# NJ FamilyCare Housing Supports Program:
# Office Hours

October 15, 2025

Camden Coalition

# Housekeeping

- Please drop your name, organization and role into the chat
- Use the Raise Hand function and we will invite you to come off mute during Q&A

**Regional Health Hubs (RHHs) play an important role supporting DMAHS in key initiatives such as the NJ FamilyCare Housing Supports Program.**

## Camden Coalition will:

- Deliver and curate a training series to support program roll-out
- Serve as a "help line" for providers to field/answer questions and troubleshoot issues through the process
- Liaise between the state, MCOs, and providers to support implementation

## All RHHs will:

- Promote the program to recruit a robust network of providers within their regions
- Conduct member/community engagement to inform successful roll-out

Camden Coalition

GNHCC
Greater Newark Health Care Coalition

HCPC Health Coalition of Passaic County

TrentonHealthTeam

# Disclaimer

The views, opinions and content expressed herein do not necessarily reflect the official position of the state of NJ's Department of Community Affairs or Division of Medical Assistance and Health Services (DMAHS).

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# Agenda

Move-in Supports Authorization Review

Other Reminders/Updates

Question & Answers

# Move-in Supports Authorization Review

## MOVE-IN SERVICES AUTHORIZATION

| Steps | Note |
|---|---|
| **Step 1:** Complete the Initial Assessment Tool | • Include the client's signature* |
| **Step 2:** Submit the Initial Assessment Tool to the client's MCO | • Submit via MCO portal, fax or phone<br>• **No need to submit any other documents with the IAT – such as Level of Need Assessment and Housing Stabilization Plan** |
| **Step 3:** Receive approval from MCO to deliver the service | • Unlike in tenancy services, the MCO may require further documentation and collect additional information on the member's needs<br>• If the client's Pre-tenancy provider does NOT provide Move-in services, the MCO will decide who will deliver the services |

* A signature is required for approval (e-signature is acceptable). If you don't include it, the MCO will have 5 days to try and contact the member and verify they want the services before they can deny your request.

## Additional steps required for Move-in Supports after initial auth

| Steps | Note |
|---|---|
| **Step 4:** Develop an itemized list of goods/services the client needs including the costs | Refer to the Services Dictionary for examples of covered items<br><br>Some MCOs have a list of 'approved' items |
| **Step 5:** Submit the list to the MCO for review and approval | Submit via MCO portal, fax or phone |
| **Step 6:** Receive approval from MCO to provide the authorized goods/services | The MCO has 7 business days to approve or deny the request. |
| **Steps 7 (Possibly):** If the client needs additional items after you submitted your original itemized list, repeat steps 4 to 6 to request them within a reasonable time period | Rember the service allows a $10,000 lifetime cap on move-in related items and is limited to one "moving experience" per lifetime per member |

# The MCOs can also provide move-in services

- If your agency does not provide move-in services or if it does but is unable to provide them for a particular client, you can request the MCO provide the move-in services.
- Each MCO provides move-in services differently.
- Some MCOs provide one standard set of items (e.g. one type of kitchen chair) and other MCOs offer members a choice between items (e.g. black or blue kitchen chairs).
- All the MCOs will provide the items described in the Services Dictionary, and they will provide additional items too which vary from MCO to MCO.
- Some of the MCOs have a list of covered items to share with providers.

# Remember:

- Refer to the Provider Guidance for specific details about the Move-in Supports authorization process.

- If you believe a MCO's process conflicts with the Provider Guidance, share the guidance with the MCO Housing Specialist to help resolve the conflict.

# Other Reminders & Updates

## Phone and electronic verification of Medicaid enrollment (REVS and e-MEVS)

- REVS, the phone-based tool to confirm member eligibility, is available to Housing Supports Providers
- You can access REVS by calling **1-800-676-6562**
- We would appreciate providers who are Gainwell-approved to test out the REVS process and let us know through the Help Desk if you are successful or if you encounter any barriers.
- The state is still working on eMEVS (the portal-based eligibility system) access for Housing Supports Providers.

# Duplication Prevention

- It is the role of Housing Supports Providers and MCOs to prevent the delivery of duplicative services
- Housing Supports Providers should:
  - Use REVS and/or MCO portals to confirm member eligibility (Medicaid coverage and plan). *Our current understanding is that REVS cannot confirm duplication.
  - Discuss any other services that the member may be receiving and assess whether those services are duplicative of the ones you plan to provide
  - Consult Programs-That-Are-Duplicative-of-HSP-Services-.pdf
    - If you have access to eMEVS, special program codes will be listed for programs like MLTSS, CSS, and DDD
  - If in doubt, contact the MCO to discuss whether the member is receiving any other benefits that are considered duplicative of HSP
- Consult your finance and compliance leads if you have questions or concerns about duplication across your agency's internal funding sources. **The Camden Coalition hopes to provide training and resources related to best practices for "blending and braiding" funding.**

