

# **Authorization Guide for Housing Deposit**

Housing Deposits assist with identifying, coordinating, securing or funding one-time services and modifications necessary to enable a person to establish a basic household.

Members must meet the following criteria to qualify for Housing Deposits:

Program overview	Required documentation
<ul> <li>Security deposits required to obtain a lease on an apartment or home.</li> <li>Setup fees/deposits for utilities or service access and utility arrearages.</li> <li>First-month coverage of utilities.<sup>1</sup></li> </ul>	Assessment of members' housing needs with pertinent details regarding need for support. This may include:  Pending lease document.  Medi-Cal durable medical equipment (DME) denial letter.  Invoice for cleaning/pest service.  Other documents as needed to verify review of service needs.
<ul> <li>First month and last month's rent as required by landlord for occupancy.</li> </ul>	
<ul> <li>Services necessary for the individual's health and safety.<sup>2</sup></li> </ul>	
<ul> <li>Goods such as an air conditioner or heater, and other medically necessary adaptive aids and services designed to preserve an individual's health and safety in the home.<sup>3</sup></li> </ul>	
<ul> <li>Total lifetime maximum: \$6,000</li> </ul>	

## **Eligibility**

- Individuals who received Housing Transition Navigation Services in counties that offer this service.
- 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 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 disorder.<sup>4</sup>

<sup>&</sup>lt;sup>1</sup>Including but not limited to telephone, gas, electricity, heating, and water.

<sup>&</sup>lt;sup>2</sup>Such as pest eradication and one-time cleaning prior to occupancy.

<sup>&</sup>lt;sup>3</sup>Such as hospital beds, Hoyer lifts, air filters, and specialized cleaning or pest control supplies etc.

<sup>&</sup>lt;sup>4</sup>Examples 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.

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#### **Authorization**

Initial authorization is for 12 months.

**Note**: Once a member is determined eligible and authorized for Housing Deposits, the member is authorized to receive the service at any time during a 12-month period, from the authorization approval date.

**Authorization extension**: If service extension is needed, the provider must submit a new authorization and referral form. Extensions are approved in 90 days increments.

### Restrictions

- Housing Deposits are available once in an individual's lifetime.<sup>5</sup>
- These services must be identified as reasonable and necessary in the individualized housing support plan.
- Individuals must also receive Housing Transition Navigation services (at a minimum, the associated tenant screening, housing assessment, and individualized housing support plan) in conjunction with the services.
- Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other state, local, or federally funded programs.
- Services do not include the provision of room and board or payment of ongoing rental costs beyond the first and last months' coverage.

## **Codes**

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

H0044 supported housing, per month, U2

## **Eligible providers**

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.<sup>6</sup>

For more information on housing related items covered under the Housing Deposit Community Support, please refer to the *Housing Deposit Item List Example* in the **Forms & Tools** section under Community Supports (CS).

<sup>&</sup>lt;sup>5</sup>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.

<sup>&</sup>lt;sup>6</sup>Examples of Provider: include but 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.