Center for Health Care Strategies

Data Sources for Determining Members' Housing and Homelessness Status

This matrix provides detailed information on data sources that Medi-Cal managed care plans (MCPs)[*] can use to better understand the housing status of their members. It is a companion to the tool, *Using Housing Data to Address Medi-Cal Member Needs: A Guide for Managed Care Plans*, which outlines how health plans can use these data sources to effectively meet the housing and health needs of members experiencing homelessness or housing instability.

This resource can inform both programmatic and technical staff at MCPs who are working to design or enhance their health plan's homelessness data strategy. MCPs will likely use one or more of the following data sources to identify member housing status. However, health plans can also use these data sources to assess members' housing-related needs, take action to address member needs, build MCP infrastructure, and evaluate member and program outcomes.

The tables in this document provide details on each data source, including a brief description of the data source, how data are generated and made available to MCPs, reference values, how to determine housing status using the data, and links to other helpful information. The data sources described in this resource may also be supplemented through partnerships with health plan staff and local partners to identify nuances specific to their local context or internal data infrastructure.

Data sources in this tool include:

- **Homeless Management Information System**
- **Diagnosis Codes**
- **Place of Service Codes**
- **Condition Codes**
- **Address**
- **Enhanced Care Management**
- **Community Supports**
- **Plan/Provider Screening or Assessment**
- **Other**

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[*] While developed for the California context, this resource can inform other states seeking to improve services for individuals experiencing homelessness and housing insecurity.

Homeless Management Information System

Description	The Homeless Management Information System (HMIS) is a locally managed system that collects data on people at risk of and experiencing homelessness and the housing and services they receive. Each Continuum of Care (CoC) — the local organization coordinating federal housing and services funding for people experiencing homelessness — is responsible for operating the local HMIS. While there are federal HMIS data standards,[1] local implementation varies, meaning that fields, software, and other factors will vary. HMIS systems and their users must follow HMIS privacy and security standards, which are similar to, but not as stringent as, HIPAA.
How the Data are Generated	Data may be entered by homeless outreach teams, interim housing providers, permanent housing providers, and other social service and housing organizations participating in the CoC about the individuals they serve. In some CoCs, individuals must consent to have their information entered into HMIS; in others, HMIS user organizations are simply required to post clear information about how and why information is shared with HMIS for their clients.
How MCPs Access the Data	MCPs can match plan data with local HMIS data to identify members, as well as any homelessness and housing service providers working with them. MCPs will need to create a data-sharing agreement with their local CoC to match data. Matching may occur via one-time or regular file exchanges, participation in a Community or Social Health Information Exchange, creation of an application programming interface (API), or other agreed-upon methods. Data exchange may be one-way (usually HMIS to MCP) or bidirectional. MCPs should consult DHCS' forthcoming data-sharing authorization guidance to better understand the legal and privacy framework for data sharing.

Data Matching Considerations	• MCPs and CoCs should develop carefully considered protocols to match data between their organizations. For example, it can be helpful to think about how to balance the goal of minimizing false positives (i.e., matched individuals who are not the same person) vs. false negatives (i.e., unmatched individuals who are the same person).
	
	• Most MCPs use some combination of names, birth dates, and/or social security numbers to identify shared clients/members with a CoC, but may also include other data elements.
	   ○ MCPs and CoCs should discuss whether exact matches on these data elements will be required or if matches based on similar data will be allowed. For example, they could consider allowing matches based on different name spellings (e.g., Gerome vs. Jerome) or nicknames (Davey Smith vs. David Smith). Using a Soundex function in the matching software may be helpful.
	
	• CoCs generally do not receive or collect any data on Medi-Cal enrollment, MCP assignment, or client identification number (CIN) for individuals in their HMIS systems; however, some can access this information via matches through a Community Information Exchange. If the CoC does have access to CINs for clients in HMIS, this is usually the ideal identifier to match shared clients/members with MCPs.
	
	• MCPs should expect that members' identifying information in HMIS data will often be incomplete or incorrect. HMIS users gather information from individuals experiencing homelessness primarily via self-report, and often have to build trust over weeks or months to move from aliases to given names. In addition, one of the main activities for homeless services is reestablishing clients' identity information by helping them apply for new social security cards, or birth certificates, among other government documents. Therefore, users entering data in HMIS rarely have access to official legal identity information when they start working with a client. Some differing data between CoCs and MCPs for matched clients does not necessarily mean the matching logic is bad.
	
	• MCPs may find that the percentage of people in HMIS who match with the MCP is lower than expected for a range of reasons, including:
	   ○ Some people experiencing homelessness are eligible but not enrolled in Medi-Cal due to application or redetermination challenges.
	   ○ Difficulty matching data for members who have incomplete or incorrect information in HMIS.
	   ○ Duplicate HMIS records for the same individual count twice in the HMIS record count, but once for the MCP match count.

