



NJ 1115 Waiver Implementation

Housing Supports

MARCH 18, 2026

Welcome

Housing Supports Program launched with goals of improving member access to services and bridging gaps in housing ecosystem



Member access

to improve health outcomes and address unmet housing needs

Increase **number of members** receiving housing supports services

Provide **high-quality** and **timely** services

Support **transitions into permanent housing**, where possible



Ecosystem connectivity

Bridge gaps in housing ecosystem and **create new housing support** services where needed

Integrate providers into Medicaid & housing supports program

Build **robust provider base** across NJ

Provide process for providers to **receive reimbursement** through Medicaid

We have made significant progress against each of these goals, since program launch ~7 months ago



Member access

~2,300
members served¹

90%+
members served
within 2-days of
initial referral²

200+
move-ins to
permanent
housing
supported²



Ecosystem connectivity

95+
providers enrolled
in program²

100%
counties with an
in-network
provider²

~3,000
claims submitted²

We are proud of this progress and **could not have done it without your engagement** – we look forward to **building on this progress** moving forward

Homeless Solutions

Housing Supports Program Success Story

Context:

- United Health care contacted Homeless Solutions regarding an elderly man seeking tenancy-sustaining services. The member was living in an apartment which was not meant for human habitation and placed the member's safety at risk.
- The property changed ownership and the new landlord ceased addressing tenant concerns. Tenants of the property were going days without water and sometimes electricity.
- This placed a medical hardship on our client and we moved quickly to find him another residence.

Service Delivery:

- Our team reached out to our landlord partners, assisted in submitting housing applications and we were able to locate a local unit within 30 days of receiving the case.
- The client also possessed a housing voucher via DCA and our Housing team was able to contact the existing landlord, coordinate with DCA and submit all documents for the new property while transporting the client to all his appointments.
- Additionally, Homeless Solutions was able to coordinate the member's at-home medical care to provide a seamless transition from his previous residence into his new unit.

Outcomes:

- The member was able to secure housing in an age-restricted complex which services seniors.
- The member was also able to retain his housing voucher which offered long-term housing sustainability.
- The member utilized his Move-In Supports benefits for his security deposit, purchase of new furniture, household items, clothes and groceries.
- Our staff was happy to see the member's his health improve. This was the first time in years he had a bed to sleep in which drastically enhanced his mobility.



Housing Supports Program Success Story

Context:

- The Rescue Mission of Trenton offers pre-tenancy, tenancy, and move in supports services.
- Since the inception of the program, we have enrolled and offer services to several consumers.

Service Delivery:

- We have 154 consumers in preparation for the program
- 50 initial contacts and level of need assessments completed
- 35 Horizon, 2 Wellpoint, 7 Aetna, 6 Fidelis/United Healthcare
- 5 30-day authorizations
- 32 150-day authorizations
- 13 180-day authorizations
- 104 total discharges from the program

Outcomes:

- To date we have housed 2 consumers through Housing Supports
- One received move in supports from HSP and the other pre-tenancy and tenancy services
- The 50 with completed assessments are in preparation to be housed through pre-tenancy and tenancy services.

Today's program updates reflect our desire to build on our strong progress and continue growing the program's impact



Member access

Today's key agenda topics:

- Preview of **provider expansion grants**, to enable existing providers to scale service to more members
- Updated **program tools** to better reflect nuances of member situations, which providers shared with us



Ecosystem connectivity

Today's key agenda topics:

- Preview of **start-up provider grants**, funding infrastructure for new or early-stage providers to begin serving members through Housing Supports Program
- Preview of **HMIS billing pilot**, to enable all providers to **bill effectively**
- Improved **program guidance** to make it easier for providers and MCOs to work together

Today's agenda

Provide overview of forthcoming provider expansion grant

Provide overview of forthcoming billing pilot in HMIS

Share updated program tools and guidance

Share Camden website updates

Look ahead

Walk through of new tools

Q&A

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- Q&A

Next round of provider expansion grants will support providers in building additional capacity to serve eligible members

Grants will support activities such as:

Track 1: New & early-stage providers	<ul style="list-style-type: none">• Developing processes to enroll and credential as a provider• Purchasing technology required to begin serving members• Hiring and onboarding staff
Track 2: MCO-contracted providers	<ul style="list-style-type: none">• Hiring and training, to expand service delivery and increase claims volume• Educational outreach materials to grow base of members• Purchase of laptops for case managers

Funding will be tied to programmatic milestones

Note: Previous round grantees will not be eligible

Grants are intended to help providers build the **operational, technological, and workforce capacity** required to participate and reach their **full potential** in the Housing Supports Program

Release anticipated in the coming months, with information on RFP timing and structure

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DMAHS and DCA launching NJ HMIS billing pilot to streamline claims submission



Providers gave feedback on billing

Providers shared that billing processes have **created administrative burden**, making **claims submission challenging**

DMAHS / DCA identified pilot opportunity within NJ HMIS

DMAHS and DCA working with Foothold to develop pilot for **embedded billing feature** within NJ HMIS to **simplify claim preparation** and reduce provider burden of navigating claims process

Billing feature will:

- ✓ Use HMIS touchpoint data as the **basis for claims** population
- ✓ **Automatically** enable **30-day billing functionality**

