

NJ FamilyCare Housing Supports Program: Referral & Authorization for Move-in & Residential Modifications and Remediation Services

June 4, 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



CASSONDRA

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)



Objective

Understand the nuts and bolts of how clients will be referred to and authorized for Move-in & Residential Modifications and Remediation Services

Provider Requirements

| Pre-tenancy & Tenancy Support | Residential Modifications and Remediations | Move-in Supports |
|---|---|---|
| <ul style="list-style-type: none">• Must have prior experience delivering comparable services• Must have a NJ business registration• Must utilize HMIS• Must demonstrate cultural competency, trauma response, and sufficient resources to address diverse needs | <ul style="list-style-type: none">• Must be licensed in NJ with the Division of Consumer Affairs as a home repair contractor per state regulations• Must have a NJ business registration• Must be approved and credentialed by the member's MCO | <ul style="list-style-type: none">• Must meet the requirements of one of the other provider types:<ul style="list-style-type: none">• Pre-tenancy provider• Tenancy-Sustaining provider• Residential Modifications and Remediation provider |



Review of Move-in Supports & Residential Modifications and Remediation Services

Move-in Supports

Payment for non-recurring, one-time transitional expenses provided to a beneficiary during the transition period to their own home.

Move-in Supports: Services

- Services required for a beneficiary's **health and safety**, such as pest eradication and one-time cleaning prior to move-in
- Purchase of **household furnishings** needed to establish community-based tenancy including furniture, food preparation items, pantry stocking, or bed/bath linens. If necessary, assistance may also be provided to help set up these items

Move-in Supports: Services

Payment for items to support the details of the move, as appropriate, including:

- Costs for filing applications and payment of application fees
- Move-in costs including movers to ensure transportation of self and possessions to new housing arrangement
- Payment of security deposits
- Payment of set-up fees or deposits for utility or service access, including telephone, electricity, heating and water

Move-in Supports: Limitations

- \$10,000 lifetime cap
- Limited to one ‘moving experience’ per lifetime per member
 - Applies to individuals in the same household
- Does **not** allow:
 - Transitions into institutions (e.g. nursing facilities)
 - Residential or vehicle modifications
 - Recreational items (e.g. televisions)
 - Pre-owned items that may be physically unsafe
 - Recurring expenses (e.g. food, utilities)
 - Monthly rental or mortgage expenses (but does include security deposit)
- Members receiving MLTSS Community Transition services may not combine or add spending caps across programs
- Providers are allowed to submit for a Move-in Supports authorization up to 90 days prior to the transition into a new housing arrangement and have until 45 days after the member has physically moved into their unit to request authorization for move in supports

Move-in Supports: Specific Cases

- Over time, Camden has received questions about some specific scenarios:
 - Hoarding
 - Realtor fees
 - Background checks
- Scenarios that are not explicitly named in the Services Dictionary will most likely be assessed on a case by case basis and should be a conversation between you and the MCO Housing Specialist.
- Some initial steps you can always take:
 - Ensure the service it is not duplicative
 - Ensure the service is not expressly prohibited in the guidance
 - Confirm for yourself that the service supports the member's housing stability – you will need to make the case to the MCO

Residential Modifications & Remediation

Physical modifications, adaptations, or remediation services to a beneficiary's private primary residence required by their care plan which are necessary to ensure the health, welfare and safety of the beneficiary, or which enable the beneficiary to function with greater independence in the home or community.