# Billing

- If you have successfully received authorization and delivered services, **we strongly encourage you to submit claims ASAP**
  - This will allow DMAHS and MCOs to troubleshoot their systems to ensure a smooth billing process moving forward
  - This will also help you develop your own internal processes for how billing will be integrated into you agency's workflows
- There is no penalty for denied claims – they are normal and part of the learning process for all parties
- **Resources**:
  - Review the Billing and Documentation Training and the CMS 1500 Training
  - Refer to the Billing Cheat Sheet and HSP CMS 1500 Guidance for support
  - Reach out to MCO contacts if you need help navigating the process
- **Send wins and barriers through the Help Desk so that we can track themes and escalate common issues**

# In-Network Provider Directory

- The Camden Coalition is building out an in-network provider directory that will be publicly available to MCOs, referring providers, and members seeking services
- The directory will give you the opportunity to indicate whether you are accepting referrals, by what method, etc.
- Starting this Friday, we will be sending out **Provider Welcome Packets** to all providers who have at least one signed contract with an MCO
- The Welcome Packet will include a **link to a very short survey** where you will provide key information about your organization. Some of the information will be public-facing and some will be shared just with MCOs.
  - **We are asking that you respond to the survey within 2 business days**
  - You will receive persistent outreach from Camden Coalition staff to ensure we collect your information
  - After we receive your information, you'll have the opportunity to meet briefly with a member of our team to talk about your listing and how you can use it to support HSP infrastructure within your organization

# Next steps

- Next Office Hours is October 29 from 1 – 2:30 pm
- Bookmark the Housing Supports webpage here.
- Sign up for our Housing Supports Program newsletter here.
- Use our Help Desk Inquiry Form to ask your questions and get timely support here.

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# Appendix

# Key HMIS clarifications (III/III) | Steps for NJ HMIS registration and creating a Housing Supports project

| Steps | | Sub-step | Process owner | Description of responsibilities |
|---|---|---|---|---|
| 1 | **Register for NJ HMIS** (if not already registered) | 1A Initiate registration | Provider site administrator | **Email Candy Brewster** (cbrewster@njhmfa.gov) to begin registration |
| | | 1B Complete registration requirements | Provider site administrator (contact HMFA if assistance is needed) | **Sign documents**<br>• Agency Participation Agreement (APA)<br>• Additional documents (e.g., site admin agreement, ethics agreement)<br>**Assign and train staff**<br>• Designate a site administrator<br>• Create staff log-ins<br>• Enroll staff in general HMIS training[1]<br>**Pay dues:** As defined in APA<br>**Fulfill CoC expectations:** Inform appropriate CoC of HMIS use |
| 2 | **Create a Housing Supports MCO-specific project** | 2A Request project creation | Provider site administrator | **Email Candy Brewster** (cbrewster@njhmfa.gov) w/ evidence of one of the following:<br>1. **Contract** with 1+ MCO<br>2. Authorization for **out-of-network services**<br>3. A **Single Case Agreement** |
| | | 2B Complete training | HMFA schedules, provider attends | Complete **Housing Supports-specific HMIS training** (HMFA will schedule) |
| 3 | **Adding a new MCO project** | | Provider | **Repeat step 2A** for each new MCO project created |

1. General user training occurs third Thursday of every other month Source: NJHMIS Website

# Key HMIS clarifications (I/III)

***Program requirements***

## Context

- Providers report confusion about how to use HMIS
- Providers note MCOs give inconsistent guidance on HMIS requirements
  - E.g., requiring detailed case notes as a condition of payment
- DMAHS recognizes HMIS use is new for many providers

## Provider guidance

- **Documenting touchpoints in HMIS is required**, except for protected members (e.g., survivors of domestic violence)
  - **MCOs cannot deny claims or authorizations** based on quality of HMIS case notes
  - **Providers must still maintain documentation in their own systems** (EHRs, paper files) so MCOs can audit services
- **Takeaway:** Providers can still be paid even if HMIS access is an issue, as long as proper documentation is maintained elsewhere
- **Note:** This policy is subject to change as program matures

# Key HMIS clarifications (II/III)

***Child as authorized member of a household***

## Context

- Housing Supports rules can create cases where a **child is the only authorized household member**
- HMIS requires designating a **Head of Household**
- HMIS also requires recording touchpoints in the **Contact/Service Log**, tied to the authorized member

## Provider guidance

In scenarios where the child is eligible for the program and the parent is not:

**HMIS guidance**

- Log the adult as Head of Household, even if not Medicaid-eligible
- Record touchpoints in the Contact/Service Log under the authorized member (the child)

**Authorizations guidance**

- List the child's name and Medicaid ID as primary on authorization requests
- Complete assessment forms for the child as the authorized member
- Include family names and contact information