case notes shall describe the method of outreach performed.

Minimum Documentation and Outreach Expectations

Unsuccessful outreach attempts, when documented appropriately, may qualify the enrollment for temporary exclusion from disallowed cost flagging in situations where minimum service documentation requirements are not met. More information on disallowed costs is available in the Monitoring, Technical Assistance, and Quality Assurance section of this Handbook.

After the close of the service month, enrollments flagged for overdue minimum documentation may be excluded from disallowed cost flagging if:
- **Two or more unsuccessful outreach attempts are recorded**
- **Outreach attempts occurred on two or more separate days during the service month**

The following service types are included in this review:
- **Initial Outreach – Unsuccessful**
- **Unsuccessful Outreach Attempt**

Engagement Expectations

Upon successful outreach, Providers shall actively engage participants in a trusting and supportive relationship. This includes building rapport, addressing barriers to engagement, supporting participation in services, and fostering dynamic, two-way interactions rather than a one-way communication.

All communication with participants and partners shall be conducted in a respectful, trauma-informed, and culturally responsive manner. **Providers shall make reasonable efforts to ensure services are accessible and responsive to participant needs, including**

language access and consideration of specific populations such as families, transition-aged youth (TAY), justice-involved participants, and individuals impacted by domestic/intimate-partner violence. For participants impacted by domestic/intimate-partner violence, ICMS should avoid contact methods that are deemed unsafe by the participant. ICMS should respect the participant's control over when and how communication occurs, as sometimes survivors feel they must avoid contact for personal safety reasons.

Providers shall work collaboratively with participants and partners to facilitate access to services and supports, and advocate for participant needs and preferences.

Assessment and Care Planning

Assessments and Care Plans are core, interconnected components of ICMS service delivery. Assessments are used to understand a participant's current functioning, strengths, needs, and risks across key areas such as housing stability, physical health, oral health, mental health, substance use, life skills, activities of daily living (ADLs), and social determinants of health, and to inform development of an individualized Care Plan. Care Plans translate assessment findings into participant-driven goals, action steps, and services that support housing stability, health, and overall wellbeing.

Assessments support service planning, prioritization of needs, and caseload management, and shall be used collectively to inform service delivery and Care Plan development. Assessment and care planning shall be ongoing, responsive to changes in participant circumstances, and aligned with participant priorities and preferences.

Assessment Requirements

In accordance with Section 2.3 of the ICMS SOW, Providers shall:

- **Complete a comprehensive initial assessment within thirty (30) days of enrollment**
- **Reassess participants at least every ninety (90) days**
- **Record assessment results in CHAMP**

Assessment findings shall be used to inform development and ongoing updates to the participant's Care Plan.

Types of Assessments

ICMS Providers are required to complete both quarterly ICMS assessments and annual HMIS assessments using County-approved tools.

- **5x5 Assessment**
  The 5x5 assessment evaluates a participant's functioning and needs across five

domains:

- Physical Health
- Mental Health
- Substance Use
- Life Negotiation Skills
- Activities of Daily Living (ADLs/IADLs)

Each domain is scored on a scale of 1–5, with higher scores indicating greater risk of adverse outcomes such as decline, disability, eviction, and death. Scoring is based on participant functioning at the time of assessment and is informed by self-report, observations, and available information sources.

- **Housing Acuity Index (HAI)**

The HAI is used for participants who are permanently housed and evaluates independence and support needs across areas related to housing stability, income, health, and access to services. Each item is scored on a scale of 0-3, with higher scores indicating a higher level of self-sufficiency and stability.

Scoring is based on the participant's current standing in the assessed areas and is informed by self-report, observations, and available information sources. Estimates can be used when exact numbers or percentages are unknown.

- **HMIS Assessments**

HMIS assessments are standardized tools used to collect key participant information related to demographics, housing history, income, health, and service needs. This information is used to meet state and federal reporting requirements.

ICMS Providers complete HMIS assessments within CHAMP. CHAMP is structured to align with HMIS data standards so that Providers can meet HMIS assessment requirements without duplicating documentation across multiple systems.

Within CHAMP, HMIS assessments include four subcomponents, each of which must be maintained and updated as part of the overall HMIS assessment process. These subcomponents include:

- Universal Data Elements Assessment
- Domestic Violence Assessment
- Financial Assessment
- Barriers Assessment

Providers shall:

- Complete an HMIS Intake/Entry Assessment within 30 days of enrollment

- Complete annual reassessments for each HMIS subcomponent listed above

The HMIS anniversary date refers to the anniversary of the head of household's check-in date to the ICMS slot. An annual HMIS assessment must be completed within a 30-day window before or after this anniversary date. This assessment is required even if there are no significant changes in the participant's circumstances.

Each HMIS assessment subcomponent shall be kept up to date, as incomplete or outdated sections may impact data quality, reporting, and coordination efforts.

Assessment Timing and Documentation Expectations

ICMS assessments must be completed within required timeframes. Assessments shall reflect current participant status and be informed by recent engagement.

Assessment documentation is considered overdue when a participant has been in an ICMS slot for at least one full calendar month, and:

- **A 5x5 assessment has not been completed within the past 120 days; and/or**
- **A housed participant who has been housed at least 120 days does not have a current HAI assessment within the past 120 days; and/or**
- **An HMIS annual assessment has not been completed for 30 or more days past the HMIS anniversary date**

Assessments shall not be completed:

- **If the participant has not been in contact with the ICMS Provider in the past 30 days**
- **For participants known to be deceased**

Completing assessments under these conditions is considered fraudulent and is not permitted by HSH.

For each assessment completed, record one unit of the "Assessment and Care Planning" service.

Care Planning

The Care Plan, maintained in CHAMP, is an essential, ongoing tool used to guide ICMS service delivery and serves as the foundation of the case management relationship. It outlines participant-driven goals, action steps, and resources needed to support progress and improve wellbeing. Care Plans may include housing-focused case management goals, care coordination goals, and other goals identified by the participant.

Care Plans shall:

- Be informed by recent assessments
- Reflect participant goals, preferences, and strengths
- Identify and build upon participant strengths and abilities
- Include SMART (specific, measurable, achievable, relevant, time-bound) goals
- Identify clear action steps and responsible parties
- Balance short-term and long-term priorities
- Be shared with the participant if they would like to receive a copy of their Care Plan
- Reflect the participant's preferred language and format for receiving Care Plan information (e.g., print, email, large print, etc.), when applicable

Care Planning shall be collaborative and participant-centered, incorporating input from the participant and, when appropriate, other members of the care team.

ICMS Providers shall utilize clinical supervision and consultation, as appropriate, to support the development and ongoing refinement of Care Plans. This may include reviewing participant needs, strengthening goal alignment, and ensuring that services and interventions are responsive to participant acuity and priorities.

Care Plan Maintenance and Updates

Care Plans are dynamic and must be regularly reviewed and updated in CHAMP to reflect changes in participant needs, progress, and circumstances.

In accordance with Section 2.4 of the ICMS SOW, Providers shall:

- Complete an initial Care Plan within 30 days of enrollment
- Update the Care Plan at least every ninety (90) days

At all times during an active ICMS enrollment:

- The overall Care Plan shall remain open for the duration of the enrollment
- Individual SMART goals within the Care Plan may be marked as "Open" or "Closed," depending on participant progress (e.g., when a goal is achieved or no longer relevant)

The Care Plan must always include:

- **At least one open SMART goal**
- **At least one active action step with the status of "Pending" established within the past 90 days**
- **At least one completed action step within the past 90 days**

Care Plan documentation is considered overdue when any of these conditions are not met within required timeframes.

Care Plans are only closed when the participant is no longer active in the ICMS program.

In accordance with Section 10.4 of the ICMS SOW, clinical supervisors must review and approve participant Care Plans at least once every six (6) months, or more frequently when participant acuity or risk factors warrant additional oversight.

For each Care Plan update, record one unit of the "Assessment and Care Planning" service. All services and case notes should be recorded under an existing SMART goal within the Care Plan screen. The Case Notes screen should not be used for recording ICMS services.

Housing Navigation Support

Housing navigation is a core function of ICMS and is grounded in the Housing First approach. **ICMS Providers shall support participants in identifying, applying for, and securing appropriate housing or rental subsidies without prerequisites related to physical health, mental health, or sobriety.**

Participants are not required to demonstrate "housing readiness" prior to obtaining permanent housing. ICMS Providers shall actively support housing placement from the time of enrollment and continue providing services across all areas of the housing process through coordinated planning and follow-through.

Until permanent housing is secured, Providers shall maintain or facilitate access to temporary housing, such as interim housing, shelters, bridge housing, or other temporary placements. ICMS services must continue to be fully provided throughout a participant's stay in temporary housing.

Key Housing Types and Subsidies

ICMS Providers support participants across a range of housing types and rental assistance models.

Key terms include:

- **Project-Based Voucher (PBV)**
  Rental assistance tied to a specific unit. If a participant moves, the subsidy remains with the unit.

- **Tenant-Based Voucher (TBV)**
  Rental assistance that is tied to the participant. The participant may retain the voucher and use it for another eligible unit if they move.

- **Time-Limited Subsidy (TLS)**
  A temporary rental assistance model (generally up to 24 months) designed to support participants in achieving housing stability and transitioning toward greater financial independence

- **Shallow Subsidy**
  A longer-term, fixed rental assistance model that provides ongoing support at a set subsidy amount, typically for participants with lower levels of support needs.

- **Shared Housing**
  A housing arrangement in which participants share a unit with one or more individuals, typically in a roommate-style setting with shared common areas (e.g., kitchen, living room, bathroom) and, in many cases, separate sleeping spaces. Shared housing may be used to increase affordability and expand housing options, when appropriate and aligned with participant preferences.

Core Housing Navigation Activities

Housing navigation activities shall be tailored to participant needs and may include, but are not limited to:

- Identifying and addressing barriers to housing placement
- Supporting housing search and identifying available units
- Coordinating unit viewings and accompanying participants
- Engaging with landlords and property managers
- Supporting completion of all housing-related applications and required documentation
- Educating participants on tenancy responsibilities and lease terms
- Case conferencing and collaborating with other care team members
- Coordinating utilities, deposits, and move-in logistics
- Supporting access to financial assistance for move-in costs (e.g., deposits, fees, CalAIM Community Supports Housing Deposits)
- Ensuring housing meets affordability and quality standards

Providers shall support participants in identifying housing options that align with their needs and preferences, including shared housing when appropriate.

Care Planning for Housing Navigation

Housing navigation efforts shall be clearly reflected in the participant's Care Plan in CHAMP.
ICMS Providers shall:

- Include at least one SMART goal related to obtaining and utilizing a housing subsidy when a participant is matched to a housing resource or rental assistance

- Document housing search activities, including unit viewings, application steps, landlord engagement, and move-in coordination
- Update Care Plan content regularly to reflect progress, barriers, and next steps

Care planning shall actively drive housing navigation efforts and support timely housing placement.

Housing Application and Documentation Requirements

Providers shall ensure timely and complete submission of all applicable housing-related applications and required documentation.

This includes:

- Collecting and verifying required documentation (e.g., identification, income, disability verification, homelessness verification)
- Completing and submitting subsidy, and/or lease, and/or background applications
- Utilizing the Universal Housing Application (UHA), when applicable, to support coordination across partners
- Utilizing HSH's FHSP portal, when applicable, to support timely move-in and rental payment support
- Utilizing one of HSH's TLS or Shallow Subsidy portals, when applicable, to support timely move-in and rental payment support

Providers shall actively follow up on application status and provide any additional documentation needed to support timely lease-up.

