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Service Definitions

California 1915(i) State Plan Amendment (SPA) 18-0023, effective 7/1/2018

Service Specifications: Housing Access Services

Service Definition:
Housing Access Services include two components:

A) Individual Housing Transition Services: These services provide direct support and assistance with activities and processes associated with an individual’s preparation for and transition to housing. These services are:

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. Assisting the individual in 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 the individual with the housing application process. Assisting with the housing search process.

4. Assisting the individual with identifying resources to cover set-up fees for utilities or service access, including telephone, electricity, heating and water, and services necessary for the individual’s health and safety, consisting of pest eradication and one-time cleaning prior to occupancy.

5. Assisting the individual with coordinating resources to identify and address conditions in the living environment prior to move-in that may compromise the safety of the consumer.

6. Assisting the individual with details of the move including communicating with the landlord to negotiate a move-in date, reading and understanding the terms of the lease, scheduling set-up of utilities and services, and arranging the move of consumers’ belongings.

7. Assisting the individual with the development of a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.

B) Individual Housing and Tenancy Sustaining Services: This service is made available to support individuals to maintain tenancy once housing is secured. The availability of ongoing housing-related services in addition to other long-term services and supports promotes housing success, fosters community integration and inclusion, and develops natural support networks. These tenancy support services are:

1. Assisting the individual in the early detection and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.

2. Assisting the individual with education and training on the role, rights and responsibilities of the tenant and landlord.

3. Coaching the individual on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.

4. Assisting the individual in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.

5. Assisting the individual with advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.
6. Assisting the individual with the housing recertification process.
7. Assisting the individual in reviewing, updating and modifying their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
8. Providing the individual with continuous training in being a good tenant and lease compliance, including ongoing support with activities related to household management. Housing Access Services do not include payment for room and board.

**Service Title: Transition Setup Expenses**

**Service Definition (Scope):**

A) Transition/setup expenses are one-time, non-recurring set-up expenses to assist individuals who are transitioning from an institution to their own home. These expenses fund some of the initial setup costs that are associated with obtaining and securing an adequate living environment and address the individual’s health and safety needs when he or she enters a new living environment.

B) “Own home” is defined as any dwelling, including a house, apartment, condominium, trailer, or other lodging that is owned, leased, or rented by the individual.

C) This service includes necessary furnishings, household items and services that an individual needs for successful transition to community living and may include:
   1. Security deposits that are required to obtain a lease on an apartment or home;
   2. Moving expenses;
   3. Health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy;
   4. Set up fees or non-refundable deposits for utilities (telephone, electricity, heating by gas);
   5. Essential furnishings to occupy and use a community domicile, such as a bed, table, chairs, window blinds, eating utensils, food preparation items, etc.

D) These services exclude:
   1. Items designed for diversionary/recreational/entertainment purposes, such as hobby supplies, television, cable TV access, or VCRs and DVDs.
   2. Room and board, monthly rental or mortgage expense, regular utility charges, household appliances, and food.
   3. Items purchased through this service are the property of the individual receiving the service and the individual takes the property with him/her in the event of a move to another residence.

**California 1915(c) HCBS Waiver for Californian with DD 0336.R04.00, effective 1/1/2018**

**Service Definition (Scope):**

Housing Access Services includes two components:

A) Individual Housing Transition Services - These services provide direct support and assistance with activities and processes associated with an individual's preparation for and transition to housing. These services are:
   1. Conducting a tenant screening and housing assessment that identifies the participant’s preferences and barriers related to successful tenancy. The assessment includes 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 the individual with the housing application process. Assisting with the housing search process.

4. Assisting the individual with identifying resources to cover set-up fees for utilities or service access, including telephone, electricity, heating and water, and services necessary for the individual’s health and safety, consisting of pest eradication and one-time cleaning prior to occupancy.

5. Assisting the individual with coordinating resources to identify and address conditions in the living environment prior to move-in that may compromise the safety of the consumer.

6. Assisting the individual with details of the move including communicating with the landlord to negotiate a move-in date, reading and understanding the terms of the lease, scheduling set-up of utilities and services, and arranging the move of consumers’ belongings.

7. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.

B) Individual Housing & Tenancy Sustaining Services - This service is made available to support individuals to maintain tenancy once housing is secured. The availability of ongoing housing-related services in addition to other long-term services and supports promotes housing success, fosters community integration and inclusion, and develops natural support networks. These tenancy support services are:

1. Providing the individual with early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.

2. Providing the individual with education and training on the role, rights and responsibilities of the tenant and landlord.