Homeless Management Information System *(continued)*

Codes/Data Markers Related to Housing Status	**Reference Values:** The U.S. Department of Housing and Urban Development (HUD) has comprehensive guidance on HMIS data standards[2] for CoC use. Use their most recent interactive tool[3] as a starting point. Members' information will appear in HMIS in a few ways — information on the member's identity/demographics, assessments, and homelessness history, among other data, and member "enrollment" in different "projects." MCPs will likely use a mix of the fields below to identify members' housing status. However, there are many universal and CoC-specific HMIS data elements that may be useful if the CoC shares them with the MCP. • Project Type (Field 2.026) • Project End Date (Field 3.11) • Prior Living Situation (Field 3.917) • Project Start Date (Field 3.10) • Exit Destination (Field 3.12) • Current Living Situation (Field 4.12) See Appendix A, Living Situation Response Categories and Descriptions,[4] for more information.
Identifying Housing Status Using this Data Source	MCPs should NOT assume that all members matched with HMIS data are experiencing homelessness. HMIS is required to track service and housing program utilization by both individuals and families who are currently experiencing homelessness (including both unsheltered people and those in interim housing) and those who are formerly homeless but are now participating in permanent housing programs, such as rapid rehousing or permanent supportive housing. HMIS can also be used to track individuals who are at risk of homelessness (DHCS definition or a different one) and receiving homelessness prevention assistance. This means that an MCP member who matches with HMIS may or may not be currently experiencing homelessness. Instead, MCPs can use Project Types, Exit Destinations, and Living Situations, combined with the project start and end dates, to identify member housing status. **Project Types (PT):** Certain HMIS project types may provide information on a member's housing status during the project enrollment (i.e., between the start and end dates). "PH" in the below table means "Permanent Housing."

PT #	PT Description	Housing Status during Project Enrollment
0	Emergency Shelter – Entry / Exit	Experiencing homelessness (DHCS' definition).
1	Emergency Shelter – Night-by-Night	Experiencing homelessness (DHCS' definition).
2	Transitional Housing	Experiencing homelessness (DHCS' definition). HUD defines transitional housing as a non-permanent placement; member retains status while in program, even if for many months.
3	PH – Permanent Supportive Housing *(disability required for entry)*	Housed, but with a history of homelessness (DHCS' definition) prior to housing.
4	Street Outreach	Experiencing homelessness (DHCS' definition).
6 *(#5 was retired)*	Services Only	Likely housed with history of homelessness; but depends on the program. HUD defines as "a project that offers only Housing Project or Housing Structure Specific or Stand-Alone supportive services (other than Street Outreach or Coordinated Entry) to address the needs of participants."
7	Other	Depends on the specific program.
8	Safe Haven	Experiencing homelessness (DHCS' definition).
9	PH – Housing Only	Housed, but likely with a history of homelessness prior to housing.
10	PH – Housing with Services *(no disability required for entry)*	Housed, but likely with a history of homelessness prior to housing.
11	Day Shelter	Experiencing homelessness (DHCS' definition).
12	Homelessness Prevention	At risk of homelessness (and very likely but not always meets DHCS' definition).
13	PH – Rapid Re-Housing	Housed, but with a history of homelessness prior to housing.
14	Coordinated Entry	Experiencing homelessness (DHCS' definition).

Homeless Management Information System *(continued)*

Identifying Housing Status Using this Data Source *(continued)*	**Living Situations:** All completed HMIS project enrollments will have an exit destination, and some will also have information on the prior or current living situation. To determine time of housing status, combine Living Situation or Exit Destination with these other fields: • Prior Living Situation: Before the project start date. • Current Living Situation: Between the project start and end dates. • Exit Destinations: On and after the project end date.

Living Situation #	Living Situation Category	Housing Status
100-199	Homeless Situations	Experiencing homelessness (DHCS' definition).
200-299	Institutional Situations	Experiencing homelessness (DHCS' definition) upon discharge/release, if they would otherwise be homeless at that time.
300-399	Temporary Housing Situations	Housed, but likely with a history of homelessness prior to housing. Potential housing instability (may meet DHCS' definition of at risk of homelessness, but may not).
400-499	Permanent Housing Situations	Permanently housed, but likely with a history of homelessness prior to housing.
1-99	Other	No housing status information available.

Notes on Using the Data	• All CoCs are required to collect and report on required data fields for HUD-funded projects per HUD specifications, but they may also add other data fields as part of their specific community's needs for HMIS implementation. Therefore, MCPs should carefully discuss with CoC partners which fields are best in their respective systems. • MCPs working with multiple CoCs should expect that the frequency, match processes, file layouts, data delivery methods, and many other aspects of HMIS data matching will differ by CoC, since CoC technical and administrative capabilities vary widely across California. Some CoCs are sophisticated organizations with large IT teams, while others CoCs have only one or no IT employees. Some CoCs have customized HMIS platforms from national vendors, while others operate small, home-grown databases. HUD tends to provide limited funding for HMIS infrastructure, further challenging CoCs' abilities to be strong data partners to MCPs without additional resources. • Nationally, data are required to be in HMIS for all HUD-funded housing and homeless services projects. In California, Assembly Bill 977 requires grantees of state-funded homelessness programs to enter many data elements into their local HMIS. However, many communities also have homeless and housing programs that are not included in HMIS data (e.g., shelters run by religious organizations that do not receive state or federal funding). • Many MCPs find that legal and privacy barriers can slow the matching processes more than technical challenges. MCPs and their CoC partners may find it helpful to consult DHCS' forthcoming data-sharing authorization guidance for Medi-Cal housing support services. • In some CoCs, HMIS software licenses are limited, so only one or two staff at each organization will be able to input data. In other CoCs, access to HMIS is widespread. This affects the time lag and extent of data reported and updated in HMIS.
Additional Resources	• About HMIS overview from a DHCS TA program • A helpful description of different exit destinations, including whether HUD considers them positive or negative outcomes

