

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: 10/13/2026	HSP Revision Date (if applicable): Initial Plan
Member Name: Eli Carter	Date of Birth: 05/14/2016
MCP: Anthem	
HMIS ID# (if available): 22A11E333	Client ID#: 999999999
Email: dana.carter@me.net	Phone: 916-333-1212

2. Provider/Agency Information

Name: Susie Doe, LMFT	Provider/Agency: Helpful Hands
Email: susie.doe@example.org	Phone: 916-555-1111

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: Eli Carter is child and caregiver is Dana Carter, primary housing decision maker, clinical services are coordinated around the child's needs. Family currently lives in interim housing behavioral health bridge housing unit at Grow Florin Safe Stay. The family secured a private-market rental. They are experiencing sheltered homelessness and meet bhsa chronic homelessness criteria.

Type and approximate duration: The caregiver reports that the family has been approved for a private-market 1 bedroom apartment for a fixed 1 year lease term.

Relevant prior housing experiences: The caregiver reports a history of unstable housing, but has been able to be timely with rent and utility payments, and successful management of the family's household needs. The family has 1 prior eviction. The caregiver maintains connections with extended family, a faith community, and school personnel.

Factors contributing to housing instability: Eli is experiencing mood lability while psychiatric medication adjustments are being evaluated. Verbal altercations with caregiver, loud outbursts that generated neighbor complaints, and damage or neglect of portions of the unit have strained past tenancy. Caregiver has one reported collections for damages to last housing unit. The caregiver's limited income prevents immediate payment of the full amount.

Circumstances affecting the ability to obtain or maintain housing: Without a workable agreement addressing prior damage debt and strategies to reduce disturbances, the household risks difficulty completing move-in, a future lease violation or another eviction. Eli's ongoing behavioral health needs, Dana's full-time work and parenting responsibilities, and limited income complicate housing retention. Protective factors include established treatment, caregiver engagement, positive rent-payment history, school support and extended-family/faith-community connections. Another displacement would likely increase stress and worsen Eli's symptoms and functioning.

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: Move from BHBH into approved rental by 11/01/2026	1 year apartment approved	prior eviction and collection (debt)	Dana will sign lease; the housing coordinator will confirm eligibility; unit suitability, move-in requirements, and coordinate BHBH exit	Dana Carter and Susie Doe
Short-Term: Resolve prior \$600 damage collection	Dana can afford \$50/mo	The full balance is currently unaffordable for Dana and she cannot pay the lump sum balance	Susie will connect Dana to city of sacramento Financial Empowerment Center for credit counseling and repair; Dana will obtain written collection settlement; Dana will begin to pay \$100/mo; request conditional \$100/mo assistance if eligible; if not Susie will seek BHSA HI approval	Susie Doe and Dana Carter
Long-Term: Reduce disruptions in new tenancy	Engaged caregiver and treatment team	Mood lability	Psychiatric review; 2x weekly therapy; weekly skills/rehabilitation; caregiver coaching and early landlord communication	Helpful Hands Treatment Team, Susie Doe
Long-Term: Sustain rent beyond temporary help	Full-time work	proposed \$700/mo assistance ends 04/2027	Verify income and long-term subsidy/affordability by 1/15/2027; revise plan if no sustainable payer identified	Susie Doe

6. Housing Preferences, Strategy, and Solution

<p>Housing Preferences:</p> <p>Discussed permanent supportive housing options, Dana states she prefers the approved private-market one-bedroom apartment for predictable housing, proximity to school and behavioral health care, and access to family and faith supports. Simulated household is Dana and Eli; staff will verify legal occupancy, sleeping arrangements, unit suitability and any accommodation needs before lease signing. Eli will be included in age-appropriate conversations about the transition.</p>		
<p>Permanent Housing Strategy:</p> <p>Susie will work with Dana to help her and Eli transition from Grow Florin Safe Stay into the approved one-year rental; coordinate a written repayment/settlement agreement for the prior \$600 damage collection; arrange eligible move-in assistance only after funding authorization and duplication checks; and implement a child-centered behavioral health and caregiver support plan to prevent disturbances in the new home. No landlord incentive or damage payment is represented as already owed on the new unit. Dana supplied government ID, proof of custody, household identification, income verification, benefit statements, the private-market rental approval, draft one-year lease, and the prior damage collection statement. Staff documented landlord screening acceptance despite the prior eviction/collection on 10/12/2026. Rent amount total includes utilities is \$1450/month. Dana will contribute \$750/month. Lease starts 11/01/2026 and Transitional Rent to cover \$700/month for 6 months (11/2026 to 04/2027). Month 7 will be funded by Dana's income. If Dana's income and/or the affordability of the unit changes, BHSA rental assistance can cover.</p>		
Monthly Rent: \$ 1450	Monthly Utilities: \$	Member Contribution: \$ 750

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: <u>BHSA rental assistance</u> ☒ 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	United Way	1x weekly	CalAIM MCP Community Supports	☐ Enrolled/Confirmed ☒ Pending ☐ Denied ☐ Not Applicable
Medi-Cal MCP Community Support: Housing Deposits	United Way	one-time deposit of \$1450	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	United Way	\$700/monthly for 6 months	CalAIM MCP Community Supports	☐ Enrolled/Confirmed ☒ Pending ☐ Denied ☐ Not Applicable
Medi-Cal MCP Community Support: Housing Tenancy & Sustaining Services	United Way	bi-weekly	CalAIM MCP Community Supports	☐ Enrolled/Confirmed ☒ Pending ☐ Denied ☐ Not Applicable
Behavioral Health Housing Supports (BHSA Housing Interventions, i.e., rental assistance)*	Helpful Hands	initial one-time payment for month 7 (05/2027)	BHSA Housing Interventions	☒ 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

Member and caregiver actions: With developmentally appropriate support, Eli will practice coping and emotional regulation skills, attend psychiatric follow-ups, and participate in therapy and skills services. Dana will review and sign the new lease, provide household documentation, pay the agreed share of prior damage debt, make rent and utility payments, communicate early with housing staff about concerns, and use family, faith and school supports as needed. Dana will coordinate with the treatment team around work hours and will use the crisis plan when safety concerns arise.

Provider actions: Housing staff will coordinate BHBH exit and move-in, verify the one-year lease and safe/suitable occupancy, assist with utility setup, inspect the unit as required, confirm funding eligibility and payer responsibilities, and document move-in assistance approvals before payment. Staff will seek a written settlement for the prior collection and provide landlord engagement and tenancy coaching. The clinical team will coordinate psychiatric review, twice-weekly therapy for 12 weeks, weekly rehabilitation/skills support, caregiver coaching and school collaboration with consent; frequency will be adjusted based on clinical need.

Sustainability / transition plan: Monthly rent is \$1,450; Dana contributes \$750 from wages/benefits and a time-limited rental resource covers \$700/month for November 2026–April 2027, subject to separate authorization. By 01/15/2027 staff and Dana will confirm an actual ongoing funding source or a documented affordable alternative for May–October 2027 and beyond (e.g., approved long-term subsidy, increased verified income, or an affordable unit). If Dana's income does not increase, staff will assist Dana to see whether additional time-limited assistance is available and allowable to prevent displacement. If no viable funding source or affordable alternative has been identified by January 15, 2027, staff will escalate housing stabilization efforts, coordinate with appropriate housing partners, and develop a documented contingency plan before temporary rental assistance expires. The prior \$600 collection is addressed by three \$200 monthly payments, with Dana paying \$100/month and a proposed provider contribution of \$100/month only if approved. Staff will review rent affordability monthly and update the HSP when funding, household or housing circumstances change.

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 _____ (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 FSPW RENEW/Helpful Hands (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: Eli Carter

Client ID#: 999999999

Susie Doe - Housing Manager
Staff Name & Title

Signature

10/13/2026
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.

Eli Carter

Name

Signature

10/13/2026

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.