3. Coaching the individual on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.

4. Assisting the individual in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.

5. Providing the individual with advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.

6. Assisting the individual with the housing recertification process.

7. 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.

8. Providing the individual with continuous training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

Housing Access Services do not include payment for room and board.

Maryland 1915(c) Community Pathways: 0023.R07.00, effective 7/1/2018
Service Title: Housing Support Services
Service Definition (Scope):
A) Housing Support Services are time-limited supports to help participants to navigate housing opportunities, address or overcome barriers to housing, and secure and retain their own home.

B) Housing Support Services include:
   1. Housing Information and Assistance to obtain and retain independent housing;
   2. Housing Transition Services to assessing housing needs and develop individualized housing support plan; and
   3. Housing Tenancy Sustaining Services, which assist the individual to maintain living in their rented or leased home.

Service Requirement:
A) Housing Information and Assistance including:
   1. Housing programs’ rules and requirements and their applicability to the participant;
   2. Searching for housing;
   3. Housing application processes including obtaining documentation necessary to secure housing such as State identification, birth certificate, Social Security card, and income and benefit information;
   4. Assessing the living environment to determine it meets accessibility needs, is safe, and ready for move-in;
   5. Requesting reasonable accommodations in accordance with the Fair Housing Act to support a person with a disability equal opportunity to use and enjoy a dwelling unit, including public and common use areas;
   6. Identifying resources for security deposits, moving costs, furnishings, assistive technology, environmental modifications, utilities, and other one-time costs;
   7. Reviewing the lease and other documents, including property rules, prior to signing;
   8. Developing, reviewing and revising a monthly budget, including a rent and utility payment plan;
   9. Identifying and addressing housing challenges such as credit and rental history, criminal background, and behaviors; and
   10. Assistance with resolving disputes.

B) Housing Transition Services including:
   1. Conducting a tenant screening and housing assessment including collecting information on potential housing barriers and identification of potential housing retention challenges;
   2. Developing an individualized housing support plan that is incorporated in the participant’s Person Centered Plan and that includes:
      i. Short and long-term goals;
      ii. Strategies to address identified barriers including prevention and early intervention services when housing is jeopardized; and
      iii. Natural supports, resources, community providers, and services to support goals and strategies.

C) Housing Tenancy Sustaining Services, which assist the participant to maintain living in their rented or leased home including:
   1. Education and training on the role, rights and responsibilities of the tenant and landlord; how to be a good tenant; and lease compliance;
   2. Coaching to develop and maintain key relationships with landlord/property manager and neighbors;
   3. Assistance with housing recertification process;
   4. Early identification and intervention for behaviors that jeopardize tenancy;
5. Assistance with resolving disputes with landlords and/or neighbors;
6. Advocacy and linkage with community resources to prevent eviction; and
7. Coordinating with the individual to review, update and modify the housing support plan.

D) The services and supports must be provided consistent with programs available through the US Department of Housing and Urban Development, the Maryland Department of Housing and Community Development, and applicable State and local policies.

**Massachusetts 1915(c) Intensive Supports Waiver: 0827.R02.00, effective 7/1/2018**

**Service Title: Transitional Assistance Services**

Service Definition (Scope):
Transitional Assistance Services are non-recurring set-up expenses for participants who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence whether or not the participant is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a participant to establish a basic household that do not constitute room and board and may include:

A) Security deposits that are required to obtain a lease on an apartment or home;
B) Essential household furnishings and moving expense required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens;
C) Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
D) Services necessary for the participant’s health and safety such as pest eradication and one-time cleaning prior to occupancy;
E) Activities to assess need, arrange for and procure needed resources, and;
F) Assistance with housing search and housing application processes.

Transitional services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan and the participant is unable to meet such expense or when the services cannot be obtained from other sources. Transitional assistance services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes. This service may be self-directed paid through the Fiscal Intermediary.

**Michigan 1915(i) State Plan Amendment: 18-0008, effective 10/1/2018**

**Service Title: Transition Navigator Case Management Services**

Service Definition (Scope):
A) This service is available while in the institution and the community, but will not be billed until the individual discharges from the nursing home.
B) Transition Navigator services are provided to assure the delivery of supports and services needed to meet the individual’s goals for living in the community after an institutionalization. Without these supports and services, the individual may be at risk of inappropriate institutionalization because the individual does not meet the level of care for that institution or because the individual has chosen a different setting in which to receive their long term services and supports. The Transition Navigator functions to be performed and the frequency of face-to-face and other contacts are specified in the individual’s person-centered service plan. The frequency and scope of Transition Navigation contacts must take into consideration health and welfare needs of the individual. Transition Navigation may include the direct provision of Community Transition Services as specified in the person-centered service plan.
C) Functions performed by a Transition Navigator include the following:

1. Conducting the initial and subsequent needs-based criteria evaluation and community transition assessment and providing that evaluation to MDHHS for approval.

