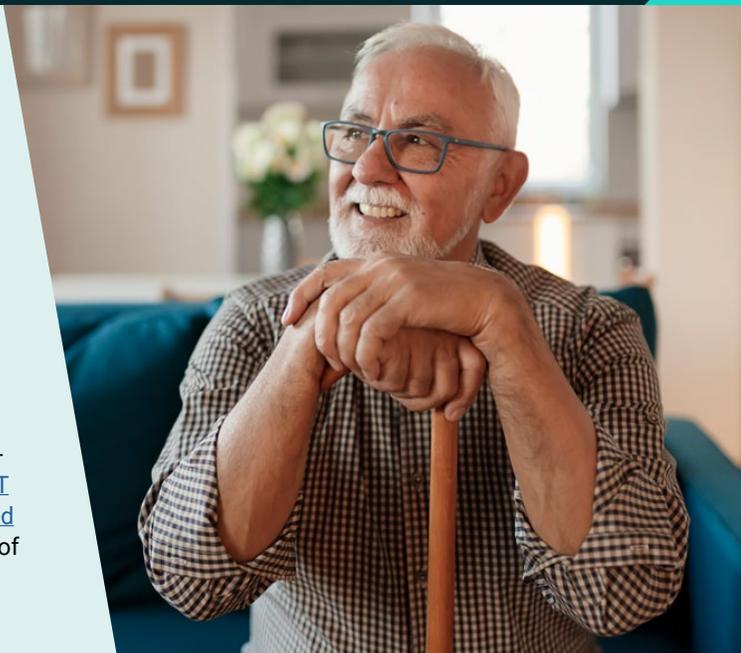


## Introduction to CalAIM's Community Supports

The California Department of Health Care Services (DHCS) launched [California Advancing and Innovating Medi-Cal \(CalAIM\)](#) as a multi-year initiative to improve population health and advance the quality of life of Californians. As a part of the CalAIM initiative, Medi-Cal managed care plans (MCPs) have been encouraged to offer [Community Supports](#) to eligible Members.

Community Supports are pre-approved, medically appropriate, and cost-effective services that Medi-Cal MCPs offer to address members' health-related social needs. **Transitional Rent**, approved under the [BH-CONNECT waiver](#), is the fifteenth Community Support and the newest [housing-related service](#) to meet the needs of Medi-Cal members experiencing or at risk of homelessness.



## Transitional Rent: What You Need to Know

### What is Transitional Rent?

Transitional Rent (TR) provides up to six months of rental assistance for eligible Medi-Cal members experiencing or at risk of homelessness who meet additional eligibility criteria. Covered costs include rent, as well as housing-related fees such as storage, amenities, and landlord-paid utilities that are part of the rent payment. TR is currently the only Community Support that MCPs are required to provide as a benefit for eligible members.

### Who is Eligible for TR?

Medi-Cal members must meet all three of the following eligibility criteria:<sup>1</sup>

1. Have one or more of the qualifying clinical risk factors; **and**
2. Be experiencing or at risk of homelessness; **and**
3. Be part of specified "transitioning populations" or living unsheltered or Full-Service Partnership (FSP) eligible.

### How are TR Services Provided?

MCPs must partner with a network of TR providers to issue rental payments and, in some cases, directly provide housing. Allowable TR providers include:

- County agencies (*MCPs must offer county behavioral health agencies a TR contract*)
- Flex Pools
- Affordable housing providers
- Supportive housing providers
- CoC-affiliated entities
- Social services agencies
- Public Housing Authorities (PHAs)
- Other providers of services for individuals experiencing homelessness

### Do TR Providers have Other Responsibilities?

Yes, TR providers are responsible for helping eligible members find an appropriate and habitable housing setting/unit; review, understand, and execute their lease agreement; develop a rent payment agreement with the landlord or property owner; issue timely rent payments; and coordinate with supportive services providers.

<sup>1</sup> For more information on Transitional Rent Eligibility Criteria, please see pages 57-60 of the [DHCS Community Supports Policy Guide: Volume 2](#).

## What are Allowable Housing Settings for TR?

TR may be provided in:

- Permanent settings (with a renewable lease of at least one month): single-family/multi-family homes; apartments; housing in mobile home communities; accessory dwelling units (ADUs); shared housing; project-based or scattered-site PSH; recovery housing; license-exempt room and board.
- Interim settings: hotels/motels being used as a primary residence; transitional and recovery housing with no lease agreement.
- *Tiny homes and single room occupancy (SRO) units can be either interim or permanent settings, depending on whether there is a renewable lease for at least 1 month.*

## How does TR Interact with Other CalAIM Housing-Related Services?

Members authorized for TR are automatically authorized for [Enhanced Care Management \(ECM\)](#) and the housing-related Community Supports (the [“Housing Trio”](#): Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services). Members are not required to use ECM or the Housing Trio, but they become automatically eligible once TR is approved.

## Are there any Restrictions on TR?

The federal waiver authorizing TR requires that the three “Room and Board” services – Recuperative Care, Short-Term Post-Hospitalization Housing (STPHH), and Transitional Rent – are subject to a “global cap.” This global cap limits assistance to no more than a combined six months (182 days) of STPHH, Recuperative Care, and TR during any rolling 12-month period.

TR is subject to an additional cap of six months per household during this demonstration period.

## When does TR become Effective?

MCPs could begin optional coverage of TR starting July 1, 2025. Mandatory coverage of TR for Medi-Cal Members in the Behavioral Health (BH) Population of Focus (POF) begins on January 1, 2026 for all MCPs.<sup>2</sup> MCPs can seek approval to cover more POFs at that time, and more POFs are expected to be phased in over time.

## Spotlight on Behavioral Health Collaboration:

County behavioral health departments play a critical role in authorizing TR for the BH POF and can authorize TR for 30 days for members eligible for Behavioral Health Services Act services.<sup>3</sup> There is an expectation that TR recipients will be connected to BHSA resources after TR if no other ongoing subsidy is secured.

## Transitional Rent: What Comes Next

County stakeholder – including behavioral health departments, MCPs, Continuums of Care (CoCs), housing and homeless service providers, and other invested partners – are preparing for the rollout of TR. MCPs are contracting with providers and working with county behavioral health agencies to be ready for the January 1, 2026 mandatory coverage deadline. New TR providers will also need to collaborate closely with other housing-related Community Support providers leading up to TR implementation to ensure coordinated care and pathways to permanent housing for members receiving multiple housing-related services.



<sup>2</sup> For more information on the Transitional Rent Populations of Focus, please see pages 61-62 of the [DHCS Community Supports Policy Guide: Volume 2](#).

<sup>3</sup> For additional information on BHSA Housing Interventions, see the [BHSA County Policy Manual](#).