

Housing Deposits Community Supports (CS) assists members experiencing homelessness by identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that does not constitute rent.

Per DHCS Policy Guide update released 04/30/2025, Housing Deposits funds can no longer be used towards first and last month's rent. This is the current policy for all Housing Deposits requests received.

Please note that Housing Deposits must be reasonable and necessary as indicated by the member's Individualized Housing Support Plan and are available only because the member is unable to meet such expense.

Send the completed referral via secure fax to: **(800) 811-4804**.

CS Service Information: *	
Referral Date:	
Referral Type:	
If "other" please describe:	
CS Service Start Date:	
Funding Amount Requested:	\$
Anticipated/Scheduled Move-in Date:	

Requestor Information:	
Referring Individual Relationship to Member:	
<input type="checkbox"/> Housing Navigator <input type="checkbox"/> CM <input type="checkbox"/> ECM <input type="checkbox"/> PCP Office Staff <input type="checkbox"/> Other:	
Referrer Organization Name:	
Referrer Organization NPI:	
Referrer Name:	Title:
Referrer Phone Number:	Fax Number:
Referrer Email:	

Member Information:	
Member Name:	DOB:
Medi-Cal ID/CIN:	Preferred Language:
Current Living Situation:	Residential Address:

Primary Phone Number:	City:
Primary Phone Type:	Zip Code:
Secondary Phone Number:	Phone #:
Secondary Phone Type:	Alternate Contact Name:
Last Member Contact:	Alternate Contact Phone #:

Guardian/Conservator Information (if applicable)	
Guardian First Name:	Guardian Last Name:
Guardian Phone Number:	

Eligibility Criteria:
Molina Enrollment: <input type="checkbox"/> Medi-Cal with Molina
Does the Member meet the following social and clinical risk factor requirements? Experiencing or at risk of experiencing homelessness and: <ul style="list-style-type: none"> <input type="checkbox"/> Meets the access criteria for Specialty Mental Health Services (SMHS) <input type="checkbox"/> Meets the access criteria for DMC or DMC-ODS <input type="checkbox"/> One or more serious chronic physical health conditions <input type="checkbox"/> One or more physical, intellectual, or developmental disabilities; or <input type="checkbox"/> Individuals who are pregnant up through 12-months postpartum. <input type="checkbox"/> None of the above apply
Has the Member been 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
Required Documents <ul style="list-style-type: none"> <input type="checkbox"/> The Individualized Housing Support Plan is attached, which showcases the documented needs of each requested item. <input type="checkbox"/> Lease Agreement / Promissory Note by Landlord <input type="checkbox"/> Itemized List including cost (Security deposit total (if exceeds one month's rent, please explain how this complies with California's Assembly Bill 12 (AB 12) household goods total, setup fees, etc. See Housing Deposits Supplemental Attachment)
<input type="checkbox"/> Member consented to Housing Deposits referral and understands that Housing

Deposits are only available once in a demonstration period (through December 2029) and do not cover first and last month's rent.

Housing Deposits are available once in a demonstration period (through December 2029). Exceptions require documented changes in the member's circumstances likely to support a successful placement and must be approved by the Molina Medical Director. For prior recipients, include an explanation of what has changed to improve success.

Community Supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

Housing Deposits Community Supports (CS) assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board.

If funding has been obtained through other sources, Housing Deposits should only be utilized to support a safe move-in to establish a basic household, based on the member's needs such as:

1. Security deposits required to obtain a lease on an apartment or home.
2. Set-up fees/deposits for utilities or service access and utility arrearages.
3. First month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water.
4. Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy, along with necessary minor repairs to meet HUD Housing Choice Voucher program quality standards, or other habitability standards, as applicable, where those costs are not the responsibility of the landlord under applicable law.
5. Application fees to cover the cost of the lease application
6. Goods such as an air conditioner or heater, and other medically-necessary adaptive aids and services, designed to preserve an individuals' health and safety in the home such as hospital beds, Hoyer lifts, air filters, specialized cleaning or pest control supplies etc., that are necessary to ensure access and safety for the individual upon move-in to the home, when they are not otherwise available to the Member under Medi-Cal.

