



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Housing Deposits	Guideline #	UM CSS 03
		Original Effective Date	1/1/2022
Section	Community Support Services	Revision Date	9/14/2023

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 that do not constitute room and board, such as:
 - 1. Security deposits required to obtain a lease on an apartment or home.
 - 2. Set-up fees/deposits for utilities or service access and utility arrearages.
 - 3. First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water.
 - 4. First months and last month’s rent as required by landlord for occupancy.
 - 5. Services necessary for the individual’s health and safety, such as pest eradication and one-time cleaning prior to occupancy.
 - 6. Goods such as an air conditioner or heater, and other medically necessary adaptive aids and services, designed to preserve an individual’s health and safety in the home such as air filters, specialized cleaning, refrigerator, stove, basic household items or pest control supplies that are necessary to ensure access and safety for the individual upon move-into the home.
- B. The services provided should be based on individualized assessment of needs and documented in the individualized housing support plan. Individuals 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 including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care.

- C. Services do not include provision of room and board or payment of ongoing rental costs beyond the first and last month’s coverage as noted above.
- D. Member Eligibility for Housing Deposits:
 - 1. Any Member who received Housing Transition/Navigation Services in counties that offer Housing Transition/Navigation Services;
 - 2. 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; or

3. Members who meet the Housing and Urban Development (HUD) definition of homeless as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (including those exiting institutions but not including any limits on the number of days in the institution) and who are receiving enhanced care management, or who have one or more serious chronic conditions and/or serious mental illness and/or is at risk of institutionalization or requiring residential services as a result of a substance use disorder. (Note: For purposes of this service, qualifying institutions include hospitals, correctional facilities, mental health residential treatment facilities, substance use disorder residential treatment facilities, recovery residences, Institution for Mental Disease and State Hospitals)
- E. Active IEHP Membership, excluding those Members for which IEHP is not at risk for the entire medical and care management benefits (e.g., Kaiser Members). Kaiser is responsible for providing this service to its Member's.

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 CalAIM STCs and federal and DHCS guidance.
- B. Housing Deposits are available once in a Member's lifetime. 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. Individuals must also receive Housing Transition/Navigation services (at a minimum, the associated tenant screening, housing assessment and individualized housing support plan) in conjunction with this service. Refer to the UM Subcommittee Approved Authorization Guideline, Housing Transition/Navigation Services.
- D. 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 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.

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.

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

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.

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>
2. State of California-Health and Human Services Agency, Department of Health Care Services, July 2023 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.