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| **County of Sacramento<br>Department of Health Services<br>Behavioral Health Services<br>Policy and Procedure** | Policy Issuer (Unit/Program) | Behavioral Health Services |
| | Policy Number | 04-26 |
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| | Revision Date | |
| Title:<br>**Housing Supports Plan** | Functional Area:<br>**Programs** | |
| Approved By: *Signed version available upon request.*<br><br>Erica Jaramillo, MPA<br>Program Planner<br><br>Monica Rocha-Wyatt, LMFT<br>Program Manager<br><br>Sheri Green, LMFT<br>Division Manager | | |

## Background/Context

California is expanding behavioral health housing supports, including the implementation of Medi-Cal Transitional Rent (TR) and enhanced housing-related Community Supports (CS), Behavioral Health Bridge Housing (BHBH), and Behavioral Health Services Act (BHSA) Housing Interventions (HI).

Contractors remain responsible for complying with all applicable Department of Health Care Services (DHCS), Managed Care Plan (MCP), Housing and Urban Development (HUD), Behavioral Health Services Act (BHSA), grant, and County requirements specific to each funding source. Completion of a Housing Support Plan (HSP) does not guarantee housing placement, rental assistance, subsidy availability, housing unit availability, or ongoing funding.

DHCS requires the use of HSPs for authorization of TR. HSPs document housing needs, identify barriers, and establish individualized goals and strategies to support housing stability. TR authorization relies heavily on a compliant HSP documenting housing need, sustainability, and transition planning.

This policy establishes consistent standards for BHS Contractors delivering CS, BHBH funds, or BHSA HIs, including minimum documentation, authorization, and service delivery requirements consistent with DHCS policy and the Housing Support Plan Quality Review Tool.

## Purpose:

The purpose of this policy is to:

1. Establish consistent standards for the development of complete and clinically appropriate HSPs.
2. Standardize minimum documentation requirements to support DHCS authorization and audit expectations.
3. Align HSPs with DHCS and County requirements.
4. Promote trauma-informed, culturally responsive, and member-centered service planning.
5. Ensure documentation supports medical necessity and aligns with Behavioral Health Continuous Quality Improvement (CQI) standards.

**Exclusions**

This policy shall not be interpreted to alter payer responsibility, medical necessity requirements, MCP authorization authority, or funding restrictions applicable to Medi-Cal CS, BHSA HI, BHBH, or other housing-related funding sources.

**Policy Statement**

All BHS Contractors referring members to TR or delivering CS, BHBH Rental and Participant Assistance Funds, or BHSA HI must develop an HSP for members identified as needing housing-related assistance. These HSPs must meet minimum DHCS and County requirements and be maintained as part of the member record.

The development, submission, or review of an HSP for TR must not unnecessarily delay an otherwise eligible member's placement into housing. When a member is awaiting TR authorization or the start of TR coverage, Contractors may immediately utilize BHSA HI funds to support an otherwise eligible housing placement, when allowable under BHSA requirements. Once TR is authorized and available, the Contractor must transition eligible costs to the MCP and ensure that BHSA HI funds are not used to duplicate services or payments covered by the MCP. Contractors must document the TR referral or authorization status and the period during which BHSA HI funds were used in the member’s HSP and maintain supporting documentation in the County’s electronic health record (EHR), currently SmartCare. Contractors are required to maintain equivalent documentation when using another EHR.

Inability to obtain TR authorization, including when a MCP-required attestation regarding post-TR housing support cannot be completed, shall not independently preclude an otherwise eligible member from receiving allowable BHSA HI.

**Definitions**

A. **Behavioral Health Services Act (BHSA) Housing Interventions (HI):** BHSA HI are housing-related services and supports funded through DHCS to support eligible individuals with significant behavioral health needs who are experiencing homelessness, chronic homelessness, housing instability, or who are at risk of homelessness.

**B. Chronic Homelessness*:** A chronically homeless individual is generally defined as:

1. An individual with a qualifying disabling condition, including a serious behavioral health condition, serious emotional disturbance, substance use disorder, or co-occurring condition, who:
    a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
    b. Has been homeless on any number of occasions in the last three (3) years, as long as the combined occasions equal at least twelve (12) months; or
2. An individual who is exiting an institution and was homeless prior to entering the institution regardless of the length of stay; or
3. A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph one (1) or two (2), including a family whose composition has fluctuated while the head of household has been homeless.

