

NJ FamilyCare Housing Supports Program:  
Referral & Authorization for Pre-  
Tenancy & Tenancy Sustaining  
Services

May 14, 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



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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)



# Objectives

Prospective providers will understand the ‘nuts and bolts’ of how clients will be identified for the program (referrals) and the steps they need to take to get permission to provide and bill for services (authorization).

Note: This training will only focus on pre-tenancy and tenancy sustaining services.



# 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

- **Three main types:**

- Initial: First 30 days or Auto Approval
- Continuing: Days 31 – 180 or Necessity Review
- Reauthorization: Days 181+ or Updated Necessity Review

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

@camdenheal

Follow me!

#CCHPTALKS

facebook



Facebook.com/  
camdencoalition

AR 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"> <li>• Telephone</li> <li>• Fax</li> <li>• Email</li> </ul> <p><i>*The referral may or may not include an Initial Assessment Form</i></p>
3. From everyone else – the member, a friend, a family member, another community organization (an “out of network provider”)	



# Determining Eligibility

## DETERMINING ELIGIBILITY

Steps*	How	Note
<p><b>Step 1:</b> Check if client is enrolled in Medicaid <i>and</i> which MCO they are enrolled in</p>	<ul style="list-style-type: none"> <li>• <b>eMEVS (electronic Medicaid Eligibility Verification System)</b></li> <li>• Check client's NJ FamilyCare ID card</li> <li>• Check client's NJ FamilyCare account if they have one</li> <li>• Check client's mail from NJ Family Care</li> <li>• <b>Call REVS to verify enrollment:</b> (1-800-676-6562) and enter either the Medicaid ID number or the member's date of birth and Social Security number</li> </ul>	<ul style="list-style-type: none"> <li>• eMEVS is currently only available to providers enrolled in Fee-for-Service and DMAHS will issue an announcement when eMEVS access is expanded</li> </ul>
<p><b>Step 2:</b> Check if <i>client or any other members of their household</i> are currently enrolled in HSP</p>	<ul style="list-style-type: none"> <li>• Ask the client's MCO</li> <li>• Check HMIS</li> <li>• Ask the client</li> <li>• Call other organizations the clients says they are also working with</li> </ul>	<ul style="list-style-type: none"> <li>• Client identifies household members (and provider will list them on the Initial Assessment Tool)</li> <li>• Survivors of domestic violence and other protected groups will not be in HMIS</li> <li>• You're checking for duplicative services</li> </ul>
<p><b>Step 3:</b> Check if client is currently enrolled in CSS or ICMS</p>	<ul style="list-style-type: none"> <li>• e-MEVS (will only indicate CSS)</li> <li>• Ask the client</li> <li>• Ask the MCO</li> </ul>	<ul style="list-style-type: none"> <li>• These programs disqualify clients for pre-tenancy and tenancy services</li> <li>• You're checking for duplicative services</li> </ul>

\*Order of steps may vary based on your workflow

<b>Steps*</b>	<b>How</b>	<b>Note</b>
<p><b>Step 4:</b> Determine if client has a clinical risk factor</p>	<ul style="list-style-type: none"> <li>• See list of risk factors in the Initial Assessment Tool</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><b>Step 5:</b> Determine if client has a social risk factor</p>	<ul style="list-style-type: none"> <li>• See list of risk factors in the Initial Assessment Tool</li> </ul>	

\*Order of steps may vary based on your workflow

## Members are not eligible for HSP if they are receiving similar/duplicative services

- Remember: Members cannot be authorized for pre-tenancy and tenancy sustaining services at the same time.
- Members cannot be authorized for pre-tenancy or tenancy sustaining services if they are receiving the following services at the same time:
  - Community Supports Services (CSS) or Integrated Case Management Services (ICMS).
  - See additional potentially duplicative programs on following slides
- Only one person in the member's household can receive pre-tenancy and/or tenancy sustaining services at a time.
  - Example: Lynn and her adult daughter Danielle live together, and they each have a clinical risk factor. They are currently being evicted from their apartment and do not have another place to live. Either Lynn or Danielle are eligible for HSP but not both.

## 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 &amp; 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 <a href="#">the member's</a> 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).

