

CS Housing Deposit Training for ICMS Contractors

Housing and Services

2024



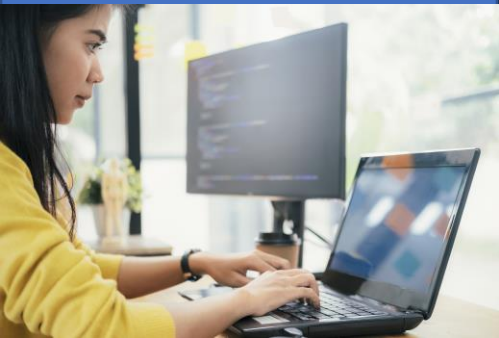
HOUSING
FOR
HEALTH

Security Deposit Limit Reduced to One Month's Rent

New Security Deposit Limit: One month's rent (reduced from previous limit of two month's rent)

Effective Date: State law AB12 went into effect Monday July 1, 2024

Leases dated 7/1 and on must abide by the new limit

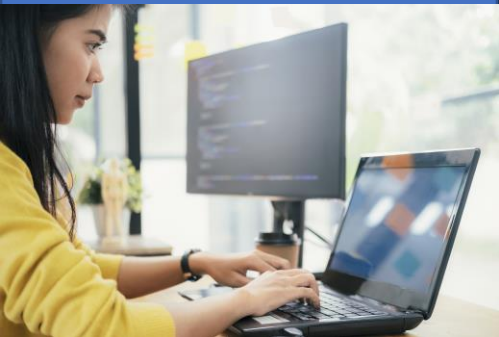


Medi-cal Expansion Announcement

Effective 1/1/2024, immigration status no longer limits Medi-Cal eligibility! This means that more ICMS participants and their families are now eligible for full-scope Medi-Cal, which is significant because establishing and maintaining active Medi-Cal coverage are essential to ICMS and housing support.

[BenefitsCal Website](#)

[BenefitsCal YouTube Channel](#)



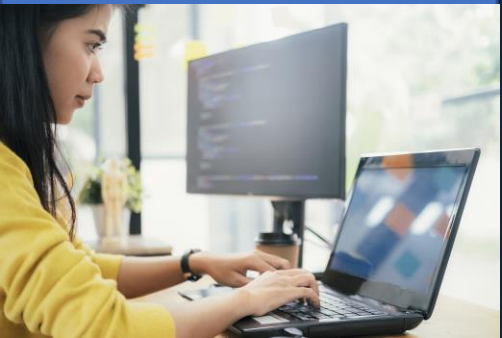
Utilization of DMH Move in Assistance Resources Prior to CS Housing Deposits

- If client is connected to a DMH provider, move in assistance should be requested through DMH Housing Assistance Program (DMH HAP)
- If client resides in a building with HSSP services, move in assistance should be requested through on-site HSSP staff with access to Client Support Services (CSS)



Objective

To provide instructions on how to successfully submit an authorization request for CS Housing Deposit funds.





Agenda

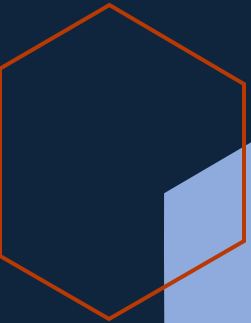
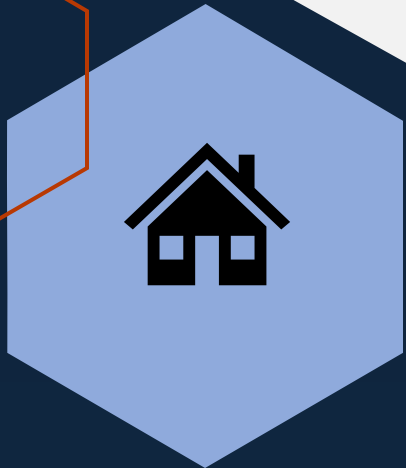


CS Housing Deposit Overview

What are CS Housing Deposits?	What items may CS Housing Deposits cover?	Who is eligible for CS Housing Deposits?
<p>CS Housing Deposits are one-time move-in assistance funds provided by a client's Managed Care Plan (MCP) through the State of California's California Advancing and Innovating Medi-Cal (CalAIM) Program.</p> <p>There are five (5) participating MCPs – LA Care, HealthNet, Molina, Kaiser, Anthem and eventually there will be a sixth participating MCP - Blue Shield Promise</p>	<ul style="list-style-type: none">• Security Deposit & first/last month's tenant rent• Home goods including furniture and appliances• Deposits, first month's coverage for utilities, as well as utility arrearages• Services necessary for individual's health and safety, such as cleaning and fumigation• Goods such as air conditioner or heater, or other medically-necessary adaptive aids <p><i>*Items vary based on the MCP</i></p> <p><i>**The maximum amount provided is \$5k-\$6k and is determined by the MCP. Caps are subject to change.</i></p>	<p>Residents who are:</p> <ul style="list-style-type: none">• Enrolled in ICMS• Unhoused• Actively enrolled in a participating Medi-Cal MCP in LA County• Authorized by their Medi-Cal MCP for Housing Navigation or Tenancy Support Services through DHS