2. Supporting a person-centered planning process that is
   i. focused on the individual’s preferences,
   ii. includes family and other allies as determined by the individual,
   iii. identifies the individual’s goals, preferences and needs,
   iv. provides information about options, and
   v. engages the individual in monitoring and evaluating services and supports.

3. Developing a person-centered plan of service using the person-centered planning process, including revisions to the plan at the individual’s initiation or as changes in the individual’s circumstances may warrant.

4. Referral to and coordination with providers of home and community-based services and supports, including non-Medicaid services and informal supports. This may include helping with access to entitlements or legal representation.

5. Monitoring of the services and supports identified in the person-centered service plan for achievement of the individual’s goals. Monitoring includes opportunities for the individual to evaluate the quality of services received and whether those services achieved desired outcomes. This activity includes the individual and other key sources of information as determined by the individual.

6. Providing social and emotional support to the individual and allies to facilitate life adjustments and reinforce the individual’s sources of support. This may include arranging services to meet those needs.

7. Providing advocacy in support of the individual’s access to benefits, assuring the individual’s rights as a Medicaid beneficiary, and supporting the individual’s decisions.

8. Monitoring the individual after the community transition to assure a successful adjustment to community life, including assuring access to and enrollment in needed HCBS programs.

9. Maintaining documentation of the above listed activities to ensure successful support of the individual, comply with Medicaid and other relevant policies, and meet quality assurance and quality improvement requirements.

10. 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.

11. 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.

12. Assisting with the housing search and application process.

13. Identifying resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses.

14. Ensuring that the living environment is safe and ready for move-in.

15. Assisting in arranging for and supporting the details of the move.

16. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.
17. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
18. Education and training on the role, rights and responsibilities of the tenant and landlord.
19. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
20. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.
21. Advocacy and linkage with community resources to prevent eviction when housing or may potentially become jeopardized.
22. Assistance with the housing recertification process.
23. 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.
24. Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

Service Title: Community Transition Services
Service Definition (Scope):
A) Community Transition Services are non-reoccurring expenses necessary to enable an individual who is transitioning from a nursing facility or other institutional setting to the community to establish a basic household and do not constitute room and board. This service is available while in the institution to prepare the beneficiary’s chosen home and to accommodate a successful discharge to the community. This service may be available in the community when additional needs that were not accounted for prior to discharge are identified. Claims for this service will not be billed until the beneficiary discharges from the nursing facility.
B) These services include the following:
   1. Security deposits and fees for community living including fees for a birth certificate, credit checks, or housing application fees required to obtain a lease on an apartment or home,
   2. Set-up fees for utilities or service access, including telephone, electricity, heating and water,
   3. Essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens,
   4. Services necessary for the individual’s health and safety such as pest eradication, allergen control, and one-time cleaning prior to occupancy.

Service Title: Home Modifications
Service Definition (Scope):
A) Home Modifications include physical adaptations to the home required by the participant’s PCSP that are necessary to ensure the health and welfare of the participant or that enable the participant to function with greater independence in the home. Assessments and specialized training needed in conjunction with the home modification are included as a part of the cost of the service.
B) This service is available while in the institution to prepare the beneficiary’s chosen home and to accommodate a successful discharge to the community. This service may be available in the community when additional needs that were not accounted for prior to discharge are identified. Claims for this service will not be billed until the individual has discharged from the community.
C) The services under the Home modification service are limited to additional services not otherwise covered under the state plan, including EPSDT.

D) All providers of home modifications must meet the licensure requirements as outlined in MCL 339.601, MCL 339.2401, and/or MCL 339.2412, as appropriate.

E) Home modifications are limited to:
   1. The installation of ramps and grab bars;
   2. Widening of doorways to accommodate medical equipment such as a wheel chair or walker;
   3. Modification of bathroom facilities to make them accessible to the participant;
   4. Modification of kitchen facilities to make them accessible to the participant;
   5. Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the participant; and
   6. Environmental control devices that replace the need for paid staff and increase the participant’s ability to live independently, such as automatic door openers or locks.

