No. 2

Homelessness Data Tracking

July 7, 2026

Summary	Provides direction for the BHP on tracking homelessness within SmartCare
Effective Date	07/01/2026
Policy/Regulatory References	24 CFR 91.5, Behavioral Health Services Act

Notice:

Under Behavioral Health Services Act (BHSA) direction, counties must accurately document homelessness status for members served by behavioral health programs. This requirement is tied to the BHSA's housing interventions component, which mandates that a portion of BHSA funds support individuals experiencing homelessness, with a priority focus on those who are chronically homeless and living in encampments. Ensuring accurate documentation is critical for compliance with BHSA requirements and for collecting reliable data for evaluation and reporting.

Effective July 1, 2026, programs will document homelessness in SmartCare by completing the two actions below:

1. Problem List – Enter ICD-10 Z codes
   a) Use Z59-series codes to indicate that a member is experiencing homelessness or is at risk of homelessness (e.g., Z59.01, Z59.02).
      i) Selecting the correct Z code is critical; staff should always choose the most specific code available based on the person served (PS) current housing situation and avoid using generic or ambiguous codes when more precise options exist. Refer to Attachment A decision matrix below to assist you in determining the appropriate housing Z code to use.
      ii) Refer to Attachment A for definitions of "experiencing homelessness" and "at risk of homelessness."
   b) When entering a Z59 code in the Problem List, include the start date the member became homeless. If the exact date is unknown, approximate based on the member's report and/or collateral information from records or individuals involved in care. Update codes and indicators whenever housing status changes (e.g., placement in permanent housing, transition to shelter).

2. Special Populations – Assign indicators for chronic homelessness and encampment living with the special population tagging in SmartCare. Z codes alone cannot capture these BHSA-required details.
   a) Apply the "Homeless – Chronic" Special Population when the member meets the BHSA's definition of chronic homelessness.

b) Apply the “Homeless – Living in an Encampment" Special Population when the member is living in an encampment.
c) If both apply, assign both indicators.
d) Enter the start date when the member first met the criteria for chronic homelessness or began living in an encampment. Update codes and start/end dates of the special population upon changes in housing status indicators (e.g., placement in permanent housing, transition to shelter).
e) See below for definitions of “chronic homelessness” and “encampment living.”

Special population in SmartCare
For a how to guide on entering a special population tag: https://2023.calmhsa.org/special-populations-and-how-to-use-them/
How to see who is currently associated with a particular special population: https://2023.calmhsa.org/how-to-view-all-clients-with-a-special-population/

Who will enter tracking information
Currently, entering and maintaining the problem list typically falls on the direct service provider (e.g. clinician, case manager, peer support) working with the PS. These staff will also be responsible for entering and maintaining the applicable special population for the PS. We understand each program may have their own unique workflow, and supervisors can adjust the workflow that best meets their respective program needs.

SmartCare Lite users
Fresno County DBH contracted providers who are “lite users” of SmartCare will continue to maintain the problem list in their own health record, however, will need to enter the special population for the person served in SmartCare.

Non-users of SmartCare
Contractors who do not have access to SmartCare and complete the paper form and submit it to their designated contract analyst.

For BHSA homelessness tracking compliance, programs must use ICD-10 Z codes in the Problem List and Special Population indicators as outlined. These methods provide a standardized, system-wide approach that aligns with BHSA priorities and positions the county for future reporting and compliance.

Attachment A
ICD-10 Z59 Code Decision Matrix for problem list

Experiencing Homelessness		
Description	Z code	When to use
Homelessness documented, shelter status unknown	Z59.00	Use when homelessness is confirmed but details about sheltered vs. unsheltered are unavailable.
Currently homeless, living in a shelter or transitional housing program	Z59.01	Applies to emergency shelters, transitional housing, or similar programs. Do NOT use for tents or abandoned buildings.
Currently homeless, living outdoors (street, encampment, vehicle, abandoned building)	Z59.02	Use for unsheltered environments, including encampments, cars, or makeshift outdoor structures.
At Risk of Homelessness		
Housed but at imminent risk of homelessness (within 30 days)	Z59.811	Use when client reports risk of losing housing soon (e.g., eviction notice, lease ending without alternative).
Housed, but was homeless in the past 12 months	Z59.812	Use when client has recent homelessness history and is currently housed.
Housed, but housing situation unstable (details unclear)	Z59.819	Use when housing instability exists, but specifics are unknown.
Housing Inadequacy / Economic Instability		
Housing inadequate due to environmental temperature	Z59.11	Use when housing lacks adequate heating or cooling.
Housing inadequate due to utilities	Z59.12	Use when housing lacks essential utilities (e.g., water, electricity).
Housing inadequate for other reasons	Z59.19	Use for other inadequacies not covered by temperature or utilities.
Discord with neighbors, lodgers, or landlord	Z59.2	Use when housing issues involve interpersonal conflict.
Problems related to living in a residential institution	Z59.3	Use for institutional living issues (e.g., unsafe or unsuitable conditions).
Food insecurity documented	Z59.41	Use when client lacks reliable access to sufficient food.
Other specified lack of adequate food	Z59.48	Use for food-related issues not covered by Z59.41.
Extreme poverty documented	Z59.5	Use when poverty is a primary concern impacting housing stability.
Low income documented	Z59.6	Use when low income affects housing or basic needs.
Insufficient health insurance coverage	Z59.71	Use when lack of insurance impacts housing or care.

BHSA definitions of "experiencing homelessness" and "at risk of homelessness" for problem list

Definitions of "experiencing homelessness" and "at risk of homelessness" are consistent with definitions provided in federal statute 24 CFR 91.5, https://www.ecfr.gov/current/title-24/subtitle-A/part-91/subpart-A/section-91.5, with three modifications, as follows:
with three modifications, as follows:

1. Individuals exiting an institution or carceral setting are considered homeless if they were homeless immediately prior to entering that institutional or carceral stay or become homeless during that stay, regardless of the length of the institutionalization or incarceration.
2. The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at-risk of homelessness to 30 days.
3. An individual or family is not required to have an annual income below 30 percent of median family income for the area.

Note: Anyone who was homeless, or at risk of homelessness, prior to the receipt of transitional rent (as covered by a Medi-Cal managed care plan) or prior to the receipt of housing funded by the MHSA is considered homeless for BHSA purposes.

BHSA definitions of "Homeless-Chronic" and "Homeless-Living in an Encampment" to use for special population

Homeless – Chronic

An individual or family who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter for 12 months. The 12 months does not have to be continuous; any number of occasions will suffice so long as the combined duration equals at least 12 months.

Note: anyone residing in an institutional care facility, defined according to the definition of "institutional situations," who was chronically homeless prior to entry retains that status upon discharge, regardless of length of stay.

Note: anyone who was chronically homeless prior to the receipt of transitional rent or housing funded by the MHSA and is transitioning from either of these services to housing interventions services will be considered chronically homeless under housing interventions.

Homeless – Living in an Encampment

An encampment includes the following:

- A group of people sleeping outside in the same location for a sustained period.
- The presence of some type of physical structures (e.g., tents, tarps, lean-to's).
- The presence of personal belongings (e.g., coolers, bicycles, mattresses, clothes).
- The existence of social support or a sense of community for residents.