

**CalAIM Audit and Oversight:
Look-Back Period:**

Member No. Member Name:		CIN:	
Documentation Type/Name	Description	Provided Y/N If No, please explain why	
Intake and Authorization Forms	<p>A set of documents completed typically at the beginning of a member’s enrollment into a program. They establish the legal, clinical, and logistical framework for care delivery and communication. These forms are essential for ensuring that services are provided ethically, safely, and in alignment with regulatory requirements.</p> <p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Consent Forms • HIPAA Authorization Forms • Disclosure Forms • Demographic and Contact Information Forms • Authorized Representative Documentation • Screenings • Program-Specific Acknowledgments 	<p>Provided:</p> <p>Notes/Comments:</p>	
Outreach/Encounter Logs	<p>A tracking tool used to document service delivery activities provided to members. It helps ensure accountability, consistency, and transparency in care coordination. This log typically includes, but is not limited to, the following details:</p> <ul style="list-style-type: none"> • <i>Date of service</i> – When the outreach or encounter occurred. • <i>Type of service</i> – The nature of the interaction (e.g., phone call, in-person visit, care coordination, follow-up). • <i>Start and end time</i> – Duration of the service provided. 	<p>Provided:</p> <p>Notes/Comments:</p>	

	<ul style="list-style-type: none"> • <i>Comments</i> – Notes or observations relevant to the member’s care, needs, or next steps. <p>This document supports care teams in monitoring member engagement, identifying service gaps, and maintaining accurate records for reporting and compliance purposes.</p>	
<p>Progress Notes</p>	<p>Progress notes are structured narrative summaries used to document a member’s experience and engagement throughout their care journey. Typically written in a standardized format such as SOAP (Subjective, Objective, Assessment, Plan), these notes offer a clear and comprehensive view of the member’s challenges, progress, and responses to services over time. They help care teams:</p> <ul style="list-style-type: none"> • Track goal achievement and changes in the member’s condition or circumstances. • Demonstrate consistent documentation of services provided. • Support care coordination by offering insight into the member’s needs, interventions, and outcomes. • Ensure compliance with clinical and program standards. <p>Progress notes are essential for maintaining continuity of care and for evaluating the effectiveness of services delivered.</p>	<p>Provided:</p> <p>Notes/Comments:</p>
<p>Culturally and Linguistically Appropriate Care</p>	<p>Please describe how your organization assesses and integrates members’ cultural and linguistic needs into the delivery of services to ensure care is responsive, inclusive, and person-centered. This may include:</p>	<p>Provided:</p> <p>Notes/Comments:</p>

	<ul style="list-style-type: none"> • Identifying language preferences and providing interpreter services when needed • Offering vision and/or hearing accommodations • Documenting and honoring preferred names and pronouns • Recognizing and respecting gender identity • Acknowledging nationality, tribal affiliation, ethnicity, or race <p>Additionally, please share any internal staff training efforts that help ensure team members are aware of and equipped to respond to these preferences appropriately. These practices help promote equity, build trust, and ensure services are delivered in a culturally respectful and linguistically appropriate manner.</p>	
COMMUNITY SUPPORTS SERVICES		
<p>Housing Assessment, Tenant Screening</p>	<p>To better understand and support your organization’s approach to housing-related services, please share documentation that demonstrates how you assess and incorporate members’ preferences and barriers related to successful tenancy. This may include:</p> <p><i>Preferences</i></p> <ul style="list-style-type: none"> • Number of individuals in the household • Presence of pets • Type of preferred housing (e.g., apartment, shared housing, single-family home) <p><i>Barriers</i></p> <ul style="list-style-type: none"> • History of eviction 	<p>Provided:</p> <p>Notes/Comments:</p>

