Community Supports Updates

August 2026

Volume 1

Volume 2

Criteria

❑ Documentation of homeless or at risk of homelessness (HUD's definitions with three modifications as detailed in Policy Guide volume 2, Appendix C, page 113) **and**

- ❖Individuals with a Qualifying Risk Factor
  - ➢Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS)
  - ➢Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS)
  - ➢One or more serious chronic physical health conditions
  - ➢One or more physical, intellectual, or developmental disabilities
  - ➢Individuals who are pregnant up through 12-months postpartum.

❑ Individuals who are determined eligible for Transitional Rent. These individuals are automatically eligible for **OR**

❑ Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System

For Extensions:

Housing Support Plan must identify actions that are reasonable and necessary to obtain housing

Member **can not receive Nav and TSS at the same time**

Community Supports Policy Guide Volume 2, April 2025, p.25-30

Community Supports Policy Guide Volume 2, April 2025, p.31-36

❑ Documentation of homeless or at risk of homelessness (HUD's definitions with three modifications as detailed in Policy Guide volume 2, Appendix C, page 113) **and**

❖Individuals with a Qualifying Risk Factor
- ➢Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS)
- ➢Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS)
- ➢One or more serious chronic physical health conditions
- ➢One or more physical, intellectual, or developmental disabilities
- ➢Individuals who are pregnant up through 12-months postpartum.

❑ Individuals who are determined eligible for Transitional Rent. These individuals are automatically eligible **OR**

❑ Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System

❑ Items that qualify must meet the definition to assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a **basic** household.

❖Application Fees/Security Deposits
❖Set up fees, including utility set up
❖Pest Eradication/Minor repairs/One time Cleaning (if not the responsibility of the landlord)
❖Air Conditioner/Heater
❖Appliances/Basic Furniture

❑ Documentation of homeless or at risk of homelessness (HUD's definitions with three modifications as detailed in Policy Guide volume 2, Appendix C, page 113) **and**

- ❖Individuals with a Qualifying Risk Factor
  - ➢Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS)
  - ➢Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS)

  - ➢One or more serious chronic physical health conditions
  - ➢One or more physical, intellectual, or developmental disabilities
  - ➢Individuals who are pregnant up through 12-months postpartum.

❑ Individuals who are determined eligible for Transitional Rent. These individuals are automatically eligible **OR**

❑ Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System

For Extensions: Housing Support Plan must identify actions that are reasonable and necessary to maintain housing

Member can not receive Navigation and TSS at the same time

Community Supports Policy Guide Volume 2, April 2025, p.37-42

❑ Documentation of homeless or at risk of homelessness (HUD's definitions with three modifications as detailed in Policy Guide volume 2, Appendix C, page 113) **and**

- Individuals with a Qualifying Risk Factor
  - Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS)
  - Meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS)
  - One or more serious chronic physical health conditions
  - One or more physical, intellectual, or developmental disabilities
  - Individuals who are pregnant up through 12-months postpartum

  and
- Transitioning Population
  - Transitioning out of an institutional or congregate residential setting, **or**
  - Transitioning out of a carceral setting, **or**
  - Transitioning out of interim housing, **or**
  - Transitioning out of recuperative care or short-term posthospitalization housing, **or**
  - Transitioning out of foster care

❑ Individuals who are deemed eligible for the Behavioral Health POF (Meet the access criteria for SMHS, DMC, or DMC-ODS)

Max 182 days lifetime

Member has chronic or other serious health condition(s) that are nutrition sensitive, as listed in the DHCS Policy Guide on page 35:

- Cancer
- Cardiovascular (ex: Hypertension (≥ 130/80), Hyperlipidemia (elevated LDL, HDL, TG, total cholesterol))
- Stroke
- Chronic/End Stage Renal Disease (ESRD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma
- Congestive Heart Failure (CHF)
- Diabetes
- Elevated Lead Levels
- HIV/AIDS
- Liver Disease/Fatty Liver
- Malnutrition (ex: BMI <18.5/<5% (peds))
- Obesity (ex: BMI≥30/ ≥ 95% (peds))
- Gastrointestinal Conditions (ex: IBS)
- High Risk Perinatal Conditions: (ex: Gestational Diabetes)
- Chronic/Disabling mental/behavioral health disorders resulting in inability to maintain independent living (cannot do iADLs and ADLs)

ASSISTED LIVING FACILITY (ALF) TRANSITION

For Assisted Living Transition services (time-limited transition services & expenses): **Does not cover room and board**

- ❑ Documentation of member residing in a nursing facility for 60+ days **OR** currently living in the community and meets nursing facility criteria (NF services per Section 51124 of Title 22 of the California Code of Regulations)
- ❑ Member is willing and able to reside safely in an assisted living facility
- ❑ Functional Assessment (Documentation assessing the member's cognition and functional status-what daily tasks can the member do for themselves)
- ❑ Evidence that ECM was discussed with the member

For Wrap Around services (ongoing assisted listed services): **Does not cover room and board**

- ❑ Status of Waiver Submission
- ❑ Member must be residing in an ALF/RCFE
- ❑ Need one of the services covered in the policy guide (that are not duplicative of another service)

Community Supports Policy Guide Volume 1, April 2025, p.13-18

For Community Transition services (time-limited transition services & expenses):

- ❑ Documentation that member wishes to remain in the community
- ❑ Documentation that the needs of the member would meet a nursing facility admission
- ❑ Member can reside safely in the community with appropriate and cost-effective supports and services
- ❑ Functional Assessment
  - Documentation assessing the member's cognition and functional status (what daily tasks can the member do for themselves)
- ❑ Member is not on any waivers (HCBA waivers, CCT, MSSP).
- ❑ Evidence that ECM was discussed with the member

For Non-recurring set-up expenses:

- ❑ Security Deposits (not rent or room and board)
- ❑ Utility or Service access and set up fees
- ❑ Services necessary for individuals' safety that are not the responsibility of the landlord
  - Pest Eradication
  - One-Time cleaning
  - Repairs
- ❑ Air Conditioner, heater or other essential household furnishings
- ❑ Adaptive Aids that are not covered under other waivers or benefits
- ❑ Member has not exceeded $7500 lifetime benefit

Individuals approved for In-Home Supportive Services (IHSS) but need additional support beyond authorized IHSS hours:

❑ Documentation of IHSS status:

- Planned Assessment/Reassessment Date
- Current # of hours member is getting
- Was there a change in condition that needs new/more caregiving hours? Clinical documentation is required (ie- most recent PT/OT functional assessment notes, primary care notes, cognition status)

❑ Member is not already enrolled in personal care services through a waiver program

❑ Documentation that member is at risk for hospitalization or institutionalization in a nursing facility, or have a functional deficit and no adequate support system

For Homemaker services: Documentation that member is >18 yrs or emancipated

OR

❑ Documentation that member is not eligible for IHSS, and PCHS will prevent a short term skilled SNF stay

CAREGIVER RESPITE

- ❑ Member is residing in the community
- ❑ Member requires intermittent temporary supervision
- ❑ Request is non-medical in nature
- ❑ Clinical to support the individual is dependent on others for ADL assistance above and beyond age and developmentally

appropriate ADL needs

- ❑ Functional Assessment
  - •Documentation assessing the member's cognition and functional status (what daily tasks can the member do for themselves)
- ❑ Documentation that the service is needed to avoid institutional placement
- ❑ Request is for a short-term basis to provide relief (for example, a three-month timeframe)
- ❑ Name of the Caregiver that can provide the needed care (this should be a different person from the member's primary caregiver) as this is respite for the caregiver. Can not be a paid caregiver (ex: IHSS provider)
- ❑ Service hours in the home setting, in combination with any other direct care services, not to exceed 24 hours per day
- ❑ Service limit is up to 336 hours per calendar year (inclusive of in-home and in-facility services)

