

COMMUNITY BASED SERVICES AND SUPPORTS
Summary of Services, Eligibility Criteria and References

MEDI-CAL SERVICES

Services/Program References	Purpose/Description	Eligibility Criteria
<p>Adult Day Health Care (Cal. Code Regs., tit. 22 §§ 54001, 54201, 54209)</p>	<p>Day program providing health, therapeutic, and social service to optimize health and self-care of those at risk of placement in nursing facility and help them remain at or return to their home. Services include medical services, nursing, physical therapy, occupational therapy, speech therapy, psychiatric/psychological services, social services recreational activities, transportation to and from the center, meal and nutritional counseling.</p>	<ul style="list-style-type: none"> • Adults with physical or mental impairments • Not currently in licensed health facility or transitioning out • Specific medical criteria detailed in §54209, including: high potential for further deterioration and probable institutionalization if adult health care were not available • Medi-Cal eligible • Other income or insurance sources can also be used to fund
<p>Durable Medical Equipment (DME) (Cal. Code Regs., tit. 22 §§ 51321, 51160)</p>	<p>Provides electric wheelchairs, hospital beds, stair glides, assistive technology devices and other equipment needed for use in and out of individual's home.</p>	<ul style="list-style-type: none"> • Equipment prescribed by a licensed practitioner to meet the need the medical equipment needs of patient. • Helps maintain functioning in the community. • Medi-Cal eligible
<p>Home Health Agency Services (Cal. Code Regs., tit. 22 § 51337)</p>	<p>Provides a wide range of medical and social services at the home of the beneficiary (e.g., preventive treatment, rehabilitative services, nursing, occupational therapy, physical therapy, speech therapy, home health aide services,</p>	<ul style="list-style-type: none"> • Beneficiary's medical condition requires either home nursing care or other covered service, exclusive of physician services • Medi-Cal eligible

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	medical social services, personal care services, dietary counseling, supplies and appliances).	
<p>Hospice (Cal. Code Regs., tit. 22 § 51349)</p>	<p>Provides for multidisciplinary approach for particular needs of terminally ill. Includes four levels: routine home care; continuous home care; respite care; and general inpatient care.</p>	<ul style="list-style-type: none"> • Certified as terminally ill • Directly or through their representative voluntarily elect to receive such benefits in lieu of other care as specified
<p>In-Home Supportive Services (IHSS)/ Personal Attendant Care (Incl. both Medi-Cal Personal Care Services Program (PCSP) and State residual program) (Cal. Code Regs., tit. 22 § 50254 (IHSS); Cal. Code Regs., tit. 22 § 51350 (Personal Care Services))</p>	<p>Provides domestic care (house-keeping chores, shopping) and personal care services (bathing, dressing, eating, grooming, paramedical, transportation, respite, teaching and demonstration) and protective supervision for people with disabilities, including seniors, so they can remain safely in their homes and avoid institutionalization.</p>	<ul style="list-style-type: none"> • Must meet SSI/SSP eligibility except for income limits (aged, blind or disabled) • Can pay a share of cost • Live in own home or abode of choosing

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<p>Medical Case Management (Welf. & Inst. Code § 14133.10(a))</p>	<p>Provides quality care and assures continuity of care for individuals with chronic medical needs upon discharge home, by providing medical case management, assessment, linkages, monitoring and evaluation. Can authorize a broad range of medical equipment and services.</p>	
<p>Medical Transportation Services (Cal. Code Regs., tit. 22 §51323)</p>	<p>Provides ambulance, litter van and wheelchair van medical transportation services to and from medical appointments or programs.</p>	<ul style="list-style-type: none"> • Medical and physical condition precludes transport by ordinary means of public or private conveyance • Transportation is required for the purpose of obtaining needed medical care • Medi-Cal eligible
<p>Medicare</p>		<ul style="list-style-type: none"> •
<p>Program of All-Inclusive Care for the Elderly (PACE)</p>	<p>Provides comprehensive, integrated health and long-term care service delivery for elderly and disabled people who meet criteria for nursing home services through</p>	<ul style="list-style-type: none"> • 55 years of age or older • Certified eligible for nursing facility

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(42 U.S.C.A. § 1395eee)	a managed care contract. Full range of Medi-Cal and Medicare services.	care
Targeted Case Management (TCM) (Cal. Code Regs., tit. 22 §§ 51351, 51365; Medi-Cal State Plan)	Case management to assist Medi-Cal recipients in gaining access to needed medical, social, education and other services (incl. those covered under Medi-Cal, such as IHSS, and other services such as housing and emergency food). Covered activities incl. comprehensive assessment of medical, social, educational and other services; individualized, written services plan; linkages to community services and follow-up to ensure services provided; and crisis assistance.	<ul style="list-style-type: none"> • Persons include: <ul style="list-style-type: none"> ○ 18 years of older, frail health and in need of assistance to access services to prevent institutionalization ○ High-risk individuals identified as needing public health case management ○ 18 years or older with inability to handle personal, medical or other affairs ○ Individuals in need of outpatient clinical medical services and need case management to link them with services • Medi-Cal eligible
Other Medi-Cal Services included in the State Plan		<ul style="list-style-type: none"> • Medi-Cal eligible • Various other Criteria

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<p>General Requirements for Medicare Services</p>		<p>Services must be:</p> <ul style="list-style-type: none"> • Provided to patient by Medicare certified provider • Ordered by the patient’s physician; • Deemed medically reasonable and necessary; and • Otherwise meet specific Medicare coverage criteria for specific services.
<p>Ambulance Services <i>Part B</i></p> <p><i>Soc. Sec. Act § 1861(s)(7)</i> <i>42 C.F.R. § 410.40</i></p>	<p>Provides transportation (1) to the nearest hospital, critical access hospital, or skilled nursing facility capable of furnishing the required level and type of care; (2) from a hospital, critical access hospital, skilled nursing facility to the a patient’s home; and (3) for person receiving renal dialysis for treatment of end stage renal disease, from the person’s home to the nearest facility that furnishes renal dialysis, including the return trip. Non-emergency ambulance transportation if either (1) the patient is unable to get out of bed without assistance, unable to ambulate, unable to sit in a chair, and other methods of transportation are contra-indicated, or (2) patient’s</p>	<ul style="list-style-type: none"> • Other methods of transportation are ruled out.

