# Transitional Rent Model of Care Template

Due Date to DHCS: May 16, 2025

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## Overview

In preparation for the implementation of Community Supports in January 2022, the California Department of Health Care Services (DHCS) released the **Community Supports Model of Care (MOC) Template** for Medi-Cal managed care plans (MCPs) to confirm their Community Supports elections and demonstrate operational readiness. MCPs have since had the opportunity to resubmit the MOC Template every six months if they have changes to their Community Supports elections and/or corresponding policies and procedures.

Transitional Rent will be available to Members as a new, fifteenth Community Support. MCPs will provide up to 6 months of Transitional Rent for transitioning populations who meet certain clinical criteria and who are experiencing or at risk of homelessness.[[1]](#footnote-2)

**On July 1, 2025 MCPs may optionally go-live with Transitional Rent. ​MCPs opting to launch at this time may choose one or more Transitional Rent-eligible populations (herein referred to as “Populations of Focus”), subject to DHCS approval** (see list of Populations of Focus in Section 1 below). These Populations of Focus are sub-sets of the total eligible populations approved under the [BH-CONNECT demonstration](https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-bh-connect-ca-12162024.pdf). Upon receiving approval, MCPs will be required to continue offering Transitional Rent for each of the Populations of Focus they elect to cover for the duration of the BH-CONNECT demonstration.

**On January 1, 2026, MCPs will be required to offer Transitional Rent for Members who meet the Behavioral Health Population of Focus criteria.[[2]](#footnote-3)** Also at this time, MCPs may choose to cover additional Populations of Focus, subject to DHCS approval. MCPs will be required to continue offering Transitional Rent for each of the additional Populations of Focus they elect to cover for the duration of the BH Connect demonstration.

Please note: The Transitional Rent Populations of Focus are separate and distinct from the Enhanced Care Management (ECM) Populations of Focus. However, DHCS expects that engagement in ECM will be a referral point into Transitional Rent for many members.

DHCS is releasing this standalone Transitional Rent MOC Template as a vehicle for MCPs to demonstrate their readiness to offer Transitional Rent to DHCS.

* MCPs who opt to offer Transitional Rent starting on 7/1/2025 must submit responses to the questions in the template by 5/16/2025
* In advance of the 1/1/2026 mandatory go-live, all MCPs will be required to submit responses to the questions in the template by 7/1/2025.

**DHCS reserves the right to update the Transitional Rent MOC questions contained in this document.**

## Transitional Rent Populations of Focus and Provider Capacity

Please complete the following section to describe the MCP’s strategy for offering Transitional Rent.

Some questions specifically prompt the MCP to provide responses by county. Even if not prompted, the MCP should note any variations by county. If details vary substantially between counties, MCPs may submit multiple responses to questions or sections of the Transitional Rent MOC Template that are clearly labeled by county.

MCP submissions must include responses for all entities delegated and subcontracted to administer Transitional Rent. For questions related to authorizations for Transitional Rent, including both the adjudication standards and the documentation used for referrals and authorizations, the Prime MCP and their subcontractors must align all standards and Policies and Procedures.

### Populations of Focus

1. **Using the supplementary Excel template titled “Transitional Rent MOC Excel File Populations of Focus Final Elections” indicate which Populations of Focus in which county or counties will be served. A list of the Populations of Focus is available below for reference.**
   1. **Individuals who qualify for the Behavioral Health Population of Focus *(mandatory starting 1/1/26)***
   2. **Individuals transitioning of an institutional or congregate residential settings**
   3. **Individuals transitioning out of a carceral setting.**
   4. **Individuals transitioning out of interim housing.**
   5. **Individuals transitioning out of recuperative care or short-term post-hospitalization housing.**
   6. **Individuals transitioning out of foster care.**
   7. **Unsheltered homeless as described in 24 CFR part 91.5.**

**Note: For the Behavioral Health Population of Focus (I), individuals must meet the behavioral health clinical risk factors, the social factor, and must fall within one of the transitioning populations. For the Transitioning Populations of Focus (II-VII), individuals must meet the social risk factor and meet one or more of the clinical risk factors. See the** [**Appendix**](#_Appendix:_Transitional_Rent) **for additional details on the eligibility criteria for Transitional Rent.**

