

NJ FamilyCare Housing Supports Program: **Touchpoints Review**

July 9, 2025



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





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



MARCELLA

Marcella Maguire

Health Systems
Integration Director
CSH



LAWRENCE

Lawrence Vinson

Senior Program
Manager
National Consulting
CSH



CASSONDR

Cassandra Warney

Senior Program
Manager
CSH Metro Team
(NJ, NY, PA)



BRIAN

Brian McShane

Associate Director
CSH Metro Team
(NJ, NY, PA)

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)



Objectives

- Clarification around common questions
- Program updates



Clarification around
common questions

Review of Touchpoints

- In order to bill your PMPM rate for pre-tenancy or tenancy-sustaining services, you must have completed the **minimum # of touchpoints**
 - High level of need: 4 touchpoints, 2 of which are in-person
 - Low level of need: 2 touchpoints, 1 of which is in-person
- The touchpoints must have occurred **within the 30-day billing period**
- There is **no requirement for the length/duration** of the touchpoint
- **Virtual visits** do not count for in-person touchpoints (but do count as touchpoints)
- **Work done on behalf of the client** (eg: the client is not present but you are coordinating with landlord or another provider) **does not count as a touchpoint**
- **Required touchpoints must be documented in HMIS** (you can but are not required to enter additional touchpoints into HMIS)
- If a member is hospitalized, it is not automatically duplication but could be if they are receiving case management services that overlap with yours. Consult with the MCO to get clarification if you are unsure.

Edge Cases

- Provider and MCO Guidance do not comprehensively cover every scenario that a member or provider may encounter
- There will be many examples of edge cases or “gray area”
- Start by asking yourself key questions:
 - Does the member meet the eligibility criteria for HSP?
 - Is there any risk of the member receiving duplicative services?
 - Does the activity align with the Services Dictionary and the member’s Housing Stabilization Plan?
- **When in doubt, reach out to the Housing Specialist at the member’s MCO!**

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**