Housing Deposit requests should reflect the needs indicated in the Individualized Housing Support Plan.

This document is supplemental to the Medi-Cal Community Supports Policy Guide and provides additional guidance for the 6th category.

Below is a list of household goods that can be requested if there is a medical need to ensure access and safety for the member upon move-in to the home. Members may require and need only a subset of the goods below. Any goods necessary to ensure access and safety for the individual **upon move-in** to the home that are not identified below would require review and approval by the Molina CS team. Please email MHC_CS@molinahealthcare.com for any questions.

The household goods provided should be based on individualized assessment of needs and documented in the member's Individualized Housing Support Plan. These goods must be identified as reasonable and necessary and are available only when the member is unable to meet such expense. Reasonable delivery fees and taxes should be included in the price of each item and must be appropriate based on the member's location. Tax should not exceed the published rate for the member's residential city. Receipts/supporting documentation must be retained on file for at least ten (10) years after purchase as noted in the contract.

CS shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM guidance and federal and Department of Health Care Services guidance.

Household Items Eligible for Housing Deposit Funding

(Only the items below are eligible for reimbursement if not already included in the housing unit and cannot exceed 50% of Housing Deposit funding allocation.)

<input type="checkbox"/> Bed frame (Max \$200; one per tenant)	
<input type="checkbox"/> Bed mattress (Max \$350; one per tenant)	
<input type="checkbox"/> Basic plates and bowls, cutlery, cups, and glasses (Max \$100)	
<input type="checkbox"/> Economy stove or oven (only eligible for interim housing settings)	
<input type="checkbox"/> Basic pots and pans (Max \$100)	
<input type="checkbox"/> Basic first-aid kit (Max \$20)	
<input type="checkbox"/> Basic kitchen table and chairs / Couch (Max \$500 combined)	
<input type="checkbox"/> Basic cleaning products (i.e. cleansers, laundry detergents, etc.) (Max \$100)	
<input type="checkbox"/> Basic cleaning supplies (i.e. vacuums, mop, broom, etc.) (Max \$150)	
<input type="checkbox"/> Economy refrigerator (if not included in the unit) (Max \$800)	
<input type="checkbox"/> Economy microwave (if not included in the unit) (Max \$100)	
<input type="checkbox"/> Basic towels (Max \$50)	
<input type="checkbox"/> Bathroom Supplies (shower curtain & liner, non-slip rugs, toothbrush holder, plunger, etc.) (Max \$60)	
<input type="checkbox"/> Basic air conditioner (Max \$350; up to 2 units)	
<input type="checkbox"/> Medically necessary "other" (Additional justification is required and must be reviewed and approved by the CS team prior to purchase.)	

Housing Deposits Individualized Housing Support Plan

The Individualized Housing Support Plan accompanying the request must address identified barriers, include short- and long-term measurable goals for each issue, establish the member's approach to meeting the goal, and identify when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal. The referral must include an itemized list, with total dollars for each item. The Individualized Housing Support Plan must document the need for each requested item.

The IHSP is unique to each member and is based on their reported needs and will be

reassessed based on the member's progress or changes in their needs. It must be completed and submitted with the referral for Housing Deposits. Molina recommends that the IHSP be completed as soon as possible to help prioritize and define Member's needs. IHSPs must be based on the member's personal priorities and evolve as the member's needs change.

Molina recommends using the SMART goals as outlined below:

The SMART acronym can help us remember these components.

- Specific:** The goal should identify a specific action or event that will take place.
(Who? What? Where? When? Why?)
- Measurable:** The goal and its benefits should be quantifiable.
(How many? How much?)
- Achievable:** The goal should be attainable given available resources.
(Can this really happen? Attainable with enough effort? What steps are involved?)
- Realistic:** The goal should require you to stretch some but allow the likelihood of success.
(What knowledge, skills, and abilities are necessary to reach this goal?)
- Timely:** The goal should state the time period in which it will be accomplished.
(Can I set fixed deadlines? What are the deadlines?)

**INDIVIDUAL HOUSING SUPPORT PLANS MUST BE MEMBER-CENTRIC AND REFLECT
UNIQUE NEEDS AS IDENTIFIED THROUGH THE ASSESSMENT PROCESS.**