LeadingAge California; Email Received August 9, 2023

Dear Jacey,

LeadingAge CA is pleased to submit comments on the CalAIM Section 1115 Transitional Rent Services Amendment and would like to express our gratitude for the forward-thinking initiatives that will impact older Californians.

Thank you so much, Meredith

Meredith Chillemi | Director of Regulatory Affairs | LeadingAge California | P [redacted]
1315 I Street, Suite 100, Sacramento, CA 95814 | leadingageca.org | [redacted]

August 7, 2023

Jacey Cooper, Chief Deputy Director and State Medicaid Director
Department of Health Care Services
Submitted via email

Dear Ms. Cooper:

Thank you for the opportunity to provide stakeholder feedback on the CalAIM Transitional Rent Waiver proposal. LeadingAge California is the state's leading advocate for quality, nonprofit senior housing, care and services. Our more than 700 members across the state include providers of affordable senior housing, residential care facilities for the elderly (assisted living), life plan communities, skilled nursing care, home and community-based services, PACE programs, and home health and hospice care. Many of these providers—located across California's rural, suburban, and urban regions—serve low-income, Medi-Cal eligible, populations.

Housing is a health care issue. CalAIM's Community Supports focused on housing have been the most-used benefit since the program's inception, and LeadingAge California is generally in support of DHCS's transitional rent proposal. This important additional CalAIM tool is intended to alleviate homelessness and pay for all the necessary supportive services for high-need residents enrolled in Medi-Cal, including those at risk for inpatient hospitalization and who frequent the emergency room. Homelessness is a crisis in California, and older adults are disproportionally at risk now more than ever before.

We ask that older adults be included as a population of focus in the transitional rent program design. Older Californians living on fixed incomes face increasing housing cost burdens, with roughly 8 out of 10 extremely low-income renters paying more than half of their monthly income for rent. Caught in the vice between inadequate income, medical needs and rising housing costs, older homelessness among older adults is increasing at a faster rate than any other age group, with 45% of California's homeless individuals already age 50 and older.[1] Furthermore, since 2017, the number of older Californians experiencing homelessness has doubled, and has increased by 161% for those over the age of 65.[2] Disparities in the risk of experiencing homelessness particularly impacts African American/Black households, who are over five times more likely to become homeless than Californians as a whole.

We applaud the Governor's administration and DHCS for realizing the cost of inaction with the rising rates of homelessness among Medi-Cal beneficiaries, and the attendant hospital, emergency room and nursing home costs, and those impacts of individual's quality of life and on our state budget. Preventing homelessness must be a key strategy to ending homelessness – and transitional rent will be another necessary strategy to keep people in their homes and allow people to exit homelessness. While the six months of rent in this proposal will be a bridge while people wait for permanent housing, there is a bigger obstacle: California's affordable housing shortage. LeadingAge California is focused on preventing and ending homelessness among older adults by advocating for full funding of HUD's homeless assistance programs, improving data collection on homelessness among older adults, and improving partnerships between Continuums of Care and Area Agencies on Aging. We are also working in tandem with LeadingAge National on advocacy to preserve and expand the current supply of HUD 202 senior affordable housing as well as the Low-Income Housing Tax Credit program. In California, we are

sponsoring SB 17 (Caballero): Senior Housing Production Act of 2023.This legislation will require the low-income Housing Tax Credit program to ensure the percentage of tax credits awarded for lower-income senior housing projects is is increased to 20 percent, which reflects the current proportion of low-income renters that are seniors. We have been called upon for the California Department of Aging and the Department of Housing and Community Development to offer subject matter expertise on senior housing and health care issues, and are available to offer this type of support to DHCS has well.

We appreciate and acknowledge the Department's stakeholder engagement in forming CalAIM's integrated systems of care, including those at risk of or experiencing homelessness, and look forward to working with you on these very complex initiatives on behalf of older adults and our non-profit members who provide valuable housing, care and services.

Sincerely,

[redacted]

Meredith Chillemi
Director of Regulatory Affairs

[1.] Monica Davalos and Sara Kimberlin, Who is Experiencing Homelessness in California? 5 Facts, California Budget & Policy Center, Feb. 2022.
[2.] California Interagency Council on Homeless (CalICH) data on the number and age of persons who accessed homeless services during the period 2017 through 2022, available at https://www.bcsh.ca.gov/calich/hdis.html.

Jamie Goekler; Email Received August 15, 2023

Attn: Jacey Cooper and Susan Philip

Hi Jacey and Susan,

We absolutely need to move forward on this CalAIM Section 1115 Transitional Rent Services Amendment and get it passed. This is a way forward for our most in-need California residents. This will finally bring some socioeconomic equity to those most in need of housing and other community support. People are dying on the streets and in uninhabitable places. With enhanced care management and community support, and up to 6 months of rent paid for those who meet eligibility criteria, this amendment will be a lifesaver and a game-changer for how California serves those most in need of housing and other support.

Thanks so much, and best regards,

Jamie Goekler

Santa Rosa Community Health; Email Received August 21, 2023

August 21, 2023

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip

To Whom It May Concern,

Please accept this public comment in support of CA DHCS' proposed amendment to the CalAIM Section 1115 Waiver to add Transitional Rent Services as a Community Support. It is heartening to see that CA will potentially be joining Oregon and Arizona in adding Transitional Rent Services to its Section 1115 options for Health-Related Social Needs (HRSN). Transitional Rent Services (TRS), as outlined in the Amendment Request draft published for public comment in August 2023, have the promise to improve health outcomes while enhancing patient/provider experience and decreasing Medicaid costs for recipients of the TRS, accomplishing the elusive quadruple aim. After this pilot proves successful, future enhancements to Medi-Cal housing services should include:

- Requiring Medi-Cal Managed Care Plans to implement rent services instead of making it an optional "in lieu of" Community Support
- Creating a more restrictive-eligibility permanent supportive housing/Board and Care service for the HUD-defined Chronically Homeless population with the highest utilization of the health care system that would pay for housing costs and support services commensurate with the Medi-Cal member's acuity and type of conditions

Many thanks to all at DHCS who have worked on this important amendment to the CalAIM 1115 Medicaid Waiver,

Benjamin Leroi

Sr. Director, Special Population Programs
Santa Rosa Community Health
120 Stony Point Rd Ste 105, Santa Rosa, CA 95401
Direct Line: [redacted]

California Association of Public Hospitals and Health Systems; Email Received August 29, 2023

Dear Ms. Cooper and Ms. Philip,

On behalf of California's 21 public healthcare systems, we appreciate the opportunity to provide feedback on the proposed 1115 waiver amendment, which would authorize Transitional Rent Services as a new Community Support.

As you know, public healthcare systems have been at the forefront of addressing health-related social needs, previously as lead entities in the Whole Person Care pilot and today as major providers of Enhanced Care Management (ECM) and Community Supports. They have a deep understanding of how to care for individuals at-risk-of- or experiencing homelessness, including foster youth and justice-involved individuals. Many public health care systems provide transitional and permanent supportive housing and nearly every system offers housing-related services under CalAIM.

Based on this experience, we strongly support the addition of Transitional Rent Services and offer the following recommendations for the proposal:

- Avoid once-in-a-lifetime limits and other restrictions that are inconsistent with the cyclical nature of homelessness. Currently, several of the housing-related Community Supports, including Housing Deposits, Housing Tenancy and Sustaining Services, and Post-Hospitalization Short-Term Housing include a once-in-a-lifetime limit that is inconsistent with the cyclical nature of homelessness. Many individuals cycle between temporary housing, emergency departments, jail stays, and unsheltered situations before they are able to stabilize and sustain a home. The once-in-a-lifetime limit is too restrictive to meet their needs. When designing the Transitional Rent Community Support, we recommend not including a once-in-a-lifetime limit or other restrictions that bar access to this much-needed service.

- Clearly communicate DHCS's intention to convert housing-related Community Supports, potentially including Transitional Rent, into Medi-Cal benefits. We understand that DHCS intends to convert several housing-related Community Supports into Medi-Cal benefits beginning in 2024. Can DHCS please clarify if the same is planned for Transitional Rent beginning in 2027? If so, it would be helpful to clarify that intention with stakeholders, particularly managed care plans that will likely be hesitant to offer Transitional Rent without knowing how the service will be sustained after the waiver expires. If managed care plans are aware that Transitional Rent will become a required benefit in the near future, they are more likely to opt-in to offering the service as a Community Support, so they have time to prepare.

- Clarify DHCS's plans to account for the cost of Community Supports services in future rate setting. Similarly, for all Community Supports, it would be helpful for DHCS to clarify its intention to account for the cost of services in the rate setting process beginning in 2025. Many health plans have been hesitant to adequately invest in Community Supports because the long-term financial viability of the services is unknown. More clearly communicating that the State will address cost in future rate setting would allay plans' concerns and facilitate a smoother transition from the Community Supports model to permanent Medi-Cal benefits.

Again, we very much support and appreciate the State's proposal to authorize Transitional Rent as a new Community Support. Thank you for considering our recommendations.

Best,
Amanda

Save the Date! CAPH/SNI Annual Conference December 6-8

Amanda Clarke
Senior Director of Programs
California Association of Public Hospitals and Health Systems (CAPH)
California Health Care Safety Net Institute (SNI)
70 Washington Street, Suite 215
Oakland, CA 94607
[redacted]
caph.org/ | safetynetinstitute.org/
Pronouns: she, her, hers

Alameda Health System; Email Received August 30, 2023

To Ms. Jacey Cooper, Chief Deputy Director & State Medicaid Director and Ms. Susan Philip, MD, Deputy Director, Health Care Delivery Systems

Attached are comments on the above-referenced subject from Alameda Health System. Please let me know if you have any questions.

Thanks
Tangerine Brigham

Tangerine Brigham
Chief Administrative Officer, Population Health
Alameda Health System
1411 East 31st Street | Oakland, CA 94602
[redacted]
AlamedaHealthSystem.org

ALAMEDA
HEALTH SYSTEM

August 30, 2023

Submitted via 1115Waiver@dhcs.ca.gov

Ms. Jacey Cooper, Chief Deputy Director & State Medicaid Director
Ms. Susan Philip, MD, Deputy Director, Health Care Delivery Systems
Department of Health Care Services
Director's Office
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Re: CalAIM Section 1115 Transitional Rent Services Amendment

Dear Ms. Cooper and Dr. Philip:

On behalf of Alameda Health System (AHS), I am writing to provide comments on the State Department of Health Care Services' (DHCS) CalAIM Section 1115 Transitional Rent Services Amendment (Amendment).

AHS strongly supports DHCS's Amendment request to provide up to six months of transitional rent services as a new Community Support in Medi-Cal managed care (MCMC) for eligible individuals who are homeless or at risk of homelessness and transitioning out of institutional settings or interim housing arrangements. For this population, the inability to pay rent on a monthly basis, particularly in the first six months after securing housing, is a significant barrier to maintaining permanent housing. Without stable housing the health outcomes of those who are homeless or at risk of homelessness cannot be improved.

AHS is a safety net provider delivering services to over 110,000 ethnically, economically, culturally and geographically diverse patients annually. Its comprehensive health care delivery system includes emergency, preventive, specialty, inpatient, psychiatric and skilled nursing services. In fiscal year 2022-23, AHS served 84,100 unique Medi-Cal patients across its system, and of those, approximately 4,850 (5.8%) were listed in our homeless population registry. AHS is acutely aware of the challenges and risks that homeless and marginally housed patients face obtaining health care.

AHS's experience is that housing support is the most requested health-related social need of its patients and within Alameda County's Medi-Cal managed care population. For example, AHS's Health Advocates deploys staff and volunteers at its facilities to help patients learn about community resources including access to information about temporary and permanent housing. Support with housing is the most requested service identified by patients seeking assistance from the Health Advocates program. In calendar year 2022, Medi-Cal managed care health plans in Alameda County provided CalAIM designated Community Supports to 2,027 unique members and of those, 2,088 members (duplicated) received housing support (i.e., housing transition/navigation services, housing deposits and housing

tenancy and sustaining services). Housing related services was the most frequently provided Community Support under CalAIM. Alameda County's local efforts with Project Roomkey (see Evaluating Project Roomkey in Alameda County) provide good evidence that interim housing can improve health outcomes for homeless persons.

The CalAIM Section 1115 Transitional Rent Services Amendment is consistent with AHS's strategic priorities in its Homeless Health Center. Furthermore, AHS greatly appreciates the DHCS's acknowledgement that "transitional rent services will be coordinated across delivery systems, with other housing related supports . . . . and with other non-Medi-Cal funding housing services." AHS believes partnership with local housing agencies is critical for improving working relationships that will foster improved care and housing status for those patients who are homeless or at risk of homelessness.

While strongly supporting the proposed Amendment, AHS believes that it will be important for DHCS to consider and address the following in any implementation:

- Ensure coordination and minimize potential duplication between the CalAIM Amendment and the California BH-CONNECT demonstration since they will authorize transitional rent services for different populations, qualifying individuals in the Medi-Cal Managed Care delivery system and individuals in the SMHS, DMC and DMC-ODS delivery systems, respectively.
- The Amendment notes that transitional rental services are provided only if determined to be medically appropriate using clinical and other HRSN criteria, among other eligibility factors. It would be helpful to understand what guidance DHCS will provide health plans, providers and others regarding how medically appropriate is defined. It is important to ensure that the criteria do not create a barrier for health plans who may be interested in voluntarily providing this community support.
- The evaluation approach appropriately includes both health and housing outcomes. It may also be valuable to include an evaluation of process measures. For example, it may be helpful to evaluate the factors that go into a Medi-Cal managed care health plan's decision whether to or not to offer transitional rent services as a community benefit.

Alameda Health System appreciates the opportunity to provide its perspective. If you have any questions, then do not hesitate to contact me at [redacted] or via electronic mail at [redacted].

Sincerely

[redacted]

Tangerine M. Brigham
Chief Administrative Officer, Population Health

Sabrina Vidaurri; U.S. Mail Received August 28, 2023

Sabrina Vidaurri
[redacted]

SN BERNARDINO CA 923
28 AUG 2023 PM 4

To: CalAim Section 11.15 Transitional Rent Services Amendment
Department of Health Care Services
Director's Office
ATTN: Jacey Cooper and Susan Philip
P.O. BOX 997413, MS 0000
Sacramento, California 95899-7413

DHCS DEPARTMENT OF HEALTH CARE SERVICES

Covid 19

To: Susan
Jacey Cooper Phillip
C Return Response

[redacted]

-DHCS-CAL AIM

Jacey Cooper + Susan Phillip Aug 28 2023-

Hello my name is Sabrina Vidaurri and I need you to contact me in person a phone call is not enough but I know with the covid 19 that this can not happen so my phone number is [redacted] but the phone has a mind of its own so good luck with that my message number is and you can talk to them as well [redacted]

but they probably wont be to open for communication unless you talk blainletly (talk regular) [redacted]

no sense its just that my life has had a sudden commercial break that seems to want to the previews of movie but then it just turns into one of those boring infomercials I have no other way of describing this "EPIC" "Ground Hog Day" ~~A~~ MOVIE Effect except its not payday every time I wake up It seems that I am caught up in a middle of nightmare I live ~~his~~ standard life my kids and family are hit with a bull dozer but a blessing I dont think you can really hear what Im saying [redacted]

[redacted]

ok thats a Lot to have a problem well people start to bounce out so me and the other relative had to go to our worker [redacted] I got the paper to prove it I dont think your DHS has got the update yet but we live a multifamily Unit so that bounced out a small apartment for small

[redacted]

ATTN: Cooper
& Phillip

CAL AIM
Aug 28, 2023

and honest their no United States Department
Welfare Services

[redacted]

[redacted]

[redacted]

[redacted]

won't get the help I need But this moment
of opportunity knocked the system has
a lot bumps I look at it like
combination rice we seriously need

[redacted]

[redacted]

[redacted]

Coalition for Housing Accessibility, Needs, Choices & Equality / California Disability-Aging Community Action Network; Email Received August 30, 2023

Attached please find the public comment for CHANCE Housing and CDCAN.

Shella Comin-DuMong
Executive Director
CHANCE Housing
(Coalition for Housing Accessibility, Needs, Choices & Equality)
NEW: 331 S. Salinas St., Santa Barbara CA 93103
[redacted]

*Member, Developmental Services Task Force;
*Housing Subcommittee Member, Disability & Aging Community Living Advisory Committee;
*Housing Advocate;
*Parent of Simone (who has Downs)

CHANCE, INC.
COALITION FOR HOUSING ACCESSIBILITY, NEEDS, CHOICES AND EQUALITY
331 S. Salinas Street
Santa Barbara, CA 93103
Tel: 1-805-966-0020
Fax: 1-805-966-0096
Shella Comin-DuMong
Executive Director

August 30, 2023

Department of Health Care Services - Director's Office
Attn: Jacey Cooper and Susan Philip
PO Box 997413, MS 0000
Sacramento, California 95899-7413

EMAIL: 1115waiver@dhcs.ca.gov

RE: Transitional Rental Assistance Public Comment – 1115 Demonstration Waiver

Dear Ms. Cooper:

This is a joint public comment from the Coalition for Housing Accessibility, Needs, Choices & Equality (CHANCE) and California Disability-Aging Community Action Network (CDCAN). We applaud the Department for developing this ground-breaking proposal.

CHANCE provides an array of affordable and accessible housing assistance to children, adults, and older adults who have disabilities, including developmental disabilities and behavioral health needs. Shella is on the Developmental Services Task Force, as well as the Housing Subcommittee of the Disability and Aging Community Living Committee. Shella is a community advocate and [redacted].

After review of the proposal, the following comprises our suggestions and comments:

1. Include additional modifications to the definition of "At-risk" for persons who: Are at risk of losing their home due to eviction, or medical emergency, or rent increase that exceeds tenant's resources, or threat of violence (including domestic violence or VAWA designation) or due to harassment or discrimination. This is an issue of equity and cost effectiveness.

2. The State needs to address the lack of statewide availability of CalAIM benefits, including provision of transitional rental assistance, ahead of any effort to make these benefits part of the Medicaid State Plan. This is a critical issue is because access and equity in housing is foundational.

3. Upon obtaining the rental subsidy, the individual tenant needs whole person case management of their housing need, collaborating with community-based organizations, with the outcome of stabilizing their housing in a person-centered way. This includes but not limited to, developing a strategy to access state or federal resources such as Tenant Based Rental Assistance (TBRA), a HousingChoice Voucher (Section 8), Tax Credit affordable unit, Project Based Section 8, and/or in-home services, or behavioral services, or residential services, or accessible housing, or transportation services, as may be suitable to a person's individual need and necessary for housing stabilization.

4. We have a question: If an eligible person accesses the transitional rental services, does that preclude that person from accessing any of the other CalAIM services or benefits such as home modifications.

Thank you for allowing this opportunity for public comment. We strongly support the Department's work and this proposal and look forward to working with the Department team on this and other efforts.

Sincerely,

[redacted]

Shella Comin-DuMong
Parent and Executive Director

And

[redacted]

Parent, Family Member, and CDCAN Executive Director

/scd

cc: File
Marty Omoto, CDCAN
Nancy Bargmann, DDS
Susan DeMarois, CDA

California Partnership to End Domestic Violence; Email Received August 25, 2023

Good afternoon,

Please find my public comment letter attached. I appreciate the opportunity and consideration for our recommendations.

Thank you,

Jennifer Harte
Housing Policy Analyst
California Partnership to End Domestic Violence
Pronouns: She/her/hers (Why pronouns matter)
Email: [redacted]

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE
Together, We're Stronger.

August 25, 2023

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
Via email: 1115waiver@dhcs.ca.gov

RE: CalAIM Section 1115 Transitional Rent Services Amendment

Dear Department of Health Care Services,

On behalf of the California Partnership to End Domestic Violence, I am writing in response to the request for public comment on the CalAIM Section 1115 Transitional Rent Services Amendment.

Domestic violence is intrinsically connected to housing instability, homelessness, and public health issues in California and nationwide. The need for safe housing and the economic resources to maintain safe housing are two of the most pressing concerns among individuals affected by domestic violence who are planning to or have recently left the person causing them harm [i]. Women living in poor neighborhoods are more likely to be the victims of domestic violence than women in more affluent neighborhoods. Women with household incomes of less than $75,000 are 7 times as likely as women with household incomes over $75,000 to experience domestic violence. Women living in rental housing experience intimate partner violence at three times the rate of women who own their homes [ii]. Housing instability disproportionately affects individuals from marginalized communities. The most recent Annual Homelessness Assessment Report to Congress reports substantial racial disparities: People who identify as Black made up just 12 percent of the total U.S. population but comprised 37 percent of all people experiencing homelessness and 50 percent of people experiencing homelessness as members of families with children. The number of people experiencing homelessness who identified as Hispanic or Latin(x) increased by 8 percent between 2020 and 2022 along with a 4 percent increase among American Indian, Alaska Native, or Indigenous and a 19 percent increase among Native Hawaiians or Pacific Islanders [iii].

Nationally, 57% of unhoused women reported domestic violence was an immediate cause of their homelessness. Research has found that "women and men who experienced food and housing insecurity in the past 12 months reported a significantly higher 12-month prevalence of rape, physical violence, or stalking by an intimate partner compared to women and men who did not experience food and housing insecurity". Thirteen percent of homeless women reported having been raped in the past 12 months, and half of these women were raped at least twice [iv]. The experience of domestic violence is not unique to just one portion of our homeless population, but rather cuts across many categories. Women, men, transgender and gender non-conforming people, youth and veterans all experience domestic violence. According to the Center for Social Innovation's SPARC report, domestic and intimate partner violence was prevalent amongst the individuals surveyed, across all genders and ages [v].

Responding to this critical intersection, domestic violence service providers support survivors in their housing needs by providing emergency shelter, transitional housing, landlord/tenant advocacy, and have

implemented a Housing First model tailored to the specific needs of domestic violence survivors. In FY 2021-22, the 102 domestic violence emergency shelter programs in California provided a total of 354,227 shelter nights for domestic violence survivors and their children in emergency shelter. In the same year, they had 15,706 unmet requests for shelter (adults only) [vi].

Domestic Violence continues to emerge as a public health crisis in California [vii]. Among California residents, 35 percent of women and 31 percent of men report experiencing violence from their partner at some point in their lives. These figures are particularly alarming given that experiencing domestic violence is linked to long-term negative effects on women's and men's physical, behavioral, and environmental health across the life course [viiiixxxixii]. Physical, mental, and sexual and reproductive health effects have been linked with domestic violence including adolescent and/or unintended pregnancy, miscarriage, stillbirth, intrauterine hemorrhage, nutritional deficiency, abdominal pain and other gastrointestinal problems, neurological disorders, chronic pain, disability, anxiety, and post-traumatic stress disorder (PTSD), as well as hypertension, cancer and cardiovascular diseases. Victims of domestic violence are also at higher risk for developing addictions to alcohol, tobacco, and/or drugs. The health impacts on those experiencing domestic violence, domestic, dating and sexual violence are costly and pervasive in the healthcare system [xv]. Domestic violence elevates health care costs, not only among women currently experiencing abuse, but also among women for whom the abuse has ceased. The Centers for Disease Control and Prevention estimates that the cost of intimate partner rape, physical assault and stalking totaled $5.8 billion each year for direct medical and mental health care services and lost productivity from paid work and household chores [xvi]. Unfortunately, the link between domestic violence and public health is often overlooked due to a lack of narrative in the media when talking about the issue [xvii].

Given the severity of the research and findings noted, we believe there are important language changes required in the 1115 Transitional Rent Services Amendment to ensure survivors of domestic violence involved with Medi-Cal Managed Care benefit from this new Community Support. We offer the following recommendations to strengthen the Amendment:

1. **Include explicit mention of domestic violence as a public health crisis in Background:** Currently the Background section includes information on health impacts for subpopulations such as homeless youth, veterans, and formerly incarcerated individuals but no mention of survivors of domestic violence when over 90% of homeless women reported experiencing severe physical or sexual abuse at some point in their lives. The March 2023 Mathematica report "States Leverage Medicaid to Address and Prevent IPV" states that experiencing domestic violence is linked to long-term negative effects on women and men's physical, behavioral, and environmental health across the life course. Two states featured in this report, North Carolina and Rhode Island, use 1115 Medicaid demonstrations to create comprehensive programs that test methods to address a range of social determinants of health (SDOH), including domestic violence. Other states include domestic violence-related requirements in their managed care contracts. For example, Wisconsin includes language specific to screening, network adequacy, and a domestic violence response program in its managed care plan contracts.
2. **Include explicit mention of domestic violence shelters in list of programs clients can transition out of:** In the Demonstrated Amendment Goals section (page 7), it would be beneficial to explicitly include "domestic violence shelters" and "domestic violence transitional housing programs" to the list of programs clients can transition out of while enrolling into services to avoid any confusion during implementation. According to the National Alliance to End Homelessness, in 2022 approximately 11 percent of all Emergency Shelter, Transitional Housing, and Safe Haven beds in homeless service systems were targeted to survivors of domestic violence and their families.

3. **Include explicit mention of domestic violence in the eligibility criteria:** To guarantee equitable incorporation of services for individuals who have experienced domestic violence, it is imperative that the eligibility section explicitly delineate the categories eligible for assistance based on the prevailing definition established by the Department of Housing and Urban Development. This encompassing definition should explicitly encompass Category 4: "Fleeing or attempting to Flee Domestic Violence." Inclusion of this specific language is vital to survivor inclusion survivors given the history of domestic violence being overlooked in the context of homelessness and homeless services.
4. **Inclusion of domestic violence service providers during implementation:** To ensure full inclusion of all stakeholders, we ask that there is intentional outreach and messaging of this amendment of services to all domestic violence service providers throughout the state, as well as to service providers for other subpopulations such as youth and veterans' organizations.

Thank you for your consideration of these recommendations. If you have any questions or would like additional information, please feel free to contact me at [redacted].

Sincerely,

[redacted]

Jennifer Harte
Housing Policy Analyst
California Partnership to End Domestic Violence

[i] Clough, A., Draughon, J. E., Njie-Carr, V., Rollins, C., & Glass, N. (2014). "Having housing made everything else possible": Affordable, safe and stable housing for women survivors of violence. Qualitative Social Work, 13(5), 671-688.
[ii] ACLU Women's Rights Project. (2008). Domestic Violence and Homelessness https://www.aclu.org/sites/default/files/pdfs/dvhomelessness032106.pdf
[iii] The 2020 Annual Homeless Assessment Report (AHAR) to Congress JANUARY 2021 PART 1: POINT-IN-TIME ESTIMATES OF HOMELESSNESS The U.S. Department of Housing and Urban Development OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT Acknowledgements AUTHORS Meghan Henry, Tanya de Sousa, Caroline Roddey, Swati Gayen, and Thomas Joe Bednar, Abt Associates The 2022 Annual Homelessness Assessment Report (AHAR to Congress) Part 1: Point-In-Time Estimates of Homelessness, December 2022 (huduser.gov)
[iv] "Pressing Issues Facing Families Who Are Homeless." The National Center on Family Homelessness, 2013
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[viii] California Governor's Office of Emergency Services. Joint Legislative Budget Committee Report. April 2022. Available at https://www.caloes.ca.gov/GrantsManagementSite/Documents/2022%20JLBC%20Report.pdf
[ix] Smith, S.G., J. Chen, K.C. Basile, L.K. Gilbert, M.T. Merrick, N. Patel, M. Walling, and A. Jain. "The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 State Report." Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2017. Available at https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf
[x] Ibid., 9
[xi] Black, M.C. "Intimate Partner Violence and Adverse Health Consequences: Implications for Clinicians.
[xii] Miller, E., and B. McCaw. "Intimate Partner Violence." New England Journal of Medicine, vol. 380, no. 9, February 2019, pp. 850–857. https://doi.org/10.1056/NEJMra1807166
[xiii] Warshaw, C., P. Brashler, and J. Gil. "Mental Health Consequences of Intimate Partner Violence." In Intimate Partner Violence: A Health Based Perspective, edited by C. Mitchell and D. Anglin. New York: Oxford University Press, 2009, pp. 147–170
[xiv] Browne, A. 1998. "Responding to the Needs of Low Income and Homeless Women Who are Survivors of Family Violence." Journal of American Medical Women's Association. 53(2): 57-64.
[xv] World Health Organization. Global and regional estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence. 2013 http://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=F6F52568C018A79C985DE9DF7BBAF6D8?sequence=1
[xvi] Max, W, Rice, DP, Finkelstein, E, Bardwell, R, Leadbetter, S. 2004. The Economic Toll of Intimate Partner Violence Against Women in the United States. Violence and Victims, 19(3) 259-272
[xvii] Cuestas, S, Mejia P, Perez-Sanz, S, Garcia, K. Berkley Media Studies Group. "Communicating about Domestic Violence and Homelessness" 2021.

Anthem Blue Cross; Email Received August 28, 2023

Hello – Forwarding comments from Anthem Blue Cross concerning transitional rent services. Thank you.

Beth A Maldonado
Director II, Medicaid Compliance
21215 Burbank Blvd, Woodland Hills, CA 91367
O: 805.264.9172
[redacted]

Anthem

August, 31, 2023

To: Department of Health Care Services, Director's Office, Attn: Jacey Cooper and Susan Philip

Re: Public Comment on CalAIM Section 1115 Transitional Rent Services Amendment

Anthem Blue Cross appreciates the opportunity to provide public comment on the proposed CalAIM Section 1115 Transitional Rent Services Amendment. Anthem has been working to address the housing needs of Medi-Cal members experiencing homelessness for several years including through the implementation of CalAIM and the Housing and Homelessness Incentive Program (HHIP). Based on experiences from these efforts, the two most significant challenges our members and providers face are finding a rental unit in the community that is affordable and having the ability to access financial resources to help with paying the rent.
While the proposed Transitional Rent Services do not address the housing supply issue in California it will allow Managed Care Plans (MCP's) the ability to help support rental assistance needs combined with offering the wraparound supportive services through Enhanced Care Management (ECM) and Community Supports (CS). Anthem applauds DHCS for seeking federal approval and taking action to move this vital proposed service forward and is committed to being a partner in this effort.

To assist DHCS in further developing the program if approved, Anthem would like to offer the below questions/concerns as well as recommendations:

Questions/Concerns:

- There are currently several federal programs (ie HUD Continuum of Care, HUD Emergency Solutions Grants, Housing Choice Vouchers, and others) and state programs (ie Homeless Housing Assistance and Prevention program, CalWORKS Housing Support Program, Housing and Disability Advocacy Program, and others) that provide both permanent and temporary tenant-based rental assistance. How will Transitional Rent Services align or differ from these existing rental assistance programs?
    - Will Transitional Rent Services be subject to Fair Market Rents (FMR)?
    - What/if will be any required tenant portion of Transitional Rent Services?
    - Will there be Housing Payment Standards? Will these be adjusted to each rental market?
    - Will units be subject to Housing Quality Standard inspections or Health and Safety inspections?
    - Will utilities or a utility allowance be considered?
    - Will there be any requirement on the length of the lease (ie requiring a 12 month lease)?

- In the proposed language, there is no mention of connection to or collaboration with the homeless Coordinated Entry System (CES). Will there be an expectation to align Transitional Rent Services with local CES's processes?
- Given the high-cost housing market across California and that the proposed target populations will have extremely low incomes, fixed incomes, or struggling to find employment, there is significant concern that six months of rental assistance may not be enough to stabilize an individual or family in their housing. Other similar models such as Rapid Re-Housing (RRH) programs have historically struggled to have success with short-term rental assistance programs (3-6 months) and many communities across the state are adjusting RRH programs to provide deeper subsidies and for longer durations of up to 24 months (and in some cases longer).
    - Is DHCS intending to structure this program similar to a RRH program design that combines both temporary rental assistance and supportive services?
    - Is DHCS intending that Transitional Rent Services will serve as a bridge/transition to other more permanent rental assistance sources such as an HCV or a Permanent Supportive Housing program?

Recommendations:

- **Allow for flexibility with rental assistance requirements to best meet the member and community needs including:**
    - Flexibility with the type of housing for the individual whether it's a traditional apartment or other settings such as a sober living home, shared housing with roommates, independent living facilities, or other non-traditional rental housing.
    - Flexibility with lease requirements and allow for short-term leases such as a month-to-month lease.
    - Flexibility on rent costs. Allow for rent to be above FMR however encouraging MCP's and providers to consider long-term sustainability of the member in the unit beyond the Transitional Rent Services.
    - Flexibility with tenant portions of the rent. DHCS should encourage MCP's to have members contribute to the rent depending on their situation however allow for flexibility and use a progressive engagement model based on each members needs that does not use a set required portion (ie member pays 30% of their income to rent). Allow for Transitional Rent Services to cover 100% of the rent if the member has zero income and do not require a minimum contribution.
    - Flexibility with covering other housing costs such as utility costs and other costs that may come rental housing.
- **Allow Flexibility to MCP's in Administering Transitional Rent Services:**
    - Similar to CS Housing Deposits, allow for health plans to work with potential providers to determine best approach with offering the service and working with providers including determining an "administrative fee" to cover internal operations among providers to administer rent payments.

  - Allow MCP's to work with providers to determine best way to authorize the length, amount, and reimbursement timeframes of Transitional Rent services based on each individual member and provider.
- **Expand Target Populations:**
  - While the first part of the proposed eligibility criteria includes HUD's At-Risk of Homelessness definition, the second proposed eligibility criteria does not include individuals or families who may be transitioning from a rental unit or imminently losing their current housing. The second eligibility criteria only includes those exiting an institutional setting including a shelter or those living unsheltered and would exclude those who are solely at risk of homelessness and losing their housing. DHCS should consider adding a setting such as "At-risk of transitioning from rental housing to homelessness within 14 days" as one of the secondary eligibility criteria.
  - Add additional criteria to allow for individuals who are currently enrolled in a federal or state funded RRH programs to receive Transitional Rent Services if reached the time limit in the federal/state program and have do not have the ability yet to take on the full monthly rent payments.
- **Allow for Longer Than Six Months of Rental Assistance:**
  - Often times in communities across California, six months of rental assistance is not enough to stabilize a household. To ensure housing stability of members and to maintain relationships with community-based landlords, DHCS should consider allowing for additional months of rental assistance on a case-by-case basis.
- **Collaboration and Partnership with Continuum's of Care (CoC) and Public Housing Authorities:**
  - DHCS should encourage MCP's to collaborate with CoC CES processes as much as possible to ensure non-duplication of rental assistance services. CES can assist the MCP with identifying members who may need Transitional Rent Services and help support connection.
  - DHCS should encourage use of the Homeless Management Information System (HMIS) to track who is receiving Transitional Rent services and encourage MCP's to work with CoC/HMIS lead agencies to set up Transitional Rent Services in HMIS similar to other federal and state rental assistance programs.
  - DHCS should encourage MCP's to engage with local Public Housing Authorities (PHA) to educate on the model and determine if there can be local partnerships to help connect members to other longer term permanent rental assistance at the end of the Transitional Rent Services program.
- **Encourage Best Practices and Innovations:**
  - Similar to other CalAIM CS housing services, DHCS should encourage the use of best practices including Housing First, Harm Reduction, Trauma-Informed Care, Motivational Interviewing, and others. DHCS should consider other best practice strategies and program design concepts such as those within the Rapid Re-Housing Toolkit from the National Alliance to End Homelessness (NAEH).

- DHCS should encourage MCP's to use innovative strategies within the Transitional Rent Services program. This may include encouraging partnerships with entities serving as a centralized landlord engagement entity in the community that is supporting the acquisition of rental units and supporting lease up that could include a master leasing approach. DHCS should encourage the use of shared housing/roommates as a viable strategy to ensure housing costs remain affordable and members have additional social supports. Lastly, DHCS should encourage various approaches/levels of subsidy (highlighted above in flexibility of tenant portion) that include concepts such as a shallow subsidy model.

California Association of Health Plans; Email Received August 31, 2023

Dear DHCS,

Thank you for the opportunity to provide feedback on the Transitional Rent Services Amendment. We look forward to working with you on this effort going forward.

Kate

Kate Ross
California Association of Health Plans
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Phone: [redacted]
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California Association of Health Plans

CAHP Comment Tracking Document on
DHCS' Transitional Rent Services Amendment

CAHP member Medi-Cal managed care plans (MCPs) welcome the opportunity to provide feedback to DHCS. Please see the comprehensive feedback from MCPs provided in the table below.

Page of Draft Proposal	Current Language	CAHP Member Feedback
N/A	No mention of program design with administering Transitional Rent Services	DHCS should allow for flexibility with rental assistance requirements to best meet the member and community needs including: • Flexibility with the type of housing for the individual whether it's a traditional apartment or other settings such as a sober living home, shared housing with roommates, independent living facilities, or other non-traditional rental housing. • Flexibility with lease requirements and allow for short-term leases such as a month-to-month lease. • Flexibility on rent costs. Allow for rent to be above Fair Market Rent (FMR) however encouraging MCP's and providers to consider long-term sustainability of the member in the unit beyond the Transitional Rent Services. • Flexibility with tenant portions of the rent. DHCS should encourage MCP's to have members contribute to the rent depending on their situation however allow for flexibility and use a progressive engagement model based on each members needs that does not use a set required portion (ie member pays 30% of their income to rent). Allow for Transitional Rent Services to cover 100% of the rent if the member has zero income and do not require a minimum contribution. Flexibility with covering other housing costs such as utility costs and other costs that may come rental housing.

Page of Draft Proposal	Current Language	CAHP Member Feedback
N/A	No mention of Collaboration with homeless Continuum of Care (CoC) or Public Housing Authorities (PHA)	DHCS should encourage collaboration and partnership with CoCs and PHAs: • DHCS should encourage MCPs to collaborate with CoC CES processes as much as possible to ensure non-duplication of rental assistance services. CES can assist the MCP with identifying members who may need Transitional Rent Services and help support connection. • DHCS should encourage use of the Homeless Management Information System (HMIS) to track who is receiving Transitional Rent services and encourage MCP's to work with CoC/HMIS lead agencies to set up Transitional Rent Services in HMIS similar to other federal and state rental assistance programs. DHCS should encourage MCPs to engage with local Public Housing Authorities to educate on the model and determine if there can be local partnerships to help connect members to other longer term permanent rental assistance at the end of the Transitional Rent Services program.
N/A	No mention of best practices and innovations	DHCS should encourage Best Practices and Innovations: • Similar to other CalAIM Community Services housing services, DHCS should encourage the use of best practices including Housing First, Harm Reduction, Trauma-Informed Care, Motivational Interviewing, and others. DHCS should consider other best practice strategies and program design concepts such as those within the Rapid Re-Housing Toolkit from the National Alliance to End Homelessness (NAEH). • DHCS should encourage MCPs to use innovative strategies within the Transitional Rent Services program. This may include encouraging partnerships with entities serving as a centralized landlord engagement entity in the

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		community that is supporting the acquisition of rental units and supporting lease up that could include a master leasing approach. DHCS should encourage the use of shared housing/roommates as a viable strategy to ensure housing costs remain affordable and members have additional social supports. Lastly, DHCS should encourage various approaches/levels of subsidy (highlighted above in flexibility of tenant portion) that include concepts such as a shallow subsidy model.
N/A	Ability for MCPs to Implement Transitional Rent Services as a Community Support	Clarification on whether or not MCPs can implement Transitional Rent Services as a Community Support would be helpful. A reading of the executive summaries and high-level DHCS descriptions seem to include mention of MCPs driving the transitional rent implementation. When looking for a mention of MCPs in the actual BH Connect 1115 Waiver proposal or the public notice slides it is seemingly absent. Instead, the materials seem to point to counties as the responsible party and the offering to be optional.
8	Transitional rent services will be closely coordinated across delivery systems, with other housing-related supports offered as Medi-Cal Community Support services, and with other non-Medi-Cal funded housing services.	This financial support could potentially overlap with other Community Supports that offer financial support such as housing deposits. Will there be wraparound Community Supports for utilities, furniture, home goods, etc.?
8	DHCS is seeking to cover rent for up to six months for eligible high-need Medi-Cal members. The CalAIM amendment would authorize these transitional rent services as a new Community Support for qualifying individuals in the MCMC delivery system.	Which facilities (apartments, etc.) would be willing to accept with only a 6-month guarantee? What happens after 6 months if the person still has no funding? Plans request support from DHCS to identify housing entities that will accept members who qualify for transitional rent services to ensure or increase the probability of secured housing resources.

Page of Draft Proposal	Current Language	CAHP Member Feedback
	Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other HRSN criteria. Transitional rent services will be voluntary for the Medi-Cal managed care plans to offer and for Medi-Cal members to use.	
8	Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other HRSN criteria. Transitional rent services will be voluntary for the Medi-Cal managed care plans to offer and for Medi-Cal members to use.	How is the MCP to ensure cost-effectiveness? How is this to be measured? How do we ensure equity and fairness? What would be our denial reasons if the reason is lack of cost effectiveness?
8	Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other HRSN criteria. Transitional rent services will be voluntary for the Medi-Cal managed care plans to offer and for Medi-Cal members to use.	What if the patient is in recuperative care, SNF, etc. and there is no facility willing to accept the 6 months? Can the money be used to extend the stay where they are at?
8	Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other HRSN criteria.	Recognizing that the operational details (if the amendment request receives federal approval) are likely forthcoming and in the form of Policy Guides, APLs, etc., please clarify the frequency in which a Member could receive the Community Support service. For example, will transitional rent be a once-in-a-lifetime available service? Additionally, the lack of housing inventory across the region has continued to drive up the costs of housing which can make it challenging to connect Members to adequate housing. The Plan

Page of Draft Proposal	Current Language	CAHP Member Feedback
		requests that DHCS take into consideration how plans will operationalize the service amidst an ongoing housing shortage.
8	Transitional rent services will be available for a period of no more than six months;	Often in communities across California, six months of rental assistance is not enough to stabilize a household. To ensure housing stability of Medi-Cal members and to maintain relationships with community-based landlords, DHCS should consider allowing for additional months of rental assistance beyond six months on a case-by-case basis.
8	Meet one or more of the following criteria: • Are transitioning out of an institutional care or congregate residential setting, including but not limited to an inpatient hospital stay, an inpatient or residential substance use disorder treatment or recovery facility, an inpatient or residential mental health treatment facility, or nursing facility; • Are transitioning out of a correctional facility; • Are transitioning out of the child welfare system; • Are transitioning out of recuperative care facilities or short-term post hospitalization housing; • Are transitioning out of transitional housing; • Are transitioning out of a homeless shelter/interim housing;	The proposed eligibility criteria includes Medi-Cal enrollees who meet the HUD definition of homelessness or at-risk. Then there is a second eligibility criteria that enrollees need to meet that includes transitioning from various settings, unsheltered homelessness, and FSP eligibility. While DHCS included members who are at-risk of homelessness in the first criteria, the second criteria does not include settings such as living in rental housing or other housing settings where they are at-risk of losing. The way the eligibility criteria is currently written, it would exclude Medi-Cal members who are at-risk of homelessness and currently living in a rental unit and facing eviction/housing loss. DHCS should consider adding a setting such as "At-risk of transitioning from rental housing to homelessness within 14 days" as one of the secondary criteria.

Page of Draft Proposal	Current Language	CAHP Member Feedback
	• Meet the criteria of unsheltered homelessness as described at 24 CFR part 91.515; or Meet eligibility criteria for a Full Service Partnership (FSP) program	
8	Current language on eligibility includes Medi-Cal enrollees who are homeless/at-risk	Add additional criteria to allow for individuals who are currently enrolled in a federal or state funded Rapid Re-Housing (RRH) programs to receive Transitional Rent Services if reached the time limit in the federal/state program and have do not have the ability yet to take on the full monthly rent payments. This may be solved if DHCS adds the recommendation on At-Risk of homelessness settings mentioned above.
9	The amendment would add transitional rent services as an optional benefit for MCMC plans to offer and for eligible MCMC members to take up.	To ensure that the proposed transitional rent service is sustainable, in particular for a population with complex health and housing needs, the Plan requests that DHCS take into account how Members will continue to remain housed if housing vouchers, SSI, or other housing resources are not available after the 6 months of transitional rent services are provided.
10	Section VI. Implementation of Demonstration Amendment	On page 8, the Proposed Demonstration Amendment states that transitional rent would be covered by BH-CONNECT for those in

Page of Draft Proposal	Current Language	CAHP Member Feedback
	Transitional rent services will be delivered consistent with CMS' requirements for HRSN services, the Medi-Cal managed care contract, and DHCS guidance applicable to all Community Supports. In line with these requirements, transitional rent services in MCMC will be administered in a manner that is: (1) cost effective and medically appropriate; (2) voluntary for the Medi-Cal managed care plans to offer and the Medi-Cal member to use; and (3) offered exclusively through managed care plans.	the SMHS, DMC, and DMC-ODS (county BH systems) and that DHCS will establish processes for non-duplication - thereby implying that transitional rent services are not exclusive to MCPs. (See page 8: The California BH-CONNECT demonstration would cover these transitional rent services for individuals in the SMHS, DMC, and DMC-ODS delivery systems;) Plan recommends that the state provide information to MCPs for members receiving transitional rent services through the county via data exchange, similar to SMHS claims/CCS claims process and/or establish requirements to share this data in MHP-MCP MOU template.
11	§ 1902(a)(1) Statewideness: To enable the State to provide transitional rent services only in certain geographic areas where Medi-Cal managed care plans elect to offer these services	Please consider the challenges faced by MCPs who operate in multiple counties to effectively and efficiently operationalize this service given the potential variation in cost of living and housing costs along with other variables impacting this service.
13	Improved availability in Medi-Cal of high-quality community-based behavioral health services, EBPs, and community-defined evidence practices, including ACT, FACT, CSC for FEP, IPS Supported Employment, community health worker services, clubhouse services, and transitional rent services;	Please clarify that transitional rent services would be for those members with SMI/SUD, AND experiencing/at risk of homelessness, involved in child welfare, justice involved, and/or have a health care disparity.
15	Care coordination for members living with SMI/SED will improve over the course of the demonstration.	Will the data evaluated include MCP and MHP?
15	Number and proportion of Medicaid members with a SMI/SED diagnosis who are utilizing Enhanced Care Management and/or Community Support services. • Number and proportion of Medicaid members with a SMI/SED diagnosis who are utilizing physical health services, including primary care.	Please provide additional details on how this data will be shared between MCP and MHP/DMC ODS and combined for these measures, or will DHCS be responsible for providing these measures, based upon information that they receive from the two entities?

Page of Draft Proposal	Current Language	CAHP Member Feedback
25	DHCS proposes to provide counties with the option to cover additional evidence-based, community-based services that reduce the need for institutional inpatient and residential care and improve outcomes among individuals living with SMI/SED	How will these optional services be shared with MCPs and the communities they serve?
26	DHCS will establish processes to avoid duplication of services across delivery systems. Transitional rent services will be closely coordinated across delivery systems, with other housing-related supports offered as Medi-Cal Community Support services, and with other non-Medi-Cal funded housing services. DHCS is requesting authority to implement transitional rent services in BH-CONNECT on a phase-in basis, if necessary.	Please include MCMCs in the development of the strategies to avoid duplication of services across systems. Of particular importance would be the inclusion of HUD, CoCs, and other resources of housing/rental support in CBOs.
37	Inclusion of a management-level Foster Care Liaison within MCPs to enable effective oversight and delivery of ECM, attend Child and Family Team meetings, ensure managed care services are coordinated with other services, and serve as a point of escalation for care managers if they face operational obstacles (effective January 1, 2024)	It is important that further details be provided to MCPs as soon as possible (4 months until Jan. 2024). How will this position be funded and what is the expectation of the partners (family team mtg, etc.) to participate?

County of Los Angeles Department of Health Services; Email Received August 31, 2023

Good morning,

As an organization committed to providing care to Los Angeles County's most vulnerable populations, the County of Los Angeles Department of Health Services (DHS) extends our support for the CalAIM Section 1115 Transitional Rent Services Amendment. DHS anticipates that this funding will bridge existing gaps in housing support services for populations experiencing or at risk of homelessness during critical transitions, improving health outcomes and decreasing costs overall. To ensure effective implementation, **DHS respectfully submits the following comments for consideration by DHCS during revision of the draft amendment application.**

1. To maximize administrative resources, ensure streamlined operationalization of transitional rent services:
    a. The State should define the scope and criteria for accessing transitional rent services, including the clinical and health-related social needs criteria used to determine that the services are medically appropriate. In the absence of this clarification, there are likely to be significant discrepancy in how MCPs that opt-in choose to utilize the services.
    b. In a region with more than one MCP, a single workflow for requesting authorization that is aligned across the MCPs should be established.
    c. Authorization of services should cover six consecutive months of transitional rent services to prevent the need to submit multiple authorization requests per client.
    d. To establish eligibility that a participant meets the definition of homeless or at-risk of homelessness, Continuum of Care forms and/or self-certification of homeless status should be acceptable verification methods. CoC forms are integrated and widely distributed documents among providers.
2. To effectively serve the diverse population of high-acuity individuals experiencing or at risk of homelessness, ensure the broadest possible eligibility requirements for transitional rent service recipients.
    a. Eligibility requirements should be modified to include people who are "at risk of homelessness" but who may not meet FSP requirements (i.e., SMI, justice-involved, etc.)
    b. Ensure that there is enough time between referral and authorization to comply with the HUD homeless/at-risk definition 30-day timeframe modification requirement.
3. To braid this new funding into existing resources for housing/supportive services such as Housing for Health's Flexible Housing Subsidy Pool, ensure that the transitional rent funding applies to rental subsidy payments and does not fund the tenant/client rent portion.
4. DHCS should work to provide a pathway to transition transitional rent payment and other Community Support services to a Medi-Cal benefit as soon as possible.
5. Ensure rent payments are at a minimum equal-to voucher payment standards in the area, allowing for geographic adaptability of the benefit.
6. Highly vulnerable patients may require more than 6 months of rental assistance to stabilize. We encourage DHCS to permit requests for additional periods of Transitional Rent Services for the most vulnerable patients, such as patients who recently exited institutions or have long histories of homelessness, based on an updated review of an individual's clinical need.
    a. In addition, the State should limit MCP authority to restrict coverage of services to amounts less than the State's definition of the benefit (i.e. in the current definition, any amount less than six months of services).

Please don't hesitate to reach out with any questions.

Sincerely,

The County of Los Angeles Department of Health Services

Jeannette Ban West, MPH
Pronouns: she/her
Policy & Planning, Project Manager
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Disability Rights California; Email Received August 31, 2023

Please see DRC's comments. Thank you.

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Via Email: 1115Waiver@dhcs.ca.gov

August 31, 2023

Re: California Advancing & Innovating in Medi-Cal (CalAIM)
Transitional Rent Services Amendment

To Whom it May Concern:

Thank you for the opportunity to comment on the CalAIM Transitional Rent Services Amendment. DRC is the federally and state designated protection and advocacy agency for California and works with Medi-Cal Managed Care consumers who are members of the populations of focus for Enhanced Case Management and Community Options.

We support the inclusion of Transitional Rent Services as a service under Community Options, however, it is critical that eligibility for this service be expanded. Tens of thousands of individuals in nursing facilities[1] who lost their housing because of a nursing facility placement[2] are eligible for Community Supports yet are unable to move to the community without

[1] "[A]n estimated 37,000 [nursing home residents], have low-level care needs and could potentially live in the community, according to a 2017 estimate by the American Association of Retired Persons." https://calmatters.org/health/2022/01/california-nursing-homes-transition/

[2] [F]or thousands of poor nursing home residents…. a temporary stay can become indefinite. Saddled with hefty Medicare copayments that can reach $5,000 a month – and later stripped of Social Security income, diverted to pay ongoing nursing home costs – they are often unable to hang onto their former housing. They become effectively stranded, with Medi-Cal and Social Security paying for housing and daily living in the facility." https://calmatters.org/health/2022/01/california-nursing-homes-transition/

housing support. The current definition of homelessness improperly excludes their access to this important service. To remedy this, we recommend the following addition to the Eligibility Criteria on Page 8 of the Amendment (underlined language):

> "Eligibility Criteria
>
> Within MCMC plans that offer the services, Medi-Cal enrollees will be eligible for transitional rent services if they:
> • Meet HUD's current definition of homelessness or at-risk of homelessness as codified at 24 CFR 91.5, with two modifications:
> o If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization; or if they have lost their housing as a result of institutionalization, including, but not limited to, institutionalization in skilled nursing facilities, acute care hospitals, psychiatric facilities, jails, and prisons, regardless of the length of time residing in the institutional setting."

This language tracks AB 2483, (Senator Maienschein, 2022)[3] which included this definition to ensure that individuals who would be accessing housing paired with certain Medi-Cal funded home and community-based services included nursing facility residents who lost their housing because of institutionalization. In addition to this change, we recommend that where an individual needs assistance with back rent (e.g., to avoid an eviction) the Transitional Rent service be available for that purpose.

Sincerely,

[redacted]

Elizabeth Zirker
Senior Counsel

[3] Health and Safety Code Section 50675.15(a)(2).

Transitions Clinic Network; Email Received August 31, 2023

Thank you for the opportunity to submit comments regarding the Transitional Rent Services Amendment. Please see the attached documents. Feel free to follow-up with any further questions.

Bethany Divakaran (she/her)
Nurse Program Manager – California Health Care Hub
Transitions Clinic Network
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August 2023

California Advancing & Innovating in Medi-Cal (CalAIM)
Transitional Rent Services Amendment
Transitions Clinic Network (TCN) Comments

The Transitions Clinic Network (TCN) appreciates the opportunity to provide comments on the proposed CalAIM Transitional Rent Services Amendment. TCN supports DHCS's goal to address social determinants of health through funding for Community Supports, including petitioning for additional resources to address the housing needs of those who are experiencing/at-risk-for homelessness.

TCN is a community-based organization changing health systems to better care for the health needs of people returning home from incarceration. The TCN model, in which a Community Health Worker (CHW) with lived experience of incarceration is embedded in a Federally-Qualified Health Center or other primary care team, is an evidence-based model that has been shown to engage patients reentering the community from jail or prison in primary care, reduce preventable hospitalizations and emergency room visits, shorten hospital stays, and reduce days reincarcerated.[1,2]

TCN commends DHCS for including people transitioning from incarceration in the population who may be served by Transitional Rent Services. Through our experience supporting people returning to their communities from prison or jail, we know the immense impact that housing instability and homelessness have on the reentry population. Incarceration is a disruptive event in a person's life and contributes to the loss of housing, financial resources, and social connections[3]. Incarceration increases one's risk for housing instability, and homelessness increases one's risk for ongoing interaction with the criminal legal system[3]. Both homelessness and incarceration contribute to new and worsened health problems[3,4]. These impacts are disproportionately experienced by Black, brown, and LGTBQIA+ communities, who are overrepresented in the criminal legal system and disproportionately impacted by the collateral consequences of incarceration, on top of inequities already experienced such as historic and ongoing exclusion from housing opportunities and wealth generation[5,6].

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[1] Wang E.; Hong C.; Shavit S.; Sanders R.; Kessell E.; Kushel M. (2012). Engaging individuals recently released from prison into primary care: A randomized trial. *American Journal of Public Health*, *102*, 22-29. doi: 10.2105/AJPH.2012.300894.

[2] Wang, E.; Lin, W.; Aminawung, J.; Busch, S.; Gallagher, C.; Maurer, K.; Puglisi, L.; Shavit, S.; Frisman, L. (2018). Propensity-matched study of enhanced primary care on contact with the criminal justice system among individuals recently released from prison to New Haven. *BMJ Open*, *9*. Doi: 10.1136/bmjopen-2018-028097

[3] Prison Policy Initiative. (2018). *Nowhere to go: Homelessness among formerly incarcerated people.* Retrieved from https://www.prisonpolicy.org/reports/housing.html.

[4] Reid, K., Vittinghoff, E., & Kushel, M. (2008). Associations between the level of housing instability, economic standing and health care access. *J Health Care Poor Underserved.* Retrieved from https://pubmed.ncbi.nlm.nih.gov/19029747/.

