

Authorization Guide for Transitional Rent

Transitional Rent provides up to six months of rental assistance in interim and permanent settings to members who are experiencing or at risk of homelessness, have certain clinical risk factors, and have either recently undergone a critical life transition (such as exiting an institutional or carceral setting or foster care) or who meet other specified eligibility criteria.

Members must meet the following criteria to qualify for Transitional Rent:

Policies governing Transitional Rent	Required documentation
<p>(1) Ensure a connection to long-term housing supports, such as rental subsidies, for members receiving Transitional Rent to provide a pathway to housing stability and prevent a return to homelessness.</p> <p>(2) Use the temporary housing stability afforded by transitional rent as an opportunity to help members connect to needed health care services.</p> <p>(3) Minimize administrative barriers (without compromising program integrity), so that members experiencing or at risk of homelessness can readily access Transitional Rent.</p>	<p>(1) Transitional Rent Authorization Form</p> <p>(2) Housing Inspection Form</p> <p>(3) Housing Support Plan, which must include:</p> <ul style="list-style-type: none"> The permanent housing strategy and solution for the member (must document member income, BHSA Housing Voucher, or other long-term subsidies) <p>(4) Housing setting</p> <ul style="list-style-type: none"> Permanent: Pending Lease Agreement or Intent to Rent Interim: Room/Bed Agreement or equivalent <p>Note: Other documents as needed to verify review of service needs.</p>
Eligibility	
<p>(1) Clinical risk factor requirement: Must have one of more of the following qualifying clinical risk factors: Meets the access criteria for Medi-Cal Specialty Mental Health Services (SMHS)¹ or meets the access criteria for Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS).</p> <p>AND</p> <p>(2) Social risk factor requirement: Experiencing or at risk of homelessness.²</p> <p>AND</p> <p>(3) Individual must meet one of the following requirements:</p> <p>a) Transitioning population requirement: Must be included within one of the following transitioning populations;</p> <p>(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.</p>	

¹See Appendix D for the SMHS access criteria in [Community Supports Policy Guide Volume 2](#).

²The definition of experiencing or at risk of homelessness is based on the U.S. Department of Housing and Urban Development's (HUD's) definitions with three modifications as detailed in Appendix C in [Community Supports Policy Guide Volume 2](#).

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(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 Post-Hospitalization 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.³

(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:⁴ Individuals or families with a primary night-time 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;⁵ **OR**

c) Eligible for Full-Service Partnership (FSP):⁶ 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.⁷

Additional details on eligibility criterion #3 above:

» **For Transitioning populations (i)-(iv) above:** A member must receive authorization for Transitional Rent within six months (i.e., within 182 days)⁸ of the transition event (e.g., date of discharge, date of release). For six months from the date of authorization, the member may use the Transitional Rent benefit without a redetermination of eligibility.

» **For Transitioning population (v) above (transitioning of foster care):** Members transitioning out of foster care on or after their 18th birthday are eligible to receive transitional rent, assuming satisfaction of the other eligibility requirements, until their 26th birthday and may be authorized at any time during this window. For six months from the date of authorization, the member may use the transitional rent benefit without a redetermination of eligibility.

» **For individuals experiencing unsheltered homelessness:** Members experiencing unsheltered homelessness, assuming satisfaction of the clinical risk factor eligibility requirement, may be authorized at any time. For six months from the date of authorization, the member may use the Transitional Rent benefit without a redetermination of eligibility.

» **For individuals who are FSP-eligible:** Members eligible for FSP, assuming satisfaction of the social risk factor eligibility requirement (experiencing or at risk of homelessness),⁹ may be authorized at any time. For six months from the date of authorization, the member may use the Transitional Rent benefit without a redetermination of eligibility.

³When covered by Medi-Cal managed care, a member may not receive more than a combined six months of Short-Term Post-Hospitalization Housing, Recuperative Care and Transitional Rent during any rolling 12-month period (see Section IV for additional details).

⁴An individual experiencing unsheltered homelessness meets eligibility criterion #3 and does not need to meet an additional transitioning population requirement.

⁵As described in part (1)(i) of the definition of homeless at 24 CFR section 91.5.

⁶An individual eligible for FSP meets eligibility criterion #3 and does not need to meet an additional transitioning population requirement.

⁷FSP eligibility criteria is detailed in Appendix E in [Community Supports Policy Guide Volume 2](#).

⁸Each reference to six months hereinafter is also defined as a period 182 days.

⁹Note that all FSP-eligible members will meet the clinical risk factor criteria because all FSP-eligible members meet the access criteria for SMHS, DMC or DMC-ODS.

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Authorization

Initial authorization: Transitional Rent is up to six months subject to the global cap on room and board services.¹⁰

Note: Upon move-in, Transitional Rent must be requested within 30 calendar days of the move-in date listed on the lease agreement or interim setting agreement.

If the member discontinues receipt of Transitional Rent after a period of less than six months (e.g., returning to unsheltered homelessness after a two-month stay in an interim setting), and then seeks to utilize Transitional Rent again, the Plan must re-assess eligibility prior to authorizing.

Restrictions

(a) Transitional Rent services are available once within the demonstration period.¹¹

(b) The Plan will only approve payments for the actual cost of rental assistance or temporary housing provided to landlords or property owners. If the rate exceeds the monthly reimbursable ceilings, the provider must negotiate the rent or temporary housing costs to align with the established reimbursable limits.¹²

Codes

Please use the code listed in the provider's contract agreement.

- **Permanent settings code H0044; U6 Modifier**
- **Interim settings code: H0043; U2 Modifier**

Allowable providers

Providers must have experience and expertise with providing housing-related services and supports in a culturally and linguistically appropriate manner. Providers must use best practices in rendering services.¹³

¹⁰Short-Term Post-Hospitalization Housing and Recuperative Care are authorized under California's CalAIM waiver, and Transitional Rent is authorized under the BH-CONNECT waiver. These waivers establish a "global cap" on coverage of Short-Term Post-Hospitalization Housing, Recuperative Care and Transitional Rent, all three of which are referred to in the waivers as "room and board" services. Under the cap, coverage is limited to six months of room and board services per member within a rolling 12-month period. This means that a member may not receive more than a combined six months of Short-Term Post-Hospitalization Housing, Recuperative Care and Transitional Rent during any rolling 12-month period. Refer to Community Supports Policy Guide Volume 2 for more information.

¹¹<https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide-Volume-2.pdf>.

¹²<https://www.dhcs.ca.gov/services/Documents/DirectedPymts/Transitional-Rent-Payment-Methodology.pdf>.

¹³Examples of providers include but are not limited to: Interim housing facilities with additional on-site support, shelter beds with additional on-site support; converted homes with additional on-site support; county directly operated or contracted recuperative care facilities; supportive housing providers; county agencies; public hospital systems; social service agencies; providers of services for individuals experiencing homelessness.