Texas 1915(i) State Plan Amendment (14-0014), effective 9/1/2015
Service Title: Transition Assistance Services (TAS)
Service Definition (Scope):
   A) TAS pays set-up expenses for individuals transitioning from institutions into community settings. Allowable expenses are those necessary to enable individuals to establish basic households and may include: security deposits for leases on apartments or homes; essential household furnishings and expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed and bath linens; set-up fees or deposits for utility or service access, including telephone, electricity, gas, and water; and services necessary for an individual's health and welfare, such as pest eradication and one-time cleaning prior to occupancy.

   B) TAS may also include services necessary for an individual's health and welfare, such as pest eradication and one-time cleaning prior to occupancy, and activities to assess need, arrange for, and procure needed resources (limited to up to 180 consecutive days prior to discharge). Providers may only bill Medicaid for TAS on or after the date that the individual is enrolled in the state plan benefit, on or after the date of discharge from the facility, and pursuant to the IRP. Room and board are not allowable TAS expenses. TAS are furnished only to the extent that the expense is reasonable and necessary, as determined through the individual recovery plan development process, and is clearly identified in the individual recovery plan. The IRP must document that individuals are unable to meet such expenses or the services cannot be obtained from other sources.

   C) TAS does not include: monthly rental or mortgage expenses, food, regular utility charges, major household appliances, or items that are intended for purely recreational purposes. TAS excludes shared expenses, such as furniture and appliances, covered under provider owned or operated residential options.

Service Title: Minor Home Modifications
Service Definition (Scope):
   A) Minor home modifications are those physical adaptations to an individual's home that are necessary to ensure the individual's health, welfare, and safety, or that enable the individual to function with greater independence in the home. In order to receive minor home modifications under this program, the individual would require institutionalization without these adaptations.
Adaptations may include widening of doorways, modification of bathroom facilities, installation of ramps, or other minor modifications which are necessary to achieve a specific rehabilitative goal defined in the IRP and prior approved by DSHS. Adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. are excluded from minor home modifications. Adaptations that add to the total square footage of the home are excluded from this benefit. Minor home modifications are not made to residential settings that are leased, owned, or controlled by service providers. All minor home modifications are provided in accordance with applicable state or local building codes.

Alabama 1915(c) Waiver (0001.R07.00), effective 10/1/2015
Service: Housing Stabilization Service
Service Definition (Scope):
A) The Housing Stabilization Service enables waiver participants to maintain their own housing as set forth in the participant’s approved plan of care (POC). Services must be provided in the home or a community setting. The service includes the following components:
1. Conducting a Housing Coordination and Stabilization Assessment identifying the participant’s preferences related to housing (type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain housing (including accessing housing, meeting terms of lease, and eviction prevention), budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.
2. Assisting participant with finding and securing housing as needed. This may include arranging or providing transportation.
3. Assisting participant in securing supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings.
4. Developing an individualized housing stabilization plan based upon the Housing Coordination and Stabilization Assessment as part of the overall Person Centered Plan. Identify short and long-term measurable goal(s), establishes short and long-term goals, establish how goals will be achieved and how concerns will be addressed, and identifies where other provider(s) or services may be needed in order to achieve the goal(s).
5. Participating in Person-Centered plan meetings at redetermination and/or revision plan meetings as needed.
6. Providing supports and interventions per the Person-Centered Plan (individualized housing stabilization portion). Identify any additional supports or services needed outside the scope of Housing Stabilization Services and address among the team.
7. Communicating with the landlord and/or property manager regarding the participant’s disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager.
8. If at any time the participant’s housing is placed at risk (i.e., eviction, loss of roommate or loss of income), Housing Stabilization Services will provide supports to retain housing or locate and secure new housing or sources of income to continue community based supports which includes locating new housing, sources of income, etc.
Illinois Section 1115 Behavioral Health Transformation Demonstration, effective 7/1/2018
Description of Services:

A) Pre-tenancy supports:
   1. Conducting a functional needs assessment identifying the beneficiary’s preferences related to housing (e.g., type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration (including what type of setting works best for the individual); providing assistance in budgeting for housing and living expenses; and providing assistance in connecting the individual with social services to assist with filling out applications and submitting appropriate documentation in order to obtain sources of tenancy.
   2. Assisting beneficiaries with connecting to social services to help with finding and applying for housing necessary to support the individual in meeting their medical care needs.
   3. Developing an individualized plan based upon the functional needs assessment as part of the overall person centered plan. Identifying and establishing short and long-term measurable goal(s), and establishing how goals will be achieved and how concerns will be addressed.
   4. Participating in person-centered plan meetings at redetermination and/or revision plan meetings, as needed.
   5. Providing supports and interventions per the person-centered plan.

B) Tenancy sustaining services:
   1. Service planning support and participating in person-centered plan meetings at redetermination and/or revision plan meetings, as needed.
   2. Coordinating and linking the recipient to services and service providers including primary care and health homes; substance use treatment providers; mental health providers; medical, vision, nutritional and dental providers; vocational, education, employment and volunteer supports; hospitals and emergency rooms; probation and parole; crisis services; end of life planning; and other support groups and natural supports.
   3. Entitlement assistance including assisting beneficiaries in obtaining documentation, navigating and monitoring application process, and coordinating with the entitlement agency.
   4. Assistance in accessing supports to preserve the most independent living such as individual and family counseling, support groups, and natural supports.
   5. Providing supports to assist the beneficiary in the development of independent living skills, such as skills coaching, financial counseling, and anger management.
   6. Providing supports to assist the beneficiary in communicating with the landlord and/or property manager regarding the participant’s disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager.
   7. Coordinating with the beneficiary to review, update and modify housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
   8. Connecting the beneficiary to training and resources that will assist the individual in being a good tenant and lease compliance, including ongoing support with activities related to household management.
North Carolina Section 1115 Medicaid Reform Demonstration, effective 11/1/2019
Enhanced Case Management Pilot and Other Services

Tenancy Support and Sustaining Services

- Assisting the individual with identifying preferences related to housing (e.g., type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration
- Supports to assist the individual in budgeting for housing/living expenses, including financial literacy education on budget basics and locating community-based consumer credit counseling bureaus.
- Assisting the individual to connect with social services to help with finding housing necessary to support individual in meeting their medical care needs. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee’s care plan.
- Assisting the individual with housing application and selection process, including filling out housing applications and obtaining and submitting appropriate documentation.
- Assisting the individual to develop a housing support plan based on the functional needs assessment, including establishing measurable goal(s) as part of the overall person-centered plan.
- Developing a crisis plan, which must identify prevention and early intervention services if housing is jeopardized.
- Participating in the person-centered plan meetings to assist the individual in determination or with revisions to housing support plan.
- Assisting the individual to review, update and modify his or her housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- Assisting the individual to complete reasonable accommodation requests as needed to obtain housing.
- Supporting individuals in the development of independent living skills, such as skills coaching, financial counseling, and anger management.
- Connecting the individual to education and training on tenants’ and landlords’ role, rights, and responsibilities.
- Assisting in reducing risk of eviction by providing services such as services that help the beneficiary improve his or her conflict resolution skills, coaching, role-playing, and communication strategies targeted towards resolving disputes with landlords and neighbors; communicate with landlords and neighbors to reduce the risk of eviction; address biopsychosocial behaviors that put housing at risk; and provide ongoing support with activities related to household management.
- Assessing potential health risks to ensure living environment is not adversely affecting occupants’ health.
- Providing services that will assist the individual with moving into stable housing, including arranging the move, assessing the unit’s and individual’s readiness for move-in, and providing assistance (excluding financial assistance) in obtaining furniture and commodities. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee’s care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
- Providing funding related to utility set-up and moving costs provided that such funding is not available through any other program. This pilot service is furnished only to the extent it is
reasonable and necessary as clearly identified through an enrollee’s care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.

**Housing Quality and Safety Improvement Services**
- Repairs or remediation for issues such as mold or pest infestation if repair or remediation provides a cost-effective method of addressing occupant’s health condition, as documented by a health care professional, and remediation is not covered under any other provision such as tenancy law. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee’s care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.
- Modifications to improve accessibility of housing (e.g., ramps, rails) and safety (e.g., grip bars in bathtubs) when necessary to ensure occupant’s health and modification is not covered under any other provision such as the Americans with Disabilities Act.

**Securing House Payments**
- Provide a one-time payment for security deposit and first month’s rent provided that such finding is not available through any other program. This payment may only be made once for each enrollee during the life of the demonstration, except for state determined extraordinary circumstances such as a natural disaster. This pilot service is furnished only to the extent it is reasonable and necessary as clearly identified through an enrollee’s care plan and the enrollee is unable to meet such expense or when the services cannot be obtained from other sources.

**Short-Term Post-Hospitalization**
- Post-hospitalization housing for short-term period, not to exceed six [6] months, due to individual’s imminent homelessness provided that such a service is not available under any other programs. Temporary housing may not be in a congregate setting. To the extent temporary housing services are available under other programs, this service could cover connecting the individual to such program and helping them secure housing through that program.