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	condition is such that transportation by ambulance is medically required.	
<p>Drugs and Biologicals <i>Part A</i></p> <p>42 U.S.C. §§1395x(kk), (m)(5), (s)(2)(I), (s)(2)(J), (s)(2)(O), (s)(2)(Q), (s)(10)(A), (s)(10)(B), (t)(2)</p>	<p>Provides drugs and biologicals that are incident to physician’s services and that, with certain exceptions, are not self-administered. Includes pneumococcal, hepatitis b, and influenza virus vaccines; antigens; blood clotting factors for hemophilia patients; prescription drugs used for immunosuppressive therapy when furnished to an individual who receives a covered organ transplant; erythropoietin for treatment of anemia for patients with chronic renal failure who are on dialysis; drugs to treat osteoporosis when administered by a home health agency, a physician certifies that bone fracture is related to post-menopausal osteoporosis and the patient is incapable of self-administering the drugs, and the patient is confined to her home; and oral anti-cancer and anti-emetic drugs if they contain the same active ingredients as intravenously administered anti-cancer drugs.</p>	<ul style="list-style-type: none"> • Not self-administered by patient • Incident to physician’s services • Reasonable and necessary for the diagnosis or treatment of the illness or injury for which they are administered • Not excluded as immunizations • Not determined by the FDA to be “less-than-effective.”
<p>Durable Medical Equipment <i>Part B</i></p>	<p>Provides for the rental, purchase, or lease of DME for use in the home; repair,</p>	<ul style="list-style-type: none"> • Equipment that can withstand repeated use, is primarily and customarily used

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<p><i>42 U.S.C. § 1395m(a)</i> <i>42 C.F.R. § 410.38</i></p> <p><i>MCM § 2100</i></p>	<p>maintenance, replacement, and delivery of equipment; and supplies necessary for its effective use (e.g., drugs and biologicals, oxygen.). Also includes gel pads and pressure and water mattresses when prescribed for a patient with bedsores, or with medical evidence indicating the patients is highly susceptible to ulceration; heat lamps for a medical purpose; and home oxygen services.</p> <p>Also can be covered as part of Medicare Home health services benefit.</p>	<p>to serve a medical purpose, generally not useful to a person in absence of illness or injury, and is appropriate for use in the home.</p>
<p>End Stage Renal Disease <i>Part B.</i></p> <p><i>R2 C.F.R. §§ 405.2102, 406.13(b)</i></p>	<p>Provides coverage for dialysis treatments in a patient’s home; self-dialysis training, equipment, and supplies, and home support services; drugs for home dialysis; immunosuppressive drugs for the recipient of a covered organ transplant; and ambulance services from the person’s home to the nearest facility that furnishes renal dialysis, including the return trip.</p>	<p>Extends Medicare Parts A and B coverage to individuals under age 65 who are suffering from end-stage renal disease, i.e., “the stage of kidney impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplantation to maintain life.”</p>
<p>Home Health Aide Services <i>Part A and B</i></p> <p><i>42 U.S.C. 1395x(m)(4)</i> <i>42 C.F.R. § 409.54(b).</i></p>	<p>Provides up to 35 hours per week of combined nursing and home health aide services. Home health aide services include services such as personal care, simple dressing changes, assistance with</p>	<p>Must meet all the requirements for home health services, including receiving intermittent skilled nursing services or physical therapy, speech therapy or, in some cases, occupational therapy.</p>

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	medications, assistance with activities that support skilled therapy services, and routine care of prosthetic and orthotic devices.	<ul style="list-style-type: none"> • The patient must require services on a part-time or intermittent basis; • Services are reasonable and necessary and cannot be performed by the patient.
<p>Home Health Services <i>Part A and B</i></p> <p><i>42 U.S.C. § 1395d</i></p>	<p><i>See Nursing Services; Home Health Aide Services; Occupational, Physical, and Speech Therapies; and Medical Social Services.</i> Also provides medical supplies, such as wound dressings, and durable medical equipment; services of interns and residents; and qualified outpatient services. Does not include housekeeping services whose sole purpose is to enable the patients to continue to reside in his or her home (e.g., cooking, Meals on Wheels, cleaning)</p>	<ul style="list-style-type: none"> • Patient is confined to the home, under the care of a physician who prepares and reviews a written plan of care, in need of skilled nursing services on an intermittent basis, or in need of physical or speech therapy. • Services are furnished by, or under arrangement with, a home health agency.
<p>Hospice Services <i>Part A</i></p> <p><i>42 U.S.C. § 1395d</i></p>	<p>Provides nursing care; medical social services; physician services; counseling services; medical supplies and appliances; drugs and biologicals; physical, occupational, and speech therapy; and home health aide and homemaker services to terminally ill patients.</p>	<p>Patient must be certified by a physician as terminally ill, with a life expectancy of 6 months or less. Services must be reasonable and necessary</p>
<p>Laboratory and other diagnostic tests <i>Part B</i></p>	<p>Provides diagnostic laboratory, psychological, and otologic tests and</p>	<ul style="list-style-type: none"> • Medically necessary for independent laboratory to visit a patient to obtain a

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<p><i>42 U.S.C. § 1395x(s)(3)</i> <i>42 C.F.R. § 410.10(e)</i></p>	<p>evaluations.</p>	<p>specimen or to perform EKGs in the following circumstances:</p> <ul style="list-style-type: none"> • Patient is homebound and the services of a laboratory technician are required.
<p>Medical Social Services <i>Part A and B</i></p> <p><i>42 C.F.R. § 409.45(c)</i></p>	<p>Provides services to a patient receiving Medicare covered home health services, the patient's family, or a patient's caregiver to assess and treat social and emotional issues; to assess and resolve home and financial issues; to assess and facilitate access to community resources.</p>	<p>Meets the requirements for Medicare home health services. Services must be</p> <ul style="list-style-type: none"> • necessary to resolve social or emotional problems that are expected to be and impediment to the effective treatment of the patient's medical condition or rate of recovery, • if provided to the patients family or caregiver, services are short term and necessary to resolve a clear and direct impediment to the patient's effective treatment; the services are reasonable and necessary; • furnished by a qualified social worker; • requiring the skills of a social worker to resolve the problems impeding the beneficiary's recovery.
<p>Mental Health Services <i>Part A and Part B</i></p> <p><i>42 C.F.R. § 410.155</i></p>	<ul style="list-style-type: none"> • Outpatient hospital psychiatric services, including diagnostic and therapeutic services, drugs and biologicals, which cannot be self-administered, furnished for 	<ul style="list-style-type: none"> • Furnished incident to physicians' services, and • Furnished for diagnostic study, or reasonably expected to improve the patient's condition.

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	therapeutic purposes. (62.5% of covered expenses in any calendar year) <ul style="list-style-type: none"> • Qualified psychologist and Clinical social worker services. 	<ul style="list-style-type: none"> • Inpatient psychiatric hospital coverage available under Part A up to 190 days per lifetime.
Nursing Care Services <i>Part A and B</i> 42 C.F.R. § 409.44(b).	Provides part-time or intermittent skilled nursing services to a homebound patient.	<ul style="list-style-type: none"> • Meets the requirements for home health services. • The patient must require services on a part-time or intermittent basis; • The services require the skills of an RN or LPN supervised by an RN; • The services are ordered by a plan of treatment established by the physician; • The services are reasonable and necessary to the treatment of an illness or injury.
Physical, Occupational, and Speech Therapy Services <i>Part B</i> 42 U.S.C. 1395k(a)(2)(C), 1395x(g),(p), (s)(2)(D); 42 C.F.R. § 410.3(a)(1)	<ul style="list-style-type: none"> • Outpatient physical, occupational, and speech therapy furnished by participating provider, clinic, rehabilitation agency, or public health agency. • Physical and occupational therapy in the patient's home by an independent practitioner. 	<ul style="list-style-type: none"> • Furnished under direct supervision of physician, or as comprehensive outpatient rehabilitation facility services. • Also can be covered under Part A or Part B as part of Medicare home health benefit, if Medicare home health services carrier criteria are met.
Physician services <i>Part B</i>	<ul style="list-style-type: none"> • In-home physician services, podiatrists, chiropractors, 	<ul style="list-style-type: none"> • Medically necessary. Services incident to physician's services

