CS Housing Deposits
All Counties
Version 4

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. 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.

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.

Submit completed form and supporting documentation to the UM Prior Authorization fax (833) 305-3130.

All fields with an * are required.

SECTION 1 – REFERRAL INFORMATION

Referral Date	
Referral Type	☐ Community Referral ☐ Identified by Molina ☐ Self-Referral ☐ Other:
Referring Organization Name	
Referring Organization NPI	
Referring Individual First Name*	
Referring Individual Last Name*	
Referring Individual Relationship to Member*	
Referring Individual Phone Number*	
Referring Individual Fax Number*	
Referring Individual Email Address*	

SECTION 2 – MEMBER INFORMATION

Member First Name*	
Member Last Name*	
Date of Birth*	
Medi-Cal CIN	
Preferred Written Language	
Member Email Address	
Member Primary Phone Number	
Member Residential Address	

City	
State	
Zip Code	
Is the member currently experiencing homelessness?	☐ Yes ☐ No ☐ Unknown

SECTION 3 – AUTHORIZED REPRESENTATIVE INFORMATION

Member has Authorized Representative	☐ Yes ☐ No
Authorized Representative First Name	
Authorized Representative Last Name	
Authorized Representative Relationship to Member	
Phone Number	
Email Address	
Mailing Address	

SECTION 4 – CLINICAL INFORMATION

Primary Diagnosis	
ICD-10 Code	
Secondary Diagnoses	
Primary Care Provider	
Behavioral Health Provider (if applicable)	
Recent Hospitalization Within Past 30 Days	☐ Yes ☐ No
If Yes, Discharge Date	

SECTION 5 – SERVICE INFORMATION

Request Information

Service Start Date:

Service End Date:

Eligibility Criteria

Molina Enrollment:

☐ Enrolled in Medi-Cal with Molina

Does the member meet one or more of the following social and clinical risk factors?

☐ Meets the access criteria for Specialty Mental Health Services (SMHS)

☐ Meets the access criteria for DMC or DMC-ODS

☐ One or more serious chronic physical health conditions

☐ One or more physical, intellectual, or developmental disabilities

☐ Pregnant up through 12 months postpartum

☐ 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?

☐ Yes

☐ No

Housing Deposit Request Information

Funding Amount Requested:

$

Anticipated/Scheduled Move-In Date:

Number of residents in household, including member:

Brief summary of other information relevant to member situation (optional):

Housing Profile

Current Housing Status:

☐ Experiencing Homelessness

☐ At Risk of Homelessness

☐ Exiting Institution

☐ Other: _____

Prior Housing Deposit Services

☐ Member has not previously received Housing Deposits.

☐ Member previously received Housing Deposits.

If previously received, describe the documented change in circumstances likely to support a successful placement:

SECTION 6 – REQUIRED DOCUMENTATION

Please attach all supporting documentation required for review.

☐ Individualized Housing Support Plan (IHSP)

☐ Lease Agreement / Promissory Note by Landlord

☐ Itemized List of Requested Items and Costs

☐ Supporting Documentation for Medical Necessity (if applicable)

SECTION 7 – ATTESTATION

Member Consent

☐ I attest that the member and/or authorized representative has consented to Housing Deposits referral and understands that Housing Deposits are only available once during the demonstration period (through December 2029) and do not cover first and last month's rent.

Referral Attestation

☐ I attest that the information provided in this referral is accurate and complete to the best of my knowledge.

☐ Housing Deposits shall supplement and not supplant services received through other State, local, or federally funded programs.

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.)

☐ Bed frame (Max $200; one per tenant)	
☐Bed mattress (Max $350; one per tenant)	
☐ Basic plates and bowls, cutlery, cups, and glasses (Max $100)	
☐ Economy stove or oven (only eligible for interim housing settings)	
☐ Basic pots and pans (Max $100)	
☐ Basic first-aid kit (Max $20)	
☐ Basic kitchen table and chairs / Couch (Max $500 combined)	
☐ Basic cleaning products (i.e. cleansers, laundry detergents, etc.) (Max $100)	
☐ Basic cleaning supplies (i.e. vacuums, mop, broom, etc.) (Max $150)	
☐ Economy refrigerator (if not included in the unit) (Max $800)	
☐ Economy microwave (if not included in the unit) (Max $100)	
☐ Basic towels (Max $50)	
☐ Bathroom Supplies (shower curtain & liner, non-slip rugs, toothbrush holder, plunger, etc.) (Max $60)	
☐ Basic air conditioner (Max $350; up to 2 units)	
☐ 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.