Diagnosis Codes

Description	Health and social service providers in an MCP's network, including ECM and Community Supports providers, may serve members experiencing or at risk of homelessness and enter diagnosis codes in the ICD-10 Z.59 series as part of their documentation.
How the Data are Generated	Physical health, behavioral health, and social services providers caring for a member may observe the member's housing status, and/or ask assessment questions about their housing status. After the observation/assessment, the provider will document the member's diagnoses (via direct entry of diagnosis codes into the electronic health record (EHR) or via automatic coding from assessment question results documented in the EHR).
How MCPs Access the Data	MCPs may receive these data as part of regular claims submission and encounter data reporting from providers. MCPs with Health Information Exchange (HIE) access may also be able to access data more quickly through that interface.
Codes/Data Markers Related to Housing Status	• **Reference Values:** ICD10; Note that Z59.0 was broken out into the additional codes below in 2022; before that, there was less specificity. • **Codes to use:** {{TABLE1}}
Identifying Housing Status Using this Data Source	• Use the date(s) of service on the claim/encounter with the homeless/at-risk diagnosis code. {{TABLE2}} • MCPs will need to think critically about how long before and/or after the date of service they might apply the housing status. The median length of homelessness in CA is 22 months (source), so an MCP might reasonably assume that a member with a single point-in-time diagnosis code for a housing issue is experiencing this issue for at least 6 to 12 months (i.e., up to approximately half of median homelessness length).

Notes on Using the Data	• Z-codes can be in any diagnosis place; they do not have to be the primary diagnosis and usually are not.
	• Both health and social service providers can apply social determinants of health (SDOH) diagnosis codes (i.e., not just clinicians).
	• Provider screening protocols and proficiency at SDOH diagnosis documentation vary widely.
	   o Many providers do not screen for housing status or do not document Z-codes consistently, but do see many members who are experiencing or at risk of homelessness.
	   o SB 1152 required hospitals to identify patients experiencing homelessness as part of discharge planning as of July 1, 2019, which has somewhat improved their coding of housing status.
	• Providers have up to one year to provide claims to MCPs for services, so there is often a significant lag between the service and claim dates.

Additional Resources	• DHCS All Plan Letter with priority SDOH Z-codes • CMS' infographic on using SDOH Z-codes

TABLE1:

Experiencing homelessness	(Potentially) At risk of homelessness
o Z59.00 Homelessness unspecified o Z59.01 Sheltered homelessness o Z59.02 Unsheltered homelessness	o Z59.811 Housing instability, housed, with risk of homelessness o Z59.812 Housing instability, housed, homelessness in past 12 months o Z59.819 Housing instability, housed unspecified o Z59.89 Other problems related to housing and economic circumstances

TABLE2:

Experiencing homelessness:	At risk of homelessness:
Based on the definitions of these codes, it is reasonable to assume that a member was experiencing homelessness and meets DHCS' definition on the date of the service encounter when the code was documented (codes Z59.00, Z59.01, Z59.02)	These codes alone may or may not fully meet DHCS' definition of "at risk of homelessness" because they are broader. Recommend verifying the member's housing status and risk via screening and assessment questions as needed to provide services (codes Z59.811, Z59.812, Z59.819, Z59.89)

Place of Service Codes

Description	Providers must enter Place of Service (POS) codes showing where services are delivered as part of their documentation. Several POS codes are used only for services provided to people experiencing homelessness, such as 04 (homeless shelter) and 27 (outreach site/street). Other codes, such as 15 (mobile unit) and 16 (temporary lodging), often indicate services for people experiencing homelessness, but may also be used for other populations.
How the Data are Generated	Physical health, behavioral health, and social services providers caring for the member must document the location of service delivered (via direct entry of POS codes into the EHR or via automatic coding from visit template results documented in the EHR).
How MCPs Access the Data	MCPs receive these data as part of regular claims submission and encounter data reporting from providers. MCPs with HIE access may also be able to access data more quickly through the HIE system. **Note:** For health plans working outside California, POS codes must be activated by the state.

Codes/Data Markers Related to Housing Status	**Reference Values:** CMS Place of Service Codes for Professional Claims
	Codes to use:
	• POS codes used only for services provided to people experiencing homelessness:
	    ○ 04 – Homeless Shelter
	    ○ 27 – Outreach Site/Street
	• POS codes are sometimes used for services provided to people experiencing homelessness, but are also used for stably housed individuals (e.g., preventive health outreach services, mobile COVID-19 testing, services for people displaced by emergencies). MCPs should use caution before using these codes as a proxy for housing status:
	    ○ 15 – Mobile Unit
	    ○ 16 – Temporary Lodging

Identifying Housing Status Using this Data Source	It is recommended that MCPs use similar logic for POS codes as for diagnosis codes (see previous page). • Use the date(s) of service on the claim/encounter with the homeless/at-risk diagnosis code. • Based on the definitions of codes 04 and 27, it is reasonable to assume that a member was experiencing homelessness (DHCS' definition) on the date of the service encounter when the code was documented. • MCPs will need to think critically about how long before and/or after the date of service they might apply the housing status. The median length of homelessness in CA is 22 months (source), so an MCP might reasonably assume that a member with a single point-in-time diagnosis code for a housing issue is experiencing this issue for at least 6 to 12 months (i.e., up to approximately half of median homelessness length).
Notes on Using the Data	Multisite providers sometimes bill for street and mobile services under their (National Provider Identifier) NPI for the parent clinic if there isn't a separate NPI for the shelter or outreach team yet, which can cause confusion because that NPI may be associated with a different POS code. Providers have up to one year to provide claims to MCPs for services, so there is often a significant lag between the service and claim date.
Additional Resources	CMS POS code set

