CS Housing Tenancy Sustaining
All Counties

Housing Tenancy and Sustaining Community Supports (CS) provides tenancy and sustaining services to maintain safe and stable residency once housing is secured for members who had been experiencing homelessness and are now newly housed.

Send completed referral via secure email: MHC_CS@MolinaHealthcare.com or fax to: (833) 908-4424.

Eligibility Criteria:

Molina Enrollment: ☐ Only Medi-Cal ☐ Partial Duals Only: Medi-Cal with Medicare Part B and/or D

Member must meet one of the five (5) following criteria:

- ☐ Member received Housing Transition Navigation Services Community Supports.
- ☐ Member is prioritized for permanent supportive housing unit or rental subsidy through CES or similar system.
- ☐ Member meets the HUD definition of homelessness AND one of the following:
  - ☐ Enrolled in ECM.
  - ☐ Have a serious chronic condition, or serious mental illness.
  - ☐ At risk for institutionalization or require residential services as a result of SUD.
- ☐ Member meets the HUD definition of at risk of homelessness.
- ☐ Member is at risk of experiencing homelessness AND one of the following:
  - ☐ Have one or more serious chronic condition or serious mental illness.
  - ☐ At risk for institutionalization or require residential services because of SUD or SED.
  - ☐ Enrolled with ECM.
  - ☐ Transition-Age Youth with significant barriers to housing stability.

☐ The Individualized Housing Support Plan is attached which showcases the documented needs.
Organization who developed the Housing Support Plan:

Housing Transition Navigation Overlap Timeframe: ☐ If Yes: ☐ No

☐ Member consented to Housing Tenancy referral and acknowledges the once in a lifetime restriction.

Requestor Information:

Last Member Contact:	Housed Date:
Referrer: ☐ Hospital/SNF ☐ PCP/Clinic ☐ IPA ☐ ECM ☐ Molina CM ☐ Other:	
Referrer Organization Name:	
Referrer Name:	Title:
Phone Number:	Referrer Fax Number:

Member Information:

Member Name:	DOB:
Medi-Cal ID:	Preferred Language:
Housing Address:	
Cell Phone Number:	
Alternate Contact Name:	Phone #:
Tips for Outreach:	

If member has previously received Housing Tenancy and Sustaining Community Supports services, please include information explaining what conditions have changed to demonstrate why the second attempt would be more successful.