CalAIM PATH
Collaborative Planning & Implementation
Housing Supports Best Practices

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Short Term vs. Long Term Housing Supports Dilemma

CalAIM adds new opportunities for Medi-Cal to cover short-term housing placements and supportive services, but there is also a need for long-term housing placements and retention support services. How can CalAIM's new programs support long-term housing placement and retention?

- There are shortages statewide for permanent housing, such as with vouchers, rapid rehousing, permanent supportive housing, and ARF/RCFE placements, so there needs to be coordination across partners to shift funding towards these services.
- Behavioral Health Bridge Housing (2024) and Transitional Housing Community Support (2025) programs are currently being developed to support interim housing.

Housing Best Practices

1. Begin authorization process for ECM and other Community Supports immediately after connecting with member to reduce the likelihood of a service gap. Enroll members experiencing homelessness in all relevant services upon intake.

2. Offer a *comprehensive package of CalAIM services* to meet the members' needs as they move through the different stages from being housing insecure to obtaining/sustaining permanent housing. Some examples of these services include:
   - Recuperative Care
   - Short-Term Post-Hospitalization housing
   - Day Habilitation
   - Housing suite (navigation, deposits and tenancy)

It is effective to pair ***Recuperative Care*** with ***Short-Term Post-Hospitalization (STPH)*** to retain members for up to 9 months, while working towards permanent housing.

3. It is crucial to assess and build life skills upon initial intake to support the housing navigation process and prepare members for future transitions from the program.

4. Housing navigation service is more effective when a member is housed via Recuperative Care or STPH and is participating in Day Habilitation services.

    If a member is housed temporarily through Recuperative Care or STPH services, it is easier to communicate and coordinate services with the member. For example, you can ensure the member is receiving Day Habilitation services that will help them develop new life skills to be successful when they get into permanent housing, as well as coordinating other services.

5. Begin SSI/SSDI applications while the member is in recuperative care or STPH to increase income so that members can find available housing.

6. The Community Supports Personal Care & Homemaker Services will allow organizations to submit the IHSS application earlier, before a member begins living independently.   For more information on the IHSS application go to: **https://www.cdss.ca.gov/in-home-supportive-services**

7. Use a service authorization tracking template (start/end dates) to support billing and reauthorizations with a lapse. More successful organizations have invested in CalAIM/ Medi-Cal billing teams/subject matter experts to obtain payment.

8. CalAIM Community Supports, especially *recuperative care* and *short-term post-hospitalization (STPH)* services, should be aligned with permanent Housing procedures.

    For example, *recuperative care* and *short-term post-hospitalization (STPH)* providers should be documenting member information in HMIS, so when the Housing provider is gathering and uploading documentation to the Coordinated Entry System (CES) they can easily access key member data.

9. MCPs can apply and share HHIP funds with community partners to increase local housing stock. Community Supports Housing providers can outreach to County MCPs about potential opportunities to partner on local housing efforts.