

# **COMMUNITY SUPPORTS POLICY GUIDE VOLUME 2**

**Community Supports to Support Members  
Experiencing or At Risk of Homelessness**

**April 2025**

# TABLE OF CONTENTS

I. Introduction to Community Supports.....	4
II. Community Supports Overview.....	6
III. Coordination between MCPs and County Behavioral Health Agencies on Housing Initiatives.....	10
IV. Global Cap on Coverage of Room and Board Services.....	13
V. Overview of Community Supports to Support Members Experiencing or At Risk of Homelessness .....	16
VI. Community Supports – Service Definitions <sup>1</sup> .....	24
1. Housing Transition Navigation Services (HTNS).....	24
2. Housing Deposits.....	31
3. Housing Tenancy and Sustaining Services (HTSS).....	37
4. Day Habilitation Programs .....	43
5. Recuperative Care (Medical Respite) .....	48
6. Short-Term Post-Hospitalization Housing.....	52
VII. Transitional Rent .....	57
VIII. Engaging Members in Community Supports.....	81
IX. Provider Contracting, Enrollment, Credentialing, and Vetting Requirements .....	87
X. Data Systems and Data Sharing.....	90
XI. Coding, Billing, and Provider Payments.....	92
XII. Monitoring, Reporting, and Enforcement.....	98
XIII. Appendices.....	108
Appendix A: Community Supports to State Plan Service Crosswalk.....	108
Appendix B: Summary of Interaction Between Community Supports and ECM	110
Appendix C: Definition of Experiencing or at Risk of Homelessness.....	113

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<sup>1</sup> This volume contains the service definitions for seven of the 15 Community Supports that specifically address the needs of Members experiencing or at risk of homelessness, inclusive of Transitional Rent. [Volume 1](#) contains the service definitions for the eight Community Supports that target Members' other health-related social needs.

Appendix D: SMHS, DMC, and DMC-ODS Access Criteria ..... 114  
Appendix E: Full Service Partnership Eligibility Criteria..... 116

# I. INTRODUCTION TO COMMUNITY SUPPORTS<sup>2</sup>

This Community Supports Policy Guide Volume 2 is intended to serve as a resource for Medi-Cal Managed Care health plans (or “Managed Care Plans” (MCPs)) in the implementation of Community Supports that address the needs of Members experiencing or at risk of homelessness.

**As of Spring 2025, the Department of Health Care Services (DHCS) has reorganized the Community Supports Policy Guide into two volumes to accommodate new policies specific to Transitional Rent and other Community Supports related to supporting Members experiencing or at risk of homelessness.**

- » **[Volume 1](#) contains the service definitions for eight of the 15 Community Supports that address Members’ health-related social needs.**
- » **Volume 2 contains the service definitions for the seven Community Supports that specifically address the needs of Members experiencing or at risk of homelessness, inclusive of Transitional Rent.**

This Policy Guide provides a comprehensive overview of DHCS’ Community Supports to support Members experiencing or at risk of homelessness, as well as operational guidance for MCPs. It is also intended to serve as a resource for Community Supports Providers.

Beginning in January 2022, DHCS launched California Advancing and Innovating Medi-Cal (CalAIM), with the goal of improving quality of care and health outcomes of Medi-Cal Members by implementing delivery system, program, and payment reforms across the Medi-Cal program. A key feature of CalAIM was the statewide introduction, in January 2022, of the Enhanced Care Management (ECM) benefit and a menu of 14 Community Supports. Community Supports, at the option of the MCP and Member, can substitute for covered Medi-Cal services as cost-effective alternatives, potentially decreasing the need for hospital care, nursing facility care, and emergency department (ED) use. MCPs are responsible for administering both ECM and Community Supports in close collaboration with their network of community-based Providers. DHCS expects MCPs to source the majority of referrals for Community Supports from the community and prioritize contracting with locally-based providers who address equity gaps and are culturally responsive to their community.

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<sup>2</sup> This section duplicates Section I of the [Community Supports Policy Guide Volume 1](#) and is included for ease of reference.

ECM and Community Supports were developed from lessons learned, as well as MCP and Provider experience, in the Whole Person Care (WPC) Pilots and Health Homes Program (HHP). These initiatives pushed the boundaries of a traditional health care delivery approach to begin formally considering the impact of social drivers of health (SDOH) on health outcomes and experience of care in Medi-Cal.

The [Medi-Cal ECM and Community Supports Quarterly Implementation Report](#)<sup>3</sup> provides a comprehensive overview of ECM and Community Supports implementation to date. It is based on data submitted by MCPs to DHCS, and includes data at the state, county, and plan levels on total Members served, utilization, and provider networks. Since the launch of the program, Community Supports have served over 239,000 Medi-Cal Members.<sup>4</sup> For Community Supports to support Members experiencing or at risk of homelessness, over 30,000 Members have used Housing Transition Navigation Services, over 14,000 Members have used Housing Tenancy Sustaining Services, and 2,000 have used Housing Deposits. Every county has at least eight Community Supports available for Members to access.

DHCS is committed to data-driven oversight of Community Supports and expects MCPs to have a data-driven approach to their implementation and monitoring of the program. DHCS regularly reviews inbound MCP data as part of a comprehensive monitoring strategy for Community Supports described in Section XII in this Policy Guide.

DHCS is in continuous communication about Community Supports with MCPs, providers, and other implementation partners. MCPs and other stakeholders may direct their questions to DHCS using the following email address:

[CommunitySupports@dhcs.ca.gov](mailto:CommunitySupports@dhcs.ca.gov).

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<sup>3</sup> DHCS. [Medi-Cal ECM and Community Supports Quarterly Implementation Report](#). March 2025. Available at <https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117>. Accessed April 2025.

<sup>4</sup> Based on the data from Q2 2024.

## II. COMMUNITY SUPPORTS OVERVIEW<sup>5</sup>

### ***(Updated April 2025) What are Community Supports?***

Community Supports are services that help improve the health and well-being of MCP Members by addressing Members' health-related social needs; helping them live healthier lives; and avoiding higher, costlier levels of care. Community Supports—with the exception of Transitional Rent, which is mandatory for MCPs to offer beginning January 1, 2026—are optional for MCPs to offer and for Members to utilize. MCPs may not require Members to use a Community Support instead of a service or setting listed in the Medicaid State Plan.

Starting on January 1, 2022, MCPs in all counties have been strongly encouraged to offer the following 14 pre-approved Community Supports, which are defined fully in this Policy Guide or [Community Supports Policy Guide Volume 1](#):

- » Respite Services (Volume 1)
- » Assisted Living Facilities, formerly known as Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly and Adult Residential Facilities (Volume 1)
- » Community or Home Transition Services, formerly known as Community Transition Services/Nursing Facility Transition to a Home (Volume 1)
- » Personal Care and Homemaker Services (Volume 1)
- » Environmental Accessibility Adaptations (Home Modifications) (Volume 1)
- » Medically Tailored Meals/Medically Supportive Food (Volume 1)
- » Sobering Centers (Volume 1)
- » Asthma Remediation (Volume 1)
- » Housing Transition Navigation Services
- » Housing Deposits
- » Housing Tenancy and Sustaining Services
- » Day Habilitation Programs

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<sup>5</sup> This section duplicates Section II of the [Community Supports Policy Guide Volume 1](#) and is included for ease of reference.

- » Recuperative Care (Medical Respite)
- » Short-Term Post-Hospitalization Housing

Effective July 1, 2025, DHCS is adding Transitional Rent as the fifteenth Community Supports service. MCP coverage of Transitional Rent is initially optional and becomes mandatory for MCPs to offer on January 1, 2026.

Consistent with federal regulations,<sup>6</sup> DHCS has determined the preapproved Community Supports to be cost-effective and medically appropriate substitutes for covered Medical services or settings. MCPs do not need to actively assess or report on cost effectiveness for Community Supports at the MCP or individual level for the purposes of rate setting or compliance with federal requirements. Nothing prohibits MCPs from using utilization management techniques as applicable and as permitted by federal managed care regulations. DHCS is conducting statewide aggregate analyses of the cost effectiveness of each of the approved Community Supports services.

## Federal Authorities for Community Supports

Short-Term Post-Hospitalization Housing, Recuperative Care, and Transitional Rent are authorized under Section 1115 waiver authority. Short-Term Post-Hospitalization Housing and Recuperative Care are authorized under the [CalAIM waiver](#),<sup>7</sup> and Transitional Rent is authorized under the [BH-CONNECT waiver](#).<sup>8</sup> These services are each subject to the Special Terms and Conditions (STCs) of their respective waivers. The requirements and limitations set forth in the waiver STCs are reflected in the policies provided in this Guide. The other 12 Community Supports are “in lieu of services”

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<sup>6</sup> National policy continues to evolve; the latest guidance from CMS can be found in the [State Medicaid Director Letter \(SMDL\) from January 2023](#). (Centers for Medicare and Medicaid Services. SMDL 23-001. January 2023. Available at <https://www.medicaid.gov/federal-policy-guidance>. Accessed April 2025.)

<sup>7</sup> Medicaid. [CalAIM Demonstration Approval Technical Correction Attachment](#). January 2025. Available at <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list>. Accessed April 2025.

<sup>8</sup> Medicaid. [Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\) Section 1115\(a\) Demonstration](#). January 2025. Available at <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list>. Accessed April 2025.

established and implemented in accordance with California’s Section 1915(b) waiver and 42 CFR section 438.3(e)(2).<sup>9</sup>

Each Community Support is additionally subject to the requirements of DHCS’ MCP contract.<sup>10</sup> The MCP Contract sets forth the eligibility criteria and clinically oriented service definition for each Community Support. Greater detail, additional requirements, and limitations for each Community Support are provided in this Guide.

All Community Supports must supplement and not supplant services received by the Medi-Cal Member through other state, local, or federally -funded programs, in accordance with applicable federal waiver authorities, MCP Contract, APLs, and DHCS guidance.

## **All Plan Letter (APL) Governing Community Supports**

MCPs are responsible for ensuring that all Community Supports Providers, Subcontractors, and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, APLs, and other DHCS guidance including, but not limited to, Policy Letters and this Community Supports Policy Guide (inclusive of Volumes 1 and 2) as outlined in APL 21-017 or subsequent updates or superseding APLs.

## **ECM and Community Supports Action Plan**

DHCS is committed to adjusting Community Supports program design to reduce administrative burden, promote market awareness, and improve access and uptake of Community Supports across the state. DHCS conducts regular stakeholder feedback on ongoing implementation of Community Supports, which resulted in an [ECM and Community Supports Action Plan](#)<sup>11</sup> summarizing areas for standardization and efforts to

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<sup>9</sup> All in lieu of services are subject to the requirements of 42 CFR section 438.3(e)(2). This means that they must be a cost-effective substitute for a service or setting covered under the Medicaid State Plan, voluntary for an MCP to cover and for a Member to utilize, and taken into account in developing the component of the capitation rate that represents the covered State Plan services and settings.

<sup>10</sup> DHCS. *Medi-Cal Managed Care Boilerplate Contracts*. 2024. Available at <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>. Accessed April 2025.

<sup>11</sup> DHCS. *ECM Community Supports Action Plan Updates*. December 2024. Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>. Accessed April 2025.



streamline access to both services. Since 2023, DHCS has updated select Community Supports service definitions to improve eligibility alignment across the Community Supports and/or clarify eligibility policies. In the spirit of continuous improvement, DHCS updates the Action Plan on a regular basis.

### III. COORDINATION BETWEEN MCPS AND COUNTY BEHAVIORAL HEALTH AGENCIES ON HOUSING INITIATIVES

**(Added April 2025)**

Through the provision of these Community Supports, MCPs play a critical role in addressing the housing needs of Members experiencing or at risk of homelessness, including those with significant behavioral health needs. With the passage of Proposition 1 and the Behavioral Health Services Act (BHSA),<sup>12</sup> county behavioral health agencies will also assume a larger role in addressing homelessness among the population they serve.

The BHSA replaces the Mental Health Services Act (MHSA) of 2004. It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs, while adding the treatment of substance use disorders (SUD), expanding requirements for counties to fund and provide housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels. Additionally, the BHSA creates pathways to ensure equitable access to care by advancing equity and reducing disparities for individuals with behavioral health needs.

A central reform of the BHSA is a new requirement, effective July 1, 2026, that county behavioral health agencies spend 30 percent of their BHSA funds on Housing Interventions for individuals with significant behavioral health needs who are experiencing or at risk of homelessness. Counties will be permitted to spend Housing Interventions on a range of services including, but not limited to, rental subsidies, operating subsidies, participant assistance funds (e.g., to cover move-in and home set-up expenses, provide utility assistance, cover pet fees, etc.), and landlord outreach and mitigation funds (e.g., for landlord incentives and unit holds, to cover damages caused

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<sup>12</sup> *SB-326 The Behavioral Health Services Act. 2023-2024.* Available at [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202320240SB326](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB326). Accessed April 2025. (For information on the passage of Proposition 1 and BHSA, see DHCS' [Behavioral Health Transformation webpage](https://www.dhcs.ca.gov/BHT/Pages/home.aspx). Available at <https://www.dhcs.ca.gov/BHT/Pages/home.aspx>.)

by a tenant, etc.).<sup>13</sup> For Members receiving Transitional Rent who have significant behavioral health needs, the rental subsidies provided under the BHSA Housing Interventions may be the most viable pathway to long-term housing stability following receipt of Transitional Rent.

Importantly, under [California Welfare & Institutions \(W&I\) Code section 5830\(c\)\(2\)](#), BHSA “funds shall not be used for housing interventions covered by a Medi-Cal managed care plan.” This means that Members will not be permitted to receive rental subsidies under the BHSA so long as Transitional Rent is available to the Member.

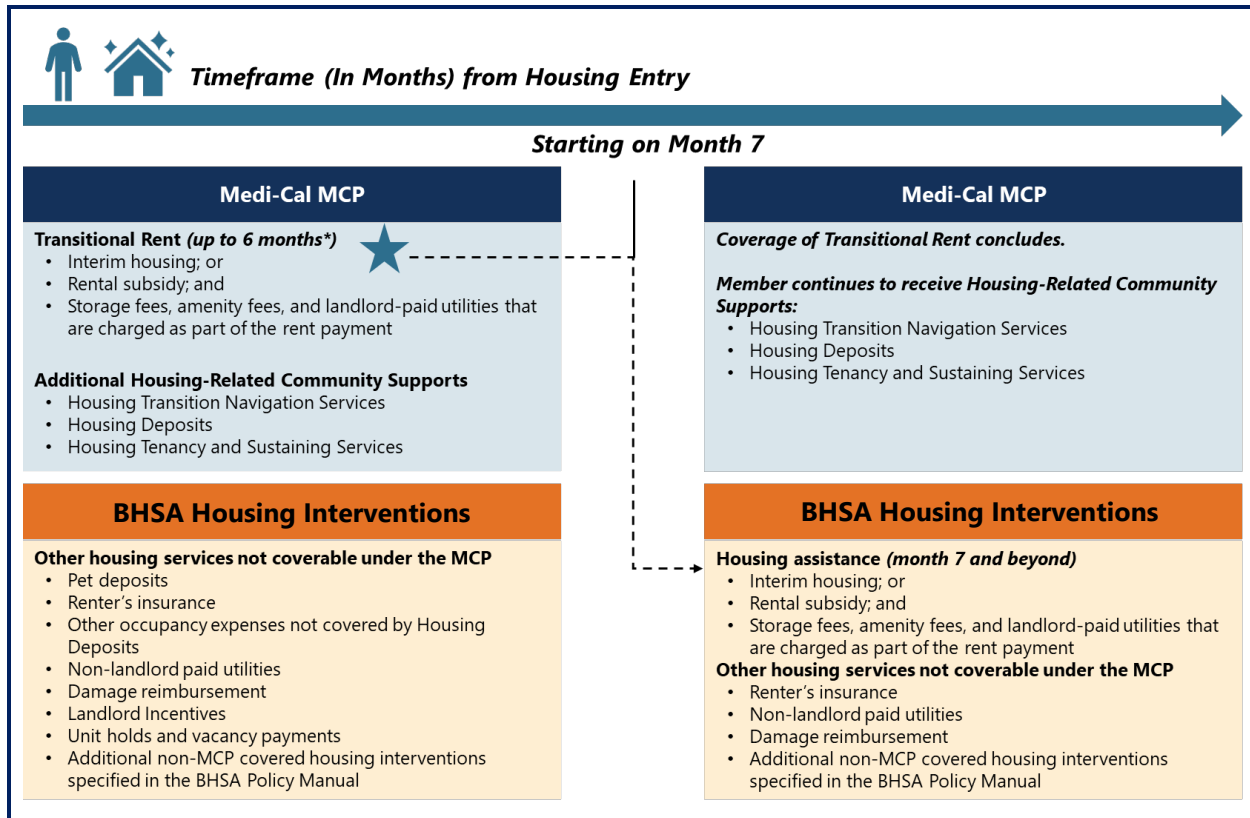
Likewise, while counties may fund services such as navigation, tenancy sustaining services, short-term post-hospitalization housing, recuperative care, or housing deposits through BHSA Housing Interventions, they may not fund these services for Members who are eligible to receive them as Community Supports through their MCP.

Counties can use BHSA Housing Interventions to cover items or services that are not covered under Medi-Cal managed care or not covered by the individual’s MCP. Examples include, but are not limited to, ongoing utility assistance, coverage of pet deposits and other move-in and home set-up costs not covered under Housing Deposits, landlord incentives, landlord mitigation funds, and operating subsidies.

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<sup>13</sup> For additional information on BHSA Housing Interventions, see the BHSA County Policy Manual. (DHCS. *BHSA County Policy Manual*. April 2025. Available at <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>. Accessed April 2025.)

**Figure 1. Example Scenario of a Member Eligible to Receive Both Transitional Rent and BHSA Housing Interventions Funding**



To ensure meaningful access to Community Supports that assist Members experiencing or at risk of homelessness—and to improve long-term housing outcomes for the behavioral health population—MCPs and county behavioral health agencies must establish stronger partnerships, coordination, and communication. Many of the policies outlined in the following sections are designed to support this goal, including efforts to encourage counties and/or their contracted behavioral health providers to contract with MCPs as Community Supports Providers, including for services like Transitional Rent, so they can continue serving clients seamlessly even as funding sources change. Additional policies aim to support the development of Flexible Housing Subsidy Pools (“Flex Pools”), which allow a single entity to manage landlord engagement across contributing funders.

# IV. GLOBAL CAP ON COVERAGE OF ROOM AND BOARD SERVICES

(Added April 2025)

Short-Term Post-Hospitalization Housing and Recuperative Care are authorized under California’s [CalAIM waiver](#), and Transitional Rent is authorized under the [BH-CONNECT waiver](#). These waivers establish a “global cap” on coverage of Short-Term Post-Hospitalization Housing, Recuperative Care, and Transitional Rent, all three of which are referred to in the waivers as “Room and Board” services. Under the cap, coverage is limited to six months of Room and Board services per Member within a rolling 12-month period. This means that a Member may not receive more than a **combined** six months of Short-Term Post-Hospitalization Housing, Recuperative Care, and Transitional Rent during any rolling 12-month period.

MCPs must count the rolling 12-month period starting from the Member’s first date of utilization of Short-Term Post-Hospitalization Housing, Recuperative Care, or Transitional Rent—not from the date of authorization.

In addition to the global cap, which is applicable to all three Room and Board services, Transitional Rent—as a Room and Board-only intervention without accompanying clinical services—is subject to an additional cap of six months per household, per demonstration.

The table below reflects the duration and frequency restrictions per Room and Board service and across the three services.

Service	Limits per Service <sup>14</sup>	Limits across the Services <sup>15</sup>
Recuperative Care	6-month limit per rolling 12-month period (per Member)	6-month limit per rolling 12-month period (per Member)
Short-Term Post Hospitalization Housing	6-month limit per rolling 12-month period (per Member)	

<sup>14</sup> The 12-month rolling timeframe begins on the first day the Member uses any of these services.

<sup>15</sup> The 12-month rolling timeframe begins on the first day the Member uses any of these services.

Service	Limits per Service <sup>14</sup>	Limits across the Services <sup>15</sup>
Transitional Rent	6-months of service per 5-year demonstration (per household)	also applies across <u>all three</u> Room and Board services.

When operationalizing this requirement, MCPs must track Member utilization in days and limit coverage to 182 combined days of Short-Term Post-Hospitalization Housing, Recuperative Care, and/or Transitional Rent in any given 12-month period.

A Member whose household receives Transitional Rent that is attributed to another individual in the household can still receive Short-Term Post-Hospitalization Housing and/or Recuperative Care within the same rolling 12-month period as the Transitional Rent.

## Implementation Principles for MCPs on the Global Cap on Coverage of Room and Board Services

- (1) Room and Board Holds.** In some cases, a Member will be required or choose to leave a setting before the expiration of the authorized Room and Board period. That exit may be voluntary (e.g., the Member decides to move in with a friend or relative) or involuntary (e.g., the Member is incarcerated) and short-term (e.g., brief hospitalization) or long-term (e.g., admission for an extended stay in a nursing facility). The MCP must count toward the global cap any Room and Board days the MCP is obligated to pay for under its Network Agreement with the Community Supports Provider. The Network Agreement should outline the financial responsibility pertaining to “Room and Board holds.”
  - » If the Network Agreement states that the MCP is not obligated to pay for days in which the Member is not physically residing in the setting, days in which the Member is not residing in the setting must not be counted toward the global cap.
  - » If the Network Agreement states that the MCP will pay for Room and Board holds, then the MCP is required to count the days spent in the institution or hospital in calculating its payment for the stay in the Short-Term Post-Hospitalization Housing, Recuperative Care, or Transitional Rent setting, and it must count the days spent outside of the setting toward the global cap.

- (2) Monthly Payments.** If an MCP pays in advance for a full month of housing in a permanent setting, the MCP must count the full month toward the global cap, even if the Member moves out of the unit prior to the expiration of the month, except when the MCP recovers a prorated portion of the full-month's payment for days for which the Member is not physically residing in the setting. The Transitional Rent Provider must not issue payment to the landlord for the month following the Member's exit from the unit.
- (3) MCPs' obligations if Member switches Plan elections.** If a Member switches MCPs and the new MCP has covered the Member for less than 12 months and the Member needs Short-Term Post-Hospitalization Housing, Recuperative Care, or Transitional Rent, the MCP must determine whether the Member utilized one of these Room and Board services from the previous MCP and if so, for how long. Specifically, the newly elected MCP must:
- (a)** Request information from the prior MCP to obtain information about the Room and Board service provided and dates of coverage;
  - (b)** Request information from the Member whether the Member utilized any of the Room and Board services in the prior 12-month period;
  - (c)** If the Member had been a Member of the new MCP in any prior period, review any prior utilization data to validate whether the Member was provided any of the Room and Board services; and
  - (d)** Ensure that providers delivering Room and Board services provide information to MCPs about Room and Board service utilization, the Providers delivering the service and the dates of service.<sup>16</sup>

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<sup>16</sup> As established in the Community Supports Member Information Sharing Guidance. (DHCS. *Community Supports Member Information Sharing Guidance*. December 2024. Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>. Accessed April 2025.)