Unit Search and Lease-Up Support

Providers shall actively support participants through the housing search and lease-up process, including:

- Utilizing housing search platforms (e.g., Padmission)
- Coordinating and attending unit viewings
- Supporting communication with property management
- Reviewing lease agreements and tenancy expectations with participants
- Coordinating move-in logistics, including:
  - Security deposits
  - Utility setup
  - First month's rent
  - Furniture and basic household needs

CalAIM Community Supports Housing Deposits may be used to support participant move-in costs, including security deposits and related housing expenses. This resource may be utilized for participants navigating both Permanent Supportive Housing (PSH) and Time-

Limited Subsidy (TLS) housing pathways, when applicable. Additional guidance on eligibility, allowable uses, and coordination processes for Housing Deposits is available in the ICMS Information Center.

Providers shall ensure participants are supported through all aspects of lease-up and transition into permanent housing.

Permanent Supportive Housing (PSH) Housing Navigation Requirements

Upon match to a PSH housing resource or rental assistance opportunity, Providers shall ensure housing subsidy applications are submitted within required timelines:

- **Fourteen (14) days after ICMS slot entry for Project-Based Vouchers (PBVs)**
- **Twenty-one (21) days after ICMS slot entry for Tenant-Based Vouchers (TBVs)**

Timely housing placement is a critical expectation of ICMS service delivery. Providers shall proactively identify and address barriers to lease-up to prevent delays.

Cases in which a permanent housing subsidy has been approved and issued but not yet utilized to move in to housing within the allowable timeframes below are subject to ICMS exit to support timely utilization of housing resources:

- **Utilization deadline is 90 days post subsidy issuance for PBVs**
- **Utilization deadline is 180 days post subsidy issuance for TBVs**

Time-Limited Subsidy (TLS) Housing Navigation Requirements

Time-Limited Subsidy (TLS) is a time-limited rental subsidy (up to 24 months) that follows a progressive assistance model. Participants contribute toward housing costs with TLS covering the remaining portion. TLS rental assistance is designed to support a transition toward long-term housing stability. ICMS service delivery for participants receiving TLS shall emphasize timely housing placement, financial progression, and early transition planning.

ICMS Providers shall:

- Submit TLS applications within **14 days of the participant entering the TLS-connected ICMS slot (i.e., “matched”)**
- Support participants in identifying and securing housing within **60 days of TLS application approval**
- Conduct at least **one unit viewing per week** until housing is secured
- Maintain at least **one in-person meeting per week** with the participant during the housing navigation period
- Utilize the appropriate TLS portal (BC or HOM), based on the assigned TLS rental

payment provider, to submit unit selection information and required documentation, including lease agreements. Providers should contact their HSH Program Manager if they are unsure which TLS payment provider is assigned.

- Conduct an initial financial assessment to determine participant contribution toward rent and utilities.

Failure to identify and move in to housing within 60 days of TLS application approval will result in ICMS exit to support timely utilization of limited housing resources. Extensions beyond this 60-day period are only possible in limited circumstances and shall be discussed with your HSH-assigned Program Manager in advance of the 60-day move-in deadline.

Each time housing navigation support is provided, record one unit of the "Housing Navigation Support" service.

Permanent Housing Retention Assistance

Permanent Housing Retention Assistance focuses on supporting participants in maintaining stable tenancy and preventing returns to homelessness. Services shall be tailored to participant needs and adjusted in intensity over time, particularly during the initial months following move-in.

Housing stability refers to a participant's ability to successfully maintain their housing over time. This includes consistently meeting tenancy obligations (e.g., paying rent as required, complying with lease terms), maintaining a safe and habitable living environment, and remaining engaged with appropriate supports and services as needed. Housing stability may be achieved with or without ongoing housing subsidies or supportive services, depending on the participant's needs and program context.

ICMS Providers shall proactively identify and address risks to housing stability, prevent eviction, and support participants in successfully maintaining their housing over time. This includes collaborative care planning, promoting safety and stability in the home, and supporting long-term wellbeing and community connection.

Post-Move-In Stabilization

Following move-in, Providers shall deliver more frequent and intensive support during the initial stabilization period.

- Home visits in the first few months shall be in-person, meaningful, and substantive
- Providers shall ensure participants:
  - Are safe in their unit

- Have access to basic needs
- Are adjusting to their new living environment

Tenancy Education and Support

Providers shall support participants in understanding and maintaining their tenancy.

This includes education and support related to:

- Lease terms and tenant responsibilities
- Communication with property management and service providers
- Reporting maintenance issues
- Paying rent and managing financial obligations
- House rules and community expectations
- Understanding consequences of lease violations and how to seek support early
- Conflict resolution with neighbors or roommates

Ongoing Tenancy Support Activities

Providers shall assist participants with maintaining their housing—including navigating changes in housing assistance—through:

- Coordinating rent and utility payments
- Supporting voucher recertification and lease renewals
- Supporting housing subsidy exchanges, when applicable, to maintain housing stability and continuity in care
    - Examples may include transitions between PBV and TBV, TLS to a federal housing voucher, TLS to Shallow Subsidy, or other subsidy changes
- Assisting with documentation and administrative requirements
- Addressing arrears or financial challenges
- Supporting reasonable accommodation requests
- Coordinating timely unit repairs and maintenance

Providers shall work with participants to establish sustainable systems for maintaining housing stability.

Housing Stability Monitoring and Intervention

Providers shall conduct ongoing monitoring to identify risks to housing stability.

This includes:

- Conducting wellness checks and home visits
- Conducting unit habitability and safety checks

- Early identification of lease violations or conflicts
- Monitoring for missed rent contributions, lease violations, or other early indicators of housing instability

When issues arise, Providers shall take appropriate action, which may include:

- Mediation with landlords, neighbors, or roommates
- Eviction prevention counseling
- Case conferencing with relevant partners
- Crisis intervention and safety planning

In extenuating circumstances, Providers may support lease transitions or mutual lease termination to prevent eviction.

Harm Reduction and Housing Stability

HSH promotes a harm reduction approach to housing stability, including decluttering practices that prioritize participant safety, health, and comfort. Providers shall focus on reducing safety risks and supporting sustainable living environments rather than enforcing strict standards that may jeopardize housing stability.

Additional Requirements for Participants Receiving Time-Limited Subsidies (TLS)

Participants receiving a Time-Limited Subsidy (TLS) are classified as permanently housed and shall receive the same Permanent Housing Retention Assistance provided to other permanently housed ICMS participants. Because TLS is a temporary rental subsidy, additional activities to support progressively increasing participant rental responsibility, transition planning, and long-term self-sufficiency beyond the subsidy period are also required.

- **Financial Monitoring and Progressive Assistance**
  Financial management is a core area of focus for ICMS participants receiving TLS. Providers shall:
  - Conduct **regular reassessment of participant income and expenses (at least monthly, or as changes occur)**
  - **Use HSH's TLS Rental Assistance Calculator tool to calculate participant rent and utility contributions each month based on updated financial information, and to submit payment requests in the TLS Portal**
  - Support participants in understanding rent share expectations and payment responsibilities
  - Assist participants in developing and maintaining a household budget

- Support participants in increasing income and accessing benefits to improve financial stability, while decreasing reliance on TLS over time

Providers shall actively work with participants to ensure:

- Rent share payments are made consistently
- Financial challenges are identified early
- Interventions are implemented to prevent missed payments or lease violations

In situations where participants fall behind on their required rent contribution (also known as rental arrears), Providers shall work with the participant to assess the cause, develop a SMART goal in the Care Plan to address outstanding balances, and support re-establishing consistent payments. This may include budgeting support, income stabilization efforts, coordination with the TLS payment provider, and, when appropriate, structured repayment planning.

- **Care Planning for Participants Housed with TLS**

  Care Plans for participants receiving TLS shall reflect both housing stability and financial progression.

  Providers shall:

  - Establish goals related to rent responsibility, income growth, and financial independence
  - Document progress toward increasing participant contribution over time
  - Identify barriers to financial stability and incorporate strategies to address them

- **TLS Transition Planning**

  TLS requires proactive and structured transition planning to support participants in sustaining housing beyond the subsidy period. Providers shall begin transition planning well in advance of TLS expiration.

  At approximately 12 months of TLS utilization, Providers and participants shall:

  - Conduct a comprehensive review of housing stability, financial status, and progress
  - Evaluate the participant's ability to assume full rent responsibility
  - Begin **development of a Transition Plan** outlining next steps

  This Transition Plan shall:

  - Identify how the participant will maintain housing after TLS ends
  - Outline steps to increase income and financial stability

- Explore alternative housing or subsidy options if needed (e.g., PSH, shared housing, relocation)
- Include clear goals, timelines, and responsibilities
- Be documented in the participant's Care Plan in CHAMP

As participants progress, the Transition Plan shall guide service delivery and gradually replace the initial housing stabilization focus.

- **TLS Completion and Exit Preparation**
  Providers shall prepare participants and landlords in advance for the discontinuation of TLS rental assistance.

  This includes:
  - Providing at least 30 days written notice to both participant and landlord prior to the end of financial assistance
  - Documenting the notice and transition planning activities
  - Ensuring participants are not exited to homelessness

  Participants with discontinued TLS shall not be exited from ICMS without a stable housing plan or alternative housing arrangement.

Each time permanent housing retention assistance is provided, record one unit of the "Permanent Housing Retention Assistance" service.

Enhanced Care Coordination

Enhanced Care Coordination includes services necessary to implement and sustain the participant's Care Plan through coordination across healthcare, behavioral health, and social service systems.

For participants with higher acuity needs, ICMS Providers shall serve as a central point of contact, liaison, and advocate, facilitating communication and collaboration among multidisciplinary providers and partners involved in the participant's care. This includes coordinating referrals, scheduling and supporting appointments, arranging transportation, supporting treatment adherence, and maintaining communication across the care team.

Care coordination shall be ongoing throughout the duration of ICMS enrollment, regardless of housing status, and shall be responsive to participant needs, preferences, and level of acuity.

Core Care Coordination Activities

Enhanced care coordination activities may include, but are not limited to:

- Supporting participation in:

    - Primary care
    - Mental health services
    - Substance use treatment
    - Other specialty or supportive services
- Coordinating appointments, follow-ups, and care planning across providers
- Supporting communication between participants and service providers
- Facilitating information sharing, as appropriate and consistent with participant consent
- Advocating for participant needs across systems

Providers shall assess whether participants require assistance with activities of daily living (ADLs) and, when needed, coordinate access to appropriate caregiving supports (e.g., IHSS, IHCG) to ensure participants can safely and successfully maintain housing.

Health Care Engagement and Accompaniment

Supporting participant engagement in healthcare is a core ICMS responsibility.

Providers shall:

- Promote consistent engagement with primary and specialty care
- Assist with scheduling and preparing for appointments
- Accompany participants to medical, behavioral health, or other critical appointments, as needed

Accompaniment to primary care provider (PCP) appointments is strongly encouraged, particularly for participants with complex or unmanaged health conditions, and should occur at least once per quarter when clinically appropriate.

Each time health care accompaniment is provided, record one unit of the “Accompaniment – Health Care” service.

Coordination with System Partners

ICMS Providers shall coordinate with available system partners to support participant care.

