

Credentialing

Best practices for completing your Credentialing application



Objectives

- Understand where my organization fits into the process
- Background on credentialing
- Required docs
- Completing the credentialing application



Background

REMINDER:

Steps to Becoming an NJ FamilyCare Housing Supporting Provider

1. Obtain an NPI number
2. Complete NJ state enrollment
- 3. Credential with MCOs**
4. Contract with MCOs

*Note: Order of these steps will vary by MCO

New vs. Existing Providers:

Steps to Becoming a NJ FamilyCare Housing Supports Provider

	Providers new to billing Medicaid/contracting with MCOs	Providers already contracting with MCOs
Obtain an NPI number	Obtain a Type 2 NPI using your main business address and ensure the correct taxonomy code(s) are associated with it	Determine the Type 2 NPI you will use to bill for Housing Supports services. Ensure the correct taxonomy code(s) are associated with it.
Complete NJ state enrollment	Complete the NJ state enrollment application to obtain a Medicaid ID # and ensure that it is associated with the Housing Supports program and the services you intend to bill for.	Complete the NJ state enrollment application with your existing Medicaid ID# to ensure it is associated with the Housing Supports program and the services you intend to bill for.
Credential with MCOs	Complete the credentialing application in order to ensure that the MCO has confirmed you meet all criteria to bill for Housing Supports Services. This step is required for all providers new to the Housing Supports program regardless of whether you have already credentialed with the MCO. *The process will differ from Home Modifications and Remediations.	
Contract with MCOs	Initiate a contract with the MCO	Initiate or amend an existing contract with an MCO. You should figure this out with your MCO contracting team as the process may vary.

*Note: Order of these steps will vary by MCO

What is credentialing?

- Credentialing is a process that a provider completes with the Managed Care Organization(s) in order to join their network
- The process ensures that you are in compliance with the MCO's requirements
- It ensures that when you submit a claim, the MCO has a record that you are allowed to bill for these specific services

Credentialing for the NJ FamilyCare Housing Supports Program

- The credentialing application we will review today is **specific to the NJ FamilyCare Housing Supports program**
- The application for tenancy services is **standard** across all five MCOs
- It is **required** for all providers who are looking to provide **pre-tenancy or tenancy-sustaining services**
 - Providers who plan to provide Move-in Supports must also be credentialed for pre-tenancy and/or tenancy-sustaining services
 - Providers who plan to provide and bill for Residential Modifications will fill out the Non-Traditional Provider Credentialing Application

When can I credential?

- Aetna and United require providers to complete state enrollment (step 2 in our roadmap) before completing the credentialing process
- Fidelis, Horizon and Wellpoint will allow providers to complete the credentialing process before or in parallel with the state enrollment process



Required Documentation

Required Docs for all applicants

Some MCOs will require you to have **completed NJ enrollment** in order to complete the credentialing process which means you will need your Medicaid ID#

All applicants will need:

- NJ Business Registration
- Copy of your general and/or professional liability insurance in required amounts
- Current copy of the DMAHS Disclosure of Ownership form (also required for NJ Enrollment)

HOUSING SUPPORTS PROVIDER CREDENTIALING APPLICATION FORM FOR PRE-TENANCY AND TENANCY SUSTAINING SERVICES

This standardized credentialing application is designed for housing services organizations seeking to enroll as participating providers in the Insert MCO name here network.

The Housing Supports Program aims to help find and maintain housing for housing-insecure members to improve health outcomes and foster greater coordination between NJ's health care and housing systems.

APPLICATION INSTRUCTIONS

- Please complete the questions in the application and attach the required documentation.
- For detailed information on questions, please refer to the corresponding footnotes in the appendix at the end of the application.
- To join MCO networks, you must be a Medicaid-enrolled provider and have an active National Provider Identifier (NPI) number.
- You are required to complete every element of this application, per the relevant instructions. Failure to do so may result in denial of credentialing application or delays in processing.
- Please see the Appendix beginning on page 13 for definitions/details on terms used throughout this application.

APPLICATION CHECKLIST

In order to expedite processing, please complete every item on this application. Please enclose copies of the documentation listed below and sign and date the consent and release form at the end of this document.

- [Required for all applicants]** A copy of your current [State of New Jersey business registration](#)
- [Required for all applicants]** A copy of your current General and/or Professional liability insurance certificate(s); minimum amounts of \$1M per occurrence/\$3M per aggregate
- [Required for all applicants]** A completed current copy of the Division of Medical Assistance and Health Services (DMAHS) [Disclosure of Ownership and Control Interest Statement-FD-452](#)
- Documentation indicating participation in government programs (if applicable in Part II)
- Documentation of organization indicating 3+ years of experience (if applicable in Part III)
- Resumes of organization staff with 2+ years of experience (if applicable in Part III)
- Form W-9 or any other tax document (if applicable in Part III)

Additional documentation required

- The Credentialing Application has two pathways
 - Orgs participating in certain government programs (“deemed” organizations)
 - All other organizations
- “Deemed” organizations are those who are active and in good standing with one or more qualifying government programs
- Required documentation will vary for each group

HOUSING SUPPORTS PROVIDER CREDENTIALING APPLICATION FORM FOR PRE-TENANCY AND TENANCY SUSTAINING SERVICES

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- Resumes of organization staff with 2+ years of experience (if applicable in Part III)
- Form W-9 or any other tax document (if applicable in Part III)

Am I a “deemed” organization?

If you are active and in good standing with one or more of the government programs listed here you are a “deemed” organization.

You will need to provide relevant documentation (such as a signed contract) proving current enrollment in all programs that you check off.

You will then be able to skip over Part III of the application.

PART II

MINIMUM STANDARDS APPLICABLE TO TENANCY PROVIDERS

Is your organization an active participant (not as a subgrantee or subcontractor) in good standing in any of the following government programs?

- Yes
- No

If yes, please complete the remainder of PART II, then skip PART III

If no, please complete the remainder of PART II, and all of PART III

Check the government programs listed below if your organization is an active participant (not a subgrantee or subcontractor) in good standing.

With this application submission, **please attach relevant documentation proving current enrollment in all checked government programs below.**

HUD Programs

- CoC Grants received for providing services relevant for the Housing Supports program
- ESG Grants received for providing services relevant for the Housing Supports programs
- Housing Counseling Program

DMHAS Programs

- Community Support Services (CSS)
- Integrated Case Management Services (ICMS)

HHS Programs

- Projects for Assistance in Transition from Homelessness (PATH)
- Runaway and Homeless Youth Program (RHY)

DCA Programs

- Homelessness Prevention and Rapid Rehousing Program (HPRP2)
- Document Assistance and Support for Housing (DASH)
- Comprehensive Eviction Defense & Diversion (CEDD)
- Integrated Homelessness Prevention and Services Program (IHPS)
- Homelessness Diversion Pilot (Diversion)

DCF Programs

- Keeping Families Together (KFT)

What if I'm not a "deemed" organization

If you are not active in any of the listed programs, you are not a "deemed" organization and will need to provide the following documentation:

- Documentation of organization indicating 3 years of experience
- Resumes of organization staff with 2+ years of experience (*make sure the resumes are current*)
- Form W-9 or any other tax document

HOUSING SUPPORTS PROVIDER CREDENTIALING APPLICATION FORM FOR PRE-TENANCY AND TENANCY SUSTAINING SERVICES

This standardized credentialing application is designed for housing services organizations seeking to enroll as participating providers in the Insert MCO name here network.

The Housing Supports Program aims to help find and maintain housing for housing-insecure members to improve health outcomes and foster greater coordination between NJ's health care and housing systems.

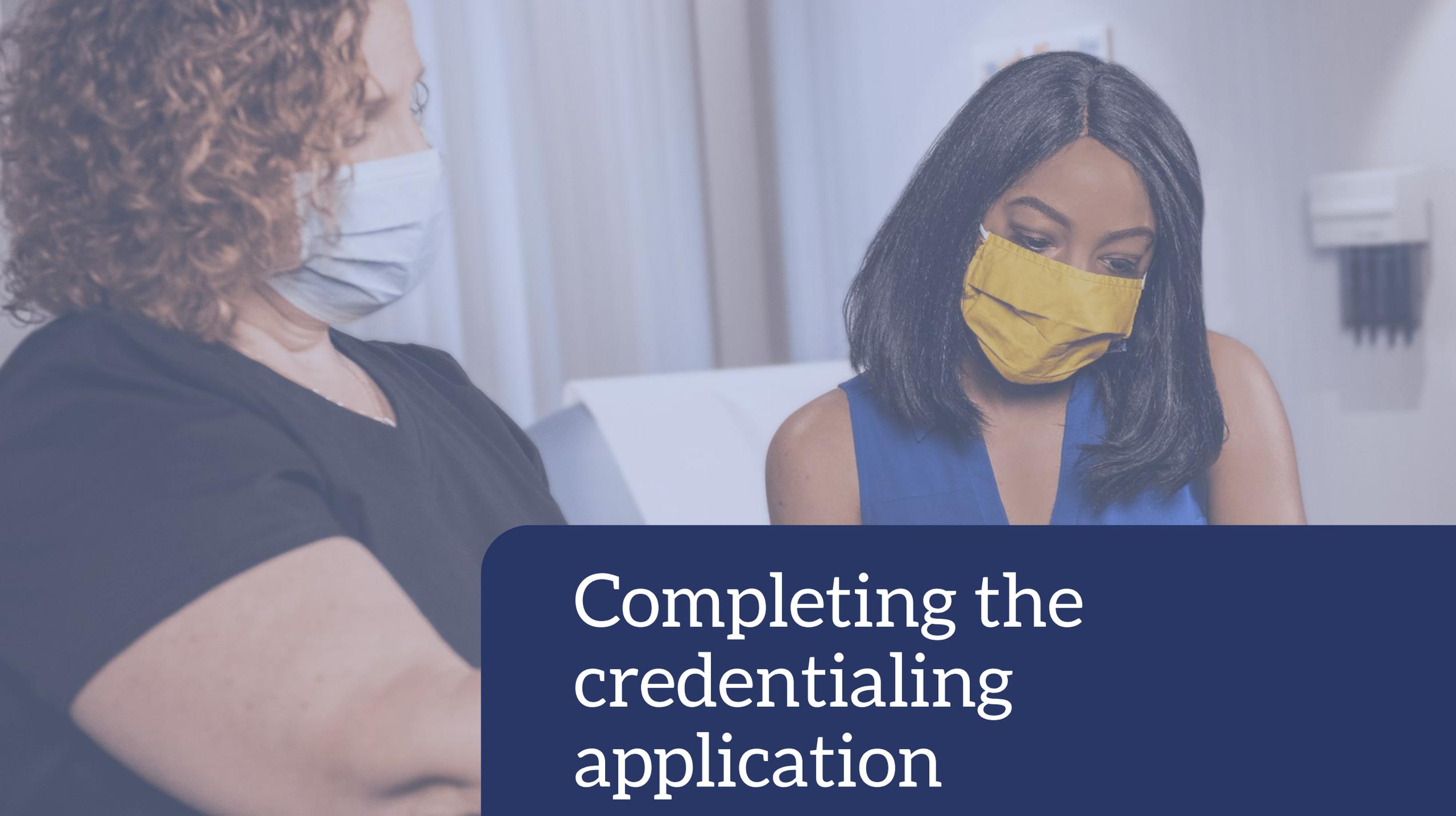
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- Documentation indicating participation in government programs (if applicable in Part II)
- Documentation of organization indicating 3+ years of experience (if applicable in Part III)
- Resumes of organization staff with 2+ years of experience (if applicable in Part III)
- Form W-9 or any other tax document (if applicable in Part III)



Completing the
credentialing
application

Part I. Organization Information

Required Fields (denoted in red):

- Full name of individual completing this form
- Legal Business Name
- Owner
 - For a non-profit, a “person with an ownership or control interest” includes an individual or entity that is an officer, director, or trustee (eg: Board member)
- Mailing Address
- Phone number
- Email
- NPI
- Tax ID Number (EIN #)

PART I

ORGANIZATION INFORMATION

Full name of individual completing form _____

Legal Business Name _____

DBA Name _____

Organization Owner(s) _____

Business Manager - If different than Organization Owner(s) _____

Organization Physical Address _____

Organization Mailing Address _____

Organization Billing Address _____

Additional Organization Addresses (if applicable)

Address 2 _____

Address 3 _____

Organization Phone _____

Organization Email _____

National Provider Identifier (NPI) _____

Tax Identification Number (TIN) _____

Credentialing Contact Name _____

Credentialing Contact Title _____

Credentialing Contact Email _____

Credentialing Contact Phone _____

Credentialing Contact Fax _____

Medicaid Certification Number (if applicable) _____

Medicaid ID (if applicable) _____

Medicare ID (if applicable) _____

Part I. Organization Information

Required Attachments

- NJ Business Registration
 - <https://business.nj.gov/pages/register-your-business>
- Current General and/or Professional liability insurance certificate(s) in required amounts
- Copy of Disclosure of Ownership form (also required for NJ Enrollment)
 - <https://test.njmmis.com/downloadDocuments/FD-452DMAHSDisclosureForm.pdf>

Please attach your current State of New Jersey business registration (find more details here on New Jersey state business registration here: <https://business.nj.gov/pages/register-your-business>)

Please attach your current General and/or Professional liability insurance certificate(s); minimum amounts of \$1M per occurrence/\$3M per aggregate

Please attach a copy of your Disclosure of Ownership and Control Interest Statement -FD-452 (find the instructions for DMAHS's Disclosure of Ownership and Control Interest Statement here: <https://test.njmmis.com/downloadDocuments/FD-452DMAHSDisclosureForm.pdf>)

Part I. Services Summary

All fields in the “**services summary**” section are **required**.

- You must check off pre-tenancy **and/or** tenancy-sustaining services at minimum.
 - Remember this credentialing application is not used for home mods and remediations.
- You must check off at least one county
- You must check off at least one special population.
- If you check “Other” you must explain in more detail.

SERVICES SUMMARY

Housing Support Services to be provided by your organization (check all that apply)

- Pre-tenancy Services
- Tenancy Sustaining Services
- Move-in Supports

This application is only for the 3 services above. If you provide other services that are reimbursable through the Medicaid program, you may reach out to the MCO for specific instructions.

NJ Counties your organization serves (check all that apply)

- | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Ocean |
| <input type="checkbox"/> Bergen | <input type="checkbox"/> Hudson | <input type="checkbox"/> Passaic |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Hunterdon | <input type="checkbox"/> Salem |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Mercer | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Cape May | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Sussex |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Monmouth | <input type="checkbox"/> Union |
| <input type="checkbox"/> Essex | <input type="checkbox"/> Morris | <input type="checkbox"/> Warren |

List any special populations served today by your organization (check all that apply)

- Individuals experiencing homelessness
- Individuals at risk of homelessness
- Individuals at risk of institutionalization and requiring new housing (institutions including hospitals, mental health residential treatment facilities, substance use disorder treatment facilities, and long-term care facilities)
- Individuals transitioning from an institution to the community (institutions including hospitals, mental health residential treatment facilities, substance use disorder treatment facilities, and long-term care facilities)
- Individuals recently released from correctional facilities (including state and federal prisons, local correctional facilities, and juvenile detention facilities)
- Individuals with mental health disorder(s)
- Individuals with substance abuse disorder(s)
- Victims of intimate partner violence, domestic violence, and/or human trafficking
- Individuals with disabilities
- Individuals requiring assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs)¹⁵
- Single adults
- Pregnant women
- Families with children
- Unemployed individuals
- Veterans
- Youth under 18 or youth experiencing homelessness as defined by the McKinney-Vento Act
- Non-English speakers: If you checked “Non-English speakers,” please list the other language(s) you serve below.

Other

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If you checked “Other” above, please explain below.

Part I. Services Summary

All fields in the
“**services summary**”
section are **required**.

- Adequately describe the organization and services provided.

Describe your organization and the services provided in the community (recommend no more than 100 words).

Number of current staff who deliver direct services to clients _____

Please list by position title and number of staff per title who deliver direct services to clients

Part II. Self-Attestation

This whole section is **required.**

All applicants must attest to all of the organization responsibilities listed in the first question.

HMIS is required for participating in the Housing Supports program unless your organization is prohibited from using HMIS.

Self-Attestation of Organizational Responsibilities

Please check the boxes next to the statements below to self-attest to the accuracy of each statement as it pertains to your organization.

- Please note that to be considered for participation as part of our Housing Supports Program you must attest to all four statements below.

- My organization can provide DMAHS Pre-tenancy Services or Tenancy Sustaining Services.
- My organization will attend required trainings that DMAHS will later define.
- My organization will complete reporting, monitoring, and claims submission to the best of your ability (See for example, [guidance on submitting claims](#)).
- My organization commits to Housing First principles and can provide culturally competent care.

Homeless Management Information System

Is your organization a current active user of Homeless Management Information System (HMIS)?

- Yes
- No

If you selected no and are not a current active user of Homeless Management Information System (HMIS), does your organization agree to become an active user of HMIS prior to providing services to our members?

- Yes
- No

If you selected no and are not a current active user of Homeless Management Information System (HMIS), is your organization prohibited from using HMIS (i.e., an organization funded by the Violence Against Women Act)?

- Yes
- No

Part II. Minimum Standards

All applicants must check **Yes** or **No** indicating whether they are active and in good standing with any of the listed programs.

*You may **not** be a subgrantee or subcontractor in order to check Yes for this question.

If you check **Yes**, you must check off at least one program. Check all that apply and for which you have documented proof of current enrollment.

If you check **No**, don't worry! You are **not required** to participate in any of the listed programs in order to be a Housing Supports Provider.

PART II

MINIMUM STANDARDS APPLICABLE TO TENANCY PROVIDERS

Is your organization an active participant (not as a subgrantee or subcontractor) in good standing in any of the following government programs?

Yes

No

If yes, please complete the remainder of PART II, then skip PART III

If no, please complete the remainder of PART II, and all of PART III

Check the government programs listed below if your organization is an active participant (not a subgrantee or subcontractor) in good standing.

With this application submission, **please attach relevant documentation proving current enrollment in all checked government programs below.**

HUD Programs

- CoC Grants received for providing services relevant for the Housing Supports program
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- Housing Counseling Program

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DCF Programs

- Keeping Families Together (KFT)

Part III. Organization Experience

Part III is not required if you participate in one of the listed government programs and you have provided documentation proving you are active.

If you are completing Part III, all of these fields are required.

- You must check off at least one target population. If you check Other you must explain further.
- Organizations must have 3+ years experience providing tenancy services, and supporting documentation, in order to become a Housing Supports provider.
- Organizations must have at least 3 full-time employees (FTEs) with 2+ years of experience delivering services. MCOs will look for relevant titles and dates of employment.
- **Current** resumes of at least 3 FTEs must be attached to the application.

PART III

Note: Part III does **not** need to be completed if your organization is an active participant (not a subgrantee or subcontractor) in any of the government programs listed in Part II

ORGANIZATION EXPERIENCE

Which target populations and housing situations is your organization best suited to serve or currently serving?

- Chronically homeless population (including individuals living in a place not meant for human habitation including a vehicle, outdoors etc. for at least 12 months or on at least 4 separate occasions in the last 3 years).
- Population currently experiencing homelessness (including individuals living in an area not meant for human habitation such as sleeping in a vehicle, outdoors, in an abandoned building etc.)
- Population at risk of homelessness (including individuals who are couch-surfing, facing eviction within 21 days, or living in overcrowded housing)
- Population at risk of institutionalization and requiring a new housing situation (institutions include hospitals, mental health residential treatment facilities, substance use disorder treatment facilities and long-term care facilities)
- Population transitioning from an institution to the community (institutions include hospitals, mental health residential treatment facilities, substance use disorder treatment facilities and long-term care facilities).
- Population recently released from correctional facilities (institutions include state and federal prisons, local correctional facilities, and juvenile detention facilities).
- Other
Please explain _____

Does your organization have 3+ years of experience providing services consistent with DMAHS tenancy services and target populations (i.e., populations listed in the previous question)?

- Yes
- No

If you checked "Yes" above, **please include a document with this application submission that demonstrates 3+ years of experience**. Acceptable documentation includes, but may not be limited to, annual reports, award letters, IRS filings, organization website, and memoranda of understanding.

Does your organization have at least 3 full-time employees with 2+ years of experience delivering services consistent with DMAHS tenancy services and target populations?

- Yes
- No

If you checked "Yes" above, **please include the resumes of those full-time employees** and provide details about their job responsibilities below (recommend no more than 100 words)

Part III. Organization Mission

All fields under Organization Mission are required.

In order to be eligible for the Housing Supports Program, you must be able to check **Yes** to all three questions.

Make sure your free-text answers are thorough and capture your organization's authentic commitment to these values.

ORGANIZATION MISSION

Is your organization committed to accepting eligible members who seek services and treating all individuals equitably, within the limits of your organization's capacity to provide services?

Yes

No

Please provide more details below your organizations commitment to accepting eligible members who seek services and treating all individuals equitably, within the limits of your organization's capacity to provide services (recommend no more than 100 words).

Is your organization committed to Housing First principles?

Yes

No

Is your organization committed to delivering culturally competent care?

Yes

No

Please provide more details below your organizations commitment to delivering culturally competent care (recommend no more than 100 words).

Part III. Organization Capacity and Capabilities

These two fields are required.

- Strong responses will include the number and type of partners, and name who those partners are.
- You must be able to attest to experience providing services in all three settings. “Mobile” means you are able to deliver services and support clients in the community.

Part III. Financial and Legal Status

These four fields are required. In order to qualify for the Housing Supports Program:

- Your organization must be in good standing with government programs
- You must be able to attest to multiple revenue sources and cost controls **and** attach relevant tax documents such as a W9.
- You must be able to attest that no criminal proceedings have been initiated and that no investigations, sanctions or suspensions have been initiated against the organization.

ORGANIZATION CAPACITY & CAPABILITIES

Participants must have strong existing community relationships. In the space below, please describe your existing relationships serving Medicaid members, your proposed approach to delivering services, and any partnerships to help deliver housing services. (recommend no more than 200 words).

Does your organization have experience providing services in-person, on a mobile basis, and virtually?
(Check “Yes” below **only** if all three apply.)

- Yes
 No

ORGANIZATION FINANCES & LEGAL STATUS

Is your organization in good standing with all state and federal agencies you are regulated by or with which you have an existing grant or contractual relationship and in compliance with all terms and conditions of those grants and contracts?

- Yes
 No

Does your organization have sufficient revenue from multiple sources and cost controls to sustain staff and participate as a provider in this program? **Please attach your Form W-9 or any other relevant tax document(s).**

- Yes
 No

Have criminal proceedings ever been initiated against your organization or its authorized representative(s)?

- Yes
 No

Has your organization or its authorized representatives ever been the subject of an investigation or ever been suspended, sanctioned, or otherwise restricted from participating in any private, state, or federal health insurance program (e.g., Medicare or Medicaid)?

- Yes
 No

Part IV. Affirmation of Accuracy and Completeness

Review Part IV carefully.

You must be able to attest to the accuracy and completeness of your application.

An authorized representative must sign, print, date and print out this attestation for inclusion in your application packet.

PART IV

AFFIRMATION OF ACCURACY AND COMPLETENESS

I understand that I, on behalf of this organization, have the responsibility for producing adequate information for proper evaluation of my qualifications and for addressing any concerns about such qualifications.

I understand that a condition of this application is that any misrepresentation or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and it shall not be processed any further.

In the event credentialing information received from other sources substantially varies from that provided by me, I will be notified by Insert MCO name here and I understand I will be given the opportunity to correct such information.

In the event that my application is rejected for this reason, I may not be entitled to any hearing, appeal or other due process rights as may otherwise be provided in the Policies and Procedures of the MCO.

I affirm that information provided in or attached to this application is current, correct and complete.

RELEASE AND HOLD HARMLESS

By applying for participation, I accept the following conditions. These conditions shall remain in effect for the duration of any term of participation I may be granted:

I acknowledge that Insert MCO name here may at its sole discretion share or disclose the information provided in the credentialing and re-credentialing process to affiliates and subsidiaries or other related entities.

