Community Supports (CS)
Reporting Files and Definitions

Return Transmission File Definitions

Member CIN #	Also known as client identification number, a unique 10-digit character for each enrollee under the state program. *Example: 12345678D9*
Member First Name	The first name of the member.
Member Last Name	The last name of the member.
Member Date of Birth	Utilize the following format: *(MM/DD/YYYY)*
Member Homeless Indicator	Identifier for if the member is experiencing homelessness (defined in Enhanced Care Management (ECM) policy guide). • Homeless = 1 • If not, or unknown = 0
Member New Address	This determines if a member had a change in address during the reporting period. • New Address = 1 • No Change in Address = 0 Providers should verify the address information on file to ensure accuracy.
Member New Residential Address	Provide only if there is an update to the existing member address information
Member New Residential City	Provide only if there is an update to the existing member address information
Member New Residential Zip Code	Provide only if there is an update to the existing member address information
Member Medi-Cal County	The member's Medi-Cal assigned county, per the eligibility portal (should reflect the assigned county and not the county the member resides in, if different)
Member New Phone Number Indicator	This determines if a member's phone number changed during the reporting period. • New Phone Number = 1 • No Change in Phone Number = 0

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Member New Phone Number	Provide only if there is an update to the existing member phone number information Utilize the following format: (*0000000000)*
Member Preferred Language (Spoken)	Language members have indicated as their preferred spoken language
Member Preferred Language (Written)	Language members have indicated as their preferred written language
Preferred Member Contact Method	Member's preferred method of contact: Options: 1. Call; 2. Text; 3. In-Person Outreach; 4. Email; 5. Unknown
HCPCS	**Information will be present on the ASF and transferred to the RTF. Not required for providers to complete**
HCPCS Description	**Information will be present on the ASF and transferred to the RTF. Not required for providers to complete**
Community Supports (CS) Services (Columns R-AC)	Identifier for CS services the member is eligible for or has a current TAR for • 1 = Yes • 0 = No
Transitional Rent Population of Focus Options	Only required if 1 was selected for transitional rent
Transitional Rent Household Size	Required only IF selecting 1. Yes, that member is receiving Transitional Rent
CS Authorization Number	MCP-Generated TAR Number (For enrolled members)
CS Service Delivery Start Date	Date member started receiving active CS services from provider
Authorization Effective Start Date	Start date indicated on TAR
Authorization Effective End Date	End date indicated on TAR

Status of Member Engagement	One reason code per member. Reason code: 1. Pending Outreach; 2. Currently in Outreach; 3. Currently Delivering Service; 4. Services Discontinued. If selecting "4. Services Discontinued," please complete Column AO "Discontinuation Reason Code"
Referral Status	Status codes include: 1. Accepted; 2. Declined; 3. Pending; 4. Outreach Initiated; 5. Referral Loop Closed. For additional details on how to use the codes above, please see the DHCS Closed-Loop Referral Implementation Guidance.
Date of Referral Status	Calendar date when a change or update occurs in a member's referral status
Reason for Referral Loop Closure	Required if selecting "5. Referral Loop Closed" in the Referral Status field. One reason code per member. Reason codes will include 1. Services Received; 2. Service Provider Declined; 3. Unable to Reach Member; 4. Member No Longer Eligible for Services; 5. Member No Longer Needs Services or Declines Services; 6. Other. Some closure reasons will be provided by the managed care plan.
Community Supports Service Delivery End Date	Final calendar date that a member actually receives a specific CS service or completes their engagement with the provider
Discontinuation Reason Code	Required only if "4. Services Discontinued" was selected in Column AJ "Status of Member Engagement"
Discontinuation Reason "text"	Required only if "16. Other" was selected in Column AO "Discontinuation Reason Code"
Community Supports Provider Return Transmission File Production Date	Utilize the following format: *(MM/DD/YYYY)* Date CS provider produces data for file or date of last data entry.

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Community Supports Provider Return Transmission File Reporting Period	Utilize the following format: (*MM/DD/YYYY.MM/DD/YYYY*) Calendar month for the reporting period.
CS Provider Name	The CS provider that the members are assigned to.
CS Provider National Provider Identifier **(NPI)**	A unique identification number for covered healthcare providers. This is a requirement to provide the CS benefit.
CS Provider Phone Number	Utilize the following format: (*0000000000)*