Residential Modifications & Remediation: Services

Modifications can include:

- Installing ramps and grab bars
- Installing wheelchair-level counters with cutouts for the sink
- Widening of doorways
- Modifications of bathrooms
- Installing special mirrors and lighting accommodations for individuals with epilepsy
- Installing specialized electrical or plumbing systems that are necessary to accommodate medical equipment and supplies

Residential Modifications & Remediation: Services

Remediation services can include:

- Repairing or improving ventilation systems
- Mold and pest
- Medically necessary systems and devices such as,
 - Air conditioners
 - Heaters
 - Humidifiers
 - Air filtration
 - Other asthma remediation
 - Refrigeration units

Residential Modifications and Remediation: Limitations

- \$15,000 lifetime cap
- Does not allow modifications for:
 - Participants living in licensed residences
 - Public/communal areas
 - General utility with no medical or remedial need
 - Adaptations that add footage to the home
 - Housing owned or leased by providers of waiver services
 - Supplanting a landlord's obligation to provide reasonable accommodations under the ADA
- Members eligible for or receiving MLTSS Residential Modifications and Remediation Services may not combine or add spending caps across programs
- All services shall be provided in accordance with applicable State/local building codes

Note: If one of the limitations prevents the MCO from implementing a more cost-effective method of support OR ensuring the health, safety, and well-being of an individual, the MCO may exceed these limitations in those specific circumstances. The need to exceed must be documented in their care plan.



Referral & Authorization: Definitions

Definitions

Referral: Identify clients for the program

- **Three main pathways:**

- Your organization identifies the client (the “in network provider”)
- The member’s MCO sends them to your organization
- Other people send them to you - a friend, family member, the member self-refers or another community organization (an “out of network provider”)

Eligibility: Assess for program eligibility

Authorization: Secure permission to provide services

PASSWORD:
cchppubli

Who are Camden's High Inpatient Utilizers?

Avg. age: 57

Chronic conditions
1% of population



2011 averages:

Top Diagnoses

Referral Pathways

Social Media

Follow @camdenhealth

#CCHPTALKS

Facebook.com/camdencoalition

COMPUTER
presentation
projector1

| Origin of the Referral | How Members are referred to your organization |
|--|--|
| 1. From your organization - the “in network provider” | -- |
| 2. From the member’s MCO | <ul style="list-style-type: none"> • Telephone • Fax • Email |
| 3. From everyone else – the member, a friend, a family member, another community organization (an “out of network provider”) | <ul style="list-style-type: none"> • Telephone • Fax • Email <p><i>* The referral may or may not include an Initial Assessment Form</i></p> |



Determining Eligibility

- Determining eligibility may not be necessary if:
 - Your organization is already working with the client providing Pre-tenancy or Tenancy sustaining services
 - The client's MCO referred them to you and already authorized services (e.g., with an approved Initial Assessment Tool)
- Determining eligibility is useful when you don't know the client and has been referred to you by self-referral, a friend, a family member, or other community organization (an "out-of-network provider")

DETERMINING ELIGIBILITY

| Steps* | How | Note |
|--|--|---|
| <p>Step 1: Check if client is enrolled in Medicaid <i>and</i> which MCO they are enrolled in</p> | <ul style="list-style-type: none"> • eMEVS (Electronic Medicaid Eligibility Verification System) • Call REVS (Recipient Eligibility Verification System, 1-800-676-6562) • Check client’s NJ FamilyCare ID card • Check client’s NJ FamilyCare account if they have one • Check client’s mail from NJ Family Care | <p>--</p> |
| <p>Step 2: Check if client <i>or any other members of their household</i> are currently enrolled in HSP</p> | <ul style="list-style-type: none"> • Ask the client’s MCO • Check HMIS • Ask the client • Call other organizations the client says they are also working with | <ul style="list-style-type: none"> • Client identifies household members (and provider will list them on the Initial Intake Assessment) • Survivors of domestic violence and other protected groups will not be in HMIS • You’re checking for duplicative services |
| <p>Step 3: Check if client is currently enrolled in duplicative services that disqualify them from Move In or Modification and Remediation services</p> | <ul style="list-style-type: none"> • eMEVS** • Ask the client’s MCO • Ask the client • Submit an authorization request and wait for the decision | <ul style="list-style-type: none"> • See the next slide for more details about duplication of services |