Key partners and programs may include:

- **DMH Housing Supportive Services Program (HSSP) and Full-Service Partnership (FSP)**: Provide mental health services, including therapy, medication support, crisis intervention, and targeted case management

- **DPH Client Engagement Navigation Services (CENS)**: Provide substance use-related outreach, engagement, and linkage to treatment

- **Prevent Homelessness Promote Health (PH²)**: HSH nurses and other types of clinicians from HSH and DHM provide enhanced medical and/or behavioral health support for participants at risk of eviction.

Providers shall actively identify when additional system support is needed and facilitate appropriate referrals and coordination.

Each time care is coordinated in collaboration with a care team member working under the HSSP, FSP, or CENS programs, record one unit of the "ISP Care Coordination" service. When these programs are involved, a corresponding SMART goal must be included in the Care Plan to reflect the coordination of these services.

Case Conferencing and Multidisciplinary Collaboration

Case conferencing provides a structured forum for care team members to collaborate, problem-solve complex situations, and coordinate care for participants with multifaceted needs.

ICMS Providers shall conduct regular case conferencing to review participant needs, coordinate services, and support care planning. Case conferencing should involve relevant program staff and, where appropriate, external care team members such as health care providers, behavioral health providers, housing partners, and other service providers supporting the participant. Family members or other trusted supports may be included when appropriate and with participant consent.

Case conferencing discussions shall focus on:

- Participant engagement strategies
- Housing stability
- Health and behavioral health needs
- Service coordination across systems
- Emerging risks or barriers requiring intervention

Clinical supervisors shall support case conferencing practices through oversight, consultation, and guidance, particularly for participants with complex or high acuity needs. This may include participating in case conferences, providing clinical input, and supporting case managers in developing and refining Care Plans to ensure services are

responsive, appropriate, and aligned with participant needs.

For participants with complex or high acuity needs, Providers shall increase use of case conferencing and multidisciplinary collaboration to address challenges and ensure alignment across the care team.

This may include collaboration with:

- Medical care providers
- Behavioral health care providers
- Substance use treatment providers
- Housing providers and property management
- Other members of the participant's care team

Case conferencing is a key component of enhanced care coordination and supports consistent, coordinated, and participant-centered service delivery. These efforts shall aim to improve service alignment, reduce duplication, and address gaps in care.

Each time case conferencing is conducted for a participant, record one unit of the "Case Conference" service.

Transportation Support (Resource Access)

Providers shall support participants in accessing transportation necessary to attend appointments and engage in services, which may include:

- Providing or coordinating transportation to appointments
- Assisting with navigation of public transportation systems
- Supporting access to paratransit services
- Assisting with applications for reduced-cost transit options

Transportation support shall be provided as needed to facilitate access to care and services.

Each time transportation support is provided for a participant, record one unit of the "Transportation" service.

Health and Life Skills Promotion

Health promotion and life skills support each focus on helping participants maintain or improve their overall wellbeing, functional independence, and ability to sustain housing.

These types of support shall be tailored to participant needs and aligned with the participant's Care Plan goals.

Health promotion includes supporting participants' ability to monitor and manage their health and make informed lifestyle choices. This may include health education, coaching, disease management, and motivational interviewing to support self-management of health and social needs.

ICMS Providers shall support participants in developing and maintaining skills related to instrumental activities of daily living (IADLs), including:

- Managing finances and budgeting
- Accessing transportation and navigating community resources
- Managing medications and attending appointments
- Meal planning and food access
- Maintaining a safe and habitable living environment

ICMS Providers shall also support participants in building interpersonal and self-management skills that promote stability and engagement, including:

- Emotional regulation and coping strategies
- Conflict resolution and communication skills
- Problem-solving and decision-making
- Establishing routines and daily structure

Health promotion and life skills support shall be coordinated in collaboration with medical, behavioral health, and social service providers, as appropriate, to advance participant goals and support long-term stability.

Each time health and life skills promotion is provided for a participant, record one unit of the "Health and Life Skills Promotion" service.

Linkage to Community Resources and Social Supports

Linkage to community resources and social supports is a core ICMS function that addresses social determinants of health and supports participants in achieving housing stability, wellbeing, and community integration.

ICMS Providers shall assist participants in identifying, accessing, and maintaining connections to community-based resources and services that support their needs, preferences, and goals. Linkage efforts shall be participant-centered and responsive to changing circumstances over time.

When needs are identified, ICMS Providers shall coordinate access to appropriate services and supports, which may include, but are not limited to:

- Basic Needs and Public Benefits
  - Applying for and maintaining public benefits (e.g., SSI/SSDI, General Relief, CalFresh, Medi-Cal)
    - Maintaining active Medi-Cal coverage is a critical component of ICMS service delivery. Medi-Cal supports participant access to essential health care services and aligns with ICMS goals of improving health outcomes and care engagement. In many cases, Medi-Cal is also used to support funding for ICMS through programs such as CalAIM Community Supports. **Providers shall make reasonable efforts to support participants in obtaining and maintaining active Medi-Cal coverage**.
  - Accessing food resources, clothing, and other basic necessities
  - Coordinating with the Countywide Benefits Entitlement Services Team (CBEST) to support participants with complex or high-barrier public benefits needs, including advocacy, application support, and issue resolution

- Health, Behavioral Health, and Caregiving Supports
  - Connecting participants to primary care, behavioral health care, and substance use treatment, and supporting initial engagement
  - Coordinating access to caregiving and attendant care services (e.g., IHSS, IHCG, PACE) when ADL support needs are identified

- Employment, Education, and Financial Stability
  - Supporting access to employment opportunities, job readiness training, and vocational services
  - Connecting participants to educational programs, including GED, adult education, or higher education opportunities
  - Supporting financial literacy and income-building opportunities

- Community Integration and Social Connection
  - Connecting participants to volunteer opportunities, community-based activities, and social groups
  - Supporting engagement with faith-based communities, cultural groups, or other sources of social support, as desired by the participant
  - Assisting participants in navigating their neighborhood and identifying key local resources (e.g., grocery stores, pharmacies, public transportation)

- Family and Household Supports

- Linking participants to resources for children and families, including childcare, school-based services, and youth programs
- Connecting older adults to senior centers and age-appropriate community resources

ICMS Providers shall support participants in overcoming barriers to accessing these resources, which may include assistance with applications, documentation, transportation, and coordination with service providers.

Linkage to community resources and social supports shall be documented in CHAMP and reflected in the participant's Care Plan.

Each time linkage to community resources and social supports is provided, record one unit of the "Community Resources/Supports Linkage" service.

Coordination with Family and Interested Others

Coordination with family members and interested others, when appropriate and with participant consent, can support housing stability, service engagement, and overall wellbeing. Family members and interested others may include biological relatives, chosen family, or other individuals identified by the participant as part of their support system. ICMS Providers shall respect participant autonomy, preferences, and confidentiality when engaging with family members and interested others. Communication with family members and interested others shall occur only with appropriate consent and in accordance with applicable privacy and information-sharing requirements.

When appropriate, **ICMS Providers shall support coordination with family members and interested others** to:

- Facilitate communication and strengthen supportive relationships
- Support engagement in services and care planning
- Assist with discharge and transition planning, when applicable
- Support housing stabilization and tenancy-related responsibilities
- Coordinate around participant needs, including health, behavioral health, and daily living supports

ICMS Providers shall assess the role of family members and interested others in the participant's life and identify opportunities for appropriate involvement, while recognizing that these relationships may be complex or may not be a desired source of support.
When involvement from family members or interested others is not appropriate or desired, ICMS Providers shall continue to support participants in identifying alternative sources of support, including community resources, service providers, and other support networks.

Each time coordination with a family member or other interested party occurs, record one unit of the “Family/Friend Coordination” service.

Safety Planning and Domestic Violence Support

Supporting participants experiencing domestic violence (DV), intimate partner violence (IPV), or other forms of interpersonal violence is a high-priority component of ICMS service delivery. ICMS Providers shall use a trauma-informed, participant-centered approach to ensure participant safety, autonomy, and confidentiality.

ICMS Providers shall assess for safety concerns when appropriate and respond to disclosures of violence in a timely and supportive manner that prioritizes participant safety and respects participant choice.

When safety concerns are identified, ICMS Providers shall support participants with safety planning, which may include:

- Identifying immediate and ongoing safety risks
- Developing personalized strategies to reduce risk and increase safety
- Supporting participants in identifying safe contacts and locations
- Planning for safe communication and confidentiality

ICMS Providers shall coordinate access to domestic violence resources and services, which may include:

- Domestic violence shelters and crisis services
- Legal advocacy and protection orders
- Counseling and supportive services
- Specialized service providers for survivors of violence

ICMS Providers shall assist with any emergency transfers necessary as a result of domestic/intimate-partner violence in accordance with HSH policies and other applicable regulations, including the Violence Against Women Act (VAWA).

ICMS Providers shall ensure that all documentation and information sharing related to domestic violence is handled in accordance with applicable confidentiality requirements, including VAWA protections and any additional applicable federal, state, and local confidentiality requirements.

Disclosures, documentation, and participant case notes shall be minimized and protected. Avoid details unnecessary to the provision of ICMS that could compromise participant safety.

Participation in services related to domestic violence/intimate-partner violence shall be voluntary, and ICMS Providers shall respect participant decisions regarding engagement, reporting, and next steps. Participants experiencing domestic violence/intimate-partner violence shall decide what contact methods are safe for them to utilize as well as when it is safe for them to engage.

Additional guidance, tools, and protocols related to domestic violence, safety planning, and confidentiality are available in the ICMS Information Center on the HSH website.

Each time domestic violence support or safety planning is provided, record one unit of the "Safety Planning" service.

Transition of Care Support

Transition of Care (TOC) support is a core ICMS function and involves assisting participants during transitions between care settings or levels of care, such as hospital discharge, emergency department visits, or transitions between service providers. These periods represent increased risk for disengagement, adverse health outcomes, and housing instability and are considered high-priority service periods within ICMS.

ICMS Providers shall provide coordinated support during care transitions to ensure continuity of care and housing stability and shall prioritize immediate engagement during the post-discharge or transition period.

TOC support activities include, but are not limited to:

- Coordinating with hospitals, clinics, and care team members prior to discharge
- Participating in discharge planning and ensuring housing status is incorporated into care planning
- Conducting timely follow-up, including in-person contact when appropriate
- Supporting linkage to primary care providers (PCPs) and other necessary services
- Accompanying participants to key post-discharge appointments
- Supporting medication access, reconciliation, and adherence
- Facilitating communication between providers to ensure continuity of care
- Ensuring the Care Plan reflects the transition, services provided, and follow-up activities

ICMS Providers shall increase service intensity during transition periods and make reasonable efforts to engage participants immediately following discharge or transition.

For participants with complex needs, ICMS Providers shall assess the need for escalation of support and, when appropriate, facilitate referrals to higher levels of care coordination (e.g., PH² or specialty services).

Additional guidance, tools, and protocols related to Transitions of Care are available in the ICMS Information Center on the HSH website.

Each time TOC support is provided to a participant, record one unit of the "ICMS TOC Visit" service.

Program Exit and Graduation

An ICMS Exit is the formal disenrollment of a participant from the ICMS program. Exits may occur for a variety of reasons, including administrative circumstances, participant choice, programmatic requirements, or successful graduation from ICMS.

ICMS Providers shall approach exits thoughtfully and in coordination with HSH, ensuring that participant needs, housing stability, and system resources are appropriately considered.

