Behavioral Health Advisory Board General Meeting

Discussion Item

Strengthening Community Navigation for Transitional Rent

Transitional Rent provides short-term rental support through Managed Care Plans to help eligible Medi-Cal members move into more stable housing with support from healthcare, housing, and community partners.

Thursday, June 4, 2026

Partnership Framework

State Policy, Oversight and Program Requirements

DHCS sets the statewide rules and requirements for how Transitional Rent works.

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Transitional Rent (TR) Authorization

Managed Care Plans (MCPs) are responsible for administering the TR benefit as a Medi-Cal Community Support.

blue california
Promise Health Plan

KAISER PERMANENTE

Community Health Group

MOLINA HEALTHCARE

System Coordination and BHSA Alignment

BHS supports cross-system coordination among MCPs, housing partners, and County systems to facilitate effective implementation.

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

BRILLIANT CORNERS

Local TR Provider and Flex Pool Administrator

*Brilliant Corners will administer TR for MCPs specifically within the **County's Flex Housing Pool Pilot**.*

Transitional Rent: A Coordinated Benefit

- TR is not intended to function as a standalone rental subsidy.

- Under DHCS guidance and the broader Medi-Cal Housing Support Services framework, TR is generally meant to be paired with ongoing housing and support services.

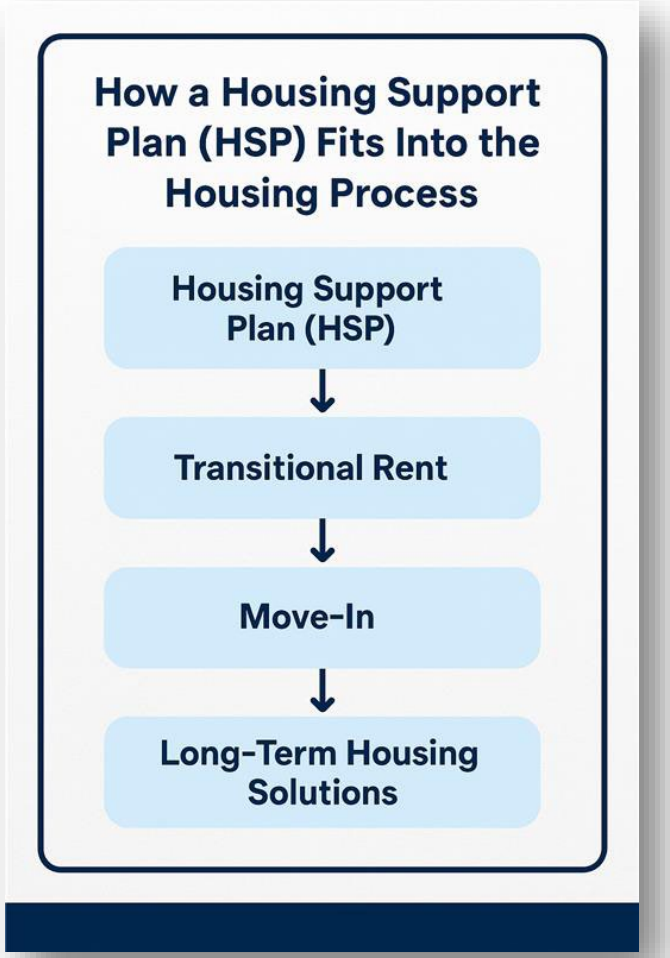
- To receive TR, members must:
  - qualify for an eligible housing setting **and**
  - complete a Housing Support Plan (HSP).



Housing Support Plan (HSP)

- Helps identify a person's housing needs and support services
  - Daily living needs
  - Challenges to getting or keeping housing
  - Services and supports the person may need
  - How the person plans to stay housed after TR ends
  - Built around the person's individual situation and goals

- Helps everyone involved work from the same plan (clarity across partners – MCPs, County, Flex Pool, providers)
  - Confirming eligibility
  - Verifying a unit meets requirements
  - Understanding what tenancy supports will be needed
  - Sequencing TR and longer-term subsidies



