



Policy and Procedure No: UM 61.1		Revision No: 1
Division: Care Management		
Department: Utilization Management		
Title: PHC-CA Utilization Management of Transitional Rent Community Support		
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Supersedes Policy No: UM 61.0		
Reviewed/Revised by: Adam Villalpando		Review/Revision Date: 12/15/2025
Approving Committee: Utilization Management Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To describe how PHC California (the Health Plan) determines enrollee eligibility and authorizes Transitional Rent Community Support.

Policy:

1. The Health Plan determines eligibility for Transitional Rent in accordance with the Department of Health Care Services (DHCS) Community Supports Policy Guide, Volume 2, April 2025, and any superseding versions. An eligible enrollee must:
 - a. Have a qualifying clinical risk factor, AND
 - b. Have a social risk factor (experiencing or at risk of homelessness), AND
 - c. Meet ONE of the following requirements:
 - i. Transitioning population, OR
 - ii. Experiencing unsheltered homelessness, OR
 - iii. Eligible for Full-Service Partnership (FSP)
2. Because all PHC California enrollees have an AIDS diagnosis, and the definition of criteria (a) above (qualifying clinical risk factor) includes one or more serious chronic physical health conditions, the Health Plan deems that all enrollees meet this first criteria.
3. The Health Plan assesses whether an enrollee is included in a transitioning population in accordance with the DHCS Community Supports Policy Guide. Except for enrollees aging out of foster care, enrollees are eligible under the transitional population criteria within six (6) months of a transition event (e.g. date of discharge, date of release). Categories of transitioning populations include:
 - a. Transitioning out of an institutional or congregate residential setting (includes stays at an inpatient hospital, residential substance use disorder treatment facility, inpatient mental health facility, or nursing facility)
 - b. Transitioning out of a carceral setting

- c. Transitioning out of interim housing
 - d. Transitioning out of recuperative care or short-term post-hospitalization housing
 - e. Transitioning out of foster care. Assuming satisfaction of other eligibility requirements, an enrollee who aged out of foster care on or after their 18th birthday may be authorized for Transitional Rent up until their 26th birthday.
4. When the Health Plan authorizes an enrollee for Transitional Rent, it automatically authorizes that enrollee for ECM and the Housing Trio, if the enrollee is not already receiving those services.
 5. The Health Plan ensures each enrollee has a housing support plan in place as a condition for authorizing Transitional Rent. For more information about housing support plans, refer to PHC-California Policy and Procedure CM 24, Care Management of Enrollees Receiving Transitional Rent Community Support.
 6. In the event an enrollee in the Behavioral Health POF is placed in an interim setting, the Health Plan coordinates with the appropriate Los Angeles County agency to confirm the enrollee is BHSA-eligible before authorizing Transitional Rent. This confirmation is documented in the enrollee's housing support plan.
 7. The Health Plan authorizes Transitional Rent for a term of six months, subject to the global cap on Room and Board services, and does not reassess eligibility while the enrollee is receiving Transitional Rent. In the event an enrollee's situation changes so that the enrollee no longer requires Transitional Rent, the Health Plan may discontinue coverage.
 8. The Health Plan does not authorize more than six (6) months of combined Room and Board services per enrollee within a rolling twelve (12) month period. These services include Transitional Rent, Short-Term Post-Hospitalization Housing, and Recuperative Care Community Supports.
 9. In the event an enrollee discontinues receipt of Transitional Rent after a period of less than six months, then seeks to utilize Transitional Rent again, the Health Plan reassesses eligibility prior to authorizing.
 10. In accordance with California (W&I) Code section 8256, the Health Plan does not condition authorization for or continued receipt of Transitional Rent on sobriety, engagement in or completion of certain services, or "housing readiness." The Health Plan offers enrollees the option of recovery housing when available but does not require enrollees to accept recovery housing to the exclusion of other housing options.
 11. The Health Plan will abide by streamlined provisional authorizations by the county's behavioral health agency or other county department responsible for Transitional Rent and BHSA housing interventions, unless receipt of Transitional Rent would cause the enrollee to exceed the global cap on Room and Board services. The Health Plan authorizes or denies coverage within five business days from receipt of information from the county.
 12. The Health Plan will strive to offer expedited or presumptive authorization in the following situations:
 - a. A delay would result in forfeiting the unit, which is likely to result in homelessness or placing the member back at risk of homelessness.

- b. An enrollee is being discharging from a hospital, psychiatric facility, skilled nursing facility, or recuperative care, and housing has been identified, and in which a delay in securing transitional rent would result in prolonged institutional stay or return to homelessness, and, therefore, risk of readmission.
- c. An enrollee has a significant medical or behavioral health conditions for whom homelessness or unstable housing would pose immediate health risk.

13. The Health Plan authorizes Transitional Rent for eligible enrollees in an equitable and non-discriminatory manner.

Procedure:

1. Referral and Intake

- a. ECM staff to receive referrals from through methods including via secure email, secure fax, and/or direct Enrollee request. In addition, ECM staff conduct outreach efforts to Enrollees identified as those who may benefit from Transitional Rent, either through internal identification or by identifying Enrollees receiving specialty mental health services (SMHS) from the Los Angeles County Department of Mental Health (LACDMH) or substance use disorder (SUD) services from the Los Angeles County Department of Public Health (LACDPH).
- b. Referral and outreach efforts will be documented in the Care Management (CM) electronic medical record (EMR).

