

NJ FamilyCare Housing Supports Program: Contracting Guidance

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Regional Health Hubs (RHHs) play an important role supporting DMHAS 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





About **CSH**

CSH collaborates to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.



Here is the CSH Team



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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 Healthcare Services (DMAHS)





Contracting Guidance

REMINDER: Steps to Becoming an NJ FamilyCare Housing Supporting Provider

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

*Note: Order of these steps
will vary by MCO

Disclaimer

These slides contain general information and may include references to legal principles. This content is provided for informational purposes only and does not constitute legal advice. No attorney-client relationship is formed by the use or distribution of these slides. For advice specific to your situation, please consult a qualified legal professional.

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Understanding MCO Contracts

- MCOs are legally and contractually obligated to fulfill the State's responsibilities to the federal Medicaid program.
- These MCO contracts may be adapted from existing contract templates that include content that may not be relevant to your organization.
- They have also been reviewed and approved by DMAHS.
- **Therefore, many/most areas of the contract will likely not be negotiable.**

MCO Contract Review

Your review of the contract should aim to red line as little as possible while still protecting your organization from risk.

In order to assess organizational risk, understand the operational implications of the expectations within the contract.

A note on MCO Provider Manuals

Each MCO has a Provider Manual that serves as comprehensive guide to the policies and procedures of that MCO and will give you more of a sense of operations related to the Medicaid program. While these will include similar details across the plans, they are structured differently and there may be substantive differences.

Some or all of the MCO contracts may reference the Provider Manual, meaning that if you sign the contract, you are attesting that you have reviewed and agree to the contents of the Manual.

Here's where you can find each MCO's provider manuals - *though these may not be the most updated versions and may not yet include the Housing Supports Program:*

- [Aetna Better Health NJ Provider Manual](#)
- [Medicaid Provider Resources | Fidelis Care](#)
- [Provider Administrative Manual 2025 \(Horizon\)](#)
- [Care Provider Manual - UnitedHealthcare Community Plan of New Jersey](#)
- [Wellpoint Provider Manual](#)

Operational Implications to consider as you review the contract and provider manuals

- a. **Data security** – your organization will need to comply with HIPAA and other relevant laws which we will cover later in this document
- b. **Insurance coverage** – you may want to consult your insurance broker to discuss implications of becoming a contracted Medicaid provider
- c. **Background checks** – consider the operations of conducting background checks as well as how you will track and document compliance.
- d. **Training requirements** – MCOs have different training requirements outlined in their Provider manuals and may offer some or all of the required trainings themselves. Consider delivery of these trainings to your staff as well as if and how you will track and document compliance.
- e. **Critical Incident reporting** – MCOs require that you report any critical incidents that occur with their members. Make sure you understand these requirements and consider how you will track and document compliance.

Operational Implications to consider as you review the contract and provider manuals (con't)

f. Audits and record retention – review the language around audits and requirements for record retention.

g. Financial implications – your finance team should review the claims submission and appeals processes, as well as policies around overpayment. They can also reference the Provider Guidance, MCO Guidance and Tech Readiness Guidance documents to better understand how billing and payment will work as it relates to service delivery within the Housing Supports Program, and potential investments in technology that may be necessary to sustain operations.

h. Governance implications – consider whether your board needs to review and/or approve the contracts and other changes you are required to make.

Next steps

- Sign up for our Housing Supports Program newsletter [here](#)
- Use our Help Desk Inquiry Form to ask your questions and get timely support [here](#)
- Training and office hours will be held every other **Wednesday** from **1-2:30pm**