## V. OVERVIEW OF COMMUNITY SUPPORTS TO SUPPORT MEMBERS EXPERIENCING OR AT RISK OF HOMELESSNESS

(Added April 2025)

The disparities in health outcomes between individuals who are housed and those experiencing homelessness are stark. Non-elderly individuals experiencing homelessness have 3.5 times the mortality risk of those who are housed and a 40-year-old person experiencing homelessness faces a similar mortality risk to a housed person nearly 20 years older.<sup>17</sup> Individuals experiencing homelessness also have significantly higher rates of chronic conditions and behavioral health needs than the housed population, along with higher rates of acute and emergent health services utilization. With coverage of the Community Supports to support Members experiencing or at risk of homelessness, DHCS seeks to help Members experiencing or at risk of homelessness realize the significant improvements in health that have been shown to result from stable housing.

### A. Community Supports to Support Members Experiencing or At Risk of Homelessness

There are seven Community Supports to support Members experiencing or at risk of homelessness:

- (1) Housing Transition Navigation Services (HTNS)
- (2) Housing Deposits
- (3) Housing Tenancy and Sustaining Services (HTSS)
- (4) Day Habilitation
- (5) Recuperative Care (Medical Respite)
- (6) Short-Term Post-Hospitalization Housing
- (7) Transitional Rent

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<sup>17</sup> Meyer B. D., Wyse A. & Logani I. (2023). Life and Death at the Margins of Society: The Mortality of the U.S. Homeless Population (No. w31843). *National Bureau of Economic Research*. Available at <https://www.nber.org/papers/w31843>. Accessed April 2025.



MCP coverage of HTNS, Housing Deposits, HTSS, Short-Term Post-Hospitalization Housing, Recuperative Care, and Day Habilitation **is strongly encouraged but remains optional**. MCPs have had the option to cover these services since January 1, 2022.

Transitional Rent will become a **mandatory** service beginning January 1, 2026, and will be implemented in phases for select eligible populations (see Section VII on Transitional Rent). MCPs may also opt to cover Transitional Rent as early as July 1, 2025.

When MCPs launch coverage of Transitional Rent, their continued coverage of other Community Supports for Members experiencing or at risk of homelessness—particularly HTNS, Housing Deposits, and HTSS (collectively referred to as the Housing Trio)—is critical to helping Members identify, secure, and sustain permanent housing.

## **B. Housing Support Plan**

A Member’s housing support plan sets forth a plan for achieving the individual’s housing goals that is based on the individual’s needs, preferences, and barriers to housing. It is a key tool that acts as a personalized roadmap to help a Member on their journey from homelessness or housing instability into long-term housing stability. A housing support plan can help ensure that time-limited Room and Board services<sup>18</sup> will be provided in ways that best contribute to the long-term housing stability of the Member. The development and maintenance of a housing support plan has always been part of the expectation for the Housing Trio; with the addition of Transitional Rent, DHCS is emphasizing the key role that it plays across the services.

### **When a Housing Support Plan is Required**

DHCS requires MCPs to ensure that a Member has a housing support plan in place as a condition for authorizing a Member for Transitional Rent, whether the Member is placed in an interim or permanent setting (see Section VII.F for detail on Transitional Rent authorization). In many or most cases, the Member being referred for Transitional Rent/Housing Deposits has received or is receiving HTNS, and thus has a housing support plan that has been developed by the Member’s HTNS Provider in conjunction with the Member.<sup>19</sup> However, DHCS recognizes that similar housing navigation may be provided outside Community Supports. In addition, a Member is not specifically required to have received HTNS as a condition of being able to receive Transitional Rent

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<sup>18</sup> See details on the six-month global cap on Room and Board services in Section IV.

<sup>19</sup> Development of a housing support plan is one of the HTNS activities in the HTNS service description (see Section VI.1).

or Housing Deposits.<sup>20</sup> As long as a housing support plan is in place that meets the requirements below, it may have been developed by another Community Supports Provider, a flex pool or hub organization that coordinates supportive services, or other Housing Providers, including county behavioral health agencies, regardless of their participation in Medi-Cal or as a contracted Provider.

The housing support plan can and should be updated as a Member's needs and other relevant circumstances change. For example, once a Member successfully secures tenancy through Transitional Rent and/or receives Housing Deposits, the Member may begin receiving HTSS, and the HTSS Provider will be responsible for maintaining and updating the housing support plan in partnership with the member to reflect their evolving needs.

A housing support plan is not required as a condition for a Member to receive Recuperative Care or Short-Term Post-Hospitalization Housing. However, when Members are receiving Recuperative Care or Short-Term Post-Hospitalization Housing, they should be offered HTNS, so that the HTNS Provider can conduct a housing assessment and develop a housing support plan with the Member to help identify preferences and barriers related to successful housing tenancy after transitioning from Recuperative Care or Short-Term Post-Hospitalization Housing.

## **Content of a Housing Support Plan**

Below are the elements that DHCS expects to be in a Member's housing support plan.

The housing support plan must:

1. Identify the permanent housing strategy and solution for the Member, including the payment sources and mechanisms, that will support the Member in maintaining housing after the Room and Board services covered under the Medi-Cal managed care delivery system are exhausted (e.g., the Member's income, BHSA Housing Interventions, or other long-term subsidies).
2. Identify the full range of permanent housing supports that will support the Member in sustaining tenancy (e.g., tenancy sustaining service, utilities).
3. Be informed by Member preferences and needs, and reviewed and revised as needed based on changes in Member circumstances.

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<sup>20</sup> As of the April 2025 updated version of this Community Supports Policy Guide, DHCS is no longer requiring a Member to receive HTNS as a condition of receiving Housing Deposits (see Section VI.2 on Housing Deposits).

4. Be based on a housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the Member's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal.
5. Be developed in a way that is culturally appropriate and trauma-informed.

The housing support plan can and should be updated as a Member's needs and other relevant circumstances change.

When receiving Transitional Rent, a Member can be placed in an interim or permanent setting. Ultimately, DHCS recognizes that the details provided in the housing support plan may differ depending on the type of setting a Member is seeking authorization for; specifically:

- » **For interim settings:** For a Member transitioning from homelessness into an interim setting, a housing support plan should address all major elements identified above, though it may be less complete, given that establishing trust, along with identifying a Member's housing strategy and solution, and payment sources and mechanisms can take time. However, as outlined in Section VII.F, DHCS is also requiring documentation from the Member's county behavioral health agency that the Member will be able to transition to BHSA Housing Interventions at the expiration of Transitional Rent. This documentation fulfills the requirement of the Member's housing solution in their housing support plan (i.e., if the Member is otherwise not able to secure a U.S. Housing and Urban Development (HUD) Housing Choice Voucher, permanent supportive housing subsidy, or other long-term rental subsidy to transition to at the expiration of coverage under Transitional Rent).
- » **For permanent settings:** By the time a Member is seeking Transitional Rent in a permanent setting, they will be further along in making progress with their Housing Support Plan. In this version of the housing support plan, it will also address all major elements identified above, but the content and overall level of detail will look different than when the housing support plan had been initially created; i.e., goals have been identified, barriers overcome (e.g., documents have been obtained), and a housing search has taken place. So a housing support plan should appear to be more complete.

## C. Interaction Between Community Supports to Support Members Experiencing or At Risk of Homelessness and ECM

Through CalAIM, DHCS has developed a comprehensive set of supports to address the needs of Members experiencing or at risk of homelessness. In addition to the seven Community Supports to support Members experiencing or at risk of homelessness, MCPs must cover the ECM benefit, which provides systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered for Members with the most complex medical and social needs, including for individuals and families experiencing homelessness.<sup>21</sup> With ECM, Members receive connections to needed physical and behavioral health care services, as well as social supports. To support housing needs specifically, ECM Providers can place referrals for these Community Supports that assist their Members with finding, securing, and maintaining housing. Establishing this connection to the Community Supports for Members experiencing or at risk of homelessness, with the goal of long-term housing stability, further promotes the aim of ECM, which is to improve Member health and functioning.

**Figure 2: Interaction Between ECM and Community Supports**



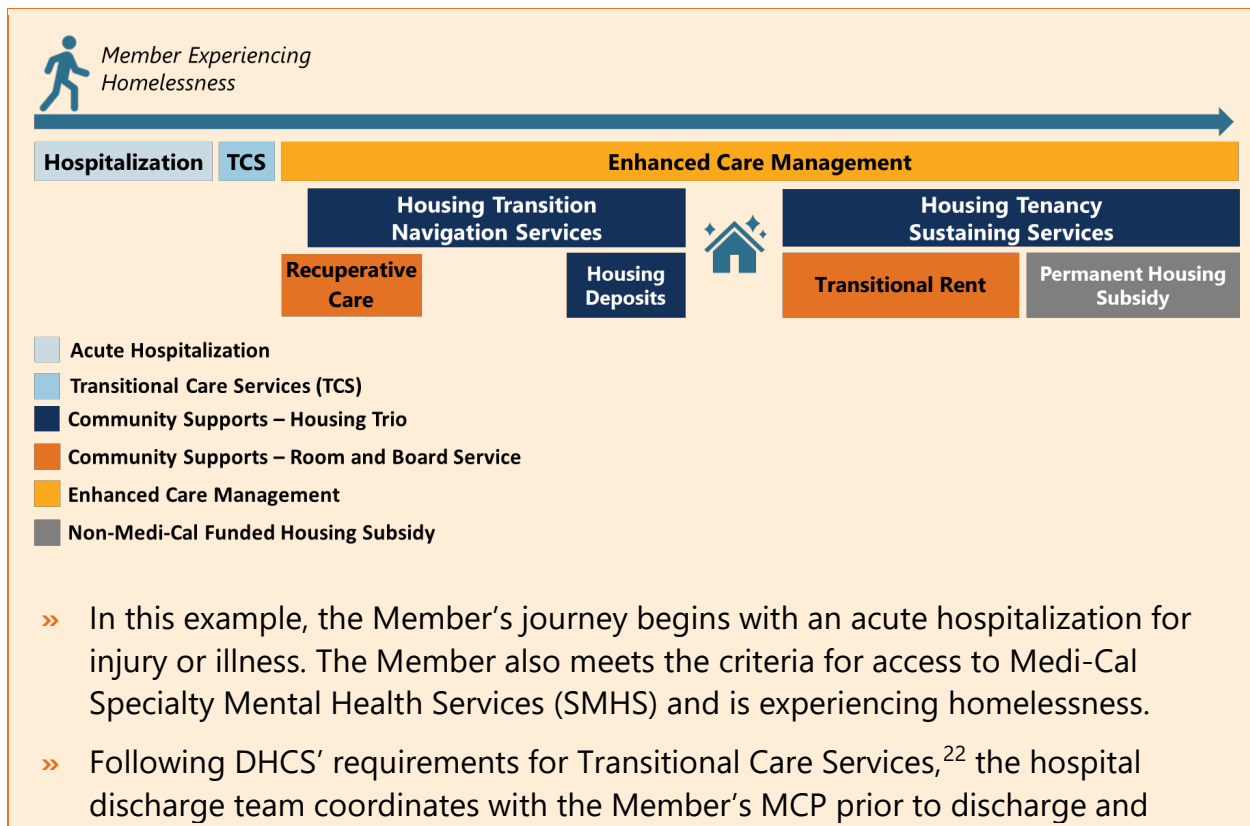
<sup>21</sup> For more information, see the ECM Policy Guide. (DHCS. *ECM Policy Guide*. August 2024. Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf>. Accessed April 2025.)

For many Members, participation in ECM and the Housing Trio serves as a referral point into the Community Supports services with a Room and Board component (i.e., Transitional Rent, Recuperative Care, Short-Term Post-Hospitalization Housing). For Members who are not already receiving ECM and Housing Trio services when they are referred to Transitional Rent or another Room and Board service, immediate access to and engagement in ECM and the Housing Trio is also important.

Each of the individual service definitions below includes a summary of the related policies for Members receiving that service or authorized for that service (e.g., Members authorized for Transitional Rent must also be authorized for ECM). The full summary of “Interaction Policies” is included as Appendix B.

Below in Figure 3 is an example of a Member’s journey interacting with these services, in which the Member is at first experiencing homelessness and needs an acute hospitalization.

**Figure 3. Housing Community Supports and ECM Across a Member’s Journey**



<sup>22</sup> See requirements in in the Population Health Management (PHM) Policy Guide. (DHCS. [PHM Policy Guide](https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf). May 2024. Available at <https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf>. Accessed April 2025.)

discovers that the Member would benefit from a Recuperative Care stay and is not already receiving ECM.

- » The MCP arranges for the Member to be discharged to Recuperative Care and assigns an ECM Provider. Because this Member is already engaged in SMHS and the local county behavioral health agency is under contract with the MCP as an ECM Provider, the Member's ECM Provider is a care manager employed by the county behavioral health agency.
- » Once receiving ECM, the Member's ECM Lead Care Manager refers the Member to HTNS for support in finding and securing housing (the county behavioral health agency is also contracted with the MCP to provide HTNS, HTSS, Housing Deposits, and Transitional Rent, so serves as the HTNS Provider).
- » The HTNS Provider works with the Member to develop a housing support plan and identifies an apartment.
- » The Member is then authorized for Housing Deposits to provide one-time services and modifications necessary to establish a basic household and Transitional Rent for temporary rental assistance.
- » The Member moves into an apartment unit. Housing Deposits covers the security deposit and other move-in expenses. The Transitional Rent Provider begins issuing checks to the landlord to cover the Member's rent each month.
- » The Member transitions from HTNS to HTSS for ongoing support in maintaining safe and stable tenancy.
- » Through connection to the Housing Trio, Transitional Rent, and ECM, and close coordination between the MCP and the county behavioral health agency, the Member is able to remain in their apartment and transition to a long-term housing subsidy funded under the BHSA. The plan for how the Member will maintain housing through BHSA Housing Interventions is documented in the housing support plan.

This journey is illustrative. Members may have varying needs that require them to use different combinations of services at different times. Additionally, a Member may not receive more than a combined six months of Short-Term Post-Hospitalization Housing, Recuperative Care, and Transitional Rent during any rolling 12-month period. See Section IV for more information on the global cap for Room and Board services.

DHCS recognizes that multiple Network Providers may be involved in a Member's care. For example, a federally qualified health center may provide ECM, while a community-

based organization with experience in housing provides Housing Trio services and Transitional Rent. In other cases, a single entity may fulfill multiple Network Provider roles spanning ECM and the housing-related Community Supports. DHCS expects MCPs to coordinate among Network Providers to ensure Members receive comprehensive, person-centered care. The Community Supports services provided should utilize best practices for Members who are experiencing or at risk of homelessness and who have complex health, disability, and/or behavioral health conditions. Examples of best practices include Housing First, Harm Reduction, and Motivational Interviewing.

## VI. COMMUNITY SUPPORTS – SERVICE DEFINITIONS<sup>23</sup>

The Community Supports service definitions for the following services are detailed in the section below:

- » Housing Transition Navigation Services
- » Housing Deposits
- » Housing Tenancy and Sustaining Services
- » Day Habilitation Programs
- » Recuperative Care (Medical Respite)
- » Short-Term Post-Hospitalization Housing

The service definitions for Respite Services, Assisted Living Facility Transitions, Community or Home Transition Services, Personal Care and Homemaker Services, Environmental Accessibility Adaptations (Home Modifications), Medically Tailored Meals/Medically Supportive Food, Sobering Centers, and Asthma Remediation can be found in [Volume 1](#) of the Community Supports Policy Guide.

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<sup>23</sup> This section includes the service definition for all Community Supports to support Members experiencing or at risk of homelessness except Transitional Rent, which is in Section VII.



# Housing Transition Navigation Services (HTNS)

## Description/Overview

**(Updated April 2025)** Housing Transition Navigation Services (HTNS) assist Members with finding, applying for, and obtaining housing.<sup>24</sup> The services provided to a Member must be based on an individualized assessment of needs and documented in the Member’s housing support plan. As such, a Member may only require a subset of the following activities.

HTNS activities include:

1. **(Updated April 2025)** Conducting a housing assessment that identifies the Member’s preferences and barriers related to successful tenancy.<sup>25</sup> The assessment may include collecting information on the Member’s housing needs and preferences, potential housing transition strengths and barriers, and identification of housing retention strengths and barriers.<sup>26</sup>
2. **(Updated April 2025)** Developing a housing support plan based upon the housing assessment.<sup>27</sup> See additional details about what a housing support plan must contain in Section V.B.
3. **(Updated April 2025)** Assisting in searching for housing and presenting options.<sup>28</sup>
4. Assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
5. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for Supplemental Security Income (SSI)

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<sup>24</sup> DHCS added the language “finding, applying for” to precede “obtaining housing” to this service component.

<sup>25</sup> DHCS removed tenant screening as an HTNS activity, as this is typically performed by landlords or housing providers to assess prospective tenants before renting out a property.

<sup>26</sup> DHCS added the language “preferences” and “strengths” to this service component.

<sup>27</sup> DHCS removed tenant screening as an HTNS activity, as this is typically performed by landlords or housing providers to assess prospective tenants before renting out a property.

<sup>28</sup> DHCS added the language “assisting” to make it clear that the HTNS Provider is responsible for helping the Member with conducting the housing search.

eligibility and supporting the SSI application process. Such service can be subcontracted out to retain any needed specialized skillset.

6. **(Updated April 2025)** Identifying and securing available resources to assist with attaining housing—such as Transitional Rent, HUD Housing Choice Voucher, and other state and local assistance programs—and matching available resources to Members.<sup>29</sup>
7. Identifying and securing resources including but not limited to Housing Deposits<sup>30</sup>, to cover expenses such as security deposit, moving costs, adaptive aids, environmental modifications, moving costs, and other one-time expenses. (see Section VI.2. Housing Deposits Community Support).
8. **(Updated April 2025)** Providing education to the Member about Fair Housing and anti-discrimination practices, including making requests for necessary reasonable accommodation if necessary.<sup>31</sup>
9. Landlord education and engagement.
10. Ensuring that the living environment is safe and ready for move-in.
11. Communicating and advocating on behalf of the Member with landlords.
12. Assisting in, arranging for, and supporting the details of the move.
13. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.<sup>32</sup>
14. Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist Members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day.

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<sup>29</sup> DHCS modified the language in this service component to allow for the inclusion of Transitional Rent.

<sup>30</sup> DHCS modified the language in this service component to include Housing Deposits, which is another Community Supports service that can be used to cover expenses related to lease-up and move-in such as a security deposit.

<sup>31</sup> DHCS added the language "Providing education to the Member about Fair Housing and anti-discrimination practices, including making" to this service component.

<sup>32</sup> The services associated with the crisis plan are a separate Community Support under HTSS.

15. Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for accessibility (see Environmental Accessibility Adaptations in [Community Supports Policy Guide Volume 1](#)).

## Eligibility (Population Subset)

- (1) **(Updated April 2025)** Individuals who meet the following social *and* clinical risk factor requirements:
- a) **Social Risk Factor Requirement:** Experiencing or at risk of homelessness.<sup>33</sup>
  - b) **Clinical Risk Factor Requirement:** Must have one or more of the following qualifying clinical risk factors:<sup>34</sup>
    - (i) Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS);
    - (ii) Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS);
    - (iii) One or more serious chronic physical health conditions;
    - (iv) One or more physical, intellectual, or developmental disabilities; or
    - (v) Individuals who are pregnant up through 12-months postpartum.
- OR**
- (2) **(Added April 2025)** Individuals who are determined eligible for Transitional Rent. These individuals are automatically eligible for HTNS.<sup>35</sup>
- OR**
- (3) Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration.

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<sup>33</sup> The definition of an individual experiencing or at risk of homelessness is based on HUD's definitions with three modifications as detailed in Appendix C.

<sup>34</sup> See Appendix D for the SMHS, DMC, and DMC-ODS access criteria.

<sup>35</sup> See Section VII on Transitional Rent for additional information.

MCPs may accept an attestation by the Member or the provider on behalf of the Member of the need for housing to satisfy any documentation requirements regarding the Member's housing status.

## **Restrictions/Limitations**

Services do not include the provision of Room and Board or payment of rental assistance.

Services are not subject to the Room and Board provisions in Section IV.

Actions to be taken under HTNS must be identified as reasonable and necessary in the Member's housing support plan.

Service duration can be as long as necessary and there is no limit on how many times an eligible Member may be authorized for this service.

While it is appropriate and optimal for Members to receive HTNS prior to Housing Deposits and/or Transitional Rent, it is not a prerequisite.

## **Delivery with Other Community Supports and ECM**

**HTNS with ECM:** MCPs must ensure that Members who meet the eligibility requirements for HTNS are offered ECM, and Members are highly encouraged to receive both services. The case management provided through HTNS is focused on securing and transitioning Members into safe and stable housing that meets the needs and preferences of the Member. ECM is broadly focused on coordinating all primary, acute, behavioral, oral, social needs, and long-term services and supports for Members, and includes administering a comprehensive assessment and care management plan, which is separate and distinct from the housing support plan that is one of the HTNS service activities.

If a Member is receiving both HTNS and ECM at the same time, the MCP must ensure that service delivery is coordinated by the ECM Provider to minimize the number of care/case management transitions experienced by the Member and to improve overall care coordination and management. A provider can simultaneously provide and receive payment for both HTNS and ECM if they serve as a Network Provider with the MCP to provide both services.

**HTNS with Housing Deposits:** A Member can receive both HTNS and Housing Deposits at the same time. However, as noted below in the Housing Deposits service definition (see Section VI.2), DHCS is no longer requiring a Member to receive HTNS as a condition of receiving Housing Deposits. A provider can simultaneously provide and

receive payment for both HTNS and Housing Deposits if they serve as a Network Provider with the MCP to provide both services.

**HTNS with HTSS:** A Member *cannot* receive both HTSS and HTNS at the same time; HTNS assist Members with obtaining housing while HTSS supports Members in maintaining housing. These services form a continuum of supports as a Member transitions from finding a home to maintaining it and are often performed by the same organization/case manager. Many Members may receive HTNS before receiving HTSS, but HTNS is not a prerequisite for eligibility for HTSS.

