



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Housing Deposits	Guideline #	UM CSS 03
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COVERAGE POLICY

- A. Housing Deposits assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household. The services and goods provided to a Member must be based on individualized assessment of needs and documented in the Member's housing support plan. Member may only require a subset of these services/goods. Housing deposits include:
1. Security deposits required to obtain a lease on an apartment or home.
 2. Set-up fees/deposits for utilities or service access and payment in utility arrears.
 3. First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water.
 4. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy, along with necessary minor repairs to meet HUD Housing Choice Voucher program quality standards, or other habitability standards, as applicable, where those costs are not the responsibility of the landlord under applicable law.
 5. Application fees to cover the cost of the lease application.
 6. Goods such as an air conditioner or heater, and other medically-necessary adaptive aids and services, designed to preserve an individuals' health and safety in the home such as hospital beds, Hoyer lifts, air filters, specialized cleaning or pest control supplies etc., that are necessary to ensure access and safety for the individual upon move-in to the home, when they are not otherwise available to the Member under Medi-Cal.
- B. The services provided should utilize best practices for Members who are experiencing homelessness and who have complex health, disability, and/or behavioral health conditions including Housing First, Harm Reduction, and Motivational Interviewing.
- C. Members are eligible for Housing Deposits when a housing support plan outlining the need for housing deposits is received and one of the following is met:
1. Members who meet the following social *and* clinical risk factor requirements;
 - a. Social Risk Factor Requirement: Member is experiencing or at risk of homelessness; and
 - b. Clinical Risk Factor Requirement: Member must have one or more of the following qualifying clinical risk factors (See table below for additional information)

- (i) Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS); or
- (ii) Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS); or
- (iii) One or more serious chronic physical health conditions; or
- (iv) One or more physical, intellectual, or developmental disabilities; or
- (v) Members who are pregnant up through 12-month postpartum.

OR

- 2. Members who are determined eligible for Transitional Rent. These members are automatically eligible for Housing Deposits; or
- 3. 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.

Clinical Risk Factors	
i. Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHCS)	SMHS Adult Medi-Cal Members aged 21 or older qualify for SMHS if they meet both of the following criteria: 1.The individual has one or both of the following: - a.Significant Impairment, where impairment is defined as distress, disability or dysfunction in social, occupational, or other important activities. b. A reasonable probability of significant deterioration in an important area of life functioning. AND 2. The individual’s condition is due to either of the following: a. A diagnosed mental health disorder, according to the criteria of the current editions of the diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems; or b. A Suspected mental disorder that has not yet been diagnosed. SMHS Children Medi-Cal Members under age 21 qualify for SMHS if they meet both of the following requirements: 1.The individual has at least one of the following requirements: - a.A significant impairment - b.A reasonable probability of significant deterioration in an important area of life functioning - c.A reasonable probability of not progressing developmentally as appropriate.

	d.A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal MCP is required to provide. AND 2.The individual’s condition(s) as described in (1) above is due to one of the following: - a.A diagnosed mental health disorder, according to the criteria of the current editions of the DSM and the International Statistical Classification of Disease and Related Health Problems. - b.A suspected mental health disorder that has not yet been diagnosed. - c.Health conditions, including behavioral health and developmental syndromes, stemming from trauma, child abuse, or neglect.
ii. Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS)	DMC and DMC-ODS Adults Medi-Cal Members age 21 or older meet access criteria for DMC-ODS or DMC services if they meet at least one of the following criteria: 1. Have at least one diagnosis from the most current version of the DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders. OR 2.Have had at least one diagnosis from the DSM for Substance-Related and Addictive Disorders, with exception of Tobacco Related Disorders and Non-Substance-Related Disorders, prior to being incarcerated or during incarceration, determined by substance use history. DMC and DMC-ODS Children Medi-Cal Members under 21 are eligible for DMC-ODS or DMC if they meet the medical necessity standard for one or more SUD services provided through these delivery systems, as recommended by a licensed behavioral health practitioner.
iii. One or more serious Chronic physical Health Conditions	Medi-Cal Members meet the criteria for Serious Chronic Physical Health Condition when ALL of the following are met: 1.Have at least one (1) chronic health condition that has been diagnosed by a healthcare professional; and 2. The chronic condition requires ongoing care managed by a Primary Care Physician or other licensed medical health professional; and

	3.Condition causes significant impairment where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities of daily living
iv. One or more physical, intellectual, or developmental disabilities	Medi-Cal Members meet the criteria for Physical, Intellectual, Developmental Disability when ALL of the following are met: 1.Have at least one (1) diagnosed intellectual or developmental disability, by a licensed healthcare provider; and 2.Requires ongoing care managed by a Primary Care Physician or other licensed medical health professional for intellectual or developmental disability; and 3.Condition causes significant impairment, where impairment is defined as disability or dysfunction in social, occupational, or other important activities of daily living.
v. Individual who is pregnant up through 12-month post-partum	Member may be pregnant or 12-Month post-partum

D. Documentation required for Housing Deposits include:

1. Providers must submit professional receipts or invoices from the original seller. Screenshots of online carts or quotes are acceptable when they clearly show:
 - a. An itemized list of items being delivered and the cost of the item(s)
 - b. The delivery fee
 - c. The vendor name and service date
2. An updated Individualized Housing Support Plan outlining short-term and long-term goals, barriers, and interventions to finding permanent housing.
3. A housing inspection checklist
4. Landlord Attestation
5. Landlord Exemption Certification or Security Deposit Disclosure and Addendum (only applicable if Landlord requires security deposit exceeding first month's rent.

E. Any request for an extension of Housing Deposits must include:

1. Documented reason why Housing Deposit was not utilized during initial timeframe.
2. Updated documents as listed above in section (D.)
3. Continued qualification under eligibility criteria

F. Member must have active IEHP Membership.

COVERAGE LIMITATIONS AND EXCLUSIONS

- A. 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 applicable federal waiver authorities, MCP Contract, APLs, and DHCS guidance.
- B. Housing Deposits are available once per demonstration period for Members, as identified in the individualized housing support plan, to move into a new apartment or home. Housing Deposits can only be approved one additional time with documentation as to what conditions have changed to demonstrate why providing Housing Deposits would be more successful on the second attempt. Plans are expected to make a good faith effort to review information available to them to determine if the Member has previously received services. These

services must be identified as reasonable and necessary in the individual's individualized housing support plan and are available only when the Member is unable to meet such expense.

- C. Housing Deposits will not be relinquished for any setting type in which member has previously established residency. Member must be establishing a new household/residency.
- D. Housing Deposits do not reimburse Members or landlords directly. Housing deposits must be paid by the contracted CS Vendor once approval has been issued by IEHP. Housing Deposits must be requested prior to Member moving into new apartment or home. If Member moves in with a "Promise to Pay", Housing Deposits will be forfeited.
- E. Housing Deposits are only available to IEHP Members when the Member is listed on the formal lease agreement or Landlord Attestation (excluding minors)
- F. Under Assembly Bill 628 (AB 628,) residential landlords must provide: A stove that is maintained in good working order and capable of safely generating heat for cooking purposes and a refrigerator that is maintained in good working order and capable of safely storing food.
- G. If criteria is met, IEHP will authorize housing deposits for the following Services and maximums:
 - 1. Security Deposits- Max: Not to exceed 1st month's rent amount (or two month's rent if Landlord qualifies for AB 12 exemption*.)
 - 2. Utility set-up/deposit fees- Not to exceed what is outlined in documentation from Utility company
 - 3. Cleaning/Pest Control/Other Services that are not the responsibility of the landlord: Not to exceed what is outlined in the service quote
 - 4. Household Items:
 - a. Air Conditioner: Max \$250
 - b. Bed Frame: Max \$200 per IEHP tenant
 - c. Heater: Max \$300
 - d. Mattress: Max \$350 per IEHP tenant
 - e. Microwave: Max \$125
 - f. Dining Table and chairs: Max \$300
 - g. Couch: Max \$500
 - h. Infant Furniture: Max \$300 per IEHP infant
 - i. General Home Goods: Max \$300
 - j. Bathroom kit, pots, pans, utensils, plates, cups, bedsheets
 - 5. *Assembly Bill 12 (AB 12) prohibits a landlord from demanding or receiving security for a rental agreement for residential property in an amount or value in excess of an amount equal to one month's rent, regardless of whether the residential property is unfurnished or furnished. The AB 12 small-landlord exemption allows a landlord who is a natural person (or qualifying LLC) and owns no more than two residential rental properties totaling four or fewer units to collect up to two month's rent as a security deposit, except when renting to active-duty service members.

6. Delivery Fee – IEHP will reimburse only delivery fees that fall within typical Inland Empire market rates. Standard local delivery range: \$75-\$150 for furniture or other large-item deliveries. Delivery fees at or above \$75 will undergo compliance review to ensure alignment with Housing Deposits policy.
7. IEHP will not reimburse: Delivery fees that exceed customary market rates, same-day or expedited delivery charges (unless clearly required for health, safety, or move-in timelines,) or Tips, gratuities, or optional add-on services that are not essential to functionality.
8. Housing Deposits have a maximum allowable of \$5000 per household

ADDITIONAL INFORMATION

- A. Members who meet the eligibility requirements for Housing Deposits should also be assessed for enhanced care management. When enrolled in enhanced care management, Community Support Services 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.
- B. Housing Deposits with Housing Navigation Services (HTNS) – A member can receive both HTNS and Housing deposits at the same time. However, it is not required for member to receive HTNS as a condition of receiving Housing Deposits.
- C. Housing Deposits with Housing Tenancy and Sustaining Services (HTSS) – A Member can receive both HTSS and Housing Deposits at the same time.
- D. Housing Deposits with Transitional Rent: A Member can receive both Housing Deposits and Transitional Rent in support of the same housing placement. All Members who are determined eligible for Transitional Rent are automatically determined eligible for Housing Deposits. Housing Deposits service delivery will require close coordination with the Transitional Rent Provider and may also require coordination with the ECM provider, other Community Supports Providers, and/or other entities such as the local Coordinated Entry System, homeless services authorities, public housing authorities, county agencies (including county behavioral health agencies), and other operators of local rental subsidies. Housing Deposits cannot cover the provision of Transitional Rent or other Room and Board services. Thus, if a member receives both Housing Deposits and Transitional Rent, the maximum amount of rental assistance they can receive is six months through Transitional Rent, with Housing Deposits covering the one-time services and modifications necessary to enable a person to establish a basic household.

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).

CPT Codes / HCPCS Codes / ICD-10 Codes

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

DEFINITION OF TERMS

- A. Homelessness (HUD definition for the purpose of Community Supports) – Individual or family who lacks a fixed, regular, and adequate nighttime residence and is living or sleeping in a place not meant for human habitation (e.g. streets, vehicles) or residing in emergency shelters, transitional living, or non-service-funded motels, or hotels.
- B. At risk of Homelessness (HUD definition for the purpose of Community Supports) – 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 another place as described above for “homelessness” and meets one of the following conditions:
1. Having a written eviction notice from the landlord or housing provider within 30 days, with no subsequent residence identified and individual / family lacks the resources or support networks needed to obtain other permanent housing; or
 2. Has moved because of economic reasons two or more times during the past 90 days; or
 3. Living with others due to economic hardship; or
 4. Staying in a hotel or motel not funded by charity or government programs for low-income individuals; or
 5. Residing 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; or
 6. Is exiting a publicly funded institution or system of care (e.g. health-care facility, mental health facility, foster care or other youth facility, or correction program or institution) and were homeless immediately prior to entering that institutional stay or become homeless during that stay, regardless of the length of the institutionalization; or
 7. Living in unstable or insecure housing, as identified in the recipient’s HUD-approved Consolidation Plan (a required five-year planning document that shows how a community will use federal housing and homelessness funds based on local needs; or
 8. Fleeing, or is attempting to flee, domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing; or
 9. 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

10. 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.

C. 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.