Condition Codes

Description	Hospitals and other facility-based billing providers should include condition code 17 on their UB-04 (a.k.a., Medicare CMS 1450) billing forms when patients are homeless.
How the Data are Generated	Hospitals, nursing homes, rehabilitation providers and other institutional (a.k.a., facility) billers who serve members experiencing homelessness enter condition code 17, "Patient is Homeless," as part of their billing documentation. They would use this form and condition code for inpatient and outpatient visits.
How MCPs Access the Data	MCPs may receive these data as part of regular claims submission and/or encounter data reporting from hospitals and other institutional facilities, including non-contracted hospitals.
Codes/Data Markers Related to Housing Status	**Reference Values:** Chapter 25 of the Medicare Claims Processing Manual (Pub.100-04), pages 16-17 on Condition Codes. Condition Code 17, "Patient is Homeless," will appear in one of the condition code fields (18 to 28).
Identifying Housing Status Using this Data Source	MCPs may reasonably assume that members with condition code 17 are experiencing homelessness at the time of the service, and likely will exit the hospitalization into homelessness as well.
Notes on Using the Data	CMS recently adjusted hospital payments to reflect higher costs for patients experiencing homelessness. Hospitals will likely improve consistency in documenting this code going forward because of this incentive.

Address

Description	To use address information to identify members experiencing or at risk of homelessness, MCPs could use one or more of the following approaches: • **Shelter, Interim Housing, and Supportive Housing Addresses:** MCPs can create a list of local housing programs that serve people experiencing and/or at risk of homelessness and match these addresses to members. To build this list, MCPs can start by finding their local CoC's Housing Inventory Count, which lists local beds that serve people experiencing homelessness or those in permanent supportive housing. The CoC may also be able to provide a list of addresses for the MCP and share how to distinguish between organization and residential addresses. • **Other Likely Homeless Addresses:** MCPs can analyze data on members who they already know are experiencing homelessness to determine commonly listed addresses among this population. These addresses may indicate homelessness for other members living there. For example, an MCP might find that many homeless members have the local county social services department address listed as their address. In addition to mapping and internet searches to learn more about these addresses, it is often helpful to consult with MCP staff in the social services or care management departments who may be familiar with local addresses commonly used for people without permanent housing. • **Address Keywords:** MCPs may find that DHCS 834 file and other address sources contain keywords like "homeless", "lives on streets", or other similar terms within address fields that indicate that a member was experiencing homelessness at the time of documentation. Most MCPs also maintain "undeliverable" address lists that will likely contain these terms, among others. MCP staff need to think critically when creating a homeless address keyword list (e.g., a member with an address field that includes "motel" may not be experiencing homelessness, although they are likely experiencing housing instability).
How the Data are Generated	Individuals must provide an address when they apply for Medi-Cal, either via in-person application with the County Social Services Department or with help from a community navigator, as part of their Social Security Disability Income application (which is linked to Medi-Cal), or via other online, mail, and in-person platforms. Individuals are supposed to proactively update their County Social Services caseworker when their address changes, but many do not do so until the annual redetermination process. Individuals may also update their MCP regarding address changes when they call in to member services, use the online member portal, or when they are referred for services.
How MCPs Access the Data	DHCS provides member address data to MCPs via the monthly 834 file. These data are based on the address that a member used to apply for Medi-Cal or the most recent address update that the member provided to their case worker. Often, MCPs find that 834 address data are outdated. MCPs can verify and update addresses via call center intake questions, referral forms, or other member contact points, and may elect to store multiple addresses for the same member in their data systems.
Codes/Data Markers Related to Housing Status	**Reference Values for Known Shelter, Interim Housing and Supportive Housing Addresses:** • Addresses in the most recent Housing Inventory Count (HIC) for their CoC, or a more detailed list provided by the local CoC. • Recommend updating either annually (e.g., when the annual HIC comes out), or on a cadence developed with CoC partners. **Codes Sets for Address Keywords:** • Recommend connecting with the MCP's enrollment and/or member services team to develop an MCP-specific list of address keywords. These teams may maintain a "bad address list" or "undeliverable address list" of undeliverable addresses that return mail. Many, but not all bad addresses indicate homelessness. • Below is a list of common address keywords that are often used in place of a mailing address for people experiencing homelessness. These words often appear alone in the "street address" field of the address, with or without a city and/or zip code to accompany them. <table><tr><td>○ Bus station ○ Emergency shelter ○ Encampment ○ General delivery ○ Homeless ○ Houseless</td><td>○ Living in car/truck ○ Itinerant ○ Moves around ○ No address ○ None ○ Park</td><td>○ Parking lot ○ Rescue mission ○ Shelter ○ "Streets", "On Streets", "Lives on Streets" ○ Train station ○ Transient</td><td>○ Unhoused ○ Unknown ○ Unsheltered ○ Zip code = 00000 or 99999 or ZZZZZ</td></tr></table>