Upcoming pilot will be launched in coming months

More information to be shared in coming months

- Likely will involve **gradual onboarding process with associated trainings** for providers
- Hoping to **move quickly** to begin with a few providers soon
- Providers will work with **Candy's team to add feature** and pay accordingly

Long-term objective: Enable providers to **bill effectively** as part of this program

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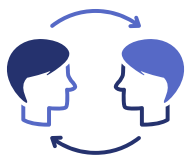
Look ahead

Walk through of new tools

Q&A

In this round of updates, overall program structure is staying the same, with refinement based on provider feedback

Feedback



Desire for **clarity on how to fill out tools** for **certain population**

Changes in this round of updates



Provided clearer guidance on how to handle key scenarios (e.g., **children under 18**)



Opportunity to **improve usability of the tools and instructions**



Improved functionality of tools (e.g., **auto-calculate** feature in LoN, **text-wrapping** in HSP)

Clarified **instructions and required fields** throughout

Summary of primary changes across all tools

1 Initial assessment tool	2 Level of need assessment	3 Housing stabilization plan
<ul style="list-style-type: none"> Clarified that pre-tenancy and tenancy-sustaining services cannot be authorized simultaneously Clarified that IAT does not need to include desired servicing provider (e.g., if a desired provider is unknown), but including provider helps start services faster Added definition of household Clarified signature requirements for members under 18 Updated MCO contact information 	<ul style="list-style-type: none"> Added auto-calculation functionality Clarified that Level of Need must be submitted within the first 30 days of service & for any reauthorizations Clarified options for how many times member has been homeless or experienced an eviction Clarified options for intimate partner or domestic violence Clarified options for pregnancy, and ADLs/IADLs Clarified how to complete key questions if member is a child 	<ul style="list-style-type: none"> Clarified instructions for when form should be submitted For most fields, clarified that actions and activities that impact the housing search should be logged for relevant members across the household, not just for the member Widened progress update field and improved text-wrapping functionality Clarified signature requirements for members under 18



Updated tools and guidance are going live as of today, 3/18/2026

- However, there will be a **1-month grace period until 4/18/2026** where MCOs will **accept prior tool format**

Initial Assessment Tool | Overview of changes

Goal	Changes in this round of guidance
<p>Improve usability of the tools and instructions</p> <p>»</p>	<ul style="list-style-type: none"> Clarified that pre-tenancy and tenancy-sustaining services cannot be authorized simultaneously Clarified that IAT does not need to include desired servicing provider (e.g., if a desired provider is unknown) <ul style="list-style-type: none"> Note: including a provider helps start services faster
<p>Increase clarity on how to fill out tools for certain populations</p> <p>»</p>	<ul style="list-style-type: none"> Added definition of household to appendix, to help clarify ambiguous situations (e.g., a member is not part of a household, if they are couchsurfing while seeking stable housing) Clarified signature requirements for members under 18

LoN | Overview of changes

Goal	Changes in this round of guidance
<p>Improve usability of the tool and instructions to reduce provider administrative burden</p> 	<ul style="list-style-type: none"> • Added auto-calculation functionality – scores are available as a "drop-down" and total score will sum at the bottom • Clarified that Level of Need must be submitted within the first 30 days of service & for any reauthorizations
<p>Increase specificity for certain populations to better reflect their level of need</p> 	<ul style="list-style-type: none"> • Added option for experiencing homelessness over lifetime but not in the past 3 yrs • Adjusted eviction categories to include members currently going through eviction • Added option if member has <u>ever</u> been impacted by domestic violence • Clarified options for pregnancy • Added option to account for members requiring assistance with 1+ ADLs <u>AND</u> 3+ IADLs • Clarified how to complete key questions if member is a child

HSP | Overview of changes

Goal

Changes in this round of guidance

Improve usability of the tool and instructions to **reduce provider administrative burden**



- Clarified **instructions** for form
- Widened **progress update** field and improved **text-wrapping functionality**

Increase specificity for how HSP should be filled out for **households**, including **where member is under 18** – to ensure plan captures relevant **activities that impact the member**



- For most fields, clarified that actions and activities that impact the housing search should be logged for **relevant members across the household**, not just for the member
- Clarified **signature requirements** for **members under 18**

Moving forward, please use only use DMAHS state-approved forms for submission to MCOs

Recap

Some providers have requested clarification about the use of **authorizations and other forms embedded within their EHR functionality**



Next steps





Consistent with other Medicaid programs, DMAHS requiring **official state-approved forms** for all submissions

If MCOs receive embedded forms, they **will redirect providers** to state-approved forms

Using state-approved forms will help ensure **consistency of information submitted**

Going forward, **DMAHS is exploring options to streamline provider authorization processes and reduce administrative burden for staff** with technology-enabled solutions

Provider guidance | Overview of changes

Goal	Changes in this round of guidance
<p>Improved specificity of MCO contracts with housing supports providers, to ensure legal framework is tailored to HSP</p> 	<ul style="list-style-type: none"> Added clause that MCOs must carry State-approved addendums that clarify that program guidance governs relationships between MCOs and providers
<p>Enhance clarity and standardization of timelines, to create predictability of program processes for providers</p> 	<ul style="list-style-type: none"> Specified that authorization start dates can be retroactively set back 5 days to align submission dates with completion dates Set parameter that providers may make Move-in Supports requests for up to 45 days after moving into their unit Added language to indicate that HMIS touchpoints must be entered into HMIS within 5 days of interacting with a member
<p>Increase specificity for certain populations to better reflect their situations</p> 	<ul style="list-style-type: none"> Specified that signatures are required from parent / guardians if members are under 18 years old Added language describing documentation requirements for domestic violence survivors
<p>Increase clarity of language, and update to reflect ongoing conversations with providers</p> 	<ul style="list-style-type: none"> Clarified that only FFS providers currently have access to eMEVS <ul style="list-style-type: none"> <i>Note: DMAHS is in the process gaining access to all providers</i> Incorporated already-disseminated language on background check requirements Refinements to increase clarity of existing requirements (e.g., indicating MCOs must vs. should accept verbal agreements if member's signature is not provided on the initial assessment, refined language on Place-of-Service codes, etc.)

