

Attachment A

Housing Supports Plan Template

Instructions: Complete all applicable sections of the Housing Supports Plan (HSP) in accordance with County, DHCS, and applicable MCP requirements. Refer to the numbered instructions at the end of this form for guidance on completing each section.

1. Member Information

HSP Start Date: 10/12/26	HSP Revision Date (if applicable): Initial Plan
Member Name: Damian Marley	Date of Birth: 02/11/1994
MCP: Molina	
HMIS ID# (if available): 1127043UA	Client ID#: 123456789
Email: itsmedmarley@example.com	Phone: 279-999-1111

2. Provider/Agency Information

Name: Rosie Patel	Provider/Agency: Northgate Integrated Services
Email: rosie.patel@example.org	Phone: 916-555-0188

3. Housing Setting Type

☒ Interim – Temporary or time-limited housing used for stabilization while the member works toward permanent housing. A lease is not required.

☐ Permanent – Housing intended for long-term tenancy. A lease is required.

4. Presenting Housing Need and History

Current status and classification: At the 10/08/2026 assessment, Damian is homeless and unsheltered in an encampment. Outreach records support approximately 14 months of continuous homelessness and a qualifying disabling condition, and the team documents chronic homelessness status for coordinated housing prioritization.

Type and approximate duration: Damian has slept outdoors in a river-adjacent encampment for approximately 14 months, with occasional one- or two-night stays in emergency warming shelters. He has no tenancy agreement or secure place to store medications and personal belongings.

Relevant prior housing experiences: Before becoming unsheltered, Damian lived in a shared apartment for roughly two years. After losing work hours and experiencing worsening behavioral health symptoms, he fell behind on rent and left the unit. He has since declined crowded shelter settings because he feels unsafe and overwhelmed there.

Contributing factors: Loss of employment income, untreated or intermittently treated psychotic symptoms, difficulty coordinating medical and housing appointments, and the absence of affordable rental options contributed to his extended unsheltered homelessness.

Circumstances affecting housing access or retention: Diabetes management requires reliable food storage, refrigeration for medications when prescribed, and access to follow-up care. Persistent hallucinations can interfere with sleep, communication, and engagement with landlords; consistent ECM, street-medicine transition support, and tenancy services are therefore essential. Damian has a completed Coordinated Entry assessment and approved housing navigation with Community Health Works. Damian toured an accessible studio on 10/08/2026 and the team confirmed a housing subsidy and move-in assistance. The unit will not be ready for move-in for another 2 months. Damian needs 2 months of housing assistance for a motel stay until unit becomes available for move-in and occupancy.

5. Strengths, Barriers, Goals, and Next Steps

<u>Goal (short and long-term) (e.g., short-term: obtain ID/documentation for SSI; long-term: use ID for rental applications)</u>	<u>Identified Strengths (e.g., member is very motivated and organized)</u>	<u>Identified Barriers (e.g., no transportation; no phone access)</u>	<u>Next Steps (e.g., case manager to schedule transportation and accompany member to SSA office; retain copies of rental applications)</u>	<u>Responsible Party (e.g., indicate case manager or member)</u>
Short-Term: Damian states he is ready to pursue housing and will complete enrollment and care coordination by 10/12/26.	Engaged with ECM, street medicine and navigator	Prior housing instability	Damian will meet with Rosie to complete enrollment and care coordination	Rosie Patel and Damian
Short-Term: Damian states he will search for motel room and move-in by 10/19/26	Coordinated entry assessed; documents nearly ready; navigation approved	Shelter costs may not be affordable and the need for benefits to be approved in time for Damian to move into motel is critical	Damian will choose affordable motel unit and communicate this to his housing team by 10/16/26; habitability and inspection to be completed; MCP authorization and housing subsidy commitment filed.	Damian and Northgate Integrated Services/housing navigator
Short-Term: Damian, with assistance from provider, CoHeWo, and property manager will execute lease and complete move-in by 01/01/2027	Member is motivated and organized and ready to live independently	Moving costs; landlord coordination and benefit timing	MCP authorization and housing subsidy commitment needed. Arrange utilities and move-in deposit.	Damian and Community Health Works (CoHeWo)
Long-Term: Maintain housing stability and confirmed subsidy after month 6	Existing care team and ongoing engagement	Ongoing income recertification and tenancy support needs	Schedule monthly check-in, post-move-in tenancy visits and month 5 review of subsidy activation; revise HSP for material changes	Northgate Integrated Services, member, CoHeWo