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❑ Documentation of completed in-home environmental trigger assessment within past 12 months that identifies medically appropriate Asthma Remediations and specifies how the interventions (**specific items**) meet the needs of the member

For Modifications to the Home (exclude adaptations or improvements that are of general utility):

- Supporting documentation for the planned modifications
- Documentation of permission from homeowner for modification
- Documentation that the homeowner has been informed that these modifications may be permanent and DHCS/HPSJ is not held responsible for them
- Cost estimates for home modification
- Documentation of licensed contractor contracted to complete the modification

❑ The member has not already used the $7500.00 lifetime max

MEDICAL RESPITE

❑ Documentation of homeless or at risk of homelessness (HUD's definitions with three modifications as detailed in Policy Guide volume 2, Appendix C, page 113)

❑ Individuals needing recovery to heal from an injury or illness

- What is the member recovering from during the requested medical respite stay?
- What about the member's context or condition put them at imminent (immediate) risk of ED, hospital, or SNF admission?
- What is the plan of care for the member's recovery in medical respite? (including start and end dates of treatment, types of treatment, and treating providers).
- If for elective procedure/surgery: When is the scheduled procedure/surgery?

❑ If member has housing: documentation of how current housing would jeopardize their health and safety without modification

- What utilities are not working in the member's place of living (ie- electricity, water) and why does the member require the utility for short term healing from their acute illness or injury?
- What physical modifications are missing from the member's place of living (ie- ramps, DME) and why does the member require the physical modification for short term

❑ Discharge Plan/Notes

- Where will the member transition to after?

❑ Member has not exceeded max allowed days (182/max in rolling 12 months)

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SHORT TERM POST HOSPITALIZATION

❑ Documentation of homeless or at risk of homelessness (HUD's definitions with three modifications as detailed in Policy Guide volume 2, Appendix C, page 113) **and**

❑ Individuals exiting an institution (Hospital, Substance Use Disorder (SUD) facility, correctional facility, Skilled Nursing Facility (SNF), Medical Respite), with an ongoing physical or behavioral health need **and**

❑ Meet one of the following

- Receiving ECM
- Have one or more serious chronic conditions
- Have a serious mental illness
- Are at risk of institutionalization or need residential services for SUD

❑ Member has not exceeded max allowed days (182/max in rolling 12 months)

Community Supports Policy Guide Volume 2, April 2025, p.52-56

❑ Documentation of homeless or at risk of homelessness (HUD's definitions with three modifications as detailed in Policy Guide volume 2, Appendix C, page 113) **or**

❑ Individuals recently exiting homelessness/becoming housed within the last 24 months **or**

❑ Individuals whose housing stability would be improved through the Day Habilitation Program

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HOME MODIFICATION/ENVIRONMENTAL ADAPTATIONS

- ❑ Documentation that member is at risk for nursing facility admission without the requested modification
- ❑ Physical and/or Occupational Therapy Assessment
  - •Documentation assessing the member's status that demonstrates how/why the modification is necessary
  - •Documentation that similar equipment has been tried and did not work and why.
- ❑ MD order for the requested equipment service
- ❑ Documentation of denial from medical insurance that this equipment is not covered under the DME benefit.
- ❑ Documentation of the home visit showing suitability of the requested modification
- ❑ Documentation of permission from homeowner for modification
- ❑ Documentation that the homeowner has been informed that these modifications are permanent, and that the State and or health plan is not responsible for maintenance or repair of any modification nor for removal of any modification if the Member ceases to reside at the residence
- ❑ Cost estimates for home modification
  - •Prefer 2 estimates, when possible, but not required
- ❑ Documentation of licensed contractor contracted to complete the modification
- ❑ Member has not used $7500.00 lifetime max

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THANK YOU!

Health Plan of San Joaquin

Mountain Valley Health Plan

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