### Transitional Rent Provider Capacity

1. **Please describe the MCP’s approach to Transitional Rent Provider[[3]](#footnote-4) Network development. Please ensure the following components are addressed in the description.**
2. **Provider recruitment;**
3. **Provider contracting;**
4. **Provider payment;**
5. **Provider relations and performance;**
6. **Provider reporting;**
7. **Provider training, support and resources to meet Transitional Rent service requirements; and**
8. **Provider Network monitoring and expansion**

**Word limit: 500 words per county.**

1. **Provide a brief overview of the MCP’s approach to expanding Transitional Rent Provider network/capacity to ensure adequate provider capacity to serve all eligible Members in the county, including Members with significant behavioral health needs. Please ensure the following components are addressed:**
2. **The MCP’s process for assessing their membership’s need for Transitional Rent, including those with significant behavioral health needs.**
3. **Engaging with County Behavioral Health Agencies (Note: MCPs must ensure that County Behavioral Health Agencies are provided with the “Right of First Refusal” to become Transitional Rent Providers.)**

**Word limit: 500 words**

## II. Transitional Rent Implementation

### Policies and Procedures

For each question in this section, attach the MCP Policies and Procedures for delivery of Transitional Rent. Provide the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked. If the response to this question is included in a response to a different question (e.g., if the MCP developed one (1) Policies and Procedures document for identifying Members for Transitional Rent **and** authorizing Members for Transitional Rent), add a cross-reference in the appropriate table.

#### MCP Responsibility for Administration of Community Supports

1. **Provide Policies and Procedures describing how Transitional Rent will be provided to eligible Members. Define the settings the MCP intends to prioritize (i.e., permanent or interim), along with the strategies the MCP intends to deploy to connect Members with permanent housing at the expiration of six months or sooner. This may include HUD vouchers or other federal, state or locally-funded subsidies, including housing interventions funded under the Mental Health Services Act (MHSA), and effective July 1, 2026, under the Behavioral Health Services Act (BHSA). Please also indicate if the MCP intends to pursue partnerships with one or more Flexible Housing Subsidy Pools (“Flex Pools”).**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

#### Transitional Rent Providers

1. **Provide Policies and Procedures describing how the MCP will vet the qualifications of Transitional Rent Providers for whom a state-level Medi-Cal enrollment pathway does not exist. Please describe the Transitional Rent Provider’s role and responsibilities in the delivery of Transitional Rent - i.e., if they directly connect Members to housing, or if they serve as a community care hub and contract with organizations that provide housing – along with their experience and expertise in the delivery of Transitional Rent and other supportive housing services (e.g., the Housing Trio). Please indicate whether the Provider serves as a lead entity or as a participant in a Flex Pool, as applicable.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

#### Identifying Members for Transitional Rent

1. **Provide Policies and Procedures describing how the MCP will identify Members who may benefit from Transitional Rent, drawing on experience to date managing the Housing Trio Community Supports as well ECM for the relevant Population of Focus.** **The response should particularly focus on hard-to-reach populations and individuals with significant behavioral health needs. Include processes for how the MCP will accept requests for Transitional Rent from contracted and non-contracted providers, including other community-based entities (e.g., Continuum of Care organizations and public housing agencies), County Behavioral Health Delivery System, along with Members and their families.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

1. **Provide the written notices and/or call scripts for informing Members of:** 
   1. **The transition to Community Supports, and specifically Transitional Rent, from other programs;**
   2. **Community Supports for which they may be eligible;**
   3. **Community Supports where a Member is automatically eligible when the Member is authorized for Transitional Rent (i.e., Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services); and**
   4. **The transition to non-Medi-Cal housing subsidies and supports that create a path to permanent, stable housing for Members transitioning out of Transitional Rent.**