ICMS Contractor Role

- Complete all CHAMP documentation requirements including the Care Plan goal, a supporting case note/service, and a Housing Deposit Assistance Request Referral Service following the establishment of client move-in date
- Confirm that the 5x5, Universal Consent and Notice of Privacy Acknowledgement and CalAIM Opt Ins are current in CHAMP
- Complete a PH Update to document the move-in date and home address within three (3) business days of move-in
- Complete the CS Housing Deposit Authorization Packet, including the MCP authorization form, the Brilliant Corners (BC) Release of Information (ROI), and all required supporting documentation
- Make all revisions requested by HFH Staff within the timeframe allotted



DHS Staff Role

- Review daily CHAMP report for Housing Deposit Assistance Request Referral Service, Care Plan goals and supporting case notes /service documentation
- Review required CHAMP documentation including the 5x5, Universal Consent, CalAIM Opt Ins and Notice of Privacy Acknowledgement
- Confirm active participant eligibility for CS Housing Deposits
- Provide ICMS Contractor with CS Housing Deposit Authorization packet that includes the correct MCP authorization form, BC ROI, and a list of required supporting documentation
- Submit packets to the MCP for authorization
- Submit authorized requests for fulfillment



CS Housing Deposit Timeline

ICMS Completes required CHAMP steps following establishment of move-in date

DHS reviews eligibility for all referrals in CHAMP. If eligible, DHS sends ICMS authorization packet.

ICMS completes the authorization packet and returns it to DHS staff.

DHS submits the authorization packet to the MCP for approval. Once approved, DHS submits the request to BC for fulfillment

BC processes the request. Payment is sent and furniture delivered.



Complete within 3 days of move-in



Review and respond within 1-2 days of CHAMP referral



Return within 1 week of receipt of authorization packet



Submit packet within 1-2 days of receipt; MCP approval within 2-10 days; Submit request within 1-2 days of approval



Payment received within 1-2 weeks of processing. Furniture received within 2-4 weeks of processing

CHAMP Requirements



@ MATCH



UNIVERSAL CONSENT & NOTICE OF
PRIVACY ACKNOWLEDGEMENT



CALAIM OPT INS

PRIOR TO/@ MOVE-IN



STEP 1: CARE PLAN GOAL



STEP 2: SUPPORTING CASE NOTE &
SERVICE



STEP 3: REFERRAL SERVICE REQUEST

WITHIN 3 DAYS OF MOVE-IN



STEP 4: PERMANENT HOUSING UPDATE

@ MATCH: UC, NOPP and CalAIM Opt Ins

The screenshot displays the MATCH system interface. On the left is a navigation menu with 'Consents' highlighted. The main area shows client details for 'Test 046' and a table of consents. The table is outlined in red and contains the following data:

Consent ID	Consent Type	Consent Sub Type	Signee Date	Expiration Date	Consent Status	Created By
7709	CalAIM Opt In	CS Tenancy and Sustaining Services	09/05/2024		Provided	Lydia Eckels
7708	CalAIM Opt In	CS Housing Navigation	09/05/2024		Provided	Lydia Eckels
7707	Notice of Privacy Practices		09/05/2024		Provided	Lydia Eckels
7706	Universal Consent		09/05/2024	09/05/2029	Full SUD/MH Data Sharing Provided	Lydia Eckels

- Select **Consents** on the left-hand navigation panel
- Confirm the Universal Consent, Notice of Privacy Practice Acknowledgment are uploaded
- Confirm CS Housing Navigation and CS Tenancy and Sustaining Services CalAIM Opt-Ins are selected if participant verbally consents to opt in to CalAIM



CHAMP Step 1: Care Plan Goal

Client / Care Plan

National Health Foundation [HFH,CBEST]

Test 046 Client ID 1569 Birth Date 5/16/1980 Primary Phone -- Consent Status FULL SHARING

Care Plan

The selected client's care plan is displayed below. Use the Care Plan workflow to add additional domains to the client's care plan.

+ Add New

Program Area: HFH
Status: Open
Outcome: -- SELECT --

Search

No records found.

Status	Domain	SMART Goal	Set Date	Outcome	Completion Date	Open Steps	Overdue Steps
--------	--------	------------	----------	---------	-----------------	------------	---------------

Cancel

- Once a participant move-in date is designated, complete steps 1-3 in CHAMP
- Navigate to **Care Plan** on the left-hand navigation panel
- Select **Add New**



CHAMP Step 1: Care Plan Goal

Client / Care Plan / SMART Goal

Test 046 Client ID 1569 Birth Date 5/16/1980 Primary Phone -- Consent Status FULL SHARING

SMART Goal

Enter care plan information below. Fields with a red asterisk (*) are required.

SMART Goal Date:* 05/02/2023

Goal Domain:* Housing/Shelter

Life Skills (HfH Only)

Mental Health

Physical Health

Social Needs

Substance Use

Goal Subdomain: Document Readiness

HMIS CES Assessment

Housing Applications

Housing Search

Maintain Housing

Move-In Assistance

Reasonable Accommodation Relocation

SMART Goal:* Apply for and obtain move-in assistance funds

Action Steps

Please record the steps that need to be completed to attain the goal detailed above.

Action Step Title*	Set Date*	Target Date* 1:	Assigned To*	Status	Completion Date
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Save Cancel

https://clienttrack.eccovia.com/MainPage.aspx?inline=top#

- Input the **current date** for the SMART Goal date
- Select **Housing/Shelter** for the Goal Domain & **Move-In Assistance** for the Goal Subdomain
- Enter SMART Goal
 - e.g. "obtain move-in assistance within 30 days of move-in date."



CHAMP Step 1: Care Plan Goal

Client / Care Plan / SMART Goal

Test 046 Client ID 1569 Birth Date 5/16/1980 Primary Phone -- Consent Status FULL SHARING

SMART Goal

Action Steps

Please record the steps that need to be completed to attain the goal detailed above.

Action Step Title*	Set Date*	Target Date* ¹	Assigned To*	Status	Completion Date
<input checked="" type="checkbox"/> Client will meet with ICMS to obtain move-in a:	05/02/2023	06/02/2023	046, Test	New/Pending	
<input type="checkbox"/>	MM/DD/YYYY	MM/DD/YYYY	-- SELECT --	-- SELECT --	MM/DD/YYYY

Program Enrollment: **10/12/2018 - Permanent Housing [HFH]**

Record Case Note? Yes No

HFH Case Notes with Services

Check if you wish to record services associated with this note.

Services

Use the fields below to record the services provided in association with the note above.

Default Enrollment: 10/12/2018 - Permanent Housing [HFH]

- Enter Action Step
 - e.g. "work with ICMS to submit CS Housing Deposit packet within 30 days of move-in date."
- Input **current date** for Set Date
- Input **30 days from move in date** as Target Date
- Select **Permanent Housing** as the **Program Enrollment** and input the date of service as **Service Date**
- Click **Yes** to Record Case Note
- **Check** to record services



CHAMP Step 2: Supporting Case Note

The screenshot displays the CHAMP system interface. On the left is a navigation sidebar with options like 'Client Dashboard', 'Find Client', and 'Client Management'. The main area shows a 'SMART Goal' form for 'Test 046'. The form has columns for 'Service Date*', 'Service*', 'Enrollment', and 'Place of Service'. The first row is highlighted with a red box, showing '12/06/2023', 'Housing Navigation Support', '10/12/2018 - Permanent Housing [HFH]', and 'Telephonic/Video'. Below the form is a 'Case Note' section with 'Primary Note Text' and 'Most Recent Note Text' fields, a 'Note Type' dropdown set to 'PH Provider Case Note', and a rich text editor with a toolbar. The bottom right has 'Save' and 'Cancel' buttons.

Service Date*	Service*	Enrollment	Place of Service
12/06/2023	Housing Navigation Support	10/12/2018 - Permanent Housing [HFH]	Telephonic/Video
MM/DD/YYYY	-- SELECT --	10/12/2018 - Permanent Housing [HFH]	-- SELECT --

Case Note

Primary Note Text:
12/06/2023 | Test 046 (1569)
National Health Foundation [HFH,CBEST] | PSH ICMS Case Manager Training | 222-222-2222 | PSHICMScaseManager@clienttrack.com

Most Recent Note Text:
Note Type: PH Provider Case Note

Goal: apply for and obtain move in assistance

Intervention: CM confirmed no other community resources are available for move in assistance. CM confirmed participant's income cannot cover move in assistance. Participant will apply for furniture, security deposit and the tenant portion of first month's rent.

Response: Participant confirmed income cannot cover move in assistance. Participant confirmed items needed

Plan: CM will coordinate with participant to complete the authorization packet and submit to DHS

09/05/2024 | Test 046 (1569)
HFH (Program Area) | Lydia Eckels | 213-240-8443 | LEckels@dhs.lacounty.gov

- Select **Housing Navigation Support** as the Service
- Select appropriate Enrollment and Place of Service
- Place of Service should be provided in person at one of the location options listed or Telephone via



CHAMP Step 2: Supporting Case Note

Client / Care Plan / SMART Goal

Test 046 Client ID 1569 Birth Date 5/16/1980 Primary Phone 777-777-7777 Consent Status FULL SHARING

SMART Goal

Service Date*	Service*	Enrollment	Place of Service
12/06/2023	Housing Navigation Support	10/12/2018 - Permanent Housing [HFH]	Telephonic/Video
MM/DD/YYYY	-- SELECT --	10/12/2018 - Permanent Housing [HFH]	-- SELECT --

Case Note

Primary Note Text:
12/06/2023 | Test 046 (1569)
National Health Foundation [HFH,CBEST] | PSH ICMS Case Manager Training | 222-222-2222 | PSHICMSCaseManager@clienttrack.com

Most Recent Note Text:
Note Type: PH Provider Case Note

Goal: apply for and obtain move in assistance

Intervention: CM confirmed no other community resources are available for move in assistance. CM confirmed participant's income cannot cover move in assistance. Participant will apply for furniture, security deposit and the tenant portion of first month's rent.

Response: Participant confirmed income cannot cover move in assistance. Participant confirmed items needed

Plan: CM will coordinate with participant to complete the authorization packet and submit to DHS

09/05/2024 | Test 046 (1569)
HFH (Program Area) | Lydia Eckels | 213-240-8443 | LEckels@dhs.lacounty.gov

Save Cancel

- Select **PH Provider Case Note** as Note Type
- Follow agency's prescribed case note format
- Include confirmation that no other community resources are available for move-in assistance and client can't cover move-in assistance costs with their own income
- Document the needed CS Housing Deposit items
- Click **Save**



CHAMP Step 3: Referral Service Request

Home Search Client / Client Referrals

National Health Foundation [HFH,CBEST]

Client Dashboard
Find Client
Submit HFH Application
COVID-19 Vaccine Intake

Edit Client Information
Applications
Assessments
Care Team
CBEST Referrals
Client Profile
Check In/Check Out History
Care Plan
Enrollments
Case Notes
Notifications
Tasks
Referrals
Housing Status Forms

Test 046 Client ID 1569 Birth Date 5/16/1980 Primary Phone -- Consent Status FULL SHARING

Client Referrals

Referrals for the selected client are displayed below. Press the **Add New** button to add a new record or the **Add Multiple** button to add multiple new records.

+ Add New + Add Multiple

Result: -- SELECT --
CS Auth Result: -- SELECT --

2 results found.

Date/Time	Service	Referred From	Referred To	Status	Result	CS Auth Result
04/05/2023	Housing Deposit Assistance Request	A Community of Friends	Housing for Health (Program)	Referral Made		
10/12/2018 1:53PM	Permanent Housing Referral	Housing for Health (Program)	Housing for Health (Program)	Referral Made	Accepted	

Cancel

- Navigate to left hand panel and select **Referrals**
- Select **Add New**



CHAMP Step 3: Referral Service Request

Client / Client Referrals / Referral

Test 046 Client ID 1569 Birth Date 5/16/1980 Primary Phone -- Consent Status FULL SHARING

Referral

Enter or update referral information below. Fields with a red asterisk (*) are required.

Referral Date: 05/02/2023

Referral Service: Housing Deposit Assistance Request

Priority: Urgent Normal

Refer to Provider: *

Refer from Provider: *

Outcome Information

Acknowledged Date: MM/DD/YYYY

Result: -- SELECT --

Result Date: MM/DD/YYYY

Comments:

Save Cancel

- Enter current date as the Referral Date
- Select **Housing Deposit Assistance Request** for Referral Service
- Select **Urgent** as the Priority
- Click the magnifying glass for **Refer to Provider & Refer from Provider**

DO NOT INPUT ANYTHING IN THE OUTCOME INFORMATION SECTION



CHAMP Step 3: Referral Service Request

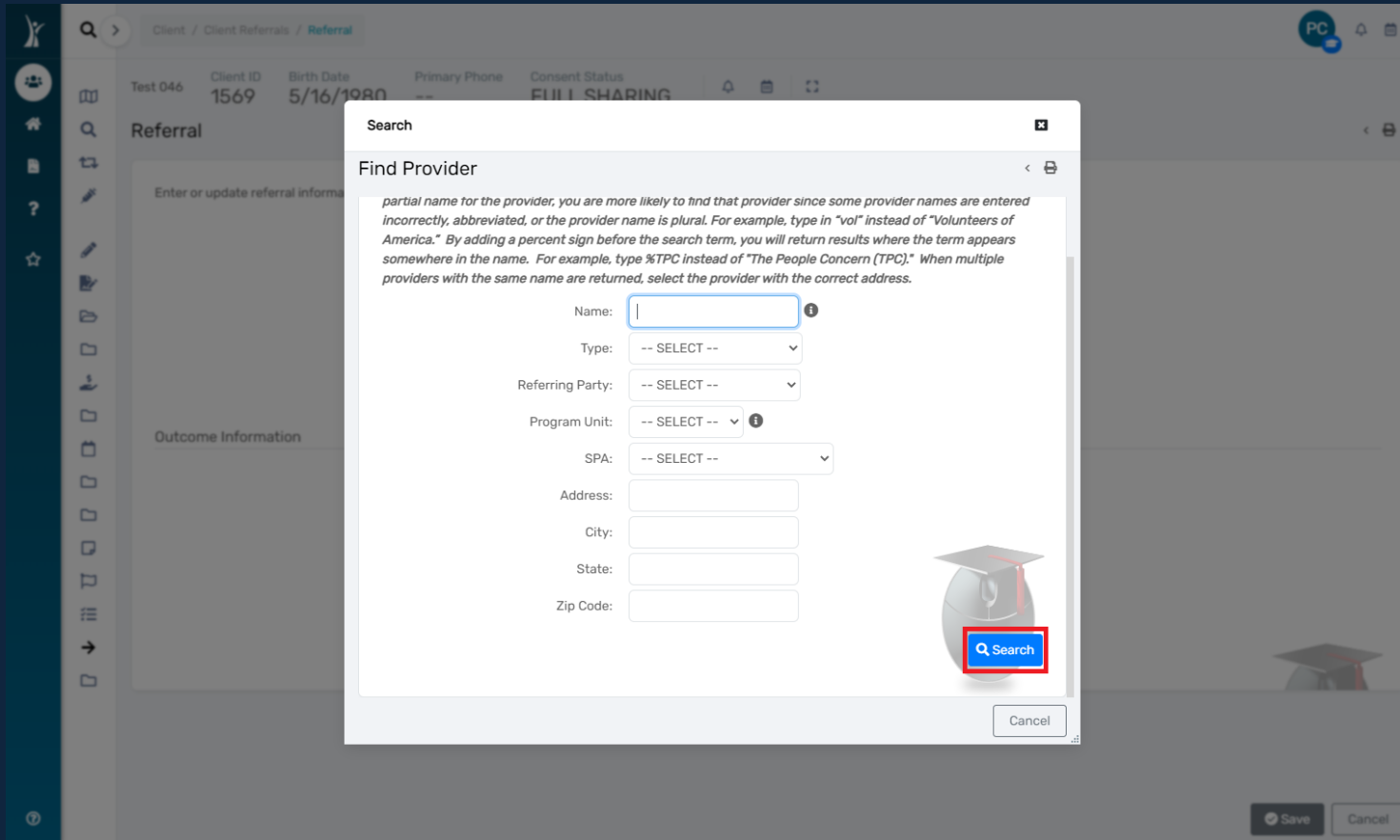
The screenshot shows a web application interface for a referral service request. A modal window titled "Search" is open, displaying a "Find Provider" form. The form includes input fields for "Provider", "Street Address", "Zip Code", "City", and "State". A "Search" button is highlighted with a red box. Below the form, a table lists search results. The first result, "Housing for Health (Program)", is highlighted with a red box. The table columns are "Provider", "Street Address", "Zip Code", "City", "State", and "Notes".

Provider	Street Address	Zip Code	City	State	Notes
Housing for Health (Program)	238 E. 6th Street	90014	Los Angeles	CA	

- Select *Refer to Provider*
- Click search and select **Housing for Health (Program)**



CHAMP Step 3: Referral Service Request



The screenshot shows the CHAMP Referral Service Request form. A 'Find Provider' search modal is open, displaying the following fields and options:

- Name:
- Type: -- SELECT --
- Referring Party: -- SELECT --
- Program Unit: -- SELECT --
- SPA: -- SELECT --
- Address:
- City:
- State:
- Zip Code:

A red box highlights the 'Search' button in the bottom right corner of the modal. The background form shows client information: Client ID 1569, Birth Date 5/16/1980, and Consent Status FULL SHARING.

- Select *Refer from Provider*
- Click **Search** and select the appropriate ICMS contracted agency from the list that populates below
- After an agency is selected and the user is returned to the Referral screen, click **save**



CHAMP Step 3: Referral Service Request

Client / Client Referrals / Referral

Test 046 Client ID 1569 Birth Date 5/16/1980 Primary Phone -- Consent Status FULL SHARING

Referral

Enter or update referral information below. Fields with a red asterisk (*) are required.

Referral Date: * 05/02/2023

Referral Service: * Housing Deposit Assistance Request

Priority: Urgent Normal

Refer to Provider: * Housing for Health (Program)

Refer from Provider: * Jovenes

Outcome Information

Acknowledged Date: MM/DD/YYYY

Result: -- SELECT --

Result Date: MM/DD/YYYY

Comments:

- After an agency is selected and the user is returned to the Referral screen, click save

DO NOT INPUT ANYTHING IN THE OUTCOME INFORMATION SECTION



CHAMP Step 4: PH Update

The screenshot shows the CHAMP system interface. On the left is a dark blue sidebar with navigation icons. The 'Housing' icon is highlighted with a red box, and the 'Clients' option in the sidebar is also highlighted with a red box. The main content area shows the 'Clients' list for 'Training Project CHAMP 101' at 'Permanent Housing' in 'Signal Hill, CA 90755'. The list contains 47 results, with the following columns: Client Name, Subsidy, Check-In, Check-Out, Bed/Slot #, and Bed/Slot Description. A 'Cancel' button is visible at the bottom right of the list.

Client Name	Subsidy	Check-In	Check-Out	Bed/Slot #	Bed/Slot Description
020, Test	Brilliant Corners - FHSP/HJC	02/26/19		020	
001, Test	Brilliant Corners - FHSP/HJC	02/26/19		001	
041, Test	Brilliant Corners - FHSP/HJC	01/29/19		041	
048, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		048	
050, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		050	
049, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		049	
046, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		046	
045, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		045	
044, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		044	
043, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		043	
042, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		042	
040, BC HC Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		040	
039, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		039	
038, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		038	

- Within 3 business days of participant move-in, complete step 4 in CHAMP
- Click the **Housing Icon** on left hand panel and select **Clients**



CHAMP Step 4: PH Update

The screenshot displays the CHAMP system interface. The left sidebar contains navigation options: Home, Search, National Health Foundation [HFH.CBEST], Housing Dashboard, Find Housing, Referrals (to Process), and Clients. The main content area shows the 'Housing / Clients' view for 'Training Project CHAMP 101 Permanent Housing' at '125-155 Rock n Roll Lane, Signal Hill, CA 90755'. A table lists 47 results found, with columns for Client Name, Subsidy, Check-In, Check-Out, Bed/Slot #, and Bed/Slot Description. The client '046, Test' is highlighted, and a dropdown menu is open, showing options: Select Client, Provide PH Update (highlighted in red), PH to PH Transfer Request, PH to IH Transfer Request, Request In-Home Services, and Request Higher Level of Care. A 'Cancel' button is visible at the bottom right of the table area.

Client Name	Subsidy	Check-In	Check-Out	Bed/Slot #	Bed/Slot Description
020, Test	Brilliant Corners - FHSP/HJC	02/26/19		020	
001, Test	Brilliant Corners - FHSP/HJC	02/26/19		001	
041, Test	Brilliant Corners - FHSP/HJC	01/29/19		041	
048, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		048	
050, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		050	
049, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		049	
046, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		046	
045, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		045	
044, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		044	
043, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		043	
042, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		042	
040, BC HC Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		040	
039, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		039	
038, Test	Brilliant Corners - FHSP/D7 - TBV	10/12/18		038	

- Click the ellipsis (...) for the appropriate client and select **Provide PH Update**



CHAMP Step 4: PH Update

The screenshot shows the CHAMP system interface. On the left is a navigation sidebar with a search bar and various menu items. The main content area is titled 'Provide PH Update' and shows client details: Client ID 1569, Birth Date 5/16/1980, Primary Phone --, and Consent Status FULL SHARING. Below the client info, there are radio buttons for 'Client Profile or Housing Update or Case Note' (selected) and 'Submit'. A modal dialog is open, asking 'Would you like to provide a Client Profile Update or a Housing Update or Case Note?'. The modal contains three options: 'Client Profile Update', 'Permanent Housing Update' (highlighted with a red box), and 'Case Note'. At the bottom of the sidebar, there is a question mark icon.

- Select "Permanent Housing Update"



CHAMP Step 4: PH Update

Home Search Client

National Health Foundation [HFH,CBEST]

Client Dashboard
Find Client
Submit HFH Application
COVID-19 Vaccine Intake

Edit Client Information
Applications
Assessments
Care Team
CBEST Referrals
Client Profile
Check In/Check Out History
Care Plan
Enrollments
Case Notes
Notifications
Tasks
Referrals
Housing Status Forms

Provide PH Update

Test 046 Client ID 1569 Birth Date 5/16/1980 Primary Phone -- Consent Status FULL SHARING

Housing Status

Case Note
Submit
Pause Cancel

Permanent Housing Status

RFTA Submitted Date: MM/DD/YYYY
Unit Inspection Date: MM/DD/YYYY
Unit Inspection Passed Date: MM/DD/YYYY
Lease Signed Date: MM/DD/YYYY
Lease Start Date: MM/DD/YYYY
Follow Up 45 Days: MM/DD/YYYY
Follow Up 90 Days: MM/DD/YYYY
Follow Up 180 Days: MM/DD/YYYY
Follow Up 365 Days: MM/DD/YYYY
Move-In Date: 01/01/2023
Service Planning Area: SPA 4 (Metro)
Address: The Moon
Address 2:
City/State/Zip Code: Moon KY 41472
Move Out Date: MM/DD/YYYY

Save No Changes

- Input move-in date and address
- Move-in date and address must match participant lease
- Click save



CHAMP Step 4: PH Update

Client

Provide PH Update

Test 046 Client ID 1569 Birth Date 5/16/1980 Primary Phone -- Consent Status FULL SHARING

Case Note

Check if you wish to record services associated with this note.

Services

Use the fields below to record the services provided in association with the note above.

Default Enrollment: 10/12/2018 - Permanent Housing [HFH]

Service Date*	Service*	Enrollment	Place of Service
<input checked="" type="checkbox"/> 08/22/2023	Homeless System of Care Linkage/Coordination	10/12/2018 - Permanent Housing [HFH]	Home
<input type="checkbox"/> MM/DD/YYYY	-- SELECT --	-- SELECT --	-- SELECT --

...

Goal: To move into new unit

Intervention: CM accompanied participant to lease signing and key pick up. Participant successfully moved into new unit.

Response: Participant signed lease and picked up keys. Participant was excited about moving into the new unit.

Plan: CM will work with participant and DHS to ensure participant gets all requested move in assistance items

08/22/2023 | Test 046 (1569)
National Health Foundation [HFH,CBEST] | PSH ICMS Case Manager Training | 222-222-2222 | PSHICMSCaseManager@clienttrack.com




Save DRAFT Save FINAL

- Select **Homeless System Linkage of Care/Coordination** as the Service
- Enter **Home** as Place of Service (or select the most appropriate location on the list provided)
- Enter a corresponding case note to document the move-in
- Click **save final**



CS Housing Deposit Authorization Packet

HFH staff will pull a daily referral report, review and approve all required CHAMP documentation for each referral, and confirm eligibility for CS Housing Deposits. Once approved, HFH staff will email the ICMS Contractor with the CS Housing Deposit Authorization Packet.

-  **STEP 1: COMPLETE ALL FORMS FOR THE CS HOUSING DEPOSIT AUTHORIZATION PACKET**
-  **STEP 2: COLLECT REQUIRED SUPPORTING DOCUMENTATION**
-  **STEP 3: EMAIL COMPLETED CS HOUSING DEPOSIT AUTHORIZATION PACKET BACK TO HFH STAFF**



CS Housing Deposit Authorization Form: pg. 1

- **HFH Staff to complete:**
 - Eligibility Criteria Attestation
 - Member Information
 - Service Information
- **ICMS Contractor to complete:**
 - Member Attestation

* LA Care is being used as an example; forms and requirements will vary across MCPS

L.A. Care
HEALTH PLAN

**Housing Deposits Services
Request for Funds Form**

Housing Deposits Services provides assistance with funding **one-time services** and modifications necessary to enable a person to establish a basic household that do not constitute room and board.

Only L.A. Care Housing Deposits Providers can submit this form. This form is only for eligible L.A. Care Medi-Cal and Cal Medi-Connect members. Please refer to the L.A. Care Housing Deposit Quick Reference Guide for more information. This form is **NOT** for members from Anthem, Blue Shield Promise, or Kaiser.

Eligibility Criteria Attestation: **TO BE COMPLETED BY HFH STAFF**

L.A. Care Medi-Cal or Cal Medi-Connect member; and

Enrolled in and receiving housing navigation services through Homeless and Housing Support Services (HHSS); and

Currently in the process of moving into permanent housing; and

Unable to meet requested housing deposit expenses.

Member Information

Request Date: 12/01/2022

Member ID/CIN: 11111111

Member First Name: Testy

HMIS #: 2222222

Member Last Name: Testers

CHAMP ID # (if known): 333333

Member Attestation **TO BE COMPLETED BY ICMS**

Member consented to disclosure of this information to L.A. Care.

Check this box to confirm that Housing Deposits Community Supports Services shall supplement and not supplant services received by the member through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

Service Information **TO BE COMPLETED BY HFH STAFF**

Servicing Provider Organization Name: DHS HFH

NPI: 0123456789

Referrer Email Address: hd@dhs.lacounty.gov

Name of Referrer (First and Last): DHS Staff

Contact Phone Number: 2135555555

Return Fax Number: 2135556655

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CS Housing Deposit Authorization Form: pg. 2

- Respond to questions 1-5
- Review and complete the consent box at the bottom of the page



L.A. Care
HEALTH PLAN

Housing Deposits Services
Request for Funds Form

For the Housing Provider to complete

Enter date member was enrolled/opted-in into HHSS

10 / 01 / 2022

1. Is this an Initial Request?

Yes

No (If No, please provide reason for follow up request)

2. Has member received other housing deposit services from other California Medi-Cal health plans?

Yes (If yes, please provide previous information below)

Housing Deposits Services provider name:

California Medi-Cal health plan name:

No

3. Has the assigned HHSS provider completed an Individualized Housing Support Plan?

Yes

No

4. Has the member's assigned HHSS provider identified a reasonable and necessary financial need that requires move-in assistance?

Yes

No

5. Is member moving into permanent housing?

Yes (If Yes, please provide move-in date)

12 / 08 / 2022

No

By checking this box, you are attesting that all information provided on this form has been validated. Also, where indicated on this form that you have captured "member consent" you will be able to present documentation substantiating this claim with dates, times, signature, voice capture, and/or phone records which will be required upon any prospective audit.

CS Housing Deposit Authorization Form: pg. 3-4

- Input exact amounts for each item requested
- Exact amounts must match supporting documentation
- Do not complete the Approved Goods section; DHS will complete this as well as the total

L.A. Care HEALTH PLAN Housing Deposits Services Request for Funds Form

Identified Needs: Please check off each item the member needs along with the Identified "Amount Requested". Once completed, sum all your "Amount Request" and add the grand total at the bottom. Please round all cost up to the full dollar amount.

Rental Payment
Rental Payment as required by landlord for occupancy. No allowance maximum for this section.

Service Type & Description	Amount Requested
<input type="checkbox"/> Security Deposit	\$
<input type="checkbox"/> First Month's Rent	\$
<input type="checkbox"/> Last Month's Rent	\$

Utilities
Set-up fees/deposits for utilities or service access and utility arrearages. No allowance maximum for this section.

Service Type & Description	Amount Requested
<input type="checkbox"/> Utility Deposit	\$
<input type="checkbox"/> Electricity	\$
<input type="checkbox"/> Heating	\$
<input type="checkbox"/> Gas	\$
<input type="checkbox"/> Water	\$

Cleaning Services
Services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy. Maximum Allowance for fumigation and cleaning: combined total of \$400.00

Service Type & Description	Amount Requested
<input type="checkbox"/> Fumigation	\$
<input type="checkbox"/> Cleaning Service	\$

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L.A. Care HEALTH PLAN Housing Deposits Services Request for Funds Form

Medically-Necessary Adaptive Aids
If the member's Medi-Cal health plan/delegated medical group has denied DME, submit request and provide DME denial letter as a supporting document.

Service Type & Description	Amount Requested
<input type="checkbox"/> Hoyer Lift	\$
<input type="checkbox"/> Hospital Bed	\$
<input type="checkbox"/> Shower Chair	\$
<input type="checkbox"/> Bedside Commode	\$

Approved Goods
Goods designed to preserve an individual's health and safety in the home that are necessary to ensure access and safety for the individual upon move-in to the home. Maximum allowances includes taxes.