**HTNS with Transitional Rent:** A Member can receive both HTNS and Transitional Rent at the same time. All Members who are determined eligible for Transitional Rent are automatically determined eligible for HTNS. HTNS delivery will require close coordination with the Transitional Rent Provider, and may also require coordination with the ECM Provider, other Community Supports Providers, and/or other entities such as local Coordinated Entry System, homeless services authorities, public housing authorities, county agencies (including county behavioral health agencies), and other operators of local rental subsidies. A provider can simultaneously provide and receive payment for both HTNS and Transitional Rent if they serve as a Network Provider with the MCP to provide both services.

**Table 1. Summary of HTNS Service Delivery with ECM and Other Community Supports**

	Can Member receive ECM?	Can Member receive Housing Deposits?	Can Member receive HTSS?	Can Member receive Transitional Rent?
Member is receiving or authorized for HTNS.	Yes. MCP must ensure Member is offered ECM.	Yes. If appropriate, HTNS Provider may refer. <b>HTNS is no longer a prerequisite for Housing Deposits.</b>	Not at the same time. HTSS is designed to serve Member in maintaining housing.	Yes. HTNS Provider may refer.

## Licensing/Allowable Providers for HTNS

**(Updated April 2025)** This list is provided as an example of the types of providers with which MCPs may choose to contract, but it is not an exhaustive list of providers who may offer the services.<sup>36</sup>

- » Vocational services agencies
- » Homeless services provider organizations (e.g., supportive housing providers)
- » Life skills training and education providers
- » County agencies, including county behavioral health agencies
- » Public hospital systems
- » Mental health or substance use disorder treatment providers
- » Social services agencies
- » Affordable housing providers
- » Federally qualified health centers and rural health clinics
- » Public housing agencies

## HCPCS Codes for HTNS

Listed below are the Healthcare Common Procedure Coding System (HCPCS) code and modifier combinations that must be used for HTNS. See Section XI for more information about Billing & Payments for Community Supports.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
H0043	Supported housing; per diem	U6	Used with HCPCS code H0043 to indicate Community Supports Housing Transition Navigation Services
H2016	Comprehensive community support services; per diem	U6	Used with HCPCS code H2016 to indicate Community Supports Housing Transition Navigation Services

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<sup>36</sup> Public housing agencies have been added as examples of the types of providers MCPs may choose to contract with.

# Housing Deposits

## Description/Overview

**(Updated April 2025)** Housing Deposits assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household. The services and goods provided to a Member must be based on an individualized assessment of needs and documented in the Member's housing support plan. As such, a Member may only require a subset of these services/goods.

Housing Deposits include:<sup>37</sup>

1. **(Updated April 2025)** Security deposits required to obtain a lease on an apartment or home.<sup>38</sup>
2. Set-up fees/deposits for utilities or service access and payment in utility arrears.<sup>39</sup>
3. First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water.
4. **(Updated April 2025)** Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy, along with necessary minor repairs to meet HUD Housing Choice Voucher program quality

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<sup>37</sup> "First month's and last month's rent as required by landlord for occupancy" was removed from the service description. In alignment with the [CalAIM](#) and [BH-CONNECT waivers](#), coverage of Room and Board is limited to Short-Term Post Hospitalization Housing, Recuperative Care, and Transitional Rent.

<sup>38</sup> In alignment with California Civil Code section 1950.5, a landlord is prohibited from demanding or receiving a security deposit that exceeds an amount of one month's rent (or two month's rent for small landlords renting to non-service members). The exception for small landlords applies to landlords who are natural persons or limited liability companies in which all members are natural persons where the landlord owns no more than two residential properties that collectively include no more than four dwelling units offered for rent. Even for small landlords, service members may not be required to pay a security deposit that exceeds the amount of one month's rent.

<sup>39</sup> Based on stakeholder feedback, DHCS is not establishing a standardized timeframe for utility arrears payments.

standards, or other habitability standards, as applicable, where those costs are not the responsibility of the landlord under applicable law.<sup>40</sup>

5. **(Added April 2025)** Application fees to cover the cost of the lease application.<sup>41</sup>
6. Goods such as an air conditioner or heater, and other medically-necessary adaptive aids and services, designed to preserve an individuals' health and safety in the home such as hospital beds, Hoyer lifts, air filters, specialized cleaning or pest control supplies etc., that are necessary to ensure access and safety for the individual upon move-in to the home, when they are not otherwise available to the Member under Medi-Cal.<sup>42</sup>

## Eligibility (Population Subset)

- (1) **(Updated April 2025)** Individuals who meet the following social and clinical risk factor requirements:
  - a) **Social Risk Factor Requirement:** Experiencing or at risk of homelessness.<sup>43</sup>
  - b) **Clinical Risk Factor Requirement:** Must have one or more of the following qualifying clinical risk factors:<sup>44</sup>
    - (i) Meets the access criteria for SMHS;
    - (ii) Meets the access criteria for DMC or DMC-ODS;
    - (iii) One or more serious chronic physical health conditions;
    - (iv) One or more physical, intellectual, or developmental disabilities; or
    - (v) Individuals who are pregnant up through 12-months postpartum.

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<sup>40</sup> Based on stakeholder feedback, DHCS modified this service component to include "necessary minor repairs to meet HUD Housing Choice Voucher program quality standards, or other habitability standards, as applicable, where those costs are not the responsibility of the landlord under applicable law."

<sup>41</sup> DHCS added this service component based on stakeholder feedback.

<sup>42</sup> **(Updated April 2025)** This includes one-time transitioning costs, such as essential household furnishings.

<sup>43</sup> The definition of an individual experiencing or at risk of homelessness is based on HUD's definitions with three modifications as detailed in Appendix C.

<sup>44</sup> See Appendix D for the SMHS, DMC, and DMC-ODS access criteria.



**OR**

- (2) **(Added April 2025)** Individuals who are determined eligible for Transitional Rent. These individuals are automatically eligible for Housing Deposits.<sup>45</sup>

**OR**

- (3) Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration.

MCPs may accept an attestation by the Member or the provider on behalf of the Member of the need for housing to satisfy any documentation requirements regarding the Member's housing status.

### **Restrictions/Limitations**

Services do not include the provision of Room and Board or payment of rental assistance.

Services are not subject to the Room and Board provisions in Section IV.

**(Updated April 2025)** Housing Deposits are available once per demonstration period. Housing Deposits can only be approved one additional time with documentation as to what conditions have changed to demonstrate why providing Housing Deposits would be more successful on the second attempt. MCPs are expected to make a good faith effort to review information available to them to determine if a Member has already received Housing Deposits once within the demonstration period.

DHCS is no longer requiring a Member to receive the Community Supports HTNS as a condition of receiving Housing Deposits. However, as has always been required, and in alignment with Transitional Rent, all Members who receive Housing Deposits are required to have a housing support plan. All services and goods related to Housing Deposits must be identified as reasonable and necessary in the Member's housing support plan. See Section V.B for additional information about the housing support plan requirements.

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<sup>45</sup> See Section VII on Transitional Rent for additional information.

## Delivery with Other Community Supports and ECM

**Housing Deposits with ECM:** MCPs must ensure that Members who meet the eligibility requirements for Housing Deposits are offered ECM, and Members are highly encouraged to receive both services. The MCP must ensure that service delivery is coordinated by the ECM Provider to minimize the number of care/case management transitions experienced by the Member and to improve overall care coordination and management. A provider can simultaneously provide and receive payment for both Housing Deposits and ECM if they serve as a Network Provider with the MCP to provide both services.

**Housing Deposits with HTNS:** A Member can receive both HTNS and Housing Deposits at the same time. However, DHCS is no longer requiring a Member to receive HTNS as a condition of receiving Housing Deposits. A provider can simultaneously provide and receive payment for both Housing Deposits and HTNS if they serve as a Network Provider with the MCP to provide both services.

**Housing Deposits with HTSS:** A Member can receive both HTSS and Housing Deposits at the same time. A provider can simultaneously provide and receive payment for both Housing Deposits and HTSS if they serve as a Network Provider with the MCP to provide both services.

**Housing Deposits with Transitional Rent:** A Member can receive both Housing Deposits and Transitional Rent in support of the same housing placement. All Members who are determined eligible for Transitional Rent are automatically determined eligible for Housing Deposits. Housing Deposits service delivery will require close coordination with the Transitional Rent Provider and may also require coordination with the ECM Provider, other Community Supports Providers, and/or other entities such as the local Coordinated Entry System, homeless services authorities, public housing authorities, county agencies (including county behavioral health agencies), and other operators of local rental subsidies.

As indicated in the service description above, Housing Deposits can cover the security deposits required to obtain a lease on an apartment or home, which may be equivalent to the *amount* of one month's rent (or two months' rent for small landlords renting to non-service members). However, Housing Deposits cannot cover the provision of Transitional Rent or other Room and Board services. Thus, if a Member receives both Housing Deposits and Transitional Rent, the maximum amount of rental assistance they can receive is six months through Transitional Rent, with Housing Deposits covering the

one-time services and modifications necessary to enable a person to establish a basic household.

A provider can simultaneously provide and receive payment for both Housing Deposits and Transitional Rent if they serve as a Network Provider with the MCP to provide both services.

**Table 2. Summary of Housing Deposits Service Delivery with ECM and Other Community Supports**

	Can Member receive ECM?	Can Member receive HTNS?	Can Member receive HTSS?	Can Member receive Transitional Rent?
Member is receiving or authorized for Housing Deposits.	Yes. MCP must ensure Member is offered ECM.	Yes. Housing Deposits Provider highly encouraged to refer (if not also receiving HTSS).	Yes. Housing Deposits Provider highly encouraged to refer (if not also receiving HTNS).	Yes. Housing Deposits Provider may refer.

### Licensing/Allowable Providers for Housing Deposits

**(Updated April 2025)** This list is provided as an example of the types of providers MCPs may choose to contract with, but it is not an exhaustive list of providers who may offer the services.<sup>46</sup>

- » County agencies, including county behavioral health agencies
- » Flex Pools
- » Homeless services provider organizations (e.g., supportive housing providers)
- » Social services agencies
- » Affordable housing providers
- » Public housing agencies
- » Other providers of services for individuals experiencing homelessness

<sup>46</sup> Flex Pools, homeless services provider organizations, and public housing agencies have been added as examples of the types of providers MCPs may choose to contract with.

The entity that is coordinating an individual’s HTNS may coordinate these services and pay for them directly (e.g., to the landlord, utility company, pest control company, etc.) or subcontract the services.

### HCPCS Codes for Housing Deposits

Listed below are the HCPCS code and modifier combinations that must be used for Housing Deposits. See Section XI for more information about Billing & Payments for Community Supports.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
H0044	Supported housing, per month. Requires deposit amounts to be reported on the encounter.	U2	Used with HCPCS code H0044 to indicate Community Supports Housing Deposit. Modifier used to differentiate Housing Deposits from Short-Term Post-Hospitalization Housing.

# Housing Tenancy and Sustaining Services (HTSS)

## Description/Overview

Housing Tenancy and Sustaining Services (HTSS) help a Member maintain safe and stable tenancy once housing is secured. The services provided to a Member must be based on an individualized assessment of needs and documented in the Member's housing support plan. As such, a Member may only require a subset of the following activities.

HTSS activities include:

1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.
2. Providing education and training for the Member on the role, rights, and responsibilities of the tenant and landlord.
3. **(Added April 2025)** Providing education for the Member about Fair Housing and anti-discrimination practices, including making requests for necessary reasonable accommodation if necessary.
4. **(Updated April 2025)** Coaching on developing and maintaining key relationships with landlords/property managers and/or neighbors with a goal of fostering successful tenancy.<sup>47</sup>
5. **(Updated April 2025)** Coordinating with the landlord and care/case management provider, which can be the Member's ECM Provider or non-Medical housing supportive services providers such as a CoC program case manager, to address identified issues that could impact housing stability.<sup>48</sup>
6. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Member owes back rent or payment for damage to the unit.

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<sup>47</sup> DHCS added "neighbors."

<sup>48</sup> DHCS added language to clarify which care/case managers can support the Member with this service component.

7. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.
8. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain any needed specialized skillset.
9. Assistance with the annual housing recertification process.
10. Coordinating with the tenant to review, update, and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
11. Continuing assistance with lease compliance, including ongoing support with activities related to household management.
12. Health and safety visits, including to ensure the unit remains safe and habitable.
13. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in).
14. Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.

## Eligibility (Population Subset)

- (1) **(Updated April 2025)** Individuals who meet the following social and clinical risk factor requirements:
  - a) **Social Risk Factor Requirement:** Experiencing or at risk of homelessness.<sup>49</sup>
  - b) **Clinical Risk Factor Requirement:** Must have one or more of the following qualifying clinical risk factors:<sup>50</sup>
    - (i) Meets the access criteria for SMHS;

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<sup>49</sup> The definition of an individual experiencing or at risk of homelessness is based on HUD's definitions with three modifications as detailed in Appendix C.

<sup>50</sup> See Appendix D for the SMHS, DMC, and DMC-ODS access criteria.

- (ii) Meets the access criteria for DMC or DMC-ODS;
- (iii) One or more serious chronic physical health conditions;
- (iv) One or more physical, intellectual, or developmental disabilities; or
- (v) Individuals who are pregnant up through 12-months postpartum.

**OR**

- (2) **(Added April 2025)** Individuals who are determined eligible for Transitional Rent. These individuals are automatically eligible for HTSS.<sup>51</sup>

**OR**

- (3) Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system designed to use information to identify highly vulnerable individuals with disabilities and/or one or more serious chronic conditions and/or serious mental illness, institutionalization or requiring residential services because of a substance use disorder and/or is exiting incarceration.

MCPs may accept an attestation by the Member or the provider on behalf of the Member of the need for housing to satisfy any documentation requirements regarding the Member's housing status.

## Restrictions/Limitations

Services do not include the provision of Room and Board. Services are not subject to the Room and Board provisions in Section IV.

**(Updated April 2025)** These services must be identified as reasonable and necessary in the Member's housing support plan. Service duration can be as long as necessary. There is no limit on how many times an eligible Member may be authorized for HTSS.<sup>52</sup>

Many individuals will have also received HTNS (at a minimum, the associated tenant screening, housing assessment, and housing support plan) before this service, but it is not a prerequisite for eligibility.

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<sup>51</sup> See Section VII on Transitional Rent for additional information.

<sup>52</sup> DHCS modified this from "once per lifetime" to provide Members with flexibility to use this service more frequently.

## Delivery with Other Community Supports and ECM

**HTSS with ECM:** MCPs must ensure that Members who meet the eligibility requirements for HTSS are offered ECM, and Members are highly encouraged to receive both services. The case management provided through HTSS is focused on maintaining safe and stable tenancy for a Member once housing has been secured. ECM is broadly focused on coordinating all primary, acute, behavioral, oral, social needs, and long-term services and supports for Members, and includes administering a comprehensive assessment and care management plan, which is separate and distinct from the housing support plan that the HTSS is responsible for updating and maintaining.

If a Member is receiving both HTSS and ECM at the same time, the MCP must ensure that service delivery is coordinated by the ECM Provider to minimize the number of care/case management transitions experienced by the Member and to improve overall care coordination and management.

A provider can simultaneously provide and receive payment for both HTSS and ECM if they serve as a Network Provider with the MCP to provide both services.

**HTSS with HTNS:** A Member *cannot* receive both HTSS and HTNS at the same time; HTNS assist Members with obtaining housing while HTSS supports Members in maintaining housing. These services form a continuum of supports as a Member transitions from finding a home to maintaining it and are often performed by the same organization/case manager. Many Members may receive HTNS before receiving HTSS, but HTNS is not a prerequisite for eligibility for HTSS.

**HTSS with Housing Deposits:** A Member can receive both HTSS and Housing Deposits at the same time. A provider can simultaneously provide and receive payment for both HTSS and Housing Deposits if they serve as a Network Provider with the MCP to provide both services.

**HTSS with Transitional Rent:** A Member can receive both HTSS and Transitional Rent at the same time. All Members who are determined eligible for Transitional Rent are automatically determined eligible for HTSS. HTSS service delivery will require close coordination with the Transitional Rent Provider, the landlord, and may also require coordination with other entities such as the local Coordinated Entry System, homeless services authorities, public housing authorities, county behavioral health agencies, and other operators of local rental subsidies.

A provider can simultaneously provide and receive payment for both HTSS and Transitional Rent if they serve as a Network Provider with the MCP to provide both services.



**Table 3. Summary of HTSS Service Delivery with ECM and Other Community Supports**

	Can Member receive ECM?	Can Member receive HTNS?	Can Member receive Housing Deposits?	Can Member receive Transitional Rent?
Member is receiving or authorized for HTSS.	Yes. MCP must ensure Member is offered ECM.	Not at the same time. HTNS is designed to serve a Member in finding a home.	Yes. If appropriate, HTSS Provider may refer.	Yes. HTSS Provider may refer.

### Licensing/Allowable Providers for HTSS

**(Updated April 2025)** This list is provided as an example of the types of providers MCPs may choose to contract with, but it is not an exhaustive list of providers who may offer the services.<sup>53</sup>

- » Vocational services agencies
- » Homeless services provider organizations (e.g., supportive housing providers)
- » Life skills training and education providers
- » County agencies, including county behavioral health agencies
- » Public hospital systems
- » Mental health or substance use disorder treatment providers
- » Social services agencies
- » Affordable housing providers
- » Federally qualified health centers and rural health clinics
- » CoC-affiliated entities
- » Public housing agencies

<sup>53</sup> Homeless services provider organizations and public housing agencies have been added as examples of the types of providers MCPs may choose to contract with.

## HCPCS Codes for HTSS

Listed below are the HCPCS code and modifier combinations that must be used for HTSS. See Section XI for more information about Billing & Payments for Community Supports.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T2040	Financial management, self-directed; per 15 minutes <sup>54</sup>	U6	Used with HCPCS code T2040 to indicate Community Supports Housing Tenancy and Sustaining Services
T2050	Financial management, self-directed; per diem	U6	Used with HCPCS code T2050 to indicate Community Supports Housing Tenancy and Sustaining Services
T2041	Support brokerage, self-directed; per 15 minutes <sup>55</sup>	U6	Used with HCPCS code T2041 to indicate Community Supports Housing Tenancy and Sustaining Services
T2051	Support brokerage, self-directed; per diem	U6	Used with HCPCS code T2051 to indicate Community Supports Housing Tenancy and Sustaining Services

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<sup>54</sup> For financial management, MCPs may opt to use either the T2040, U6 combination to indicate “per 15 minutes” billing increments or the T2050, U6 combination to indicate “per diem” billing increments. MCPs may not submit or allow the use of both code/modifier combinations for an individual on the same day.

<sup>55</sup> For support brokerage, MCPs may opt to use either the T2041, U6 combination to indicate “per 15 minutes” billing increments or the T2051, U6 combination to indicate “per diem” billing increments. MCPs may not submit or allow the use of both code/modifier combinations for an individual on the same day.

## Day Habilitation Programs

### Description/Overview

Day Habilitation Programs are designed to assist a Member in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment. The service is provided in a Member's home or an out-of-home, non-facility setting. The services are often considered peer mentoring when provided by an unlicensed caregiver with the necessary training and supervision. For Members experiencing homelessness who are receiving ECM or other Community Supports, Day Habilitation Programs can provide a physical location for the provision of Day Habilitation services. When possible, ECM and the other Community Supports should be provided by the same entity that is providing Day Habilitation to minimize the number of care/case management transitions experienced by Members and to improve overall care coordination and management.

Day Habilitation Program services include, but are not limited to, training on:

1. The use of public transportation.
2. Personal skills development in conflict resolution.
3. Community participation.
4. Developing and maintaining interpersonal relationships.
5. Daily living skills (cooking, cleaning, shopping, money management).
6. Community resource awareness such as police, fire, or local services to support independence in the community.

Day Habilitation Programs may include assistance with, but not limited to, the following:

1. Selecting and moving into a home.<sup>56</sup>
2. Locating and choosing suitable housemates.
3. Locating household furnishings.<sup>57</sup>
4. Settling disputes with landlords.<sup>58</sup>

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<sup>56</sup> The Member should be referred to HTNS.

<sup>57</sup> The Member should be referred to Housing Deposits.

<sup>58</sup> The Member should be referred to HTSS.

5. Managing personal financial affairs.
6. Recruiting, screening, hiring, training, supervising, and dismissing personal attendants.
7. Dealing with and responding appropriately to governmental agencies and personnel.
8. Asserting civil and statutory rights through self-advocacy.
9. Building and maintaining interpersonal relationships, including a circle of support.
10. Coordinating with the MCP to link the Member to any Community Supports services and/or ECM.
11. **(Updated April 2025)** Providing a referral to non-Community Supports housing resources if the Member does not meet the eligibility criteria for HTNS, Housing Deposits, HTSS, or Transitional Rent.<sup>59</sup>
12. Assisting with income and benefits advocacy including General Assistance/ General Relief and SSI if the Member is not receiving these services through Community Supports or ECM.
13. Coordinating with the MCP to link the Member to health care, mental health services, and substance use disorder services based on the individual needs of the Member for Members who are not receiving this linkage through Community Supports or ECM.

## Eligibility (Population Subset)

(1) Experiencing homelessness.<sup>60</sup>

**OR**

(2) Exited homelessness and entered housing in the last 24 months.

**OR**

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<sup>59</sup> DHCS modified the language to include Housing Deposits, HTSS, and Transitional Rent.

<sup>60</sup> The definition of an individual experiencing or at risk of homelessness is based on HUD's definitions with three modifications as detailed in Appendix C.

(3) At risk of homelessness<sup>61</sup> or institutionalization whose housing stability could be improved through participation in a Day Habilitation Program.

## Restrictions and Limitations

Program services are available for as long as necessary. Services can be provided continuously, or through intermittent meetings, in an individual or group setting.

## Delivery with Other Community Supports and ECM

**(Added April 2025)** While receiving Day Habilitation Program services, Members needing assistance with housing-related services and supports should be referred for the Housing Trio and may also be referred for Transitional Rent.

MCPs must ensure that Members who meet the eligibility requirements for Day Habilitation are offered ECM (if they are not already receiving it). Members are highly encouraged to receive both, so long as the services provided to a Member while in a Day Habilitation Program are not duplicative of the services provided to Members under ECM.

Whenever possible, the other Community Supports to support Members experiencing or at risk of homelessness and ECM should be provided to Members onsite in the Day Habilitation Program setting.