**Submit the template notice(s) and call script(s) for review.**

**MCP Member Notice(s) (List the file name(s)):**

**MCP Call Script(s) (List the file name(s)):**

**Provide brief additional information, as needed:**

#### Authorizing Members for Transitional Rent and Communication of Authorization Status

1. **Provide Policies and Procedures describing how the MCP will authorize Transitional Rent for eligible Members in a medically appropriate, equitable, and non-discriminatory manner. Please address the MCP’s approach to monitoring and evaluating Transitional Rent authorizations to ensure they are equitable, non-discriminatory, and timely, and what immediate actions the MCP will take if evaluation findings identify instances where service authorizations have had an inequitable effect.**

**As mentioned above, the Prime MCP and their subcontractors must align all standards and Policies and Procedures pertaining to authorizations, including both the adjudication standards and the documentation used for referrals and authorizations. This requirement applies to each Community Support commonly offered across a prime and its subcontractors.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

1. **Streamlined Authorization Procedures: Provide Policies and Procedures describing the processes the MCP has developed to streamline authorizations with contracted County Behavioral Health Provider(s). Please describe the circumstances in which the MCP and County Behavioral Health Provider(s) have determined the streamlined authorization procedures will apply and how the notice of such authorizations will be transmitted from the County Behavioral Health Provider(s) to the MCP, so that the MCP can quickly determine eligibility and process the request for authorization.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

1. **Provide Policies and Procedures for other situations that may be appropriate for expedited authorization or presumptive authorization/pre-authorization of Transitional Rent. MCPs are encouraged to work with Transitional Rent Providers to define a process and appropriate circumstances for presumptive authorization or pre-authorization of Transitional Rent whereby select Transitional Rent Providers would be able to directly authorize Transitional Rent, potentially only for a limited period of time, under specified circumstances, such as when a delay would be harmful to the Member or compromise their ability to secure housing.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

1. **Provide Policies and Procedures for how the MCP will discontinue, or deauthorize, Transitional Rent for Members who either no longer qualify for, or no longer require the service. Please be sure to describe how the MCP intends to track and monitor the following scenarios:**
2. **Members who have met CMS’ global health-related social needs (HRSN) cap of a combined 6 months of HRSN housing interventions per rolling 12-month period (e.g., two months of Short-Term Post-Hospitalization Housing and four months of Transitional Rent);**
3. **Members who have received the maximum of 6 months of Transitional Rent allowed by CMS during the demonstration period; and**
4. **Members who have transitioned to other housing programs or permanent settings.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

#### Referring Members to Transitional Rent Providers

1. **Provide Policies and Procedures describing how the MCP will refer Members who are eligible for Transitional Rent to Transitional Rent Providers, including the timeline the MCP intends to follow to make the referral. For Members enrolled in the County Behavioral Health delivery system, address how the MCP will work with County Behavioral Health Provider(s) to receive referrals for Transitional Rent and connect such Members with contracted Transitional Rent Providers, especially in the event that the County Behavioral Health Provider is not contracted with the MCP to deliver Transitional Rent.**

**Word limit: 500 words per Population of Focus.**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

1. **Provide Policies and Procedures describing how the MCP will ensure each Member authorized to receive Transitional Rent: 1) agrees to the receipt of Transitional Rent and 2) how authorization will be obtained for data sharing when required by federal law (Note: MCPs are not obligated to obtain authorization for data sharing when not required by federal law). Indicate which entity (i.e., the MCP or the Transitional Rent Provider) will obtain Member agreement and data sharing authorization and how this will be documented.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

#### Confirming Automatic Eligibility For & Referring Members to ECM and the “Housing Trio” Community Supports

1. **Provide Policies and Procedures describing how the MCP will ensure Members who are determined eligible for Transitional Rent will automatically be determined eligible for ECM and the Housing Trio (i.e., Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, and/or Housing Deposits). Please include in this description the process the MCP will follow to notify the Member of their eligibility for ECM and the Housing Trio.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

1. **Provide Policies and Procedures describing how the MCP will refer Members who are determined eligible for Transitional Rent (and thus automatically eligible for ECM) to an ECM Provider. Please also indicate the timeline the MCP intends to follow to make the referral, along with the efforts the MCP intends to deploy to follow up with the Member to promote enrollment in ECM.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