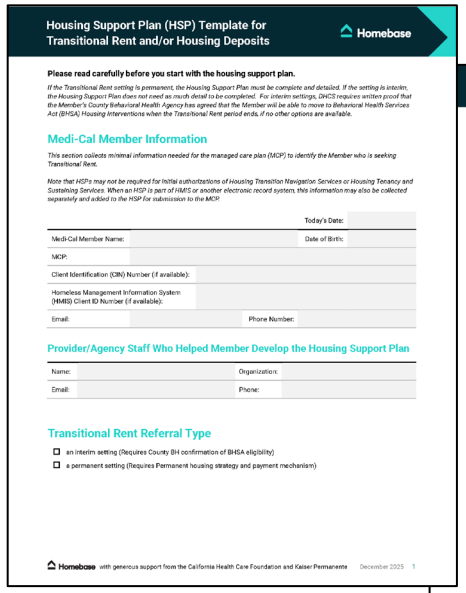
HSP template example

Homebase

SCAN ME

Learn More

bit.ly/HSPtemplate



Housing Support Plan (HSP) Template for Transitional Rent and/or Housing Deposits

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Please read carefully before you start with the housing support plan.

If the Transitional Rent setting is permanent, the Housing Support Plan must be complete and detailed. If the setting is interim, the Housing Support Plan does not need as much detail to be completed. For interim settings, DHCS requires written proof that the Member's County Behavioral Health Agency has agreed that the Member will be able to move to Behavioral Health Services Act (BHSA) Housing Interventions when the Transitional Rent period ends, if no other options are available.

Medi-Cal Member Information

This section collects minimal information needed for the managed care plan (MCP) to identify the Member who is seeking Transitional Rent.

Note that HSPs may not be required for initial authorizations of Housing Transition Navigation Services or Housing Tenancy and Sustaining Services. When an HSP is part of HMIS or another electronic record system, this information may also be collected separately and added to the HSP for submission to the MCP.

		Today's Date:	
Medi-Cal Member Name:		Date of Birth:	
MCP:			
Client Identification (CIN) Number (if available):			
Homeless Management Information System (HMIS) Client ID Number (if available):			
Email:		Phone Number:	

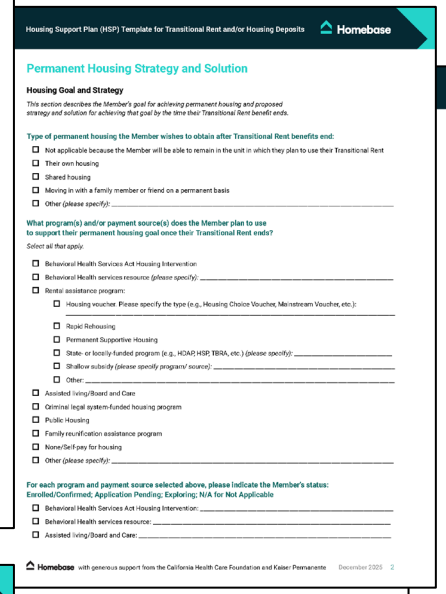
Provider/Agency Staff Who Helped Member Develop the Housing Support Plan

Name:		Organization:	
Email:		Phone:	

Transitional Rent Referral Type

- ☐ an interim setting (Requires County BH confirmation of BHSA eligibility)
- ☐ a permanent setting (Requires Permanent housing strategy and payment mechanism)

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Housing Support Plan (HSP) Template for Transitional Rent and/or Housing Deposits

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Permanent Housing Strategy and Solution

Housing Goal and Strategy

This section describes the Member's goal for achieving permanent housing and proposed strategy and solution for achieving that goal by the time their Transitional Rent benefit ends.

Type of permanent housing the Member wishes to obtain after Transitional Rent benefits end:

- ☐ Not applicable because the Member will be able to remain in the unit in which they plan to use their Transitional Rent
- ☐ Their own housing
- ☐ Shared housing
- ☐ Moving in with a family member or friend on a permanent basis
- ☐ Other *(please specify)*: _____

What program(s) and/or payment source(s) does the Member plan to use to support their permanent housing goal once their Transitional Rent ends?

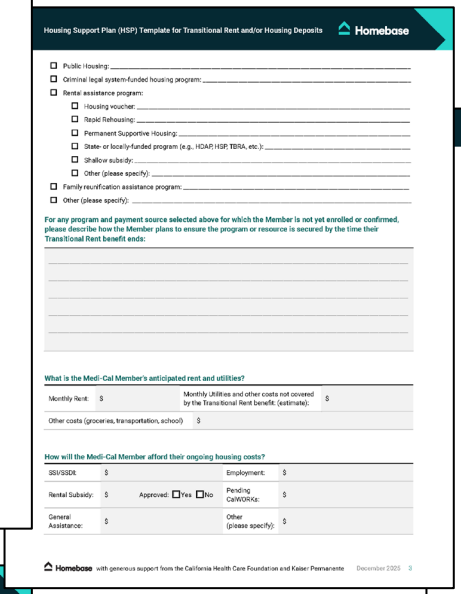
Select all that apply.