*Note: DMAHS listed the most salient updates in the **Update History** section*

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➤ Share Camden website updates

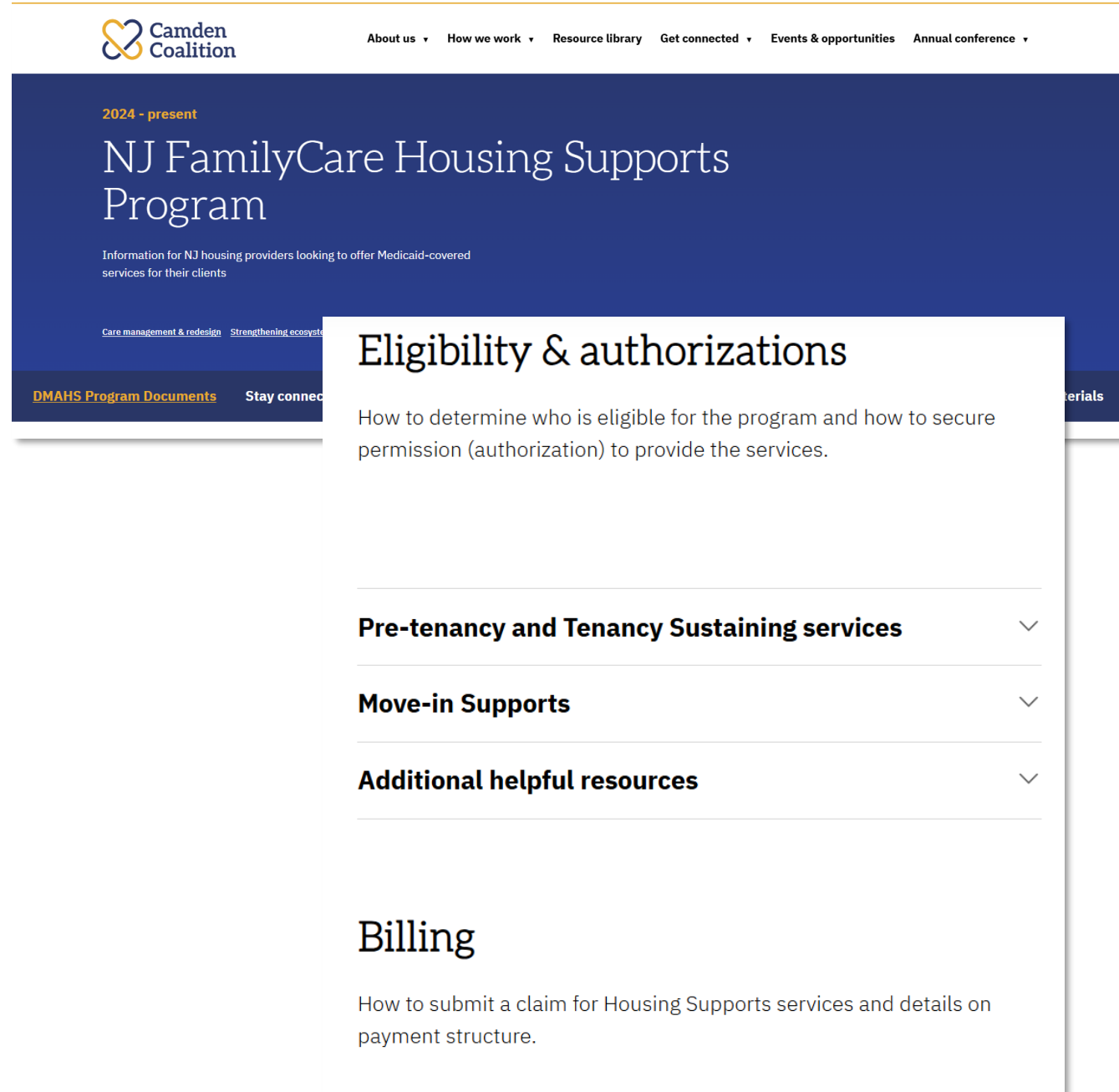
Look ahead

Walk through of new tools

Q&A

Housing Supports Program website update

- We have updated the HSP website!
- Resources are now grouped by topics – like HSP official documents (DMAHS Program Documents), program overview materials, and trainings by service type – to make navigating the webpage much easier.
- Due to updated content on the webpage, there may be prior materials that are now outdated – those links will now navigate you to an error page.
- Please be sure to review the new website and replace any outdated bookmarks you may have with the new content.
- **Link: [HSP Website](#)**