*Order of steps may vary based on your workflow

| Steps* | How | Note |
|--|---|--|
| <p>Step 4: Determine if client has a clinical risk factor</p> | <ul style="list-style-type: none"> • See list of risk factors in the Initial Assessment Tool | <ul style="list-style-type: none"> • Self report or observation by the provider’s staff is all that is needed. MCOs should not deny members services if the MCO does not have a record of the member’s clinical or social risk factors. |
| <p>Step 5: Determine if client has a social risk factor</p> | <ul style="list-style-type: none"> • See list of risk factors in the Initial Assessment Tool | |

*Order of steps may vary based on your workflow

Programs That Are Duplicative of Housing Supports Program (HSP) Services

| Program | Special Program Code(s) (SPC) in eMEVS for the Program | Duplicative of Pre-Tenancy Services | Duplicative of Tenancy Sustaining Services | Duplicative of Move In Services | Duplicative of Residential Modifications & Remediation Services | Note |
|---------|--|-------------------------------------|--|---------------------------------|---|---|
| MLTSS | 61, 63, 64 | No | No | Yes | Yes | <p>If a member is currently in SPC 60, 62, OR no longer in MLTSS but previously received MLTSS Community Transition Services (which is equivalent to HSP Move-In Supports) under SPC 61, 63, or 64, they are ineligible for HSP Move-In Supports due to the one-time lifetime limit.</p> <p>If a member is actively enrolled in any MLTSS SPV, they are ineligible for HSP Residential Modifications & Remediations. <i>Reminder: These members can still use MLTSS Home Mods benefit if they have remaining funding.</i></p> <p>Members who are no longer enrolled in MLTSS and who did not use their full \$15,000 Home Modifications benefit may use their remaining balance through HSP.</p> <p>General guidance is for providers to consult with <u>the member's</u> MCO housing specialist if assessing duplication for an MLTSS member</p> |
| MLTSS | 60, 62 | No | No | No | Yes | |

Several other state programs provide some of the same services offered in the HSP. If a Medicaid member is enrolled in one of these programs, they are ineligible for one or possibly more of the HSP services.

These programs are assigned Special Program Codes (SPC) so providers can use REVS/eMEVS to identify if a client is enrolled in a program that makes them ineligible for HSP service(s).

**See the full list of Medicaid Program Codes here: [SpecialProgramCodes.pdf](#) or google “NJ Medicaid special program codes”

Programs That Are Duplicative of Housing Supports Program (HSP) Services, con't

| Program | Special Program Code(s) (SPC) in eMEVS for the Program | Duplicative of Pre-Tenancy Services | Duplicative of Tenancy Sustaining Services | Duplicative of Move In Services | Duplicative of Residential Modifications & Remediation Services | Note |
|----------------------------|--|-------------------------------------|--|---------------------------------|---|--|
| CSS | 19, 20, 21, 23, 24, 25, 26, 39 | Yes | Yes | Yes | No | Code 22 is not duplicative |
| ICMS | Does not have a code | Yes | Yes | Yes | No | Providers should use another method to check duplication (i.e. ask the member or the member's MCO) |
| DDD Community Care Program | 7 | No | No | No | Yes - but only for Residential Modifications Services | This program is not duplicative of Residential Remediation Services |
| DDD Supports Program | 46 | No | No | No | Yes - but only for Residential Modifications Services | This program is not duplicative of Residential Remediation Services |

Other Programs Not Listed:

There are many other programs (PATH, PACT, etc) that a member may be participating in that **may or may not be duplicative**. You should talk with the member to better understand the services they are receiving elsewhere, and assess whether they are providing the same support. If you are unsure, you should discuss this with your point of contact at the MCO. If you have a case to make about why HSP services are not duplicative with another program that the member is enrolled in, you can use the Initial Assessment Tool and Housing Stabilization Plan to articulate your case.

**See the full list of Medicaid Program Codes here: [SpecialProgramCodes.pdf](#) or google "NJ Medicaid special program codes"



Authorization: Move In Services

| Steps | Note |
|--|---|
| <p>Step 1: Complete the Initial Assessment Tool</p> | <ul style="list-style-type: none"> • Include the client’s signature* |
| <p>Step 2: Submit the Initial Assessment Tool to the client's MCO</p> | <ul style="list-style-type: none"> • Submit via MCO portal, fax or phone • If the form is fully complete, the MCO has 7 business days to determine if the member is eligible • No need to submit any other documents with the IAT – such as Level of Need Assessment and Housing Stabilization Plan |
| <p>Step 3: Receive approval from MCO to deliver the service</p> | <ul style="list-style-type: none"> • Unlike in tenancy services, the MCO may require further documentation and collect additional information on the member’s needs • 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. 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.

| Steps | Note |
|---|---|
| <p>Step 4: Develop an itemized list of goods/services the client needs including the costs</p> | <p>Refer to the Services Dictionary for examples of covered items</p> <p>Some MCOs have a list of ‘approved’ items</p> |
| <p>Step 5: Submit the list to the MCO for approval</p> | <p>Submit via MCO portal, fax or phone</p> |
| <p>Step 6: Receive approval from MCO to provide the authorized goods/services</p> | <p>The MCO has 7 business days to approve or deny the request.</p> |
| <p>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</p> | <p>Remember the service allows a \$10,000 lifetime cap on move-in related items and is limited to one “moving experience” per lifetime per member</p> |

Note: If your organization does not provide Move In services, the MCO will identify a provider that does and authorize that provider to deliver the services.

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.



Authorization: Residential Modifications and Remediation Services

| Steps | Note |
|--|---|
| <p>Step 1: Complete the Initial Assessment Tool</p> | <ul style="list-style-type: none"> • Include the client’s signature* |
| <p>Step 2: Submit the Initial Assessment Tool to the client's MCO</p> | <ul style="list-style-type: none"> • Submit via MCO portal, fax or phone • If the form is fully complete, the MCO has 7 business days to determine if the member is eligible • No need to submit any other documents – such as verification of clinical or social risk factors |
| <p>Step 3: Client receives approval from MCO to receive the service</p> | <ul style="list-style-type: none"> • The MCO may collect additional information on the member’s needs • If the client’s Pre-tenancy provider does NOT provide Modification and Remediation services, the MCO will decide who will deliver the services |

* A signature is required for approval. 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.

| Steps | Note |
|---|--|
| Step 4: Conduct an evaluation of the client's needs including the costs (i.e. a bid) | <ul style="list-style-type: none">• The MCO may contact more than one Modifications and Remediation service provider for a bid |
| Step 5: Submit the evaluation to the MCO for approval | <ul style="list-style-type: none">• Submit via MCO portal, fax or phone• The MCO may extend the 7-day turnaround time for a bid within a reasonable timeframe |
| Step 6: Receives approval from MCO to provide the services | -- |

INITIAL ASSESSMENT TOOL FORM

Housing Supports Initial Assessment Tool

The purpose of this tool is to request housing supports services and document eligibility.

Who can complete the form?

- You, a NJ FamilyCare member seeking Housing Supports for yourself
- A parent, caregiver, or family member
- A guardian, support, or trusted friend
- Staff from an organization that helps you

Where to send the completed form?

- Submit the completed form to the member’s managed care organization (MCO) via provider portal, fax, or phone. Please see below for MCO-specific submission information.
- The MCO will review your application and decide whether to approve or deny services based on the member’s eligibility.

| MCO | Submission information |
|-----------------------------------|---|
| Aetna Better Health of New Jersey | Provider portal Fax: 1-844-404-3972 Telephone: 1-855-232-3596 (TTY: 711) |
| Fidelis Care (Formerly Wellcare) | Provider portal Fax: 855-573-2346 Telephone: 1-866-309-8447 (TTY: 711) |
| Horizon NJ Health | Provider portal Fax: 973-274-3864 (Attn: Housing Supports Program) Telephone: 1-800-682-9090 |
| United Health Care (UHC) | Fax: 855-583-4041 Telephone: 800-941-4647 Email: NJ_HousingSpecialist@UHC.com |
| Wellpoint (Formerly Amerigroup) | Provider portal Fax: 855-553-9392 Telephone: 855-661-1996 (Option 1) |

