



Authorization Guide for Housing Transition Navigation Services

Housing transition navigation services assist members with obtaining housing.

Members must meet the following criteria to qualify for Housing Transition Navigation Services:

Program overview

- Tenant screening and housing assessment that identifies the member's preferences and barriers related to successful tenancy.
- Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the member's approach to meeting the goals, and identifies when other providers or services are needed.
- Searching for housing and presenting options.
- Assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
- Assisting with benefits advocacy, including assistance with obtaining identification and documentation for Supplemental Security Income (SSI) eligibility and supporting the SSI application process.
- Identifying and securing available resources to assist with subsidizing rent and matching available rental subsidy resources to members.
- Identifying and securing resources to cover expenses.¹
- Assisting with requests for reasonable accommodation, if necessary.
- Educating and engaging with landlords.
- Ensuring that the living environment is safe and ready for move in.
- Communicating and advocating on behalf of the member with landlords.
- Assisting with arranging for and supporting the details of the move. Provided to members on site in the recuperative care facility.
- Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.
- Identifying, coordinating, securing, or funding non-emergency, nonmedical transportation to assist members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day.
- Identifying and coordinating environmental modifications to install necessary accommodations for accessibility. (See Authorization Guide for Environmental Accessibility Adaptations Community Support on the <u>CalAIM Resources for Providers</u> page.)

Required documentation

An individual assessment of needs and documented as reasonable and necessary in the member's individualized housing support plan.

Eligibility

Community Health Plan of Imperial Valley (CHPIV) is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

¹One-time expenses: Actual payment of these housing deposits and move-in expenses is a separate in-lieu service under Housing Deposits.





- Individuals 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
- Individuals who meet the U.S. 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 disorder²; or
- Individuals who meet the HUD definition of at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations: (see page 3).

Authorization

Initial authorization is for a period of 12 months.

Authorization extension

Extensions allow up to 18 months (initial 12 months and 6-month extension), with process to review and extend in 6-month increments based on need.

Restrictions

- Housing Transition/Navigation services must be identified as reasonable and necessary in the individual's individualized housing support plan.
- Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other state, local, or federally funded programs.

Codes

- H0043 U6 Supported housing.
- Do not use H2016 Comprehensive Community support services.

Unit of service: Per diem

Total lifetime maximum

N/A

Eligible providers

Allowable CS providers must have experience and expertise with providing housing-related services and supports in a culturally and linguistically appropriate manner. Provider must use best practices in rendering services.³

Section 91.5 of Title 24 of the Code of Federal Regulations

²Examples of qualifying institutionalization or residential services: hospitals, correctional facilities, mental health residential treatment facilities, substance use disorder residential treatment facilities, recovery residences, institutions for mental diseases, and state hospitals.

³Examples of possible providers: Vocational services agencies, providers of services for individuals experiencing homelessness, life skills training and education providers, county agencies, public hospital systems, mental health or substance use disorder treatment providers, including county behavioral health agencies, social services agencies, affordable housing providers, supportive housing providers, federally qualified health centers and rural health clinics.





- 1. An individual or family who:
 - Has an annual income below 30 percent of median family income for the area, as determined by HUD.
 - 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 another place described in paragraph (1) of the "Homeless" definition in this section; and
 - Meets one of the following conditions:
 - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - Is living in the home of another because of economic hardship;
 - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
 - Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, state, or local government programs for low-income individuals;
 - 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 U.S. Census Bureau;
 - Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution);
 or
 - 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 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 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.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.
- 4. Individuals who are determined to be at risk of experiencing homelessness are eligible to receive Housing Transition Navigation services if they have significant barriers to housing stability and meet at least one of the following:
 - Have one or more serious chronic conditions;
 - Have a serious mental illness;
 - Are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder or have a serious emotional disturbance (children and adolescents);
 - Are receiving Enhanced Care Management; or
 - Are a transition-age youth with significant barriers to housing stability.⁴

⁴Examples of Transition-Age Youth with significant barriers to housing stability: one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have serious mental illness and/or are children or adolescents with serious emotional disturbance and/or who have been victims of trafficking or domestic violence.