**This BHSA definition is based on the U.S. Department of Housing and Urban Development (HUD) definition of "chronically homeless," with two modifications: (1) the requirement for at least four separate episodes of homelessness within three years is eliminated, provided the combined duration totals at least 12 months; and (2) individuals who were chronically homeless before entering an institutional care facility retain that status upon discharge, regardless of length of stay. The definition also recognizes individuals transitioning from Medi-Cal Transitional Rent or MHSA-funded housing to BHSA Housing Interventions. Individuals must meet the applicable disability criteria. Chronic homelessness status is determined at enrollment and may be maintained throughout enrollment in BHSA Housing Interventions.*

**C. Housing Trio:** The 'Housing Trio' refers to the three CalAIM Community Supports housing services available through Medi-Cal MCPs to assist eligible members experiencing homelessness or housing instability in obtaining and maintaining stable housing. Housing Trio services complement behavioral health and other supportive services and should not duplicate services funded through other programs or payors.

1. Housing Transition and Navigation Services (HTNS): Housing-focused services supporting members with housing assessments, HSP development, housing search and placement, landlord engagement, application support, and move-in planning.
2. Housing Deposits: One-time financial supports necessary to establish housing, including security deposits, utility setup costs, essential

household items, and other allowable housing-related expenses approved by the MCP. Housing Deposits do not include ongoing rental assistance.

3. Housing Tenancy Sustaining Services (HTSS): Services supporting members in maintaining stable housing, including HSP updates, tenant education, landlord coordination, linkage to community resources, and interventions to prevent eviction or housing loss.

**D. Interim Housing Settings:** Temporary or time-limited housing arrangements providing shelter, stabilization, or bridge housing support where there is no lease agreement while a member works toward securing permanent housing. Interim settings are restricted to six (6) months, or twelve (12) months when funded with BHSA HI. TR must be exhausted first. After TR rent is exhausted, if eligible a member may receive up to six (6) additional months of rental assistance funded by BHSA HIs in interim settings. If not eligible for TR.[1] Approval and duration of assistance are subject to program requirements, funding availability, and County determination. Interim housing settings are intended to support stabilization and transition planning and should not be utilized as indefinite or substitute permanent housing arrangements absent documented clinical, safety, or system-related justification. Consistent with DHCS and BHSA guidance, interim housing settings may include, but are not limited to:

1. Emergency shelters;
2. Non-congregate shelters;
3. Safe Stay or sanctioned encampment programs;
4. Navigation centers;
5. Recuperative care;
6. Transitional or bridge housing programs;
7. Motel or hotel placements used for temporary stabilization;
8. Short-term sober living or recovery residences when used as temporary housing; and
9. Other temporary housing settings approved by BHS consistent with DHCS and BHSA requirements.

**E. Medical Necessity:** Services that are reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain, and that Specialty Mental Health Services (SMHS) are needed to address a diagnosed mental health or substance use condition and support the member's

[1] Source: DHCS. *BHSA County Policy Manual*. April 2025. Available at https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.2.0/7-bhsa-components-and-requirements#C.-Housing-Interventions. Accessed June 2026.

functioning, stability, or recovery (Determination for Medical Necessity & Access to Specialty Mental Health Services).

F. **Permanent Housing Settings:** Housing arrangements intended for long-term or permanent tenancy that support ongoing housing stability, community integration, and member choice. Permanent housing settings generally include a lease, rental agreement, occupancy agreement, or other arrangement that provides the member with an ongoing right to reside in the housing setting, subject to standard tenant obligations. Consistent with DHCS and BHSA guidance, permanent housing settings may include, but are not limited to:

1. Permanent Supportive Housing (PSH);
2. Scattered-site or site-based rental housing;
3. Apartments or multifamily housing units;
4. Shared housing arrangements;
5. Single Room Occupancy (SRO) units used as permanent housing;
6. Mobile homes or manufactured housing;
7. Accessory Dwelling Units (ADUs);
8. Family reunification or long-term family housing arrangements;
9. Board and care homes, assisted living facilities, or licensed residential settings intended for long-term residence; and
10. Other housing settings approved by BHS.