[5] The Sentencing Project. (2021). *The color of justice: Racial and ethnic disparity in state prisons.* Retrieved from https://www.sentencingproject.org/reports/the-color-of-justice-racial-and-ethnic-disparity-in-state-prisons-the-sentencing-project/.

[6] Center for American Progress. (2019). *Systemic inequality: Displacement, exclusion, and segregation.* Retrieved from https://www.americanprogress.org/article/systemic-inequality-displacement-exclusion-segregation/.

We ask that access to Transitional Rent Services be as inclusive and robust as possible, in order to best serve the justice-involved population. TCN provides the following recommendations to DHCS:

- **Expand the definition of homelessness**. It is stated that to be eligible for these services one must be homeless according to HUD's definition. HUD defines literal homelessness as "having a primary nighttime residence that is a public or private place not meant for human habitation" or "living in a publicly or privately operated shelter designed to provide temporary living arrangements" or "exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution"[7]. HUD also defines those who are at imminent risk for homelessness "who will imminently lose their primary nighttime residence…within 14 days of applying for homeless assistance" and when "no subsequent residence has been identified" and "the individual lacks the financial resources or support networks needed to obtain other permanent housing"[3].

  The documentation required to meet this definition of homelessness includes "written observation by an outreach worker", "written referral by another housing or service provider", or "certification from the individual seeking assistance that (s)he was living on the streets or in a shelter", as well as for people leaving an institution, in addition to one of the above, having "discharge paperwork or written/oral referral" or "written record of the intake worker's diligence to obtain above evidence and certification by the individual that they exited an institution"[3].

  Using a strict interpretation of the federal definition of homeless to determine who is eligible for Transitional Rent Services could be problematic in serving the reentry population in a couple of ways:

  - *Problem: Requiring enrollees to be homeless prior to institutionalization*:
    - Many people exiting incarceration experience housing instability or homelessness upon release. Stakeholders in our network believe this is especially true for those who experience repeat episodes of incarceration or those who have served longer sentences, where one's resources and connections in the community dissipate overtime, resulting in one leaving without a permanent address, housing resources, or a social safety net. These individuals are now at-risk-for or experiencing homelessness due to their reentry, even if they were not homeless prior to being incarcerated.
    - *We recommend enrollees be able to seek this benefit based on their current risk-for homelessness upon exiting incarceration or current status*

[7] HUD Exchange. (2012). Criteria and record keeping requirements for definition of homelessness. https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

of being homeless, whether or not they had been homeless prior to institutionalization in a carceral facility. If one had not been homeless prior to incarceration, they should not have to experience literal homelessness by accessing shelter or staying on the streets to be eligible for supports that could have prevented their homelessness.

- *We recommend the state consider how this benefit may be useful to the justice-involved population to prevent literal homelessness.* Similar to an impending eviction, release from incarceration should be counted as "imminent risk of homelessness" (they are not currently homeless while in the care of the state or county, but will be homeless upon release, lacking a permanent address or any financial resources or social supports to obtain permanent housing). Therefore, being incarcerated or having been recently released from incarceration should be considered a qualifying life event for rental assistance.
- *It is a positive that HUD's time limit for institutionalization (<90 days) has been removed so that people who have experienced any length of jail or prison stay can qualify as in transition.*

- *Problem: Requiring a documented history of homelessness*:
  - There are many reasons why a person might not have their past/current homeless status documented through formal channels such as seeking shelter or interacting with homeless outreach workers. One example is a person who is housing unstable but not staying in homeless shelters (who may be at times street homeless or couch-surfing) so would not be documented in a formal homeless service systems. Stakeholders in our network believe this is particularly relevant among the justice-involved population, who may not want to seek homeless services due to past negative interactions with systems or due to fear of legal impact.
  - Further, there are some people who are justice-impacted who may not be able to access shelter services due to certain exclusion criteria, such as having a sex offense or history of arson, who therefore cannot document homelessness in this way.
  - Additionally, individuals who are in/out of carceral settings might have difficulty providing the documents required for services, such as a discharge paperwork or a written referral for housing services. Transience makes record-keeping challenging and the prison/jail systems, being removed from community systems, are often difficult to get records from.
  - *We recommend enrollees be able to seek this benefit based on their current risk-for homelessness upon exiting incarceration or current status of being homeless, whether or not they have had past system interactions to document prior homelessness.*

- *We recommend as much flexibility of the required record-keeping as possible to demonstrate homeless status. The ability for one to self-certify their current state of homelessness at the time of seeking services should be utilized for this population when obtaining past documentation or records is a limitation.*

- **Expand the duration of rent services for the justice-involved population.** While the current benefit proposing up to six months of Transitional Rent Services is a good start, stakeholders in our network acknowledge that housing stability often takes more than six months, especially for those reentering communities from incarceration who face additional barriers to employment and housing. These services would not be cost effective if the premature end of rent support leads to a loss of housing, so it may actually be more cost effective in the long-term to expand the duration of rent services (referencing Housing First models as an example[8,9]).
    - *We recommend Transitional Rent Services be available for up to one year, at minimum, to support stability in housing for those returning from prison or jail.*

- **Coordinate Transitional Rent Services with other supportive services.** Achieving housing stability for individuals at-risk for/experiencing homelessness and who have behavioral health needs will require more than financial support. Further, people transitioning out of incarceration face specific barriers to obtaining housing such as having to gain employment and/or have work history, needing to re-apply for benefits/income (such as social security income), or being excluded from certain kinds of housing options due to background checks (in the midst of housing shortages).
    - *We commend DHCS for advocating for a range of Behavioral Health supports and Community Supports related to housing including housing navigation, housing deposits, housing tenancy and sustaining services, and recuperative care services.*
    - *We feel housing-related Community Support services providing through managed care should be provided in conjunction with county-based offerings like BH Connect,* so that one benefitting from Transitional Rent Services also benefits from the housing navigation that may be required to locate sustainable housing and/or the sustaining services that will support one staying housed even after the rent assistance ends. If Transitional Rent Services is being provided through a separate pathway from other Community Supports, counties and MCPs will need to coordinate service offerings, such as making cross referrals to other programs a client may be eligible for.

[8] Tsai, J. (2020). Is the Housing First model effective? Different evidence for different outcomes. *American Journal of Public Health.* Retrieved from https://www.ncbi.nlm.nih gov/pmc/articles/PMC7427255/.

[9] Ly, A. & Latimer, E. (2015). Housing First impacts on costs and associated cost offsets: A review of the literature. *Canadian Journal of Psychiatry.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4679128/.

- *Further, for the reentry population, there should be coordination between county-level services and managed care with other reentry supports provided in the community,* such as with reentry-specific housing providers and vocational training/employment programs that will be pivotal to longer-term housing stability.
- We note the inclusion of building a workforce of CHWs/peer support specialists in the BH Connect proposal to support county behavioral health with offering these services. CHWs play an important role with outreach, engagement, systems navigation, and coordinating services. When working with the justice-involved population, TCN promotes CHWs having lived experience of incarceration. We have been following the State Plan Amendment for CHWs in California and note that the mechanisms for billing for CHWs are problematic for the population level outreach/engagement strategies that are necessary for reaching those who are homeless and/or recently incarcerated (CHWs can only be billed for when services are associated with a specific patient). *We recommend that any new policies drafted that include reimbursement for CHW services consider the importance of reimbursement for outreach/engagement activities that happen at the population level.*

- **Include people with lived experience of incarceration & homelessness in the planning, implementation, and evaluation of this policy.** The housing needs of the justice-involved population and the ways in which this population will utilize this service are unique. There are considerations specific to this population (one example being how this benefit might be available to and utilized by someone coming out of prison houseless versus by someone transitioning from prison to state-contracted reentry programs but then being at risk for homelessness after that transitional program). Guidance from those who have been impacted by incarceration and homelessness must be included.
  - *TCN recommends DHCS host advisory groups including justice-impacted people to inform planning, implementing, and evaluating this benefit, if the amendment is approved.* TCN has experience with convening justice-involved stakeholder groups for CalAIM and would be happy to assist with convening a Community Advisory Group focused on BH Connect/Transitional Rent Services.
  - *We recommend the hiring of CHWs/peer support specialists with lived experience of incarceration to serve the reentry community who will be participating in these services.*

Further clarification is also requested from DHCS on the following:

- The proposed amendment summary states eligibility will be based on “clinical and other HRSN criteria” but does not specify the clinical criteria that would qualify or

exclude an individual from this benefit. The proposal also states "no wrong door" for accessing these services, though participating seems tied to participating in the BH Connect demonstration. *Please clarify who is eligible for Transitional Rent Services based on medical criteria, how eligible participants will get enrolled, and if the benefit is only available through participation in BH connect.*

  - While the Transitional Rent Services being proposed seem to be associated with the BH Connect amendment to meet the needs of those with mental health and substance use needs, *we recommend a similar benefit be available through Medi-Cal Managed Care for individuals with complex chronic medical needs who are transitioning from incarceration.*

- *Please clarify how will these funds be disseminated to those who are eligible (such as a voucher?) and what kind of housing one might be eligible to seek with this benefit (Market rate rentals? Transitional housing? Sober Living Environments?).*
- *Please clarify how housing vendors (housing providers, property owners, landlords, etc.) participating in this program will minimize the barriers that the justice-involved population might face in seeking housing.*
  - Given the disproportionate impact of mass incarceration and the historic exclusion from housing for the Black, brown, and LGBTQIA+ communities, *we further recommend there being preferences for housing supports given to these impacted communities. Language to address housing inequities should be part of this policy proposal.*

Thank you for taking the time to consider our comments. For any follow-up questions, please reach out to the Transitions Clinic Network by contacting Bethany Divakaran at [redacted].

Justice in Aging; Email Received August 31, 2023

Hello,

Thank you for soliciting comment on the Section 1115 Transitional Rent Services amendment. I'm attaching comments from Justice in Aging. Please let us know if you have questions about our comments.

Sincerely,

Tiffany Huyenh-Cho
(TI-fuh-nee WIN Choh)
Pronouns: she/her/hers
Senior Staff Attorney, Justice in Aging
[redacted]

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

August 31, 2023

Susan Philip, Deputy Director
Health Care Delivery Systems
California Department of Health Care Services

Delivered via email: Susan.Philips@dhcs.ca.gov, and 1115waiver@dhcs.ca.gov.

Re: ***Justice in Aging's Comments to California's Medicaid Section 1115 Demonstration Request to Implement a CalAIM Transitional Rent Services Amendment***

Dear Ms. Philip;

Justice in Aging appreciates the opportunity to comment on California's proposed Medicaid Section 1115 waiver amendment to implement a CalAIM Transitional Rental Assistance (TRA) Program as a new Community Support for qualifying individuals in the Medi-Cal Managed Care (MCMC) delivery system.

Justice in Aging is an advocacy organization with the mission of improving the lives of low-income older adults. We use the power of law to fight senior poverty by securing access to affordable health care, economic security, housing and the courts for older adults with limited resources. We have decades of experience with Medicaid and Medi-Cal, with a focus on equitable health access for populations who have been marginalized and excluded from justice such as older adults of color, older women, LGBTQ+ older adults, older adults with disabilities, older adults leaving incarceration, and older adults who are immigrants or have limited English proficiency.

Justice in Aging applauds the California Department of Health Care Services for pursuing this waiver authority, and for its recognition that housing is a key social driver of health and health equity. Research findings confirm that having safe and stable housing increases positive health outcomes and life expectancy, while also reducing over-utilization of emergency and other high-cost services.[1] The lack of access to housing is the single greatest barrier that prevents

[1] Wright, Bill J., *et al*., Formerly Homeless People Had Lower Overall Health Care Expenditures After Moving Into Supportive Housing, Health Affairs, January 2016; Kushel, Margot, M.D., *et al*., Emergency Department Use Among the Homeless and Marginally Housed: Results From a Community-Based Study, American Journal of Public Health, May 2002.

individuals from being able to transition out of institutions to the community, in accordance with *Olmstead* principles.

For these reasons, we wholly support California's proposed adoption of transitional rental assistance to enable Medi-Cal beneficiaries to find and keep stable, accessible and affordable housing. However, we believe that it would ensure more equitable access if this housing support were implemented statewide, to all Medi-Cal enrollees. As drafted, the current proposal will result in inequities in who can access this crucial benefit.

First, managed care organizations will be given the option of providing TRA. This will drive geographic inequities. Rural and underserved areas are less likely to have Managed Care Organizations (MCO's) that offer this benefit, despite the need for TRA in these communities, leaving out populations in large swaths of the state.

Second, even for those MCO's that choose to offer this benefit, there is no guarantee that eligible beneficiaries will be offered TRA. Data from the range of CalAIM Community Support options show that utilization of the housing support options varies dramatically from one MCO to the next, even in the same county.[2] Medi-Cal beneficiaries are not adequately informed of the range of optional supports available to them, how to access them, or how to appeal if these optional supports are denied. Further, the waiver amendment as currently written excludes Medi-Cal beneficiaries who are not enrolled in MCOs. This exclusion from Community Supports applies to Medi-Cal beneficiaries who are mandatorily enrolled in fee-for-service (individuals with a Share of Cost and living in the community) or where enrollment into managed care is voluntary (current and former foster youth).

Finally, the waiver's limited spending cap could drive inequities in access to TRA services. Spending caps could limit the number of eligible individuals who can access this program and will disproportionately advantage more resourced or connected individuals who are more likely to access the funds before they run out. It is also unclear how funding will be distributed statewide, given the varying cost of living differences across the state.