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<p><i>42 U.S.C. § 1395x(r)</i> <i>42 C.F.R. §410.20(b)</i></p>	<p>optometrists, psychiatrists, interns and residents</p> <ul style="list-style-type: none"> • Services and supplies incident to physician services. 	<p>must be:</p> <ul style="list-style-type: none"> • Integral to physician’s professional service • Commonly rendered without charge or included in physician’s bill • Commonly furnished in physician’s offices or clinics • Furnished under physician’s direct supervision, unless patient is home-bound in medically underserved areas.
<p>Prosthetic Devices and Therapeutic Shoes for Diabetics <i>Part A or Part B</i></p> <p><i>42 C.F.R. 410.36</i></p>	<ul style="list-style-type: none"> • Those that replace all or part of an internal body organ, or all or part of the function of a permanently inoperative or malfunctioning internal body organ, and replacements or repairs of these devices when furnished incident to physicians’ services or on a physician’s order. • Prosthetic lenses. 	
<p>Rural Health Clinic and Federally Qualified Health Center Services <i>Part B</i></p> <p><i>42 C.F.R. §§ 405.2446, 405.2460</i></p>	<ul style="list-style-type: none"> • Part-time or intermittent nursing care and related medical supplies (other than drugs and biologicals) furnished by an RN or LPN to a homebound patient in an area where there is a shortage of home health agencies. Includes personal care services, but 	<ul style="list-style-type: none"> • Services furnished by rural health clinic located in areas where there is a shortage of home health agencies, as determined by the DHHS. • Patient is home-bound • Services furnished under a written plan of treatment

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	not housekeeping and other custodial care.	
<p>X-Ray Services <i>Part B</i></p> <p><i>42 U.S.C. § 1395x(s)(3)</i> <i>42 C.F.R. 410.32</i></p>	<p>Provides portable diagnostic X-ray services, including skeletal films involving extremities, pelvis, vertebral column, and skull; chest and abdominal films that do not involve the use of contrast media; and diagnostic mammograms if the portable X-ray supplier meets applicable certification requirements.</p>	<ul style="list-style-type: none"> • General supervision of physician • Health and safety conditions satisfied.

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MEDI-CAL WAIVER PROGRAMS

Services/Programs References	Purpose/Description	Eligibility Criteria
<p>AIDS Waiver (1915(c) HCBS Waiver; DHS007838-DHS007897)</p>	<p>Serves people with mid to late stage HIV/AIDS at home, who would otherwise require nursing facility or hospital care. Services incl. case management, attendant care, skilled nursing, benefits counseling, psychosocial counseling, infusion therapy, transportation, nutritional counseling, and nutritional supplements.</p>	<ul style="list-style-type: none"> • AIDS or symptomatic HIV • NF level of care or above • Adults and children • Medi-Cal eligible
<p>Assisted Living Waiver Pilot Project (DHS008295-DHS008454; AB 499; Welf. & Inst. Code § 14132.36, possible 1915(c) HCBS Waiver)</p>	<p>Pilot project to develop assisted living services, including care and supervision, medication management, coordination with health care providers, case management and other related health services. Services may be provided to residents of licensed residential care facilities and/or residents in publicly funded senior and disabled housing projects.</p>	<ul style="list-style-type: none"> • NF Level of Care A or B • Project start date 6/1/03
<p>Department of Developmental Services (DDS) Waiver (1915(c) HCBS Waiver)</p>	<p>Provides home and community-based services to enable people with developmental disabilities to remain at home or in the community and prevent inappropriate institutionalization. Services including comprehensive range of services including residential, supported living services, emergency response, nursing, personal care, money management training and habilitation as well as others.</p>	<ul style="list-style-type: none"> • Developmental disability • Regional Center client

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Services/Programs References	Purpose/Description	Eligibility Criteria
<p>In-Home Medical Care (IHMC) Waiver (Cal. Code Reg ., tit. 22 § 51344(b); 1915(c) HCBS Waiver)</p>	<p>Provides array of services to assist individual being maintained in their home as alternative to care in a hospital. Service incl. skilled nursing care, home health aide, environmental accessibility, utility coverage for life-saving equipment. May reside in congregate living facilities.</p>	<ul style="list-style-type: none"> • Hospital level of care for at least 90 days • Medi-Cal eligible • Cost-neutrality • Suitable residence
<p>Multi-Services Senior Program (MSSP) (CDA02107-CDA02347; 1915(c) HCBS Waiver)</p>	<p>Provides social and health care management for frail elderly individuals at home to prevent inappropriate institutionalization. Services incl. case management, adult day care, housing, personal care, transportation, meals, protective services and communication services.</p>	<ul style="list-style-type: none"> • 65 years or older • Medi-Cal eligible • Qualify for NF placement • Cost limitations

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<p>Nursing Facility Subacute Waiver (DHS007337-DHS007528; 1915(c) HCBS Waiver)</p>	<p>Provides array of services to assist individual at home as alternative to Subacute NF services including transitional case management (180 days prior to discharge), nursing care, home health aide, environmental adaptation, personal care services, and utility coverage for life sustaining equipment.</p>	<ul style="list-style-type: none"> • Physically disabled and require Subacute NF level of care for at least 180 days • Medi-Cal eligible • Regular or special deeming rates • Cost neutrality
<p>Nursing Facility Waiver (A/B) (DHS007536-DHS007717; Cal. Code Reg., tit. § 51344(c); 1915(c) HCBS Waiver)</p>	<p>Provides array of services to assist individuals in being maintained at home as alternative to care in nursing facility, Level A or Level B. Services include transitional case management, (180 days prior to discharge), nursing, home health aide, personal care services, home modifications, emergency response, utility coverage and others. May reside in congregate living facilities.</p>	<ul style="list-style-type: none"> • Medi-Cal eligible • Physically disabled and require NF level of care for at least 360 days • Regular or special deeming rules apply • Cost neutrality

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<p>AIDS Case Management Program (CMP) (Ryan White CARE Act: Title II)</p>	<p>Provides comprehensive; home and community-based care to persons with AIDS/HIV in lieu of NF or hospital placement. Services include case management, skilled nursing, counseling, attendant care, nutritional counseling and supplement, housing assistance and hospice care.</p>	<ul style="list-style-type: none"> • Same as AIDS Medi-Cal Waiver Programs • Services not available from any other source
<p>Alzheimer's Day Care Resource Center (ADCRC) (Welf. & Inst. Code § 9542)</p>	<p>Prevent inappropriate institutionalization of persons with moderate to severe levels of Alzheimer's Disease and/or related dementia. Services include specialized day program, care giver, support and respite, training, counseling, resources and support groups</p>	<ul style="list-style-type: none"> • No age or income limits • Alzheimer's Disease or related dementia
<p>CDA Linkages Program (CDA001376-CDA001479)</p>	<p>Prevent or delay inappropriate institutionalization of frail elderly and adults with disabilities, 18 years or over. Services provided incl. assessment, care planning, and brokerage of community services (e.g. transportation, housing, day care, meals, assistive technology and IHSS). Can purchase additional services not available through existing community agencies.</p>	<ul style="list-style-type: none"> • Frail elderly • Adults with disabilities • 18 years or older • May or may not be Medi-Cal eligible

