

Attestation of Specialty Behavioral Health

County of San Diego Behavioral Health Services



Specialty Behavioral Health Attestation Guide

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Purpose

The Specialty Behavioral Health Attestation (Attestation) supports the Transitional Rent referral by documenting that a Medi-Cal Member meets one of the qualifying behavioral health clinical risk factors required under the [DHCS Community Supports Policy Guide](#).

This Attestation allows an authorized provider to confirm the Member's behavioral health eligibility without submitting the Member's complete clinical record. It does **not** replace clinical assessment or establish eligibility for Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), or Drug Medi-Cal Organized Delivery System (DMC-ODS). Rather, it confirms that the Member currently meets one of the behavioral health criteria that qualify them for the Transitional Rent Community Support.

Additional documentation may be requested by the receiving entity to support the referral.

Who May Complete the Attestation?

The Attestation should be completed by a provider who:

- Is the treating behavioral health provider **or** has authorization and sufficient knowledge of the Member's behavioral health condition;
- Is able to attest that the Member currently meets one of the qualifying behavioral health criteria described below; and
- Has sufficient knowledge of the Member's housing plan to verify ongoing housing assistance following Transitional Rent.

Examples include County of San Diego (County) Behavioral Health providers, contracted behavioral health providers, DMC/DMC-ODS providers, or other licensed behavioral health professionals authorized by the County.

Before Completing the Form

Before signing the Attestation, verify that:

- The Member has consented to sharing information necessary to complete the Transitional Rent referral.
- You have sufficient knowledge of the Member's behavioral health condition.

- The Member meets one of the qualifying behavioral health eligibility pathways described below.
- The Member has an identified housing subsidy or funding source that will continue after Transitional Rent ends.

Completing the Attestation

Section 1 – Member Consent

Select **Yes** only if the Member has authorized the sharing of information necessary for the Transitional Rent referral.

If the referral requires disclosure of substance use disorder treatment information protected under **42 CFR Part 2**, ensure the appropriate consent has been obtained.

Section 2 – Behavioral Health Eligibility

This section confirms that the Member meets one of the qualifying behavioral health clinical risk factors for Transitional Rent.

You may attest based on your professional knowledge of the Member's condition. A confirmed diagnosis is **not always required**.

Specialty Mental Health Services (SMHS)

Adults (Age 21 and Older)

The Member meets SMHS access criteria when **both** of the following are true:

1. The Member has one of the following:

- Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important areas of functioning; **or**
- A reasonable probability of significant deterioration in an important area of life functioning.

AND

2. The condition from #1 is due to one of the following:

- A diagnosed mental health disorder¹; or
- A suspected mental health disorder that has not yet been diagnosed.

Note: A confirmed diagnosis is not required to attest if a suspected mental health disorder exists and the access criteria are otherwise met.

¹ According to criteria of current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.

Children and Youth (Under Age 21)

A Member under age 21 meets SMHS access criteria if they have one of the following:

- Significant impairment.
- A reasonable probability of significant deterioration in an important area of life functioning.
- A reasonable probability of not progressing developmentally as appropriate.
- A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal MCP is required to provide.

AND

The condition from #1 is due to one of the following:

- A diagnosed mental health disorder¹
- A suspected mental disorder - not yet diagnosed.
- Health conditions, including behavioral health and developmental syndromes, stemming from trauma, child abuse, or neglect.

¹ According to criteria of current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems.

Drug Medi-Cal (DMC) / Drug Medi-Cal Organized Delivery System (DMC-ODS)

Adults (Age 21 and Older)

The Member meets DMC or DMC-ODS access criteria when either of the following applies:

- The Member has at least one current DSM diagnosis for a Substance-Related and Addictive Disorder (excluding Tobacco-Related Disorders and Non-Substance-Related Disorders); **or**
- The Member had a qualifying substance use disorder diagnosis prior to or during incarceration, as determined through substance use history.

Children and Youth (Under Age 21)

Members under age 21 qualify when they meet the medical necessity standard for one or more substance use disorder treatment services, as recommended by a licensed behavioral health practitioner operating within their scope of practice.

When Should I Select "Yes"?

Select **Yes** if you have sufficient knowledge to attest that the Member currently meets **at least one** of the following:

- SMHS access criteria for adults;
- SMHS access criteria for children or youth;
- DMC access criteria; or
- DMC-ODS access criteria.