- ☐ Behavioral Health Services Act Housing Intervention:
- ☐ Behavioral Health services resource *(please specify)*: _____
- ☐ Rental assistance program:
  - ☐ Housing voucher. Please specify the type (e.g., Housing Choice Voucher, Mainstream Voucher, etc.): _____
  - ☐ Rapid Rehousing
  - ☐ Permanent Supportive Housing
  - ☐ State- or locally-funded program (e.g., HDAP, HSP, TBRA, etc.) *(please specify)*: _____
  - ☐ Shallow subsidy *(please specify program/ source)*: _____
  - ☐ Other: _____
- ☐ Assisted living/Board and Care
- ☐ Criminal legal system-funded housing program
- ☐ Public Housing
- ☐ Family reunification assistance program
- ☐ None/Self-pay for housing
- ☐ Other *(please specify)*: _____

For each program and payment source selected above, please indicate the Member's status: Enrolled/Confirmed; Application Pending; Exploring; N/A for Not Applicable

- ☐ Behavioral Health Services Act Housing Intervention: _____
- ☐ Behavioral Health services resource: _____
- ☐ Assisted living/Board and Care: _____

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- ☐ Public Housing: _____
- ☐ Criminal legal system-funded housing program: _____
- ☐ Rental assistance program:
  - ☐ Housing voucher: _____
  - ☐ Rapid Rehousing: _____
  - ☐ Permanent Supportive Housing: _____
  - ☐ State- or locally-funded program (e.g., HDAP, HSP, TBRA, etc.): _____
  - ☐ Shallow subsidy: _____
  - ☐ Other (please specify): _____
- ☐ Family reunification assistance program: _____
- ☐ Other (please specify): _____

For any program and payment source selected above for which the Member is not yet enrolled or confirmed, please describe how the Member plans to ensure the program or resource is secured by the time their Transitional Rent benefit ends:

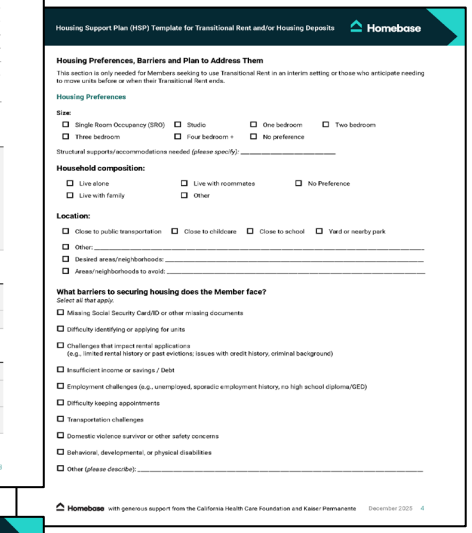
What is the Medi-Cal Member's anticipated rent and utilities?

Monthly Rent:	$	Monthly Utilities and other costs not covered by the Transitional Rent benefit: (estimate):	$
Other costs (groceries, transportation, school)	$		

How will the Medi-Cal Member afford their ongoing housing costs?

SSI/SSDI:	$	Employment:	$
Rental Subsidy:	$ Approved: ☐Yes ☐No	Pending CalWORKs:	$
General Assistance:	$	Other (please specify):	$

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Housing Support Plan (HSP) Template for Transitional Rent and/or Housing Deposits

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Housing Preferences, Barriers and Plan to Address Them

This section is only needed for Members seeking to use Transitional Rent in an interim setting or those who anticipate needing to move units before or when their Transitional Rent ends.