G. **Sustainable or Sustainability:** The member's anticipated ability to maintain safe, stable, and appropriate housing long-term without unreasonable risk of housing loss, eviction, institutionalization, or return to homelessness following exhaustion of temporary housing supports.

H. **Transitional Rent (TR):** A time-limited CalAIM Community Supports that provides short-term rental assistance for eligible Medi-Cal members experiencing homelessness or at risk of homelessness who require additional support to stabilize housing. TR may be authorized for up to six (6) months in accordance with DHCS requirements and MCP authorization criteria. Continued receipt of TR during the authorized period is subject to ongoing eligibility and compliance with applicable program requirements. Members receiving TR must have an approved HSP and continue participating in medically necessary or housing-related supportive services.

## Details

### A. HSP Requirements

1. Creation of the HSP: When a member is identified as needing housing-related supports, the Contractor must initiate and complete a HSP in conjunction with the clinical introductory note, assessment, service note, or other

documentation establishing medical necessity and service need. If the HSP cannot be completed at the time of initial engagement, it must be completed as part of the initial assessment and treatment planning process. Contractors must act to minimize the member's time living homeless, especially unsheltered.

a. For urgent housing needs, an Emergency HSP may be created in alignment with BHS CQI guidelines (BHS Documentation Standards). Determination of an urgent housing need shall be based on clinical judgment, available collateral information, and the member's immediate risk factors and functional needs.

    i. Urgent housing need refers to circumstances creating an immediate risk to the member's health, safety, behavioral health stability, or housing stability requiring immediate intervention.

        1. Examples may include, but are not limited to:

            a. Unsheltered homelessness with significant behavioral health symptoms, medical vulnerability, or functional impairment;

            b. Discharge from a hospital, psychiatric facility, jail, residential treatment setting, recuperative care, or other institution without stable housing identified;

            c. Immediate safety concerns related to domestic violence, exploitation, trafficking, abuse, neglect, or unsafe living conditions;

            d. Housing instability that is likely to result in psychiatric decompensation, relapse, crisis utilization, or interruption of medically necessary behavioral health treatment;

            e. Environmental conditions that place the member at substantial risk due to weather exposure, health conditions, mobility limitations, or inability to safely perform activities of daily living;

    ii. An Emergency HSP is a temporary housing stabilization plan when urgent intervention is needed before completion of the full assessment and comprehensive HSP. The Emergency HSP is intended to:

        1. Address immediate risks to the member's health, safety, behavioral health stability, or housing stability;

        2. Support urgent housing placement or temporary stabilization efforts;

        3. Document the clinical rationale for immediate intervention;

4. Identify immediate housing-related needs, risks, and stabilization actions; and
5. Establish interim goals and next steps pending completion of a comprehensive HSP.

iii. An Emergency HSP should, at minimum, include:

1. The urgent housing-related circumstance requiring immediate intervention;
2. The member's immediate safety, behavioral health, medical, or functional risks;
3. The temporary housing or interventions being provided and responsible parties;
4. Any known barriers to housing stability;
5. Initial coordination efforts with other providers, systems, or supports; and
6. A plan and timeline for completion of the full assessment, treatment plan, and comprehensive HSP.

iv. Emergency HSPs are temporary in nature and must include time-framed action steps and a target date for completion of a comprehensive HSP in accordance with County CQI documentation standards and applicable DHCS requirements.

v. Use of an Emergency HSP does not eliminate requirements related to medical necessity, ongoing documentation, or completion of required assessments and treatment planning activities.

