Closed-Loop Referrals for Intimate Partner Violence Services

A Workflow Guide for Managed Care Plan Operational & Clinical Staff

IPV Implementation Toolkit

What Is a Closed-Loop Referral — and Why It Matters

A closed-loop referral (CLR) goes beyond issuing a referral — it confirms service connection and feeds outcomes back to the originating provider. For IPV/DV services, this means an MCP or Primary Care Provider can verify that a member reached an advocate, shelter, or CBO **without compromising survivor safety or legal confidentiality protections.**

Under CalAIM, DHCS requires MCPs to implement ECM, ILOS, and PHM workflows that include social needs referral tracking. IPV is an explicit priority population. Closed-loop referral infrastructure is **not optional** — it is the mechanism by which MCPs demonstrate accountability for whole-person care.

The Closed-Loop Referral Workflow

1 Edcucation, Screen & Identify
- PHM / predictive analytics flags risk
- PCP screens: HARK or HITS tool
- CUES universal education delivered
- ICD-10 Z-codes documented in EHR

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2 Initiate Referral
- Survivor-led consent (ROI) captured
- Referral sent via CLR platform
- Care manager assigned to track
- Warm handoff call to DV org/CBO

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3 Service Delivery
- CBO/DV org accepts referral
- Survivor receives: safety planning, shelter, legal, and/or crisis support
- Care manager follows up at 30 days

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4 Close the Loop
- CBO reports status to platform
- MCP receives de-identified outcome
- EHR care plan updated
- Data feeds QI & HEDIS reporting

PRIVACY STEP 1	Screen privately: never with a partner or family member present — applies to telehealth. Verbal consent is required before any information is shared with third parties.
PRIVACY STEP 2	A signed Release of Information (ROI) is required before transmitting any PII. Use an encrypted, HIPAA-compliant referral platform. Never record the survivor's real address in shared systems — it is protected under the CA Address Confidentiality Program (ACP).
PRIVACY STEP 3	DV org communications are legally privileged under CA Evidence Code §1037. Staff cannot compel disclosure of abuse details. The survivor controls what is shared beyond intake.
PRIVACY STEP 4	Only de-identified or aggregate outcome data should return to the MCP or PCP unless the survivor provides explicit written consent. A Business Associate Agreement (BAA) is required across all entities sharing protected health information (PHI).

Data Sharing Partnership Tips

Effective data sharing between MCPs and DV/IPV organizations requires legal infrastructure, trust-building, and survivor-centered design. DV organizations are **not covered entities under HIPAA** — agreements must reflect their unique legal standing and confidentiality obligations.

Start Relational, Not Transactional

- Meet with DV org leadership before drafting any agreement
- Ask what they need from an MCP partner — then build from there
- Many CBOs have limited EHR access; budget for technical onboarding

Formalize the Right Agreements

- MOU: defines referral workflow, roles, consent protocol, and data governance
- BAA: required when PHI is shared between covered entities
- Data Sharing Agreement (DSA): data elements, use limits, retention schedule
- ROI: survivor-signed, limited in scope, withdrawable at any time

Data You CAN Share Back to MCP/PCP

- Referral status: accepted / enrolled / declined / unable to reach
- Service category (broad): shelter, legal, counseling — not specific details
- Aggregate, de-identified outcomes for QI reporting only

Data You Must NEVER Share Without Explicit Consent

- Survivor physical location or new address (ACP protected)
- Details of abuse, abuser identity, or incident specifics
- Children's school or childcare location
- Immigration status or financial account information
- Legal proceedings the survivor is involved in

Recommended Closed-Loop Referral Platforms in California

- Unite Us — structured CLR with outcome reporting; in use across multiple CA counties
- findhelp.org (Formally Aunt Bertha) — community resource directory with referral tracking capability
- 211 LA / 211 Helpline — county-level warm referral; verify CLR data-return functionality with your county
- All platforms must include: role-based access, encrypted transmission, consent capture, and audit logging (45 CFR §164.312)

Privacy & Compliance Resources

Review the following with your legal and compliance teams before implementation. All links are current as of 2026.

1. DHCS CalAIM Closed-Loop Referral Guidance & FAQ — *dhcs.ca.gov/calaim-transforming-medi-cal/closed-loop-referral-clr-frequently-asked-questions/*
2. DHCS Population Health Management Policy Guide (2026) — *dhcs.ca.gov/file/phm-policy-guide/*
3. DHCS APL 26-005 — Maternity Services for Pregnant & Postpartum Members — *dhcs.ca.gov/file/apl26-005-pdf/*
4. CalAIM Enhanced Care Management Policy Guide (Jan 2026) — *dhcs.ca.gov/wp-content/uploads/2026/05/CalAIM-ECM-Policy-Guide.pdf*
5. Privacy Principles for Protecting IPV Survivors — Futures Without Violence — *ipvhealth.org/health-professionals/educate-providers/*
6. Using Community Referral Platforms Safely with DV Survivors — Health Partners on IPV+E — *healthpartnersipve.org/resources/using-community-referral-technology-platforms-to-safely-connect-health-center-patients-with-community-based-domestic-violence-services/*
7. CalAIM Toolkit for Domestic Violence Providers — *sites.google.com/view/calaim-toolkit-dv-providers/home*