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<p>Department of Aging (Title III) Programs: Senior Companion Program; Brown Bag Network Program; congregate sites; assisted transportation; case management; chore services; HICAP; homemaker; personal care; LTC Ombudsman; Respite; adult day care; home-delivered meals</p> <p>(Cal. Code Regs., tit. 22 §§ 7150, 7625, 7627)</p>	<p>Provides range of services that support seniors and people with disabilities to function in the community.</p>	<ul style="list-style-type: none"> • Frail elderly • Ineligible or unable to receive all needed services through other funding sources • Priority to individuals with chronic health conditions and individuals who are geographically isolated
<p>Department of Developmental Services (DDS) Other Services</p> <p>(Cal. Code Regs., tit. 17 § 54000; Lanterman Act § 4500-4846; 4620)</p>	<p>Local Regional Centers provide a full range of services including assessment, case management, linkages with community services and purchase of services in accordance with individual program plan</p>	<ul style="list-style-type: none"> • Developmental disability • Regional Center eligible (Cal. Code Regs., tit. 17 § 54010)
<p>Home Delivered Meals</p> <p>(Cal. Code Regs., tit. 22 §§ 7632.1, 7638.7(c))</p>	<p>Assists older individuals live independently by promoting better health through improved nutrition.</p>	<ul style="list-style-type: none"> • Frail and home-bound by reason of illness, disability, or isolation
<p>Independent Living Center Services</p> <p>(State Plan for Independent Living, FY</p>	<p>Independent living center is a consumer controlled, community-based, cross-disability, nonresidential private nonprofit</p>	<ul style="list-style-type: none"> • Significant physical, mental, cognitive or sensory impairment

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2002-04)	agency that is designed and operated within a local community by individuals with disabilities. Services maximize a person's ability to live independently in the environment of their own choosing.	<ul style="list-style-type: none"> • Ability to function independently in community or obtain/maintain employment is substantially limited • Independent living services will improve ability to function or continue to function
Other Local Community Resources	Other local governmental and non-profit agencies provide emergency services, assistance with move-in costs and furnishings or other supports.	<ul style="list-style-type: none"> • Usually low-income and in need • Various eligibility criteria
Supported Living Services (SLS) (Cal. Code Regs., tit. §58600; Lanterman Act § 4689)	Support to individuals by SLS vendor to live in own home and participate in community life. Services include personal support, training and habilitation (money management, transportation, home finding, community access, self advocacy) 24-hour emergency assistance.	<ul style="list-style-type: none"> • Developmental Disability • Regional Center eligible (Cal. Code Regs., tit. 17 § 54010)
Vocational Rehabilitation (Cal. Code Regs., tit. 9 §§ 7062, 7150; Vocational Rehabilitation Act)	Assists Californians with disabilities to obtain and retain employment and maximize ability to live in community. Services include assessment, planning, job search, training, placement, rehabilitation counseling, equipment and others.	<ul style="list-style-type: none"> • Priority to people with most severe disabilities

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<p>Adult Residential Treatment (Cal. Code Regs., tit. 9 § 1810.203)</p>	<p>Rehabilitative services provided in a non-institutional residential setting for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in a residential treatment program. The service is available 24 hours a day, seven days a week.</p>	<p>Statewide medical necessity criteria: (1) diagnosis, (2) impairment related to diagnosis, (3) service will significantly diminish impairment or prevent significant deterioration in an important area of functioning. (Cal. Code Regs., tit. 9 § 1830.205); length of stay not to exceed 12 months, although up to 18 months permitted to ensure successful completion of individual treatment plan and referral (Cal. Code Regs., tit. 9 § 531(b)(1); admission permitted if individual's needs can be met though Needs and Services Plan required for community care facilities (Cal. Code Regs., tit. 22 § 80068.2)</p>
<p>Crisis Intervention Subdivision (e) of section 5008 of the Welfare and Institutions Code.</p>	<p>An interview or series of interviews within a brief period of time, conducted by qualified professionals, and designed to alleviate personal or family situations which present a serious and imminent threat to the health or stability of the person or the family. The interview or interviews may be conducted in the home of the person or</p>	<p><i>See</i> statewide medical necessity criteria</p>

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Service/Program References	Purpose/Description of Services	Eligibility Criteria
(Cal. Code Regs., tit. 9 § 1810.209)	family, or on an inpatient or outpatient basis with such therapy, or other services, as may be appropriate. Crisis intervention may, as appropriate, include suicide prevention, psychiatric, welfare, psychological, legal, or other social services. “Crisis intervention” is a service lasting less than 24 hours to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit.	
Crisis Residential (Cal. Code Regs., tit. 9 § 1810.208)	Therapeutic and/or rehabilitation services provided in a 24-hour non-institutional residential treatment setting providing a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis, and who do not present medical complications requiring nursing care. This is a structured, packaged program with services available day and night, seven days a week.	<i>See</i> statewide medical necessity criteria; length of stay not to exceed 30 days, unless longer length of stay needed to ensure successful completion of individual treatment plan and referral, not to exceed 3 months (Cal. Code Regs., tit. 9 § 531(a)(1); admission permitted if individual’s needs can be met though Needs and Services Plan required for community care facilities (Cal. Code Regs., tit. 22 § 80068.2)
Crisis Stabilization (Cal. Code Regs., tit. 9 § 1810.210)	A service lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Crisis stabilization must be provided on site at a 24 hour health facility or hospital-based outpatient program or at other	<i>See</i> statewide medical necessity criteria

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MEDI-CAL COUNTY MENTAL HEALTH SERVICES

Service/Program References	Purpose/Description of Services	Eligibility Criteria
	provider sites which have been certified by the department or a Mental Health Plan to provide crisis stabilization services.	
Day Rehabilitation (Cal. Code Regs., tit. 9 § 1810.212)	A structured program of rehabilitation therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries and is available at least three hours and less than twenty-four hours each day the program is open.	<i>See</i> statewide medical necessity criteria
Day Treatment Intensive (Cal. Code Regs., tit. 9 § 1810.213)	A structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least three hours and less than twenty-four hours each day the program is open	<i>See</i> statewide medical necessity criteria
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Mental Health Services (Cal. Code Regs., tit. 9 § 1810.215)	Those services defined in Title 22, Section 51184, that are provided to beneficiaries under age 21 to correct or ameliorate the diagnoses listed in section 1830.205, and that are not otherwise covered services.	Statewide medical necessity criteria for beneficiaries under age 21 who do not meet medical necessity criteria under Section 1830.205. (Cal. Code Regs., tit. 9 § 1830.210)
Medication Support Services (Cal. Code Regs., tit. 9 § 1810.225)	Those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of	<i>See</i> statewide medical necessity criteria

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MEDI-CAL COUNTY MENTAL HEALTH SERVICES

Service/Program References	Purpose/Description of Services	Eligibility Criteria
	the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary.	
Mental Health Services (Cal. Code Regs., tit. 9 § 1810.227)	Those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive.	<i>See</i> statewide medical necessity criteria; DMH Information Letter No.: 01-02 (May 4, 2001)
Psychiatrist Services (Cal. Code Regs., tit. 9 § 1810.240)	Services provided by licensed physicians who have contracted with the MHP to provide specialty mental health services or who have indicated a psychiatrist specialty as part of the provider enrollment process for the Medi-Cal program, to diagnosis or treat a mental illness or condition.	<i>See</i> statewide medical necessity criteria
Psychological Services (Cal. Code Regs., tit. 9 § 1810.241)	Services provided by licensed psychologists to diagnose or treat a mental illness or condition.	<i>See</i> statewide medical necessity criteria

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MEDI-CAL COUNTY MENTAL HEALTH SERVICES