Address *(continued)*	
Codes/Data Markers Related to Housing Status *(continued)*	• Recommend updating the list annually. **Codes Sets for Other Likely Homeless Addresses:** • Some local organizations allow people experiencing homelessness to receive mail at their addresses, such as: - Health Care for the Homeless providers - Hospitals - Homeless access centers and service providers (e.g. "The Window" in San Jose) - Legal aid organizations - Religious organizations - Other community organizations serving people experiencing homelessness • Some counties also list the address of the County Social Services department for members experiencing homelessness. • To develop the list, it is recommended that MCPs use a mix of two potential approaches: - Consulting with the MCPs' social services and/or care management department and the CoC to identify the specific local organizations that offer mail assistance. - Analyzing data on members who are already known to be homeless (i.e., through another data source) to find common addresses. • Recommend updating annually.
Identifying Housing Status Using this Data Source	This will vary by the specific address and what it represents. For example, an MCP might code all the interim housing addresses (including emergency shelters) from the HIC as "likely experiencing homelessness", while the permanent supportive housing buildings might be coded as "formerly homeless" or "likely housing instability". MCPs might also code "moves around" or "general delivery" as "likely at risk of homelessness" and the other values as "likely experiencing homelessness". Note that an address change is not a reliable proxy for becoming housed, and MCPs should consider other data sources to track move-ins. Address data are challenging to use to identify homeless status over time because of how often data are old due to data lag. Many service providers also report that client contact information for clients experiencing homelessness is often good for no more than 30-60 days before it is unusable. Therefore, MCPs should use caution when using address information to identify housing status and may want to consider a limit where an address indicates housing status for no more than 6 to 12 months, unless updated.
Notes on Using the Data	• **Known Shelter, Interim Housing, and Supportive Housing Addresses:** - The HIC addresses usually list organizational mailing addresses (i.e., agency headquarters), which are often different from the local address a program participant would have for their building. - Many interim housing providers do not offer mail service for participants, so their addresses may also appear on the "bad address" list for the MCP. - These addresses will not (and should not) include any listings for programs that serve survivors of domestic and intimate partner violence to preserve anonymity and safety. • **Address Keywords:** - There may be common misspellings (e.g., "homesless") that should be included. - MCPs may consider including "motel" or "hotel" as keywords to identify members who are experiencing or at risk of homelessness, but some individuals do live in hotels and motels for a longer time and might be considered stably housed.
Additional Resources	• An example of how to construct a homeless address indicator from Minnesota Medicaid data research.

Enhanced Care Management

Description	Enhanced Care Management (ECM) is a comprehensive care management benefit that serves many high-acuity members with both health and social needs. The ECM benefit can provide data on member housing status in several ways: • **Referrals:** When members are referred to ECM, the referrer must provide information on which ECM populations of focus (POF) they meet, including POF 1a, *Adults without Dependent Children/Youth Living with Them Experiencing Homelessness*, and POF 1b, *Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness.* This information will be included in table 3a or 4a for electronic referrals, or in section 3 of a referral form, per the DHCS ECM Referral Standards Guidance. MCPs already capture this data as part of referral intake and review for the quarterly implementation monitoring reports and the JSON process. • **ECM Provider Return Transmission File (RTF):** ECM providers must include information on the member's housing status in the ECM RTF via the "homelessness indicator," "Member New Address Indicator," and the POF 1a or 1b. Multiple changes in address in a short period of time could also indicate housing instability, even if not literal homelessness. • **Member Assessments and Care Plans:** ECM providers conduct an initial biopsychosocial assessment of a member's health and social needs. While MCPs cannot require ECM providers to use their provider portals to conduct these assessments or document care plans, they may offer them as options. ECM providers may choose to use these portals and/or share the assessment and care plan results with MCPs in other ways.
How the Data are Generated	• **Referrals:** ECM providers and other partners connect with members and make referrals to the MCP to request ECM services. Member referrals may be based on one-on-one conversations or batch referrals based on providers' internal administrative data. • **ECM Provider RTF:** ECM providers receive Member Information Files from MCPs and complete the information for the RTF, usually from internal administrative data • **Member Assessments and Care Plans:** ECM providers complete these initially and update them periodically as the member's conditions, needs, and preferences change. These are created based on both member conversations and other available data about the member (e.g. medical records). These are usually stored only in the ECM providers' internal documentation system.
How MCPs Access the Data	• **Referrals:** ECM providers and other partners submit to MCPs via either individual submissions (e.g., PDF referral forms sent via secure fax or email), via the provider portal, and/or via electronic files for batch referrals. • **ECM Provider RTF:** ECM providers submit the RTF to the MCP electronically. • **Member Assessments and Care Plans:** MCPs may request copies if needed, but these usually are not available in a format that is readable by data systems. Per DHCS guidance, MCPs may not require ECM providers to use MCP portals for this documentation, but may offer it as an option.
Codes/Data Markers Related to Housing Status **AND** **Identifying Housing Status Using this Data Source**	• **Referrals:** DHCS' ECM referral standards guidance specifies the following data elements related to housing: ○ Electronic (batch) referrals:

Table	Data Element	Description	Housing Status
3A	A	"Member is experiencing Homelessness (unhoused, in a shelter, losing housing in the next 30 days, exiting an institution to homelessness, or fleeing interpersonal violence)."	Meets DHCS' definition of homelessness at time of referral
4A	A	"Child/youth or family with Members under 21 years of age, who is experiencing homelessness (unhoused, in a shelter, losing housing in the next 30 days, exiting an institution to homelessness, or fleeing interpersonal violence)"	Meets DHCS' definition of homelessness at time of referral

Codes/Data Markers Related to Housing Status

AND

Identifying Housing Status Using this Data Source

(continued)

○ Referral forms:

Table	Data Element	Description	Housing Status
3 for adults	**Checkbox**	"Member is experiencing Homelessness (unhoused, in a shelter, losing housing in the next 30 days, exiting an institution to homelessness, or fleeing interpersonal violence)."	Meets DHCS' definition of homelessness at time of referral
3 for child/ youth	**Checkbox**	"Child/youth or family with Members under 21 years of age, who is experiencing homelessness (unhoused, in a shelter, losing housing in the next 30 days, exiting an institution to homelessness, or fleeing interpersonal violence)"	Meets DHCS' definition of homelessness at time of referral
3 for child / youth	**Checkbox**	"Child/youth or family is sharing the housing of other persons (i.e. couch surfing) due to loss of housing, economic hardship, or a similar reason; or is living in a motel, hotel, trailer park, or camping ground due to the lack of alternative adequate accommodations; is living in emergency or transitional shelter; or is abandoned in hospital (in hospital without a safe place to be discharged to)"	Meets DHCS' definition of homelessness at time of referral; although this is a broader definition than the one above, there are broader criteria for children and youth in DHCS' definition.

- **ECM Provider RTF:** DHCS' member-level information sharing between MCPs and ECM providers guidance specifies the following data elements for housing:

Table	Field Name	Description	Housing Status
5	**Member Homelessness Indicator**	Indicator if the member is experiencing "homelessness," as defined in the ECM Policy Guide (p. 11-12). If "homeless," enter "1", if not or unknown, enter "0".	Meets DHCS' definition of homelessness at time of RTF
5	**Member New Address Indicator**	Indicator if the member has a new address. Enter "1" for new address; "0" for no change. ECM providers are expected to seek and share up-to-date addresses, where possible, particularly for individuals experiencing "homelessness." MCPs may follow up with members to verify.	Varies; if 1, then also look at Member Address, Member City, and Member Zip Code fields for updated address info and use address data algorithm if the MCP has one.
6	**New Population of Focus (POF)** *(multiple fields)*	The ECM provider may indicate or update which ECM POF a member may belong to. Each ECM POF should be presented as an indicator completed with a "1" for "Yes", "0" for "No", or "NA" for "Unassessed or Not Enough Information for Reliable Assessment".	If yes, and one or more of the below fields are checked, the member meets DHCS' definition of experiencing homelessness. • Adult – Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness • Adult – Individuals Experiencing Homelessness: Homeless Families • Child/Youth – Individuals Experiencing Homelessness: Unaccompanied Children/Youth Experiencing Homelessness • Child/Youth – Individuals Experiencing Homelessness: Homeless Families

- **Member Assessments and Care Plans:** Formats, fields, and values vary among ECM providers.

Enhanced Care Management *(continued)*

Notes on Using the Data	• **POF data:** Although ECM providers are encouraged to regularly update the POF, homeless indicator, and address information on the RTF, they may not do so consistently. • **POF data:** While an individual must meet housing status criteria to qualify initially for ECM POF 1a/1b, they do not need to continue to be homeless for the whole duration of their ECM enrollment; instead, some members may be newly housed during their enrollment. Be cautious about when the POF data are from.
Additional Resources	• DHCS referral standards guidance • DHCS member-level information sharing guidance

Community Supports

Description	Community Supports (CS) are voluntary services that MCPs can opt into to address members' social determinants of health. CS offer information on member housing status in various ways: • **Referral, Authorization, and Utilization Data:** Homelessness or risk of homelessness is an eligibility requirement for six current (and one future) CS: (1) housing transition navigation services (HTNS); (2) housing deposits; (3) housing tenancy sustaining services (HTSS); (4) recuperative care; (5) short-term post-hospitalization housing; (6) day habilitation; and (7) transitional rent (approved for July 2025). Members receive these services at different points in their housing journey. For example, most members receive HTNS or recuperative care while they are homeless and begin to access HTSS when moving from homelessness into housing. MCPs already capture data on members referred, authorized for, and receiving these services as part of the quarterly implementation monitoring reports and the forthcoming JSON process (implementation date TBD in 2025). • **CS Provider Return Transmission File (RTF):** Just as with ECM, CS providers must provide information on the member's housing status in the CS RTF via a "homelessness indicator" and "Member New Address Indicator". All CS providers, not only those providing housing-related services, submit data for members they serve. • **Member Assessments and Individual Housing Support Plans (IHSPs):** Many housing CS require initial and periodic assessments of member housing needs and creation of an IHSP.
How the Data are Generated	• **Referrals:** As with ECM, CS providers and other partners connect with members and make referrals to the MCP to request CS services. Member referrals may be based on one-on-one conversations or batch referrals based on providers' internal administrative data. • **Authorizations**: MCP utilization management staff create authorizations in their clinical data systems in response to referral requests and/or MCP-initiated data mining. Some MCPs do not require authorizations for certain CS; others are able to automatically create authorizations based on provider requests (e.g., via an authorization request portal). • **Utilization Data:** CS providers record services provided to the member in their documentation systems and extract data regularly to submit claims, encounters, or invoices to MCPs. • **CS Provider RTF:** CS providers receive Authorization Status Files from MCPs and complete the information for the CS RTF, usually from internal administrative data, and submit the file to MCPs. The process is similar to the ECM RTF, but the format and fields are different. • **Member Assessments and IHSPs:** Similar to ECM, housing CS providers complete these initially and update them periodically as the member's conditions, needs, and preferences change. These are created based on both member conversations and other available data about the member (e.g., medical records). These are usually stored only in the CS providers' internal documentation system.
How MCPs Access the Data	• **Referrals:** CS providers and other partners submit to MCPs via either individual submissions (e.g., PDF referral forms sent via secure fax or email), via the provider portal, and/or via electronic files for batch referrals. For housing CS, Counties and Continuums of Care (CoCs) often make batch referrals based on HMIS data. • **Authorizations:** MCPs can pull data internally from their clinical documentation systems and/or data warehouses. • **Utilization Data:** CS providers record services provided to the member in their documentation systems and extract data regularly. They may submit either claims, encounters, or invoices to MCPs. • **CS Provider RTF:** CS providers submit the RTF to the MCP electronically. • **Member Assessments and IHSPs:** As with ECM, MCPs may request copies if needed, but these usually are not available in a format that is readable by data systems. Per DHCS guidance, MCPs may not require CS providers to use MCP portals for this documentation, but may offer it as an option.