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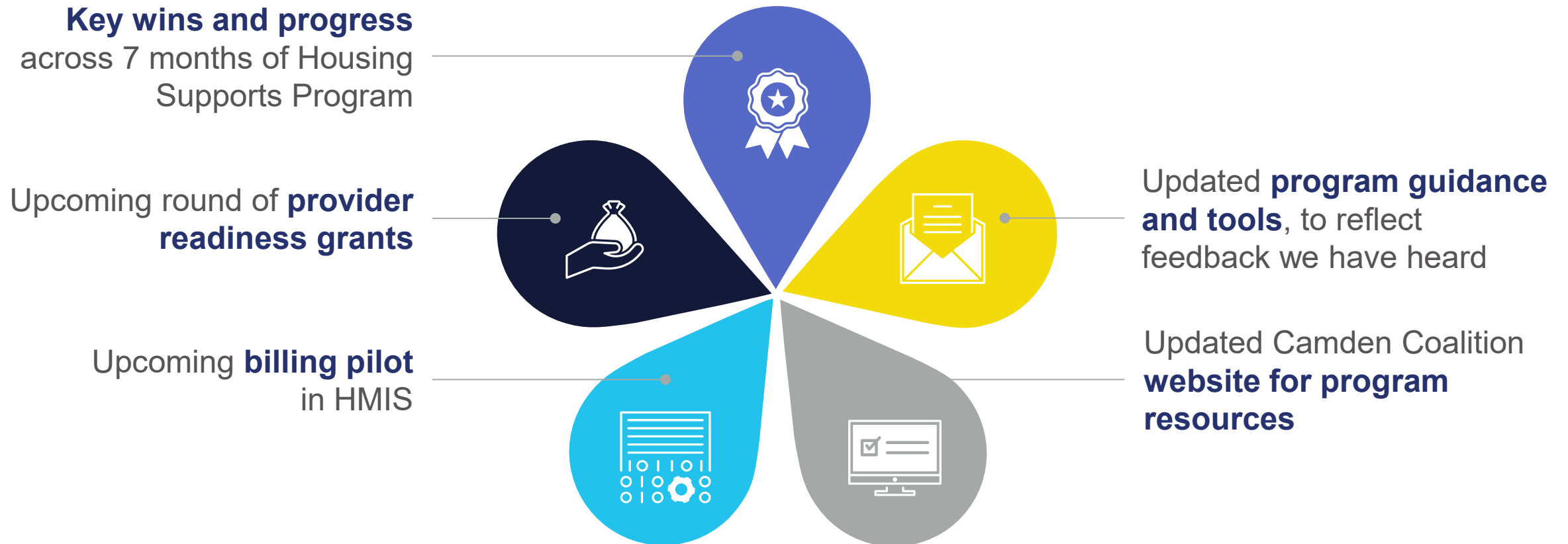
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Q&A

We covered updates on 5 key topics that will help shape program expansion



Looking forward, there continue to be exciting initiatives the rest of the year



Member access

- Focus on understanding and assessing **member experience in program** to ensure **quality service delivery and high impact**
- Partner with providers to support **program integrity** and consistent, effective service delivery



Ecosystem connectivity

- Continue improving provider experience with likely release of **updated guidance in later summer** – we remain open to additional feedback!
- Clarify **HMIS processes**, to help address provider burden
- **Support providers** in program participation through **new trainings** run by Camden on key topics, such as:
 - Blending & braiding funding sources
 - Move-in supports deep-dive (process by MCOs, appropriate use of benefits)
 - Detailed billing scenario training

Interview/Focus Group Opportunity

- All four Regional Health Hubs (RHHs) will be conducting Medicaid member and provider interviews and/or focus groups
- **Purpose of member interviews/focus groups :** To collect feedback on the accessibility and quality of the HSP program
 - If you have clients that are interested, please reach out to your RHH
 - **Note:** To be eligible a client must be receiving HSP services
- **Purpose of provider interviews/focus groups:** To collect feedback on the accessibility and quality of the HSP program
 - If you are interested in participating, please reach out to your RHH
 - **Note:** The Health Coalition of Passaic County (serving Bergen, Morris, Passaic, Sussex, and Warren counties) has scheduled all provider interviews.

**Thank you again for your
continued engagement in this
program**

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Q&A

IAT | Detailed walkthrough (I/IV)

Instructions:

- Answer the following questions in sections A-G. If requesting services for a household of more than one member, please complete sections A-E for the (1) member with the greatest observed need (ideally head of household), and complete section F for additional household members
- Some questions may be answered based on observation (as noted)
- Please note which Housing Supports provider is requested (if identified) to deliver services

Note: To qualify, the member needs to demonstrate eligibility. Eligibility for Housing Supports requests demonstrating:

- Medicaid and MCO enrollment
- At least one social risk criteria (Section B)
- At least one clinical risk criteria (Section C)

ASSESSMENT TOOL

A. MEMBER INFORMATION

Please complete all information in this section

1. Name (as written on Medicaid ID):
2. Date of birth (MM/DD/YYYY):
3. Phone Number (if applicable):
4. Email address (if applicable):
5. Medicaid ID:
6. Managed Care Organization (MCO):
7. MCO Member ID (optional):
8. Location (county):

Adjusted footnote in Appendix to indicate that "requiring a change in housing arrangement" also includes **requiring changes or modifications to an existing residence**

B. SOCIAL RISK CRITERIA

Please complete all information in this section

1. Do you/does the member meet any social risk criteria? (check the box(s) below)

- Currently experiencing homelessness¹
- At risk of homelessness²
- At-risk of institutionalization and requiring a new housing arrangement³
- Transitioning from an institution to the community⁴
- Recently released from correctional facilities⁵

C. CLINICAL RISK CRITERIA

Please complete all information in this section

Note: This category is self-reported or observed. It does not require clinical diagnosis.