Service/Program References	Purpose/Description of Services	Eligibility Criteria
<p>Rehabilitation (Cal. Code Regs., tit. 9 § 1810.243)</p>	<p>Service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.</p>	<p><i>See</i> statewide medical necessity criteria; DMH Information Letter No.: 01-02 (May 4, 2001)</p>
<p>Targeted Case Management/ Brokerage (Cal. Code Regs., tit. 9 § 1810.249)</p>	<p>Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.</p>	<p><i>See</i> statewide medical necessity criteria</p>
<p>Therapy (Cal. Code Regs., tit. 9 § 1810.250)</p>	<p>A service activity which is a therapeutic intervention that focuses primarily on symptoms reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.</p>	<p><i>See</i> statewide medical necessity criteria</p>

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**SAN FRANCISCO ASSERTIVE COMMUNITY TREATMENT/
SINGLE POINT OF RESPONSIBILITY (SPR) COUNTY MENTAL HEALTH PROGRAMS**

Service/Program References	Purpose/Description of Services	Eligibility Criteria
Community Focus		Statewide medical necessity criteria for Medi-Cal Specialty Mental Health Services; Federal DHHS State Medicaid Director Letter Dated June 7, 1999
Kujikagalia Project		Statewide medical necessity criteria for Medi-Cal Specialty Mental Health Services; Federal DHHS State Medicaid Director Letter Dated June 7, 1999
Mission ACT		Statewide medical necessity criteria for Medi-Cal Specialty Mental Health Services; Federal DHHS State Medicaid Director Letter Dated June 7, 1999
Westside		Statewide medical necessity criteria for Medi-Cal Specialty Mental Health Services; Federal DHHS State Medicaid Director Letter Dated June 7, 1999

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REALIGNMENT COUNTY MENTAL HEALTH SERVICES

Service/Program References	Purpose/Description of Services	Eligibility Criteria
<p>Systems of Care (Welf. & Inst. Code § 5600.2(c);</p> <p>a. Adult & Older Adult Mental Health System of Care Act (Welf. & Inst. Code § 5800)</p> <p>b. AB 34/2034 Programs</p>	<p>The mental health system should develop coordinated, integrated, and effective services organized in systems of care to meet the unique needs of children and youth with serious emotional disturbances, and adults, older adults, and special populations with serious mental illnesses. These systems of care should operate in conjunction with an interagency network of other services necessary for individual clients.</p> <p>Same as above.</p> <p>Same as above.</p>	<p>Statewide target population criteria for persons 18 years or older: (1) diagnosis, (2) substantial functional impairment or symptoms or psychiatric history related to diagnosis, (3) impairment likely to require public assistance, services, or entitlements. (Welf. & Inst. Code § 5600.3(b)(3))</p> <p>Same as above, including but not limited to persons with physical disabilities</p> <p>Persons with “serious mental illness” who are or at risk of homelessness or incarceration, including but not limited to persons with physical disabilities</p>

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REALIGNMENT COUNTY MENTAL HEALTH SERVICES

Service/Program References	Purpose/Description of Services	Eligibility Criteria
Self-Help (Welf. & Inst. Code §§ 5600.2(i); 5806(a)(5))	The mental health system should promote the development and use of self-help groups by individuals with serious mental illnesses so that these groups will be available in all areas of the state.	<i>See</i> statewide target population criteria above
Vocational Rehabilitation (Welf. & Inst. Code §§ 5600.4(h); 5690.	Services which provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.	<i>See</i> statewide target population criteria above
Services for Homeless Persons (Welf. & Inst. Code §§ 5600.4(j), 5680.	Services designed to assist mentally ill persons who are homeless, or at risk of being homeless, to secure housing and financial resources.	<i>See</i> statewide target population criteria above

(Depending on type of housing, may need to be combined with services identified above to provide an appropriate supported living situation. For any particular housing unit, need to determine if it is affordable, physically accessible or capable of being modified to be physically accessible (i.e. ramp, grab bars, visual phone rings can be added), and if it has or can be combined with appropriate supports for independent living.)

COMMUNITY BASED SERVICES AND SUPPORTS		
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HOUSING RESIDENTIAL PROGRAMS		
Services/Programs	Purpose/Description	Eligibility Criteria
I. Licensed Facilities		
a. Community Care Facilities, e.g., Adult Residential Care, Residential Care Facilities for the Elderly (Health and Safety Code Section 1502(a)(1))	Residential Care Facility means any family home, group care facility or similar facility licensed by the Department of Social Services for a 24-hour non-medical care for persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual. Licensing classifications for these facilities include: Adult Resident Facility, Group Home, Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically Ill (RFCIs), Small Family Homes.	<ul style="list-style-type: none"> • Varies according to licensing category • Includes individuals with developmental, mental, physical or chronic disabilities, and the elderly

COMMUNITY BASED SERVICES AND SUPPORTS
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HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
<p>b. Congregate Health Care Facilities (Cal. Code Regs., tit., 17 § 56100; Health and Safety Code § 1250(i))</p>	<p>"Congregate living health facility" means a residential home with a capacity of no more than six beds, that provides inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, recreational for services for persons who are mentally alert, physically disabled persons, who may be ventilator dependent and/or services for persons who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness, or both and/or services for persons who have a terminal illness.</p>	<ul style="list-style-type: none"> • Mentally alert, physically disabled persons, who may be ventilator dependent • Terminally ill • Catastrophically and severely disabled

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HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
<p>c. Health Care Facilities, eg., ICF-DD, ICF-DDH, ICF-DDN (Cal. Code Regs., tit., 17 § 56100; Health and Safety Code §§ 1250(e),(g) and (h))</p>	<p>"Intermediate care facility/developmentally disabled--nursing" provides 24-hour personal care, developmental services, and nursing supervision.</p> <p>"Intermediate care facility/developmentally disabled" and "Intermediate care facility/developmentally disabled habilitative" provides 24-hour personal care, habilitation, developmental, and supportive health services.</p>	<p>ICF-DDN: medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated</p> <p>ICF-DDH: persons who have developmental disabilities and intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care</p> <p>ICF-DD: persons who have developmental disabilities whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services</p>

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HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
<p>d. Residential Supplemental Funds, e.g., Residential Care SSP/Patch (Cal. Code Regs., tit. 22 § 85060(a))</p>	<p>For SSI/SSP recipients who are residents, the basic services provided and/or made available at the basic rate with no additional charge to the resident. Relatives or a governmental entity may make a supplemental contribution to provide for additional services consistent with the individual's needs and services plan.</p>	<ul style="list-style-type: none"> • Varies according to licensing category • Includes individuals with developmental, mental, physical or chronic disabilities, and the elderly
<p>Assisted Living Waiver Pilot Project (DHS008295-DHS008454; AB 499; Welf. & Inst. Code § 14132.36, possible 1915(c) HCBS Waiver)</p>	<p>Pilot project to develop assisted living services, including care and supervision, medication management, coordination with health care providers, case management and other related health services.</p>	<ul style="list-style-type: none"> • NF Level of Care A or B • Project start date 6/1/03 • Medi-Cal Eligible
<p>II. Private (Nonsubsidized Housing)</p>	<p>Private market housing (without subsidies) may be a resource if combined with other services and if it can be made both affordable and accessible as needed. Section 8 subsidies (see below) may help make it affordable. Some of it may be affordable without subsidies (SRO's, rent controlled units, shared housing, housing shared with family members).</p>	

COMMUNITY BASED SERVICES AND SUPPORTS
Summary of Services, Eligibility Criteria and References

HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
a. Assisted Living	Facilities designed to accommodate frail elderly and people with disabilities who can live independently but need assistance with activities of daily living, such as personal care transportation, meals, housekeeping and laundry.	
b. Private Rental Housing	Apartments or houses– may or may not have appropriate physical accessibility features. This includes SRO (Single Room Occupancy) hotels/apartments.	No specific eligibility criteria
c. Private Rental Housing (with rent control)	Apartments or houses – affordable due to rent control - may or may not have appropriate physical accessibility features. This includes SRO (Single Room Occupancy) hotels/apartments.	No specific eligibility criteria
d. Private homeownership	May or may not have appropriate physical accessibility features. May need tax deferments or reverse mortgages to keep it affordable for elderly or disabled homeowners. City rehabilitation programs may be a source of affordable funds for making accessibility modifications.	No specific eligibility criteria

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Services/Programs	Purpose/Description	Eligibility Criteria
III. Public Housing (owned and/or operated by the SFPHA)	Highly affordable publicly owned and operated housing, but with waiting lists. Some units have necessary supports, others will need to be combined with supports.	Waiting lists are centralized at SFPHA
a. Conventional Public Housing (Rental housing assisted with federal funds) (24 C.F.R. Part 5 & Part 960; 42 USC § 1436(b)(1))	Serves families, elderly and people with disabilities. May be in large complexes or scattered site apartment buildings. Highly affordable (30% of income). A certain % of SFPHA units should be accessible – SFPHA has an obligation to make modifications for accessibility.	<ul style="list-style-type: none"> • Low income • Waiting list – people with disabilities may have a priority • SFPHA and HUD inventory on the web, which may not be current
b. Section 202 (Rental housing assisted with federal funds) (24 C.F.R. § 891. 202; 12 U.S.C. § 1701q)	Housing for the elderly; some buildings may house elderly people and non-elderly people with disabilities. Most units usually accessible or modifiable. Highly affordable. Often have meal service and/or other supportive services. Some 202 projects may be owned by SFPHA – some may be privately owned – see below.	<ul style="list-style-type: none"> • Low income • Waiting list – people with disabilities may have a priority

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Services/Programs	Purpose/Description	Eligibility Criteria
<p>c. Federally funded Section 8 “Housing Choice” Vouchers (24 C.F.R. § 982; 42 U.S.C. 1437f)</p>	<p>Housing for families, elderly and people with disabilities. Vouchers cover a portion of the rent in private units (see Section I above). Tenants must find their own units and can take their Section 8 with them when they move. Highly affordable. SFPHA may have an obligation to make modifications for accessibility even in privately owned housing.</p>	<ul style="list-style-type: none"> • Low income • Waiting list – people with disabilities may have a priority
<p>d. Federally funded Section 8 Vouchers Targeted For People with Disabilities (Fair Share vouchers, “Designated Housing” vouchers, “Certain Development” vouchers.) (24 C.F.R. § 982; 24 C.F.R. Part 791)</p>	<p>SFPHA has some Section 8 vouchers specifically targeted for people with disabilities. These must be reused by people with disabilities once turned back in. There are several different Section 8 programs specifically targeted for PWD</p>	<ul style="list-style-type: none"> • Low income • Waiting list – people displaced from certain projects may have a priority.

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Services/Programs	Purpose/Description	Eligibility Criteria
<p>e. Federally funded Section 8 Medi-Cal Waiver Vouchers (25 C.F.R. 982; 42 U.S.C. 1437f)</p>	<p>Specialty Section 8 vouchers operated by DHS and SFPHA to assist in moving people from institutions to community or preventing institutionalization</p>	<ul style="list-style-type: none"> • Low income • Waiting list • Operated by contract between the two agencies • Specific eligibility criteria
<p>f. Federally Funded Section 8 Mainstream Vouchers (25 C.F.R. 982; 42 U.S.C. 1437f)</p>	<p>Twenty-five percent of Section 811 funding for certain years was used for tenant-based rental assistance under the Section 8 Mainstream Housing Opportunities for People with Disabilities (Mainstream) program. The Mainstream voucher program allows housing authorities and nonprofit disability organizations to apply for housing vouchers. Nonprofits and housing authorities receive these Mainstream housing vouchers that they can then allocate to low income non elderly adults with disabilities. While these vouchers are treated essentially the same as other Section 8 vouchers, renewals of these vouchers, which have five-year terms, are funded out of the appropriation for the Section 811 program.</p>	<ul style="list-style-type: none"> • Low income • Waiting list

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Services/Programs	Purpose/Description	Eligibility Criteria
IV. Subsidized Housing Owned or Directly Funded by City	This housing is usually owned and operated by a private (nonprofit or for-profit) organization, but has various types of funding from the city to keep it affordable and/or supported. In exchange for the funding, the City imposes a regulatory agreement requiring conditions such as affordability, particular supports, and priorities for certain populations, etc. There may be many subsidy sources in a single project (City, State, Federal)	Partial City Inventory on the Web. Waiting lists usually maintained on a project by project basis – people can be on more than 1 list at a time.
a. San Francisco Housing Urban Health Housing Programs (HUH)	Various types of affordable rental housing, targeted for PWD and with supports, funded by a variety of sources.	<ul style="list-style-type: none"> • Extremely low income • Persons with disabilities
b. Rental or ownership housing assisted by City and State Department of Mental Health Funds <i>(see e.g. Integrated Services for Homeless Adults with Serious Mental Illness; Welf. & Inst. Code §§ 5800, et seq.)</i>	Various types of affordable rental housing, targeted for people with psychiatric disabilities and some with supports.	

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Services/Programs	Purpose/Description	Eligibility Criteria
<p>c. Rental or ownership housing assisted by City through the federal Community Development Block Grant funds which it controls.</p> <p>(42 U.S.C. §§ 5301 <i>et seq.</i>)</p>	<p>Various types of affordable rental housing, some targeted for PWD and some with supports.</p>	<ul style="list-style-type: none"> • Low income • Waiting list – people with disabilities may have a priority
<p>d. Rental or ownership housing assisted by City through the federal HOME funds which it controls</p> <p>(42 U.S.C. §§ 12, 722 <i>et seq.</i>)</p>	<p>Various types of affordable rental housing, some targeted for PWD and some with supports.</p>	<ul style="list-style-type: none"> • Low income • Waiting list – people with disabilities may have a priority
<p>e. Rental or ownership housing assisted by City General Funds</p>	<p>Various types of affordable rental housing, some targeted for PWD and some with supports.</p>	<ul style="list-style-type: none"> • Low income • Waiting list – people with disabilities may have a priority
<p>f. Rental or ownership housing assisted by City Hotel Tax funds</p>	<p>Various types of affordable rental housing, some targeted for PWD and some with supports.</p>	<ul style="list-style-type: none"> • Low income • Waiting list – people with disabilities may have a priority