Types of ICMS Exits

Exits typically fall into the following categories:

- **Administrative or Circumstantial Exits**
  These exits occur due to changes in participant circumstances that make continued ICMS participation no longer appropriate:
  - Death
  - Long-term incarceration
  - Participant relocation outside of the service area
  - Participant transitions into a higher level of care (e.g., skilled nursing facility, board and care)
  - Concurrent enrollment in another program providing duplicative case management services

- **Participant-Driven Exits**
  Participant-driven exits may occur when a participant chooses not to engage in ICMS services or is unable to be located despite sustained outreach efforts.

Examples include:

- Participant declines offered housing opportunity
- Participant declines ongoing ICMS services after being permanently housed and ICMS is not a required part of the housing opportunity
- Participant disengages from ICMS and cannot be reached

If a participant is not yet permanently housed and cannot be reached after 30 or more days of documented, exhaustive outreach efforts, the ICMS Provider shall submit an ICMS Exit Request.

Additional examples may include:

- Participant reunifies with family or friends outside of the ICMS program
- Participant relinquishes housing and chooses to return to homelessness

- **Programmatic Exits (Housing and Eligibility-Related)**
  ICMS exit is required when a housing subsidy opportunity is not utilized or is no longer valid.

  Programmatic exits may occur when housing resources are not utilized, lost, or no longer applicable due to eligibility or program requirements.

  Examples include:

  - Participant does not meet eligibility requirements for a housing subsidy
  - Participant is evicted and loses access to their housing voucher
  - Participant abandons their housing unit and cannot be located
  - Participant does not utilize a housing opportunity within required timeframes
  - Expiration of housing subsidy opportunities (e.g., federal TBV/PBV, FHSP, TLS)

Housing Utilization Timeframes

Participants must be exited from ICMS when a housing subsidy opportunity expires or is not utilized within the timeframes below, including when a participant does not complete the subsidy application process or does not move into a unit after a subsidy has been approved or issued.

For federal and FHSP housing subsidies:

- Subsidy applications must be submitted within 14 days following entry into the ICMS slot for PBV-matched participants, or within 21 days for those matched to TBVs
- Participants must move into permanent housing and begin utilizing their voucher within 90 days following issuance for PBVs, or within 180 days for TBVs

For Time-Limited Subsidies (TLS):

- Subsidy applications must be submitted within 14 days following entry into the ICMS slot
- Housing must be identified and the participant must move into the unit within 60 days following TLS application approval

- **ICMS Graduation**

  ICMS Graduation represents a planned and positive transition in which a participant no longer requires ICMS-level support. Graduation reflects sustained stability and a transition to lower levels of care, natural supports, or independent functioning.

  Graduation shall be considered when:

  - **The participant has achieved sustained housing stability**
  - **The participant's needs can be met through lower levels of care, natural supports, or other services**

  Graduation decisions shall be collaborative and participant-centered and must involve:

  - Review of case documentation
  - Case conferencing with medical, behavioral health, and social service providers, as appropriate
  - Direct discussion with the participant, including participant consent

  Graduation may involve one or more of the following pathways:

  - Transition to alternative housing
  - Transfer to non-ICMS service providers
  - Reduction in service intensity
  - Discontinuation of rental assistance or subsidy due to increased self-sufficiency

  ICMS Providers shall coordinate graduation with all relevant care team members to ensure continuity of care and support during the transition.

ICMS Graduation Indicator

The ICMS Snapshot includes an indicator identifying participants who have been nominated by HSH for potential ICMS Graduation based on a multifactorial analysis of available case data.

This indicator is intended to support Provider decision-making and does not represent a requirement that a participant must graduate from ICMS. Providers shall use this indicator as a prompt to further assess whether graduation may be appropriate.

When a participant is nominated for potential ICMS Graduation, Providers should:

- Review relevant case documentation
- Conduct case conferencing, as appropriate
- Engage the participant in discussion regarding readiness and preferences
- Consult with their HSH Program Manager, as needed

HSH recognizes that data used in the multifactorial analysis may have limitations. As such, nomination for potential graduation should always be validated through direct case review and participant engagement.

Eligibility and Pathways for Graduation

HSH may prioritize nomination for participants who have been continuously permanently housed for three (3) or more years, along with other factors. However, ICMS Graduation may be appropriate for any participant, regardless of whether they have been nominated through the Snapshot indicator.

ICMS Providers may initiate graduation discussions for participants who have not been nominated and are encouraged to consult with their HSH Program Manager in these situations.

Graduation pathways may vary depending on housing type, subsidy structure, and participant preference.

While initial graduation efforts may focus on more straightforward cases, additional pathways may include:

- Participants transitioning from tenant-based vouchers that require services to vouchers that do not require services (e.g., CoC to HCV)
- Participants transitioning from project-based housing to alternative housing options, such as tenant-based vouchers or non-service-linked affordable housing
- Participants who wish to graduate from ICMS while remaining in housing that typically requires services

HSH recognizes that graduation may be complex in certain housing settings and will continue to evaluate and expand pathways over time.

TLS-Specific Transitions

TLS is a temporary rental subsidy (up to 24 months). Completion of TLS shall be approached as a planned transition, not an abrupt discontinuation.

ICMS Providers shall:

- Engage in proactive transition planning
- Prepare participants with TLS for continued housing stability
- Ensure participants ending TLS are not exited to homelessness

Participants completing TLS may transition through one or more of the following pathways:

- Transition to another subsidy or housing arrangement, including a shallow subsidy or a federal housing voucher
- Remain in ICMS, upon HSH approval, if ongoing support is needed and documented
- ICMS graduation
- Discontinuance of rental assistance due to self-sufficiency

ICMS Exit Process

ICMS exits are completed by HSH's designated ICMS Exit Manager to ensure consistency across systems.

The official ICMS exit process is as follows:

1. ICMS Provider submits ICMS Exit Request Form
2. HSH Exit Manager receives confirmation
3. HSH reviews and approves or denies request (denial reasons communicated)
4. Exit completed in CHAMP
5. Exit reflected in Exit Log of ICMS Snapshot and ICMS Program Summary Report

Providers shall:

- **Continue providing or attempting to provide ICMS services while exit requests are under review**
- **Consider processing timelines when planning documentation**

Each time an ICMS Exit Request is submitted, record one unit of the "Program Participation Management" service.

Billing

ICMS is funded and tracked through **CHAMP "slots"** and each slot represents a funded placement to serve a household. HSH reimburses services using a **fee-for-service model** based on services and enrollment data recorded in CHAMP. Each ICMS invoice is generated using pre-set billing logic that references enrollment status and designated billing rates for each active slot.

ICMS Project and Slot Setup Process

Slot Activation

Slots are activated within an ICMS Provider's project(s) in CHAMP at the approval and request of an HSH 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 may only be activated when all the following conditions are met:**

- HSH has confirmed adequate staffing available to serve the slots
- Activation occurs no more than one month prior to issuance of the Certificate of Occupancy
- Activation is approved by the HSH Program Manager

Depending upon the funding source, certain newly activated expansion (non-repurposed) slots qualify the Provider to receive a one-time $100 activation stipend per activated slot. For eligible slots, the activation stipend will automatically be included in the invoice for the month of service in which the slot was activated.

Once a new ICMS project is set up in CHAMP, households 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, vacant slots will be subject to monthly reviews. These reviews ensure there are pending referrals associated with vacant slots. **If a slot remains active (open) without being filled after 2 or more weeks, it may be subject to closure.** This process helps optimize resource allocation and minimize wait times in service provision.

Slots will be made inactive (closed) 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.**

Slots will be made inactive (closed) on the first calendar day of the month following the date of the slot closure request by an HSH Program Manager. If a slot is not active on the last day of the service month, it will not be included in the invoice for that service month.

Repurposed Slots

A repurposed slot is an existing active slot that is transferred from one ICMS project to another ICMS project in CHAMP by an HSH 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 service month. **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 Rate Designations and Multifactorial Analysis

ICMS operates within a capped budget. ICMS billing rate designations are applied to each slot each month through a consistent, data-driven process to distribute limited resources across slots with varying levels of case management need. **ICMS billing rate designations and adjustments are standardized program-wide and applied consistently across all Providers and slots.** However, due to differences in participant needs, service delivery

patterns, and program-wide prioritization, not all Providers will have an equal proportion of slots designated with a high billing rate.

ICMS Billing Rates and Slot Billing

LOW SERVICE INTENSITY TIER

Single Adult: $258.75/month

Caseload Weight: 1:40

Family: $345/month

Caseload Weight: 1:30

Minimum Requirements/Month: 1 In-Person Encounter; 2 Services

HIGH SERVICE INTENSITY TIER

Single Adult: $517.50/month

Caseload Weight: 1:20

Family: $690/month

Caseload Weight: 1:15

Minimum Requirements/Month: 2 In-Person Encounters; 2 Services

ICMS includes **four billing rates across two service intensity tiers** (low and high), based on household type and expected level of service. Each billing rate is associated with a corresponding caseload weight, which indicates how many slots of that type comprise a full caseload for a case manager. **Caseloads may include slots with varying billing rates, but total caseload weight must not exceed 100% of a full caseload (1.0 FTE) for each case manager.**

Billing for Occupied and Vacant Slots

ICMS billing is based on the occupancy status of each project slot in CHAMP as of the last day of the calendar month of service.

- **Occupied Slots**
  A participant is checked into an ICMS project slot in CHAMP as part of the enrollment and referral process. Each participant who is enrolled in ICMS and checked into a project slot in CHAMP as of the last day of the calendar month will be included in the ICMS invoice for that service month.

- **Vacant Slots**
  Any active project slot in CHAMP that does not have a participant checked into the slot as of the last day of the month is considered vacant. Vacant slots that remain active at the close of the calendar month will still be included in the ICMS invoice and are **billed at the low service intensity tier.**

Family Billing Rate Requirements

A family billing rate will be assigned if a Provider is delivering ICMS to a household that includes dependent household members. For an enrollment to qualify for the family billing rate, all of the following criteria must be met:

- 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 (e.g., minor or dependent adult)
- The dependent household member is a full-time member of the household
- The Household Type in the Household Composition is not "Single Person"
- The Household Composition section of the participant's CHAMP profile has been updated within the past year (by clicking "Save" in this screen)
- A case note in CHAMP documents the household composition and explains the need for a family billing rate

ICMS Providers must update the Household Composition in CHAMP whenever there is a change and at least annually.

ICMS Providers may submit a request to assign a family billing rate using the designated request form available in the ICMS Information Center. Upon receipt, HSH will review the participant's CHAMP profile to confirm that required documentation is complete and that the family billing rate is justified.