## Licensing/Allowable Providers for Day Habilitation

**(Updated April 2025)** This list is provided as an example of the types of providers MCPs may choose to contract with, but it is not an exhaustive list of providers who may offer the services.<sup>62</sup>

- » County agencies, including county behavioral health agencies
- » Mental health or substance use disorder treatment providers
- » Community-based providers, including federally qualified health centers
- » Vocational Skills Agencies

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<sup>61</sup> The definition of an individual experiencing or at risk of homelessness is based on HUD's definitions with three modifications as detailed in Appendix C.

<sup>62</sup> DHCS added "Community-based providers, including federally qualified health centers" as an example of the types of providers MCPs may choose to contract with.

- » Licensed clinicians with capacity and training in providing Day Habilitation Services to eligible Members, including Licensed Psychologists, Licensed Certified Social Workers, and Registered Nurses
  - » Home Health Agencies
  - » Professional Fiduciary

## HCPCS Codes for Day Habilitation

Listed below are the HCPCS code and modifier combinations that must be used for Day Habilitation Program services. See Section XI for more information about Billing & Payments for Community Supports.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T2012	Habilitation, educational; per diem	U6	Used with HCPCS code T2012 to indicate Community Supports Day Habilitation Programs
T2014	Habilitation, prevocational; per diem	U6	Used with HCPCS code T2014 to indicate Community Supports Day Habilitation Programs
T2018	Habilitation, supported employment; per diem	U6	Used with HCPCS code T2018 to indicate Community Supports Day Habilitation Programs
T2020	Day habilitation; per diem	U6	Used with HCPCS code T2020 to indicate Community Supports Day Habilitation Programs

<b>HCPCS Level II Code</b>	<b>HCPCS Description</b>	<b>Modifier</b>	<b>Modifier Description</b>
H2014	Skills training and development; per 15 minutes <sup>63</sup>	U6	Used with HCPCS code H2014 to indicate Community Supports Day Habilitation Programs
H2038	Skills training and development; per diem	U6	Used with HCPCS code H2038 to indicate Community Supports Day Habilitation Programs
H2024	Supported employment; per diem	U6	Used with HCPCS code H2024 to indicate Community Supports Day Habilitation Programs
H2026	Ongoing support to maintain employment; per diem	U6	Used with HCPCS code H2026 to indicate Community Supports Day Habilitation Programs

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<sup>63</sup> For skills training and development services, MCPs may opt use either the H2014, U6 combination to indicate “per 15 minutes” billing increments or the H2038, U6 combination to indicate “per diem” billing increments. MCPs may not submit or allow the use of both code/modifier combinations for an individual on the same day.

## Recuperative Care (Medical Respite)

### Description/Overview

Recuperative Care, also referred to as medical respite care, is for individuals who are experiencing or at risk of homelessness and need a short-term residential setting in which to recover from an injury or illness (including a behavioral health condition).<sup>64</sup> A stay in a Recuperative Care setting allows an individual to recover from an injury or illness while also obtaining access to primary care, behavioral health services, case management, and other supportive social services, such as transportation, food, and housing. It is for individuals who have medical needs significant enough to result in emergency department (ED) visits, hospital admissions, or other institutional care.

At a minimum, the service will include interim housing with a bed and meals and ongoing monitoring of the individual's ongoing medical or behavioral health condition (e.g., monitoring of vital signs, assessments, wound care, medication monitoring). Based on individual needs, the service may also include:

1. **(Updated April 2025)** Limited or short-term assistance with Instrumental Activities of Daily Living (IADLs) and/or Activities of Daily Living (ADLs) to the extent permitted by licensure (see below).<sup>65</sup>
2. Coordination of transportation to post-discharge appointments.
3. Connection to any other ongoing services an individual may require, including mental health and substance use disorder services.
4. Support in accessing benefits and housing.
5. Gaining stability with case management relationships and programs.

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<sup>64</sup> Under the CalAIM waiver, CMS refers to this service as Short-Term Recuperative Care. DHCS will continue to use the existing service name, which is Recuperative Care.

<sup>65</sup> DHCS expects MCPs to coordinate care between the facility providing Recuperative Care and the provider of the IADL/ADL supports to ensure seamless service delivery for Members in need.



## Eligibility (Population Subset)<sup>66</sup>

**(Updated April 2025)** Members are eligible for Recuperative Care if they meet **both** of the following criteria:<sup>67</sup>

(1) Individuals requiring recovery in order to heal from an injury or illness.

**AND**

(2) Experiencing or at risk of homelessness.<sup>68</sup>

MCPs may accept an attestation by the Member or the provider on behalf of the Member of the need for housing to satisfy any documentation requirements regarding the Member's housing status.

An individual need not be exiting an institution to qualify but must have been determined by a provider (at the MCP or Network Provider level) to have medical needs significant enough to result in ED visits, hospital admissions or other institutional care.

## Restrictions/Limitations

Recuperative Care is an allowable Community Supports service if it is necessary to achieve or maintain medical stability and prevent hospital admission or readmission, which may require behavioral health interventions.

**(Updated April 2025)** Recuperative Care cannot exceed a duration of six months per rolling 12-month period (but may be authorized for a shorter period based on individual needs) and is subject to the six-month global cap on Room and Board services.<sup>69</sup>

**(Added April 2025)** Facility operators and their employed staff providing Recuperative Care that are not licensed as Community Care Facilities<sup>70</sup> may not directly assist

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<sup>66</sup> DHCS has updated the language for the eligibility criteria to streamline it and align with the [CalAIM waiver](#).

<sup>67</sup> Subject to the six-month global cap on Room and Board services (see Section IV for additional details).

<sup>68</sup> The definition of an individual experiencing or at risk of homelessness is based on HUD's definitions with three modifications as detailed in Appendix C.

<sup>69</sup> Additional information on restrictions on Room and Board services are detailed in Section IV.

<sup>70</sup> See Title 22, Division 6 of the California Code of Regulations (CCR).

Members with ADLs or IADLs. For Members requiring ADL/IADL support in these facilities, MCPs may coordinate the concurrent delivery of Personal Care and Homemaker Services (see Personal Care and Homemaker Services Community Support in [Community Supports Policy Guide Volume 1](#)) or contract with a licensed third-party provider to furnish these services.

## Delivery with Other Community Supports and ECM

**(Added April 2025)** During a stay in a Recuperative Care setting, Members should be offered HTNS and may be referred for Transitional Rent. If receiving HTNS, this would include a housing assessment and the development of housing support plan to help them identify preferences and barriers related to successful housing tenancy after transitioning from Recuperative Care.

MCPs must ensure that Members who meet the eligibility requirements for Recuperative Care are offered ECM (if they are not already receiving it); Members are highly encouraged to receive both ECM and Recuperative Care.

Whenever possible, Community Supports and ECM should be provided to Members onsite in the Recuperative Care setting.

## Licensing/Allowable Providers for Recuperative Care

This list is provided as an example of the types of providers/settings MCPs may choose to contract with, but it is not an exhaustive list of providers who may offer the services.

- » Interim housing facilities with additional on-site support
- » Shelter beds with additional on-site support
- » Converted homes with additional on-site support
- » **(Added April 2025)** Peer respite setting<sup>71</sup>
- » County directly operated or contracted recuperative care facilities

For Members who are pregnant and up to 12-months postpartum, DHCS also strongly encourages MCPs to contract with facilities that offer rooming in (i.e., the practice where

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<sup>71</sup> The peer respite setting must be staffed with Certified Peer Support Specialists and be capable of transporting its residents to an emergency room or urgent care facility 24 hours a day, 7 days a week. If the peer respite setting opts to deliver ongoing monitoring services that fall outside the scope of practice of a Certified Peer Support Specialist, then the setting must have a qualified alcohol and other drug (AOD) counselor or licensed practitioner of the healing arts (LPHA), as applicable, onsite to conduct monitoring.

a postpartum Member and their newborn stay in the same room together) and have the requisite capabilities to contract as Community Supports Providers to deliver Recuperative Care.<sup>72</sup>

Facilities may be unlicensed. MCPs must apply minimum standards to ensure adequate experience and acceptable quality of care standards are maintained. MCPs can adopt or adapt local or national standards for recuperative care or interim housing. MCPs shall monitor the provision of all the services included above.

### HCPCS Codes for Recuperative Care

Listed below are the HCPCS code and modifier combinations that must be used for Recuperative Care. See Section XI for more information about Billing & Payments for Community Supports.

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	U6	Used with HCPCS code T2033 to indicate Community Supports Recuperative Care (Medical Respite)

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<sup>72</sup> In alignment with DHCS' goals to address the physical, behavioral, and health-related social needs of pregnant and postpartum Members via its [Birthing Care Pathway work](https://www.dhcs.ca.gov/CalAIM/Pages/BirthingCarePathway.aspx). (Available at <https://www.dhcs.ca.gov/CalAIM/Pages/BirthingCarePathway.aspx>. Accessed April 2025.)

## Short-Term Post-Hospitalization Housing

### Description/Overview

Short-Term Post-Hospitalization Housing<sup>73</sup> provides Members who are exiting an institution and experiencing or at risk of homelessness with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting the institution. This would include recuperative care facilities (including facilities covered under Community Support Recuperative Care or other facilities outside of Medi-Cal), inpatient hospitals (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder or mental health treatment facility, correctional facilities, or nursing facilities.<sup>74</sup> To be eligible, an individual must have ongoing physical or behavioral health needs as determined by a qualified health professional that would otherwise require continued institutional care if not for receipt of Short-Term Post-Hospitalization Housing.

The Short-Term Post-Hospitalization Housing setting must provide Members with ongoing supports necessary for recuperation and recovery, such as gaining (or regaining) the ability to perform activities of daily living, receiving necessary medical/psychiatric/substance use disorder care, receiving case management, and beginning to access other housing supports such as HTNS.<sup>75</sup>

Short-Term Post-Hospitalization Housing settings may include a private or shared interim housing setting, where residents receive the services described above.

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<sup>73</sup> Under the CalAIM waiver, CMS refers to this service as Short-Term Post-Transition Housing. DHCS will continue to use the existing service name, which is Short-Term Post-Hospitalization Housing.

<sup>74</sup> Up to 182 days of Recuperative Care is available under specified circumstances as a separate Community Support, subject to global cap on Room and Board services (see Section IV).

<sup>75</sup> HTNS is a separate Community Support.

## Short-Term Post-Hospitalization Housing Eligibility Criteria<sup>76</sup>

**(Updated April 2025)** Members are eligible for Short-Term Post-Hospitalization Housing if they meet **all** of the following criteria:<sup>77</sup>

- (1) Individuals who are exiting an institution, which includes recuperative care facilities (including facilities covered under Community Support Recuperative Care or other facilities outside of Medi-Cal), inpatient hospitals (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder or mental health treatment facility, correctional facility, or nursing facility.

**AND**

- (2) Experiencing or at risk of homelessness.<sup>78</sup>

**AND**

- (3) Meet one of the following criteria:

- a) Are receiving ECM;
- b) Have one or more serious chronic conditions;
- c) Have serious mental illness; or
- d) Are at risk of institutionalization or requiring residential services as a result of a substance use disorder.

**AND**

- (4) Have ongoing physical or behavioral health needs as determined by a qualified health professional that would otherwise require continued institutional care if not for receipt of Short-Term Post-Hospitalization Housing.

MCPs may accept an attestation by the Member or the provider on behalf of the Member of the need for housing to satisfy any documentation requirements regarding the Member's housing status.

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<sup>76</sup> DHCS has updated the language for the eligibility criteria to streamline it, with no intention of narrowing the criteria.

<sup>77</sup> Subject to the six-month global cap on Room and Board services (see Section IV for additional details).

<sup>78</sup> The definition of an individual experiencing or at risk of homelessness is based on HUD's definitions with three modifications as detailed in Appendix C.

## Restrictions/Limitations

**(Updated April 2025)** Short-Term Post-Hospitalization Housing cannot exceed a duration of six months per rolling 12-month period (but may be authorized for a shorter period based on individual needs) and is subject to the six-month global cap on Room and Board services.<sup>79</sup>

## Delivery with Other Community Supports and ECM

**(Added April 2025)** During a stay in a Short-Term Post-Hospitalization Housing setting, Members should be offered HTNS and may be referred for Transitional Rent. If receiving HTNS, this would include a housing assessment and the development of housing support plan to help them identify preferences and barriers related to successful housing tenancy after transitioning from Short-Term Post-Hospitalization Housing.

MCPs must ensure that Members who meet the eligibility requirements for Short-Term Post-Hospitalization Housing are offered ECM (if they are not already receiving it). Members are highly encouraged to receive both ECM and Short-Term Post-Hospitalization Housing.

Whenever possible, the other Community Supports to support Members experiencing or at risk of homelessness and ECM should be provided to Members onsite in the Short-Term Post-Hospitalization Housing setting.

## Licensing/Allowable Providers for Short-Term Post-Hospitalization Housing

**(Updated April 2025)** This list is provided as an example of the types of providers/settings MCPs may choose to contract with, but it is not an exhaustive list of providers who may offer the services:

- » Interim housing facilities with additional on-site support
- » Shelter beds with additional on-site support
- » Converted homes with additional on-site support

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<sup>79</sup> Additional information on restrictions on Room and Board services are detailed in Section IV.

- » Peer respite setting<sup>80</sup>
- » County directly operated or contracted recuperative care facilities
- » Supportive housing providers
- » County agencies
- » Public hospital systems
- » Social service agencies
- » Providers of services for individuals experiencing homelessness

For Members who are pregnant and up to 12-months postpartum, DHCS also strongly encourages MCPs to contract with facilities that offer rooming in (i.e., the practice where a postpartum Member and their newborn stay in the same room together) and have the requisite capabilities to contract as Community Supports Providers to deliver Short-Term Post-Hospitalization Housing.<sup>81</sup>

Facilities may be unlicensed. MCPs must apply minimum standards to ensure adequate experience and acceptable quality of care standards are maintained. MCPs can adopt or adapt local or national standards for Short-Term Post-Hospitalization Housing. MCPs shall monitor the provision of all the services included above.

### **HCPCS Codes for Short-Term Post-Hospitalization Housing**

Listed below are the HCPCS code and modifier combinations that must be used for Short-Term Post-Hospitalization Housing. See Section XI for more information about Billing & Payments for Community Supports.

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<sup>80</sup> The peer respite setting must be staffed with Certified Peer Support Specialists. If the peer respite setting opts to deliver any care or supports that fall outside the scope of practice of a Certified Peer Support Specialist (e.g., physical care or psychiatric supports), then the setting must have a qualified AOD counselor or LPHA, as applicable, onsite to provide those supports and services.

<sup>81</sup> In alignment with DHCS' goals to address the physical, behavioral, and health-related social needs of pregnant and postpartum Members via its [Birthing Care Pathway work](https://www.dhcs.ca.gov/CalAIM/Pages/BirthingCarePathway.aspx). (Available at <https://www.dhcs.ca.gov/CalAIM/Pages/BirthingCarePathway.aspx>. Accessed April 2025.)

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
H0043	Supported housing; per diem.	U3	Used with HCPCS code H0043 to indicate Community Supports Short-Term Post-Hospitalization Housing. Modifier used to differentiate Short-Term Post-Hospitalization Housing from Housing Transition Navigation Services.
H0044	Supported housing; per month.	U3	Used with HCPCS code H0044 to indicate Community Supports Short-Term Post-Hospitalization Housing. Modifier used to differentiate Short-Term Post-Hospitalization Housing from Housing Deposits.



## VII. TRANSITIONAL RENT

(Added April 2025)

Transitional Rent is the newest addition to the suite of Community Supports to support Members experiencing or at risk of homelessness covered under Medi-Cal.<sup>82</sup>

Transitional Rent provides up to six months of rental assistance in interim and permanent settings to Members who are experiencing or at risk of homelessness, have certain clinical risk factors, and have either recently undergone a critical life transition (such as exiting an institutional or carceral setting or foster care), or who meet other specified eligibility criteria, as described further below.

The policies governing Transitional Rent, as set forth in the following sections, are driven by three key objectives:<sup>83</sup>

- (1) Ensure a connection to long-term housing supports, such as rental subsidies, for Members receiving Transitional Rent to provide a pathway to housing stability and prevent a return to homelessness.
- (2) Use the temporary housing stability afforded by Transitional Rent as an opportunity to help Members connect to needed health care services.
- (3) Minimize administrative barriers (without compromising program integrity), so that Members experiencing or at risk of homelessness can readily access Transitional Rent.

For Members with significant behavioral health needs, achieving these aims necessitates strong partnerships between MCPs and county behavioral health agencies. The policies set forth below are also designed to support the development and success of such partnerships.

### A. Transitional Rent Eligibility Criteria

Members are eligible for Transitional Rent if they meet **all** of the following criteria:<sup>84</sup>

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<sup>82</sup> Under the BH-CONNECT waiver, CMS refers to this service as Short-Term Rental Assistance. DHCS will continue to use the service name Transitional Rent.

<sup>83</sup> Transitional Rent is subject to the requirements outlined in other sections except where specifically stated or elaborated upon.

<sup>84</sup> Subject to the six-month global cap on Room and Board services (see Section IV for additional details).

(1) **Clinical Risk Factor Requirement:** Must have one of more of the following qualifying clinical risk factors:

- a) Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS);<sup>85</sup>
- b) Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS);<sup>86</sup>
- c) One or more serious chronic physical health conditions;<sup>87</sup>
- d) One or more physical, intellectual, or developmental disabilities; or
- e) Individuals who are pregnant up through 12-months postpartum.

**AND**

(2) **Social Risk Factor Requirement:** Experiencing or at risk of homelessness.<sup>88</sup>

**AND**

(3) Individual must meet one of the following requirements:

**a) Transitioning Population Requirement:** Must be included within one of the following transitioning populations;

- (i) **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.
- (ii) **Transitioning out of a carceral setting:** Individuals transitioning out of a state prison, county jail, youth correctional facility, or other

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<sup>85</sup> See Appendix D for the SMHS access criteria.

<sup>86</sup> See Appendix D for the DMC and DMC-ODS access criteria.

<sup>87</sup> Examples of serious chronic physical health conditions include, but are not limited to hypertension, rheumatoid arthritis, diabetes, chronic kidney disease, anemia, chronic obstructive pulmonary disease, hyperlipidemia, and asthma. (Examples drawn from: Pourat N., Chuang E., et al. (December 2022). Final Evaluation of California's Whole Person Care Program. *UCLA Center for Health Policy Research*. Available at <https://healthpolicy.ucla.edu/our-work/publications/final-evaluation-californias-whole-person-care-wpc-program>. Accessed April 2025.)

<sup>88</sup> The definition of experiencing or at risk of homelessness is based on HUD's definitions with three modifications as detailed in Appendix C.

state, local, or federal penal setting where they have been in custody and held involuntarily through operation of law enforcement authorities.

- (iii) **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, whether funded or administered by HUD, or at the State or local level.
- (iv) **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.<sup>89</sup>
- (v) **Transitioning out of foster care:** Individuals having aged out of foster care up to age 26 (having been in foster care on or after their 18<sup>th</sup> birthday) either in California or in another state.

**OR**

- b) Experiencing unsheltered homelessness:**<sup>90</sup> 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;<sup>91</sup>

**OR**

- c) Eligible for Full-Service Partnership (FSP):**<sup>92</sup> FSP is a comprehensive behavioral health program for individuals living with significant mental

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<sup>89</sup> When covered by Medi-Cal managed care, a Member may not receive more than a combined six months of Short-Term Post-Hospitalization Housing, Recuperative Care, and Transitional Rent during any rolling 12-month period (see Section IV for additional details).

<sup>90</sup> An individual experiencing unsheltered homelessness meets eligibility criterion #3 and does not need to meet an additional transitioning population requirement.

<sup>91</sup> As described in part (1)(i) of the definition of homeless at [24 CFR section 91.5](#).

<sup>92</sup> An individual eligible for FSP meets eligibility criterion #3 and does not need to meet an additional transitioning population requirement.

health and/or co-occurring substance use conditions that have demonstrated a need for intensive wraparound services.<sup>93</sup>

**Additional Details on Eligibility Criterion #3 above:**

- » **For Transitioning Populations (i)-(iv) above:** A Member must receive authorization for Transitional Rent within six months (i.e., within 182 days)<sup>94</sup> of the transition event (e.g., date of discharge, date of release). For six months from the date of authorization, the Member may use the Transitional Rent benefit without a redetermination of eligibility.
- » **For Transitioning Population (v) above (Transitioning of Foster Care):** Members transitioning out of foster care on or after their 18<sup>th</sup> birthday are eligible to receive Transitional Rent, assuming satisfaction of the other eligibility requirements, until their 26<sup>th</sup> birthday and may be authorized at any time during this window. For six months from the date of authorization, the Member may use the Transitional Rent benefit without a redetermination of eligibility.
- » **For individuals experiencing unsheltered homelessness:** Members experiencing unsheltered homelessness, assuming satisfaction of the clinical risk factor eligibility requirement, may be authorized at any time. For six months from the date of authorization, the Member may use the Transitional Rent benefit without a redetermination of eligibility.
- » **For individuals who are FSP-eligible:** Members eligible for FSP, assuming satisfaction of the social risk factor eligibility requirement (experiencing or at risk of homelessness),<sup>95</sup> may be authorized at any time. For six months from the date of authorization, the Member may use the Transitional Rent benefit without a redetermination of eligibility.

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<sup>93</sup> FSP eligibility criteria is detailed in Appendix E.

<sup>94</sup> Each reference to six months hereinafter is also defined as a period 182 days.

<sup>95</sup> Note that all FSP-eligible Members will meet the clinical risk factor criteria because all FSP-eligible Members meet the access criteria for SMHS, DMC, or DMC-ODS.

## B. Transitional Rent Implementation Timeline and Populations of Focus (POFs)

Go Live Date	Details
July 1, 2025	<ul style="list-style-type: none"> <li>» MCPs have the option to launch coverage of Transitional Rent.</li> <li>» MCPs electing to launch at this time may select one or more Transitional Rent-eligible POFs to cover, with DHCS approval.</li> <li>» MCPs electing to launch at this time will be required to continue to cover all POFs they elect to cover for the duration of the demonstration (through December 31, 2029).</li> </ul>
January 1, 2026	<ul style="list-style-type: none"> <li>» All MCPs are required to cover Transitional Rent for Members meeting the Behavioral Health POF within the overall population eligible for Transitional Rent.</li> <li>» In addition, MCPs may elect to cover one or more additional Transitional Rent-eligible POFs, with DHCS approval.</li> </ul>

The Transitional Rent Populations of Focus (POFs), listed below, are each sub-populations within the overall Transitional Rent-eligible population. Each Transitional-Rent eligible Member fits into at least one of the POFs and many will fit into more than one. The POFs were selected to allow MCPs to concentrate their efforts on specific entry points into homelessness, such as a release from a carceral setting or exit points out of homelessness.

