



Policy Title: Housing Subsidy – Limited Term Financial Assistance

Policy #: 07-003-0010

Effective Date: 03/14/2025

Approved by: Karen Farr, Chief Financial Officer

Functional Area: Finance

Responsible Leader: Karen Farr, Chief Financial Officer

Policy Owner: Kyle McLeod, Administrative Specialist, Financial Management

Applies to: Direct Operated Programs, Community Agency Contractors

Purpose: To set guidelines for funding housing assistance.

I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to ensure that “*bricks and mortar costs*” will not be funded services for people we serve in independent living arrangements, except in emergency situations. In the case of an emergency situation, the use of contingency funds is permitted to prevent an episode of homelessness and/or to provide limited term financial assistance for eligible people we serve.

II. Standards

- A.** Eligibility Criteria for Medicaid B3 *Housing assistance* funds will only be available to individuals who meet all of the following criteria:
1. The individual is a person we serve and meets the service eligibility guidelines of SMI, SED, I/DD, co-occurring, or SUD as defined by MDHHS.
 2. Housing assistance is assistance with short-term, interim, or one-time only expenses (not including room and board costs) for beneficiaries transitioning from restrictive settings and homelessness into more independent, integrated living arrangements while in the process of securing other benefits (e.g. SSI) or public programs (e.g., governmental rental assistance and/or home ownership programs) that will become available to assume these obligations and provide needed assistance (per the Medicaid Provider Manual).
 3. Additional criteria for housing assistance (per the Medicaid Provider Manual):

- a. The beneficiary must have in their individual plan of services a goal of independent living, and either live in a home/apartment that they own, rents, or leases; or be in the process of transitioning to such a setting; and
 - b. Documentation of the beneficiary's control (i.e., beneficiary-signed lease, rental agreement, deed) of their living arrangement in the individual plan of service; and
 - c. Documentation of efforts (e.g., the person is on a waiting list) under way to secure other benefits, such as SSI or public programs (e.g., governmental rental assistance, community housing initiatives and/or home ownership programs) so when these become available, they will assume these obligations and provide the needed assistance.
4. The individual meets the homelessness definition, or the individual meets the "imminent risk" of homelessness definition.
 5. The individual has exhausted all other resources, including:
 - a. Personal resources
 - b. DHHS State Emergency Relief supports; and
 - c. Other community resources (have gone to a Housing Assessment and Resource Agency (HARA) & completed intake).

(1) Eligibility criteria for Medicaid (B3) Housing assistance per Medicaid Provider Manual:

Coverage Includes:

- (a) Assistance with utilities, insurance, and moving expenses where such expenses would pose a barrier to a successful transition to owning or leasing/renting a dwelling.
- (b) Limited term or temporary assistance with living expenses for beneficiaries transitioning from restrictive settings and homelessness. Limited term or temporary assistance is defined as a total of six (6) occurrences of a funding need.
- (c) Interim assistance with utilities, insurance or living expenses when the beneficiary already living in an independent setting experiences a temporary reduction or termination of his own or other community resources. Interim assistance is defined as a total of three (3) occurrences of a funding need.
- (d) Home maintenance when, without a repair to the home or replacement of a necessary appliance, the individual would

be unable to move there, or if already living there, would be forced to leave for health and safety reasons.

Coverage Excludes:

- (a) Funding for on-going housing costs. Ongoing is defined as longer than a total of six (6) occurrences of a funding need.
- (b) Funding for any room and board costs (i.e., rental payments, mortgage payments, lease payments, land contract payments, hotel/motel stays, etc.)
- (c) Home maintenance that is of general utility or cosmetic value and is considered to be a standard housing obligation of the beneficiary.

Replacement or repair of appliances should follow the general rules under assistive technology. Repairs to the home must be in compliance with all local codes and be performed by the appropriate contractor (refer to the general rules of the Environmental Modifications subsection of this chapter). Replacement or repair of appliances, and repairs to the home or apartment do not need a prescription or order from a physician.

- 6. Subsidy funds will be granted solely for housing and related needs, to support a defined one-time only expenditure, not to exceed \$3,000 in total and subject to the following categorical limitations (as approved by the program director or designee):

- a. Security/Damage Deposit: \$650 one-time expenditure per household.
- b. Utilities: \$150 one-time start-up expenditure for utility deposits, or to restore a utility that has been disconnected due to the individual's failure to pay for previous service, per household.
- c. Subsidy funds will not be used for the renovation or purchase of real property. The Program Director or designee must authorize funds beyond the above categorical limits for mitigating circumstances but may not exceed the total maximum amount.

- B. Service Provider Requirements:** In order to access these *emergency housing* funds, all service providers must actively be providing the following services to the person we serve, in order for the person to be considered eligible to receive funding:

- 1. Outreach services and emergency services.
- 2. Diagnostic, crisis intervention, rehabilitation services and/or skill building services.
- 3. Referral for medical or primary health services, and substance abuse services (if applicable).

4. Case Management/Supports Coordination or other targeted support services and
 5. Supportive services in residential setting.
- C.** Emergency Housing funds: shall not be issued to the person we serve, but by check or other means to the landlord, utility company, merchant or organization, or other type vendor.
- D.** IPOS/Permanent Housing Plan: SCCCMH emergency housing funds shall only be authorized contingent upon the Primary Caseholder developing a permanent housing plan as part of the Individual Plan of Service (IPOS), which plans for income (employment, Michigan Rehabilitation Services (MRS), IPS or SS) and other needed supports (HARA, Section 8, financial planning, education on maintain stable housing, etc.) in order to reduce the risk of future homelessness.