If approved:

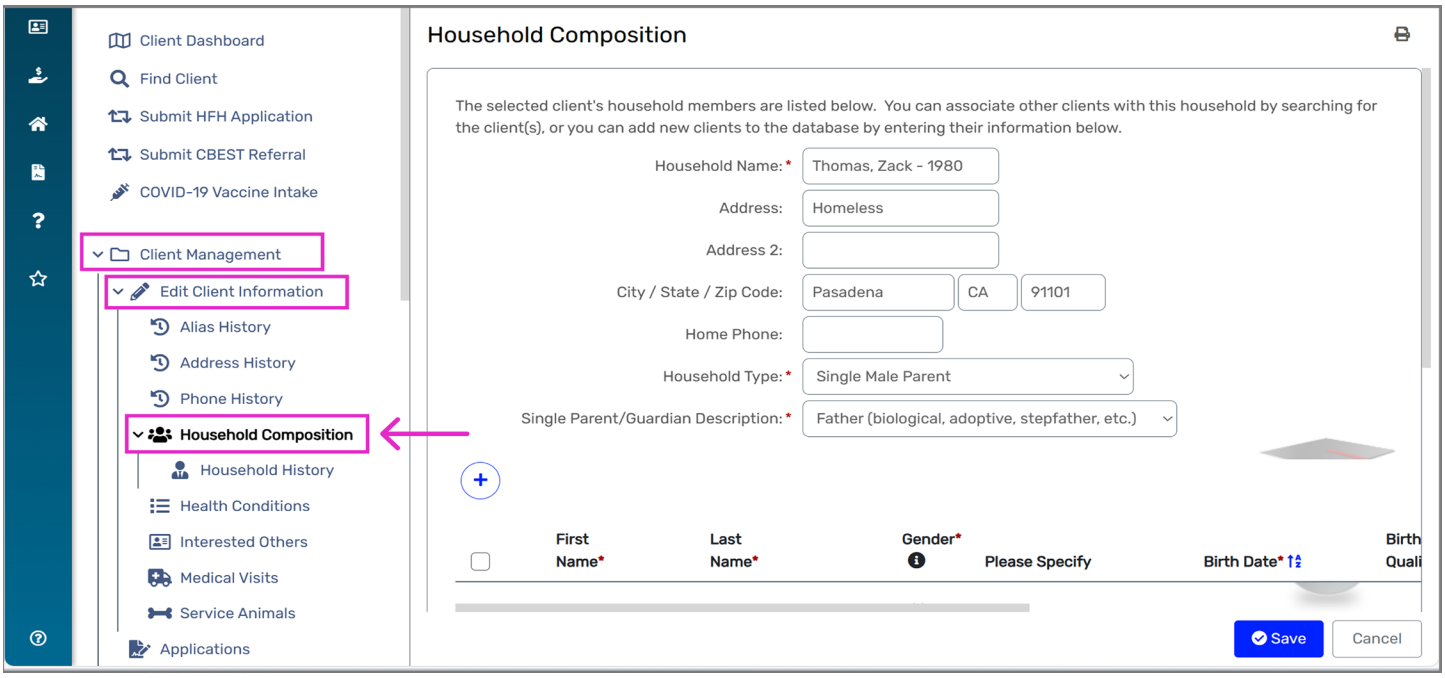
- HSH will record a Billing Rate Change Service in CHAMP
- The effective date will reflect the date of HSH approval (not retroactive)

If the request is submitted by the 20th calendar day of the month and approved by HSH, the updated billing rate will be reflected in the invoice for that service month.

Invoicing for a family billing rate in the absence of qualifying dependent household members is considered fraudulent and is not permitted.

Accessing the Household Composition Screen in CHAMP:

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



Billing Rate Designation Pathways

After the close of each service month, each active ICMS slot is included in an automated program-wide billing rate review that includes placement in one of the following three billing rate designation pathways:

- **Auto-Retained High**
- **Auto-Retained Low**
- **Multifactorial Analysis Pool**

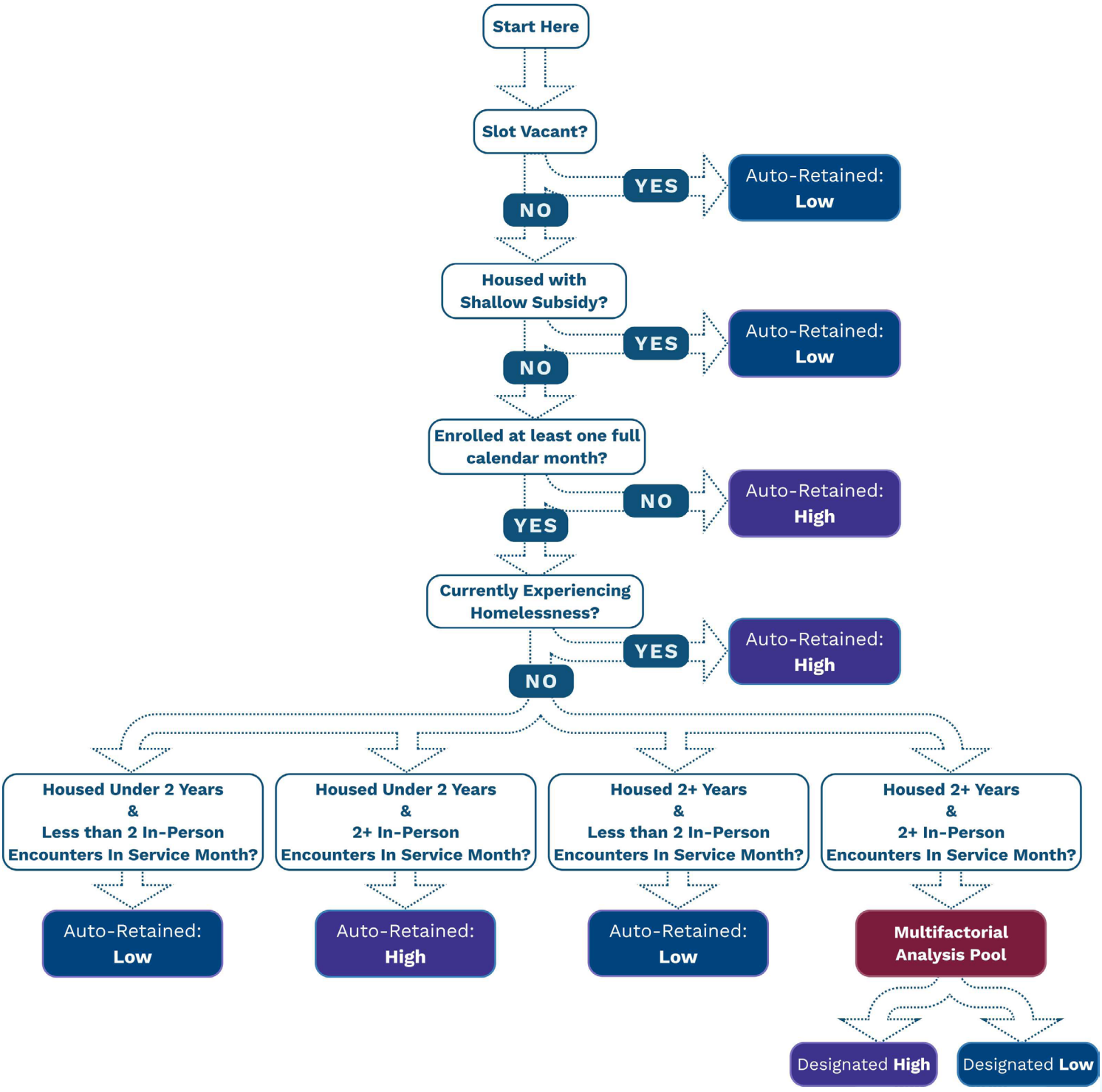
Auto-retained High and Low pathways refer to slots that are automatically designated with a high or low billing rate based on established criteria, without requiring further review.

After auto-retaining eligible slots at high or low rates, remaining slots enter the multifactorial analysis pool, where available high-rate designations are assigned based on prioritization; all other slots are assigned the low rate.

Below are the three billing rate designation pathways, and qualifying scenarios for that pathway:

- **Auto-Retained High Scenarios**
  - Enrolled less than one calendar month
  - Unhoused
  - Permanently housed under 2 years and 2+ in-person encounters for the service month
- **Auto-Retained Low Scenarios**
  - Vacant slot
  - Permanently housed with Shallow Subsidy
  - Permanently housed and less than 2 in-person encounters for the service month
- **Multifactorial Analysis Pool**
  - Permanently housed for 2+ years and 2+ in-person encounters for the service month

ICMS Billing Rate Designation Logic



This visual is also available in the ICMS Information Center of the HSH website.

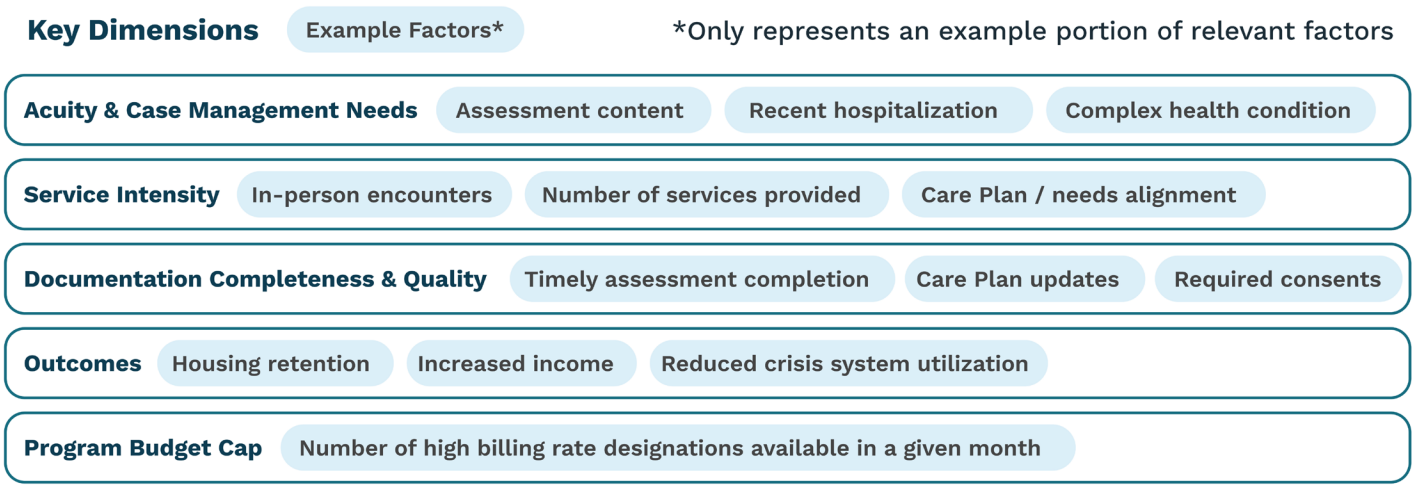
Multifactorial Analysis

During each program-wide monthly billing rate review, all slots that are not eligible for an automatic high or low billing rate (as described in the Billing Rate Designation Pathways subsection above) are placed into the multifactorial analysis pool, where they compete for a finite number of high billing rate designations available. Not all slots with high needs or service intensity will be designated with a high billing rate in a given month.

The multifactorial analysis is a structured, automated review of factors across multiple case dimensions — participant need, service delivery, documentation, and outcomes — considered together to help prioritize high billing rate designations within program budget caps. The relative importance of factors may vary month to month based on available program data and overall program needs.

The multifactorial analysis is distinct from disallowed cost reviews; however, overdue documentation or service delivery that has resulted in disallowed costs may also affect prioritization within the multifactorial analysis pool.

Multifactorial Analysis Dimensions and Factors



Monthly Billing Rate Review Cycle

Each service month is considered closed once its documentation deadline has passed. The documentation deadline is generally set to be a four-business day grace-period after the last calendar day of the service month. The documentation deadline is the last date on which any documentation can be added in CHAMP and still count for service credit in that respective service month's review. The documentation deadline schedule for this fiscal year is available in the Monitoring, Technical Assistance, and Quality Assurance section of this Handbook.

Upon the close of each service month, an automated, program-wide review of billing rates is conducted for all active slots, resulting in updated designations for the following service month. **Any resulting billing rate adjustments are reflected in the following service month's invoice; billing rate designations are not applied retroactively.**

The results of these monthly billing rate reviews are **viewable in the monthly ICMS Program Summary Report (PSR),** including:

- Which slots retain their current billing rate
- Which slots are flagged for adjustment
- Which slots are vacant
- Each slot's designated billing rate for the next invoice
- Trends for the fiscal year

Invoice Submission

A guide is available in the ICMS Information Center on how to generate, export, and interpret an ICMS invoice.

Please submit final invoices each month to hshinvoices@hsh.lacounty.gov, **include both PDF and Excel formats** (both formats can be downloaded in CHAMP), and **each submission must include:**

- **All sections in the invoice expanded out in both formats**
- **A cover page dated and signed by an authorized signatory for the ICMS Provider**
- **An updated organizational chart of the Provider'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 a service month's invoice to the County by the 15th day of the following month after the service delivery deadline. If a Provider does not submit a final invoice between the 1st and the 15th day of the following month after the Service Delivery Deadline, the Provider is out of compliance with this agreement and subject to the issuance of a Contractor Discrepancy Report by HSH.

An invoice submitted by an ICMS Provider will not be processed if an outstanding invoice is pending for a previous service month.

Supplemental Invoice Submission

At the discretion of HSH, 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 hshinvoices@hsh.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 HSH. Please reference the ICMS Invoice Guide in the ICMS Information Center 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 update requests are submitted within the same fiscal year quarter in which the invoice discrepancy occurred. HSH 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 (PH) Update in CHAMP for each slot that has an erroneous assignment.

Billing Rate Appeal Process for Multifactorial Analysis Designations

HSH recognizes that, in limited circumstances, ICMS Providers may identify cases where a billing rate designation determined through the multifactorial analysis process may not fully align with participant needs, service intensity, or available documentation in CHAMP.

Because ICMS operates within a capped program budget, HSH cannot support unrestricted increases to high billing rate designations following completion of the monthly billing rate review cycle. To allow Providers a structured opportunity for reconsideration while maintaining budget alignment, HSH has established a limited monthly billing rate appeal process. Any budget increases resulting from approved appeals are factored into the following month's program budget cap.

Following issuance of the ICMS Program Summary Report (PSR), ICMS Providers may submit appeals for eligible slots identified in the PSR with a low billing rate designation for the current service month.

Many ICMS slots receive billing rate designations through automatic pathways and are not eligible for appeal.

Billing rate appeals are subject to the following parameters:

- Only occupied slots identified in the most recently issued PSR with a low billing rate designation determined through multifactorial analysis are eligible for appeal.
- Slots that are auto-retained at the high or low billing rate are not eligible for appeal.
- Vacant slots are not eligible for appeal.
- Each appeal submission may only include one eligible slot and its associated billing rate designation. Separate submissions are required for additional appealed slots.
- Appeals must be supported by documentation in CHAMP reflecting participant needs, service intensity, and alignment with the participant's Care Plan. Documentation cited in support of the appeal shall accurately reflect actual participant circumstances, service delivery, and case activity.
- Appeals should focus on cases where available documentation and participant circumstances may warrant reconsideration.
- All appeals are subject to review and approval by HSH.
- Submission of an appeal does not guarantee a change in billing rate designation.

Eligible slots can be identified in the Participant Level Summary of the PSR using the "Billing Rate Designation for Next Month Determined Via Multifactorial Analysis?" indicator. Slots with a "Yes" value for this indicator are eligible for appeal.

Appeal Caps

The total number of billing rate appeals that may be submitted by a Provider each month is capped to maintain program-wide budget alignment and administrative feasibility.

Each Provider's monthly appeal cap is calculated as the greater of:

- One (1) appeal per month; or
- Five percent (5%) of the Provider's slots with a low billing rate designation for the current service month that were determined through multifactorial analysis

Slots with auto-retained billing rate designations are not included in this calculation. A Provider must have at least one slot with a low billing rate designation for the current service month determined through multifactorial analysis to qualify to submit any billing rate appeals for the current service month.

HSH calculates and displays each Provider's monthly appeal cap in the Program Enrollment and Billing Information category of the Provider Level Summary of the PSR.

Appeal Submissions, Reviews, and Outcomes

Billing Rate Appeal Deadline Schedule for FY 2026-2027

Service Month	Billing Rate Appeal Deadline
July 2026	7/20/2026
August 2026	8/20/2026
September 2026	9/21/2026
October 2026	10/20/2026
November 2026	11/20/2026
December 2026	12/21/2026
January 2027	1/20/2027
February 2027	2/19/2027
March 2027	3/22/2027
April 2027	4/20/2027
May 2027	5/20/2027

Billing rate appeals must be submitted following receipt of the issued PSR and no later than the applicable appeal deadline for the service month identified in the Appeal Deadline Schedule above to allow sufficient time for HSH review and, if approved, adjustments in CHAMP prior to invoice generation. Appeal timeliness shall be determined based on the date and time automatically recorded upon submission of the appeal form.

Approved billing rate adjustments apply only to the invoice for the current service month and are not retroactive to prior invoices or service months. Approved appeals do not permanently lock in a billing rate designation.

All billing rate designations, including any approved appeal outcomes, remain subject to re-evaluation during future monthly billing rate review cycles based on available data, program-wide prioritization, and budget constraints.

Providers should submit appeals only for cases where documentation and participant circumstances support reconsideration.

Appeals submitted using documentation or assessment data that intentionally misrepresents participant circumstances, service delivery, or case activity are considered fraudulent and may result in additional review or corrective action.

Billing rate appeals shall be submitted using the standardized HSH Billing Rate Appeal Form available through the ICMS Information Center on the HSH website. Additional

guidance, including appeal procedures and instructions, will also be made available through the ICMS Information Center.

Documentation and Data Accuracy for Billing Rate Designations

If an ICMS Provider believes that a billing rate designation or appeal eligibility status does not accurately reflect participant needs or service intensity due to incomplete or outdated documentation in CHAMP, the Provider should update the participant's record accordingly.

Billing rate designations are based on review of the data available at the time of the service month's documentation deadline. Updates made after this review cycle will be considered in future billing rate designation cycles but will not result in retroactive changes.

Providers are encouraged to:

- Ensure that case documentation, including assessments, Care Plans, case notes, and service records, are current and accurately reflect participant needs and service intensity
- Review ICMS Snapshot and PSR data regularly to identify potential discrepancies
- Prioritize documentation updates for cases that may be impacted in future billing rate designation cycles

In limited circumstances, Providers may contact their HSH Program Manager to discuss specific cases where clarification is needed.

HSH may provide technical assistance, as needed, to support Providers in aligning documentation with program expectations.

Appeals for Disallowed Costs

ICMS Providers may submit a disallowed cost appeal to hshinvoices@hsh.lacounty.gov if they believe costs were incorrectly disallowed for a given service month.

Disallowed cost appeals are limited to the most recently closed service month and must be submitted no later than the 20th calendar day of the same month during which the disallowed cost was reported to allow sufficient time for HSH review and processing. Disallowed cost appeals received after this deadline will not be considered.

If a disallowed cost appeal is approved, HSH will update the disallowed cost determination, notify the Provider, and reflect any resulting adjustments in the subsequent payment. Adjustments are not applied retroactively beyond the applicable service month.

Providers shall ensure that all supporting documentation is complete and accurately reflects the services delivered when submitting a disallowed cost appeal.

Monitoring, Technical Assistance, and Quality Assurance

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 HSH 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

ICMS Information Sharing, Monitoring, and Support

HSH generates a range of automated reports to support ICMS Providers and internal HSH 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

HSH 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 a regularly generated report that provides a user-friendly, up-to-date view of key case and program information across the ICMS roster. The Snapshot is generated daily and distributed in both a Provider (agency)-level version and a case manager-level version.

The ICMS Snapshot is designed to support proactive, efficient, and coordinated service delivery by centralizing relevant information needed for care coordination, participant engagement, and performance monitoring. It includes a range of participant, slot, and program-level data elements to help Providers track service activity, identify gaps, prioritize follow-up, and inform timely and effective decision-making.

The ICMS Snapshot is a core tool used by ICMS Providers and HSH to support ongoing service delivery, monitoring, and continuous quality improvement.

ICMS Program Summary Report (PSR)

The ICMS Program Summary Report (PSR) is the primary ICMS contract monitoring report generated by HSH. The PSR is produced after the close of each month of service and reflects finalized program data used to support billing rate designations, performance monitoring, and program oversight.

The PSR provides a structured summary of ICMS program activity and outcomes across multiple levels, including participant, slot, Provider, and program-wide views. It includes a range of data elements related to enrollment status, service delivery, documentation, housing outcomes, billing, and disallowed costs.

The PSR is used by HSH and ICMS Providers to review program performance, identify trends and areas for improvement, and inform operational and administrative decision-making. It also reflects finalized billing rate designations and aligns with invoice generation for each service month.

While the ICMS Snapshot provides a daily, operational view of case activity, the PSR reflects the official monthly record of program performance and billing-related determinations.

Levels of Information Available in ICMS Snapshot and PSR

As additional information becomes available to HSH, it is integrated into the ICMS Snapshot and PSR and organized into structured summaries and logs. These tools provide multiple levels of information to support care coordination, program monitoring, and performance management.

The levels of information available in the ICMS Snapshot and PSR include:

- **Participant Level Summary**
  Available in both the ICMS Snapshot and PSR, the Participant Level Summary represents the Provider's active ICMS roster across all assigned CHAMP slots. It includes key participant-level information such as enrollment and billing status, identity and location details, current resources and service needs, service delivery and documentation activity, care team members, and alerts. This summary is used to support day-to-day care coordination, case prioritization, and monitoring of participant engagement and outcomes.

- **Provider Level Summary**
  Available in both the ICMS Snapshot and PSR, the Provider Level Summary presents an aggregated view of all ICMS slots under a Provider's contract. It includes metrics related to enrollment and billing, staffing, service delivery and documentation, participant resources and statuses, and care team coverage. **In the ICMS Snapshot, the Provider Level Summary reflects a point-in-time view of current program activity. In the PSR, the Provider Level Summary includes a series of monthly summaries for each completed month of the fiscal year, allowing for comparison and trend analysis over time.** This summary is used to support program oversight, performance monitoring, and identification of trends across the Provider's overall ICMS operations.

- **Building Level Summary**
  Available in both the ICMS Snapshot and PSR, the Building Level Summary provides an aggregated view of ICMS activity across each project-based housing site served by the Provider. It includes metrics related to enrollment and billing, service delivery and documentation, participant resources and statuses, and care team coverage at the building level. This summary is used to monitor performance and coordination within site-based ICMS settings.

- **Scattered Site Level Summary**
  Available in both the ICMS Snapshot and PSR, the Scattered Site Level Summary provides an aggregated view of ICMS activity across all scattered site slots under a Provider's contract. It includes metrics related to enrollment and billing, staffing,

service delivery and documentation, participant resources and statuses, and care team coverage. This summary supports oversight and coordination of scattered site ICMS operations.

- **Case Manager Level Summary**
  Available in both the ICMS Snapshot and PSR, the Case Manager Level Summary provides an aggregated view of ICMS activity across each case manager assigned under a Provider's contract. It includes metrics related to caseload size, service delivery and documentation, participant resources and statuses, and care team coverage. This summary is used to support caseload management, supervision, and performance monitoring at the staff level.