Population of Focus <sup>96</sup>	Definition as part of overall Population Eligible for Transitional Rent
(1) Behavioral Health POF (mandatory for all MCPs beginning 1/1/26)	<ul style="list-style-type: none"> <li>» Meet the access criteria for SMHS, DMC, or DMC-ODS; <i>and</i></li> <li>» Experiencing or at risk of homelessness; <i>and</i></li> <li>» Included in any Transitioning Population</li> </ul>

<sup>96</sup> FSP-eligible is not included as a separate POF because all those who are FSP-eligible will meet the access criteria for SMHS, DMC, or DMC-ODS, and thus are included in the Behavioral Health POF. Note, being FSP-eligible and experiencing or at risk of homelessness is sufficient for inclusion in the Behavioral Health POF (i.e., individuals do not need to meet another transitioning population criteria).

Population of Focus <sup>96</sup>	Definition as part of overall Population Eligible for Transitional Rent
(2) Pregnant and postpartum POF <sup>97</sup>	<ul style="list-style-type: none"> <li>» Meet the clinical risk factor of being pregnant or up to 12-months postpartum; <i>and</i></li> <li>» Experiencing or at risk of homelessness; <i>and</i></li> <li>» Included in any Transitioning Population</li> </ul>
(3) Transitioning out an institutional or congregate residential setting	<ul style="list-style-type: none"> <li>» Any of the qualifying clinical risk factors; <i>and</i></li> </ul>
(4) Transitioning out of a carceral setting	<ul style="list-style-type: none"> <li>» Experiencing or at risk of homelessness; <i>and</i></li> </ul>
(5) Transitioning out of interim housing	<ul style="list-style-type: none"> <li>» Included in the specific Transitioning Population (e.g., transitioning out of a carceral setting for population 3)</li> </ul>
(6) Transitioning out of recuperative care or short-term post-hospitalization housing	
(7) Transitioning out of foster care	
(8) Experiencing unsheltered homelessness	<ul style="list-style-type: none"> <li>» Experiencing unsheltered homelessness; <i>and</i></li> <li>» Any of the qualifying clinical risk factors</li> </ul>

As shown above, **DHCS has selected the Behavioral Health POF for initial mandatory go-live on January 1, 2026, to align with the launch of the BHSA Housing Interventions on July 1, 2026.** As envisioned, many individuals in the Transitional Rent Behavioral Health POF may access rental subsidies funded through BHSA Housing Interventions following their receipt of Transitional Rent, making Transitional Rent not a temporary reprieve from homelessness, but a pathway to long-term housing stability. (See Section III for additional detail on the coordination between MCPs and county behavioral health agencies departments on housing initiatives.)

<sup>97</sup> In alignment with DHCS’ goals to address the physical, behavioral, and health-related social needs of pregnant and postpartum Members via its [Birthing Care Pathway work](https://www.dhcs.ca.gov/CalAIM/Pages/BirthingCarePathway.aspx). (Available at <https://www.dhcs.ca.gov/CalAIM/Pages/BirthingCarePathway.aspx>. Accessed April 2025.)

DHCS' Transitional Rent Model of Care (MOC) Template offers the opportunity for MCPs to opt into coverage of POFs beyond the mandatory Behavioral Health POF (see Section VIII for additional details). MCPs may add POFs at six-month intervals.

## C. Transitional Rent Service Description and Requirements

### What Transitional Rent Covers

Transitional Rent may be used to cover the following expenses:

- » Rental assistance in allowable settings (*see section directly below*)<sup>98</sup>
- » Storage fees, amenity fees, and landlord-paid utilities that are charged as part of the rent payment

Transitional Rent can provide up to six months of rental assistance and rent and housing fees per demonstration, subject to the six-month global cap on Room and Board services within a rolling 12-month period. The six months of Transitional Rent are not required to be continuous.

The Housing Deposits Community Support may be deployed for coverage of additional expenses not provided under Transitional Rent. For expenses necessary for lease-up, move-in, or occupancy not covered by Housing Deposits, DHCS recommends Members be connected to other potential funding sources, including but not limited to BHSA Housing Interventions (for Members who are BHSA-eligible).

### Allowable Settings

Transitional Rent may provide for a Member's housing in a permanent or interim setting, or provide for some months in an interim setting and the remainder in a permanent setting. When permanent housing is not immediately available, temporary placement in an interim setting may be appropriate. Interim housing provides a refuge from the risks of unsheltered homelessness, an opportunity to connect to needed health care and social services, and time to work with a housing supportive services provider to identify and secure appropriate permanent housing. When a Member is placed in interim housing, the goal must be to transition to appropriate permanent housing as quickly as possible.

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<sup>98</sup> At this time, Transitional Rent may not be used to cover eviction prevention—i.e., rental arrears (back rent) or prospective rental assistance for individuals who are housed but at risk of homelessness.

DHCS defines “permanent” settings as those with a renewable lease agreement with a term of at least one month. A setting that can be permanent or interim (as indicated by an asterisk in the below list) is considered permanent if the Member has a renewable lease agreement. Where there is no lease agreement, or the lease term is not renewable, the setting is considered interim.

The allowable settings are as follows:<sup>99, 100</sup>

### Permanent Settings

- » Single-family and multi-family homes (e.g., duplexes)
- » Apartments
- » Housing in mobile home communities
- » Accessory dwelling units (ADUs)<sup>101</sup>
- » Shared housing—where two or more people live in one rental unit<sup>102</sup>
- » Project-based or scattered site permanent supportive housing<sup>103</sup>
- » Single room occupancy (SRO) units\*
- » Tiny homes\*

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<sup>99</sup> The specific settings allowable for Transitional Rent are authorized under California’s BH-CONNECT Special Terms and Conditions (STCs). (See the [CMS Approval Letter and BH-CONNECT STCs Technical Corrections and Protocols \(January 2025\)](#), Attachment G. Available at <https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT-Resources.aspx>. Accessed April 2025.)

<sup>100</sup> This list of settings aligns with the permissible settings under BHSA Housing Interventions funding, except: 1) BHSA Housing Interventions funds can be used for assisted living settings, which is not an allowable setting for Transitional Rent; 2) BHSA Housing Interventions funds can cover recuperative care and short-term post-hospitalization housing whereas these are considered separate Community Supports for MCPs.

<sup>101</sup> An ADU is a smaller, independent residential dwelling unit located on the same lot as a stand-alone primary residence. (See the California Department of Housing and Community Development. *Accessory Dwelling Unit Handbook*. January 2025. Available at <https://www.hcd.ca.gov/policy-and-research/accessory-dwelling-units>. Accessed April 2025.)

<sup>102</sup> See also the [BHSA County Policy Manual](#) for a description of shared housing. (DHCS. *BHSA County Policy Manual*. April 2025. Available at <https://www.dhcs.ca.gov/BHT/Pages/Policy-Manual.aspx>. Accessed April 2025.)

<sup>103</sup> See also the [BHSA County Policy Manual](#) for a description of permanent supportive housing.



- » Recovery housing<sup>104\*</sup>
- » License-exempt room and board\*

### Interim Settings

- » Single room occupancy (SRO) units\*
- » Tiny homes\*
- » Hotels/motels when serving as the Member’s primary residence
- » Interim settings with a small number of individuals per room (not large dormitory sleeping halls)
- » Transitional and recovery housing\* with no lease agreement, including:
  - » Bridge, site-based, population-specific, and community living programs that may or may not offer supportive services and programming
  - » License-exempt room and board\*
  - » Peer respite

DHCS recognizes that the availability of each setting type will vary by county and that Member utilization of Transitional Rent will reflect this variation in local supply. DHCS does not require MCPs to ensure any particular distribution of utilization across setting types, or minimum utilization of any specific setting type; however, MCPs must place Members in permanent *and* interim settings (where permanent placement is not available) and may not exclude coverage of any specific setting type. In all cases, Member placement should be driven by the needs and preferences of the Member.

As described in the Implementation Plan for Transitional Rent (included in the approved waiver),<sup>105</sup> DHCS is, during 2025, developing a monitoring plan to conduct data-driven oversight of the implementation. DHCS will conduct proactive engagement with MCPs if reporting data suggests a specific setting type has been excluded from an MCP’s network.

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<sup>104</sup> See also the [BHSA County Policy Manual](#) for a description of recovery housing.

<sup>105</sup> See the [CMS Approval Letter and BH-CONNECT STCs Technical Corrections and Protocols \(January 2025\), Attachment I](#). Available at <https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT-Resources.aspx>. Accessed April 2025.

## Habitability Requirements

DHCS requires that settings either be compliant with applicable HUD quality standards<sup>106</sup> or habitable as defined by state law.<sup>107</sup> Transitional Rent Providers must conduct a basic unit or setting inspection to verify compliance with HUD or state habitability standards. An attestation of compliance, either with the HUD standards or state habitability standards, must be submitted by the Transitional Rent Provider as a condition of authorization by the MCP.

## Other Quality Oversight

MCPs must ensure that Members are placed in settings that meet minimum quality standards. Many of the settings that serve individuals experiencing or at risk of homelessness have been found to be of widely varying quality. This would include, for example, recovery residences and sober living environments as well as license-exempt room and board facilities.<sup>108</sup>

## Family Housing

A Member receiving Transitional Rent should be housed in a setting that is appropriate to accommodate the Member's family, which may include for example, a partner or spouse or one or more children.<sup>109</sup> A Member should be housed in a setting that provides the smallest number of bedrooms necessary to house the Member's family without overcrowding<sup>110</sup> and that meets the family's needs, including the unique needs of individuals with disabilities and pregnant and postpartum individuals and families.

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<sup>106</sup> Until October 1, 2025, the relevant HUD standards are the Housing Quality Standards and Emergency Solutions Grant (ESG) standards. On October 1, 2025, HUD will transition to the National Standards for the Physical Inspection of Real Estate (NSPIRE) standard.

<sup>107</sup> See, e.g., California Civil Code §§ 1941, 1941.1, 1941.3.

<sup>108</sup> Recovery housing providers are encouraged to meet the National Association of Recovery Residences national standards for recovery housing. (Available at <https://narronline.org/standards/>. Accessed April 2025.)

<sup>109</sup> As formerly defined by HUD and in alignment with the [BHSA County Policy Manual](#), a "Family" includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability.

<sup>110</sup> This is also the standard applied by HUD for the Housing Choice Voucher program. (See [24 CFR section 982.402\(b\)](#).)

Transitional Rent Providers<sup>111</sup> should draw on their experience and expertise, and honor the Member's preferences and needs in helping the Member select a unit that accommodates the Member's family.

## **D. Transitional Rent Providers**

A Transitional Rent Provider is the entity that issues payment for housing for Members receiving Transitional Rent or, alternatively, directly provides housing for Members receiving Transitional Rent (as in the case of a nonprofit organization that owns and operates a permanent supportive housing project).<sup>112</sup>

MCPs must contract with a network of Transitional Rent Providers to administer the service, rather than administer payments directly to landlords. The Transitional Rent Provider is responsible for:

- » Identifying an appropriate setting/unit.
- » Ensuring the housing unit is habitable.
- » Helping the Member to review, understand, and execute the lease agreement, and ensuring the lease agreement is compliant and legal.
- » Structuring rent payment agreement with landlord or property owner.
- » Issuing timely payments to the landlord or other housing provider.
- » Coordinating with the supportive services providers, which may include HTNS Provider, Housing Deposits Provider, HTSS Provider, ECM Provider, and/or other Medi-Cal or non-Medi-Cal funded providers who may be involved in service delivery for the Member.

MCPs must form contracts with Transitional Rent Providers as Network Providers, or form contracts with hubs or Flex Pools that in turn have contracts with Transitional Rent Providers, rather than administer payments directly to landlords.

The Transitional Rent Provider may be:

- » County agencies, including county behavioral health agencies
- » Flex Pools

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<sup>111</sup> See Section VII.D for the Transitional Rent Provider definition.

<sup>112</sup> A Transitional Rent Provider may also contract with other organizations that directly provide or issue payment for housing.

- » Affordable housing providers
- » Supportive housing providers
- » CoC-affiliated entities
- » Social services agencies
- » PHAs
- » Other providers of services for individuals experiencing homelessness

To be qualified to serve as a Transitional Rent Provider, organizations must have the experience and expertise required to perform the function they will assume in the delivery of Transitional Rent. The required experience and expertise will differ based on whether the provider is directly furnishing the housing, issuing payment for the housing, or contracting with organizations that provide or issue payment for housing.

Transitional Rent Providers that have a state-level enrollment pathway must enroll in the Medi-Cal program if there is a state-level enrollment pathway for them to do so. If there is no state-level enrollment pathway, MCPs must have a process for vetting Transitional Rent Providers (see additional information in Section VIII).

In implementing Transitional Rent, DHCS strongly recommends that MCPs, counties, and other key implementation partners consider implementing the Flex Pool model. A Flex Pool is a model for centrally administering rental assistance and coordinating related housing supports (see additional detail in Section VII.J).<sup>113</sup> Where a locality has a functioning Flex Pool, the Flex Pool plays the role of Transitional Rent Provider whenever it pays a landlord for a Member receiving housing through the Transitional Rent benefit.

### **Transitional Rent Provider Role Distinguished from Housing Supportive Services (HTNS, HTSS) Provider Role**

A Transitional Rent Provider can be distinguished from an HTNS Provider based on the focus of their activities. In general, Transitional Rent Providers focus on engaging and paying landlords; while HTNS Providers focus on helping the Member to find and obtain housing.

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<sup>113</sup> For more information, see DHCS' Flexible Housing Subsidy Pools: Technical Assistance Resource. (DHCS. *Flexible Housing Subsidy Pools: Technical Assistance Resource*. February 2025. Available at <https://www.dhcs.ca.gov/services/Pages/Housing-for-Health.aspx>. Accessed April 2025.)

If a Transitional Rent Provider is also conducting Member-focused responsibilities, they should contract with MCPs as an HTNS Provider so they can simultaneously provide and receive payments for both HTNS and Transitional Rent delivery.

## **E. Connecting Transitional Rent with Supportive Services**

### **Automatic Authorization for ECM and the Housing Trio When Authorized for Transitional Rent**

When the MCP authorizes a Member for Transitional Rent, it must also authorize the Member for ECM<sup>114</sup> and the Housing Trio Community Supports (HTNS, Housing Deposits, and HTSS). With ECM, Members receive connections to needed physical and behavioral health care services, as well as social supports, which will help them to take advantage of the housing stability afforded by Transitional Rent to achieve improved health and functioning. With Housing Trio services, Members receiving Transitional Rent are better able to identify, secure, and sustain long-term housing at the expiration of Transitional Rent. If a Member is receiving non-Medi-Cal funded equivalent services, the MCP is not expected to cover them.

Members receiving Transitional Rent will present with a variety of different needs and preferences. DHCS recognizes that there will be no one-size-fits-all approach to meeting the needs of Members. At a minimum, DHCS expects MCPs to make robust efforts to provide applicable Housing Trio services and ECM to all Members receiving Transitional Rent.

### **Access to ECM During the Duration of Transitional Rent**

If a Member is authorized for Transitional Rent but not yet receiving ECM, the MCP must authorize a Member for ECM, assign an appropriately selected ECM Provider, and share all necessary information with the ECM Provider<sup>115</sup> to enable the ECM Provider to begin conducting in-person outreach visits to the Member. The MCP is required to ensure that the ECM Provider conducts weekly in-person outreach visits to the Member as soon as feasible and acceptable to the Member, and no later than two weeks after a Member

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<sup>114</sup> A Member who is authorized for Transitional Rent is automatically eligible and authorized for ECM, regardless of if they meet one of the ECM Populations of Focus eligibility criteria.

<sup>115</sup> As established in the Member-Level Information Sharing Between MCPs and ECM Providers guidance. (DHCS. *Member-Level Information Sharing Between MCPs and ECM Providers*. December 2024. Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>. Accessed April 2025.)

begins receiving Transitional Rent, to invite engagement in ECM until a Member chooses to participate in ECM or declines participation.<sup>116</sup>

After the Member chooses to participate in ECM, the Member and ECM Provider should work together to establish a regular schedule and approach to continued engagement based on the Member's needs and preferences. While ECM is intended to be provided primarily through in-person interactions and DHCS believes in-person visitation is most effective, some Members may request to receive ECM via phone or telehealth, and this is permissible. However, there is an expectation that all ECM Lead Care Managers live close enough to their assigned Medi-Cal members to conduct regular in-person visits as necessary. There is no required minimum frequency of engagement after a Member begins receiving ECM; **however**, engagement should be regular, sufficient to meet the Member's needs, and tailored to the Member's preferences. DHCS understands that Members may be engaged in care management services through the county behavioral health agency (e.g., SMHS Targeted Case Management, Assertive Community Treatment (ACT), or FSP Intensive Case Management (ICM)). ECM Providers are expected to coordinate with any county behavioral health providers serving the Member, consistent with existing ECM requirements.

A provider can simultaneously provide and receive payment for both Transitional Rent and ECM if they serve as a Network Provider with the MCP to provide both services.

### **Access to Housing Supportive Services During the Duration of Transitional Rent**

If a Member is authorized for Transitional Rent but not yet engaged in the Housing Trio, the MCP must authorize and make best efforts to connect the Member to the appropriate Housing Trio services (e.g., HTNS for Members in interim settings, and Housing Deposits and HTSS for Members authorized for placement in permanent settings).

**Transitional Rent with HTNS:** A Member can receive both HTNS and Transitional Rent at the same time (if not also receiving HTSS). Transitional Rent delivery will require close coordination with the HTNS Provider, and may also require coordination with other entities such as the local Coordinated Entry System, homeless services authorities, public housing authorities, county agencies, and other operators of local rental subsidies. For individuals in the Behavioral Health POF, coordination with the county behavioral health agency will be essential.

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<sup>116</sup> The Member has the right to decline to engage in or continue ECM at any time.

A provider can simultaneously provide and receive payment for both Transitional Rent and HTNS if they serve as a Network Provider with the MCP to provide both services.

**Transitional Rent with Housing Deposits:** A Member can receive both Housing Deposits and Transitional Rent in support of the same housing placement. Transitional Rent delivery will require close coordination with the Housing Deposits Provider, and may also require coordination with other entities such as the local Coordinated Entry System, homeless services authorities, public housing authorities, county agencies, and other operators of local rental subsidies. For individuals in the Behavioral Health POF, coordination with the county behavioral health agency will be essential.

As indicated in the Housing Deposits service description (see Section VI.2), Housing Deposits can cover the security deposits required to obtain a lease on an apartment or home, which may be equivalent to the *amount* of one month's rent (or two months' rent for small landlords). However, Housing Deposits cannot cover the provision of Room and Board, including rent. Thus, if a Member receives both Housing Deposits and Transitional Rent, the maximum amount of rental assistance they will be able to receive is six months through Transitional Rent (including first and last month's rent), with Housing Deposits covering the security deposit and other one-time services and modifications necessary to enable a person to establish a basic household.

A provider can simultaneously provide and receive payment for both Transitional Rent and Housing Deposits if they serve as a Network Provider with the MCP to provide both services.

**Transitional Rent with HTSS:** A Member can receive both Transitional Rent and HTSS at the same time (if not also receiving HTNS). Transitional Rent delivery will require close coordination with the HTSS Provider and may also require coordination with the local Coordinated Entry System, homeless services authorities, public housing authorities, county departments, and other operators of local rental subsidies. For individuals in the Behavioral Health POF, coordination with the county behavioral health agency will be essential.

A provider can simultaneously provide and receive payment for both Transitional Rent and HTSS if they serve as a Network Provider with the MCP to provide both services.

**Table 4. Summary of Transitional Rent Service Delivery with Other Community Supports and ECM<sup>117</sup>**

<b>Transitional Rent Authorization Status</b>	<b>Can Member receive ECM?</b>	<b>Can Member receive HTNS?</b>	<b>Can Member receive Housing Deposits?</b>	<b>Can Member receive HTSS?</b>
Member is receiving or authorized for Transitional Rent.	Yes, a Member is automatically deemed eligible and authorized for ECM. If a Member is not currently receiving ECM, MCP is required to ensure that the ECM Provider conducts weekly in-person outreach visits until a Member chooses to participate in ECM or declines participation.	Yes, a Member is automatically deemed eligible and authorized for HTNS (if not also receiving HTSS).	Yes, a Member is automatically deemed eligible and authorized for Housing Deposits.	Yes, a Member is automatically deemed eligible and authorized for HTSS (if not also receiving HTNS).

## **F. Transitional Rent Authorization Requirements**

Members may be referred to an MCP for Transitional Rent from a county behavioral health agency, a health care provider, a housing support services provider, a CoC, or a variety of other sources.<sup>118</sup> Members may also self-refer. Upon receipt of a referral from

<sup>117</sup> Members receiving Transitional Rent will present with a variety of different needs and preferences. DHCS recognizes that there will be no one-size-fits-all approach to meeting the needs of Members. At a minimum, DHCS expects MCPs to make robust efforts to provide applicable Housing Trio services and ECM to all Members receiving Transitional Rent.

<sup>118</sup> See additional information on referrals to Community Supports in Section VIII.



the Member or another entity, the MCP must determine whether (1) the Member is eligible for Transitional Rent and (2) ensure the Member has a housing support plan in place as a condition for authorizing Transitional Rent.

### **Permanent Settings**

MCPs must require a **comprehensive** housing support plan as a condition for authorizing Transitional Rent for a Member in a permanent setting. This means that a permanent housing solution has been developed for the member, including identifying the payment source(s) and mechanism(s) to maintain housing. (See additional detail on the required content of the housing support plan in Section V.B.)

### **Interim Settings**

To reduce the risk that Members placed in interim settings return to homelessness at the expiration of six months of Transitional Rent, MCPs must ensure that the below requirements are met prior to authorizing placement in an **interim** setting. This requirement applies to any Member who is included in the Transitional Rent Behavioral Health POF, which all MCPs will be required to cover beginning January 1, 2026.<sup>119</sup> DHCS will consider authorization requirements for interim settings for other POFs at a later date.