6. Housing Preferences, Strategy, and Solution

Housing Preferences: Damian requests a ground-floor studio with a private bathroom, refrigerator for diabetes supplies, and access to a pharmacy and transit. He prefers an apartment near his current street medicine clinic and agrees to coordinated visits with his care team.		
Permanent Housing Strategy: Damian and the housing team chose an available permanent supportive housing unit and confirmed landlord approval. Provider has also documented the long-term subsidy commitment. The housing team will complete lease documents, arrange deposits and coordinate move-in services with CoHeWo before the target date. Damian receives \$800 each month from verified SSI and can contribute \$225/mo. Damian needs interim housing support for 2 months to stay in a motel near his current medical clinic and near transportation. Room is for \$85/night and total for 60 days is \$5100. Member will contribute \$225/mo toward interim and permanent placements. Monthly rent for permanent housing unit is \$1300 and utilities are paid separate.		
Monthly Rent: \$ 1300	Monthly Utilities: \$ 85	Member Contribution: \$ 225

Short-Term Payment Source(s) <i>Select all that apply:</i>	☒ Medi-Cal Transitional Rent ☐ BHSA Housing Interventions ☐ Wraparound ☐ Other BHS funding/resource: _____ ☐ Other rental assistance: _____
Anticipated Long-Term Payment Source(s) <i>Select all that apply:</i>	☐ Housing Choice Voucher ☐ Other Housing Voucher: _____ ☐ Rapid Rehousing ☒ Permanent Supportive Housing ☐ State/local rental assistance (e.g., HDAP, HSP, TBRA): _____ ☐ Criminal legal system-funded housing program ☐ Family reunification assistance program ☐ Other BHS funding/resource: _____ ☒ Member income/self-pay ☐ Other: _____
Status of Long-Term Payment Source:	☒ Currently available/approved ☐ Application submitted/pending ☐ Planned—not yet applied ☐ Not yet identified
Target Move-in Date:	01/01/2027

7. Housing Supports Information

Service/Support	Provider	Frequency / Duration	Funding Source	Status
Medi-Cal MCP Community Support: Housing Transition Navigation Services	CoHeWo	2x weekly until move-in	CalAIM MCP Community Supports	☐ Enrolled/Confirmed ☒ Pending ☐ Denied ☐ Not Applicable
Medi-Cal MCP Community Support: Housing Deposits	CoHeWo	One-time \$2600 by move-in	CalAIM MCP Community Supports	☐ Enrolled/Confirmed ☒ Pending ☐ Denied ☐ Not Applicable

Service/Support	Provider	Frequency / Duration	Funding Source	Status
Medi-Cal MCP Community Support: Transitional Rent	CoHeWo	2-3 months for Interim from 10/20/26 to 12/31/26	CalAIM MCP Community Supports	☐ Enrolled/Confirmed ☒ Pending ☐ Denied ☐ Not Applicable
Medi-Cal MCP Community Support: Housing Tenancy & Sustaining Services	CoHeWo	weekly for 90 days, followed by monthly check-ins if needed	CalAIM MCP Community Supports	☐ Enrolled/Confirmed ☒ Pending ☐ Denied ☐ Not Applicable
Behavioral Health Housing Supports (BHSA Housing Interventions, i.e., rental assistance)*				☐ Enrolled/Confirmed ☐ Pending ☐ Denied ☐ Not Applicable
Other Housing Subsidy (please specify) not applicable				☐ Enrolled/Confirmed ☐ Pending ☐ Denied ☐ Not Applicable

*should not be used until MCP equivalent is used, exhausted, unavailable, or denied.

8. Sustainability and Transition Plan

Damian has verified SSI of \$800/month, a written permanent supportive housing operating subsidy commitment, and a signed unit reservation. Damian will contribute an estimated \$225/month to rent, with subsidy coverage for the remaining approved rent after Transitional Rent ends. ECM and housing tenancy supports through CoHeWo will coordinate medication access, refrigerator setup, benefits renewal, landlord communication, and a crisis-response contact plan developed with Damian and this treatment team. The team will review housing stability and provide services on a weekly basis during the first 90 days followed by monthly check-ins while the member is housed, and whenever clinical, income, or household changes affect the plan.

See next page for Attestations

9. Attestations

Confirms required elements of HSP development.

Provider:

- ☒ The member consented to sharing personal health information for the purpose of referral for Medi-Cal Community Supports, if necessary related to Substance Use Data included in [42 CFR Part 2](#).
- ☒ I am the treating provider, or have authorization and sufficient knowledge of the member's behavioral health condition(s), to attest that the member currently has a diagnosed or is suspected of having one or more of the qualifying SMHS, DMC or DMC-ODS Clinical Risk Factor Requirements as identified in the [DHCS Community Supports Policy Guide: Volume 2](#) on page 27.
- ☒ I am authorized and have sufficient knowledge of the member's housing and support needs to attest that, upon expiration of the Transitional Rent benefit, the member has either:
 - ☒ **Secured ongoing housing funding or subsidy:** The member has secured housing subsidy or other ongoing housing funding to support the member's continued housing stability following completion of the Transitional Rent benefit. The member is currently connected to RENEW/Northgate Integrated Services (Program/Agency), and is expected to receive ongoing housing assistance through the planned funding source or subsidy: Perm Supportive Housing (Type of Housing Funding/Subsidy)
 - OR**
 - ☐ **BHSA Housing Interventions:** The member meets the eligibility criteria for BHSA services and may be eligible to transition to BHSA Housing Interventions upon expiration of the Transitional Rent benefit, subject to applicable BHSA eligibility requirements and availability of services and funding. The member is currently connected to _____ (Program/Agency) for ongoing behavioral health and/or housing support.
- ☒ The HSP was developed and reviewed with the member to ensure their housing needs and preferences are captured, addressed identified barriers, and will be revised as the member's circumstances change.
- ☒ When applicable, the Maximum Rental Assistance Calculator (MRAC) was completed and used to determine the member's allowable and equitable housing assistance amount, and a copy of the completed MRAC was added to the member's record.
- ☒ This HSP was developed in a way that is culturally appropriate and trauma-informed.

Member Name: Damian Marley

Client ID#: 123456789

Rosie Patel - Housing Coordinator
Staff Name & Title

Signature

10/14/26
Date

Member:

- ☒ I have participated in the development/review of this Housing Supports Plan and agree with the sustainability plan and goals. I understand that the plan may be updated as my housing situation, needs, preferences, or goals change.

Damian Marley

Name

Signature

10/14/26

Date

HSP Template Instructions

Use these instructions to complete the corresponding numbered sections of the HSP. Complete all fields that apply based on information known at the time the HSP is developed or reviewed. Information does not need to be finalized for the HSP to be completed. When a housing setting, provider, funding source, authorization, or other information has not yet been identified or secured, document the current status and planned next steps. Update the HSP as the member's housing circumstances or plan changes.

1. Member Information

Enter the member's identifying and contact information, including the HSP start date and revision date, when applicable. Identify the member's MCP. If the member is not currently enrolled in Medi-Cal or a MCP has not yet been identified, indicate this on the form.

2. Provider/Agency Information

Enter the name and contact information of the provider completing or coordinating the HSP and the responsible agency.

3. Housing Setting Type

Select the option that best describes the member's current or planned housing setting.

- Interim Housing: Select when the member is residing in or being placed into temporary or time-limited housing while working toward permanent housing. *Note: Interim Housing HSPs may be less detailed.*
- Permanent Housing: Select when the member is residing in or pursuing housing intended for long-term tenancy. *Note: Permanent Housing HSPs must include a comprehensive permanent housing solution and long-term payment strategy.*

Select the setting based on the information available at the time the HSP is completed. A specific unit, funding source, authorization, or long-term housing solution does not need to be finalized before selecting a housing setting or completing the HSP.

4. Presenting Housing Need and History

Describe the member's current housing situation and relevant housing history. Include information necessary to understand the member's housing needs and circumstances, such as:

- Current housing or homelessness status, including at-risk, homeless, or chronically homeless status¹, when applicable;
- Type and approximate duration of the current housing or homelessness situation;
- Relevant prior housing experiences;
- Factors contributing to homelessness or housing instability; and
- Circumstances that may affect the member's ability to obtain or maintain housing.

5. Strengths, Barriers, Goals, and Next Steps

Identify the member's strengths, barriers, measurable goals, and next steps needed to obtain or maintain stable housing. Goals and next steps should reflect the member's preferences and identify who is responsible, target completion dates, any other providers, programs, benefits, or services needed to accomplish the goal.

Examples may include obtaining identification documents, applying for a housing voucher, submitting a Transitional Rent referral, resolving rental barriers, searching for an accessible unit, increasing income, or completing a housing application. Add additional goals or actions as needed. *Contractors are not required to create a specific number of goals.*

6. Housing Preferences, Strategy, and Solution

Document the member's preferences and the current strategy for obtaining or maintaining permanent housing. Consider housing type (e.g., SRO or two bedroom) and location (e.g., desired neighborhoods or close to childcare), household composition, and structural supports/accommodations needed.

Identify the anticipated permanent housing setting, housing strategy, estimated timeline, rental amount/member contribution when known, and the payment source(s) and mechanism(s) that will sustain the housing. When rental amount is known, indicate in the Permanent Housing Strategy if utilities are included or billed separately. *For members currently in interim housing, describe the current permanent housing strategy even if the final housing solution has not yet been identified.*

7. Housing Supports Information

Identify the housing-related services and supports the member needs to obtain and maintain housing. For each applicable service or support, document:

Provider: Provider, agency, or program responsible for delivering or coordinating the support.

Frequency/Duration: Anticipated frequency and duration, when known.

Funding Source: Funding source responsible for the service or support, when applicable.

¹ Meets HUD definition of homeless or at risk of homelessness in [Section 91.5 of Title 24 of the Code of Federal Regulations \(CFR\)](#), with three modifications listed in the [DHCS Community Supports Policy Guide, Vol. 2, p. 113](#) (April 2025)

Status: Select the option that best describes the current status, such as Enrolled/Confirmed, Pending, Denied, or Not Applicable.

8. Sustainability and Transition Plan

Describe how the member is expected to maintain stable housing and, when applicable, transition from temporary or time-limited housing or rental assistance. The plan should address, as applicable:

- Current and anticipated rental assistance or housing funding;
- Member income and anticipated contribution toward housing costs (e.g., titration plan);
- Benefits, subsidies, vouchers, or other housing resources;
- Ongoing housing and supportive service needs;
- Providers or other parties responsible for follow-up;
- Applications, referrals, or other actions still needed;
- Anticipated expiration of time-limited assistance;
- Planned transition to another housing or funding resource; and
- Anticipated transition or move-in timeline.

For members receiving or pursuing Transitional Rent, document the anticipated housing or funding pathway following the end of the Transitional Rent benefit when known. If the post-Transitional Rent resource has not yet been secured or identified, document the resources being explored and the actions that will be taken to develop a sustainable housing plan.

9. Attestations

This Attestation complies with state and local requirements of the HSP development and allows an authorized provider to confirm the member's behavioral health eligibility without submitting the member's complete clinical record. It does not replace clinical assessment or establish eligibility for Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), or Drug Medi-Cal Organized Delivery System (DMC-ODS). Rather, it confirms that the member currently meets one of the behavioral health criteria that qualify them for the Transitional Rent Community Support.

Additional documentation may be requested by the receiving entity to support the referral.