- **Property Manager Level Summary**
  Available only in the PSR, the Property Manager Level Summary provides an aggregated view of ICMS activity across property management companies associated with project-based housing sites. It includes metrics related to enrollment and billing, service delivery and documentation, participant resources and statuses, and care coordination coverage. This summary is based on HSH's internal tracking of property management assignments and is used to monitor performance and outcomes across property management partnerships. Providers are encouraged to notify their HSH Program Manager if the associated property manager information appears incorrect or incomplete.

- **Race & Ethnicity Level Summary**
  Available only in the PSR, the Race & Ethnicity Level Summary provides an aggregated view of ICMS activity across participant racial and ethnic groups, based on data recorded in CHAMP. It includes metrics related to enrollment, service delivery and documentation, participant resources and statuses, and care team coverage. This summary supports monitoring of program equity and outcomes across populations served.

- **SPA Level Summary**
  Available only in the PSR, the SPA Level Summary provides an aggregated view of ICMS activity across Service Planning Areas (SPAs), based on participant location data recorded in CHAMP. It includes metrics related to enrollment and billing, service delivery and documentation, participant resources and statuses, and care team coverage. This summary supports geographic analysis of program performance and service distribution.

- **Hospitalization Log**
  Available only in the ICMS Snapshot, the Hospitalization Log lists recent emergency department and inpatient hospital encounters for ICMS participants, typically within

the past two weeks. It includes encounter type, dates, and location. A missing discharge date for inpatient stays may indicate the participant is still admitted. This log is used to support timely Transition of Care (TOC) coordination and follow-up.

Disclaimer: *Hospital data may be limited or incomplete and is only available when appropriate consent and privacy documentation are present in CHAMP.*

- **UHA Log**
  Available in both the ICMS Snapshot and PSR, the UHA Log lists all Universal Housing Applications (UHAs) for active ICMS participants. It includes housing resource details, application status, key dates, and assigned points of contact. This log supports targeted housing navigation efforts and follow-up on outstanding application steps.

- **Action Step Log**
  Available in both the ICMS Snapshot and PSR, the Action Step Log contains all Care Plan Action Steps recorded within the past year for active ICMS participants. It includes associated SMART Goals, action step status, and information on who created and last updated each record. This log supports monitoring of Care Plan implementation, service quality, and participant progress.

- **Services Log**
  Available in both the ICMS Snapshot and PSR, the Services Log lists all services recorded during the month of service for active ICMS participants. It includes service type, location, service date, documentation date, and the CHAMP user who recorded the service. This log is used to track service delivery activity and support documentation review and billing alignment.

- **Exit log**
  Available in both the ICMS Snapshot and PSR, the Exit Log lists all ICMS program exits completed during the month of service. It includes participant information, slot details, enrollment dates, exit reason, and exit destination. This log supports monitoring of participant transitions, outcomes, and overall program flow. Transfers between Providers will appear as exits for the Provider losing the participant.

- **Vacant Slots**
  Available in both the ICMS Snapshot and PSR, the Vacant Slots tab lists all active ICMS slots that are not currently occupied. It includes details such as project association, activation date, vacancy duration, slot type, and the most recent CHAMP ID associated with the slot. This information is used to reconcile enrollment discrepancies, identify housing match needs, and flag slots that may require closure.

- **Trainings Log**
  Available in both the ICMS Snapshot and PSR, the Trainings Log lists ICMS trainings completed by each active case manager. It includes training names and completion dates. This log supports monitoring of staff training participation and compliance with ICMS program expectations.

- **Fiscal Year Summary**
  Available only in the PSR, the Fiscal Year Summary presents cumulative totals and performance averages for the fiscal year to date. It includes metrics related to enrollment and billing, staffing, service delivery and documentation, housing placement, and participant resources and statuses. This summary is used to assess cumulative fiscal year performance, identify trends beyond month-to-month variation, and compare performance across Providers.

Overdue ICMS Documentation Report

The Overdue ICMS Documentation Report reflects documentation statuses as of the Service Delivery Deadline, prior to the Documentation Deadline. It identifies slots that flagged for potential disallowed costs for the most recently completed service month.

Each slot listed in this report is missing one or more required minimum documentation elements and has been flagged as overdue based on the disallowed cost flagging logic outlined in this section of the Handbook. The report also specifies the exact documentation elements that are overdue for each slot.

Following issuance of the Overdue ICMS Documentation Report, ICMS Providers are granted a four (4) business day grace period to reconcile outstanding documentation before the service month is finalized and all final monthly reviews (including disallowed costs and billing rates) are completed.

- **Service Delivery Deadline**
  The Service Delivery Deadline is the last calendar day of the service month and represents the final date on which services may be delivered for the service month. Only **Service Dates and Assessment Dates** on or before the Service Delivery Deadline will be counted toward that service month's review. Services delivered after that deadline will not be included for that service month.

- **Documentation Deadline**
  The Documentation Deadline is the final date on which required documentation may be entered into CHAMP and still be counted toward a service month's review.

The Documentation Deadline is generally set as a **four (4) business day grace period following the Service Delivery Deadline.** This period allows Providers to enter documentation for services delivered during the service month but not yet recorded in CHAMP.

Only documentation entered in CHAMP on or before the Documentation Deadline will be included in that service month's review. Documentation entered after that deadline will not be considered for that service month.

- **Documentation Integrity and Backdating**
  While HSH recognizes that backdating may be necessary in limited circumstances, it must be used appropriately and with care.

  - Backdating is permitted only when services were actually delivered on a specific date, but documentation was not entered into CHAMP
  - Backdating must not be used to document services that were not delivered
  - Documentation that misrepresents service delivery is considered fraudulent and is not permitted by HSH

  For each monthly disallowed cost and billing rate review cycle, the following applies:
  - Only backdated documentation entered on or before the Documentation Deadline will be considered
  - Backdated documentation entered after the Documentation Deadline will not be included in the review for that service month

- **Additional Documentation Expectations**
  - Assessments and services shall reflect actual participant engagement
  - Documentation shall not be completed for participants without recent contact or for participants who are deceased
  - All recorded services and documentation must accurately reflect services delivered and participant status
  - Services shall not be recorded for interactions that did not occur or cannot be substantiated

HSH Assigned Program Managers

HSH Program Managers serve as the primary point of contact for ICMS Providers and play a central role in supporting program implementation, coordination, monitoring, and continuous improvement across the ICMS program.

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

HSH Program Managers support the lease-up process for new project-based permanent housing sites by coordinating with key partners, including Public Housing Authorities (PHAs), property management, permanent housing developers, ICMS Providers, and CES matchers.

During lease-up, HSH provides technical assistance and training to ICMS Providers to support effective implementation. HSH Program Managers help identify opportunities for process improvements and support operational modifications to improve efficiency and outcomes.

Ongoing ICMS Implementation Check-Ins

HSH Program Managers conduct regular check-ins with ICMS Providers to support high-quality service delivery, accountability, and continuous improvement.

These check-ins may include:

- Reviewing program performance and monitoring findings
- Providing technical assistance and guidance on ICMS requirements and best practices
- Supporting coordination and integration across partners
- Facilitating case conferencing and discussion of complex participant situations
- Identifying operational challenges and developing collaborative solutions
- Supporting Provider advocacy needs and connection to system resources

HSH Program Managers also support ongoing implementation by:

- Monitoring alignment with ICMS program requirements
- Recommending strategies to enhance service delivery and participant outcomes
- Coordinating multidisciplinary collaboration across systems
- Supporting navigation and troubleshooting of CHAMP and related systems

Through ongoing communication and partnership, HSH Program Managers support ICMS Providers in strengthening service delivery and improving outcomes for participants.

Integrated Services Program (ISP) Support

The Permanent Housing Integrated Services Program (ISP) is a multi-departmental County model designed to support housing stability, health, and overall wellbeing for participants in permanent housing.

ISP includes:

- Intensive Case Management Services (ICMS), overseen by HSH
- Full-Service Partnership (FSP) and Housing Support Services Program (HSSP), overseen by the Los Angeles County Department of Mental Health (DMH)
- Client Engagement Navigation Services (CENS), overseen by the Los Angeles County Department of Public Health Substance Abuse Prevention and Control Division (DPH SAPC)

HSH works in coordination with DMH and DPH SAPC to support implementation of ISP services at project-based housing sites and to promote effective collaboration across Providers.

ICMS check-ins may include ISP partners to support case conferencing, coordination of care, and site-level implementation strategies.

Each time care is coordinated in collaboration with a care team member working under the HSSP, FSP, or CENS programs, record one unit of the "ISP Care Coordination" service. When these programs are involved, a corresponding SMART goal must be included in the Care Plan to reflect the coordination of these services.

Ongoing Reviews by HSH

HSH conducts ongoing reviews throughout the fiscal year to support program accountability, data integrity, and continuous quality improvement.

Direct Service Documentation Quality

HSH Program Managers conduct documentation quality reviews throughout the fiscal year to assess the quality and consistency of service delivery and documentation in CHAMP.

These reviews assess:

- Alignment between participant assessments and Care Plans
- Use of SMART (Specific, Measurable, Achievable, Relevant, Time-bound) Care Plan goals
- Quality of case notes, including organization, detail, and personalization

Administrative Reviews

HSH conducts administrative reviews to ensure ICMS Providers meet contract requirements outlined in the ICMS Statement of Work (SOW).

Administrative reviews may include:

- ICMS Quality Control Plan (QCP) updates, including evolving policies and procedures
- Staff organizational charts and case manager staffing ratios
- Clinical supervision attendance logs and Care Plan sign-offs
- Participant satisfaction survey tools, results, and use in continuous quality improvement
- Availability of harm reduction supplies for ICMS staff

CHAMP Data Quality Control

HSH performs ongoing CHAMP data quality control activities to ensure accuracy in participant tracking, enrollment, and billing.

These activities include:

- Identifying and reviewing data inconsistencies that may impact slot capacity or billing
- Verifying participant housing/subsidy status and contact information
- Reviewing participant profiles for completeness and accuracy

While HSH conducts centralized data quality review and reconciliation, ICMS Providers shall notify their HSH Program Manager of any data issues they are unable to resolve.

Consent and Compliance Document Reviews

HSH conducts quality assurance reviews of required documents uploaded in CHAMP, including:

- Authorization for the Use and Disclosure of Health and Social Service Information (Universal Consent)
- Notice of Privacy Practices Acknowledgement Form

Common errors may include:

- Missing or incomplete participant information (e.g., signature, initials, date, DOB, CID)
- Consent Status Mismatch - CHAMP status does not match the signed document
- Use of outdated forms
- Poor document image quality or incorrect file uploads

When errors are identified, they are flagged in the ICMS Snapshot as “Error(s) in Uploaded Document.” Once corrected documents are uploaded and approved by HSH, the error status is cleared.

Duplicate Participant Profiles

Duplicate CHAMP profiles occur when more than one CHAMP ID is created for a single participant. This may result in duplicate enrollments, billing discrepancies, and other system issues. HSH reviews and reconciles duplicate profiles to determine which record will be retained. ICMS Providers shall notify HSH of potential duplicates by submitting the Merge Duplicate Clients Form, available on the CHAMP home page, to support timely resolution.

Monitoring Outputs and Corrective Actions

HSH utilizes a range of monitoring tools and corrective action processes to share monitoring observations, address performance concerns, ensure compliance with ICMS requirements, and support continuous quality improvement.