Community Supports *(continued)*

Codes/Data Markers Related to Housing Status	
	• **Referral, Authorization, and Utilization Data:**

- **Referral, Authorization, and Utilization Data:**
  - Referral forms and fields currently vary by MCP. DHCS CS referral standards guidance is expected to be released in 2025, which will likely require some standardized fields and processes.
  - Utilization data may be submitted using claims or encounters, or in a different format agreed upon with the MCP based on DHCS' ECM and CS billing and invoicing guidance.
  - Both authorization and utilization data will use the below HCPCS codes from DHCS' ECM and CS coding guidance.

CS	HCPCS Level II Code(s) / Modifiers	HCPCS Code Descriptions
HTNS	H0043 / U6	Supported housing; per diem
	H2016 / U6	Comprehensive CS services; per diem
Housing Deposits	H0044 / U2	Supported housing, per month. Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post-Hospitalization Housing.
HTSS	T2040 / U6	Financial management, self-directed; per 15 minutes8
	T2050 / U6	Financial management, self-directed; per diem
	T2041 / U6	Support brokerage9, self-directed; per 15 minutes
	T2051 / U6	Support brokerage, self-directed; per diem
STPHH	H0043 / U3	Supported housing; per diem. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Transition/ Navigation Services.
	H0044 / U3	Supported housing; per month. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Deposits. U3
Recuperative Care	T2033 / U6	Residential care, not otherwise specified (NOS), waiver; per diem
Day Habilitation	T2012 / U6	Habilitation, educational; per diem
	T2014 / U6	Habilitation, prevocational; per diem
	T2018 / U6	Habilitation, supported employment; per diem
	T2020 / U6	Day habilitation; per diem
	H2014 / U6	Skills training and development; per 15 minutes
	H2038 / U6	Skills training and development; per diem
	H2024 / U6	Supported employment; per diem
	H2026 / U6	Ongoing support to maintain employment; per diem
Transitional Rent *(no sooner than July 2025)*	Proposed: H0044 / U6	Supported housing, per month. For use in Permanent settings (e.g., apartments, SRO, etc.)
	Proposed: H0043 / U2	Supported housing, per diem. For use in Interim settings (e.g., non-congregate shelters, hotel/motel rooms, etc.)

Codes/Data Markers Related to Housing Status *(continued)*	• **CS Provider RTF:** DHCS' [member-level information sharing guidance for CS](#) specifies the following data elements related to housing:		

Table	Field Name	Description	Housing Status
4	**Member Homelessness Indicator**	Provide only if there is an update to the existing Member Homelessness status. Identifier for if the member does not have an address and is experiencing "homelessness," as defined in the CalAIM 1115 Special Terms and Conditions VIII.62.a, available [here](#). If "homeless," enter "1"; if not or unknown, enter "0".	Meets DHCS' definition of homelessness at time of RTF.
4	**Member New Address Indicator**	Indicate with: "1" for new address or homelessness indicator; "0" for no change. CS Providers may indicate a new address for Members after engagement; they are expected to seek and share up-to-date addresses, where possible, particularly for those experiencing homelessness.	Varies; if 1, also look at New Address Indicator, Address, City, and Zip Code for updated address and use address algorithm if MCP has one.
4	**Member New Residential Address Indicator**	Provide only if there is an update to the existing member address information. CS Providers may complete data element as "HOMELESS" if the member is identified as homeless by the Member Homelessness Indicator.	Varies; if 1, also look at New Residential Address Indicator, Address, City, and Zip Code for updated address and use address algorithm if MCP has one.
5	**CS Indicators (multiple fields)**	Indicators for member receipt of each CS, including the housing CS. These should align with the authorization and claims information (but may not due to different data lags).	Varies by CS; see below.

	• **Member Assessments and IHSPs:** Formats, fields, and values vary among CS providers.
Identifying Housing Status Using this Data Source	• **Referral, Authorization, and Utilization Data:** ○ MCPs can identify housing status for members who are referred and authorized for CS, and members who use CS, based on the below table. ○ DHCS criteria sometimes allow for multiple housing statuses per program, so CS staff should advise on how this is operationalized locally. ○ Note that DHCS intends to update the eligibility criteria for some housing CS in an upcoming revised version of the policy guide, expected in Q2-2025; please review the below at that time for any significant updates.

CS	Housing Status	Likely Housing Status
HTNS	HTNS offers members support from a housing-focused case manager to help members find and secure stable housing. Members commonly receive HTNS while they are experiencing homelessness (DHCS definition) and are homeless from when they enter the service through the duration to the end of the service. Although HTNS could also be authorized for people who are at risk of homelessness (DHCS definition) at the time of initial referral, this is much less common; usually those individuals receive HTSS instead.	Experiencing homelessness
Housing Deposits	Housing Deposits offers financial assistance with move-in costs to help members secure stable housing. Members usually receive Housing Deposits when they move to housing after experiencing homelessness, although the service may be authorized earlier (e.g., 6- or 12-month authorization starting several months before the move-in date to allow time for use). However, Housing Deposits may also be authorized for and used by people who are housed but at risk of homelessness (DHCS definition) to help them become more stable.	Newly housed and formerly experiencing homelessness **AND/OR** At Risk of Homelessness

(Table continues on next page)

Community Supports *(continued)*

Identifying Housing Status Using this Data Source *(continued)*

(Table continued from previous page)