1. **Provide Policies and Procedures describing how the MCP will refer Members who are determined eligible for Transitional Rent (and thus automatically eligible for the Housing Trio) to Housing Transition Navigation Services and Housing Tenancy and Sustaining Services Provider(s). Please also indicate the timeline the MCP intends to follow to make the referral, along with the efforts the MCP intends to deploy to follow up with the Member to promote enrollment in Housing Transition Navigation Services and Housing Tenancy and Sustaining Services Provider(s).**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

1. **Provide Policies and Procedures describing how the MCP will refer Members who are determined eligible for Transitional Rent (and thus automatically eligible for the Housing Trio) to Housing Deposits. Please indicate if the Housing Deposits Provider will also provide Transitional Rent. If there are instances where there will be two separate providers for these services, please indicate how the MCP will promote seamless coordination for the Member.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

### Data System Requirements and Data Sharing to Support Community Supports

1. **Provide Policies and Procedures describing how the MCP intends to share each of the data elements that the ECM and Community Supports Contract and** [Community Supports Member Information Sharing Guidance](https://www.dhcs.ca.gov/Documents/MCQMD/CS-Member-Information-Sharing-Guidance.pdf) **requires MCPs to share with Community Supports Providers, including Transitional Rent Providers i.e.:**
2. **MCP Community Supports Authorization Status files as defined in the Community Supports Member Information Sharing Guidance.**
3. **Encounter and claims data.**
4. **Physical, behavioral, administrative, and SDOH data (e.g., HMIS data).**
5. **Reports of performance on quality measures/metrics, as requested.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

#### Oversight of Community Supports

1. **Provide Policies and Procedures for how the MCP will monitor the utilization of and/or outcomes resulting from the provision of the Transitional Rent. Include any activities, reports, and analyses the MCP will use to understand the impact of Transitional Rent delivery for these purposes. Please include how the MCP will maintain oversight, including program integrity, when Transitional Rent is arranged through a community care hub and/or a Flex Pool.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

#### Payment of Community Supports Providers

**MCPs will receive payments that include the costs of directly arranging for the provision of Transitional Rent and costs of contracting with a Transitional Rent Provider (including reasonable provider-level administrative costs).**

**DHCS will pay MCPs a fixed fee for the administrative costs associated with the provision of Transitional Rent including both MCP and Transitional Rent Provider administrative responsibilities. DHCS is not directing MCPs how to specifically allocate the administrative fee, but expects MCPs to allocate the fee reasonably relative to the overall division of administrative responsibilities between the MCP and Transitional Rent Provider.**

1. **Provide Policies and Procedures describing the expected division of administrative responsibilities between MCPs and their contracted Transitional Rent Providers, and how the MCP intends to make additional administrative payments to its contracted Transitional Rent Providers (i.e., what is the payment model/arrangement), including the level of administrative payments the MCP intends to distribute to its contracted Transitional Rent Providers. Please include examples of all expected payment arrangements in this response, including potential arrangements with Flex Pools.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

1. **Provide Policies and Procedures describing how the MCP will ensure payment to Transitional Rent Providers is timely, as is required by the DHCS Managed Care Contract Template[[4]](#footnote-5) and CA Health and Safety Code Section 1371[[5]](#footnote-6) requirements. Include expected time-frames for payment and a description of any circumstances in which a payment to a Transitional Rent Provider for a service provided should be expedited.**

**Word limit: 500 words**

**MCP Policies and Procedures (List the file names and page numbers):**

**Provide brief additional information, as needed:**

## Transitional Rent Provider Capacity

1. **Using the supplementary Excel file titled “MOC Excel File Community Supports Provider Capacity,” list the MCP’s contracted Transitional Rent Providers by county. Information requested includes the following (including for newly proposed Community Supports):**
2. **Transitional Rent Provider Organization Name[[6]](#footnote-7)**
3. **National Provider Identifier (NPI) number, if applicable;**
4. **Provider Type** *(please also indicate if the provider is a community care hub and/or flex pool)*
5. **Contract Status**
6. **Counties in Which the Provider Will Operate as a Transitional Rent Provider** (*if elected Community Supports is not going to be offered county-wide, indicate the targeted service area of each Community Supports Provider)*
7. **Submit Transitional Rent Provider contract boilerplate: Attach the MCP’s planned Transitional Rent Provider contract that the MCP will use for contracting with its Transitional Rent Providers. Please provide a crosswalk for the location of each of the DHCS required provisions within the Transitional Rent Standard Provider Terms and Conditions.**

## Appendix: Transitional Rent Eligibility Criteria

Medi-Cal Members enrolled in MCPs may be eligible for Transitional Rent if they meet the following three four eligibility requirements:

1. Inclusion in one of the transitioning populations;
2. Satisfaction of the clinical risk factor requirement; and
3. Satisfaction of the social risk factor requirement.