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Services/Programs	Purpose/Description	Eligibility Criteria
<p>g. Rental or ownership housing assisted by San Francisco Redevelopment Agency funds or owned by SFRA</p> <p>(Health & Safety Code §§ 33,000 <i>et seq</i>)</p>	<p>Various types of affordable rental housing, some targeted for PWD and some with supports. The redevelopment agency has specific funds targeted for affordable housing development. Many of these units have requirements imposed by state laws.</p>	<ul style="list-style-type: none"> • Low income • Waiting list – people with disabilities may have a priority • SFRA should have an inventory
<p>h. Rental housing assisted by City through its federal HOPWA (Housing Opportunities for Persons with AIDS) funds, Shelter Plus Care Funds, or other federal McKinney Act funds controlled by the City</p> <p>HOPWA (42 U.S.C. § 12,901) McKinney (42 U.S.C. § 11, 361)</p>	<p>Rental housing with supports for people diagnosed with AIDs, having other disabilities, or transitioning from homelessness. Congress enacted the Stewart B. McKinney Homeless Assistance Act in 1987 in response to the homelessness crisis that had emerged in the 1980s. Renamed the McKinney-Vento Act in 2000, the Act authorizes funds for a small set of federal homeless assistance programs, including four administered by HUD: Emergency Shelter Grants (ESG); Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings for Homeless Individuals (SRO); Shelter Plus Care (S+C); and the Supportive Housing Program (Supportive Housing). Collectively, these programs are known as HUD McKinney-Vento Homeless Assistance Programs. Most of this housing has</p>	<ul style="list-style-type: none"> • Low income • Waiting list • Different programs may have specific admissions criteria

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Services/Programs	Purpose/Description	Eligibility Criteria
	additional programs and supports. Some of this may be transitional housing.	
i. Rental subsidy or voucher programs operated by the City	Some cities operate rental voucher programs similar to Section 8 but with local funds.	
j. Assisted Homeownership	Financial assistance to help people buy homes. Often provides downpayment assistance or reduced interest or deferred home loans. Can sometimes be combined with Section 8 homeownership funds to keep housing more affordable. Funded by various sources.	

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Services/Programs	Purpose/Description	Eligibility Criteria
<p>V. Project-Based Subsidized Housing</p>	<p>This housing is usually owned and operated by a private (nonprofit or for-profit) organization, but has various types of funding from the state or federal government to keep it affordable and/or supported. In exchange for the funding, the state or federal government imposes a regulatory agreement requiring conditions such as affordability, particular supports, and priorities for certain populations, etc. There may be many subsidy sources in a single project (State, Federal). This is similar to Section III above, except the City does not have any direct funding in the project or any direct regulatory control.</p>	<p>Local networks of nonprofit agencies, NPH (Nonprofit Housing Association of Northern California), and the Corporation for Supported Housing (CSH) may all maintain inventories, as does HUD and certain State Agencies. Waiting lists usually maintained on a project by project basis – people can be on more than 1 list at a time.</p>
<p>a. Rental or ownership housing assisted by State of California Multi-Family Housing Grants, CHIRP-R Grants, State Bond funds, or other state housing funds</p> <p>(Health & Safety Code §§ 50,000 <i>et seq.</i>) (see e.g. MHP Program § 50675 <i>et seq.</i>)</p>	<p>Various types of affordable rental housing, some targeted for PWD and some with supports. Administered by State Department of Housing and Community Development (HCD). Often includes a percentage of accessible units.</p>	<ul style="list-style-type: none"> • Low income • May be a waiting list • Different programs may have specific admissions criteria • Inventory may be available from HCD

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Services/Programs	Purpose/Description	Eligibility Criteria
<p>b. Rental housing assisted by State of California Supportive Housing Initiative Act Fund (SHIA) (Health & Safety Code § 53250)</p>	<p>Various types of affordable rental housing, mostly targeted to people who are homeless, all of which is combined in some way with supportive services. Some of this may be transitional housing. Often includes a percentage of accessible units. The SHIA, administered by the DMH, HCD and the Supportive Housing Program Council, encourages innovative Supporting Housing Projects for persons who have mental illness and are homeless or at imminent risk of becoming homeless. The goals of this initiative are to increase housing for persons with serious mental illness who may also have coexisting disorders including substance abuse; decrease homelessness and its associated fiscal and social costs; increase work force participation as a result of housing stability; and increase philanthropic support as a result of government's increased commitment to matching this support. Although most SHIA projects serve individuals with multiple disabilities, 45 of the 46 projects in California include individuals with mental illness as a primary focus.</p>	<ul style="list-style-type: none"> • Low income • May be a waiting list • Different programs may have specific admissions criteria

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Services/Programs	Purpose/Description	Eligibility Criteria
<p>c. Rental housing assisted with federal funding through the Section 8 Substantial Rehabilitation Program, Section 8 Moderate Rehabilitation Program, Section 8 Moderate Rehabilitation Program for Single Room Occupancy (SRO), Section 8 New Construction, and other Section 8 Project-Based programs.</p> <p>(24 C.F.R. § 982; 42 U.S.C. 1437f)</p>	<p>Rental housing that has received federal funds to assist with rehabilitation or construction. In exchange, a certain number of units have Section 8 vouchers attached which keep rents affordable. These Section 8 vouchers cannot be transferred to other properties. A percentage of units are usually accessible.</p>	<ul style="list-style-type: none"> • Low income • May be a waiting list • HUD inventory on the web (may not be complete or current)

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Services/Programs	Purpose/Description	Eligibility Criteria
<p>d. Rental housing assisted with federal Section 202 funds (24 C.F.R. § 891. 202; 12 U.S.C. § 1701q)</p>	<p>Housing for the elderly; some buildings may house elderly persons and non-elderly people with disabilities. The Section 202 Supportive Housing for the Elderly program was established under the Housing Act of 1959 and has gone through various programmatic iterations. It was most recently amended under the American Homeownership and Economic Opportunity Act of 2000. Today's Section 202 program provides capital and operating funds to nonprofit organizations that develop and operate senior housing. The program is administered by HUD's Office of Housing.</p> <p>Usually accessible or modifiable. Highly affordable. Often have meal service and/or other supportive services. Some 202 projects may be owned by SFPHA – see above. Many are privately owned by nonprofit or for-profit organizations.</p>	<ul style="list-style-type: none"> • Low income • May be a waiting list • HUD inventory on the web (may not be complete or current)

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HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
<p>e. Rental housing assisted by federal Section 811 Housing for People with Disabilities (24 C.F.R. 891.300; 42 U.S.C. § 8013)</p>	<p>Rental housing for people with disabilities, with supports. Usually physically accessible. The Section 811 Supportive Housing for Persons with Disabilities program provides funding to developers building housing for disabled, low income households. The program also provides rental assistance, which covers the difference between the HUD-approved operating costs of the development and the tenant's contribution toward rent. Section 811 was created under the Cranston-Gonzales National Affordable Housing Act of 1990 by separating housing for people with disabilities from the Section 202 program that now provides supportive housing for seniors. The HUD Office of Housing administers the Section 811 program.</p>	<ul style="list-style-type: none"> • Section 811 provides housing for people with physical or developmental disabilities, or people with chronic mental illness who are 18 years of age or older and have very low incomes • Families with incomes below 50 percent of the area median income may also be eligible for Project Rental Assistance Contract (PRAC) funds, which subsidize rents, and for the Section 811-funded tenant based rental assistance component • May be a waiting list • Different programs may have specific admissions criteria. HUD inventory on the web (may not be complete or current)