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	<ul style="list-style-type: none"> • Criminal justice involvement (e.g., arrests, charges, convictions) • Lack of required documentation (e.g., ID, income verification) • Lack of income or unstable financial situation <p>Additionally, please include any assessment tools or workflows your team uses to:</p> <ul style="list-style-type: none"> • Identify members' housing needs • Evaluate potential barriers to housing transitions • Address housing retention challenges <p>Please include any tools, templates, checklists, workflows or internal guidance documents used by staff during this process.</p>	
<p>Individualized Housing Support Plan</p>	<p>To better understand your organization's approach to housing support, please share documentation that demonstrates how you develop Individualized Housing Support Plans based on housing assessments. These plans should reflect:</p> <ul style="list-style-type: none"> • Short- and long-term measurable housing goals tailored to each member • Identified barriers to obtaining and maintaining housing (e.g., eviction history, criminal background, lack of documentation or income) • Member preferences such as household size, pet ownership, and preferred housing type <p>Please include any tools, templates, checklists, workflows or internal guidance documents used by staff during this process.</p>	<p>Provided:</p> <p>Notes/Comments:</p>

<p>Assisting in Securing Housing and Benefits Advocacy</p>	<p>To better understand your organization’s efforts in assisting members with housing and benefits, please share documentation that demonstrates how your team supports members in the following areas:</p> <p><i>Housing Support</i></p> <ul style="list-style-type: none">• Searching for appropriate housing options based on member needs and preferences• Assisting with housing applications and gathering required documentation (e.g., Social Security card, birth certificate, ID)• Identifying and securing resources to cover housing-related expenses such as:<ul style="list-style-type: none">○ Security deposits○ Moving costs○ Adaptive aids○ Environmental modifications <p><i>Benefits Advocacy</i></p> <ul style="list-style-type: none">• Supporting members with applications for benefits such as:<ul style="list-style-type: none">○ Supplemental Security Income (SSI)○ HUD Housing Choice Voucher/Section 8• Navigating eligibility requirements and documentation processes <p>Please include any tools, templates, checklists, workflows or internal guidance documents used by staff during this process.</p>	<p>Provided:</p> <p>Notes/Comments:</p>
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<p>Landlord Education, Coaching, Assistance and Advocacy</p>	<p>To better understand your organization’s efforts in promoting housing stability and successful tenancy, please share documentation that demonstrates how you support both landlords and tenants through education, coaching, and housing retention strategies. This may include:</p> <p><i>Education and Coaching</i></p> <ul style="list-style-type: none">• Training materials or resources that explain the roles, rights, and responsibilities of both tenants and landlords• Coaching provided to tenants on how to develop and maintain positive relationships with landlords or property managers• Support provided to landlords working with tenants who may have complex needs <p><i>Housing Retention and Transition Support</i></p> <ul style="list-style-type: none">• Procedures and workflows for identifying, arranging, and supporting move-in logistics, including:<ul style="list-style-type: none">○ Security deposits○ Moving costs○ Adaptive aids○ Environmental modifications• Established protocols for housing retention, including:<ul style="list-style-type: none">○ Development of housing crisis plans○ Access to prevention and early intervention services when housing is at risk• Support in resolving disputes between tenants and landlords or neighbors	<p>Provided:</p> <p>Notes/Comments:</p>
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	<ul style="list-style-type: none"> • Assistance in developing repayment plans or identifying funding sources when members owe back rent or have caused unit damage <p>Please include any tools, templates, checklists, workflows or internal guidance documents used by staff during this process.</p>	
Specifically for Housing Deposits	<p>In addition to previously requested housing-related documents, please include the following items to support the provision of housing deposit assistance:</p> <ul style="list-style-type: none"> • Signed copy of the lease or rental agreement • Billing invoices, receipts, or proof of payment (e.g., copy of check or payment confirmation made to landlord or property manager) • Verification of housing-related expenses (e.g., security deposit, first month’s rent) • Unit/Housing Safety Walkthrough Checklist or report • Correspondence with landlord/property manager <p>These documents help ensure transparency, accountability, and alignment with program requirements when supporting members with housing deposits and move-in assistance.</p> <p>Please include any tools, templates, checklists, workflows or internal guidance documents used by staff during this process.</p>	<p>Provided:</p> <p>Notes/Comments:</p>
Recuperative Care (Medical Respite) Program	<p>To support a complete understanding of your organization’s Recuperative Care (medical respite) program and its implementation, please provide the following documentation:</p>	<p>Provided:</p> <p>Notes/Comments:</p>

	<p><i>Member-Level Documentation</i></p> <ul style="list-style-type: none">• Intake/Initial Assessment: Documentation capturing the member’s medical and housing needs, preferences, and barriers• Care Plan or Equivalent: A document outlining the member’s goals, check-in dates, summaries of encounters, and progress updates• Discharge Documentation: Records showing the member’s exit from an inpatient setting (e.g., hospital discharge summary, corrections facility release documents), if applicable <p><i>Program-Level Documentation</i></p> <p>Please provide a detailed description of your Recuperative Care program, including:</p> <ul style="list-style-type: none">• Setting Details: Description of the interim housing setting (individual or shared), which must include:<ul style="list-style-type: none">○ A bed and meals○ Monitoring of the member’s ongoing medical or behavioral health condition (e.g., vital signs, wound care, medication monitoring)○ Support for recuperation and recovery, including assistance with activities of daily living (ADLs) and, when applicable, instrumental ADLs (IADLs)• Service Coordination:<ul style="list-style-type: none">○ Coordination of transportation to post-discharge medical appointments	
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	<ul style="list-style-type: none">○ Connection to ongoing services such as mental health and substance use disorder treatment○ Support in accessing benefits and housing resources○ Case management to help members gain stability and engage with long-term programs● Quality and Process Improvement:<ul style="list-style-type: none">○ Alignment with broader healthcare quality standards (e.g., hospital discharge planning, post-acute care, chronic disease management)○ Continuous evaluation and refinement of care processes, including use of data to monitor outcomes, identify gaps, and implement evidence-based improvements○ Staff training and development plans to ensure delivery of trauma-informed, person-centered care to vulnerable populations <p><i>Additional Materials</i> Please include any relevant materials such as:</p> <ul style="list-style-type: none">● Brochures or informational packets provided to members● Internal workflows or protocols used by staff● Forms or checklists <p>These materials will help clarify how your organization supports members during critical recovery periods and promotes health, housing stability, and continuity of care.</p>	
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<p>Short-Term Post Hospitalization Housing (STPHH) Program</p>	<p>To support a complete understanding of your organization’s STPHH program and its implementation, please provide the following documentation:</p> <p><i>Member-Level Documentation</i></p> <ul style="list-style-type: none"> • Intake/Initial Assessment: Documentation capturing the member’s housing needs, preferences, and barriers • Care Plan or Equivalent: A document that outlines the member’s goals, check-in dates, and summaries of encounters • Discharge Documentation: Records showing the member’s exit from an inpatient setting (e.g., hospital discharge summary, corrections facility release documents) • Documentation of case management activities that help members access additional housing supports through Housing Transition Navigation <p><i>Program-Level Documentation</i></p> <p>A comprehensive description of your STPHH program, including:</p> <ul style="list-style-type: none"> • Daily routines and structure of services • Staffing model and roles • Coordination of care and transition planning • Setting details: Whether the interim housing is individual or shared, and how it provides necessary supports for: <ul style="list-style-type: none"> ○ Recuperation and recovery ○ Gaining or regaining the ability to perform activities of daily living 	<p>Provided:</p> <p>Notes/Comments:</p>
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	<ul style="list-style-type: none"> ○ Receiving medical, psychiatric, or substance use disorder care ● Any program materials such as: <ul style="list-style-type: none"> ○ Brochures ○ Informational packets ○ Internal workflows or protocols ○ Housing safety walkthrough forms or checklists <p>These materials will help clarify how your organization supports members during critical transitions and promotes recovery and housing stability.</p>	
<p>Medically Tailored Meals/Groceries (MTM/G) Program</p>	<p>To support a complete understanding of your organization’s MTM/G Program and its implementation, please provide the following documentation:</p> <p><i>Member’s Record Documentation</i></p> <p>Please submit the following for each participating member:</p> <ul style="list-style-type: none"> ● Selected Dietary Meal Plan <ul style="list-style-type: none"> ○ Include a detailed description of the meal plan tailored to the member’s medical and nutritional needs. ○ Specify how the plan meets at least 2/3 of daily nutrient and energy needs. ● Nutritional Consultation Notes <ul style="list-style-type: none"> ○ Document any assessments, recommendations, or follow-ups by a Registered Dietitian (RDN) or qualified clinical staff. ○ Include notes from initial and ongoing consultations. 	<p>Provided:</p> <p>Notes/Comments:</p>