**(A) Transitioning Populations**

To be eligible for Transitional Rent, individuals must fall within one or more of the seven transitioning populations set forth in the table below.

|  |  |
| --- | --- |
| Covered Populations | Definition |
| (1) Transitioning out of an institutional or congregate residential setting | Individuals transitioning out of an institutional or congregate residential setting, including but not limited to an inpatient hospital stay, an inpatient or residential substance use disorder treatment facility, an inpatient or residential mental health facility, or nursing facility. |
| (2) Transitioning out of a carceral setting | Individuals transitioning out of a state prison, county jail, youth correctional facility, or other state, local, or federal penal setting where they have been in custody and held involuntarily through operation of law enforcement authorities. |
| (3) Transitioning out of interim housing | Individuals transitioning out of transitional housing, rapid rehousing, a domestic violence shelter or domestic violence housing, a homeless shelter, or other interim housing. |
| (4) Transitioning out of recuperative care or short-term post-hospitalization housing | Individuals transitioning out of short-term post-hospitalization housing or recuperative care, whether the stay was covered by Medi-Cal managed care, or another source.  When covered by Medi-Cal managed care, coverage of recuperative care, short-term post-hospitalization housing, and Transitional Rent will be limited to a combined duration of six months of coverage every 12 months (assessed on a rolling basis). |
| (5) Transitioning out of foster care | Individuals up to age 26 who transitioned out of foster care either in California or in another state. |
| (6) Unsheltered homeless as described in 24 CFR part 91.5 | Individuals or families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground (as provided in part (1)(i) of the definition of homeless at 24 CFR § 91.5). |
| (7) Eligible for Full-Service Partnership (FSP) | FSP is a comprehensive behavioral health program for individuals living with significant mental health and/or co-occurring substance use conditions that have demonstrated a need for intensive wraparound services.  Until July 1, 2026, the eligibility criteria for FSP are set forth in Cal. Code Regs. Tit. 9, § 3620.05 and require a significant mental health condition as described in Welfare & Institutions Code § 5600.3 and the presence of at least one qualifying risk factor (as identified in Cal. Code Regs. Tit. 9, § 3620.05), such as experiencing or a risk of homelessness.  Under the criteria that will take effect on July 1, 2026, set forth in Welfare & Institutions Code § 5887(d), to be eligible for FSP a person 25 and under must (1) meet the criteria for a mental health condition specified in Welfare & Institutions Code § 14184.402(d), notwithstanding the age limitations provided therein, or have an SUD as defined in Welfare & Institutions Code § 5891.5(c) and (2) be in one of the priority populations identified in Welfare & Institutions Code § 5892(d), which includes those who are experiencing or at risk of homelessness, among other groups. For those 26 and over, the eligibility requirements are the same as for those 25 and under except that the criteria for a qualifying mental health condition are set forth in Welfare & Institutions Code § 14184.402(c). |

**(B) Clinical Risk Factor Requirement**

To meet the clinical risk factor requirement, a Member must have one or more of the five qualifying clinical risk factors provided in the table below.

