



L.A. Care Health Plan launched Community Supports (CS) on January 1, 2022. CS are optional, non-traditional services that address social determinants of health. Under this program, L.A. Care launched the Housing Deposits CS (HD) on 7/1/22.

Members who are enrolled with a Housing Transition Navigation Provider who offers Housing Deposit Services qualify to apply for the Housing Deposits program. The program provides once in a life time funding to successfully establish a basic household for members who are moving into permanent housing or members who were homeless or at-risk of homelessness. Services do not include the provision of room and board or payment of ongoing rental cost beyond the first and last month's coverage. Services provided will be based on individualized assessment of needs and must be documented in the individualized housing support plan (care plan).

Prior to submitting a request on behalf of the member, it is the contracted provider's responsibility to discuss the program with the member and obtain consent to participate. [ONLY providers contracted to offer Housing Deposit services can submit a request for Housing Deposits at this time.](#)

Please be aware that a request does not guarantee eligibility. Providers must check eligibility prior to submitting an HD request. Payments will not be made for unauthorized services.

Who is eligible?

Member must meet all of the following criteria to be eligible for Housing Deposits.

- 1 L.A. Care Medi-Cal or Dual Eligible Special Needs Plan (D-SNP) member; and
- 2 Enrolled in and receiving housing navigation services through Housing Navigation or Tenancy Sustaining Services (HN/TSS) with
- 3 Currently in the process of moving into permanent housing¹; and
- 4 Unable to meet requested housing deposit expenses.

Who is not eligible?

- 1 Not currently enrolled in HN/TSS.
- 2 Already living in permanent housing at the point of request, but reasonable accommodation could be considered².
- 3 Not moving into a permanent housing setting.
- 4 Receiving housing deposit resources from a duplicative program.
- 5 Previously received housing deposit services from L.A. Care Health Plan or other Medi-Cal Managed Care plans. Housing Deposits are available once in an individual's lifetime. Housing Deposits can only be approved one additional time with documentation as to what conditions have changed to demonstrate why providing Housing Deposits would be more successful on the second attempt.

¹ Permanent housing (PH) is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. Under PH, a [member] must be the tenant on a lease (or sublease) for an initial term of at least one year that is renewable and is terminable only for cause. Further, leases (or subleases) must be renewable for a minimum term of one month. <https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/>

² Reasonable accommodations may be considered for a member who has been living in permanent housing for less than five years and only when the member is re-locating due to a recent change in their physical ability that impacts their access to current housing unit. This must be documented in the member's housing support plan.

What does Housing Deposits cover?

Please see below the different items Housing Deposits can cover. If the member qualifies for the program, they cannot exceed the maximum lifetime allowance of \$6,000.

Eligible Items

Rental Payments

- | | | |
|---|---|--|
| <input type="checkbox"/> Security Deposit | <input type="checkbox"/> First Month's Rent | <input type="checkbox"/> Last Month's Rent |
| <input type="checkbox"/> Move-in costs (e.g. moving service, moving vehicle rental) | | |

Utilities

- | | | |
|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Utility Deposit | <input type="checkbox"/> Electricity | <input type="checkbox"/> Heating |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Water | |

Cleaning Services

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Fumigation | <input type="checkbox"/> Cleaning Services |
|-------------------------------------|--|

Medically-Necessary Adaptive Aids

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Hospital Bed | <input type="checkbox"/> Shower Chair |
| <input type="checkbox"/> Bedside Commode | | |

Approved Goods

Kitchen

- | | | |
|--|---|--|
| <input type="checkbox"/> Pots and Pans | <input type="checkbox"/> Bowls | <input type="checkbox"/> Cups |
| <input type="checkbox"/> Plates | <input type="checkbox"/> Kitchen Utensils | <input type="checkbox"/> Dining Table and 2 Chairs |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Stove |
| <input type="checkbox"/> Can opener | <input type="checkbox"/> Glasses | <input type="checkbox"/> Cutting boards |
| <input type="checkbox"/> Dish towels | <input type="checkbox"/> Dish drying rack | <input type="checkbox"/> Cutlery |

Bedroom

- | | | |
|---|--|---|
| <input type="checkbox"/> Bedding | <input type="checkbox"/> Clothes Hanger | <input type="checkbox"/> Nightstand |
| <input type="checkbox"/> Nightstand | <input type="checkbox"/> Bedframe | <input type="checkbox"/> Mattress |
| <input type="checkbox"/> Heater | <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Infant Furniture |
| <input type="checkbox"/> Complete bedding set (includes Bed Bug Mattress Cover) | | |

Bathroom

- | | | |
|--|---|--|
| <input type="checkbox"/> Trash can | <input type="checkbox"/> Soap Dish | <input type="checkbox"/> Toothbrush |
| <input type="checkbox"/> Toothbrush Holder | <input type="checkbox"/> Tumbler | <input type="checkbox"/> Towels |
| <input type="checkbox"/> Bathmat | <input type="checkbox"/> Shower Curtain | <input type="checkbox"/> Toiletries (toilet paper, toothbrush, toothpaste, soap) |

Living Room

- | | | |
|------------------------------------|--------------------------------|---|
| <input type="checkbox"/> End table | <input type="checkbox"/> Couch | <input type="checkbox"/> Lamps/Lighting |
|------------------------------------|--------------------------------|---|

AB12 Landlord Rent Deposit Exemption: (if requesting rent deposit)

Effective 7/1/2024, California residential property owners may only collect up to 1-month of rent as part of the security deposit. An exemption will apply to certain small property owners with no more than two (2) residential rental properties (collectively including no more than four (4) dwelling units offered for rent), who may still collect up to 2-months rent as a security deposit; and member is not on active military duty. If property owner does not meet the above three criteria or it is unconfirmed, Provider may only request up to 1-month rent as part of security deposit.

How to submit a Request?

- STEP 1** Visit the [L.A. Care Provider Manuals and Forms Page](#)
- STEP 2** Scroll and select the Social Services Form option
- STEP 3** Select the Housing Deposits Form and complete in its entirety
- STEP 4** Submit the completed form with required attachments via fax 213.536.0630



SCAN HERE

What Happens After Submission?

L.A. Care will notify the member and the contracted housing provider provider within 5 business days via fax or mail regarding the outcome.

If you have questions, please contact us at HHSS-Referrals@lacare.org