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<sup>119</sup> Because BHSA Housing Intervention funds do not become available until July 1, 2026, this requirement applies beginning January 1, 2026. MCPs that elect to cover the Behavioral Health POF beginning July 1, 2025, are strongly encouraged to ensure that a plan for month seven is in place prior to service authorization.

- (1) The MCP must coordinate with the Member's county behavioral health agency and confirm that the Member is BHSA-eligible<sup>120</sup> and will be able to transition to BHSA Housing Interventions at the expiration of Transitional Rent, if the Member is otherwise not able to secure a HUD Housing Choice Voucher, permanent supportive housing subsidy, or other long-term rental subsidy to transition to at the expiration of coverage under Transitional Rent. This confirmation from the county behavioral health agency must be obtained regardless of whether the department is acting as the Member's Transitional Rent Provider, and must be documented in the Member's housing support plan. (See additional detail on MCP and county behavioral health agency coordination in Section VII.H.)
- (2) The MCP must require a housing support plan to be in place. (See additional detail about the content of the housing support plan for interim settings in Section V.B.)

### **Standard Term of Authorization**

An MCP authorization for Transitional Rent must have a term of six months (subject to the global cap on Room and Board services), and the MCP may not re-assess eligibility while the Member is receiving Transitional Rent. If the Member discontinues receipt of Transitional Rent after a period of less than six months (e.g., returning to unsheltered homelessness after a two-month stay in an interim setting), and then seeks to utilize Transitional Rent again, the MCP must re-assess eligibility prior to authorizing. If the

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<sup>120</sup> There is a very small population that will fall into the Transitional Rent Behavioral Health POF but may not meet the BHSA eligibility criteria or be covered for BHSA Housing Interventions in a particular county. This is because an individual with a mild SUD will meet the clinical criteria for inclusion in the Behavioral Health POF, and thus could be included in this POF if the other eligibility requirements were met, but may not be eligible for BHSA services. Under the BHSA, eligibility on the basis of an SUD is limited to those with a moderate to severe SUD (see W&I Code sections 5830(a)(1), 5892(k)(7), 5891.5(c)). In addition, counties have the option but are not required to provide Housing Interventions to an individuals with an SUD only (see W&I Code section 5891.5(a)(2)). If an individual falls within the Behavioral Health POF and the county behavioral health agency determines that the individual is not BHSA-eligible (e.g., because they have a mild SUD only) or not eligible for BHSA Housing Interventions (e.g., because the county has declined to provide Housing Interventions to individuals with an SUD), the MCP must determine that the Member has an alternative subsidy to transition to at the expiration of six months of Transitional Rent, such as HUD-assisted housing, prior to authorizing Transitional Rent for an interim setting.

Member transitions from an interim to a permanent setting without discontinuing service, the MCP may not re-assess eligibility but may issue a new or revised authorization.

This standard authorization period does not mean that all Members will require Transitional Rent for the full six months. A Member may move into HUD-assisted housing, or be reunited with family, or for other reasons no longer need Transitional Rent prior to the expiration of six months of services, in which case it would be appropriate for the MCP to discontinue coverage.

### **Housing First**

In accordance with California (W&I) Code section 8256, Transitional Rent must be administered in accordance with Housing First requirements. This means that MCPs may not condition authorization for or continued receipt of Transitional Rent on sobriety, engagement in or completion of certain services,<sup>121</sup> or “housing readiness.”<sup>122</sup> Recovery housing is a permitted setting and may be used in connection with Transitional Rent where it is the choice of the Member. Members who want to live in a recovery environment should have access to recovery housing; however, Members who prefer low-barrier housing must not be limited to recovery housing. In other words, recovery housing should be an option but must never be the only option available to individuals in need of Transitional Rent.

## **G. Coordination with Existing Housing Systems**

### **Housing Management Information System (HMIS)**

MCPs must make best efforts to ensure that all instances of Transitional Rent are recorded in HMIS. Entry may be completed by the Housing Trio Provider, the Transitional Rent Provider, or the MCP. To the maximum extent possible, entry should be made so as to preserve Members’ status as homeless or chronically homeless. While MCPs should strive to ensure that all instances of Transitional Rent are recorded in HMIS from the date of launch onward, HMIS entry is not required until January 1, 2027.

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<sup>121</sup> The only (limited exception) is housing navigation services as needed to develop a housing support plan. This is a prerequisite for authorization of Transitional Rent.

<sup>122</sup> See [California W&I Code section 8255\(d\)](#) for the definition of Housing First.

## **Connection to Coordinated Entry**

All Members receiving Transitional Rent should be encouraged to complete an intake into the Coordinated Entry System, which is how individuals experiencing homelessness typically connect to housing services.

## **H. MCP and County Behavioral Health Agency Coordination**

As laid out above, county behavioral health agencies are a critical access point for Transitional Rent for Members in the Behavioral Health POF. Additionally, many Members in the Behavioral Health POF will also transition to BHSA Housing Interventions following the receipt of Transitional Rent. As such, MCPs and county behavioral health agencies must achieve new levels of partnership, coordination, and communication.

### **Expectation of Contracting**

A provider contracting relationship, wherein the county behavioral health agency contracts with an MCP as a Transitional Rent Provider, offers an ideal way to achieve the requisite coordination. MCPs can leverage county behavioral health agencies' deep experience engaging with and providing housing services to Members experiencing or at risk of homelessness, and can access county behavioral health agencies' networks of housing providers for service delivery of Transitional Rent. As an MCP-contracted Transitional Rent Provider, county behavioral health agencies can continue to serve their Members during receipt of Transitional Rent, while complying with the statutory prohibition on the use of BHSA funds for housing interventions covered by an MCP.<sup>123</sup>

In each county in which an MCP operates, the MCP must offer to the county behavioral health agency, or their designated county department or agency, a contract to serve as a Transitional Rent Provider.

In addition, if the MCP does not contract with the county behavioral health agency and makes arrangements for the county to serve as a "hub" or administrator on behalf of the county behavioral health agency's network of housing providers, the MCP must make a good faith effort to contract with such providers directly.

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<sup>123</sup> As set forth in W&I Code section 5830(c)(2), BHSA Housing Intervention funds must not be used for housing interventions covered by an MCP. ([W&I Code section 5830\(c\)\(2\), added by Senate Bill \(SB\) 326.](#))

DHCS requires MCPs to describe their efforts to contract with the county behavioral health agencies (or their network providers if applicable) in the Transitional Rent Model of Care (MOC) Template in 2025.

### **Streamlined Provisional Authorization with Contracted County Behavioral Health Agencies**

County behavioral health agencies are uniquely positioned to help Members in the Behavioral Health POF connect to Transitional Rent. To support the use of county behavioral health agencies as an entry point for Transitional Rent and reduce delays in the process that may hinder utilization, county behavioral health agencies will be permitted to conduct streamlined provisional authorizations for Transitional Rent, subject to the following conditions.

The county behavioral health agency may only conduct streamlined provisional authorizations<sup>124</sup> where all of the following conditions are met:

- » The county behavioral health agency is contracted with the Member's MCP as a Transitional Rent Provider.
- » The county behavioral health agency determines that the Member is BHSA-eligible and commits to providing the Member with BHSA Housing Interventions at the expiration of Transitional Rent, or upon denial of the request for coverage by the MCP. Given county behavioral health agencies will have already conducted a streamlined provisional authorization, DHCS expects MCP denials to be infrequent, and occurring primarily in situations where the Member has reached the global cap on receipt of Room and Board services. (See Section IV for additional detail on the global cap on coverage of Room and Board services.)
- » The county behavioral health agency commits to sending a referral and request for authorization to the Member's MCP in a timely manner and at a minimum, within 14 days of the county behavioral health agency's streamlined provisional authorization.
- » Consistent with [APL 21-011](#), the MCP must authorize or deny coverage of Transitional Rent within the shortest applicable timeframe, but no longer than five business days from the MCP's receipt of information reasonably necessary

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<sup>124</sup> In a streamlined provisional authorization, the county behavioral health agency makes a temporary determination that the Member is qualified to receive Transitional Rent. This temporary authorization must be approved or denied by the MCP within the timelines set forth in APL 21-011.

and requested by the MCP to make a determination, not to exceed 14 calendar days from the MCP's receipt of the referral from the county behavioral health agency.

Upon agreement with the MCP, the county behavioral health agency may delegate this authority to another organization, including but not limited to a Flex Pool.

Even for county behavioral health agencies that are not Network Providers contracted with the MCP, ensuring coordination is essential. In addition to contracting, other strategies for coordination include establishing processes for communication and data sharing (memorialized through the MOUs that MCPs and county behavioral health delivery systems must execute<sup>125</sup>), shared participation in a local Flex Pool, and regular touchpoints to strengthen the county/MCP partnership.

## I. Transitional Rent Payment from DHCS to MCPs

DHCS will make non-risk payments to MCPs for Transitional Rent from which they will pay Transitional Rent Providers. These payments are made to MCPs separately from, and in addition to, usual capitation payments. DHCS will not pay Transitional Rent Providers directly. DHCS payments to MCPs will consist of two separate components:

- (1) Cost of rental assistance or temporary housing.** DHCS will reimburse MCPs the actual cost of rent or temporary housing paid to the landlords or property owners, not to exceed amounts set by DHCS in a schedule of reimbursable ceilings.
- (2) Administrative fee.** DHCS will pay MCPs administrative fees that provide for the reasonable cost of arranging for the provision of Transitional Rent. The administrative fees account for administrative costs for both the MCP and the Transitional Rent Provider. The administrative fee will vary based on region. 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.

DHCS will make provisional supplemental payments to MCPs to allow for timely cash flow to MCPs as services are being provided. The housing component of these payments (not the administrative fee component) will then be reconciled to the

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<sup>125</sup> See [APL 23-029](#), [Behavioral Health Information Notice \(BHIN\) 23-056](#), [BHIN 23-057](#), and [BHIN 24-016](#).

reimbursable ceilings. DHCS will compare the MCP's actual costs for all Members for rent or temporary housing to the sum of the applicable reimbursable ceilings for all Members to determine the reconciliation between DHCS and the MCP. Because DHCS' payment methodology uses federally recognized measures like Fair Market Rent, DHCS expects that rental costs will typically be below the reimbursable ceiling. DHCS will **not** reconcile the administrative fee payments to the actual costs incurred by MCPs and Transitional Rent Providers.

The payment provided to the Transitional Rent Provider is designed to cover the full cost of rent or housing for the Member. MCPs and Transitional Rent Providers must not require Members receiving Transitional Rent to cover a share of the cost of rent or housing. MCPs and Transitional Rent Providers should place Members in settings where the payment provided by the Transitional Rent Provider is sufficient to cover the full cost of rent. Where Members will be transitioning from Transitional Rent to housing or a housing subsidy where they will be required to pay a share of the rent, as under the HUD Housing Choice Voucher program, the housing support plan must establish the steps that will be taken to prepare the Member to assume this responsibility (e.g., a plan for increasing the Member's income as needed and supporting the Member in budgeting the appropriate share of income for their future share of rent).

MCPs are required to pay Transitional Rent Providers in accordance with [APL 23-020](#). MCPs are permitted and encouraged to pay Transitional Rent Providers prospectively, with reconciliation to follow, to address cash flow challenges that may limit participation by Transitional Rent Providers.

## **J. Flexible Housing Subsidy Pools**

While not required, DHCS encourages the development of Flexible Housing Subsidy Pools ("Flex Pools") as a key strategy to support local partners, including MCPs, in administering rental assistance and coordinating related housing supports. With a Flex Pool, a centralized administrative entity can efficiently connect individuals to the units that best meet their needs. Flex Pools provide a solution to create economies of scale, reduce the burden of subsidy administration, and braid together resources seamlessly so that Members are accessing housing more quickly and efficiently, and ensures individuals who become housed, remain housed.

With the addition of funding for Transitional Rent, and increased funding for housing interventions under the BHSA, Flex Pools provide a model for the efficient and effective administration of both funding streams. The model supports local partners in braiding complementary resources to initially place individuals in housing and sustain housing

placements. For example, the model can be designed to seamlessly connect individuals who are exiting Transitional Rent to other long term housing resources through BHSA Housing Interventions or other local, State, or federal resources.

DHCS has published a [Technical Assistance Resource](#)<sup>126</sup> on Flex Pools and is providing technical assistance to support Flex Pool development and implementation across the State.

## K. HCPCS Codes for Transitional Rent

With the launch of Transitional Rent, new HCPCS service codes will need to be used to track service delivery on a monthly or daily basis. Listed below are the HCPCS code and modifier combinations that must be used for Transitional Rent. See Section XI for more information about Billing & Payments for Community Supports. DHCS may establish additional codes and code modifiers as needed.

Code	Code Description	Modifier	Setting <sup>127</sup>
H0044	Supported housing, per month	U6	Permanent settings (e.g., apartments, single family homes, etc.)
H0043	Supported housing, per diem	U2	Interim settings (e.g., non-congregate shelters, hotel/motel rooms, etc.)

<sup>126</sup> DHCS. *Flexible Housing Subsidy Pools: Technical Assistance Resource*. February 2025. Available at <https://www.dhcs.ca.gov/services/Pages/Housing-for-Health.aspx>. Accessed April 2025.

<sup>127</sup> See Section VII.C for the list of allowable settings categorized by permanent or interim.



## VIII. ENGAGING MEMBERS IN COMMUNITY SUPPORTS<sup>128</sup>

As previously outlined, **DHCS expects MCPs to source the majority of referrals for Community Supports from the community**—i.e., from the MCP’s network of providers (including ECM and Community Supports Providers) and other clinical and community-based partners, regardless of whether those partners directly deliver Community Supports.

### Referrals to Community Supports

MCPs are required to use a variety of methods to identify Members who may benefit from Community Supports. One important method for Member identification is through referrals. DHCS expects MCPs to establish strong referral relationships with Community Supports Providers and a wide broad range of organizations in the community, including developing a process for receiving and responding to referral requests from a wide range of sources.

MCPs are required to inform Members and their networks of providers about Community Supports and what the process is to request authorization of Community Supports. MCPs must consider requests for Community Supports from Members and on behalf of Members from their families, guardians and caregivers, ECM Providers, Community Supports Providers, other providers and Community-Based Organizations (CBOs). MCPs must also train their call centers about how to manage referrals for Community Supports.

**(Added April 2025) Closed-Loop Referral (CLR) Requirements:** In addition to the guidance provided in this Policy Guide, the [DHCS CLR Implementation Guidance](#)<sup>129</sup> details MCP requirements for tracking, supporting, and monitoring referrals made to Requirement to Publish Information about Offered Community Supports MCPs for ECM

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<sup>128</sup> This section duplicates Section IV of the [Community Supports Policy Guide Volume 1](#) and is included for ease of reference.

<sup>129</sup> DHCS. [CLR Implementation Guidance](https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx). Available at <https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>. Accessed April 2025.

and Community Supports.<sup>130</sup> Community Supports CLR requirements take effect on July 1, 2025, and apply to community referrals—including those from Members and caregivers—and referrals generated by MCP data-driven practices.

Under CLR requirements, MCPs must track referral source mix in pursuit of having a majority of Community Supports referrals originate from community-based sources, rather than from the MCP itself.

## **Requirement to Publish Information about Offered Community Supports**

To promote access to Community Supports, MCP websites must be updated to include the following for ECM and Community Supports:

- » Up-to-date Member and provider facing information about ECM and Community Supports and how to request authorization of ECM and Community Supports.
- » As required in [A.B. 133 14184.206\(e\), Cal Assembly, 2021 Reg. Sess. \(CA 2021\)](#):<sup>131</sup> Up-to-date information about all the Community Supports being offered by the MCP, including, at minimum:
  - » A short description of each available service that is consistent with the service definitions listed in the DHCS Community Supports Policy Guide. Terminology should not differ from DHCS' terminology.
  - » All populations they have optionally elected to cover for Transitional Rent, as well as the associated eligibility requirements. (See additional detail on the Transitional Rent populations of focus in Volume 2.)

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<sup>130</sup> Due to the real-time nature of the provision of services via Sobering Centers, CLR requirements do not apply to the Sobering Centers Community Support. For additional details on MCP and Provider data exchange to support CLR tracking, also see the [DHCS Community Supports Member Information Sharing Guidance](#). Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>. Accessed April 2025.

<sup>131</sup> California Assembly Bill 133. [Committee on Budget. Health, Chapter 143, Statutes of 2021](#). Available at [https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202120220AB133](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB133). Accessed April 2025.

- » Member and provider facing information about how to refer and request authorization for the Community Supports offered by the MCP.

## Authorization Process

To support Members' access to any offered Community Supports, MCPs must have nondiscriminatory authorization processes in place to determine Member eligibility for each Community Support, in accordance with the service definitions and the MCP's contract with DHCS.

As part of the authorization process, MCPs must clearly outline their process for ensuring documentation of the medical appropriateness of the Community Support. This process must detail that provision of the Community Support, recommended by a provider at the MCP or network level using their professional judgment, is likely to reduce or prevent the need for acute care or other Medi-Cal services, including, but not limited to, inpatient hospitalizations, skilled nursing facility stays, or emergency department visits.<sup>132</sup> Thus, the Community Support is medically appropriate for that Member.

This process may be incorporated into the MCP's utilization management process or may include provider-level documentation in a Member's care plan or other record. The service definitions for several Community Supports already require this documentation. For example:

- » When authorizing Environmental Accessibility Adaptations as a Community Support, MCPs must receive and document an order from the Member's current primary care physician or other health care professional specifying the requested equipment or service and a description of how the equipment or service meets the medical needs of the Member with supporting documentation describing the efficacy of the of the equipment or service, where appropriate.
- » Effective January 1, 2026, when authorizing Asthma Remediation Services, MCPs must receive and document an in-home environmental trigger assessment through the Asthma Preventive Services benefit that identifies medically appropriate Asthma Remediation and specifies how the interventions meet the

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<sup>132</sup> When authorizing a Community Support for a Member who has disclosed experiencing intimate partner violence (IPV), MCPs must ensure that their process for documenting the medical necessity of that Community Support is in accordance with federal, state, and local privacy and confidentiality laws.

needs of the Member. No additional documentation of medical appropriateness from a provider is necessary.

In addition to these specific examples, most Members who receive Community Supports will also qualify for either ECM or Complex Case Management (CCM). In these instances, MCPs may use ECM or CCM care plans to document Member needs that qualify them for a Community Support and ensure it is a medically appropriate substitute for a State Plan service. This process may apply to any Community Support provided to a Member who is also engaged in one of these care/case management programs.

### **Requirement for Expedited Authorization Timeframes**

MCPs must have Policies and Procedures for expediting the authorization of certain Community Supports for urgent needs, as appropriate. MCPs are required to submit their Policies and Procedures for situations that may be appropriate for expedited authorization of a Community Support (e.g., for sobering center visits with a 48-hour+ authorization timeline would preclude effective use of the service). DHCS determined the following Community Supports are inherently time sensitive and therefore must be subject to expedited authorization if offered:

- » Recuperative Care
- » Short-Term Post-Hospitalization Housing
- » Sobering Centers<sup>133</sup>

MCPs are encouraged to consider working with Community Supports Providers to define a process and appropriate circumstances for streamlined authorization of all Community Supports offered.

### **Prime and Subcontracted MCP Authorization Alignment**

For each Community Support commonly offered across a Prime MCP and its Subcontractor(s), the Prime MCP is responsible for ensuring alignment of all standards and Policies and Procedures related to authorizations for the Community Support, including both the adjudication standards and the documentation used for referrals and authorizations. The Prime MCP is also responsible for ensuring that Community Supports are equitably available to all Members in the counties where those Community Supports are offered. As such, if a Member of a Prime MCP or a Subcontracted MCP requests or is referred to a Community Support that is offered by the Prime MCP **or** any

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<sup>133</sup> This service definition is located in [Community Supports Policy Guide Volume 1](#).

of its Subcontractors in the county where the Member resides, and if the Member meets the eligibility criteria for that Community Support, then the Prime MCP must ensure the Member has access to that Community Support. To accomplish this, the Prime MCP has the following options, provided there are sufficient Community Supports Providers in the given service area(s)/counties in which the Prime MCP and Subcontracted MCP operate:

- » The Prime MCP requires its subcontractor to offer the Community Support;
- » The Prime MCP directly facilitates access to the Community Support, even though the Member remains enrolled in the Subcontracted MCP; or
- » The Prime MCP helps facilitate the transition from the Member's current MCP to a MCP that offers the Community Support, which could be the Prime MCP or another Subcontractor MCP that offers that Community Support.

The Prime MCP must describe in its Model of Care (MOC) submitted to DHCS which of the approaches above it will implement to ensure equitable access for all its Members to Community Supports in a given county.

The Prime MCP must ensure that all Community Supports it elects to offer are also offered by its Subcontracted MCP to ensure all Members can access the same set of Community Supports.

### **Continuity of Care for Authorizations for Members Receiving Community Supports Moving to Another MCP**

If a Member transitions to a new MCP and the new MCP offers the same Community Support(s) that the Member received under their previous MCP, then the new MCP must honor the Community Support authorization for that Member. Where the new MCP offers the same Community Supports(s) as the previous MCP, the new MCP must:

- » Automatically authorize newly enrolled Members who were receiving a Community Support through their previous MCP, adapting the specifications (e.g., amount and duration) to be consistent with the parameters of the new MCP's offered Community Support.
- » Have a process for engaging the previous MCP, Member, and/or Community Supports Provider to mitigate gaps in care.
- » Have a process for reviewing historical utilization data using a 90-day look-back period to identify Members receiving Community Supports.

The MCP is also encouraged to bring in network new Members' out-of-network Community Supports Providers.

For Community Supports with a lifetime maximum, or with other maximums (such as during the demonstration period; or 6-month maximums during a rolling 12-month period as is applicable for Community Supports services with a Room and Board component), MCPs must track and apply Continuity of Care if Members have not reached their applicable maximums.

## **Graduation/Deauthorization Process**

MCPs must have processes in place for "graduating" or discontinuing Community Supports for Members who no longer qualify for, no longer require, or no longer want to receive Community Supports services.

A Notice of Action letter is necessary to inform the Member when the Community Support service is ending or discontinuing. However, NOAs are not needed if the Member was informed at the beginning of service delivery (i.e., when a Medically Tailored Meal service is authorized for three months, the Member is informed at the beginning of the authorized period of service). It is also not necessary if the Member has opted out of the Community Support service.

## ***(Updated April 2025)* Grievances and Appeals**

Requests for authorization of Community Supports via referral are subject to state and federal requirements for grievances, appeals, and noticing outlined in [APL 21-011](#).<sup>134</sup> Members always retain the right to file appeals and/or grievances if they request one or more Community Support offered by the MCP but were not authorized to receive the requested Community Support because of an adverse service determination (i.e., that it was not medically appropriate; the Member did not meet eligibility criteria; or the provider requesting the service was not eligible to deliver the Community Support). Community Supports are also subject to the State Hearings process.