|  |  |
| --- | --- |
| Clinical Risk Factors | |
| (1) Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS), as set forth in the table below; or | Behavioral Health Risk Factors[[7]](#footnote-8) |
| (2) Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS), as set forth in the table below; or |
| (3) One or more serious chronic physical health conditions; or | Physical Health Risk Factors |
| (4) One or more physical, intellectual, or developmental disabilities; or |
| (5) Individuals who are pregnant up through twelve months postpartum. |

| SMHS, DMC, and DMC/ODS Access Criteria by Program and Age Group | |
| --- | --- |
| DMC and DMC/ODS Adults | Medi-Cal Members age 21 or older meet access criteria for DMC-ODS or DMC services if they meet at least one of the following criteria:   1. Have at least one diagnosis from the most current version of the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders   OR   1. Have had at least one diagnosis from the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco Related Disorders and Non-Substance-Related Disorders, prior to being incarcerated or during incarceration, determined by substance use history. |
| DMC and DMC/ODS Children | Medi-Cal Members under 21 are eligible for DMC-ODS or DMC if they meet the medical necessity standard for one or more SUD services provided through these delivery systems, as recommended by a licensed behavioral health practitioner. |
| SMHS Adults | Medi-Cal Members aged 21 or older qualify for SMHS if they meet both of the following criteria:   1. The individual has one or both of the following:    1. Significant impairment, where impairment is defined as distress, disability or dysfunction in social, occupational, or other important activities.    2. A reasonable probability of significant deterioration in an important area of life functioning.   AND   1. The individual’s condition is due to either of the following:    1. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems.    2. A suspected mental disorder that has not yet been diagnosed. |
| SMHS Children | Medi-Cal Members under age 21 qualify for SMHS if they meet both of the following requirements:   1. The individual has at least one of the following:    1. A significant impairment    2. A reasonable probability of significant deterioration in an important area of life functioning    3. A reasonable probability of not progressing developmentally as appropriate.    4. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide. 2. The individual’s conditions as described in (a) above is due to one of the following:    1. A diagnosed mental health disorder, according to the criteria of the current editions of the DSM and the International Statistical Classification of Disease and Related Health Problems.    2. A suspected mental health disorder that has not yet been diagnosed.    3. Health conditions, including behavioral health and developmental syndromes, stemming from trauma, child abuse, or neglect. |

**(C) Social Risk Factor Requirement**

To meet the social risk factor requirement, a Member must be experiencing or at risk of homelessness as defined in the table below.

|  |  |
| --- | --- |
| Social Risk Factor | |
| Homeless or At Risk of Homelessness | Individual must meet the US Department of Housing and Urban Development’s (HUD’s) current definition of homeless or at risk of homelessness as codified at 24 CFR part 91.5, with three modifications:   1. If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay or become homeless during that stay, regardless of the length of the institutionalization; and 2. The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at risk of homelessness under the current HUD definition to 30 days; and 3. For the at risk of homelessness definition at 24 CFR § 91.5, the requirement to have an annual income below 30 percent of median family income for the area, as determined by HUD, will not apply. |

1. See the [Appendix](#_Appendix:_Transitional_Rent) for the comprehensive eligibility criteria for Transitional Rent. [↑](#footnote-ref-2)
2. See the [Appendix](#_Appendix:_Transitional_Rent) for the BH Population of Focus eligibility criteria. [↑](#footnote-ref-3)
3. Transitional Rent Providers are the entities that will directly provide or issue payment for housing for Members receiving Transitional Rent or will contract with organizations that directly provide or issue payment for housing. Transitional Rent Providers cannot be landlords of the settings they are being issued Transitional Rent payments for. [↑](#footnote-ref-4)
4. Available here: <https://www.dhcs.ca.gov/provgovpart/Documents/Two-Plan-CCI-Final-Rule-Boilerplate.pdf> [↑](#footnote-ref-5)
5. [California Health and Safety Code Section 1371 requirements](https://california.public.law/codes/ca_health_and_safety_code_section_1371) [↑](#footnote-ref-6)
6. Or Individual Provider, if not part of an Organization [↑](#footnote-ref-7)
7. In determining whether a Member may access Transitional Rent based on one or more behavioral health clinical risk factors, DHCS intends to apply the policy approach that governs whether a Member may access SMHS, or DMC/DMC-ODS services more generally, which are set forth in [APL 22-005](https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-005.pdf), [BHIN 22-011](https://www.dhcs.ca.gov/Documents/BHIN-22-011-No-Wrong-Door-for-Mental-Health-Services-Policy.pdf), and [BHIN 24-001](https://www.dhcs.ca.gov/Documents/BHIN-24-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf). [↑](#footnote-ref-8)