Housing Preferences

Size:

- ☐ Single Room Occupancy (SRO)
- ☐ Studio
- ☐ One bedroom
- ☐ Two bedroom
- ☐ Three bedroom
- ☐ Four bedroom +
- ☐ No preference

Structural supports/accommodations needed *(please specify)*: _____

Household composition:

- ☐ Live alone
- ☐ Live with roommates
- ☐ No Preference
- ☐ Live with family
- ☐ Other

Location:

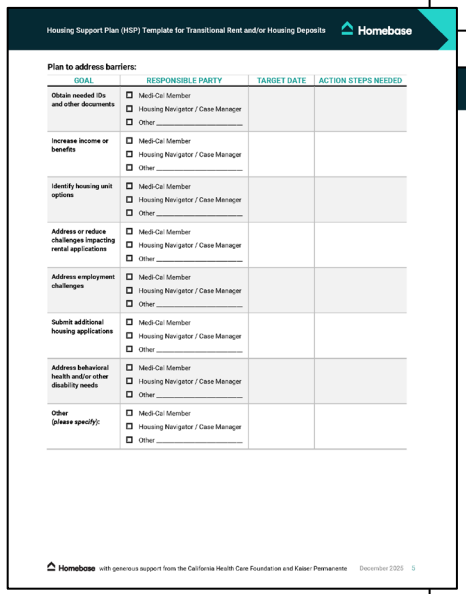
- ☐ Close to public transportation
- ☐ Close to childcare
- ☐ Close to school
- ☐ Yard or nearby park
- ☐ Other: _____
- ☐ Desired areas/neighborhoods: _____
- ☐ Areas/neighborhoods to avoid: _____

What barriers to securing housing does the Member face?

Select all that apply.

- ☐ Missing Social Security Card/ID or other missing documents
- ☐ Difficulty identifying or applying for units
- ☐ Challenges that impact rental applications (e.g., limited rental history or past evictions; issues with credit history; criminal background)
- ☐ Insufficient income or savings / Debt
- ☐ Employment challenges (e.g., unemployed, sporadic employment history, no high school diploma/GED)
- ☐ Difficulty keeping appointments
- ☐ Transportation challenges
- ☐ Domestic violence survivor or other safety concerns
- ☐ Behavioral, developmental, or physical disabilities
- ☐ Other *(please describe)*: _____

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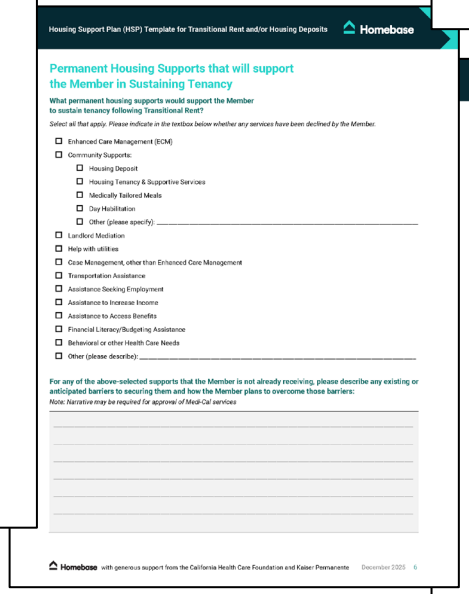
Housing Support Plan (HSP) Template for Transitional Rent and/or Housing Deposits

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Plan to address barriers:

GOAL	RESPONSIBLE PARTY	TARGET DATE	ACTION STEPS NEEDED
Obtain needed IDs and other documents	☐ Medi-Cal Member ☐ Housing Navigator / Case Manager ☐ Other _____		
Increase income or benefits	☐ Medi-Cal Member ☐ Housing Navigator / Case Manager ☐ Other _____		
Identify housing unit options	☐ Medi-Cal Member ☐ Housing Navigator / Case Manager ☐ Other _____		
Address or reduce challenges impacting rental applications	☐ Medi-Cal Member ☐ Housing Navigator / Case Manager ☐ Other _____		
Address employment challenges	☐ Medi-Cal Member ☐ Housing Navigator / Case Manager ☐ Other _____		
Submit additional housing applications	☐ Medi-Cal Member ☐ Housing Navigator / Case Manager ☐ Other _____		
Address behavioral health and/or other disability needs	☐ Medi-Cal Member ☐ Housing Navigator / Case Manager ☐ Other _____		
Other (please specify):	☐ Medi-Cal Member ☐ Housing Navigator / Case Manager ☐ Other _____		

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Housing Support Plan (HSP) Template for Transitional Rent and/or Housing Deposits

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Permanent Housing Supports that will support the Member in Sustaining Tenancy

What permanent housing supports would support the Member to sustain tenancy following Transitional Rent?

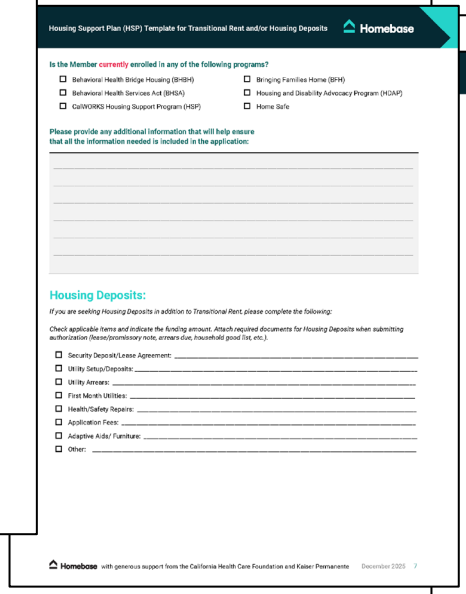
Select all that apply. Please indicate in the textbox below whether any services have been declined by the Member.

- ☐ Enhanced Care Management (ECM)
- ☐ Community Supports:
  - ☐ Housing Deposit
  - ☐ Housing Tenancy & Supportive Services
  - ☐ Medically Tailored Meals
  - ☐ Day Habilitation
  - ☐ Other (please specify): _____
- ☐ Landlord Mediation
- ☐ Help with utilities
- ☐ Case Management, other than Enhanced Care Management
- ☐ Transportation Assistance
- ☐ Assistance Seeking Employment
- ☐ Assistance to Increase Income
- ☐ Assistance to Access Benefits
- ☐ Financial Literacy/Budgeting Assistance
- ☐ Behavioral or other Health Care Needs
- ☐ Other (please describe): _____

For any of the above-selected supports that the Member is not already receiving, please describe any existing or anticipated barriers to securing them and how the Member plans to overcome those barriers:

Note: Narrative may be required for approval of Medi-Cal services

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Is the Member currently enrolled in any of the following programs?

- ☐ Behavioral Health Bridge Housing (BHBH)
- ☐ Behavioral Health Services Act (BHSA)
- ☐ CalWORKS Housing Support Program (HSP)
- ☐ Bringing Families Home (BFH)
- ☐ Housing and Disability Advocacy Program (HDAP)
- ☐ Home Safe

Please provide any additional information that will help ensure that all the information needed is included in the application:

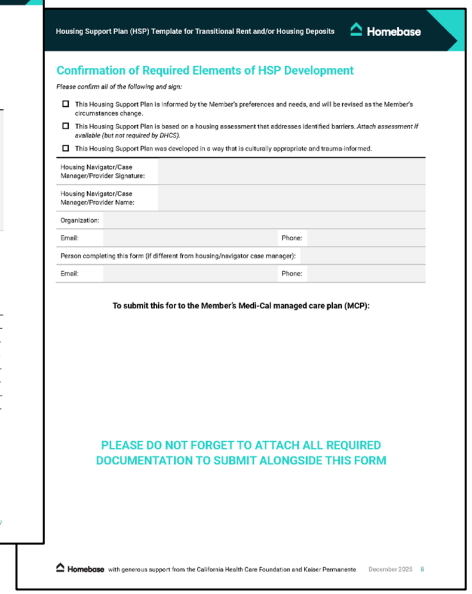
Housing Deposits:

If you are seeking Housing Deposits in addition to Transitional Rent, please complete the following:

Check applicable items and indicate the funding amount. Attach required documents for Housing Deposits when submitting authorization (lease/promissory note, arrears due, household good list, etc.).

- ☐ Security Deposit/Lease Agreement: _____
- ☐ Utility Setup/Deposits: _____
- ☐ Utility Arrears: _____
- ☐ First Month Utilities: _____
- ☐ Health/Safety Repairs: _____
- ☐ Application Fees: _____
- ☐ Adaptive Aids/ Furniture: _____
- ☐ Other: _____

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Housing Support Plan (HSP) Template for Transitional Rent and/or Housing Deposits

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Confirmation of Required Elements of HSP Development

Please confirm all of the following and sign:

- ☐ This Housing Support Plan is informed by the Member's preferences and needs, and will be revised as the Member's circumstances change.
- ☐ This Housing Support Plan is based on a housing assessment that addresses identified barriers. *Attach assessment if available (but not required by DHCS).*
- ☐ This Housing Support Plan was developed in a way that is culturally appropriate and trauma-informed.

Housing Navigator/Case Manager/Provider Signature:			
Housing Navigator/Case Manager/Provider Name:			
Organization:			
Email:		Phone:	
Person completing this form (if different from housing/navigator case manager):			
Email:		Phone:	

To submit this for to the Member's Medi-Cal managed care plan (MCP):

PLEASE DO NOT FORGET TO ATTACH ALL REQUIRED DOCUMENTATION TO SUBMIT ALONGSIDE THIS FORM

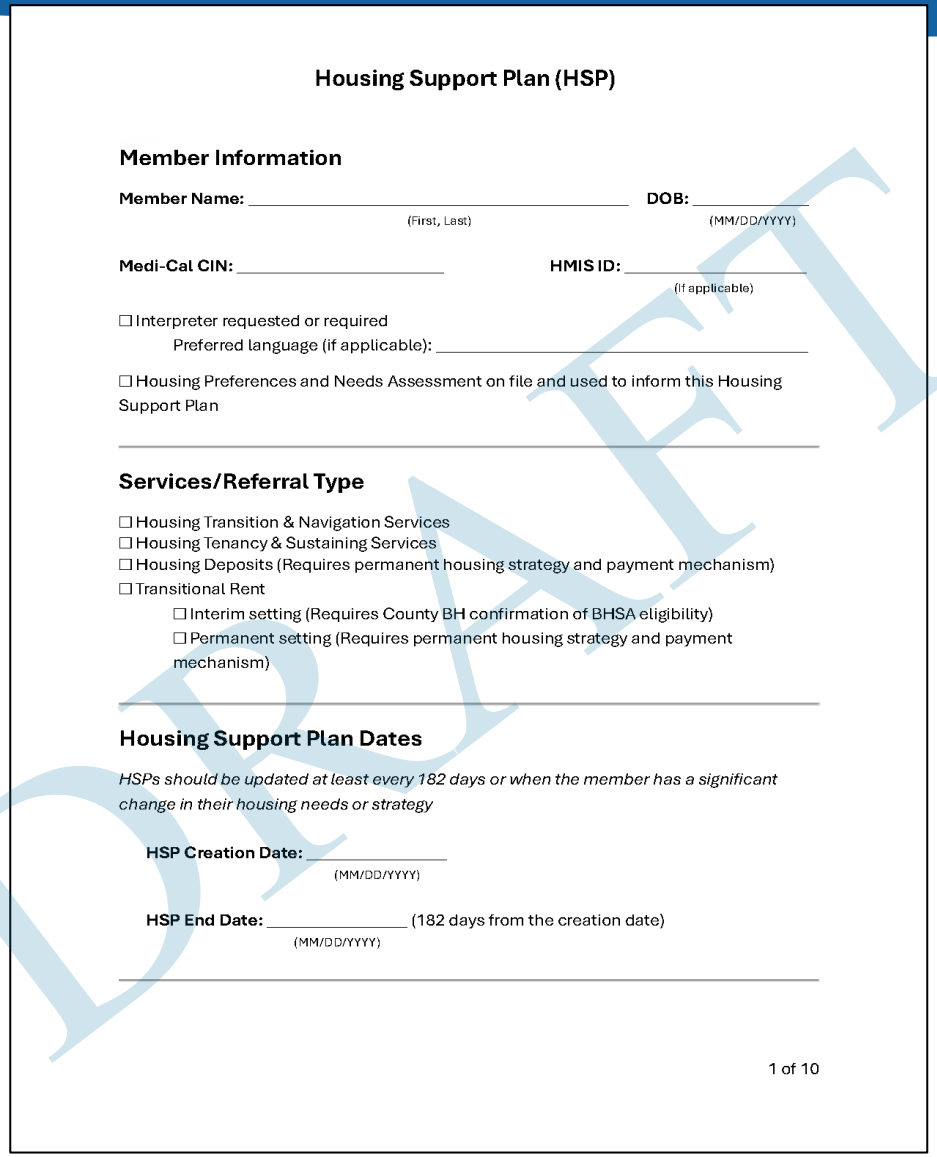
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Update on Local Planning

- Brilliant Corners' contract with BHS for the Flex Housing Pool Pilot is still being finalized

- HSP template for the pilot under development
  - Proposal to use **one shared template** for all TR programs
  - Shared with MCPs for their review
  - Would include shared branding from participating organizations

- Key educational opportunity identified
  - HSPs can be long and hard to understand
  - Educational materials and outreach could help people feel more prepared for the process



Housing Support Plan (HSP)

Member Information

Member Name: _____ **DOB:** _____
(First, Last) (MM/DD/YYYY)