Failure to meet program requirements may result in progressive actions, including issuance of a Contractor Discrepancy Report (CDR) and, if unresolved, Disallowed Costs and payment recovery.

Contractor Discrepancy Reports (CDRs)

In accordance with Section 8.3 of the ICMS Statement of Work (SOW), HSH may issue a Contractor Discrepancy Report (CDR) in response to deficient performance.

Upon receipt of a CDR, the ICMS Provider must submit a Corrective Action Plan (CAP) to HSH within five (5) business days. The CAP must outline steps to address identified deficiencies and is subject to review and approval by the HSH Program Manager.

CDRs may be issued for, but are not limited to, the following:

- **CDR Due to 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. HSH will issue a CDR after the first service month within the fiscal year in which an ICMS Provider is flagged for Overdue Documentation.

- **CDR Due to Low Quality Documentation**
  HSH may issue a CDR when ICMS documentation in CHAMP is determined, upon review, to be below acceptable quality standards.

- **CDR Due to Poor Service Quality or Operational Deficiencies**
  HSH may issue a CDR in response to service delivery that does not meet minimum standards outlined in the ICMS SOW or this Handbook (e.g., lack of 24/7 crisis response availability), or for operational deficiencies (e.g., chronic understaffing).

Risk Mitigation and Escalated Support

When performance concerns are identified as ongoing or systemic, HSH may implement risk mitigation strategies to support improvement and ensure continuity of high-quality services.

Chronic deficiencies may include repeated findings related to documentation, service delivery, staffing, or other ICMS requirements across multiple review periods.

In these cases, HSH may take a more proactive and structured approach, which may include:

- Increased frequency of monitoring and review
- More frequent check-ins with the HSH Program Manager
- Targeted technical assistance or training
- Development of enhanced or extended Corrective Action Plans (CAPs)
- Coordination with additional HSH teams or system partners
- Review of staffing structure, supervision, or operational capacity

HSH may designate a Provider for enhanced monitoring based on repeated or unresolved deficiencies.

Risk mitigation strategies are intended to support ICMS Providers in addressing persistent challenges while maintaining service continuity for participants.

Failure to demonstrate improvement over time may result in additional actions, including a Contractor Discrepancy Report (CDR) and Disallowed Costs.

Disallowed Costs and Payment Recovery

Disallowed Costs refer to payments made to the ICMS Provider for which the Provider is not entitled to retain due to documentation deficiencies, ineligible services, noncompliance with program requirements, or other identified billing concerns following applicable reconciliation and review processes.

The County reserves the right to deny or recover payment when documentation requirements are not met, services are determined to be ineligible, or other billing or program requirements are not satisfied.

- **Overdue Documentation and Disallowed Costs**
  Overdue Documentation refers to required minimum documentation missing from an enrolled ICMS participant's CHAMP record for thirty (30) or more days.

  In accordance with Section 6.2 of the ICMS SOW, ICMS Providers must maintain required minimum documentation in CHAMP for each participant in order to receive reimbursement for services delivered during a service month.

  An ICMS Provider may receive up to one (1) CDR per fiscal year in response to Overdue Documentation. If an ICMS Provider has already received a CDR during the fiscal year for Overdue Documentation, any subsequent months in which Overdue Documentation is identified will result in Disallowed Costs.

  Flagging of Overdue Documentation is based on the Service Delivery Deadline and Documentation Deadline, as defined in the corresponding table lower down in this subsection.

- **Payment Recovery Process**
  When Disallowed Costs are identified, the County will recover payment through the following process:
  - Issuance of a notification letter indicating the total amount of Disallowed Costs
  - Provision of a supporting report identifying affected slots and specific deficiencies
  - Recovery of funds through deduction from the following monthly invoice

- **Documentation Deadlines and Reporting Logic**
  The application of Disallowed Costs due to Overdue Documentation is based on the timing parameters defined by the Service Delivery Deadline and Documentation Deadline.

  Refer to the following visuals:
  - The Documentation Deadline Schedule (FY 26-27)
  - Flagging Logic for Missing Required Minimum Documentation

  for detailed information on how documentation status is evaluated across:
  - Overdue ICMS Documentation Reports
  - Disallowed Cost Reports
  - ICMS Snapshots and PSRs

Below is the Documentation Deadline schedule for FY 26-27:

Service Month	Service Delivery Deadline	Documentation Deadline
July 2026	7/31/2026	8/7/2026
August 2026	8/31/2026	9/8/2026
September 2026	9/30/2026	10/7/2026
October 2026	10/31/2026	11/7/2026
November 2026	11/30/2026	12/5/2026
December 2026	12/31/2026	1/8/2027
January 2027	1/31/2027	2/5/2027
February 2027	2/28/2027	3/5/2027
March 2027	3/31/2027	4/7/2027
April 2027	4/30/2027	5/7/2027
May 2027	5/31/2027	6/7/2027
June 2027	6/30/2027	7/8/2027

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 & PSR	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

Monitoring Summary Letters

At the close of the fiscal year, HSH will issue a Monitoring Summary Letter to each ICMS Provider.

These letters provide a consolidated summary of the Provider's performance across the fiscal year and are informed by data reflected in the ICMS Program Summary Report (PSR), including the Fiscal Year Summary and other monitoring outputs.

Monitoring Summary Letters may include:

- Total payments issued to the Provider during the fiscal year
- Total Disallowed Costs and associated payment recoveries
- Summary of Contractor Discrepancy Reports (CDRs) issued
- Key performance metrics and trends observed over time
- Identification of areas of strong performance
- Identification of areas requiring improvement
- Recommended actions to support improved performance and service quality

Monitoring Summary Letters are intended to provide a comprehensive, year-end assessment of ICMS implementation and to support ongoing quality improvement and program alignment. They may be used to inform future technical assistance, monitoring priorities, and program-level decision-making.

Training and Technical Assistance

HSH provides a range of training, technical assistance, and informational resources to support ICMS Providers in delivering high-quality, compliant, and effective services.

ICMS Information Center

The Permanent Housing ICMS Information Center serves as the central hub for ICMS-related resources and guidance.

Accessible via the HSH website (www.homeless.lacounty.gov → “Provider Resources”), the Information Center includes:

- Program guidance and policy updates
- Training and office hours schedules
- Visual aids and reference materials
- Housing navigation and retention resources
- Key forms and tools

The Information Center is updated regularly and should be used as the primary source for the most current ICMS guidance.

Training

HSH offers a range of training opportunities to support ICMS Providers in building knowledge and skills related to program requirements and service delivery. Certain trainings are mandatory to support consistent implementation of Permanent Housing

ICMS and strengthen provider capacity in housing case management, care coordination, behavioral health, documentation, and participant engagement.

All ICMS trainings are available free of charge through TalentWorks, Los Angeles County's online learning platform, where staff can:

- Register for trainings
- Track completion
- Access certificates

Training completion records for case managers are also reflected in the **Trainings Log within the ICMS Snapshot.**

All mandatory trainings for direct service ICMS staff are listed in the table below. HSH may update required trainings over time to reflect evolving program needs, guidance, and implementation priorities.

Mandatory ICMS Trainings	
Core Program and Systems Training	HSH 101
	Core Tenets of Permanent Housing ICMS
	CHAMP Compliance
	Countywide Homeless Information Portal (CHIP)
	ICMS Documentation: Assessments/ Care Plans/ Services and Case Notes (3-Session Series)
Participant Engagement and Care Coordination	Health Promotion (2-Session Series)
	Motivational Interviewing (3-Session Series)
	Trauma-Informed Care (2-Session Series)
	Cultural Humility Capacity Building
	Boundaries in the Workplace
	Working with Difficult Client Situations & Client De-Escalation
Behavioral Health and Substance Use	Understanding Client Mental Health
	Substance Use Disorders 101
	Engaging People Who Use Drugs: A Harm Reduction Approach
	Overdose Education and Naloxone Distribution (OEND)
	Question, Persuade, Refer (QPR - Help Prevent Suicide)
Health Care and Benefits Navigation	Accessing Healthcare: Medi-Cal Expansion & Updates
	Journey from In-Home Care Giving (IHCG) to In-Home Supportive Services (IHSS)
Safety and Specialized Populations	Intimate Partner Violence (2-Session Series)

Office Hours and Technical Assistance

HSH offers ongoing office hours and technical assistance sessions to support ICMS Providers with:

- Program implementation
- CHAMP usage
- Service delivery questions
- Accessing system resources

Office hours may include both scheduled sessions and drop-in opportunities. Details on available topics and schedules are available in the ICMS Information Center.

Program Communications

- **The Focus Newsletter**
  The Focus is an HSH newsletter for ICMS Providers that shares:
  - Program updates and announcements
  - Resource highlights
  - Participant and staff success stories
  - Monthly priority topics (“Focus of the Month”)

  The Focus is typically distributed twice per month and serves as a key communication tool for aligning Providers around program priorities.

  A sign-up link for The Focus mailing list is available in the ICMS Information Center.

- **ICMS Quarterly Partner Meetings**
  HSH facilitates quarterly partner meetings for ICMS Providers to:
  - Share policy and procedure updates
  - Present on new tools and resources
  - Review best practices and implementation guidance

  Meeting materials, including agendas and recaps, are available in the ICMS Information Center.

Reference Tools

- **Program Glossaries**
  HSH maintains program glossaries to support consistent use of terminology across the ICMS system of care.
  These include:
  - The ICMS Program Glossary (general terms and concepts)
  - The ICMS Reports Glossary (report-specific definitions)

Glossaries are maintained as dynamic resources within the ICMS Information Center

- **Visual Aids and Guides**
  HSH develops visual aids (e.g., cheat sheets, guides, and info sheets) to support understanding of ICMS requirements and best practices.

  These materials often include direct links to the ICMS Information Center to ensure access to the most up-to-date guidance.

  The **ICMS Program Guide for Case Managers** is a key resource designed for direct service staff and supervisors. Providers shall ensure that:
  - Each case manager receives the Guide
  - A signed acknowledgement is maintained in the staff member's personnel file

Specialized Support

- **Case Management Optimization Support Team (CMOST)**
  The Case Management Optimization Support Team (CMOST) partners with case managers to navigate ICMS requirements, clarify expectations, and connect them to resources needed for success. The team provides guidance, tools, and technical assistance to support care coordination, documentation, and overall performance.

  Support is available through virtual and in-person sessions for both individuals and teams and may include:
  - Strengthening case management practices
  - Workflow optimization
  - Clarifying ICMS requirements and expectations
  - Access to tools and system resources

  CMOST can be accessed directly or in coordination with an HSH Program Manager. For support, contact: CMOST@hsh.lacounty.gov

Implementation Handbook Acknowledgement

As an authorized signatory on behalf of my organization, I acknowledge that we have read, understand, and agree to operate in accordance with the Fiscal Year 2026–2027 Implementation Handbook for ICMS Providers (Permanent Housing Edition).

On behalf of my organization, I further acknowledge that activities performed under our ICMS Work Order are subject to ongoing contract monitoring by the Los Angeles County Department of Homeless Services and Housing (HSH), as described in this Handbook, throughout the fiscal year.

Additionally, I attest that this Handbook Acknowledgement form shall be promptly uploaded to the "Contractual Documents" folder in our organization's HSH-administered Microsoft Teams Channel.

Any questions regarding this Handbook will be directed to our assigned HSH Program Manager.

Organization _____

Master Agreement #_____

Work Order # _____

Name_____

Signature _____

Date _____