III. Procedures, Definitions, and Other Resources

A. Procedures

Responsibilities

Position	Responsibilities
Primary Caseholder	Identify housing needs of individuals and assist individuals to satisfy those needs through various resources
Chief Clinical Officer	Approve housing funds
Fiscal Department	Pay and track approved housing funds

Actions

Action Number	Responsible Stakeholder	Details
1.0	Central Intake Unit	1. Identify individuals not in services who meet criteria for emergency housing assistance (Refer to Standard B)
2.0	Primary Caseholder	2. Identify an individual we serve, who meets the criteria for emergency housing assistance and meets all the criteria set forth in Standard A. 3. Identify the housing needs, including the individual's personal resources (employment/SSI) and community resources/entitlements. 4. Pursue obtaining personal income and/or community resources, referral to HARA, Department of Health and Human Services-State Emergency Relief (DHHS-SER), available rental listings and documents the unavailability and/or denial of these resources. 5. Discuss case with Supervisor and/or SCCCMH Placement

Action Number	Responsible Stakeholder	Details
		<p>Coordinator to explore alternative arrangements not yet explored. If after hours, ensure that the emergency needs are temporarily met for the individual we serve, including providing/arranging for emergency/temporary housing until the next business day when the Primary Caseholder continues with the following procedures.</p> <ol style="list-style-type: none"> Identify the remaining emergency housing needs not met by these other resources, completing form #0114A Housing Fund - Intake and form #0114 Housing Fund - Memorandum. Ensure Primary Caseholder has exhausted all personal and community resources and review emergency/transition need with Supervisor prior to review with Chief Operating Officer. Review form #0114A Housing Fund - Intake, for possible additional resources or SCCCMH funds (housing assistance B3). Submit documentation, copy of lease, denials of alternative funding, and expenditure reports to obtain assistance with the Medicaid funds. Obtain the names/addresses for where and to whom the checks need to be issued from the Primary Caseholder. Notify Landlord that IRS W-9 form is required for check issuance (a blank W-9 form can be obtained by the Finance Department, if needed). Forward form #0114 Housing Fund – Memorandum and form #0114A Housing Fund – Intake to their Supervisor and the Chief Clinical Officer for signature and then to the Finance department for processing payments.
3.0	Supervisor/ Chief Clinical Officer	<ol style="list-style-type: none"> Approve and sign form #0114 Housing Fund - Memorandum and review form #0114A Housing Fund – Intake.
4.0	Primary Caseholder	<ol style="list-style-type: none"> Pursue the housing linkages and supports after approval has been obtained. Notify the fiscal department in the event the approved funds are not used. Ensure a permanent housing plan, as part of the IPOS, is developed and plan for income supports/resources in order to reduce the risk of future emergency housing situations
5.0	Fiscal Department	<ol style="list-style-type: none"> Maintain a register of services paid for. Provide W-9 to Accounts Payable for processing.

Action Number	Responsible Stakeholder	Details
		17. Provide Access Department the register of services paid for encountering. Forward documents, form #0114 and form #0114A, to Data Management department.
6.0	Data Management	18. Key claims and scan documents, form #0114 and #0114A, into OASIS chart. 19. Maintain adequate records of financial transactions for financial audit purposes.

B. Related Policies

N/A

C. Definitions

1. *Bricks and Mortar*: Rent, mortgage payments, moving expenses, home furnishings, security deposits, household supplies, utilities, and/or emergency shelter.
2. *Community Living*: Persons who are residing in any type of residence where they are the lessee (renter). Persons that reside in the home of family member cannot access support through these administrative policies.
3. *Community Supports*: A range of entitlements (non-CMH) that are available to the person as based upon their disability or income. Examples of these types of supports are: SSI, SSD, Food Stamps, DHHS Benefits, etc.
4. *Emergency Housing*: Housing that must be arranged for a person we serve on an emergency basis, because the person is *literally homeless*, living in sub-standard housing that has become an imminent health/safety risk to the person, or living in an environment where they are at imminent risk to themselves or others.
5. *Housing Assistance*: Housing assistance is assistance with short-term, interim, or one-time only expenses (not including room and board costs) for beneficiaries transitioning from restrictive settings and homelessness into more independent, integrated living arrangements while in the process of security other benefits (e.g., SSI) or public programs (e.g., governmental rental assistance and/or home ownership programs) that will become available to assume these obligations and provide needed assistance. (Medicaid Provider Manual)
6. *Imminent Risk of Homelessness*: Individual or family, who will imminently lose their primary nighttime residence, provided that:
 - a. Residence will be lost within 14 days of the date of application for homeless assistance;

- b. No subsequent residence has been identified; and
 - c. The individual or family lacks the resource or support networks needed to obtain other permanent housing
7. *Literally Homeless*: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- a. Has a primary nighttime residence that is a public or private place not meant for human habitation (streets, tent, park bench, etc.)
 - b. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
 - c. Is exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
8. *Permanent Independent Housing*: A housing arrangement which is developed by utilizing natural community housing stock and initiated by a normal landlord/tenant relationship between the property owner or designated agent and the person being served.

D. Forms

[#0114 Housing Fund - Memorandum](#)

[#0114A Housing Fund - Intake](#)

E. Other Resources (i.e., training, secondary contact information, exhibits, etc.)

N/A

F. References

1. Medicaid Provider Manual, Section 17.3.F. Housing Assistance

IV. History

- Initial Approval Date: 02/2001
- Last Revision Date: 01/2024 BY: Kyle McLeod
- Last Reviewed Date: 02/2025 BY: Kyle McLeod
- Non-Substantive Revisions: N/A
- Key Words: emergency, housing, homeless, fund, assist, support