1. Do you/does the member meet any clinical risk criteria? (check the box(s) below)

- Chronic health condition⁶
- Mental health condition⁷
- Substance misuse⁸
- Pregnancy⁹
- Complex mental health condition from intellectual or developmental disability¹⁰
- Victims of intimate partner violence, domestic violence, or human trafficking¹¹
- Requires assistance with activities of daily living (ADLs) or instrumental ADLs (IADLs)¹² (e.g., needing assistance with activities such as bathing, dressing, eating, using the toilet, cooking)
- Repeated emergency department or hospital use¹³

IAT | Detailed walkthrough (II/IV)

D. SERVICES NEEDED

Please complete at least questions 1-2 in this section

1. What services do you/does the member need? (check the box(es) below. Please note that pre-tenancy services and tenancy sustaining services cannot be delivered simultaneously.)

- Pre-tenancy Services¹⁴ (services that support in obtaining housing)
- Tenancy Sustaining Services¹⁵ (services that support maintaining safe and stable housing)
- Move-in Supports¹⁶ (one-time transitional expenses)
- Residential Modifications and Remediation Services¹⁷ (services necessary to ensure the welfare or enable independence in the home or community)

2. Please confirm that you/the member or other members in the household are not currently receiving duplicate Medicaid-funded housing services.

Duplicate Medicaid-funded housing services are defined as:

- *If requesting Pre-tenancy or Tenancy Sustaining Services: member or individuals in same household is/are already receiving Pre-tenancy or Tenancy Sustaining Services; member is already receiving Community Support Services (CSS), or Integrated Case Management Services (ICMS).*
- *If requesting Move-in Supports: member or other individuals in same household exceed lifetime cap for Move-in Supports, including switching MCOs or spending in Managed Long Term Services and Supports (MLTSS) Community Transition Services; or member is already receiving CSS or ICMS; or member is currently enrolled in MLTSS.*
- *If requesting Residential Modifications and Remediation Services: member or other individuals in same household exceed lifetime cap for Residential Modifications and Remediation Supports, including switching MCOs or spending in MLTSS Residential Modifications and Remediation Services; or member is currently enrolled in MLTSS; or member is currently authorized for Division of Development Disabilities (DDD) modification services program (note: this limitation does not apply to Residential Remediation Services).*

- Confirm
- Unsure
- Do not confirm, receiving duplicate services

3. Enter the name of the NJFamilyCare Housing Supports provider you/the member would like to work with. Please enter the name of a housing provider **organization**. If unknown, may be left blank (*Optional field, but helps start services faster*).

*Note: If a housing provider is completing the IAT to serve as a referral, enter the name of the **desired servicing provider** or leave blank.*

Clarified that pre-tenancy and tenancy-sustaining services cannot be authorized **simultaneously**

Clarified that **desired servicing provider** is **optional**, but helps **start services faster**

IAT | Detailed walkthrough (III/IV)

E. REQUESTER INFORMATION

If someone other than the member is submitting this form for the member, complete the information below. If a household member is submitting the form, please skip questions 3 and 4.

1. Name:	
2. Relation to Member:	
3. Role/title in organization (if applicable)	
4. Organization Name (if applicable):	
5. Phone Number:	
6. Email address:	

Added **definition of household** to appendix & adjusted description to make clear that **information on members across the household should be included below, including if other members are not in Medicaid**

F. HOUSEHOLD INFORMATION^{1a}

In this section please include information for the referred member and for all individuals who are part of their household – whether the other household individuals are enrolled in Medicaid or not.

1. **Total** number of people in the household: (regardless of Medicaid enrollment status). Please note that the total number of people in the household should include the member.

2. First name, last name, Medicaid ID, and MCO ID (as known or as applicable) of additional household members (please add rows as needed):

	<u>First name</u>	<u>Last name</u>	<u>Medicaid ID</u> <i>(if applicable)</i>	<u>MCO ID</u> <i>(if applicable)</i>	<u>Age</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Made clearer that the total number of people in household should **include the member**

Clarified that Medicaid and MCO ID does not need to be included, if **household member is not in Medicaid**

IAT | Detailed walkthrough (IV/IV)

G. STATEMENT OF TRUTH

By signing this form, I understand and agree that:

- My MCO may contact me to get more information about this request.
- I sign under penalty of perjury. To the best of my knowledge, all the information I gave in this request is true, correct, and complete.
- If I am representing a Housing Supports program provider organization and give information that is not true, I may have penalties under state or federal law. This may include paying back money spent on any services the represented organization gets because of this request.

H. Signature

A signature represents agreement to the Statement of Truth. A parent/guardian should sign this form for members younger than age 18. Leave the parent/guardian name and signature blank if you are filling this form out for yourself. Member's signature is required to process the request. Household members do not need to provide their signatures.

Clarified that a **parent/guardian's signature is required** if the member is a child

Member Name:	<input type="text"/>
Member Signature (may leave blank if under 18):	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>
Parent/Guardian Signature:	<input type="text"/>
Date:	<input type="text"/>

LoN | Detailed walkthrough (I/V)

ASSESSMENT TOOL

A. DEMOGRAPHICS

1. Name: <i>(not scored)</i>	Not scored																														
2. Date of Birth: <i>(1 point if age is less than 18 or more than 60):</i>	Score: <input type="text"/>																														
3. Medicaid ID: <i>(not scored, but Medicaid and MCO enrollment required for eligibility)</i>	0 1																														
4. MCO Member ID: <i>(not scored, but Medicaid and MCO enrollment required for eligibility)</i>	Not scored																														
5. Number of people in household (including member): <input type="checkbox"/> 2+ members <i>(5 points)</i> <input type="checkbox"/> 1 member <i>(0 points)</i> Total number of people in household <input type="text"/> <i>(not scored)</i> Note: If multiple people in a household, please list all names and ages as well as Medicaid IDs and MCO IDs as known or as applicable below <table border="1"> <thead> <tr> <th>First name</th> <th>Last name</th> <th>Medicaid ID</th> <th>MCO ID</th> <th>Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	First name	Last name	Medicaid ID	MCO ID	Age																										Score: <input type="text"/>
First name	Last name	Medicaid ID	MCO ID	Age																											
6. Are you employed? (Reminder: answer should reflect the condition of the authorized member, not the condition of other members in the household. If member is a child and does not have a job, answer No) <i>(If unemployed: 1 point)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Score: <input type="text"/>																														

Added drop-down fields with point values, which auto-calculate at bottom of form

Clarified that Medicaid ID and MCO Member ID are required

Clarified that if member is a child, employment status should be "No"

LoN | Detailed walkthrough (II/V)

B. HOUSING AND SOCIAL HISTORY

<p>7. Where do you sleep most frequently (select only one)?</p> <p>Homeless:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unsheltered homeless including areas not meant for human habitation (e.g., sleeping in a vehicle, abandoned building, or outdoors)¹ (5 points) <input type="checkbox"/> Emergency shelter, safe haven, or hotel/motel paid for by charity or government¹ (5 points) <input type="checkbox"/> Other homeless definitions including (5 points)¹: <ul style="list-style-type: none"> • Other scenarios where an individual lacks fixed, regular, and adequate nighttime residence • At imminent risk of homelessness (losing housing within 14 days) • Fleeing or attempting to flee domestic violence, and has no other residence • Youth under 25 who qualify as homeless under other federal statutes² <p>Unstably housed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> At risk of homelessness including situations such as couch-surfing, facing eviction within 21 days, or living in overcrowded housing² (1 point) <input type="checkbox"/> Living in a physically unsafe home² (1 point) <input type="checkbox"/> At-risk of institutionalization³ (1 point) <input type="checkbox"/> Transitioning out of institution⁴ (1 point) <input type="checkbox"/> Recently released (within 12 months) from correctional facility⁵ (1 point) <p>Stably housed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stably, safely housed (none of the above) (0 points) 	<p>Score:</p> <div style="border: 1px solid #ccc; background-color: #e6f2ff; padding: 5px; width: 40px; display: flex; align-items: center;"> ▼ </div>
<p>8. How long have you been living there (select only one)?</p> <p>Homeless:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Homeless for greater than 1 year (3 points) <input type="checkbox"/> Homeless for less than 1 year (2 points) <p>Unstably housed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unstably housed for greater than 1 year (2 points) <input type="checkbox"/> Unstably housed for less than 1 year (1 point) <p>Stably housed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stably housed for <input style="width: 40px;" type="text"/> months (0 points) 	<p>Score:</p> <div style="border: 1px solid #ccc; background-color: #e6f2ff; padding: 5px; width: 40px; display: flex; align-items: center;"> ▼ </div>
<p>9. How many times have you been homeless¹ (including currently)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experienced homelessness at least once in the past year (3 points) <input type="checkbox"/> Experienced homelessness at least once in the past 3 years but not in the past year (2 points) <input type="checkbox"/> Experienced homelessness over lifetime but not in the past 3 years (1 point) <input type="checkbox"/> Never been homeless (0 points) 	<p>Score:</p> <div style="border: 1px solid #ccc; background-color: #e6f2ff; padding: 5px; width: 40px; display: flex; align-items: center;"> ▼ </div>

Clarified options around times experiencing homelessness

Added option for experiencing homelessness over lifetime but not in the past three years

LoN | Detailed walkthrough (III/V)

<p>10. Have you experienced an eviction before?</p> <p><input type="checkbox"/> Yes; received an eviction notice and was evicted (3 points)</p> <p><input type="checkbox"/> No; either received an eviction notice but avoided eviction or currently in the eviction process (1 point)</p> <p><input type="checkbox"/> No; never have received an eviction notice (0 points)</p>	<p>Score:</p> <p><input type="text" value="0"/></p>
<p>11. Have you been involved with the criminal justice system in any of the following ways?</p> <p><input type="checkbox"/> Yes; I have been charged with, convicted of, imprisoned for, or on probation for a criminal offense in the past twelve months (2 points)</p> <p><input type="checkbox"/> Yes; I have been charged with, convicted of, imprisoned for, or on probation for a criminal offense but all more than twelve months ago AND/OR I have been a witness to and/or victim of a criminal offense which was reported to authorities in the past twelve months (1 point)</p> <p><input type="checkbox"/> No; none of the above apply to me (0 points)</p>	<p>Score:</p> <p><input type="text" value="0"/></p>

Adjusted eviction categories to include **members currently going through eviction**

C. HEALTH

Note: Answers to questions in this category are self-reported or observed by the provider. They do not require clinical diagnosis.