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<sup>134</sup> DHCS. [Grievance and Appeal Requirements, Notice and "Your Rights" Templates](#). August 2022. Available at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-011.pdf>. Accessed April 2025.

## IX. PROVIDER CONTRACTING, ENROLLMENT, CREDENTIALING, AND VETTING REQUIREMENTS<sup>135</sup>

### Contracting with Local Community Supports Providers with Specialized Skills or Expertise

CalAIM has challenged MCPs to work and contract with a new set of “non-traditional” Providers that offer services and supports that historically have not been well integrated into the health care system. These Providers include, but are not limited to, housing service providers, home modification companies, sobering centers, intimate partner violence (IPV) and domestic violence shelters and organizations (including those serving pregnant and postpartum Members and families), and organizations that prepare and deliver medically-tailored food and nutrition. While many MCPs and Community Supports Providers have some experience working together, particularly in former WPC Pilot counties, CalAIM is designed to encourage and support broader contracting and partnerships throughout the state. **MCPs should contract with organizations that have experience delivering Community Supports services and an existing footprint in the communities they serve**, working with the populations eligible to receive Community Supports. Providers must have experience and expertise with providing these unique services in a culturally and linguistically appropriate manner. MCPs are encouraged to be innovative in exploring new partnerships.

DHCS expects MCPs to prioritize contracting with qualified, locally-based providers who can work to close existing equity gaps and are culturally responsive to their community. DHCS expects MCPs to vet entities as part of their credentialing and contracting processes to ensure Community Supports Providers, as Network Providers, can deliver services in accordance with the guidelines described below.

DHCS encourages MCPs to leverage community care hubs, which are organizations that centralize administrative functions for Medi-Cal providers of Community Supports, ECM,

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<sup>135</sup> This section duplicates Section V of the [Community Supports Policy Guide Volume 1](#) and is included for ease of reference.



and other Medi-Cal services, acting as intermediaries between MCPs and community-based providers.<sup>136</sup>

## **(Updated April 2025) Community Supports Providers as Medi-Cal Enrolled Providers**

MCP Network Providers (including those operating as Community Supports Providers) are required to enroll as Medi-Cal Providers **if there is a state-level enrollment pathway available**. For more information on Medi-Cal enrollment pathways and processes, see the [Provider Application and Validation for Enrollment \(PAVE\)](#)<sup>137</sup> portal.

**Requirements where a state-level enrollment pathway is in place:** For those Community Supports Providers with a state-level Medi-Cal enrollment pathway, the Provider must enroll through the DHCS Provider Enrollment Division, or the MCP may choose to implement a separate enrollment process.

DHCS has created enrollment pathways for certain Community-Based Organizations (CBOs) including Community Health Worker (CHW), Asthma Preventive Services (APS), and justice-involved (JI) services. Local Health Jurisdictions (LHJs) and County Children and Families Commissions that provide CHW or AP services may also apply to enroll in the Medi-Cal program by submitting an electronic application through the PAVE online enrollment portal, along with all supporting documentation.<sup>138</sup>

The CHW enrollment pathway is intended for providers delivering the CHW Benefit and is not a required state-level enrollment pathway for all organizations that employ CHWs as staffing for their service models (e.g., Community Supports Providers with CHWs on staff who don't contract to provide the CHW Benefit).

**Requirements when a state-level enrollment pathway is not in place:** Other Community Supports Providers without a state-level enrollment pathway (e.g., housing agencies, medically tailored meal providers) are not required to enroll in the Medi-Cal program. Instead, these Providers must be vetted by the MCP to participate as

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<sup>136</sup> Donnelly, J., Nielson, B., & Owens, B. October 2024. [Exploring Emerging Medi-Cal Community Care Hubs](#), California Health Care Foundation. Available at <https://www.chcf.org/publication/exploring-emerging-medi-cal-community-care-hubs/>. Accessed April 2025.

<sup>137</sup> DHCS. [Provider Application and Validation for Enrollment Portal](#). Available at <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>. Accessed April 2025.

<sup>138</sup> For more details, see [CBO LHJ Application Information](#). Available at <https://www.dhcs.ca.gov/provgovpart/Pages/CBO-LHJ-CCFC-Application-Information.aspx>. Accessed April 2025.



Community Supports Providers. To include a Community Supports Provider in their networks when there is no state-level Medi-Cal enrollment pathway, MCPs must vet the qualifications of the Provider or Provider organization to ensure they can meet the standards and capabilities required to serve as a Community Supports Provider. This vetting may extend to individuals employed by or delivering services on behalf of the Community Supports Provider, ensuring they can meet the capabilities and standards required to serve as a Community Supports Provider. MCPs must submit Policies and Procedures in their MOC submissions detailing how they will vet the qualifications of ECM and Community Supports Providers. MCPs must create and implement their own processes to do so. Factors MCPs should consider as part of their process include, but are not limited to:

- » Ability to receive referrals from MCPs for the authorized Community Supports;
- » Sufficient experience in providing services similar to the specific Community Supports for which they are contracted to provide within the service area;
- » Ability to submit claims or invoices for Community Supports using standardized protocols;
- » Business licensing that meets industry standards;
- » Capability to comply with all reporting and oversight requirements;
- » History of fraud, waste, and/or abuse;
- » Recent history of criminal activity, including any criminal activities that endanger Members and/or their families; and
- » History of liability claims against the Provider.

MCPs should consider the evolving landscape of Community Supports Providers and requirements they have voluntarily enacted to credential and/or accredit service providers. Examples include the Food is Medicine Coalition MTM Intervention Accreditation Criteria<sup>139</sup> for MTM agencies and the Requirements and the National Institute for Medical Respite Care Certification for Medical Respite Programs.<sup>140</sup>

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<sup>139</sup> For additional information see [Food is Medicine Coalition MTM Intervention Accreditation Criteria](https://fimcoalition.org/programs/fimc-accreditation/). Available at <https://fimcoalition.org/programs/fimc-accreditation/>. Accessed April 2025.

<sup>140</sup> For additional information see [Requirements and the National Institute for Medical Respite Care Certification for Medical Respite Programs](https://nhchc.org/medical-respite/nimrc/certification/). Available at <https://nhchc.org/medical-respite/nimrc/certification/>. Accessed April 2025.

## X. DATA SYSTEMS AND DATA SHARING<sup>141</sup>

The vision of Community Supports is to embrace and integrate a diverse range of Providers in the delivery of whole-person care, beyond traditional health care Providers. DHCS acknowledges the significant investment required of both MCPs and Provider organizations to realize this from an information technology infrastructure and data sharing perspective. To that end, listed below are high-level data system requirements for MCPs, along with data sharing requirements for MCPs and Community Supports Providers.

### Data System Requirements

MCPs must have an IT infrastructure and data analytic capabilities to support Community Supports, including the following capabilities to:

- » Consume and use claims and encounter data, as well as other data types listed in Community Supports Contract Template Section 7: Identifying Members for Community Supports;
- » Assign Members to Community Supports Providers;
- » Maintain records of Members receiving Community Supports and their consent;
- » Securely share data with Community Supports Providers;
- » Receive, process, and submit encounters and invoices from Community Supports Providers to DHCS in accordance with DHCS standards;
- » Receive and process supplemental reports from Community Supports Providers;
- » Submit Community Supports supplemental reports to DHCS; and
- » Open, track, and manage referrals to Community Supports Providers.<sup>142</sup>

Community Supports Providers and MCPs may need to reconfigure their existing systems to meet these requirements.

**(Updated July 2023)** To mitigate administrative burden on Community Supports Providers who contract with more than one MCP in particular, MCPs **may not require**

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<sup>141</sup> This section duplicates Section VI of the [Community Supports Policy Guide Volume 1](#) and is included for ease of reference.

<sup>142</sup> DHCS. [Community Supports Member Information Sharing Guidance](#). December 2024. Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>. Accessed April 2025.

Community Supports Providers to utilize their MCP portal for documentation of all services and day-to-day work, such as notes and care plans. MCPs **may** rely on portals for sharing the information contained in the Member Information Sharing Guidance document (below). Furthermore, MCPs may still offer access to MCP's care management documentation system for all functions, and Providers may still choose to take this option. MCPs who may be unsure of how to strike the required balance between robust data sharing with providers and mitigating administrative burden on providers, should contact DHCS for a discussion.

## XI. CODING, BILLING, AND PROVIDER PAYMENTS<sup>143</sup>

DHCS' vision is that Community Supports Providers will submit compliant 837P encounters to MCPs for submission to DHCS. Providers that do not have these capabilities can submit invoices to MCPs using a standardized format, and MCPs will then convert the invoices to encounters for submission to the DHCS.

### Procedure Coding Guidance

Each service definition provided in this Policy Guide and Volume 2 of the Community Supports Policy Guide lists the procedure codes, using the HCPCS codes that must be used for Community Supports services. The HCPCS code and related modifier combined define the service as Community Supports. MCPs must use the HCPCS codes and modifiers listed in DHCS' guidance, including the [ECM and Community Supports HCPCS Coding Guidance](#),<sup>144</sup> to report Community Supports services. For example, HCPCS code "H0043" by itself does not define the service as a Housing Transition Navigation Services Community Supports service for billing purposes; it must be reported with modifier "U6" for the supported housing services to be defined and categorized as a Community Supports service.

DHCS expects MCPs to support their Community Supports Providers in reporting and translating their delivered Community Supports to these required HCPCS codes.

**(Added January 2024)** MCPs may not require or allow Community Supports Providers to report codes or modifiers for Community Supports services beyond those included in this guidance, even if the MCP and Community Supports Provider mutually agree to the additional codes/modifiers. MCPs may utilize alternative payment approaches with Community Supports Providers, as long as service records continue to be reliably reported using the included HCPCS codes and modifiers. For example, an MCP might opt to pay a Provider for Housing Transition Navigation Services in a per Member per month (PMPM) payment. However, that MCP must still require the Provider to report the HCPCS codes and modifiers below, which are on a standard per diem basis.

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<sup>143</sup> This section duplicates Section VII of the [Community Supports Policy Guide Volume 1](#) and is included for ease of reference.

<sup>144</sup> DHCS. [ECM and Community Supports HCPCS Coding Guidance](#). June 2024. Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>. Accessed April 2025.

- (1) If a Community Supports service is provided through telehealth, the modifier “GQ,” must be used.<sup>145</sup>
- (2) Some Community Supports services have more than one coding option. For these services, MCPs may determine which codes to require their Community Supports Providers to use. For example, MCPs may require their Community Supports Providers to bill short-term post-hospitalization housing on **either** a per diem (H0043, U3) **or** per month (H0044, U3) basis.
- (3) For the Community Supports services that allow for billing in 15-minute increments, MCPs should work with their Community Supports Providers to adhere to the “Rule of Eights”: at least eight minutes of treatment must occur to bill for the first 15-minute increment, and for each subsequent 15-minute increment thereafter.

### ***(Updated April 2025) Place of Service (POS) Codes***

MCPs and Community Supports Providers must use appropriate Place of Service (POS) codes when submitting claims and encounter data for Community Supports. The accurate use of POS codes is necessary to ensure proper documentation, adjudication, and reporting of services delivered in various settings.

DHCS aligns POS code expectations with existing Medi-Cal billing policies. MCPs must follow the applicable guidance outlined in the Medi-Cal Provider Manual, Medi-Cal Billing Manual, and any APLs issued by DHCS. This includes using POS codes that accurately reflect the physical or virtual setting in which the Community Support was provided.

MCPs are responsible for ensuring that contracted Providers understand and apply the correct POS codes in accordance with DHCS policy. For Community Supports delivered in non-traditional settings (e.g., in the field, in temporary housing sites), MCPs should refer Providers to the Medi-Cal Billing Manual for additional specificity on POS code selection and application.

Additionally, accurate POS code reporting is essential for identifying services subject to Electronic Visit Verification (EVV) requirements. MCPs and Providers must ensure

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<sup>145</sup> All telehealth services must be provided in accordance with DHCS policy. For more information, refer to DHCS’ [Medi-Cal Provider Manuals](https://www.dhcs.ca.gov/formsandpubs/publications/Pages/Medi-CalProviderManuals.aspx). Available at <https://www.dhcs.ca.gov/formsandpubs/publications/Pages/Medi-CalProviderManuals.aspx>. Accessed April 2025.

alignment between POS coding and EVV reporting, where applicable, in accordance with federal and state EVV policies. For more information on EVV requirements, MCPs should refer to [DHCS EVV guidance](#)<sup>146</sup> and applicable APLs, including [APL 22-014](#).<sup>147</sup>

MCPs must also ensure that the POS codes used are compatible with DHCS-approved HCPCS codes and modifiers for Community Supports, as outlined in this Policy Guide.

## Community Supports Billing and Invoicing Guidance

DHCS has developed comprehensive guidance that describes the minimum set of data elements required to be included in an invoice submitted to MCPs, available from the [CalAIM Data Guidance: Billing and Invoicing between ECM/Community Supports Providers and MCPs](#).<sup>148</sup>

As established in the ECM and Community Supports Billing and Invoicing Guidance, MCPs must require their contracted Community Supports Providers to submit claims for the provision of Community Supports services using the national standard specifications and DHCS-established code sets contained in this document. MCPs must require their contracted Community Supports Providers to submit claims for the provision of Community Supports services using the national standard specifications and DHCS-established code sets contained in this document.

## Community Supports Provider Payments

DHCS does not set Provider rates for Community Supports. Community Supports Payments rates as well as payment arrangements are negotiated between MCPs and Community Supports Providers and should be clarified in the Network Agreement between the MCP or their Subcontractor and the Community Support Provider.

In recognition that MCPs and Community Supports Providers are required to engage in new contracting and payment relationships, DHCS published a **Non-Binding Community Supports Pricing Guidance** document in 2022. It offers historical information on potential rates for each of the 14 optional Community Supports,

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<sup>146</sup> DHCS. [California Electronic Visit Verification](#). Available at <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>. Accessed April 2025.

<sup>147</sup> DHCS. [Electronic Visit Verification Implementation Requirements](#). July 2022. Available at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-014.pdf>. Accessed April 2025.

<sup>148</sup> DHCS. [ECM and Community Supports Billing and Invoicing Guidance](#). April 2023. Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>. Accessed April 2025.

including historical mid-point benchmarks and a discussion of key cost drivers that MCPs and Community Supports Providers may want to consider as they establish their own contracting and payment arrangements. The Non-Binding Community Supports Pricing Guidance can be accessed from the [Community Supports Resource Directory](#).<sup>149</sup> DHCS intends to update this resource in 2025.

Transitional Rent has a unique payment model with MCP payments being made outside capitation rates to MCPs, explained in Volume 2.

**Community Supports are subject to the same standard reimbursement timelines as other Medi-Cal services.** These requirements **pertain to both invoices and claims submitted by Community Supports Providers.** MCPs are required to train their contracted network of Community Supports Providers on how to submit a clean claim and must have personnel available to troubleshoot issues with Community Supports providers. Please refer [APL 23-020](#)<sup>150</sup> or any updated or superseded APL for related requirements.

### ***(Added January 2024)* Coding Guidance to Capture the Outreach Efforts Involved in Initiating Service Delivery of Select Housing-Related Community Support Services**

DHCS has added guidance to describe the HCPCS code and modifier combinations that the Department has added to capture the outreach efforts involved to initiate Member service delivery for **HTNS, Housing Deposits, and HTSS.**

DHCS recognizes the challenge Community Supports Providers face with finding and engaging individuals who are experiencing or at risk of homelessness who are eligible for and could benefit from Community Supports. As such, to inform future policy refinements, DHCS seeks additional information on the outreach efforts conducted by Community Supports Providers for these four Community Supports Services.

MCPs must report the HCPCS code and modifier combinations in the table below for outreach efforts for these housing services, **including for both successful and unsuccessful outreach efforts.** MCPs must also require their Community Supports

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<sup>149</sup> DHCS. [Community Supports Resource Directory](#). Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>. Accessed April 2025.

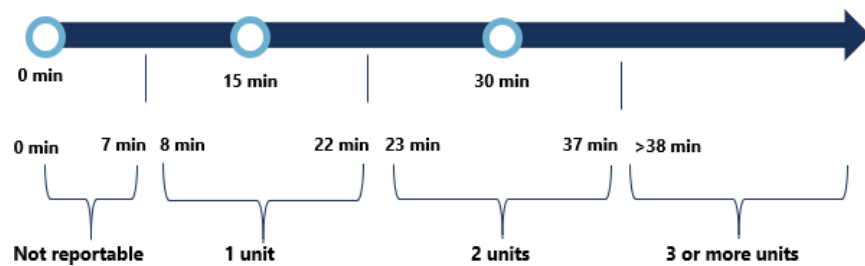
<sup>150</sup> DHCS. [APL 23-020](#). October 2023. Available at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-020.pdf>. Accessed April 2025.

Providers who are contracted to deliver these services to submit these HCPCS code and modifier combinations.

The HCPCS codes and modifiers listed should only be used to track the outreach efforts involved in engaging a Member to initiate service delivery; they should **not** be used to record the ongoing outreach efforts to keep a Member engaged in service delivery.

Community Supports Providers must utilize the HCPCS codes and modifiers below to track outreach efforts. In accordance with the “Rule of Eights” (mentioned above), providers must spend at least eight minutes conducting successful or unsuccessful outreach efforts to report the first 15-minute unit of outreach. Successful and unsuccessful outreach **efforts that last for seven minutes or less** would not meet the “Rule of Eights” threshold and are therefore not reportable.

**Figure 4: Time Unit Increments for Reporting Housing Outreach Codes**



- » 0-7 minutes – Not reportable
- » 8-22 minutes – Equals 1 unit (*following the “rule of eights”*)
- » 23-37 minutes – Equals 2 units (*following the “rule of eights”*)
- » >38 minutes – Equals 3 or more units (*continuing to follow “rule of eights”*)

Please note that these claims/encounter data coding requirements do not presently represent a change in DHCS’ payment policy or how payment arrangements are established between MCPs and Community Supports Providers. MCPs are not required to reimburse Community Supports Providers on an incremental basis for each of these outreach efforts. However, DHCS encourages MCPs and Community Supports Providers to work together to develop payment arrangements that incorporate payments for outreach efforts necessary to deliver Community Supports services. In addition, the data submitted will be critical for the Department’s future policy development efforts.



HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
T1016 <b>(Added January 2024)</b>	Community Supports In- Person Outreach per 15 minutes for the following services: <ul style="list-style-type: none"> <li>» Housing Transition Navigation Services</li> <li>» Housing Deposits</li> <li>» Housing Tenancy and Sustaining Services</li> </ul>	U8	Used with HCPCS code T1016 to indicate in-person outreach efforts in 15-minute increments for the purpose of connecting with a Member for the initiation of housing Community Supports services indicated.  <b>Must be used for both successful and unsuccessful outreach efforts.</b>
T1016 <b>(Added January 2024)</b>	Community Supports Telephonic/Electronic Outreach per 15 minutes for the following services: <ul style="list-style-type: none"> <li>» Housing Transition Navigation Services</li> <li>» Housing Deposits</li> <li>» Housing Tenancy and Sustaining Services</li> </ul>	U8, GQ	Used with HCPCS code T1016 to indicate Telephonic/Electronic outreach efforts in 15-minute increments for the purpose of connecting with a Member for the initiation of housing Community Supports services indicated.  Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included.  <b>Must be used for both successful and unsuccessful outreach efforts.</b>

## XII. MONITORING, REPORTING, AND ENFORCEMENT<sup>151</sup>

(Updated April 2025)

Consistent with the Special Terms and Conditions (STCs) of California’s Section 1115 and Section 1915(b) waivers,<sup>152</sup> DHCS has implemented a multi-pronged, data-driven approach to monitor and report on MCP implementation of Community Supports. As described in this section, this approach includes:

- » MCP’s Model of Care and ongoing data submissions to monitor Community Supports implementation;
- » Monitoring of MCP compliance and performance, including oversight of Subcontractors;
- » Public reporting through the Quarterly Implementation Report;
- » Annual reports to CMS;
- » An independent evaluation of Community Supports; and
- » Enforcement for non-compliance.

### MCP Model of Care and Ongoing Data Submissions to Monitor Community Supports

To support the STCs outlined above, DHCS requires MCPs to submit a range of data prior to and during the provision of Community Supports that are further outlined in the sections that follow. MCPs are required to submit the following to DHCS:

- » A Community Supports Model of Care; and
- » Ongoing and regular data:
  - » Encounter Data,

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<sup>151</sup> This section duplicates Section VIII of the [Community Supports Policy Guide Volume 1](#) and is included for ease of reference.

<sup>152</sup> Per the STCs of California’s Section 1915(b) waiver, DHCS “must monitor ILOS, using appropriate quantitative and qualitative measures, no less than annually, to ensure compliance with federal requirements, including that each ILOS remains a medically appropriate and cost effective substitute for the service(s) or setting(s) covered under the state plan.”

- » Provider 274 Files,
- » Quarterly Implementation Monitoring Reports (QIMRs), and
- » JavaScript Object Notation (JSON) Reports.

## Model of Care (MOC) Template and Approval Process

MCPs are required to detail their Community Supports offerings in their Community Supports Model of Care (MOC) Template submissions to DHCS. DHCS has also developed a separate Transitional Rent MOC Template that MCPs are required to submit to DHCS (see below for details).

**Standard Community Supports MOC Template:** Each Community Supports MOC must include the specific Community Supports elected and the expected launch date for each. Each MOC must also demonstrate the MCPs' operational readiness to go live with each of the Community Supports they have opted to elect by including responses to questions across a range of areas such as:

- » Policies and procedures for operationalizing the services;
- » Detailed Policies and Procedures regarding Community Supports Provider (including non-traditional Provider) contracting and oversight;
- » Provider network capacity for each elected Community Support

MCPs submitted their initial Community Supports MOCs to DHCS for review and approval prior to initial Community Supports implementation in 2022. MCPs must update their Community Supports MOCs to reflect any changes to their Community Supports offerings and must submit an updated Community Supports MOC with each new election. MCPs may add Community Supports every six months and may choose to offer different Community Supports in different counties.<sup>153</sup>

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<sup>153</sup> Prior to the launch of Community Supports in 2022, MCPs may have offered similar services that address Members' Social Drivers of Health needs (e.g., meals) through "value-added services." MCPs that are continuing to deliver such services but who are not considering them to be Community Supports must evaluate and determine the feasibility of transitioning them into the Community Supports program, engaging with DHCS for technical assistance as necessary. Per 42 CFR section 438.3(e)(1), MCPs may continue to provide such services even if it is determined that the services cannot transition to the Community Supports program.