2. Eligibility Screening

- a. ECM staff will confirm Enrollee active in PHC California.
- b. As discussed in Policy Section 2, the Health Plan deems that all its PHC California enrollees have a qualifying clinical risk factor of an AIDS diagnosis, and, thus, meets the first criteria.
- c. ECM staff will assess and document in the EMR the Enrollee's qualifying social risk factor: Enrollee either experiencing or at risk of homelessness.
- d. ECM staff will determine and document in the EMR if Enrollee meets at least one (1) of the following:
 - i. Transitioning Population;
 - ii. Experiencing unsheltered homelessness;
 - iii. Eligible for Full-Service Partnership.
- e. If the Enrollee is in the Behavioral Health and transitioning into an interim setting, ECM staff will outreach the appropriate Los Angeles County agency to confirm the enrollee is BHSA-eligible before authorizing Transitional Rent. The outcome will be documented in the EMR.
- f. For Transitional Rent to be authorized by the Transitional Rent Provider, a Housing Support Plan must be submitted and approved, per DHCS requirements discussed in Procedure Section

3.

3. Housing Support Plan Development

- a. ECM staff will collaborate with the Transitional Rent Provider to create a housing support plan. Enrollees should be placed in settings where the payment provided by the Transitional Rent Provider is sufficient to cover the full cost of rent. Where Enrollees will be transitioning from Transitional Rent to housing or housing subsidy where they will be required to pay a share of rent, as under the HUD Housing Choice Voucher Program (e.g. Section 8), the housing support plan must establish the steps that will be taken to prepare the Enrollee to assume this responsibility.
- b. If the Enrollee is being placed in an interim setting and is in the Behavioral Health POF, ECM staff, in collaboration with the Transitional Rent Provider, will confirm with the Enrollee's county behavioral health agency that the Enrollee will be able to transition to BHSA Housing interventions at the expiration of Transitional Rent.

4. Authorization Process

- a. ECM Program Manager (or Designee), through referral outreach and assessment, reviews DHCS eligibility criteria and determines if Enrollee qualifies for Transitional Rent, noting whether Enrollee has reached six (6) month global cap for Room and Board services within a rolling twelve (12) month period.
- b. The ECM Program Manager or designee, through frequent communication with enrollees Transitional Rent providers, will monitor whether enrollees continue to qualify for Transitional Rent and continue to require the service. This information is documented in the enrollee's EMR. Services are deauthorized and discontinued in the following scenarios:
 - i. Enrollee has met the global cap on coverage of Room and Board services
 - ii. Enrollee's household has received the maximum of six (6) months of Transitional Rent allowed under the BH-CONNECT demonstration period; and
 - iii. Enrollee has transitioned to other housing programs or permanent settings.
- c. Pursuant to established Medi-Cal requirements, urgent authorization request decisions made by the Health Plan shall not exceed seventy-two (72) hours after receipt of the request. Approval notification to the appropriate provider and Enrollee shall be made within twenty-four (24) hours of the decision. In the event of a denial, written/electronic notification shall be made to the provider and Enrollee within seventy-two (72) hours of receipt of the request.
- d. Non-urgent authorization request decisions shall follow established Medi-Cal timeframe requirements, not to exceed five (5) business days of receipt of request. Initial approval notification to the appropriate provider shall be made within twenty-four (24) hours of decision. Initial approval notification to the Enrollee shall be made within 2 business days of the decision. In the event of denial, written/electronic notification shall be made to the appropriate provider and the Enrollee within two (2) business days of the decision.
- e. The Health Plan expects that the county behavioral health agency or another county department will be contracted as a Transitional Rent Provider and, thus, able to conduct streamlined

provisional authorizations where the following conditions are met:

- i. The county determines that the Enrollee is BHSA-eligible and commits to providing the Enrollee with BHSA Housing Interventions at the expiration for Transitional Rent, or upon denial of the request for coverage by the Health Plan.
 - ii. The county commits to sending a referral and request for authorization to the Health Plan in a timely manner and at a minimum, within fourteen (14) days of the county behavioral health agency's streamlined provisional authorization.
 - iii. Consistent with DHCS APL 25-011, the Health Plan shall authorize or deny coverage of Transitional Rent within the shortest applicable timeframe, but no longer than five (5) business days from the Health Plan's receipt of information reasonably necessary and requested by the Health Plan to make a determination, not to exceed fourteen (14) calendar days from the Health Plan's receipt of the referral from the county behavioral health agency.
5. The Health Equity Officer or designee, in collaboration with the Utilization Management (UM) Committee, ensures Transitional Rent is authorized for eligible Members in an equitable and non-discriminatory manner.
- a. Prior to each meeting of the Utilization Management Committee, the Health Equity Officer prepares a report detailing Transitional Rent utilization broken down by type of housing and enrollee demographics.
 - b. In the event the Health Equity Officer and Utilization Management Committee identify instances where service authorizations have had an inequitable effect, the Health Equity Officer will conduct a root cause analysis to inform corrective actions, which will be implemented upon approval of the Utilization Management Committee.
 - c. The Compliance Officer monitors corrective actions to ensure implementation.

Definitions:

1. Full-Service Partnership (FSP): 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. Until July 1, 2026, eligibility criteria are set forth in CCR Title 9, section 3620.05. After July 1, 2026, eligibility criteria are set forth in W&I Code section 5887(d).
2. Housing Trio: three interrelated Community Supports that include Housing Transition and Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services.

Monitoring:

This policy will be reviewed and revised, as necessary and approved annually by the Utilization Management Committee.

Reference(s):

1. Department of Health Care Services (DHCS) Community Supports Policy Guide, Volume 2, April 2025

2. PHC-California Policy and Procedure CM 24, Care Management of Enrollees Receiving Transitional Rent Community Support
3. CCR Title 9, section 3620.05
4. W&I Code section 5887(d)

Regulatory Agency Approvals:

Date	Version	Agency	Purpose	Response
	61.0	Department of Health Care Services (DHCS)	2026 Transitional Rent Model of Care	