<p>12. How many hospitalizations or emergency department visits have you had in the last 6 months?</p> <p><input type="checkbox"/> More than 4 visits (7 points)</p> <p><input type="checkbox"/> 2 to 3 visits (2 points)</p> <p><input type="checkbox"/> 1 or no visits (0 point)</p>	<p>Score:</p> <p><input type="text" value="0"/></p>
<p>13. Have you faced intimate partner violence or domestic violence?</p> <p><input type="checkbox"/> Within the last 6 months (3 points)</p> <p><input type="checkbox"/> Within the last 12 months but not within the last 6 months (2 points)</p> <p><input type="checkbox"/> At some point during lifetime but not in the last 12 months (1 points)</p> <p><input type="checkbox"/> No; None of the above apply to me (0 points)</p>	<p>Score:</p> <p><input type="text" value="0"/></p>
<p>14. Do you have any substance misuse (drug or alcohol) issues that make it difficult for you to maintain stable housing? (Reminder: answer should reflect the condition of the authorized member, not the condition of other members in the household)⁶ (5 points if yes)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Score:</p> <p><input type="text" value="0"/></p>

Clarified that **all questions regarding health are self-reported or observed by the provider**

Adjusted options for **intimate partner / domestic violence** and added option if member has **ever been impacted**

Clarified that **substance misuse** responses should reflect the condition of the **authorized member**

LoN | Detailed walkthrough (IV/V)

15. Do you have any mental health conditions that make it difficult for you to maintain stable housing? (2 points if yes) <input type="checkbox"/> Yes <input type="checkbox"/> No	Score: <input type="text" value="0"/>
16. Do you have any intellectual or developmental disabilities that make it difficult for you to maintain stable housing? (8 points if yes) <input type="checkbox"/> Yes <input type="checkbox"/> No	Score: <input type="text" value="0"/>
17. Are you currently or have you been pregnant in the last 12 months? ⁹ <input type="checkbox"/> Currently pregnant (1 point) <input type="checkbox"/> Not currently pregnant but have been pregnant within the last 12 months (1 point) <input type="checkbox"/> Not currently pregnant nor pregnant in the last 12 months (0 points)	Score: <input type="text" value="0"/>
18. Do you have any chronic health conditions? ¹⁰ (1 point if yes) <input type="checkbox"/> Yes <input type="checkbox"/> No	Score: <input type="text" value="0"/>
19. Do you need assistance with activities of daily living (ADLs) ¹¹ or instrumental ADLs (IADLs) ¹² ? Check all that apply and sum points if selecting both. <input type="checkbox"/> Require assistance with at least 1 ADL (e.g., bathing, dressing, eating, using the toilet) (1 point) <input type="checkbox"/> Require assistance with at least 3 IADLs (e.g., cooking, shopping, managing medication) and have a behavioral health condition or cognitive impairment (e.g., impairment to decision making or memory) (1 point) <input type="checkbox"/> No; None of the above apply to me (0 points)	Score: <input type="text" value="0"/>

Clarified options for pregnancy

Clarified that members can **check both boxes**, if requiring assistance with **1+ ADLs AND 3+ IADLs**

Total score will auto-calculate if completed in electronically in PDF format

Please add up all the scores and provide the total score below: TOTAL SCORE: <input type="text" value="0"/>	Please provide the risk category based on total score and the scoring rubric shown in the appendix below: LEVEL OF NEED CATEGORY: <input type="text" value="0"/>
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SCORING RUBRIC

Total Score	Level of Need Category
1-17 points	Low level of need
18+ points	High level of need

LoN | Detailed walkthrough (V/V)

PROVIDER ASSESSMENT RECORD

The case manager who administered the member's Level of Need should fill out the following required information.

Name of case manager who completed assessment:
Provider organization name:
Date of completion:
Service requested (i.e., Pre-tenancy Services or Tenancy Sustaining Services):
Reason for authorization request: <ul style="list-style-type: none"> <input type="checkbox"/> Continue member's authorization past the first 30 days of services by extending the first authorization by 150 days for a total authorization period of 180 days (only select if there are no changes to service type, provider, level of need, or MCO) <input type="checkbox"/> Re-authorization for an additional 180 days of service to continue services after current authorization ends (no change in member's provider, level of need, service type, or MCO). Applies if original 180-day authorization window is ending and reauthorization is requested. <input type="checkbox"/> Authorization request to switch member's provider <input type="checkbox"/> Authorization request to update level of need <input type="checkbox"/> Authorization request to change type of services (e.g., Pre-Tenancy Services to Tenancy Sustaining Services) <input type="checkbox"/> Authorization request due to member switching MCOs <input type="checkbox"/> Other (please specify below):
Signature of case manager who completed assessment:


Clarified **reasons for authorization request**

Note that Level of Need Assessment **must** be submitted **within the first 30 days of service & for any reauthorizations**

HSP | Detailed walkthrough (I/VI)

Housing Supports Housing Stabilization Plan

Member Name:
Medicaid ID:
NJ HMIS ID:
Housing Supports Provider:
Provider Case Manager Name:
Provider Case Manager Phone:
Provider Case Manager E-mail:

Date:		/		/	
Next Scheduled Review:		/		/	

How to complete the form:

- Housing Supports provider case manager and members should work together to create an individualized Housing Stabilization Plan to meet the above goal.
- The plan should demonstrate how Pre-tenancy or Tenancy Sustaining services are appropriate for the member through clear short- and long-term measurable goals, describing how goals will be achieved and how barriers will be addressed.
- The plan should also include prevention and early intervention services if housing is jeopardized. For individuals exiting institutions (e.g., nursing facilities), this may include thorough and proactive discharge planning and other transitional tasks.
- Please make sure that **all fields** in the form are completed.