Who can I contact for questions?

| MCO | Contact information |
|-----------------------------------|--|
| Aetna Better Health of New Jersey | Telephone: 1-855-232-3596 (TTY: 711) Email: NJHousingServices@aetna.com |
| Fidelis Care (Formerly Wellcare) | Telephone: 1-866-309-8447 (TTY: 711) Email: HousingSupports@centene.com |
| Horizon NJ Health | HNJH Member Services Telephone: 1-800-682-9090 Email: HorizonHSPReferrals@horizonblue.com |
| United Health Care (UHC) | Telephone: 800-941-4647 Email: NJ_HousingSpecialist@UHC.com |
| Wellpoint (Formerly Amerigroup) | Telephone: 855-661-1996 (Option 1) Email: NJHousingSupportServicesHub@Wellpoint.com |

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): |

INITIAL ASSESSMENT TOOL FORM

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

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.

INITIAL ASSESSMENT TOOL FORM

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: |

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

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.

Member Name: _____

Member Signature (may leave blank if under 18): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



Denials & Appeals

- **Incomplete Initial Assessment Tool:** At least one question is left unanswered and/or client's signature is missing.
- **Ineligibility:** The MCO determines the client is ineligible based on the information in the form or as a result of the MCO's own internal assessment process.
- **Duplication of services:** The MCO determines the member is receiving duplicative services.
 - For Move-in Supports: MLTSS, CSS, or ICMS
 - For Residential Modifications and Remediations Services: MLTSS, DDD Community Care Program or DDD Supports Program
 - **Exceeded lifetime caps:** For Move In Supports \$10,000 and Residential Modifications and Remediation Services \$15,000.

- If a MCO denies or limits a service, and the provider or the member disagrees with the decision, the member and/or provider can request the MCO to review and change its decision through the appeal process.
- Each MCO has an appeal process and timeline that is described in the MCO's Provider Manual.

When you need help or have questions about the authorization process, call the MCO Housing Specialist!

- The Housing Specialist interacts with members and providers on Pre-tenancy and Tenancy sustaining services.
- The Housing Specialist is responsible for:
 - Following up on program referrals
 - Ensuring timely delivery of services
 - Monitoring member services
 - Supporting providers and building meaningful relationships with the provider community
 - Providing a warm handoff to members at the end of program services
- Their contact information will be available soon!



Service & Provider Differences

SERVICES & SERVICE PROVIDER DISTINCTIONS

| Program Component | Pre-tenancy & Tenancy Sustaining | Move-in Supports | Residential Modifications and Remediation Services |
|-------------------------------|--|--|--|
| Requirements to be a provider | <ul style="list-style-type: none"> • Must have prior experience delivering comparable services • Must utilize HMIS • Must have a NJ business registration | <ul style="list-style-type: none"> • Must meet the requirements of one of the other three provider types | <ul style="list-style-type: none"> • Must be licensed in NJ per the Division of Consumer Affairs as a home repair contractor • Must have a NJ business registration |
| Taxonomy code | 251B00000X (Case Management) | No additional taxonomy code required | 171W00000X (Contractor) |
| Duplicative services | <ul style="list-style-type: none"> • CSS • ICMS | <ul style="list-style-type: none"> • MLTSS, CSS or ICMS • A member cannot exceed the lifetime \$10,000 cap including changes to MCOs | <ul style="list-style-type: none"> • MLTSS and DDD Community Care Program and DDD Supports Program for modification services only • A member cannot exceed the lifetime \$15,000 cap including changes to MCOs |
| Payment | <ul style="list-style-type: none"> • Paid per member per month • Paid \$320/mo for members with low level need and \$640/mo with high level need | <ul style="list-style-type: none"> • Paid for the amount the MCO authorized • Lifetime cap of \$10,000 | <ul style="list-style-type: none"> • Paid for the amount the MCO authorized • Lifetime cap of \$15,000 |