



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Housing Transition Navigation Services	Guideline #	UM_CSS 04
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COVERAGE POLICY

A. Housing transition services assist Members with finding, applying for, and obtaining housing. These services provided to a Member must be based on the individualized assessment needs and documented in the Member's housing support plan. A Member may only require a subset of the following activities.

HTNS activities include:

1. Conducting a housing assessment that identifies the Member's preferences and barriers related to successful tenancy. The assessment may include collecting information on the Member's housing needs and preferences, potential housing transition strengths and barriers, and identification of housing retention strengths and barriers.
2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the Member's approach to meeting the goal, and identifies when other Providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal.(Individualized Housing Plan along with documentation demonstrating Member engagement in HTN services as demonstrated by four successful outreach engagements with the Member per month will be required prior to billing IEHP for services and prior to IEHP authorizing continuation requests.)
3. Assisting in searching for housing and presenting options.
4. Assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
5. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for Supplemental Security Income (SSI) eligibility and supporting the SSI application process. Such service can be subcontracted out to retain needed specialized skillset.
6. Identifying and securing available resources to assist with attaining housing—such as Transitional Rent, HUD Housing Choice Voucher, and other state and local assistance programs—and matching available resources to Members.
7. Identifying and securing resources including but not limited to Housing Deposits, to cover expenses such as security deposit, moving costs, adaptive aids, environmental modifications, moving costs, and other one-time expenses. (see Section VI.2. Housing Deposits Community Support). *NOTE:* Actual payment of these housing deposits and

move-in expenses is a separate UM Subcommittee Approved Authorization Guideline-Community Supports - Housing Deposits.

8. Providing education to the Member about Fair Housing and anti-discrimination practices, including making requests for necessary reasonable accommodation if necessary.
 9. Landlord education and engagement.
 10. Ensuring that the living environment is safe and ready for move-in.
 11. Communicating and advocating on behalf of the Member with landlords.
 12. Assisting in, arranging for, and supporting the details of the move.
 13. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.
 14. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.
 15. *NOTE:* Services associated with the crisis plan are a in a separate UM Subcommittee Approved Authorization Guideline-Community Supports -Housing Tenancy and Sustaining Services Identifying, coordinating, securing or funding non-emergency, non-medical transportation to assist Members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day.
 16. Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for accessibility.
- B. Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for accessibility *NOTE:* Refer to UM Subcommittee Approved Authorization Guideline- Community Supports-Environmental Accessibility Adaptations (Home Modifications) The services provided should be based on individualized assessment of needs and documented in the individualized housing support plan. Members may require and access only a subset of the services listed above. The services provided should utilize best practices for Members who are experiencing homelessness and who have complex health, disability and /or behavioral health conditions. Examples of best practices include Housing First Harm Reduction, Progressive Engagement, Motivational Interviewing and Trauma-informed Care.
1. The services may involve additional coordination with other entities to ensure the individual has access to supports needed for successful tenancy. These entities may include County Health, Public Health, Substance Use, Mental Health and Social Services Departments; County and City Housing Authorities; Continuums of Care and Coordinated Entry System; Sheriff's Department and Probation Officers, as applicable and to the extent possible; local legal service programs, community-based organizations housing providers, local housing agencies, and housing development agencies. For Members who will need rental subsidy support to secure permanent housing, the services will require close coordination with local Coordinated Entry Systems, homeless services authorities, public housing authorities, and other operators of local rental subsidies. Some housing assistance (including recovery residences and emergency assistance or rental subsidies for Full-Service Partnership Members) is also funded by county behavioral health agencies, and Medi-Cal managed care plans and their

contracted Community Supports providers should expect to coordinate access to these housing resources through county behavioral health when appropriate.

C. Members are eligible for Housing Transition Navigation services when one of the following is met:

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

2. Individuals who meet the following social AND clinical risk factor requirements:

a. Medi-Cal Members age 21 or older qualify for SMHS if they meet both of the following criteria:

i. The individual has one or both of the following:

- Significant impairment, where impairment is defined as distressed, disability or dysfunction in social, occupational, or other important activities
- A reasonable probability of significant deterioration in an important area of life functioning

AND

ii. The individual's condition is due to either of the following:

- A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems
- A suspected mental health disorder that has not yet been diagnosed

b. Medi-Cal Members under age 21 qualify for SMHS if they meet both of the following criteria:

i. The individual has one or both of the following:

- Significant impairment
- A reasonable probability of significant deterioration in an important area of life functioning
- A reasonable probability of not progressing developmentally as appropriate
- A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that Medi-Cal MCP is required to provide

AND

ii. The individual's conditions as described in (1) above is due to the following:

- A diagnosed mental health disorder, according to the criteria of the current editions of the DSM and the International Statistical Classification of Diseases and Related Health Problems

- c. Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS); or
 - i. Medi-Cal Members age 21 or older meet access criteria for DMC-ODS or DMC services if they meet at least one of the following criteria:
 - Have at least one diagnosis from the most current version of the DSM for Substance-related and Addictive Disorders, with the exception of Tobacco Related Disorders and Non-Substance Related Disorders
 - Have at least one (1) diagnosis from the DSM for Substance Related and Addictive Disorders, , prior to being incarcerated or during incarceration, determined by substance use history
 - ii. Medi-Cal Members under 21 are eligible for DMC-ODS or DMC if they meet the medical necessity standard for one or more SUD services provided through these delivery systems, as recommended by a licensed behavioral health practitioner.
 - b. One or more serious chronic physical health conditions; or
 - i. Medi-Cal Members meet the criteria for Serious Chronic Physical Health Condition when ALL of the following are met:
 - Have at least one (1) chronic health condition that has been diagnosed by a healthcare professional
 - The chronic condition requires ongoing care managed by a Primary Care Physician or other licensed medical health professional
 - Condition causes significant impairment where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities of daily living
 - c. One or more physical, intellectual, or developmental disabilities; or
 - i. Medi-Cal Members meet the criteria for Physical, Intellectual, Developmental Disability when ALL of the following are met:
 - Have at least one (1) diagnosed intellectual or developmental disability, by a licensed healthcare provider
 - Requires ongoing care managed by a Primary Care Physician or other licensed medical health professional for intellectual or developmental disability
 - Condition causes significant impairment, where impairment is defined as disability or dysfunction in social, occupational, or other important activities of daily living
 - d. Individuals who are pregnant up through 12-months postpartum
3. Any request for an extension of Housing Transition Navigation Services must include the following elements:
- a. An updated Individualized Housing Support Plan Progress notes outlining short-term and long-term goals, barriers, and interventions to finding permanent

housing.

- b. Members must actively participate in their housing support plan and make progression towards finding permanent housing.

COVERAGE LIMITATIONS AND EXCLUSIONS

- A. Services do not include the provision of room and board or payment of rental assistance.
- B. Coordination with local entities is crucial to ensure that available options for room and board or rental payments are also coordinated with housing services and supports.
- C. Actions taken under Housing Transition/Navigation Services must be identified as reasonable and necessary in the Member's housing support plan.
- D. Individualized housing plans and progression notes must be submitted for extension of services. Members must actively participate in the housing support plan and make notable gains while on the program.
- E. Actual payment of housing deposits and move-in expenses is covered in the UM Subcommittee Approved Authorization Guideline, Housing Deposits.
- F. Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance

ADDITIONAL INFORMATION

Members who meet the eligibility requirements for Housing Transition/Navigation Services should also be assessed for enhanced care management and Housing and Tenancy Support Services (if provided in their county). When enrolled in enhanced care management, Community Supports should be managed in coordination with enhanced care management Providers. When Members receive more than one of these services, the managed care plan should ensure it is coordinated by an enhanced care management Provider whenever possible to minimize the number of care/case management transitions experienced by Members and to improve overall care coordination and management. One exception to this is for benefits advocacy which may require providers with a specialized skill set.

CLINICAL/REGULATORY RESOURCE

CalAIM is an initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, programmatic, and payment system reforms. A key feature of CalAIM is the introduction of a menu of Community Supports that offer medically appropriate and cost-effective alternatives to services covered under the State Plan. Federal regulation allows states to permit Medicaid managed care organizations to offer Community Supports as an option to Members (Code of Federal Regulations).

DEFINITION OF TERMS

Homelessness (Code of Federal Regulations):

1. An individual or family who:
 - a. Has an annual income below 30 percent of median family income for the area, as determined by HUD
 - b. Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or a supervised publicly or privately operated shelter designed

- to provide temporary living accommodations and meets one of the following conditions:
- i. Has moved because of economic reasons two or more times during the sixty days immediately preceding the application for homelessness prevention assistance
 - ii. Is living in the home of another because of economic hardship
 - iii. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within twenty-one days after the date of application for assistance
- c. Lives in a hotel or motel and the cost of the hotel or motel is not paid by charitable organizations or by federal, State or local government programs for low-income individuals
 - d. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the US Census Bureau
 - e. Is exiting a publicly funded institution or system of care such as a health care facility, mental health facility, foster care or other youth facility or correction program or institution
 - f. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness as identified in the recipient's approved consolidated plan.
2. A child or youth who does not qualify as homeless under this section but qualifies as homeless under section 387(3) of the Runaway and Homeless Youth Act (42 United State Code 5732a (3)), section 637(11) of the Head Start Act (42 U.S. Code 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S. Code 14043e-2(6)), section 330 (h)(5)(A) of the Public Health Service Act (42 U.S. Code 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S. Code 2012 (m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S. Code 1786(b)(15)) or
 3. A child or youth who does not qualify as homeless under this section but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S. Code 11434a(2)) and the parent(s) or guardian(s) of that child or youth is living with her or him.
 4. Individuals who are determined to be at risk of experiencing homelessness are eligible to receive Housing Transition Navigation services if they have significant barriers to housing stability and meet at least one of the following:
 - a. Have one or more serious chronic conditions (Please see attachment B)
 - b. Have a serious mental illness (Please see attachment B)
 - c. Are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder or have a serious emotional disturbance (children and adolescents)
 - d. Are receiving or eligible for Enhanced Care Management or are enrolled into Complex Case Management.
 - e. Transition-Age Youth (ages 15-25) with significant barriers to housing stability such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system and/or have serious mental illness and/or are children or adolescents with serious emotional disturbance and/or who have been

victims of trafficking or domestic violence and have been emancipated from parental control or support (ages 15-17 only)

Reasonable Accommodation – a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a Member with disabilities to have an equal opportunity to use and enjoy a dwelling.

An attestation from the Member of the need for housing will satisfy any documentation requirements regarding the Member's housing status.

Institutionalization – the state of being placed or kept in a residential institution.

REFERENCES

1. Code of Federal Regulations, 2000. Title 24, Housing and Urban Development, Part 91-Consolidated Submissions for Community Planning and Development Programs, Subpart A-General, Section 91.5-Definitions. <https://www.govinfo.gov/content/pkg/CFR-2005-title24-vol1/pdf/CFR-2005-title24-vol1-sec91-5.pdf> Accessed 03/10/25.
2. State of California-Health and Human Services Agency, Department of Health Care Services, April 2025. Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide. Community Supports-Service Definitions.

DISCLAIMER

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.