Medi-Cal CIN: _____ **HMIS ID:** _____
(If applicable)

☐ Interpreter requested or required
Preferred language (if applicable): _____

☐ Housing Preferences and Needs Assessment on file and used to inform this Housing Support Plan

Services/Referral Type

☐ Housing Transition & Navigation Services
☐ Housing Tenancy & Sustaining Services
☐ Housing Deposits (Requires permanent housing strategy and payment mechanism)
☐ Transitional Rent
  ☐ Interim setting (Requires County BH confirmation of BHSA eligibility)
  ☐ Permanent setting (Requires permanent housing strategy and payment mechanism)

Housing Support Plan Dates

HSPs should be updated at least every 182 days or when the member has a significant change in their housing needs or strategy

HSP Creation Date: _____
(MM/DD/YYYY)

HSP End Date: _____ (182 days from the creation date)
(MM/DD/YYYY)

1 of 10

DRAFT

Input/Discussion - Questions

1. What information would community members most want about Transitional Rent or Housing Support Plans?
2. What parts of the process may be hardest to understand or navigate?
3. What kinds of educational materials or supports would be most helpful?
4. What would help people feel more prepared for Housing Support Planning conversations?



Engage through Mentimeter

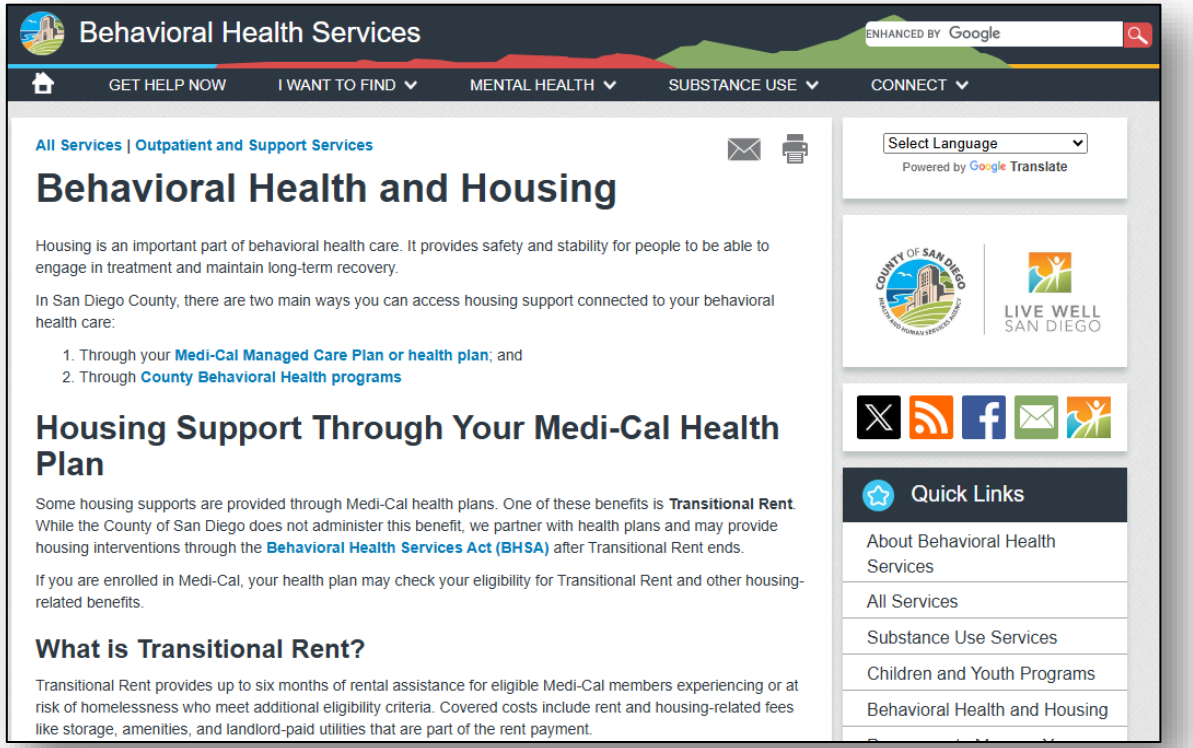
www.menti.com/al7khr2qchtj

Behavioral Health & Housing Website

- Housing Support Through Your Health Plan
- Transitional Rent Information
- Eligibility Information
- Other Housing Resources

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Thank You!