2. Member Access to the HSP: A copy of the HSP must be offered to the member and retained in the member's clinical record.
3. Required Elements of the HSP:
    a. HSP Date: HSP must include the date that it was created, and the date of the most recent update.
    b. Housing History: Clearly describe members' current housing status and housing history using member self-report, collateral information from the Homeless Management Information System (HMIS) or other available records when appropriate. Documentation should support accurate homelessness verification. If known, the history should include the following:
        i. If member is currently or was recently unsheltered and general location where member stays,
        ii. Length of current episode of homelessness,

iii. Any past episodes of homelessness, especially within the last 3 years, and

iv. If member is experiencing chronic homelessness.

c. Presenting Housing Need: Describe the member's presenting housing need as it relates to the member's presenting behavioral health condition and functional impairment. HSPs should clearly identify housing barriers and corresponding goals, interventions, and action steps. Long-term housing stabilization, transition planning, and sustainability requirements shall be addressed in Section h. Housing Sustainability and Transition Planning.

d. Member Housing Goal(s) and Action Plan: Goals and interventions should support the member's housing stability needs and reflect measurable, clinically appropriate, recovery-oriented, and member-centered planning. If appropriate, goals should support community integration, increased independence, engagement in behavioral health treatment and supportive services, development of natural supports, improved functioning, and progress toward long-term wellness and recovery.

e. Member Preferences and Needs:

i. HSP must be developed in collaboration with the member to ensure their needs and preferences are captured and to encourage member engagement and accountability. Housing planning should support the member's ability to safely integrate into the community and maintain the least restrictive, most appropriate housing setting consistent with the member's needs and preferences.

ii. HSPs should include member strengths, cultural preferences, natural supports, and identified community integration needs, including access to healthcare, behavioral health services, transportation, employment, education, social connection, recovery supports, and other activities that promote wellness.

iii. Contractors shall incorporate member choice and housing preferences into housing planning to the greatest extent feasible and clinically appropriate while balancing availability, affordability, safety, and program requirements. When preferred housing is unavailable, unaffordable, unsustainable, or declined by the member, Contractors shall explore and offer alternative housing options, resources, and services that are appropriate to the member's needs and preferences. Contractors will document when preferred housing is not available and all efforts made to support the member in securing and maintaining housing. Housing placement decisions should balance member choice, safety, and clinical appropriateness.

iv. When applicable, Contractors are responsible for developing and maintaining a complete and compliant HSP sufficient to support TR, Housing Deposits, or other housing-related authorization requests.

f. Roles and Responsibilities: Contractors must identify responsible providers (such as support persons, housing navigator, CS service provider, shelter provider, etc.), programs, and systems supporting housing stabilization and care coordination activities consistent with best practices for multi-disciplinary team (MDT) coordination.

i. Contractors shall review, reconcile, and incorporate relevant HMIS information into the Housing Support Plan (HSP) and member record.

ii. Contractors shall maintain timely and accurate housing status documentation within applicable systems, including HMIS when required by program participation, funding requirements, County policy, or Continuum of Care standards.

iii. Housing-related engagement, coordination, advocacy, education, linkage, stabilization, and community integration activities may be documented and billed only when all applicable DHCS, BH-CONNECT, Medi-Cal, claiming, staffing, documentation, and non-duplication requirements are met. Contractors remain responsible for ensuring services are medically necessary when required and appropriately claimed under the applicable funding source.

g. Amount and Duration of Support:

i. Contractors shall administer BHSA HI rental assistance in a manner consistent with applicable BHSA requirements, County policy, and available funding. BHSA HI rental assistance shall not exceed 110% of the applicable Small Area Fair Market Rate (SAFMR). Contractors shall document the basis for rental assistance amounts and housing costs using applicable HUD Fair Market Rent (FMR) and SAFMR standards, available at: https://www.huduser.gov/portal/datasets/fmr/smallarea/index.html. BHSA HI shall not supplement or 'top off' rental amounts beyond applicable funding limitations established by DHCS, MCP, HUD, SAFMR, the County, or other governing authorities, unless expressly authorized by BHS.

ii. Contractors must document the amount, tenant contribution, and calculation methodology for all financial supports.

h. Housing Sustainability and Transition Planning: The HSP shall include a Housing Sustainability and Transition Plan describing how the

member is expected to maintain housing stability following the exhaustion of temporary housing supports.

i. Contractors shall assess and document:
    1. Housing needs and barriers;
    2. Anticipated income and financial resources;
    3. Available subsidies and housing resources;
    4. Supportive service needs; and
    5. The member's long-term housing stabilization strategy.