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HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
<p>f. Rental Housing assisted with federal and/or state tax credits.</p> <p>(I.R.C. § 42 <i>et seq.</i>; 26 C.F.R. 1.42; CA Rev & Tax Code §§ 12, 205 <i>et seq.</i>, 17, 057.5, 23, 610.5; CA Health and Safety Code § 50199.6 <i>et seq.</i>; 4 C.C.R. § <i>et seq.</i>)</p>	<p>Administered by the California Tax Credit Allocation Committee (TCAC) in the California Treasurer’s office. Required to take Section 8 vouchers. Required to have a certain percentage of accessible units.</p>	<ul style="list-style-type: none"> • Low income • May be a waiting list • Inventory available on the TCAC web site. (May not be complete or current)
<p>g. Rental housing assisted with other state housing funds</p> <p>(Health & Safety Code §§ 50,900 <i>et seq.</i>, 50,050 <i>et seq.</i>, 25 C.C.R. § 10,001 <i>et seq.</i>)</p>	<p>Administered by the California Housing Finance Agency (CHFA). Often has a percentage of accessible units. In addition, CHFA also administers the Special Needs Financing Program, under which it provides loans at less than 3 percent interest to non-profits or public agencies that are developing housing for special needs populations.</p>	<ul style="list-style-type: none"> • Low income • May be a waiting list • Inventory available on the CHFA web site. (May not be complete or current)
<p>h. Rental housing assisted with federal funding through Section 236, Section 221(d), and other federal programs.</p> <p>Section 236: (12 U.S.C. § 1715z-1)</p>	<p>Rental housing that has received federal funds to make units affordable. A percentage of units are usually accessible. Project-based rental assistance makes specific privately owned units affordable to low income families, through a federal subsidy of the mortgage or the rents or both. The Section</p>	<ul style="list-style-type: none"> • Low income • May be a waiting list • HUD inventory on the web. (May not be complete or current)

COMMUNITY BASED SERVICES AND SUPPORTS
Summary of Services, Eligibility Criteria and References

HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
<p>Section 221(d): (12 U.S.C § 1715(d)(3))</p>	<p>221(d)(3) Below Market Interest Rate (BMIR) mortgage insurance program was established under the National Housing Act of 1961, with below-market loans issued by private lenders that are purchased in turn by the federal government. The Housing and Urban Development Act of 1968 authorized another mortgage insurance program, the Section 236 Rental Program, through which owners paid one percent interest on private loans subsidized and insured by the Federal Housing Administration (FHA).</p> <p>The Section 8 New Construction and Substantial Rehabilitation program, established under the Housing and Community Development Act of 1974, provided a long term contract between the owner and the federal government that made rents affordable to low income families. Under "project-based Section 8" assistance, as it has come to be known, the federal government entered into 20- to 40-year contracts with property owners to serve low income tenants.</p>	

COMMUNITY BASED SERVICES AND SUPPORTS
Summary of Services, Eligibility Criteria and References

HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
<p>i. Rental or ownership housing assisted by State Dept. of Developmental Services (DDS)</p> <p>(See e.g. Housing Assistance Program (North Bay Housing Coalition); Member Run Coalition Living (Project Independence); Affordable Housing Access Assistance and Linkages (The Arc of San Francisco))</p>	<p>Rental or ownership housing assisted with DDS funds to provided supported housing for persons with developmental disabilities. The DDS administers an affordable housing program designed to increase affordable housing for Regional Center clients. These projects are designed to increase capacity building and housing production of affordable housing for persons with developmental disabilities. Capacity building projects develop resources in the community for persons with developmental disabilities to acquire affordable housing. Housing production projects increase the stock of affordable housing through the purchase, rehabilitation, or construction of real property.</p>	<p>Administered by Department of Development Services and the 21 state Regional Centers serving people with developmental disabilities</p>
<p>j. Rental or ownership housing assisted by State Dept. of Mental Health (DMH)</p> <p>(See e.g. Supported Housing Initiative administered by DMH; Health & Safety Code 53.520; System of Care Dollars; Welfare & Institutions § 5800)</p>	<p>Rental or ownership housing assisted with DMH funds to provided supported housing for persons with psychiatric disabilities.</p>	<p>Administered by DMH and county mental health agencies and other groups assisting people with psychiatric disabilities</p>

COMMUNITY BASED SERVICES AND SUPPORTS
Summary of Services, Eligibility Criteria and References

HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
<p>k. Rental housing or homeownership assisted with federally regulated or funded housing bonds. (Health & Safety Code §§ 51, 330 <i>et seq.</i>)</p>	<p>Rental housing that may be more affordable and should include some accessible units. Private activity bonds were established under the Tax Code of 1954. These bonds were known as Industrial Development Bonds until the Tax Reform Act of 1986 and other legislation changed the name to Mortgage Revenue Bonds (MRBs). Private activity bonds are tax-exempt for the purchaser and are issued by state and local governments to support single-family home purchase under MRBs, multifamily housing development, student loans, infrastructure and other activities. Both MRBs and multifamily bonds allow state and local governments to access private financing to support housing. By lowering the interest rate, MRBs make homeownership affordable for families who would not be able to meet mortgage payments on a conventional loan. Multifamily bonds provide funding for multifamily housing development that reaches income groups the market might not otherwise serve</p>	<ul style="list-style-type: none"> • MRBs support below-market mortgages for first-time homebuyers with incomes no more than the state or area median income. The average MRB borrower earns two-thirds of the national median income and half the average conventional homebuyer's income • In multifamily bond financing, at least 40 percent of families who rent apartments in the bond-financed development cannot earn more than 60 percent of the area median income or at least 20 percent cannot earn more than 50 percent of the area median income

COMMUNITY BASED SERVICES AND SUPPORTS
Summary of Services, Eligibility Criteria and References

HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
1. Affordable Homeownership Programs (See e.g. Section 235 Housing: 12 U.S.C. 1715z; 24 C.F.R. Part 235)	May receive assistance from HCD, CHFA, or various programs through participating financial institutions. Financial assistance to help people buy homes. Often provides downpayment assistance or reduced interest or deferred home loans. Can sometimes be combined with Section 8 homeownership funds to keep housing more affordable. Also are state property tax and income tax breaks for people with disabilities to help them keep up with property taxes.	
VI. Funds for Modifications	There are various sources of funds to assist with making physical modifications to make units accessible	
a. City controlled federal, state and local funds	Includes CDBG, HOME, McKinney, Redevelopment, Other City funds	
b. New State “Grants for Ramps” programs (Health & Safety § 53533)	Recent state housing bond (Proposition 46) includes funds for this purposed to be administered by Dept. of Housing and Community Development (HCD). Should be operational shortly.	

COMMUNITY BASED SERVICES AND SUPPORTS
Summary of Services, Eligibility Criteria and References

HOUSING RESIDENTIAL PROGRAMS

Services/Programs	Purpose/Description	Eligibility Criteria
c. Other sources	May be foundation, charitable or other programs to pay for such modifications. Some Medi-Cal and other programs may provide a source of funds.	
VII. Additional Housing Related Funding		
a. Security Deposit and Emergency Assistance Programs (See e.g. State E.H.A.P: Health & Safety Code § 50,800)	There are federal and state programs (including federal McKinney Act funds administered by the City, federal EFSP funds, and state Emergency Shelter Grant (ESG) funds) that assist people with housing emergencies to allow them to keep their current housing or get into housing (security deposits, rental arrearages, etc.) Available for both private and subsidized housing.	
b. Utility assistance programs (See e.g. Low Income Home Energy Assistance Fund: CA Gov. Code § 16367.5)	There are federal and state programs to assist low income persons in private or subsidized housing with emergency or long term utility costs, allowing them to maintain or get into housing.	