MCPs may terminate any optional<sup>154</sup> Community Support upon notice to DHCS once annually at the end of the calendar year, except in cases where the Community Support is terminated due to Member health, safety, or welfare concerns. If an MCP terminates a Community Support, it must publicize the service end date, provide at least 30 days' notice to its Members, and implement a plan for continuity of care for Members receiving that Community Support.

**Transitional Rent MOC Template:** MCPs who opt to offer Transitional Rent starting on July 1, 2025, must submit a Transitional Rent MOCs by May 16, 2025. In advance of the mandatory coverage of the Behavioral Health POF on January 1, 2026, all MCPs are required to submit Transitional Rent MOCs by September 1, 2025. MCPs must update their Transitional Rent MOCs to reflect any additional Transitional Rent POFs covered and must submit an updated Transitional Rent MOC with each new election. MCPs may add Transitional Rent POFs every six months and may choose to cover different optional Transitional Rent POFs in different counties. Upon receiving approval, MCPs are required to continue offering Transitional Rent for each of the POFs they elect to cover for the duration of the BH-CONNECT waiver demonstration. (See additional details on the Transitional Rent Populations of Focus in Section VII.B.)

MCPs must use the DHCS-developed Community Supports MOC Template and Transitional Rent MOC Template to complete these submissions. The templates are available on the ECM and Community Supports Resource Webpage.<sup>155</sup>

The MOC review process is iterative. MCPs should anticipate feedback and potential requests from DHCS for clarification, revisions, or supplemental materials to support alignment with DHCS requirements.

## Oversight of Subcontractors

For MCPs that delegate any functions to Subcontractors or Downstream Subcontractors, DHCS reminds MCPs of the following related requirements:

- » MCPs will maintain and be responsible for oversight of compliance with all Contract provisions and Covered Services, regardless of the number of layers of subcontracting.

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<sup>154</sup> Effective January 1, 2026, MCP coverage of Transitional Rent is mandatory for the Transitional Rent Behavioral Health Population of Focus. (See additional detail in Section VII.)

<sup>155</sup> DHCS. [ECM and Community Supports: Resources](https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx). Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>. Accessed April 2025.

- » MCPs will be responsible for developing and maintaining DHCS-approved Policies and Procedures to ensure Subcontractors and Downstream Subcontractors meet required responsibilities and functions.
- » MCPs will be responsible for evaluating the prospective Subcontractor's ability to perform services.
- » MCPs will remain responsible for ensuring the Subcontractor's Community Supports Provider capacity is sufficient to serve eligible Members.
- » MCPs will report to DHCS the names of all Subcontractors by Subcontractor type and service(s) provided, and identify the county or counties in which Members are served.<sup>156</sup>
- » MCPs will make all Subcontractor agreements available to DHCS upon request. Such agreements must contain minimum required information specified by DHCS, excluding method and amount of compensation unless otherwise specified in specific circumstances by DHCS.

As required in the MCP Contract (*Section 3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties*), MCPs are required to flow down applicable MCP Contract provisions to the Subcontractor in particular as it pertains to delegated functions. MCPs are required to ensure Subcontractors and Downstream Subcontractors meet requirements through their Compliance Program, which would include monitoring and regular auditing. For example, if the MCP delegates payments of invoices to a Subcontractor, such as a Community Support hub, then the MCP must establish a sufficient oversight mechanism to ensure the hub is adjudicating and paying the invoices or claims of the contracted Community Supports Providers in a timely manner.

In addition, MCPs are encouraged to collaborate with their Subcontractors on the approach to Community Supports to minimize variance in implementation and to ensure a streamlined, seamless experience for Community Supports Providers and Members.

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<sup>156</sup> Please refer to Section: 3.1.3 Contractor's Duty to Disclose All Delegated Relationships and to Submit Delegation Reporting and Compliance Plan of the MCP Contract.

## Encounter Data Submission Requirements

DHCS requires Medi-Cal MCPs to submit claims and encounter data in accordance with MCP contract requirements, [APL 14-019](#), and any subsequent updates or superseding APL.<sup>157</sup>

MCPs must submit encounter data for Community Supports through existing encounter reporting mechanisms for all covered services. MCPs are responsible for complete, timely and accurate data submissions including for their Network Providers and Subcontractors. Submissions must use the ASC X12 837 version 5010 x223 (Institutional and Professional transactions) or NCPDP 2.2 or 4.2, along with the applicable Community Supports coding requirements, and be submitted to the Post Adjudicated Claims and Encounters System (PACES).

DHCS reviews Community Supports encounter data to monitor program performance and integrity, and to assess the health and service needs of Medi-Cal Members.

Encounter data submission is also a requirement under the Special Terms and Conditions of California's Section 1115 and Section 1915(b) waivers. DHCS reports to CMS on the timeliness and accuracy of MCP-submitted encounter data as part of its Annual Report on ILOS. (See [Annual Reports to CMS](#) below for more detail.)

## Community Supports Provider Reporting in 274

To enable ongoing monitoring of Community Supports Providers, DHCS requires MCPs to report Community Supports Providers in the Medi-Cal Provider Enrollment (274) file on an ongoing basis. This reporting ensures DHCS can assess network adequacy, monitor service delivery, and support quality improvement for Community Supports across the state.

MCPs must submit updated 274 files to DHCS quarterly, reflecting current information for all contracted Community Supports Providers, including any additions, terminations, or changes in provider status, in accordance with DHCS reporting standards and

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<sup>157</sup> DHCS. [Encounter Data Submission Requirements](#). December 2014. Available at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-019.pdf>. Accessed April 2025.

deadlines outlined in the MCP Contract and applicable APLs.<sup>158</sup> The 274 file must include, at a minimum, the provider's name, National Provider Identifier (NPI), contracted Community Supports services, and service area(s).

Submissions must be made through the DHCS Provider Enrollment Portal, with additional guidance available in the Medi-Cal Provider Enrollment Manual.

DHCS may conduct audits to verify compliance, and non-compliance may result in corrective action plans as outlined in the MCP Contract.

## Quarterly Implementation Monitoring Report (QIMR)

Until otherwise directed, MCPs must submit data on the following using an Excel-based report, called the Quality Implementation Monitoring Report (QIMR):

- » Members receiving Community Supports;
- » Requests for Members to receive Community Supports; and
- » Providers contracted to deliver Community Supports.

For further details see [\*ECM and Community Supports Quarterly Implementation Monitoring Report Requirements\*](#), (Selectively Updated in April 2023).<sup>159</sup>

## JavaScript Object Notation (JSON) Transition

By December 2025, DHCS intends to transition ECM and Community Supports monitoring from the QIMR Excel Reports to a monthly JSON file submission process. JSON, or JavaScript Object Notation, is an open standard file format that streamlines the collection and transmission of implementation data.

The transition from QIMR to JSON began in January of 2024 and is occurring in several phases:

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<sup>158</sup> DHCS. [\*Medi-Cal Managed Care Health Plan Guidance on Network Provider Status\*](#). January 2019. Available at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-001.pdf>. Accessed on April 2025.

<sup>159</sup> DHCS. [\*ECM and Community Supports Quarterly Implementation Monitoring Report Requirements\*](#). April 2023. <https://www.dhcs.ca.gov/Documents/MCQMD/Quarterly-Implementation-Monitoring-Report-Guidance.pdf>. Accessed on April 2025.

- » **Phase 1** (beginning January 2024): Limited data elements specific to Enhanced Care Management (ECM) and Complex Care Management (CCM) enrollment status.
- » **Phase 2** (beginning July 2024): ECM Populations Of Focus, Eligibility, Outreach, Authorizations, and Provider Networks.
- » **Phase 3** (beginning January 2025): New ECM data fields.
- » **Phase 4** (beginning July 2025): All remaining QIMR data elements specific to Community Supports, including Member-level details, utilization, authorizations, provider networks, and Closed Loop Referrals data for ECM and Community Supports.

During the transition to JSON—anticipated to continue through at least the end of 2025—MCPs must continue submitting data via both the Quarterly Implementation Monitoring Report process and the monthly JSON file submission process. Dual reporting will remain in place until DHCS determines the JSON data are sufficiently robust to replace QIMR Excel reporting entirely.

DHCS has developed a Technical Assistance Companion Guide that includes all necessary technical specifications, including file layouts, JSON Schemas, response file details, and data dictionaries. A comprehensive Data Dictionary—describing required data values and associated validation logic—is also available. Both resources can be accessed through DHCS’ Documentation Center.

## **DHCS Monitoring of MCPs**

Throughout the year, DHCS monitors MCP performance of implementation activities of Community Supports and engages with MCP leadership to review progress.

DHCS monitors each MCP’s implementation of Community Supports through ongoing review of:

- » Required submissions described in the prior section, along with information shared during meetings and ad hoc requests;
- » Member grievances and appeals; and
- » Qualitative input from Members, providers, and stakeholders.

DHCS takes timely action to address issues identified through any of these sources, including through:



- » Meetings with MCPs: DHCS holds regular and ad hoc meetings with MCP leadership to review Community Supports implementation and address emerging concerns.
- » Technical Assistance: DHCS offers technical assistance through monthly MCP CalAIM Technical Assistance meetings and by publishing tools and resources on the DHCS website.
- » Compliance Actions: MCP contracts outline specific Community Supports implementation requirements. DHCS may take compliance actions—consistent with APL [23-012](#)<sup>160</sup>—to address contract violations. These may include, but are not limited to, Corrective Action Plans.

## Annual Monitoring Measures and Priorities

In 2025, DHCS launched a new monitoring approach to assess MCP implementation of Community Supports through the use of monitoring measures. This approach is grounded in a central goal and a set of key priorities needed to achieve that goal:

- » **Monitoring Goal:** Ensure MCPs provide Community Supports to Members who need them, engaging with community-based providers to address Members’ health-related social needs.
- » **Key Priorities to Achieve the Goal:**
  1. Engage appropriate community-based partners building and maintaining sufficient capacity to meet the varied needs of Members with health-related social needs;
  2. Increase availability and uptake of Community Supports statewide; and
  3. Reduce barriers to providers and improve timely access to Community Supports services, as appropriate.

Across these priorities, DHCS identified measures in three categories based on data availability and the Department’s readiness to set quantifiable minimum performance expectations:

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<sup>160</sup> DHCS. [Enforcement Actions: Administrative and Monetary Sanctions](#). December 2023. Available at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-012.pdf>. Accessed April 2025.

- » Primary Measures: Evaluate compliance with DHCS policy, with specific minimum performance thresholds defined.
- » Secondary Measures: Assess performance where quantitative data are available but minimum thresholds have not yet been established.
- » Feedback and Event Priorities: Capture qualitative input and event-based insights from Members, providers, media, and other stakeholders.

Each calendar year, DHCS will identify measures in each category. The measures are calculated primarily using data already submitted to DHCS. In some cases, MCPs may be required to submit additional supplemental data.

## Public Reporting

DHCS publishes quarterly data on [Community Supports in the ECM & Community Supports Implementation Report](#).<sup>161</sup> The report summarizes data at the state, county, and MCP levels, covering indicators such as Community Support rate of offering by MCP and county; utilization rates; and type and counts of providers participating in MCP's provider networks. Data are from the most recent prior Quarterly Implementation Monitoring Report submissions from MCPs of the most recent completed JSON submissions.

DHCS expects to transition the data source for this report to JSON following the completion of the QIMR-to-JSON transition.

## Annual Reports to CMS

As required by the Special Terms and Conditions of California's Section 1115 and Section 1915(b) waivers, DHCS submits an annual report on ILOS to CMS that includes the following:

- » A description of programmatic or operational changes;
- » Annual oversight and monitoring activities;
- » Utilization data;
- » Grievances and appeals data;
- » Data related to health outcomes and quality metrics;

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<sup>161</sup> DHCS. [ECM & Community Supports Implementation Report](#). March 2025. Available at <https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117>. Accessed April 2025.

- » Data on the timeliness and accuracy of MCP encounter data submitted to DHCS and T-MSIS data submitted to CMS; and
- » Analyses on cost effectiveness of the services.

## **An Independent Evaluation of Community Supports per STCs**

Consistent with the Special Terms and Conditions of California’s Section 1115 and Section 1915(b) waivers, DHCS must conduct and submit to CMS an evaluation of Community Supports no later than 24 months after the completion of the first five MCP contract years to include Community Supports.

DHCS engaged the University of California Los Angeles-RAND Center for Law & Public Policy to conduct the independent evaluation of Community Supports.<sup>162</sup>

## **Enforcement of Non-Compliance**

DHCS is obligated to enforce compliance with contractual provisions of the DHCS Contracts with MCPs including the requirement to comply requirements pertaining the delivery of Community Supports as outlined in this Policy Guide, related APL, MCP Contract requirements, and related federal and state requirements. DHCS may take corrective action plans or additional enforcement actions for contractual violations including non-payment of Community Supports Provider claims as outlined in APL 23-020 or any subsequent updated or superseded APL.

Please refer to [APL 23-012](#) or any subsequent updated or superseded APL.<sup>163</sup>

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<sup>162</sup> UCLA-RAND. *Community Support Evaluation Design*. October 2024. Available at <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>. Accessed April 2025.

<sup>163</sup> DHCS. *Enforcement Actions: Administrative and Monetary Sanctions*. December 2023. Available at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-012.pdf>. Accessed April 2025.

## XIII. APPENDICES

### Appendix A: Community Supports to State Plan Service Crosswalk

The table below summarizes potential state plan services or settings for which each of California’s pre-approved Community Supports may substitute. Community Supports may represent an immediate substitute for a State Plan-covered service/setting or a substitute for a State Plan-covered service/setting over a longer timeframe. Additional detail on the cost-effectiveness and medical appropriateness of each service/setting is available in the [CA ILOS Evidence Library Executive Summary document](#).

#	Community Support (ILOS)	Potential State Plan Service/Setting Substitute
1	<b>Housing Transition Navigation Services</b>	Emergency Department Services
		Emergency Transport Services
		Inpatient Services
		Outpatient Hospital Services
		Outpatient Mental Health
		Rehabilitation Center Outpatient Services
		Skilled Nursing Facility Services
		Transitional Inpatient Care Services
2	<b>Housing Deposits</b>	Emergency Department Services
		Emergency Transport Services
		Inpatient Services
		Outpatient Hospital Services
		Outpatient Mental Health
		Rehabilitation Center Outpatient Services
		Skilled Nursing Facility Services
		Transitional Inpatient Care Services

#	Community Support (ILOS)	Potential State Plan Service/Setting Substitute
3	<b>Housing Tenancy and Sustaining Services</b>	Emergency Department Services
		Emergency Transport Services
		Inpatient Services
		Outpatient Hospital Services
		Outpatient Mental Health
		Rehabilitation Center Outpatient Services
		Skilled Nursing Facility Services
		Transitional Inpatient Care Services
4	<b>Day Habilitation Programs</b>	Emergency Department Services
		Occupational Therapy
		Outpatient Hospital Services
		Outpatient Mental Health
		Rehabilitation Center Outpatient Services
		Targeted Case Management and Services
5	<b>Recuperative Care</b>	Emergency Department Services
		Emergency Transport Services
		Inpatient Services
		Outpatient Hospital Services
		Post-Acute Care
		Skilled Nursing Facility Services
6	<b>Short-Term Post-Hospitalization Housing</b>	Emergency Department Services
		Emergency Transport Services
		Inpatient Services
		Outpatient Hospital Services
		Post-Acute Care
		Skilled Nursing Facility Services

## Appendix B: Summary of Interaction Between Community Supports and ECM

The below table summarizes the interaction between the Housing Trio, Transitional Rent, and ECM. Each row indicates the current service a Member is authorized or receiving. Read from left to right the table outlines the combination of services available to a Member experiencing or at risk of homelessness.

Member's Current Service	Can Member receive ECM?	Can Member receive HTNS?	Can Member receive Housing Deposit?	Can Member receive HTSS?	Can Member receive Transitional Rent?
Member enrolled in or authorized for <b>ECM</b> .	<b>N/A.</b>	<b>Yes.</b> ECM Provider highly encouraged to refer Member to HTNS.	<b>Yes,</b> if appropriate. ECM Provider may refer Member to Housing Deposits.	<b>Yes.</b> ECM Provider highly encouraged to refer Member to HTSS.	<b>Yes.</b> If Member meets eligibility criteria, ECM Provider may refer Member to Transitional Rent.
Member is receiving or authorized for <b>HTNS</b> .	<b>Yes.</b> MCP must ensure Member is offered ECM.	<b>N/A.</b>	<b>Yes.</b> If appropriate, HTNS Provider may refer Member to Housing Deposits. <b>HTNS is no longer a pre-requisite.</b>	<b>No.</b> HTSS cannot be provided at the same time; HTSS is designed to serve Member in maintaining housing.	<b>Yes.</b> If Member meets eligibility criteria, HTNS Provider may refer Member to Transitional Rent.

<b>Member's Current Service</b>	<b>Can Member receive ECM?</b>	<b>Can Member receive HTNS?</b>	<b>Can Member receive Housing Deposit?</b>	<b>Can Member receive HTSS?</b>	<b>Can Member receive Transitional Rent?</b>
Member is receiving or authorized for <b>Housing Deposits</b>	<b>Yes.</b> MCP must ensure Member is offered ECM.	<b>Yes.</b> Housing Deposits Provider highly encouraged to refer Member to HTNS (if not also receiving HTSS).	<b>N/A.</b>	<b>Yes.</b> Housing Deposits Provider highly encouraged to refer Member to HTSS (if not also receiving HTNS).	<b>Yes.</b> If Member meets eligibility criteria, Housing Deposits Provider may refer Member to Transitional Rent.
Member is receiving or authorized for <b>HTSS</b>	<b>Yes.</b> MCP must ensure Member is offered ECM.	<b>No.</b> HTNS cannot be provided at the same time; HTNS is used before a Member is placed in housing.	<b>Yes.</b> If appropriate, HTSS Provider may refer Member to Housing Deposits.	<b>N/A.</b>	<b>Yes.</b> If Member meets eligibility criteria, HTSS Provider may refer Member to Transitional Rent.

<b>Member's Current Service</b>	<b>Can Member receive ECM?</b>	<b>Can Member receive HTNS?</b>	<b>Can Member receive Housing Deposit?</b>	<b>Can Member receive HTSS?</b>	<b>Can Member receive Transitional Rent?</b>
Member receiving or authorized for <b>Transitional Rent</b>	<b>Yes. A</b> Member is automatically deemed eligible and authorized for ECM. If a Member is not currently receiving ECM, MCP is required to ensure that the ECM Provider conducts weekly in-person outreach visits until a Member chooses to participate in ECM or declines participation.	<b>Yes. A</b> Member is automatically deemed eligible and authorized for HTNS (if not also receiving HTSS).	<b>Yes. A</b> Member is automatically deemed eligible and authorized for Housing Deposits.	<b>Yes. A</b> Member is automatically deemed eligible and authorized for HTSS (if not also receiving HTNS).	<b>N/A.</b>



## Appendix C: Definition of Experiencing or at Risk of Homelessness

Members must meet the U.S. Housing and Urban Development (HUD) definition of homeless or at risk of homelessness as defined in [Section 91.5 of Title 24 of the Code of Federal Regulations \(CFR\)](#), with the following three modifications:

- » 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
- » 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
- » For the at risk of homelessness definition at 24 CFR section 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.

## Appendix D: SMHS, DMC, and DMC-ODS Access Criteria

SMHS, DMC, and DMC-ODS Access Criteria by Program and Age Group	
<p><b>SMHS Adults</b></p>	<p>Medi-Cal Members aged 21 or older qualify for SMHS if they meet <b>both</b> of the following criteria:</p> <p>(1) The individual has one or both of the following:</p> <ul style="list-style-type: none"> <li>(a) Significant impairment, where impairment is defined as distress, disability or dysfunction in social, occupational, or other important activities.</li> <li>(b) A reasonable probability of significant deterioration in an important area of life functioning.</li> </ul> <p><b>AND</b></p> <p>(2) The individual’s condition is due to either of the following:</p> <ul style="list-style-type: none"> <li>(a) 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.</li> <li>(b) A suspected mental disorder that has not yet been diagnosed.</li> </ul>
<p><b>SMHS Children</b></p>	<p>Medi-Cal Members under age 21 qualify for SMHS if they meet <b>both</b> of the following requirements:</p> <p>(1) The individual has at least one of the following:</p> <ul style="list-style-type: none"> <li>(a) A significant impairment</li> <li>(b) A reasonable probability of significant deterioration in an important area of life functioning</li> <li>(c) A reasonable probability of not progressing developmentally as appropriate.</li> <li>(d) 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 MCP is required to provide.</li> </ul> <p><b>AND</b></p> <p>(2) The individual’s conditions as described in (1) above is due to one of the following:</p>

<b>SMHS, DMC, and DMC-ODS Access Criteria by Program and Age Group</b>	
	<ul style="list-style-type: none"> <li>(a) 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.</li> <li>(b) A suspected mental health disorder that has not yet been diagnosed.</li> <li>(c) Health conditions, including behavioral health and developmental syndromes, stemming from trauma, child abuse, or neglect.</li> </ul>
<b>DMC and DMC-ODS Adults</b>	<p>Medi-Cal Members age 21 or older meet access criteria for DMC-ODS or DMC services if they meet <b>at least one</b> of the following criteria:</p> <ul style="list-style-type: none"> <li>(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.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>(2) 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.</li> </ul>
<b>DMC and DMC/ODS Children</b>	<p>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.</p>

## Appendix E: Full-Service Partnership Eligibility Criteria

The FSP eligibility criteria is as follows:

- » Until July 1, 2026, the eligibility criteria for FSP are set forth in CCR Title 9, section 3620.05 and require a significant mental health condition as described in W&I Code section 5600.3 and the presence of at least one qualifying risk factor (as identified in CCR Title 9, section 3620.05), such as experiencing or a risk of homelessness.
- » Under the criteria that will take effect on July 1, 2026, set forth in W&I Code section 5887(d), to be eligible for FSP a person 25 and under must (1) meet the criteria for a mental health condition specified in W&I Code section 14184.402(d), notwithstanding the age limitations provided therein, or have an SUD as defined in W&I Code section 5891.5(c) and (2) be in one of the priority populations identified in W&I Code section 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 W&I Code section 14184.402(c).