CS	Housing Status	Likely Housing Status
HTSS	HTSS offers members support from a housing-focused case manager to help members maintain stable housing. Members commonly are authorized for HTSS at or just after moving into permanent housing after experiencing homelessness (DHCS definition) and are housed during the service. However, HTSS may also be authorized for and used by people who are housed but at risk of homelessness (DHCS definition) to help them become more stable.	Newly housed and formerly experiencing homelessness **AND/OR** At Risk of Homelessness
STPHH	STPHH offers members interim housing with some assistance in stabilizing their health after a transition such as hospitalization or incarceration. Nearly all members are authorized for STPHH when they are experiencing homelessness (DHCS definition) and remain homeless for the duration of the service. However, STPHH may also be authorized for and used by people who are housed but at risk of homelessness (DHCS definition) in some cases.	Experiencing homelessness **AND/OR** At Risk of Homelessness
Recuperative Care	Recuperative care offers members interim housing with onsite health supports after a transition, such as hospitalization or incarceration. Nearly all members are authorized for recuperative care when they are experiencing homelessness (DHCS definition) and remain homeless for the duration of the service. Recuperative care may also be authorized for and used by people who are housed but at risk of homelessness (DHCS definition) in some cases.	Experiencing homelessness **AND/OR** At Risk of Homelessness
Day Habilitation	Day habilitation programs help members build skills to help them live independently (e.g. life skills classes, cooking, budgeting, conflict resolution, etc.). Members may be authorized for and receive Day Habilitation when they are currently experiencing homelessness (DHCS definition), when they have exited homelessness and entered housing within the last 24 months, and/or when they are at risk of homelessness or institutionalization.	Experiencing Homelessness **AND/OR** Housed and formerly experiencing homelessness within last 24 months **AND/OR** At Risk of Homelessness
Transitional Rent *(no sooner than July 2025)*	Transitional rent offers up to 6 months of funding for both interim housing placements and permanent housing placements to help members transition into stable housing. At the time of authorization, members must be currently homeless (DHCS definition) or at risk of homelessness (DHCS definition) as well as meeting clinical criteria and having an eligible transition event. During the program, members may be placed into interim housing (and would continue to be considered homeless) and / or into permanent housing settings (at which time they would be considered housed). MCPs can use the two different HCPCS codes to differentiate settings (see above).	Experiencing Homelessness **AND/OR** Newly housed and formerly experiencing homelessness **AND/OR** At Risk of Homelessness

Notes on Using the Data

- **POF data:** CS providers are encouraged to regularly update the POF, homeless indicator, and address on the RTF, but may not do so.

Additional Resources

- ECM and CS billing and invoicing guidance
- ECM and CS coding guidance
- member-level information sharing guidance for CS

Plan/Provider Screening or Assessment

Description	MCP staff often conduct member screenings and assessments as part of care and utilization management, many of which include questions on housing status. For example, the Screening and Transition of Care Tools for Medi-Cal Mental Health Services have a question about housing status even though they do not assess directly for housing-related interventions.
	Some tools reach broad groups of members, such as the required Health Information Form (HIF)/Member Evaluation Tool (MET) and the modified Health Risk Assessment (HRA) for the Population Health Management (PHM) program. Other tools reach far fewer people, perhaps several thousand per year at the larger plans or hundreds at smaller plans.
How MCPs Access the Data	Some screenings and assessments are contracted out or conducted at the provider level, with data either staying with the provider or being reported to the MCP. Other assessments are conducted by MCP staff and documented in the Clinical Data System. Depending on how it is shared and stored, housing status data from these assessments may be difficult to access and MCPs should carefully assess whether the expected volume and use cases are valuable, given the potential expense to achieve data integration.

Other

Description	MCPs may have other data sources, such as member service referrals from a social service platform (e.g., FindHelp.org, 1degree.org), Health Information Exchange platform, Community or Social Health Information Exchange platform, or participation in a local AB210 homeless multidisciplinary team. MCPs should use caution as many of these ad hoc sources have low volume or are difficult to use.
How MCPs Access the Data	Methods to access other data types vary by source.

ENDNOTES

[1] At the time of publication, this webpage is no longer available via the U.S. Department of Housing and Urban Development (HUD). The original page provided detail on HMIS data standards established by HUD, the U.S. Department of Health and Human Services, and the U.S. Department of Veterans Affairs. Users can consider accessing the information via "Wayback Machine" at: https://web.archive.org/web/20250205162225/https://www.hudexchange.info/resource/3824/hmis-data-dictionary/. CHCS will update the link if the page becomes available.

[2] This webpage is no longer available via HUD Exchange, which is funded by HUD. The original page provided guidance on HMIS data standards. Readers can consider accessing the information via "Wayback Machine" at: https://web.archive.org/web/20250131221311/https://www.hudexchange.info/programs/. CHCS will update the link if the page becomes available.

[3] This webpage is no longer available via HUD Exchange, which is funded by HUD. The original page linked to a related interactive tool. Readers can consider accessing the information via "Wayback Machine" at: https://web.archive.org/web/20250205162716/https://www.hudexchange.info/programs/hmis/hmis-data-standards/. CHCS will update hyperlinks when available.

[4] This webpage is no longer available via HUD Exchange, which is funded by HUD. The original page linked to Appendix A of the FY 2024 HMIS Data Standards Manual, which details living situation response categories and descriptions collected via HMIS. Readers can consider accessing the information via "Wayback Machine" at: https://web.archive.org/web/20240730061348/https://www.hudexchange.info/programs/hmis/hmis-data-standards/standards/appendix-a-living-situation-response-categories-descriptions/. CHCS will update the link if the page becomes available.