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: 10/12/2026	HSP Revision Date (if applicable): initial plan	
Member Name: Chloe Blair		Date of Birth: 04/18/2004
MCP: Health Net		
HMIS ID# (if available): 999688397	Client ID#: 111111111	
Email: misschloeblair@aol.net	Phone: 916-111-1111	

2. Provider/Agency Information

Name: Maya Lopez	Provider/Agency: Riverbend Behavioral Health
Email: maya.lopez@example.org	Phone: 916-555-5555

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: As of the 10/10/2026 assessment, Chloe is homeless and temporarily staying in a motel paid for by a short-term outreach voucher; she has no lease or permanent nighttime residence.
Type and approximate duration: Chloe has alternated between an unsheltered encampment and brief motel placements for approximately seven months, beginning in March 2026. Her current motel voucher covers five nights and expires 10/15/2026.
Relevant prior housing experiences: After leaving foster care, Chloe rented a room with a former coworker for about nine months. She subsequently stayed with friends, moved between temporary rooms, and occasionally used motels when funds were available. She reports no prior eviction judgment.
Contributing factors: Loss of a shared rental arrangement, inconsistent part-time earnings, lack of savings for a deposit, and limited access to a reliable support network contributed to her homelessness. Pregnancy has increased the urgency of obtaining safe, stable housing near prenatal care.
Circumstances affecting housing access or retention: Chloe has limited rental history and cannot independently afford the proposed unit without assistance. She needs transportation to appointments, coordination with prenatal care, a realistic plan for income and child-related expenses, and timely engagement with ECM and her CoC navigator. Outreach reconnected her with ECM on 10/05/2026, and she selected a one-bedroom unit on 10/10/2026; the prenatal provider and navigator participate with her consent.

5. Strengths, Barriers, Goals, and Next Steps

Goal (short and long-term) (e.g., short-term: obtain ID/documentation for SSI; long-term: use ID for rental applications)	**Identified Strengths** (e.g., member is very motivated and organized)	**Identified Barriers** (e.g., no transportation; no phone access)	**Next Steps** (e.g., case manager to schedule transportation and accompany member to SSA office; retain copies of rental applications)	**Responsible Party** (e.g., indicate case manager or member)
Short-term: Complete housing enrollment and care coordination by 10/12/26	Existing CoC Navigator; documentation ready	Prior housing instability	Member met coordinator; housing eligibility and income verified; written care coordination consent filed 10/06/26	Maya Lopez
Short-term: Execute lease and complete move-in by 11/01/26	Coordinated Entry connection; TR eligibility reported	Moving costs, landlord coordination and benefit timing	Provider to complete the bhs habitability inspection and attestation form; Arrange utilities and accessibility modifications	Riverbend Behavioral Health Housing Team / housing navigator
Long-term: Maintain housing stability and confirmed subsidy after month 6	Existing housing navigation relationship	Ongoing income recertification and tenancy support needs	Schedule post-move-in tenancy visits and assist with referral to MCP for Housing Tenancy Sustaining Services (HTSS) connection and authorization	Riverbend Behavioral Health Housing Team

6. Housing Preferences, Strategy, and Solution

Housing Preferences:

Chloe prefers a private one-bedroom apartment in South Sacramento, near prenatal care and a bus line; she plans to live with her baby after delivery. She does not want a shared room.

Permanent Housing Strategy:

Chloe and the housing team chose an available unit and confirmed the landlord will accept her. The habitability review was completed on 10/11/2026, and the long-term housing subsidy has been approved. The team will finalize lease documents, arrange deposits and coordinate move-in services before the target date. Utilities are not included in the rent, and Chloe will contribute using her income from CalWORKs cash aid. Months 1-6 are requested to be covered by Transitional Rent in the amount of $1250/month (10/09/2026), Chloe will contribute $175/mo. Month 7 will be covered by BHSA rental assistance.

Monthly Rent: $ 1425 Monthly Utilities: $ 110 Member Contribution: $ 175

Short-Term Payment Source(s) *Select all that apply*:	☑ Medi-Cal Transitional Rent ☐ BHSA Housing Interventions ☐ Wraparound ☐ Other BHS funding/resource:_____ ☐ Other rental assistance:_____
Anticipated Long-Term Payment Source(s) *Select all that apply*:	☐ 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: BHSA rental assistance ☑ 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:	11/01/2026

7. Housing Supports Information

Service/Support	Provider	Frequency / Duration	Funding Source	Status
Medi-Cal MCP Community Support: Housing Transition Navigation Services	MISI Community Solutions	2x weekly until move-in	CalAIM MCP Community Supports	☐ Enrolled/Confirmed ☑ Pending ☐ Denied ☐ Not Applicable
Medi-Cal MCP Community Support: Housing Deposits	MISI Community Solutions	1x $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	MISI Community Solutions	6 months from lease start	CalAIM MCP Community Supports	☐Enrolled/Confirmed ☑Pending ☐Denied ☐Not Applicable
Medi-Cal MCP Community Support: Housing Tenancy & Sustaining Services	MISI Community Solutions	Weekly for 90 days, then monthly	CalAIM MCP Community Supports	☐Enrolled/Confirmed ☑Pending ☐Denied ☐Not Applicable
Behavioral Health Housing Supports (BHSA Housing Interventions, i.e., rental assistance)*	Riverbend Behavioral Health	7th month from lease start date	BHSA Housing Interventions	☑Enrolled/Confirmed ☐Pending ☐Denied ☐Not Applicable
Other Housing Subsidy (please specify) not applicable or none				☐Enrolled/Confirmed ☐Pending ☐Denied ☐Not Applicable

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

8. Sustainability and Transition Plan

BHSA rental assistance has been confirmed for the identified apartment beginning after the six-month MCP Transitional Rent period. The housing specialist/case manager will review benefit continuity monthly, arrange postpartum and infant-related referrals, and coordinate ongoing housing tenancy supports. At month 5, the team will reconfirm BHSA rental assistance activation and update the HSP if rent, household composition, or income changes.

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 ATLAS/Riverbend Behavioral Health (Program/Agency), and is expected to receive ongoing housing assistance through the planned funding source or subsidy:_____(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 ATLAS/Riverbend Behavioral Health (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: Chloe Blair Client ID#: 111111111

Maya Lopez - Housing Specialist		10/12/2026
Staff Name & Title	Signature	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.

Chloe Blair		10/12/2026
Name	Signature	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 status[1], 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.