## 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 <b>not</b> 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 <b>Modifications</b> Services	This program is <b>not</b> duplicative of Residential Remediation Services
DDD Supports Program	46	No	No	No	Yes - but only for Residential <b>Modifications</b> Services	This program is <b>not</b> 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.



# Authorization: Simplest Case Scenario

## What do we mean by the Simplest Case Scenario?

In this scenario:

- This is your established client – no one referred them to you.
- The client is enrolled in Medicaid, and you have a contract with the MCO the client is enrolled in (you're an in-network provider).
- You had the client sign the forms that require a signature.
- You fully completed all the required forms.
- You submitted all the forms on time.
- The MCO approved your requests for authorization.

## There are three types of authorizations which require different forms

Type of authorization	Time period	MCO standard of review	Forms Required
Initial	First 30 days	Auto Approval	Initial Assessment Tool
Continuing	Days 31 – 180	Necessity Review	Level of Need Housing Stabilization Plan
Reauthorization	Days 180+	Necessity Review	Level of Need (updated) Housing Stabilization Plan (updated)

## OBTAINING AN INITIAL 30-DAY AUTHORIZATION OR AUTO APPROVAL

Steps	Note
<b>Step 1:</b> Complete the Initial Assessment Tool (IAT)	<ul style="list-style-type: none"><li>• Include the client's signature*</li></ul>
<b>Step 2:</b> Submit the Initial Assessment Tool (IAT) to the client's MCO	<ul style="list-style-type: none"><li>• Submit via MCO portal, fax or phone</li><li>• If the form is fully complete, the MCO has two business days to determine if the member is eligible</li><li>• No need to submit any other documents – such as verification of clinical or social risk factors</li><li>• Prior authorization form specific to the MCO will also need to be submitted alongside the IAT</li></ul>
<b>Step 3:</b> Receive approval/denial from MCO	<ul style="list-style-type: none"><li>• If approved, the payment period begins the day you <b>submitted</b> the Initial Assessment Tool**</li></ul>

\* 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.

\*\* Remember, MCOs pay you for pre-tenancy and tenancy services AFTER you've completed them. Payment is retroactive.

# 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	<a href="#">Provider portal</a> Fax: 1-844-404-3972 Telephone: 1-855-232-3596 (TTY: 711)
Fidelis Care (Formerly Wellcare)	<a href="#">Provider portal</a> Fax: 855-573-2346 Telephone: 1-866-309-8447 (TTY: 711)
Horizon NJ Health	<a href="#">Provider portal</a> 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: <a href="mailto:NJ_HousingSpecialist@UHC.com">NJ_HousingSpecialist@UHC.com</a>
Wellpoint (Formerly Amerigroup)	<a href="#">Provider portal</a> 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: <a href="mailto:NJHousingServices@aetna.com">NJHousingServices@aetna.com</a>
Fidelis Care (Formerly Wellcare)	Telephone: 1-866-309-8447 (TTY: 711) Email: <a href="mailto:HousingSupports@centene.com">HousingSupports@centene.com</a>
Horizon NJ Health	HNJH Member Services Telephone: 1-800-682-9090 Email: <a href="mailto:HorizonHSPReferrals@horizonblue.com">HorizonHSPReferrals@horizonblue.com</a>
United Health Care (UHC)	Telephone: 800-941-4647 Email: <a href="mailto:NJ_HousingSpecialist@UHC.com">NJ_HousingSpecialist@UHC.com</a>
Wellpoint (Formerly Amerigroup)	Telephone: 855-661-1996 (Option 1) Email: <a href="mailto:NJHousingSupportServicesHub@Wellpoint.com">NJHousingSupportServicesHub@Wellpoint.com</a>

### 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 homelessness<sup>1</sup>
- At risk of homelessness<sup>2</sup>
- At-risk of institutionalization and requiring a new housing arrangement<sup>3</sup>
- Transitioning from an institution to the community<sup>4</sup>
- Recently released from correctional facilities<sup>5</sup>

## 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 condition<sup>6</sup>
- Mental health condition<sup>7</sup>
- Substance misuse<sup>8</sup>
- