Services and Eligibility Criteria

Enhanced Care Management seven types of services to help a member manage and improve their health:

1. Outreach and Engagement: Contact and engage the member in their care.
2. Comprehensive Assessment and Care Management Planning: Complete a comprehensive assessment with the member and work with them to develop a care plan to manage and guide their care and meet their goals.
3. Enhanced Coordination of Care: Coordinate care and information across all of the members' providers and implement the care plan.
4. Health Promotion: Provide tools and support that will help the member better monitor and manage their health.
5. Comprehensive Transitional Care: Help the member safely and easily transition in and out of the hospital or other treatment facilities.
6. Member and Family Supports: Educate the member and their personal support system about their health issues and options to improve treatment adherence.
7. Coordination of and Referral to Community and Social Support Services: Connect the member to community and social services.

The Department is currently authorized to provide the following Community Supports (CS) services:

- Housing Transition Navigation Services: Members experiencing homelessness or at risk of experiencing homelessness receive help to find, apply for, and secure housing.
- Housing Deposits: Members receive assistance with housing security deposits, utilities set-up fees, first and last month's rent, and first month of utilities. Members can also receive funding for medically necessary items like air conditioners, heaters, and hospital beds to ensure their new home is safe for move-in.
- Housing Tenancy and Sustaining Services: Members receive support to maintain safe and stable tenancy once housing is secured, such as coordination with landlords to address issues, assistance with the annual housing recertification process, and linkage to community resources to prevent eviction.
- Short-Term Post-Hospitalization Housing: Members who do not have a residence, and who have high medical or mental health and substance use disorder needs, receive short-term housing for up to six months to continue their recovery. To receive this support, members must also have been discharged from an inpatient clinical setting, residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care.

Eligibility Criteria

The Whole Person Care team is currently authorized to accept referrals in four populations of focus for ECM and CS services:

- Individuals who are experiencing homelessness and have at least one complex behavioral health need.

- Individuals who are considered high utilizers of care, including those who have had 5+ emergency department visits or 3+ unplanned hospital or short-term skilled nursing facility stays in the last 6 months, or those who have been identified by their health plan as having a pattern of high utilization that could have been avoided.
- Adults with serious mental illness or substance use disorders who are experience at least one complex social factor.
- Individuals transitioning from incarceration, or who have transitioned from incarceration within the past 12 months, and who have behavioral health or substance use disorder needs.

For the purposes of determining eligibility for EMS and CS services, the term "experiencing homelessness" is defined as:

- An individual or family who lacks adequate nighttime residence
- An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation
- An individual or family living in a shelter
- An individual exiting an institution into homelessness
- An individual or family who will imminently lose housing in the next 30 days
- Unaccompanied youth, homeless families, and children and youth defined as homeless under other federal statutes
- Individuals fleeing domestic violence

This definition of "experiencing homelessness" broadens the US Department of Housing and Urban Development (HUD) definition in the following ways:

- If an individual is exiting an institution (e.g., a jail), they are considered homeless if they were homeless immediately before entering the institution, regardless of the length of stay.
- The timeframe for an individual or family who will imminently lose housing has been extended from 14 days to 30 days.

Transitional Rent Eligibility Criteria and Service Description and Requirements

Eligibility Criteria

Members are eligible for Transitional Rent if they meet all of the following criteria:

(1)Clinical Risk Factor Requirement: Must have one of more of the following qualifying clinical risk factors:

a) Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS);

b) Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS);

c) One or more serious chronic physical health conditions;

d) One or more physical, intellectual, or developmental disabilities; or

e) Individuals who are pregnant up through 12-months postpartum.

AND (2)Social Risk Factor Requirement: Experiencing or at risk of homelessness.

AND (3) Individual must meet one of the following requirements:

a) Transitioning Population Requirement: Must be included within one of the following transitioning populations;

(i) Transitioning out of an institutional or congregate residential setting: Individuals transitioning out of an institutional or congregate residential setting, including but not limited to an inpatient hospital stay, an inpatient or residential substance use disorder treatment facility, an inpatient or residential mental health facility, or nursing facility.

(ii)Transitioning out of a carceral setting: Individuals transitioning out of a state prison, county jail, youth correctional facility, or other state, local, or federal penal setting where they have been in custody and held involuntarily through operation of law enforcement authorities.

(iii)Transitioning out of interim housing: Individuals transitioning out of transitional housing, rapid rehousing, a domestic violence shelter or domestic violence housing, a homeless shelter, or other interim housing, whether funded or administered by HUD, or at the State or local level.

(iv)Transitioning out of recuperative care or short-term posthospitalization housing: Individuals transitioning out of short-term post-hospitalization housing or recuperative care, whether the stay was covered by Medi-Cal managed care, or another source.

(v)Transitioning out of foster care: Individuals having aged out of foster care up to age 26 (having been in foster care on or after their 18th birthday) either in California or in another state.

OR

b) Experiencing unsheltered homelessness: Individuals or families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

OR

c) Eligible for Full-Service Partnership (FSP): FSP is a comprehensive behavioral health program for individuals living with significant mental health and/or co-occurring substance use conditions that have demonstrated a need for intensive wraparound services.

Service Description and Requirements

Transitional Rent may be used to cover the following expenses:

- Rental assistance in allowable settings (see section directly below)

- Storage fees, amenity fees, and landlord-paid utilities that are charged as part of the rent payment

Transitional Rent can provide up to six months of rental assistance and rent and housing fees per demonstration, subject to the six-month global cap on Room and Board services within a rolling 12-month period. The six months of Transitional Rent are not required to be continuous.

The Housing Deposits Community Support may be deployed for coverage of additional expenses not provided under Transitional Rent. For expenses necessary for lease-up, move-in, or occupancy not covered by Housing Deposits, DHCS recommends Members be connected to other potential funding sources, including but not limited to BHSA Housing Interventions (for Members who are BHSA-eligible).

Allowable Settings

The allowable settings are as follows:

Permanent Settings

- Single-family and multi-family homes (e.g., duplexes)
- Apartments
- Housing in mobile home communities
- Accessory dwelling units (ADUs)
- Shared housing—where two or more people live in one rental unit
- Project-based or scattered site permanent supportive housing
- Single room occupancy (SRO) units
- Tiny homes
- Recovery housing
- License-exempt room and board

Interim Settings

- Single room occupancy (SRO) units
- Tiny homes
- Hotels/motels when serving as the Member's primary residence
- Interim settings with a small number of individuals per room (not large dormitory sleeping halls)
- Transitional and recovery housing with no lease agreement, including:
    - Bridge, site-based, population-specific, and community living programs that may or may not offer supportive services and programming
    - License-exempt room and board
    - Peer respite