

Housing Community Supports Alameda Alliance for Health (AAH) Authorization Letters: Guidance for Providers

Alameda Alliance for Health (AAH), the Managed Care Plan providing Medi-Cal for many HCS clients, sends their members authorization letters after enrollment into the HCS program.

The letters are informational and require no follow up action on the part of the client.

Housing Navigation (HN) and Tenancy Sustaining Services (TSS) authorization letters notify clients that they are eligible for services, but do not guarantee immediate housing.

Housing Deposits authorization letters notify clients of eligibility to use funds for costs tied to a move-in. They also explain that the funds are subject to certain criteria, are meant for security deposits or approved purchases, and are not provided to the client in the form of cash.

Images of example letters are below; one is for Housing Deposits and the other is for TSS.

ALAMEDA
Alliance
FOR HEALTH

Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502
Case & Disease Management Department
Phone Number: 1.510.747.4512
Toll-Free: 1.877.251.9612
People with hearing and speaking impairments
(CRS/TTY): 711/1.800.735.2929
www.alamedaalliance.org

12/21/2022

MEMBER:
[REDACTED]

**Community Supports Service – Housing Deposits
(Approval)**

PROVIDER:
HCSA - Office of Homeless Care and Coordination [REDACTED]

Member Identification Number [REDACTED]
Member DOI [REDACTED]
Member Phone Number [REDACTED]
Authorization Number [REDACTED]

Dear Alameda County Health Care Services Agency,

The services requested by your provider have been approved. The authorization is valid for 90 days, unless otherwise specified, and as long as you are an eligible member with Alameda Alliance for Health (Alliance).

Please Note: This service has a limitation. Please discuss this limitation with your case manager.

REQUESTED SERVICE:					
Line Item Number	Procedure	Status	Units	From Date	To Date
1	H0044 SUPPORTED HOUSING PER MONTH	Approved	6 Units	12/13/2022	06/13/2023

DESCRIPTION: Housing Deposits

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www.alamedaalliance.org

12/22/2022

MEMBER:
[REDACTED]

**Community Supports Service – Housing Tenancy
(Approval)**

PROVIDER:
HCSA - Office of Homeless Care and Coordination [REDACTED]

Member Identification Number [REDACTED]
Member DOI [REDACTED]
Member Phone Number [REDACTED]
Authorization Number [REDACTED]

Dear Alameda County Health Care Services Agency,

The services requested by your provider have been approved. The authorization is valid for 12 months, unless otherwise specified, and as long as you are an eligible member with Alameda Alliance for Health (Alliance).

Please Note: This service has a limitation. Please discuss this limitation with your case manager.

REQUESTED SERVICE:					
Line Item Number	Procedure	Status	Units	From Date	To Date
1	T2040 FINANCIAL MGMT WAIVER; 15 MIN	Approved	1 Units	01/01/2023	07/01/2023

1/2

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2	T2050 Financial management, self-directed, waiver, per diem	Approved	1 Units	01/01/2023	07/01/2023
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Please reference the ["What are Housing Community Supports \(HCS\) and Why Does It Matter to You?"](#) document on the HCS web page. This document may be helpful in reviewing HN, TSS and Housing Deposits included in Alliance authorization letters.

Clients may also receive a Denial of Service letter from AAH. This can happen for a few reasons.


- If the client has recently changed Managed Care Plans from AAH to a different MCP, or if their coverage has lapsed, they may receive a denial letter because they are no longer enrolled with AAH. In these cases, the best course of action is to confirm that a change in MCP happened so that coverage continues. If not

confirmed, please check to ensure that the client has Medi-Cal coverage and if needed support the client with re-applying for Medi-Cal ([click here for resources to support this](#)).

- The client may receive a denial letter if there was a delay in submission of their TSS Extension Checklist, or Housing Support Plan to document need for a HN extension. This is another reason that timely submission of these documents is critical. In these cases, please submit the Evaluation/Housing Support Plan ASAP.
- Finally, clients may receive a denial letter because the TSS Evaluation requested to graduate the client from TSS services. Those clients must be exited from HCS services by the end of the month that the TSS Evaluation was due.

No matter the reason for the denial letter, we want to emphasize that this has no impact on the client's eligibility for continuing to receive HCS services (apart from clients that have been graduated).

Below is an example Denial letter.

 ALAMEDA Alliance FOR HEALTH	Alameda Alliance for Health 1240 South Loop Road Alameda, CA 94502 Case & Disease Management Department Phone Number: 1.510.747.4512 Toll-Free: 1.877.251.9612 People with hearing and speaking impairments (CRS/TTY): 711/1.800.735.2929 www.alamedaalliance.org
02/09/2023	
MEMBER: [REDACTED]	
NOTICE OF ACTION About Your Community Supports Service Request (Denial)	
PROVIDER: HCSA - Office of Homeless Care and Coordination - [REDACTED] [REDACTED]	
Member Identification Number: [REDACTED] Reference Number: [REDACTED]	
RE: T2040 FINANCIAL MGMT WAIVER; 15 MIN, 1 Units. RE: T2050 FINANCIAL MGMT SELF-DIR WAIVER; PD, 1 Units.	
Dear Alameda County Health Care Services Agency,	
Alameda County Health Care Services Agency has asked Alameda Alliance for Health (Alliance) to approve Housing Tenancy .	
This request is denied. This is because Alameda County Health Care Services Agency has asked Alameda Alliance for Health (Alliance) to approve Housing Tenancy. This request is denied because you do (did) not have Alliance insurance as of 12/31/22.	
DHCS guidelines: Medi-Cal In Lieu of Services Policy Guide, January 2023, pages 7-57. https://www.dhcs.ca.gov/Documents/MCQMDILOS-Policy-Guide-January-2023.pdf	
The Alliance uses Department of Health Care Services (DHCS) guidelines to decide whether you are eligible for Community Supports (CS). You can get free copies of all the information used to make this decision. To ask for this, please call: Alliance Member Services Department, Monday Friday, 8 am 5 pm. Phone Number: 1.510.747.4567. Toll-Free: 1.877.932.2738. People with hearing and speaking impairments (CRS/TTY): 711/1.800.735.2929. People with hearing and	