	Program: **UTILIZATION MANAGEMENT**	
Heritage Provider Network & Affiliated Medical Groups	Policy No. **HH-002**	Effective Date: 1/1/2019
	Authored by: **HPNCS _UM**	Dated Authored: 12/17/2018
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Title of Policy: **HEALTH HOMES HOUSING SERVICES**

PURPOSE:

To outline policies and procedures for providing required housing services in the Health Homes Program, to ensure that Heritage Provider Network and its Affiliated Medical Groups (HPN) meets regulatory and contractual requirements.

POLICY:

In accordance with DHCS contractual requirements and regulatory guidance, Heritage Provider Network and its affiliated Medical Groups (HPN) and Molina Healthcare of CA (MHC)provides Health Homes Program (HHP) services to eligible members as defined by the DHCS Health Homes Program Guide.

The Health Homes program (HHP) is designed to coordinate the full range of physical health, behavioral health, and community- based long-term services and supports (LTSS) needed by members with chronic conditions and severe mental illness diagnoses. HHP is structured as a health home network, working together as a team to provide comprehensive care coordination services. The HHP network consists of MHC, Community-Based Care Management Entities (CB-CMEs – Heritage Provider Network and its affiliated Medical Groups – Regal Medical Groups and Desert Oasis Healthcare) and other community-based organizations that provide linkage to community and social support services.

Social support services in the HHP program address a wide range of social factors, including housing. MHC and its contracted CB-CMEs will have policies in place to identify homeless members in the Health Homes Program and ensure that those members have seamless access to housing support services.

PROCEDURE:

1. HPN recognizes that housing services vary greatly by county, and that accessing housing services
    a. To increase HPN's knowledge of housing resources, and to ensure seamless access to housing support services by our members, HPN will work with community resources throughout the MHC Medi-Cal service area.
        i. HPN will work with MHC to engage with groups such as County Homeless Initiative to improve communication and processes between managed care organizations and housing agencies.
        ii. Representatives of HPN will identify and engage with Continuum of Care organizations (CoC's) and housing collaboratives throughout the MHC Medi-Cal service area.

2. HPN will seek information-sharing MOUs with Housing Management Information Systems (HMIS).

3. HPN will work with MHC to analyze member data prior to implementation of the Health Homes Program to identify HH-eligible Molina members who are homeless, and will implement specific

outreach strategies to encourage program opt-in.

4. MHC may choose to provide housing navigation services through their own staff or through contracts with housing agencies.
   a. Through the assessment process, HPN or contracted housing agencies will assess members' housing stability and develop a Health Action Plan that includes strategies linking eligible individuals who are homeless or experiencing housing instability to permanent housing.
   b. Health Home services include housing navigation services, not just referrals to housing, and a Housing Navigator is required to be part of the HHP care team for members experiencing homelessness. Housing navigation services will include:
      i. Individual Housing Transition Services to assist beneficiaries with obtaining housing, such as individual outreach and assessments. These services include:
         1. Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on potential housing transition barriers, and identification of housing retention barriers;
         2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short and long- term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal;
         3. Assisting with the housing application process. Assisting with the housing search process;
         4. Identifying resources to cover expenses such as security deposit, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses;
         5. Ensuring that the living environment is safe and ready for move- in;
         6. Assisting in arranging for and supporting the details of the move; and
         7. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.
      ii. Individual Housing and Tenancy Sustaining Services to support individuals in maintaining tenancy once housing is secured. These services include:
         1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations;
         2. Education and training on the roles, rights and responsibilities of the tenant and landlord;
         3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy;
         4. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action;
         5. Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized;
         6. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action;
         7. Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized;
         8. Assistance with the housing recertification process;
         9. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers; and
         10. Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management.