ii. When a member is receiving or anticipated to receive TR or other time-limited housing assistance, the HSP shall include a transition plan that identifies:
    1. Anticipated benefit exhaustion dates;
    2. Long-term housing resources and funding strategies;
    3. Ongoing supportive service needs;
    4. Responsible parties; and
    5. Actions necessary to reduce the risk of housing instability.

iii. For members residing in interim housing settings, the HSP shall identify housing stabilization and transition strategies following exhaustion of temporary housing supports, including consideration of BHSA HI when allowable.

iv. For members residing in or transitioning to permanent housing settings, the HSP shall identify long-term housing stabilization strategies, including available subsidies, rental assistance programs, housing resources, supportive services, and BHSA HI when applicable and allowable.

v. Transitional Rent Attestation: When required by the MCP for TR authorization, Contractors shall obtain and submit the applicable attestation confirming the member’s anticipated housing support or funding pathway following exhaustion of the six-month TR benefit. Failure to provide the required attestation may result in the MCP not authorizing TR, particularly when the member is entering permanent housing.

vi. Access to BHSA HI: A member’s lack of income or inability to demonstrate independent ability to pay rent following exhaustion of TR shall not, by itself, be a basis for denying or withholding BHSA HI for which the member is otherwise eligible. Similarly, inability to obtain TR because the required post-TR attestation

cannot be completed does not, by itself, make the member ineligible for allowable BHSA HI.

vii. Contractors shall continue to support the member in identifying appropriate housing sustainability strategy, document housing resource coordination activities, referrals, applications, approvals, denials, payer coordination efforts, transition planning activities, and outcomes within the member record and HSP. Documentation shall include reasonable efforts to coordinate with housing providers, MCPs, CS providers, and other relevant entities, including instances where no response is received despite reasonable outreach and follow-up attempts.

i. Interventions and Services: Contractors will document all interventions, including but not limited to:

i. Job training or employment linkage,

ii. Public benefits acquisition,

iii. Income stabilization,

iv. Referrals, linkage, and coordination activities related to housing resources, benefits, and supportive services.

j. Alignment with Medical Necessity: HSP must describe how CS, BHBH funds, and/or BHSA HI services are intended to support the member's behavioral health stability, recovery, community integration, functional needs, and housing stability, including prevention of deterioration of behavioral health symptoms, functional impairment, homelessness, crisis episodes, institutionalization, or other adverse outcomes.

k. Service Note Documentation: Creation, review, or update of an HSP must be documented in accordance with County CQI documentation training and guidance, including use of applicable procedure codes, documentation standards and service codes within the County's EHR, currently SmartCare.

4. Repeated submission of incomplete, unsupported, unsustainable, or non-compliant HSPs or authorization packets may result in delayed authorizations, funding interruptions, corrective action, required training, or other contract compliance interventions.

5. Review and Update Requirements

a. HSPs must be:

i. Reviewed at least every three (3) months to assess the member's current housing needs, housing status, progress toward housing goals, and continued appropriateness of planned interventions.

ii. Updated at least every six (6) months.

iii. Reviewed within thirty (30) calendar days of a significant change in the member's housing circumstances, needs, resources, or housing stability strategy.

b. Significant changes in any of the following require review, including but not limited to:
   i. Housing status;
   ii. Income or financial resources;
   iii. Household composition, including individuals currently residing with the member or anticipated to reside with the member;
   iv. Identified housing barriers or required interventions;
   v. The duration, frequency, or type of housing assistance;
   vi. Funding sources, subsidy programs, or payer responsibilities; or
   vii. Rental amounts, tenant contributions, or other housing-related financial obligations.

c. When a review determines that revisions to the member's housing needs, goals, interventions, funding strategy, housing sustainability plan, or other HSP elements are necessary, the HSP shall be updated within thirty (30) calendar days of the date of that determination.

d. If the review determines that no modifications to the HSP are necessary, the Contractor shall document the review, findings, and rationale in the member record, and no HSP update shall be required.

**Related Attachments:**

- Attachment A – Housing Supports Plan Template

**Related Policies:**

- Behavioral Health Services Act
- DHCS Community Supports Policy Guide
- Housing Support Plan Quality Review Tool
- PP-BHS-MH-04-22 Homeless Management Information System and Coordinated Access System

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