- 1) I extend immunity to, and release from liability, the MCO, its authorized representatives and any third parties, as defined below, for any actions, recommendations, reports, statements, communications, or disclosures involving me, which are made, taken or received by the MCO or its authorized representatives, in good faith, relating, but not limited to matters or inquiries concerning professional qualifications, credentials, character, mental or emotional stability, physical condition, ethics or behavior; or any other matter that might directly or indirectly have an effect on my competence, on providing members housing supports care or on the orderly operation of this housing supports organization.
- 2) I authorize the MCO and its authorized representatives to consult with any third party who may have information bearing on my professional qualifications (credentials). This authorization includes the right to inspect or obtain documents, recommendations, reports, statements or disclosures relating to such questions. I also expressly authorize said third parties to release this information to the MCO and its authorized representatives upon request.
- 3) The term "MCO and its authorized representatives" means any of the following individuals who have any responsibility for obtaining or evaluating my credentials, or acting upon my application:
 - a) members of the Board and its appointed representatives;
 - a) the Chief Executive Officer or his/her designee;
 - b) all appointees to committees;
 - c) other MCO employees;
 - d) consultants to the MCO; the MCO's attorney and members of his/her firm, associates or designee; any delegated or subdelegated agency with which the MCO contracts for credentialing purposes.
- 5) The term "third parties" means the following:
 - a) government agencies;
 - b) malpractice insurance carriers;
 - c) peer references;
 - d) any delegated or sub-delegated agency with which the MCO contracts for credentialing purposes.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Name of Authorized Representative (first, middle, last) _____

Attestation Signature of Authorized Representative _____

Attestation Date _____

As part of the credentialing process, MCOs will verify that providers have obtained necessary background checks for staff

Program element	Required guidance
Type of background check	Fingerprint-based background checks are required
Required staff	All staff physically delivering Housing Supports services (i.e., not administrative staff)
Frequency of signing MCO attestation form	During credentialing & every 3 years thereafter during re-credentialing
Frequency of staff background check	New employees require a pre-employment background check During re-credentialing, required employees must have been fingerprint background checked in the last 3 years
Disqualifying offenses	Providers have discretion but must be consistent with state/federal law
Database accessed	New Jersey state database

Step-by-step instructions to obtain fingerprinting

- 1. Provider requests background check:** Provide the employee with the service code (2F1BF3) and Case Contributor Number (EMPLOYER)
- 2. Employee schedules fingerprinting:** Employee contacts IdentoGO with service code, CCN, payment, and employer information
- 3. Employee fingerprinted:** Visit IdentoGO location
- 4. Employer reviews results:** Receives results by mail if criminal history found, or through online portal
- 5. Employer signs MCO attestation forms:** Completes after all employees have cleared checks



Support with the
process

Remember to take advantage of the Camden Help Desk as you work through these milestones

Milestone	Official process owner	Direct questions to:
Overall program	DMAHS	Camden Help Desk (Submit requests through our inquiry form)
NPI	NPPES	
NJ Enrollment	Gainwell njmmisproviderenrollment@gainwelltechnologies.com	
Credentialing	MCOs	
Contracting		Specific MCO
DCA Readiness grant reporting	DCA	Rita.mirabell@dca.nj.gov Christie.Zelek@dca.nj.gov

Credentialing Contacts for each MCO

Managed Care Organization	Designation email address
Aetna	Angelica Miranda: mirandaa2@aetna.com Kimberly Lees: LeesK1@aetna.com June-Delina Parkes: ParkesJ@aetna.com
Fidelis	Marlene G. Mercado: Marlene.G.Mercado@fideliscarenj.com Karen Smith-Parris: Karen.Smith-Parris@fideliscarenj.com
Horizon	Alana McDonald: Alana_McDonald@horizonblue.com Jill Volarich: Jill_Volarich@horizonblue.com
United	Anjanette Williams: hcbsprovidernetwork@UHC.com
Wellpoint	NJHousing@wellpoint.com National Provider Services Line Telephone: (800) 397-1630 Mon-Fri 8AM-8PM EST

All the links in one place

Connect with the Camden Coalition for training, troubleshooting and support

- **Join our newsletter:** We regularly share updates and relevant information through our Housing Supports Program newsletter.
- **Register for our training series:** We hold trainings and office hours every other Wednesday for 1-2:30pm. Sign up for the series and make sure you add the recurring event to your calendar!
- **Bookmark our website:** We host all training recordings, slide decks and tools on our Housing Supports website.
- **Access the state's official guidance and forms:** All official documents released by the Department of Medical Assistance and Health Services (DMAHS) are posted on this site
- **Use our Help Desk:** get your questions answered or some individual support by filling out an inquiry form.