	<ul style="list-style-type: none">• Meal Delivery Log<ul style="list-style-type: none">○ Track dates, times, and addresses of deliveries.○ Note any issues (e.g., missed deliveries, address errors, meals not consumed). <p><i>Nutrition Education/Coaching/Training Dates</i> Provide a log of all education sessions (individual or group) including:</p> <ul style="list-style-type: none">• Date• Type of session (e.g., cooking demo, health coaching, nutrition education)• Topics covered <p><i>Tailoring to Clinical Needs</i> Show how meals and interventions are customized to each member's:</p> <ul style="list-style-type: none">• Diagnoses• Symptoms• Allergies• Medications• Side effects <p>Include documentation that RDNs or qualified clinical staff were involved in:</p> <ul style="list-style-type: none">• Determining dietary therapies• Overseeing appropriateness of meals and education <p><i>Outreach Practices</i> Describe your member outreach workflow, including:</p> <ul style="list-style-type: none">• Frequency of contact (e.g., weekly check-ins)• Methods (phone, in-person, text, etc.)	
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	<ul style="list-style-type: none"> • How you address issues like missed meals or preference mismatches <p>These materials will help clarify how your organization supports members through structured MTM/G services that address nutrition-sensitive conditions, promote health outcomes, and ensure clinically appropriate, individualized care.</p>	
<p>Personal Care and Homemaker Services (PCHS) Program</p>	<p>To support a complete understanding of your organization’s implementation of the PCHS program, please provide the following documentation:</p> <p><i>Member-Level Documentation</i></p> <ul style="list-style-type: none"> • Initial Intake/Assessment: Documentation capturing the member’s personal care and homemaker needs, preferences, and any barriers • Visit Log: A record of each service visit, including dates, times, type of support provided, and hours utilized • Care Plan or Equivalent: A document outlining the member’s goals, check-in dates, summaries of encounters, and services provided <p><i>Service Scope</i></p> <p>Documentation should reflect services provided under PCHS, including:</p> <ul style="list-style-type: none"> • Activities of Daily Living (ADLs) <ul style="list-style-type: none"> ○ Bathing ○ Dressing ○ Toileting ○ Ambulation 	<p>Provided:</p> <p>Notes/Comments:</p>

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	<ul style="list-style-type: none"> ○ Feeding ● Instrumental Activities of Daily Living (IADLs) <ul style="list-style-type: none"> ○ Meal preparation ○ Grocery shopping ○ Money management ● IHSS-Related Services <ul style="list-style-type: none"> ○ House cleaning ○ Laundry ○ Personal care services (e.g., bowel and bladder care, grooming, paramedical services) ○ Accompaniment to medical appointments ● Protective supervision for members with mental impairments <p><i>Electronic Visit Verification (EVV) – If Applicable</i> Please provide any relevant documentation that demonstrates compliance with EVV requirements, including:</p> <ul style="list-style-type: none"> ● Confirmation of EVV system registration ● Training materials (e.g., policies, procedures, or staff guidance documents) ● Usage reports such as visit verification logs or system-generated records <p>These materials will help clarify how your organization supports members through PCHS services and ensures compliance with program standards and documentation requirements.</p>	
(Caregiver) Respite Services Program	To support a complete understanding of your organization’s implementation of Caregiver Respite	<p>Provided:</p> <p>Notes/Comments:</p>

	<p>Services program, please provide the following documentation:</p> <p><i>Member-Level Documentation</i></p> <ul style="list-style-type: none">• Intake/Initial Assessment: Documentation capturing the member’s care needs, preferences, and any barriers to receiving respite services• Visit Log: A record of each respite service visit, including dates, times, and type of support provided• Care Plan or Equivalent: A document outlining the member’s goals, check-in dates, summaries of encounters, and hours of respite services utilized <p><i>Service Requirements</i></p> <p>Please ensure documentation reflects that:</p> <ul style="list-style-type: none">• Respite services are provided in-person only (not virtually or via telehealth)• Services may include day or overnight care on a short-term basis due to the absence or need for relief of the primary caregiver• Staff attend to the member’s basic self-help needs and support activities of daily living, including:<ul style="list-style-type: none">○ Interaction and socialization○ Continuation of typical routines○ Emotional and physical support during the caregiver’s absence <p><i>Electronic Visit Verification (EVV) – If Applicable</i></p> <p>Please provide any relevant documentation that demonstrates compliance with EVV requirements, including:</p>	
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	<ul style="list-style-type: none"> • Confirmation of EVV system registration • Training materials (e.g., policies, procedures, or staff guidance documents) • Usage reports such as visit verification logs or system-generated records <p>These materials will help clarify how your organization supports caregivers and members through structured, in-person respite services while maintaining compliance and promoting continuity of care.</p>	
<p>Day Habilitation Program</p>	<p>To support a complete understanding of your organization’s Day Habilitation Program and its implementation, please provide the following documentation:</p> <p><i>Member-Level Documentation</i></p> <ul style="list-style-type: none"> • Visit/Attendance Log: A record of member participation, including dates of attendance and services received. <p><i>Program-Level Documentation</i></p> <ul style="list-style-type: none"> • Detailed Overview of the Program: A summary of your Day Habilitation Program’s goals and objectives, including how it supports members in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in their natural environment. • List of Program Services Offered: Please include a list of services provided to help members develop skills for independent living. Services may include, but are not limited to: 	<p>Provided:</p> <p>Notes/Comments:</p>

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	<ul style="list-style-type: none"> ○ Training on the use of public transportation ○ Conflict resolution and personal skills development ○ Developing and maintaining interpersonal relationships ○ Daily living skills (e.g., cooking, cleaning, shopping, money management) ○ Locating and choosing suitable housemates ○ Managing personal financial affairs ● Class Summary: A brief outline of the classes offered, highlighting the specific skills targeted (e.g., cooking, conflict resolution, daily living skills, etc.) ● Training Materials: Please share any relevant handouts, worksheets, guides, or visual aids that support the learning objectives and demonstrate how the program benefits members. <p>These materials will help clarify how your organization supports members through structured habilitation services that promote independence, skill development, and community integration.</p>	
<p>Sobering Centers Program</p>	<p>To support a complete understanding of your organization’s Sobering Centers Program and its implementation, please provide the following documentation:</p> <p><i>Member-Level Documentation</i></p> <ul style="list-style-type: none"> ● Visit Log: A record of member visits, including dates, times, services provided, and any follow-up actions taken. 	<p>Provided:</p> <p>Notes/Comments:</p>

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	<p><i>Program-Level Documentation</i></p> <ul style="list-style-type: none"> • List of Program Services Offered: Please provide a detailed list of services designed to promote a safe and supportive environment that helps members become sober. Services may include: <ul style="list-style-type: none"> ○ Medical triage and lab testing ○ Temporary bed and rest area ○ Rehydration and food service ○ Treatment for nausea, wound care, and dressing changes ○ Shower and laundry facilities ○ Substance use education and counseling ○ Navigation and warm hand-offs to additional substance use services or other necessary health care services ○ Homeless care support services • Setting Description: Please submit documentation confirming that the Sobering Center provides services primarily to individuals who are homeless or experiencing unstable living situations, and that the service is covered for a duration of less than 24 hours. <p>These materials will help clarify how your organization supports members in crisis and promotes pathways to recovery through structured sobering service.</p>	
<p>Other (Please include Documentation Name/ Type):</p>	<p>Please include description:</p>	<p>Please include notes/comments:</p>