



| IEHP UM Subcommittee Approved Authorization Guideline |                                         |                         |            |
|-------------------------------------------------------|-----------------------------------------|-------------------------|------------|
| Guideline                                             | Housing Tenancy and Sustaining Services | Guideline #             | UM CSS 05  |
|                                                       |                                         | Original Effective Date | 1/1/2022   |
| Section                                               | Community Support Services              | Revision Date           | 6/6/2025   |
|                                                       |                                         | Committee Approval Date | 10/19/2026 |
|                                                       |                                         | Effective Date          | 11/1/2026  |

## COVERAGE POLICY

- A. Housing Tenancy and Sustaining Services (HTSS) help a Member maintain safe and stable tenancy once housing is secured. The services provided to a Member must be based on an individualized assessment of needs and documented in the Member's housing support plan. Member may only require a subset of the following activities. HTSS activities include:
1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.
  2. Providing education and training for the Member on the role, rights, and responsibilities of the tenant and landlord.
  3. Providing education for the Member about Fair Housing and anti-discrimination practices, including making requests for necessary reasonable accommodation if necessary.
  4. Coaching on developing and maintaining key relationships with landlords/property managers and/or neighbors with a goal of fostering successful tenancy.
  5. Coordinating with the landlord and care/case management provider, which can be the Member's ECM Provider or non-Medi-Cal housing supportive services providers such as a CoC program case manager, to address identified issues that could impact housing stability.
  6. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Member owes back rent or payment for damage to the unit.
  7. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.
  8. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process. Such service can be subcontracted out to retain any needed specialized skillset..
  9. Assistance with the annual housing recertification process.
  10. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
  11. Continuing assistance with lease compliance, including ongoing support with activities related to household management.
  12. Health and safety visits, including to ensure the unit remains safe and habitable.

13. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in).
  14. Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.
- B. Members are eligible for Housing Tenancy and Sustaining Services when an individualized housing support plan outlining the need for Housing Tenancy and Sustaining Services is received AND one of the following are met:
1. Members who meet the following social *and* clinical risk factor requirements; or
    - 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-Months postpartum.
  2. Members who are determined eligible for Transitional Rent. These members are automatically eligible for HTSS; 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 because 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) | <p><b>SMHS Adult</b><br/>           Medi-Cal Members aged 21 or older qualify for SMHS if they meet both of the following criteria:</p> <p>(1) The individual has one or both of the following:</p> <p>(a) Significant Impairment, where impairment is defined as distress, disability or dysfunction in social, occupational, or other important activities.</p> <p>(b) A reasonable probability of significant deterioration in an important area of life functioning.</p> <p><b>AND</b></p> <p>(2) The individual's condition is due to either of the following:</p> <p>(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</p> <p>(b) A Suspected mental disorder that has not yet been diagnosed.</p> |

|                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                            | <p><b>SMHS</b> Children Medi-Cal Members under age 21 qualify for SMHS if they meet both of the following requirements:</p> <ol style="list-style-type: none"> <li>1. The individual has at least one of the following requirements: <ol style="list-style-type: none"> <li>(a) A significant impairment</li> <li>(b) A reasonable probability of significant deterioration in an important area of life functioning</li> <li>(c) A reasonable probability of not progressing developmentally as appropriate.</li> <li>(d) A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal MCP is required to provide.</li> </ol> </li> </ol> <p><b>AND</b></p> <ol style="list-style-type: none"> <li>2. The individual's condition(s) as described in (1) above is due to one of the following: <ol style="list-style-type: none"> <li>(a) A diagnosed mental health disorder, according to the criteria of the current editions of the DSM and the International Statistical Classification of Disease and Related Health Problems.</li> <li>(b) A suspected mental health disorder that has not yet been diagnosed.</li> <li>(c) Health conditions, including behavioral health and developmental syndromes, stemming from trauma, child abuse, or neglect.</li> </ol> </li> </ol> |
| ii. Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) | <p><b>DMC and DMC-ODS Adults</b></p> <p>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.</p> <p><b>OR</b></p> <p>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.</p> <p><b>DMC and DMC-ODS Children</b> Medi-Cal Members under 21 are eligible for DMC-ODS or DMC if they meet the medical necessity standard for one or more SUD services provided through these delivery systems, as recommended by a licensed behavioral health practitioner.</p>                                                                                                                                                                                                                                                                                                                                                                                                  |
| iii. One or more serious Chronic Physical Health Conditions                                                | <p>Medi-Cal Members meet the criteria for Serious Chronic Physical Health Condition when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. Have at least one (1) chronic health condition that has been diagnosed by a healthcare professional; and</li> <li>2. The chronic condition requires ongoing care managed by a Primary Care Physician or other licensed medical health professional; and</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                       | 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:<br>1. Have at least one (1) diagnosed intellectual or developmental disability, by a licensed healthcare provider; and<br>2. Requires ongoing care managed by a Primary Care Physician or other licensed medical health professional for intellectual or developmental disability; and<br>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 1-month post-partum          | Member may be pregnant or 12-month post-partum.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

C. The services provided should utilize best practices for Members who are experiencing homelessness or at risk of homelessness and who have complex health, disability, and/or behavioral health conditions including Housing First, Harm Reduction, and Motivational Interviewing.

The services may involve coordination with other entities to ensure the Member has access to supports needed to maintain successful tenancy.

D. Any request for an extension of Housing Tenancy and Sustaining Services must include the following elements:

1. An updated Individualized Housing Support Plan
2. Progress notes outlining short-term and long-term goals, barriers, and interventions to sustaining permanent housing

E. Active IEHP Membership.

## **COVERAGE LIMITATIONS AND EXCLUSIONS**

A. Services provided should be based on individualized assessment of needs and documented in the IEHP medical management system Members may require and access only a subset of the services listed above.

B. Services do not include the provision of room and board.

C. These services must be identified as reasonable and necessary in the Member's individualized housing support plan. Service duration can be as long as necessary. There is no limit on how many times an eligible Member may be authorized for HTSS as long as criteria is met. Many Members will have also received Housing Transition/Navigation services (at a minimum, the associated tenant screening, housing assessment, and individualized housing support plan) in conjunction with this service, but it is not a prerequisite for eligibility.

D. Community supports shall supplement and not supplant services received by the Medi-Cal member through other State, local, or federally-funded programs, in accordance with applicable federal waiver authorities, MCP Contract, APLs, and DHCS guidance.

## CPT Codes/HCPSC Codes/ICD-10 Codes

| Code  | Modifier | Code Description                                                                                                                                |
|-------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| T2050 | U6       | Financial management, self-directed; per diem. Modifier used with T2050 to indicate Community Supports Housing Tenancy and Sustaining Services. |
| T2051 | U6       | Support brokerage, self-directed; per diem. Modifier used with T2051 to indicate Community Supports Housing Tenancy and Sustaining Services.    |

### ADDITIONAL INFORMATION

1. HTSS with ECM: Members who meet the eligibility requirements for Housing and Tenancy Support Services should also be offered enhanced care management (ECM) and encouraged to receive both services. The case management provided through HTSS is focused on maintaining safe and stable tenancy for a Member once housing has been secured. ECM is broadly focused on coordinating all primary, acute, behavioral, oral, social needs, and long-term services and supports for Members, and includes administering a comprehensive assessment and care management plan, which is separate and distinct from the housing support plan that the HTSS is responsible for updating and maintaining. If Member is receiving both HTSS and ECM at the same time, the MCP must ensure that service delivery is coordinated by the ECM Provider to minimize the number of care/case management transitions experienced by the Member and to improve overall care coordination and management.
2. HTSS with HTNS: A member cannot receive both HTSS and Housing Transition Navigation Services (HTNS) at the same time; HTNS assist Members with obtaining housing while HTSS supports Members in maintaining housing. These services form a continuum of supports as a Member transitions from finding a home to maintaining it and are often performed by the same organization/case manager. Many Members may receive HTNS before receiving HTSS, but HTNS is not a prerequisite for eligibility for HTSS.
3. HTSS with Housing Deposits: A Member can receive both HTSS and Housing Deposits at the same time. A provider can simultaneously provide and receive payment for both HTSS and Housing Deposits if they serve as a Network Provider with the MCP to provide both services.
4. HTSS with Transitional Rent: A Member can receive both HTSS and Transitional Rent at the same time. All Members who are determined eligible for Transitional Rent are automatically determined eligible for HTSS. HTSS service delivery will require close coordination with the Transitional Rent Provider, the landlord, and may also require coordination with other entities such as the local Coordinated Entry System, homeless service authorities, public housing authorities, county behavioral health agencies, and other operators of local rental subsidies.

### 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

## 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 Consolidated 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 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 – Volume 2 – Community Supports to Support Members Experiencing or At risk of Homelessness.

## 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.