This plan is focused on the following general goal (select one based on current situation/needs):

- Helping me/my family find safe, stable housing (Pre-tenancy Services)
- Helping me/my family stabilize in new or current housing once secured (Tenancy Sustaining Services)

Instructions

When to complete the form:

- The Housing Stabilization plan should be completed with the member (or if the member is a child, with the child's parent/guardian) on or after the first date of authorized services to support housing search and placement OR immediate stabilization in current housing. Please note that this form **must** be completed and submitted within the first 30 days of service to prevent any risk of reauthorization delays or denials.
- The provider may submit the Housing Stabilization Plan, Level of Need Assessment, and Initial Assessment Tool at the same time to the MCO (assuming all forms are completed meaningfully), or the provider may submit the Housing Stabilization Plan and Level of Need Assessment after they submit the Initial Assessment Tool.
- At a minimum, the plan **must** be updated once every 180 days during reauthorization requests for services or when member condition meaningfully changes (e.g., gains housing or loses housing, household structure changes, requires different services and/or level of need).

Clarified **instructions**, including:

- Form should be completed **with parent / guardian, if the member is a child**
- HSP must be completed **within the first 30 days** of service
- HSP can be submitted as early as the same day as the IAT, assuming it is **completed meaningfully** (*up to MCO discretion*)
- **All fields** in form must be completed

HSP | Detailed walkthrough (II/VI)

For reauthorization, the Housing Stabilization plan needs to justify additional service authorization by showing clear accomplishments or progress in the past 180 days of services.

How to submit the form:

- The case manager should provide a copy to the member's MCO as part of necessity review service authorization requests.
- The case manager should also keep the Housing Stabilization plan in their records and provide a copy of the submitted Housing Stabilization plan to members for their reference.

If the member is under 18 years old, please note that only a parent or guardian's signature is required on the Housing Stabilization Plan.

NOTE: Case managers should be in contact with members delivering services, as defined by program guidance, at least two (2) times a month for lower level of need members or four (4) times a month for higher level of need members, as assessed by the Level of Need Assessment. Contact with members should occur on separate days within a month to count towards minimum touchpoints requirement. Case managers must document these touchpoints in New Jersey's Homeless Management Information System (HMIS) or a HMIS-comparable system.

Clarified that only parent/guardian's signature is required if the member is a child

What is your overall goal for housing? (Required field, please limit to couple of sentences)

HSP | Detailed walkthrough (III/VI)

Clarified that **relevant actions from individuals across the household should be included**

i. **Housing search/stabilization and retention** *(Please complete all information in this section)*

What are your next steps for obtaining housing or immediate stabilization where you are living? Please include any relevant actions from individuals across the household.

Housing search/stabilization and retention activities. Please include any relevant activities from individuals across the household.

Goals:	Actions:	Person Responsible:	Target Date to Complete:	Progress update:	Date Completed:

Widened field for progress update, and enabled **text-wrapping** across all fields

HSP | Detailed walkthrough (IV/VI)

Clarified that **individual income goal and total household income goal should be included**

ii. **Income/expenses/other resources** *(Please complete all information in this section)*

What is your overall monthly income goal? Please enter a dollar amount. Please enter both your individual goal and the *total* goal of the entire household (individual goal may be \$0 if other household members are expected to earn income)

Income/expenses/other resources activities. Please include any relevant activities for individuals across the household.					
Goals:	Actions:	Person Responsible:	Target Date to Complete:	Progress update:	Date Completed:

HSP | Detailed walkthrough (V/VI)

Clarified that **health needs from individuals across the household** should be included, as relevant

iii. **Health needs** *(Please complete all information in this section)*

What health needs (including mental health and substance use) help do you need assistance with to be successful in obtaining a home, stabilizing your living situation, and/or meet other important needs? Please include any relevant needs from individuals across the household that may impact ability to obtain and maintain housing.

Health needs activities (Please include any relevant activities for individuals across the household)					
Goals:	Actions:	Person Responsible:	Target Date to Complete:	Progress update:	Date Completed:

HSP | Detailed walkthrough (VI/VI)

Member Signature: <input type="text"/>	Date: <input type="text"/>
Note: May be left blank if the member is under 18 years old.	
Parent/Guardian Signature: <input type="text"/>	Date: <input type="text"/>
Note: Please only enter the parent or guardian's signature if the member is under 18 years old.	
Case Manager Signature: <input type="text"/>	Date: <input type="text"/>

Clarified that a **parent or guardian's signature is collected if the member is under 18**

If member is **under 18**, then the member's signature is optional

Today's agenda

Provide overview of forthcoming provider expansion grant

Provide overview of forthcoming billing pilot in HMIS

Share updated program tools and guidance

Share Camden website updates

Look ahead

Walk through of new tools

➤ Q&A

Any questions?