If you are unsure whether the Member meets the applicable criteria, consult the treating clinician before signing.

Section 3 – Housing Continuation Plan

This section verifies that the Member has an identified source of ongoing housing assistance after the Transitional Rent benefit ends.

The provider completing this section should be able to confirm:

- The housing program that has committed ongoing assistance;
- The program with which the Member is currently connected; and
- The anticipated long-term housing funding source or subsidy.

Examples include:

- Housing Choice Voucher (Section 8)
- Permanent Supportive Housing
- Continuum of Care (CoC) rental assistance
- Local or county-funded rental subsidy
- Veterans housing programs
- Other permanent or long-term rental assistance

If ongoing housing assistance has not yet been identified, the Member may not yet meet Transitional Rent eligibility requirements.

Provider Information

Complete all provider information, including:

- Provider name
- Clinical practice or agency
- License type
- National Provider Identifier (NPI)
- Contact information
- County Behavioral Health affiliation

The individual signing should be the provider making the behavioral health attestation.

Signature

By signing the Attestation, you certify that:

- The information provided is true and accurate to the best of your knowledge.
- You have sufficient knowledge and authority to make the attestation.
- The Member meets one or more qualifying behavioral health clinical risk factors for Transitional Rent.

- The housing continuation information is accurate.

Frequently Asked Questions

Does the Member need a confirmed mental health diagnosis?

No. Adults and youth may qualify based on a **suspected mental health disorder**, provided the applicable SMHS access criteria are met.

Do youth have to meet the clinical need criteria?

Yes. Youth under age 21 must meet **both** of the following SMHS criteria, as outlined in the DHCS Community Supports Policy Guide, Volume 2 (p. 114):

1. One of the following impairment indicators:
 - Significant impairment, or
 - Reasonable probability of significant deterioration, or
 - Reasonable probability of not progressing developmentally as appropriate, or
 - A need for specialty mental health services not included in Medi-Cal MCP coverage.
2. And the condition from #1 must be due to one of:
 - A diagnosed mental health disorder, or
 - A suspected mental disorder (undiagnosed), or
 - A trauma-related behavioral health or developmental syndrome stemming from trauma, child abuse, or neglect.

Do I need to submit clinical records?

No. This form is intended to serve as a provider attestation. However, additional documentation may be requested to support the referral.

Can someone other than the treating clinician complete this form?

Yes, provided they are authorized and have sufficient knowledge of the Member's behavioral health condition and housing plan to accurately make the attestations.

Sources:

[DHCS Community Supports Policy Guide: Volume 2, Appendix D](#)

[Homebase Transitional Rent Eligibility and Access Guide](#) for additional information and references on Transitional Rent criteria and eligibility



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Attestation of Specialty Behavioral Health

This Attestation is intended to support a consistent and documented Behavioral Health eligibility determination for a referral to Transitional Rent. Additional documentation may be required to accompany this attestation. Coordination with a clinician may be required.

To support the Medi-Cal Member with the referral requirements for Transitional Rent, complete the following information and submit with the Transitional Rent referral form:

YES	NO	
☐	☐	The Member consented to sharing personal health information for the purpose of this referral for Transitional Rent services under Medi-Cal, if necessary related to Substance Use Data included in 42 CFR Part 2.
☐	☐	I am the treating provider, or have authorization and sufficient knowledge of the Member's behavioral health condition(s), to attest that the Member currently has a diagnosed or is suspected of having one or more of the qualifying SMHS, DMC or DMC-ODS Clinical Risk Factor Requirements as identified in the DHCS Community Support Policy Guide: Volume 2 described on pages two (2) and three (3) of this form.
☐	☐	I am authorized and have sufficient knowledge of the Member's housing and support needs to attest that _____ has allocated housing subsidy resources to this Member for (Program Name Attesting) continued assistance following completion of the Transitional Rent benefit. The member is currently connected to _____ and is expected to receive ongoing housing support (Program the Member is Connected To) through the following planned funding source or subsidy: _____. (Type of Housing Funding/Subsidy)

Member Name	Member Date of Birth	Medi-Cal Client Index number (CIN)

Provider Name	Referring Clinical Practice	Referring Provider License Type
NPI	Phone Number	Email Address
County Behavioral Health Affiliation	☐ County Behavioral Health Provider ☐ Contracted with County Behavioral Health	
By signing below, I am attesting that the information above is true and accurate to the best of my knowledge.		
Provider Signature:		Date: