

## **Community Supports Criteria**

### **Housing Transition/Navigation Services**

#### **Eligibility Criteria**

- ☐ Are prioritized for a permanent supportive housing unit or rental subsidy resource through a local Coordinated Entry System (CES).
- ☐ Meet the Housing and Urban Development (HUD) definition of homeless.
- ☐ Meet the definition of an individual experiencing chronic homelessness.
- ☐ Meet the HUD definition of at risk of homelessness.
- ☐ Are determined to be at risk of experiencing homelessness.
- ☐ Meet the State's No-Place-Like-Home definition of "at risk of chronic homelessness."

#### **Restrictions and Limitations**

- Housing Transition/Navigation services must be identified as reasonable and necessary in the individual's individualized housing support plan.

### **Housing Deposit**

#### **Eligibility Criteria**

- ☐ Received Housing Transition/Navigation Services Community Supports in counties that offer Housing Transition/Navigation Services.
- ☐ Are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless CBO.
- ☐ Meet the Housing and Urban Development (HUD) definition of homeless.
- ☐ Meet the HUD definition of at risk of homelessness.
- ☐ Are determined to be at risk of experiencing homelessness.
- ☐ Meet the State's No-Place-Like-Home definition of "at risk of chronic homelessness."

#### **Restrictions and Limitations**

- Only available in an individual'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.
- Must be identified as reasonable and necessary in the individual's individualized housing support plan and are available only when the enrollee is unable to meet such expense.
- Individuals must also receive at a minimum, the associated tenant screening, housing assessment and individualized housing support plan in conjunction with this service.
- The housing deposit may be used to secure a one-time service/funding to enable a person to establish a basic household that does not constitute room and board (ie first and last month's rent) or payment of rental assistance.

Security deposit in alignment with California Civil Code section 1950.5.

## Housing Tenancy & Sustaining Services

### Eligibility Criteria

- ☐ Received Housing Transition/Navigation Services Community Supports in counties that offer Housing Transition/Navigation Services (but this is not a requirement)
- ☐ Are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless CBO.
- ☐ Meet the Housing and Urban Development (HUD) definition of homeless
- ☐ Meet the definition of an individual experiencing chronic homelessness
- ☐ Meet the HUD definition of at risk of homelessness
- ☐ Are determined to be at risk of experiencing homelessness
- ☐ Meet the State's No-Place-Like-Home definition of "at risk of chronic homelessness"

### Restrictions and Limitations

- These services are available from the initiation of services through the time when the individual's housing support plan determines they are no longer needed.
- These services must be identified as reasonable and necessary in the individual's individualized housing support plan and are available only when the enrollee is unable to successfully maintain longer-term housing without such assistance.
- Many individuals 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 requirement.

## Short-Term Post-Hospitalization Housing (STPHH - Room and Board Services)

### Eligibility Criteria

- ☐ Members are eligible if they meet all the following criteria:  
Exiting an inpatient hospital stay such as an acute or psychiatric or chemical dependency and recover hospital; residential substance use disorder (SUD) treatment or recovery facility; residential mental health treatment facility; correction facility; or nursing facility.

AND

- ☐ Experiencing or at risk of homelessness.

AND

- ☐ Meet one of the following criteria:  
Are receiving ECM  
have one or more serious chronic conditions  
have a serious mental illness, or  
Are at risk of institutionalization or requiring residential services as a result of SUD

AND

- ☐ Have ongoing physical or behavioral health needs as determined by a qualified health professional that would otherwise require continued institutional care if not for STPHH.

## Restrictions and Limitations

- Limited to six months (182 days) within a rolling 12-month period under the global cap. Member may not receive more than a combined six months (182 days) of STPHH and recuperative care services during any rolling 12-month period.

## Recuperative Care (Room and Board Services)

### Eligibility Criteria

- ☐ Individuals requiring recovery in order to heal from an injury or illness AND
- ☐ Experiencing or at risk of homelessness
- ☐ An individual need not be exiting an institution to qualify but must have been determined by a contracted Partnership provider or by clinical Partnership staff to have medical needs significant enough to result in ED visit, hospital admissions or other institutional care.

### Restrictions and Limitations

- Limited to six months (182 days) within a rolling 12-month period under the global cap. Member may not receive more than a combined six months (182 days) of STPHH and recuperative care services during any rolling 12-month period.

## Medically Tailored Meals/Groceries (MTM/Gs)

### Eligibility Criteria

- ☐ Individuals who have chronic or other serious health conditions that are nutrition sensitive, such as (but not limited to): cancer(s), cardiovascular disorders, chronic kidney disease, chronic lung disorders or other pulmonary conditions such as asthma/COPD, heart failure, diabetes or other metabolic conditions, elevated lead levels, end-stage renal disease, high cholesterol, human immunodeficiency virus, hypertension, liver disease, dyslipidemia, fatty liver, malnutrition, obesity, stroke, gastrointestinal disorders, gestational diabetes, high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders ☐

### Restrictions and Limitations

For member's meeting criteria:

- MTM/MTG can be authorized for up to 12 weeks.
- Providers can request additional services via a new authorization. Additional services will require a report from the nutritionist or registered dietician outlining:
  - The educational interventions to date identifying any member improvements to date,
  - An explanation of why the member could not achieve stated goals during the initial authorization period,
  - Any changes of medical condition(s) the member may have as documented by a

- medical provider if applicable, and
  - How additional services would likely lead to member success and/or completion of goals.
- Requests for additional services beyond the 12-week period will not be approved if one or more of the following apply:
    - The member and/or the member's authorized representative were unable or unwilling to engage with MTM/G staff and/or RDNs,
    - No progress towards document goals,
    - Meals and/or groceries are not being consumed by the member,
    - As applicable, referrals to appropriate community programs for food insecurity or disparity are not made, and/or
    - Other requirements of the program pursuant to DHCS Community Support policy guidance are not being met in the initial period.
  - Members should receive no less than one documented nutritional education session from an RDN within the first 30 days and a total of three (3) other touches from program staff within the 12-week period.
  - Meals, food, payments, and nutrition services that are eligible for or reimbursed by alternate programs for the Member cannot be funded or counted by MCPs as an MTM/MSF.
  - Per DHCS, MTM/G is not covered to respond to or address food insecurities and/or food disparities. Members experiencing food insecurities, shortages or disparities shall be referred to the appropriate community program. (ex CalFresh, Meals on Wheels, etc.)

## **Respite Services (Effective January 1, 2023)**

### **Eligibility Criteria**

- ☐ Individuals who live in the community and are compromised in their Activities of Daily Living (ADLs) and are therefore dependent upon a qualified caregiver who provides most of their support, and who require caregiver relief to avoid institutional placement.
- ☐ Other subsets may include children who previously were covered for Respite Services under the Pediatric Palliative Care Waiver, foster care program beneficiaries, beneficiaries enrolled in California Children's Services, and Genetically Handicapped Persons Program (GHPP), and Clients with Complex Care Needs.

### **Restrictions and Limitations**

- In the home setting, these services, in combination with any direct care services the member is receiving, may not exceed 24 hours per day of care.
- Service limit is up to 336 hours per calendar year.
- This service is only to avoid placements for which the Medi-Cal managed care plan would be responsible.

## **Personal Care & Homemaker Services (Effective January 1, 2023)**

### **Eligibility Criteria**

- ☐ Individuals at risk for hospitalization, or institutionalization in a nursing facility.
- ☐ Individuals with functional deficits and no other adequate support system.
- ☐ Individuals approved for In-Home Supportive Services. Eligibility criteria can be found at: <http://www.cdss.ca.gov/In-Home-Supportive-Services>.

### **Restrictions and Limitations**

- This service cannot be utilized in lieu of referring to the In-Home Supportive Services program. Member must be referred to the In-Home Supportive Services program when they meet referral criteria.
- If a member receiving Personal Care and Homemaker services has any change in their current condition, they must be referred to In-Home Supportive Services for reassessment and determination of additional hours. Members may continue to receive Personal Care and Homemaker services during this reassessment waiting period.

## Sobering Centers (Effective July 1, 2024)

### Eligibility Criteria

- ☐ Individuals ages 18 and older who are intoxicated but conscious, cooperative, able to walk, nonviolent, free from any medical distress (including life threatening withdrawal symptoms or apparent underlying symptoms), and who otherwise can be transported to the emergency department or a jail or who presented at an emergency department and are appropriate to be diverted to a Sobering Center

### Restrictions and Limitations

- This service is covered for a duration of less than 24 hours.
- This service shall supplement and not supplant services received by the Member through other State, local, or federally-funded programs, in accordance with the CalAIM Special Terms and Conditions (STCs) and federal DHCS guidance.

## Day Habilitation Program (Effective January 1, 2025)

### Eligibility Criteria

- ☐ Individuals experiencing homelessness
- ☐ Individuals who exited homelessness and entered housing in the last 24 months
- ☐ Individuals at risk of homelessness or institutionalization whose housing stability could be improved through participation in day habilitation program

### Restrictions and Limitations

- This service shall supplement and not supplant services received by the Member through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal DHCS guidance.

## Asthma Remediation (Effective January 1, 2026)

### Eligibility Criteria

- ☐ Member must have poorly controlled asthma and criteria is as follows:
  - An emergency department visit or hospitalization or two sick or urgent care visits due to asthma in the past 12 months **OR**
  - Asthma Control Test score of 19 or lower **OR**
  - Recommendation from a licensed health care provider
- ☐ Documentation required:
  - An emergency department visit or hospitalization or two sick or urgent care visits due to asthma in the past 12 months **OR**
  - Asthma Control Test score of 19 or lower **OR**
  - Recommendation from a licensed health care provider

- Along with an in-home environmental trigger assessment performed within the last 12 months, the following information is required:
  - Date of Home Visit
  - Date of Scheduled Home Visit

## **Restrictions and Limitations**

- Supplies and/or physical modifications included but not limited to:
  - High-Efficiency Particulate Air (HEPA) filtered vacuums
  - Allergen-impermeable mattress and pillow dustcovers
  - Integrated Pest Management (IPM) services
  - De-humidifiers
  - Mechanical air filters/air cleaners
  - Other moisture-controlling interventions
  - Minor mold removal and remediation services
  - Ventilation improvements
  - Asthma-friendly cleaning products and supplies
  - Other interventions identified to be medically appropriate for the management and treatment of asthma.
- Asthma Remediation home modifications are limited to those that are of direct medical or remedial benefit to the member and exclude adaptations or improvements that are of general utility to the household. Remediations may include finishing (e.g., drywall and painting) to return the home to a habitable condition, but do not include aesthetic embellishments
- The services are available in a home that is owned, rented, leased, or occupied by the member or their caregiver.
- Services provided to a member need not be carried out at the same time but maybe spread over time, subject to lifetime total maximum of \$7,500.
- Before commencement of a permanent physical adaptation to the home or installation of equipment in the home, such as installation of an exhaust fan or replacement of moldy drywall, Partnership must provide the owner and member with written documentation that the modifications are permanent and that the State 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. This requirement does not apply to the provision of supplies that are not permanent adaptations or installations, including but not limited to: allergen-impermeable mattress and pillow dust covers, high-efficiency particulate air (HEPA) filtered vacuum, de-humidifiers, portable air filters, and asthma-friendly cleaning products and supplies.
- Physical adaptation to a residence covered by Asthma Remediation must be performed by an individual holding a California Contractor's License.