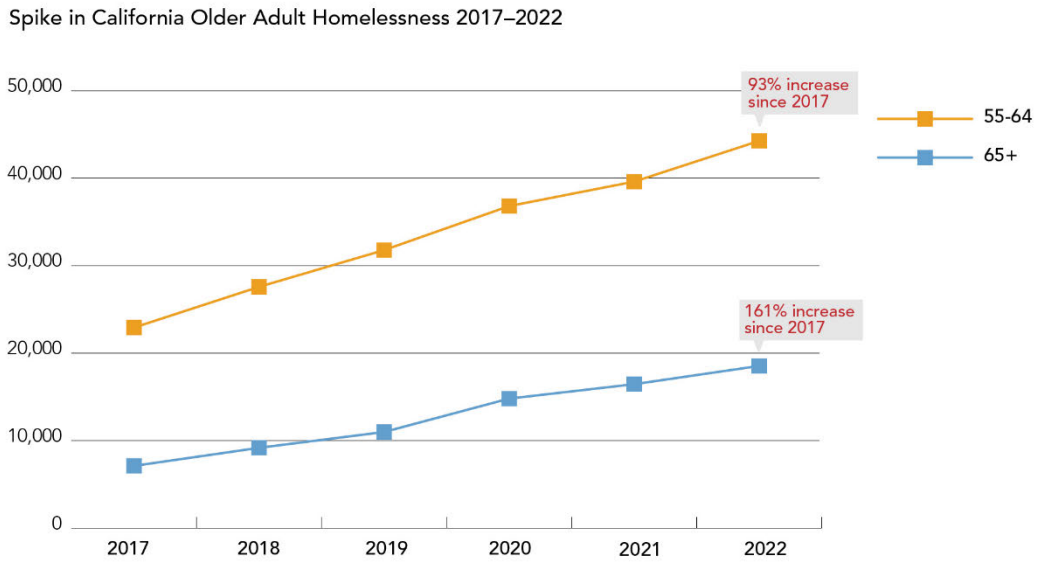
A transitional rent assistance program has the potential to significantly alleviate financial barriers to housing access, while improving health outcomes. California has a unique opportunity to ensure from the outset that this benefit is equitably available to all Medi-Cal enrollees.

1. **The Waiver Should Include Focus on Housing and Health Needs of Older Adults**

[2] The DHCS chart of Community Supports Implementation data from CY2022 shows that in many counties, there have been zero individuals who have received housing transition and navigation services. (See section 5, below).

Justice in Aging is especially concerned that this important benefit will not adequately serve transitioning and/or homeless older adults, with their particular health care, housing and wraparound support needs.

Older adults are the fastest growing age cohort of Californians experiencing homelessness, with the steepest increase for those age 65 and older. See chart, below. [3]



According to the recently issued Statewide Study of People Experiencing Homelessness, **nearly half of individuals experiencing homelessness were age 50 or older, and of those, 41% had their first episode of homelessness at age 50 or older.**[4] The precipitating reasons behind their homelessness are directly related to housing unaffordability – their low fixed incomes can no longer keep pace with their rapidly increasing rents. It takes just one financial setback, rent increase, loss of spouse or partner to tip them from housing instability to homelessness. We urge DHCS to expand TRA funding to pay up to six months of rental assistance for those who are at imminent risk of homelessness, regardless of the setting they are currently living in, including their own home or the home of someone else where they lack tenancy rights.[5]

[3] California Interagency Council on Homelessness Data Dashboard, California data for 2017 through 2022.
[4] Kushel, M., Moore, T., et al., Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness. UCSF Benioff Homelessness and Housing Initiative, 2023, available at: https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Report_62023.pdf.
[5] *Id*. at 34. "Among those who entered homelessness from a non-institutional setting, 60% were in non-leaseholder arrangements. Some contributed rent while others stayed for free."

Older adults experiencing homelessness suffer grave health outcomes and often acquire geriatric and medical conditions that lead to cognitive decline and decreased functional abilities at rates on par with housed counterparts who are 20 years older. Older adults who are homeless are also more likely than their younger counterparts to have disabilities that require assistance with activities of daily living.[6]

Yet the waiver application makes no mention of, and fails to account for, the particular service needs of older adults leaving institutions, at risk of homelessness, or currently experiencing homelessness, whether sheltered or living on the streets.[7] There are also stark racial disparities among older adults experiencing homelessness, with older Black, Latinx and indigenous Californians at significantly higher risk. The waiver data collection should be analyzable for these racial and ethnic inequities (see Section 5, below).

The waiver should also account for different expected outcomes for older adults. It will be important to bring comprehensive housing navigation and acquisition services to bear during the transitional assistance period, since older individuals are unlikely to become economically self-sufficient or be able to afford their own unit after six months. It will also be important to coordinate the timing of the authorization and start of services under the different programs, including California Community Transitions, IHSS and other support programs so that older adults who need HCBS to live in the community can benefit from this critical rental assistance and permanently move out of homelessness

Older adults have been less likely to benefit from transition programs like Money Follows the Person (CCT in California) that encourage transitions from institutional settings, such as skilled nursing and residential care for the elderly facilities, to the community. Since the inception of CCT in California, older adults constitute just 33% of CCT recipients despite representing 80% of people receiving Medi-Cal in nursing facilities.[8] We remain deeply concerned that ageism is fostering an assumption that older adults don't have the same desire to leave their institutional settings and return to the community as their younger counterparts. Alternatively, the need to

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[6] Rebecca T. Brown, MD, MPH, Margot B. Kushel and others, Geriatric Conditions in a Population-Based Sample of Older Homeless Adults, *The Gerontologist*, Volume 57, Issue 4, August 2017, Pages 757– 766, https://doi.org/10.1093/geront/gnw011. "Overall, 38.9% of participants reported difficulty performing 1 or more activities of daily living, 33.7% reported any falls in the past 6 months, 25.8% had cognitive impairment, 45.1% had vision impairment, and 48.0% screened positive for urinary incontinence."

[7] Graham C., Triano, S., Moffett, T., Making CalAIM Work for Older Adults Experiencing Homelessness, California Health Care Foundation, July 2023, https://www.chcf.org/wp-content/uploads/2023/07/MakingCalAIMWorkOlderAdultsExperiencingHomelessness.pdf.

[8] Mathematica, Money Follows the Person: State Transitions as of December 31, 2020, (Jul. 20, 2022); Mathematica, Medicaid Beneficiaries Who Use Long-Term Services and Supports: 2019, (Jul. 22, 2022); California State Audit, "Skilled Nursing Facilities," (2017), available at https://www.bsa.ca.gov/pdfs/reports/2017-109.pdf.

combine housing with health care and other supports needed to address personal care needs of older adults is making these cases "too complex" to attempt.

2. **Adequacy of Funding and Length of Benefit**

We would appreciate clarification of how the total of 135,000 potential clients who would benefit from the program was derived. While all Continuums of Care (CoC's) have not yet reported the results from the 2023 Point in Time (PIT) count, of the 24 CoC's that have reported, there were a total of 126,082 sheltered and unsheltered persons as of January 2023. It appears that the total from the 2023 PIT count will be around 170,000. Given the total number of homeless Californians *at any one time* is more than 170,000, how was the pool of 135,000 potentially eligible clients over a two-year period determined? Will the waiver cap apply to the dollar amount allocated ($764,860,000), or the number of individuals served?

3. **Clarify that the No Wrong Door Policy Guarantees Optimal Benefits under the Various Medi-Cal Waiver Programs**

There are several housing-related supports already provided, or that will be available, under different waiver programs administered by DHCS – Community Care Transitions, housing-related assistance under Enhanced Care Management, housing related Community Supports including, if approved, Transitional Rental Assistance. Each of these programs have program specific eligibility criteria and a new Community Support would add to the complex and vast knowledge base one must possess to navigate these services. DHCS needs to clarify how these different waiver-initiated housing supports all work together to support beneficiaries, and do not result in ineligibility, reduced benefits or depletion of programs that can be used for individuals who are unable to access the TRA. For example, it is unclear how the six-month rental assistance benefit would interact with the one-month rental assistance benefit under CCT, and whether using one program to transition out of institutional care would preclude a recipient from using the other benefit. No wrong door should mean that the client is being directed toward the waiver option provides that individual with the optimal amount and type of housing supports and assistance possible. Where the client has been given misinformation as to the optimal waiver program for their circumstances, DHCS guidance should make clear that they will be permitted to transfer to the correct waiver program.

4. **Offer TRA Statewide, Weaving Together the Range of Housing Support Services and Transitional Rental Assistance.**

California has taken advantage of a broad range of federally reimbursable Medicaid waiver options to address health-related social needs (HSRN). This has allowed us to pilot systems to address many of these social determinants of health, including housing supports. However, there are gaps in access to community supports due to the optional nature of these services. In order to ensure equitable and widespread access, DHCS should explore federal options to provide these services as a state plan benefit, and in the interim guarantee that these benefits will be available

statewide. The DHCS chart of Community Supports Implementation data from CY2022 shows that in many counties, there were zero individuals who have received housing transition or navigation services. As just one example, four housing-related Community Supports were offered in Lake County but less than eleven people benefited.[9] In Lassen and Modoc county, zero people received any of the four housing-related Community Supports offered by Partnership Health plan. Similarly, in Mono county, no one benefited from any of the three housing-related Community Supports offered by the two managed care plans in that county.

5. Evaluation, Data Collection and Transparency

The key missing data point for which intersectional data is needed is ***age***. In the waiver, DHCS proposes that, "[c]onsistent with CMS guidance and the current CalAIM STCs for HRSN services, the State will report on a slate of health equity metrics to be defined by CMS, stratified by race/ethnicity, language, geography, disability status, sexual orientation, and/or gender identity." Age is a critical missing element, particularly where older adults are the fastest growing population experiencing homelessness in California.[10] We urge DHCS to include age in its health equity metrics. The state will not know how well the Medi-Cal program is working to combat homelessness across all its populations without this criterion. Intersectional data, including age, will help the State improve the reach of Community Supports by analyzing gaps by location, age, or race/ethnicity and directing MCOs to direct outreach toward underrepresented populations.

Additionally, we request DHCS publicly release stratified data, using the listed health equity metrics and age, for each Community Support. Today, we do not know the demographic or regional makeup of those who received a specific community support. We cannot analyze whether the state is reaching or not reaching a particular group without reporting utilization data for each individual community support. For example, it is important to know if Transitional Rental Assistance is reaching Black older adults given that both Black Californians and older Californians are overrepresented in the state's unhoused population and inequities are intersectional. Reporting the numbers of Black Californians that are receiving Community Supports in the aggregate does not illustrate the full picture of whether Community Supports are equitably reaching all populations.

We thank you for your careful consideration of these comments. We look forward to working with you as California moves toward incorporating rental assistance as a key component of social related health care, and does so in a way that truly advances community integration, inclusion and equity.

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[9] The four housing-related Community Supports offered in Lake County are Housing Transition and Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, and Short-Term Post-Hospitalization Housing.

[10] Ana B. Ibarra, "The fastest-growing homeless population? Seniors," CalMatters, February 10, 2023, available at https://calmatters.org/health/2023/02/california-homeless-seniors/.

Sincerely,

[redacted]

Hagar Dickman,
Senior Staff Attorney

[redacted]

Tiffany Huyenh-Cho
Senior Staff Attorney

[redacted]

Director of Housing Advocacy

cc: Susan DeMarois, Director, Department of Aging
Sarah Steenhausen, Director of Policy and Equity, Department of Aging
Glenn Tsang, Policy Advisor, Housing and Homelessness, DHCS

Blue Shield of California Foundation; Email Received August 31, 2023

Hello,

Attached please find the Blue Shield of California Foundation's public comment letter on the CalAIM Section 1115 Transitional Rent Services Amendment. Please feel free to reach out with any questions.

Warmly,

Karen Ben-Moshe

Karen Ben-Moshe (she/her) | Program Officer | [redacted]
Blue Shield of California Foundation | www.blueshieldcafoundation.org

blue of california foundation

August 31, 2023

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413
1115waiver@dhcs.ca.gov

Re: CalAIM Section 1115 Transitional Rent Services Amendment

Dear Department of Health Care Services,

On behalf of the Blue Shield of California Foundation, I am writing in response to the California Department of Health Care Services (DHCS) request for public comment on the Medicaid Section 1115 Demonstration Amendment Request for the California Advancing & Innovating in Medi-Cal (CalAIM) Transitional Rent Services Amendment.

Blue Shield of California Foundation's mission is to build lasting and equitable solutions that make California the healthiest state and end domestic violence. The Foundation has a long history of funding research and supporting policies related to domestic violence, including a recent report by Mathematica Inc., "States Leverage Medicaid to Address and Prevent Intimate Partner Violence" which highlights opportunities to address domestic violence through California's Medi-Cal program.[1] In addition, the Foundation has taken a strong interest in the connection between domestic violence and housing stability, funding an evaluation of California's Domestic Violence Housing First model,[2] as well as supporting the University of California San Francisco, Benioff Homelessness and Housing Initiative's recent "California Statewide Study of People Experiencing Homelessness."[3] Many of the risk factors for domestic violence, namely economic insecurity and the impact of gender and racial inequities, are widespread in the Medi-Cal population. We believe that the Medi-Cal program, including CalAIM, presents opportunities to meet domestic violence survivors' needs, prevent domestic violence, and further interrupt the intergenerational cycle of violence.[4]

Domestic violence is common: the National Intimate Partner and Sexual Violence Survey indicates that about 41% of women and 26% of men reported having experienced intimate partner violence in their lifetime that resulted in an impact (for example, injury, concern for safety, or need for housing or legal services).[5] A recent University of California San Diego study found that 1 in 25 Californians (over 1 million individuals) were physically or sexually assaulted in just the past year.[6] We also know that close to 60% of California adults say that they have been directly or indirectly impacted by domestic violence, and that percentage is likely higher for communities of color with lower incomes.[7] In addition to the many mental and physical health impacts, domestic violence is an important cause

of homelessness. In the recent "Los Angeles County Women's Needs Assessment," 21% of women reported that the cause of their homelessness was experiencing threats or violence from a romantic partner. Further, the University of California San Francisco, Benioff Homelessness and Housing Initiative's recent "California Statewide Study of People Experiencing Homelessness" study reveals that one-third (1/3) of participants experienced violence while experiencing homelessness, with 21% reporting this violence came from an intimate partner. Research has also found that 38% of all survivors of domestic violence become homeless at some point in their lives.[8] Without stable and affordable housing options, domestic violence survivors must often choose between risking their safety living with someone who is abusive and risking homelessness if they leave. Many survivors opt to stay or return to dangerous relationships and living arrangements due to limited affordable housing options.

To address this critical issue, domestic violence service providers are often at the forefront of supporting survivors housing needs by providing a range of services including emergency shelter, transitional housing, and landlord/tenant advocacy. For example, in FY 2020-21, the 102 domestic violence emergency shelter programs in California provided 608,658 shelter nights for domestic violence survivors and their children in emergency shelter. However, that in that same year, they had 28,498 unmet requests for shelter (adults only).[9] Further, through state and federal funds (e.g., U.S. Housing and Urban Development Domestic Violence Bonus Funds) domestic violence service providers support survivors to access a variety of housing options including rapid rehousing, transitional housing, and permanent supportive housing.

Despite the need and the services they provide, survivors and the organizations that serve them are too often left out of efforts to address homelessness and housing insecurity. While the recent Amendment may indirectly include domestic violence service providers, we believe that by including domestic violence organizations explicitly, this new benefit will better address the needs of domestic violence survivors. Accordingly, we recommend the following language changes to strengthen the Amendment:

1. **Explicitly name domestic violence survivors as a population disproportionally experiencing homelessness and associated health impacts:** Currently the Background section (pages 4-6) includes information on health impacts of homelessness for subpopulations such as homeless youth, veterans, and formerly incarcerated individuals but does not mention survivors of domestic violence, despite over 90% of homeless women reporting experiencing severe physical or sexual abuse at some point in their lives.[10] Domestic violence is tied to long-term negative effects on women and men's physical, behavioral, and environmental health and should be considered a social determinant of health by the Medi-Cal program.[11]

blue of california foundation

2. Specify domestic violence shelters in the list of programs clients can transition out of: In the Demonstrated Amendment Goals section (page 7), it would be beneficial to explicitly include "domestic violence shelters" in the list of programs clients can transition out of while enrolling into services to avoid confusion during implementation. Similarly, in the Eligibility Criteria section (pages 8-9), we recommend adding "Are transitioning out of a domestic violence shelter/interim housing" to the list of criteria.

3. Include domestic violence in the eligibility criteria: To guarantee individuals who have experienced domestic violence are included in the program, the eligibility section should explicitly delineate the categories eligible for assistance based on the prevailing definition of homelessness established by the U.S. Department of Housing and Urban Development (HUD). This definition should explicitly encompass Category 4 of HUD's definition: "Fleeing or attempting to Flee Domestic Violence."

Domestic violence is everywhere, including the women, men, youth, veterans, and others who are part of the Medi-Cal population. We ask that DHCS consider this population intentionally in this CalAIM amendment. Thank you for your consideration of these recommendations. If you have any questions or would like additional information, please reach out to Karen Ben-Moshe, Policy Program Officer ([redacted]).

Sincerely,

[redacted]

Debbie I. Chang, MPH
President and Chief Executive Officer

315 Montgomery Street, Suite 1200
San Francisco, CA 94104

blueshieldcafoundation.org

blue of california foundation

[1] Mathematica Inc. March 2023. "States Leverage Medicaid to Address and Prevent Intimate Partner Violence." https://blueshieldcafoundation.org/sites/default/files/publications/downloadable/Final%20Medicaid%20Scan%20Issue%20Brief_Final%20FINAL%20(002).pdf

[2] Michigan State University, Research Consortium on Gender-based Violence. Examining the Impact of the Domestic Violence Housing First Model in California: A Multipronged Evaluation. October, 2019. https://blueshieldcafoundation.org/sites/default/files/DVHF%20CA_Multipronged%20Evaluation%202019_full%20report_with%20ack.pdf

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315 Montgomery Street, Suite 1200
San Francisco, CA 94104

blueshieldcafoundation.org

Steinberg Institute; Email Received August 31, 2023

Hello --

Please find the attached comments from the Steinberg Institute on the 1115 Transitional Rent Services Amendment.

Thank you,
Tara

Tara Gamboa-Eastman
Director of Government Affairs
Steinberg Institute
Pronouns: She/Her/Hers
(c): [redacted]
(e): [redacted]

1121 L Street, Suite 300
Sacramento CA 95814
916.553.4167

steinberginstitute.org

August 31, 2023

Michelle Baass, Director
Department of Health Care Services
1501 Capitol Ave
Sacramento, CA 95814
Via email

Re: Comments on Proposed California Medicaid Section 1115 Demonstration Amendment to Add Transitional Rent Services

Dear Director Baass:

We appreciate the Department of Health Care Services' work on this proposed Medi-Cal waiver amendment. Allowing Medi-Cal managed care plans to provide up to six months of transitional rent services would help ensure that the state's most vulnerable residents have access to housing—a key social determinant of health. In addition, this proposed change complements existing state initiatives to reform our behavioral health system and invest in housing capacity, ensuring a comprehensive continuum of care for individuals struggling with behavioral health needs. The Steinberg Institute respectfully submits the following comments in strong support of the state's proposed Medicaid Section 1115 Demonstration Amendment to Add Transitional Rent Services.

At the Steinberg Institute, we work to enact public policies ensuring individuals struggling with behavioral health challenges have access to all the services they need to recover. Many individuals with behavioral health conditions also experience homelessness, and access to housing is a key social determinant of health that helps alleviate behavioral health struggles. Providing stable housing during periods of transition affords individuals the opportunity to rebuild their lives, regain their independence, and access the necessary behavioral health resources to achieve long-term stability. This approach not only improves the well-being of these individuals but also reduces strain on emergency services, healthcare and criminal justice systems, and shelters, ultimately leading to cost savings for the state.

Accordingly, we would like to express our strong support for this proposed Section 1115 Demonstration Amendment. Allowing Medi-Cal managed care plans to provide up to six months of transitional rent services has the potential to create a positive and lasting impact on the lives of countless vulnerable individuals across the state.

We were also pleased to see that, in drafting this amendment, the department thoroughly considered different settings and systems that individuals experiencing homelessness interact with. This will help ensure a comprehensive benefit that

reaches as many people in need as possible. The provision of transitional rent services to individuals who are exiting institutional settings, congregate residential settings, and correctional facilities, as well as those transitioning from the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters, interim housing, and unsheltered situations, demonstrates a comprehensive and compassionate approach to tackling homelessness at its roots. Moreover, the inclusion of individuals eligible for a Full-Service Partnership (FSP) program in this initiative further highlights the commitment to comprehensive "whatever it takes" care and support for those facing complex challenges.

In addition, the proposed transitional rent services align seamlessly with existing efforts to address behavioral health challenges and homelessness, such as CalAIM and BH-CONNECT (which also includes a corresponding proposal for counties to provide transitional rent services for up to six months) to ensure a comprehensive continuum of care for people in need. Furthermore, we appreciate the department's commitment to ensuring proper coordination across all systems implementing these efforts, and proper evaluation of their results through an equity lens.

Thank you for this important work and for considering our comments on this proposed Medicaid Section 1115 Demonstration Amendment. As always, the Steinberg Institute is ready to assist you in any way we can. Please contact Tara Gamboa-Eastman at [redacted] if you have any questions.

Sincerely,

Tara Gamboa-Eastman
Steinberg Institute
[redacted]

Inland Empire Health Plan; Email Received August 31, 2023

Good afternoon,

Please find below the comment table with IEHP's feedback for the CalAIM Transitional Rent Services Amendment Proposal. Please let us know if you have any questions.

Section	Page of Draft Proposal	Current Language	IEHP Feedback
Scope of Services	8	Transitional rent services will be available for a period of no more than six months; must be cost-effective; and will be provided only if it is determined to be medically appropriate using clinical and other HRSN criteria.	Recognizing that the operational details (if the amendment request receives federal approval) are likely forthcoming and in the form of Policy Guides, APLs, etc., IEHP requests clarification regarding the frequency that a Member could receive the Community Support service. For example, will transitional rent be a once-in-a-lifetime available service? Additionally, the lack of housing inventory across the region has continued to drive up the costs of housing which can make it challenging to connect Members to adequate housing. It is for these reasons that IEHP requests that the Department take into consideration how plans will operationalize the service amidst an ongoing housing shortage.
Demonstration Eligibility, Delivery System, Benefits, and Cost Sharing	9	The amendment would add transitional rent services as an optional benefit for MCMC plans to offer and for eligible MCMC members to take up.	To ensure that the proposed transitional rent service is sustainable, in particular for a population with complex health and housing needs, IEHP requests that DHCS take into account how Members will continue to remain housed if housing vouchers, SSI, or other housing resources are not available after the 6 months of transitional rent services are provided.

Compliance Regulatory Affairs
10801 Sixth St.
Rancho Cucamonga, CA 91730
complianceregulatoryaffairs@iehp.org

California Department of Public Health, STD Control Branch; Email Received August 31, 2023

Dear DHCS Colleagues,

Thank you for the opportunity to review and provide public comment on your Proposed CalAIM Section 1115 Transitional Rent Services Amendment Application. By providing up to six months of transitional rent services to Medi-Cal beneficiaries experiencing homelessness or leaving incarceration/hospitalization/foster care, etc., this proposal has the potential to greatly benefit the health of Californians. We read this proposal with interest because many of the people affected by our priority conditions (mpox, hepatitis C, syphilis, HIV, etc.) experience worse outcomes due to homelessness, including pregnant people who give birth to infants with congenital syphilis due to a lack of timely prenatal care, syphilis testing, and treatment.

We would encourage Medi-Cal Managed Care Plans implementing this new benefit to partner with local health departments, emergency departments, and community-based organizations to identify potential beneficiaries of these services. Specifically, pregnant people experiencing homelessness could be linked to rental supports during the course of their pregnancy (and ideally linked to permanent supportive housing to promote keeping birthing parents and their infants together).

Given that the goals of the proposal include increasing use of preventive, routine, and behavioral health care, there may be opportunities to evaluate the effects of this intervention on preventing congenital syphilis and other preventable infectious disease complications that we would be happy to discuss, along with other communicable diseases among people experiencing homelessness in California.

Thank you again for your consideration. We wish DHCS success with this proposal.

Sincerely,

Rachel McLean, MPH
Chief, Policy and Viral Hepatitis Section
STD Control Branch
California Department of Public Health

Alameda Health System; Email Received August 31, 2023

Hello,

Thank you for the opportunity to provide comments on the Department of Health Care Services' Section 1115 Waiver Amendment application for Transitional Rent Services.

Attached you'll find the Alameda County Health Care Services Agency's comment letter.

Thank you,
Jessica

Jessica Blakemore
Senior Policy and Legislative Analyst
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
[redacted]

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
COLLEEN CHAWLA, Director

OFFICE OF THE AGENCY DIRECTOR
1000 San Leandro Boulevard, Suite 300
San Leandro, CA 94577
TEL (510) 618-3452
FAX (510) 351-1367

August 31, 2023

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and Susan Philip
P.O. Box 997413, MS 0000 Sacramento, California 95899-7413
Submitted via email to: 1115waiver@dhcs.ca.gov

RE: CalAIM Section 1115 Transitional Rent Services Amendment

Dear Ms. Cooper and Ms. Philip,

Alameda County Health Care Services Agency (HCSA) appreciates the opportunity to comment on the Department of Health Care Services' Section 1115 amendment request to include transitional rent services as a new Community Support for qualifying individuals in the Medi-Cal Managed Care (MCMC) delivery system. HCSA supports the department's approach to providing rent subsidies for individuals during critical transitions, those experiencing unsheltered homelessness, and individuals meeting criteria for a Full-Service Partnership (FSP).

Transitional rent services could be an important tool to address housing needs that are currently unmet in our County, especially for individuals who are experiencing unsheltered homelessness. In Alameda County, on any given day, there are approximately 9,747 individuals experiencing homelessness, with 73% experiencing unsheltered homelessness. Current estimates are that 85% of the homeless population is eligible for Medi-Cal managed care, resulting in approximately 8,285 people who could eligible be for housing-related Community Supports. People becoming homeless in Alameda County (4,033 people, comprised of newly homeless and returns to homelessness) is outpacing the rate at which people move from homelessness to housing (3,010). Eviction/foreclosure/rent increase and job loss were among the primary causes of homelessness identified.

Transitional rent may also prevent entrances or returns to homelessness for individuals in our County at-risk of homelessness due to transitions from institutions or other systems of care. Data from the most recent Point in Time Count shows that 29.7% of those experiencing homelessness had at least one interaction with the criminal justice system in the past year, with 5.5% residing in jail or prison immediately before becoming homeless, while 4.6% identified a hospital or treatment facility as their last place of residence. Of the 2,655 discharges from John George Psychiatric Pavilion in 2022, 8.5% transitioned directly to congregate shelter environments.

Currently, Alameda County managed care plans contract with HCSA's Office of Homeless Care and Coordination (OHCC) to provide CalAIM housing services. Alameda County residents who are homeless or at-risk of homelessness and prioritized through Coordinated Entry are eligible to receive Housing Community Support (HCS) services. Over 1,800 people received Housing Community Supports services in 2022. HCSA is supportive of adding transitional rent services to the array of housing community supports already being provided in our County, and we would encourage our managed care partners to implement this benefit. We offer the following thoughts and suggestions:

- **Support robust coordination between all housing delivery systems.** While the transitional rent services that will be authorized by this waiver amendment will be administered by managed care plans, transitional rent services proposed through the BH-CONNECT waiver would be administered by our County's MHP, Alameda County

Behavioral Health (ACBH). Current housing community supports are provided by OHCC and our network of 19 community providers. Coordination and collaboration across delivery systems will be essential to successful implementation of these new benefits, especially regarding transitions and connections between various housing community supports or other community-based services that may be necessary to support sustained housing for clients once the 6-month benefit ends.

- **Provide adequate technical assistance and financial assurances to Managed Care Plans.** Our experience working with managed care plans to roll out housing and other community supports benefits indicates that Managed Care Plans may have hesitancy in rolling out this benefit, or difficulty in administering the benefit. There has been concern regarding reimbursement for the current suite of community supports, and as this benefit will be much more costly, health plans may be hesitant to implement transitional rent without clarity and reassurance that they will receive timely and adequate reimbursement. Additionally, managed care plans may not have the adequate infrastructure to administer transitional rent. DHCS could provide clear guidance on subcontracting with existing community housing providers to ensure effective delivery of the benefit.
- **Consider expanding 6-month benefit.** While 6-months of transitional rent services will certainly support resolution of homelessness for many in the short-term, there is concern that a 6-month benefit may not be adequate for many individuals to successfully resolve all barriers to permanent housing. As most leases are for one year, it is unclear if landlords would be willing to rent units to individuals who cannot demonstrate ability to pay beyond 6-months. In some cases, people will be able to adequately increase their incomes in this timeframe, but we have found that this is not the norm, especially in our high-cost County. Individuals receiving the transitional rent benefit should also be enrolled in housing sustaining services or other relevant supports to ensure they do not lose housing when 6-month benefit period is over.
- **Retain broad eligibility while allowing prioritization.** We appreciate the broad eligibility criteria for the transitional rent benefit. However, if managed care plans are not able to use limiting criteria, there may be capacity issues. DHCS should clarify that, while all who meet the stated criteria are eligible, services may be prioritized based on capacity limitations. Currently, OHCC utilizes coordinated entry prioritization to enroll clients in housing community supports as capacity allows.

Thank you for the opportunity to comment on this initiative. We support the goals of this waiver amendment and are committed to continuing our collective work to prevent and end homelessness in our County. We look forward to working with DHCS and managed care plans to ensure successful implementation of this important new benefit.

Sincerely,

Colleen Chawla, Agency Director
Alameda County Health Care Services Agency

Local Health Plans of California; Email Received August 31, 2023

Dear Jacey and Susan,

Thank you for the opportunity to provide feedback on the CalAIM Section 1115 Waiver Amendment related to Transitional Rent on behalf of the local plans.

Please don't hesitate to reach out with any questions or further discussion.

Thanks,
Rebecca

Rebecca Sullivan • Director of Government Affairs
1201 K Street, Suite 1840 • Sacramento, CA 95814
Direct: [redacted] • Cell: [redacted]
[redacted] • www.lhpc.org

August 31, 2023

Jacey Cooper and Susan Philip
Director's Office
Department of Healthcare Services
P.O Box 997413, MS 0000
Sacramento, California 95899-7413

Re: CalAIM Section 1115 Transitional Rent Services Amendment

Dear Director Cooper and Ms. Philip,

The Local Health Plans of California ("LHPC") represents the 17 non-profit, community-based health plans which cover 70% of all Medi-Cal managed care enrollees statewide. We appreciate the opportunity to provide comments in response to the Department of Health Care Services ("DHCS") draft amendments to California's 1115 waiver to add transitional rent as a community support. Addressing the social drivers of health ("SDOH") and the needs of the whole person is a fundamental aspect of CalAIM, and LHPC commends DHCS for its continued pursuit to find innovative ways to do this through Medi-Cal covered services.

Overall, we are supportive of DHCS' proposal regarding transitional rent and we look forward to further conversations to provide input into the details of the program design. The comments herein convey considerations and questions regarding this service will be designed and operationalized in the managed care delivery system, and how it will work together alongside transitional rent provided by the county mental health plans "MHPs" as proposed in the BH-CONNECT 1115 waiver proposal. We look forward to partnering with DHCS in future policy development and implementation.

Preventing Duplication

The proposal states that transitional rent will be covered by both Medi-Cal managed care plans ("MCPs") and MHPs, including overlapping target populations of individuals with behavioral health conditions. The proposal also states that there will be a process for preventing duplication. We request further discussion with DHCS regarding what this process is envisioned to look like, specifically, how it will ensure data regarding transitional rent services are shared across delivery systems to prevent the same beneficiaries from sequentially getting rent approved by both the MCP and MHP.

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Phone: (916) 448-8292 ● Fax: (916) 448-8293 ● www.lhpc.org

Below are specific examples of issues that will need to be addressed in DHCS policy guidance:

- ***How do the plans and counties determine who will cover transitional rent for shared clients***? The financing mechanism will need to ensure there is no financial disincentive for beneficiaries to receive rent through one system over another. DHCS may consider imposing discrete eligibility criteria for MCPs and MHPs to mitigate the risk of duplication.

- ***How do plans prevent duplicating efforts to house someone before placement?*** For example, what if the plan and county get referrals for the same member from different sources and are both working to place the member? This is an example where there will need to be different processes in place for coordination and communication on the front end. We also recommend requiring county housing authorities to coordinate with MCPs and MHPs.

Service Parameters
The proposal does not indicate whether this service is intended to have a once-in-a-lifetime cap. Given that members may have more than one transitional period during which they need housing support, we would support a more flexible service that, under certain circumstances would allow beneficiaries to receive transitional rent for more than six months. However, if the service will be strictly limited to once-in-a-lifetime, the process for avoiding duplication (as discussed above) will be even more critical to understand between the MCPs and MHPs.

Recently, DHCS has standardized across the Community Supports offerings to require that all plans utilize the same DHCS criteria for authorizing Community Supports. Does DHCS envision similarly restricting any variability among plans? Or, since this is an optional benefit, will this be an "all or nothing" for plans to offer? We recommend that DHCS consider allowing variability to account for local factors, including housing availability, will significantly vary from county to county. Also, will the service definitions and requirements be identical for MCPs and MHPs (with the exception of eligible populations, with the MHPs only providing the service to individuals with BH conditions)?

CMS Requirements
The amendment indicates that one of the conditions of approval of health related social needs ("HRSN") services is that the services are offered exclusively through MCPs (p. 10). This requirement seemingly contradicts with DHCS' proposal that transitional rent would be covered by both MCPs and counties. We request clarification about this CMS requirement and how DHCS fulfills the HRSN requirement despite the service being available in two delivery systems.

Medicaid and Medi-Cal Requirements
The transitional rent waiver amendment does not address to what extent Medicaid or Medi-Cal provider rules will apply to this service. For example, for other community supports, plans are required to execute contracts with the entities delivering these services, develop an adequate network, ensure that the providers (even if they are not health care providers) are enrolled in Medi-Cal, and develop a process to verify provider qualifications to parallel the credentialing process. Additionally, providers are required to bill for services on claims or to submit encounter data. However, we do not believe this framework should be applied in the same way and we request further discussion with DHCS about the rules and parameters that will be developed to ensure that plans are able to offer this service without significant barriers or burdens that would prevent uptake.

Financing
In early discussions with DHCS, we understand DHCS likely intends to finance transitional rent through a supplemental payment, and develop rates would account for regional differences in housing markets. We request further discussion about how this will be financed in a way that mitigates risk to the plan, particularly given the unknowns regarding potential utilization, housing inventory differences across counties, substantial differences in rental costs county to county, and because the rental costs will be based on local housing markets not the local healthcare market and provider rate negotiations.

Related to the above, some specific questions include:

- ***How will financing for transitional rent work if it is unknown who will be served through the MCPs versus County BH?*** We assume there will need to be a local or regional rent cap, and the plans will not be at risk, however, we request to discuss how the financing mechanism will be operationalized.

- ***Will the service be considered a medical expense or an administrative expense?*** We presume, given that it is a new community support, it will be considered a medical expense.

- ***How does the transitional rent proposal interact with BHSA funding to serve the homeless population?*** For example, for members who have SMI or SUD and are receiving transitional rent through the plan but approaching the six-month limit, will the county be encouraged or required to support housing assistance through BHSA funding to help the member retain their housing if there are no other options available through housing vouchers or other subsidized housing?

- ***Cost assumptions.*** We request to understand DHCS' assumption behind the two-year cost estimates in the transitional rent waiver. How many people does DHCS expect to be served annually and over the two-year period, and what data did DHCS utilize to inform these assumptions?

Evaluation and Wavier Terms
The evaluation for transitional rent is described in the transitional rent waiver amendment. Below are questions regarding how the evaluation and the differing waiver terms between the CalAIM waiver and the proposed BH-CONNECT waiver will interact:

- ***Cross-waiver evaluation.*** Will the evaluation described in the CalAIM transitional rent wavier amendment be across delivery systems to include transitional rent provided as a part of BH-CONNECT? Will DHCS be looking to evaluate transitional rent holistically in both the MCP and county BH delivery system?

- ***Utilization.*** Given the focus on increasing utilization of community supports in CalAIM, will DHCS be looking at utilization across delivery systems in totality?

Differing waiver terms. Assuming DHCS will evaluate transitional rent across delivery systems, how will the timing of the evaluation align with the five-year BH-CONNECT waiver term versus the two-year waiver amendment being sought for the CalAIM waiver?

- ***Evaluation outcomes.*** We assume that DHCS would seek renewal of transitional rent beyond the remaining two years of the CalAIM waiver, but in order to do so, what outcomes will CMS expect and again, how does this interplay with the BH-CONNECT five-year waiver term?

LHPC is supportive of DHCS' vision for CalAIM and of the concept presented in the transitional rent waiver amendment, however, there are many questions regarding program design that we look forward to discussing with DHCS in the coming months. We thank DHCS for considering our comments and questions, and please do not hesitate to reach out to Rebecca Sullivan at [redacted] with any questions.

Sincerely,

[redacted]

Rebecca Sullivan
Director of Government Affairs

Sacramento Steps Forward; Email Received August 31, 2023

Greetings,

I am sharing public comments for the CalAIM Section 1115 Transitional Rent Services Amendment.

Kind regards,
Ayanna

Ayanna McGee, MPH, MHA | Project Director, Systems of Care Integration
She / Her / Hers (what's this?)
Sacramento Steps Forward

2150 River Plaza Drive, Suite 385
Sacramento, CA 95833
Cell: [redacted]
Web: www.sacramentostepsforward.org

Date: August 31, 2023

Re: Public Comment on CalAIM Section 1115 Transitional Rent Services Amendment

From: Sacramento Steps Forward

To: Department of Health Care Services, Director's Office, Attn: Jacey Cooper and Susan Philip

Sacramento Steps Forward (SSF) is the lead agency for Sacramento Continuum of Care (CoC), which is the regional planning body that coordinates housing and services for homeless families and individuals in Sacramento. In its leading role for the CoC, SSF receives and manages federal, state, and local funds for shelter and housing programs and coordinates services for people experiencing homelessness.

We applaud DHCS for seeking federal approval for Transitional Rent Services as this service has the potential to provide meaningful support for individuals at risk of homelessness or experiencing homelessness during critical transitions, and we are committed to supporting its implementation should approval occur. As DHCS considers this proposed service, we offer the following questions and considerations for alignment with local Coordinated Entry Systems and ongoing statewide efforts to integrate Community Supports across communities.

Transitional Rent Services -- Questions and Considerations:

- **How will individuals be connected to this service?** Implementation of Transitional Rent Services should align with ongoing efforts among agencies that participate and intersect with local Continuums of Care (CoCs) to integrate CalAIM Community Supports into local Coordinated Entry System processes.
- **How will individuals be supported to ensure they are connected to housing that meets their level of need?** There's a service gap among people who are transitioning out of institutional settings and have the most complex care needs. Many people are not eligible for shelter or housing programs because these programs are not able to support that level of care. Case management, supportive services, and connection to appropriate housing will be critical.
- **What will case management and support services look like during this process?** As needed, individuals should be connected to case management and problem-solving support to address the spectrum of personal, health, and social needs that will contribute to stability and positive health outcomes.
- **How will individuals be supported upon exit from the rental assistance service to ensure sure they don't re-enter into homelessness?** As mentioned, ongoing case management and support will be critical to long-term stability, especially for those re-entering community from institutional settings.
- **How might landlord engagement programs support this service?** These Transitional Rent Services may present an opportunity to encourage new or existing partnerships with landlords to provide housing and offer case management support services.
- **How will they ensure equitable and human-centered approaches throughout all portions of the process?** As this service is rolled out, best practices for Housing First, trauma-informed care, and other strategies should be encouraged to help assess and address inequities in housing and homelessness.

Diana Heineck; Email Received August 12, 2023

The manner in which cost-sharing works for persons on SSI that make over the FMR or more than $2,000 per month is insane! These are people who have WORKED and put into the system, yet they have a Share of Cost that is over a thousand dollars! This level them with NO dental care at all! None! That is an outrage that a person who has worked gets less benefits that a person who has sat or his/her butt and never worked!!

Also, the fact that you added hearing aids to the benefits matrix after 2016 should have changed how the claims are adjudicated. The Anthem provider Hearing care solutions is hyjacking a $3,000 benefit and ON TOP of THAT, ASKING from $500 to $1,750 PER EAR for any technology above the very basic Medicaid type hearing aids!

That is an outrage! The provider REFUSES to cross over these claims. They have been doing this since the benefit was added to the Medicaid plan and should be required to reimburse every single member!

The MHSA Housing is a disaster! I think before you throw more good money after bad you need to build some teeth into complaince and enforcement. I live in a "Supported Housing Project". It is HELL! We can't move either, even though the finance agency has given me email that states we can in writing!!!!

[redacted] If you have all these great ideas and you do enforce any of the requirements they mean NOTHING! The funds NEVER get to the people you intend to assist! It is disgusting! What is worse is this demographic has NO LEGAL VOICE! Thy are easy to discredit and frankly we "recover" in spite of, not because of all these lousy sub-par services that we never actually see!!!!

KEEP YOUR DAMN MONEY AND HIRE USE SOME ATTORNIES, LET US GO TO COLLAGES, PROVIDE REAL SCOLARSHIPS, ALLOWS US TO DEVELOP PROGRAMS AND APPLY FOR GRANTS AND DECIDE WHERE WE WANT TO LIVE!!!

WE ARE TREATED LIKE TRASH!

Diana Heineck

Harmony Homes for Healing; Email Received August 3, 2023

Dear Sir/Madame

I am so happy to see that DHCS CALAIMs is proposing a Transitional Rent Amendment. California is in crisis for housing and especially affordable housing. [redacted] What a struggle! I understand how families are burdened with housing cost, and today the scarcity of housing is worse than ever. But I am proud to be living in California where leaders are seriously trying to solve this problem that has so many tentacles of social problems and issues.

As I work with homeless women, and mothers with children, I know they deserve better, and this state can provide it.

Thank you,

Linda R. Johnson
Program Director, Mothers and Baby Homes

Not Available; Email Received August 28, 2023

San Bernardino County
City of Victorville
State of California
Medical

Homeless Provider for Homeless Assistance &Homeless Prevention and Family Stabilization
Assisting Families thru Crisis Situations whether small or big where here when you need us!
Medicaid & Medicare Rental Assistance Application needed for the following Medical Numbers