Service Type & Description	Amount Requested
<input type="checkbox"/> Air Conditioner (Max \$250)	\$
<input type="checkbox"/> Bed Frame (Max \$200 per bed frame needed)	\$
<input type="checkbox"/> Heater (Max \$100)	\$
<input type="checkbox"/> Mattress (Max \$350 per mattress needed)	\$
<input type="checkbox"/> Microwave (Max \$125)	\$
<input type="checkbox"/> Refrigerator (Max \$800)	\$
<input type="checkbox"/> Stove (Max \$700)	\$
<input type="checkbox"/> Dining Table and 2 Chairs (Max \$300)	\$
<input type="checkbox"/> Couch (Max \$500)	\$
<input type="checkbox"/> Infant Furniture (Max \$300)	\$
<input type="checkbox"/> General Home Goods (Max \$300) (i.e. bathroom kit, kitchen, bedroom)	\$
Grand Total Including taxes must not exceed \$6,000.00	\$

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CS Housing Deposit Authorization Form: pg. 5

- Select all requested items, as well as the supporting documentation that will be submitted along with the form

Requested Item	Required Items
Security Deposit & First/Last Month's tenant Rent	<ul style="list-style-type: none"> W9 Lease w/ member's name, requested amount & move-in date Rent breakdown from PHA or BC <p>*Depending on the plan, other documents such as the RFTA or Unit Inspection Document may be accepted</p>
Utility Assistance	<ul style="list-style-type: none"> Complete utility bill with member's name
Medically Necessary Adaptive Aids	<ul style="list-style-type: none"> Medi-cal DME Denial Letter
Household Furnishings	<ul style="list-style-type: none"> CORT order form



Housing Deposits Services Request for Funds Form

Please check off each box member is requesting assistance for and provide required documents.

Member's Individualized Housing Support Plan that explicitly indicates the need for Housing Deposits Services

<input type="checkbox"/> Security Deposits	<input type="checkbox"/> Lease with member's name, the amount for Security Deposits, and move in date or <input type="checkbox"/> Intent to Rent OR RFTA (Request for Tenancy Approval) with member's name and the amount for Security Deposits or <input type="checkbox"/> Unit Inspection Documentation
<input type="checkbox"/> Utility Setup/Deposit Fees or Utility Bills	<input type="checkbox"/> Utility Bill (must include all pages and member's name must match)
<input type="checkbox"/> First/Last Month Rent Amount	<input type="checkbox"/> Lease with member's name and the rent amount
<input type="checkbox"/> Goods	<input type="checkbox"/> Receipts do not need to be submitted to L.A. Care, but must be kept in member's records for auditing purposes
<input checked="" type="checkbox"/> Cleaning/Pest or other service required for move-in	<input type="checkbox"/> Invoice – Service Cost
<input type="checkbox"/> Medically – Necessary adaptive aids and services	<input type="checkbox"/> Medi-Cal DME Denial Letter <input type="checkbox"/> Receipts do not need to be submitted to L.A. Care, but must be kept in members records for auditing purposes

Additional Notes and Concerns

This Request Does Not Guarantee Eligibility. Check Eligibility Prior To Rendering Service.
 Payment Will Not Be Made For Unauthorized Services.
 Secure Fax (213-536-0630).

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W-9

- If a security deposit and/or first/last month's rent is being requested, provide property owner with blank W-9 to complete and return as a supporting document

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person Date

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.
By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Cat. No. 10231X Form **W-9** (Rev. 12-2014)

BC Release of Information



527 W. 7th Street, Floor 11
Los Angeles, CA 90014

Move-In Assistance Authorization to Release Information

I _____ DOB: _____ hereby authorize:
(Print Client Name)

Brilliant Corners staff located at 527 W. 7th Street, Floor 11, Los Angeles, CA 90014

To release/receive any and all requested information obtained in the course of intake/move-in assistance services, to/from the following:

Los Angeles County Department of Health Services
Los Angeles County Department of Health Services – Housing For Health Service Partners
Los Angeles County Department of Mental Health
Los Angeles County Department of Mental Health Approved Agencies
Nu-Way Mattress Company
CORT Furniture

The disclosure of information/records authorized herein is required for client linkage to assistance and services. Release of information is valid for one year from date of signature.

Termination date of the consent to release information shall not be more than one year from the effective date. Under no circumstances should the termination date exceed one year. This authorization gives permission to have information release between the individual and the agencies listed above. I understand that this consent to release information waives any of my rights, currently or in the future, to bring any legal action against the releasing person/agency for any damages caused directly or indirectly by the release of this information.

Client Signature

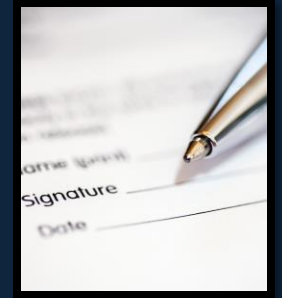
Staff Signature

Date: _____

Date: _____

- Meet with participant to review and sign the BC Release of Information

Final CS Housing Deposit Authorization Packet



- A completed CS Housing Deposit Authorization Packet includes the:
 - CS Housing Deposit Authorization Form
 - Supporting Documentation
 - BC ROI
- Submit all required documents as separate files to the appropriate DHS staff

Supporting Documentation

Requested Item	Required Supporting Documentation
Security Deposit and/or first/last month's tenant rent	<ul style="list-style-type: none">• W9• Lease w/ member's name, requested amount & move-in date• Rent Breakdown from PHA or BC
Utility Assistance	Complete utility bill with member's name
Household Furnishings	CORT order form
Medically Necessary Adaptive Aids	Medi-cal DME denial letter

Office Hours

Office Hours for ICMS Contractors:
Every other Wednesday 10-11am

*Training will be provided during the first
30 minutes of Office Hours*



Q&A

Email questions to:
housingdeposits@dhs.lacounty.gov



Thank you

TSS Team

housingdeposits@dhs.lacounty.gov

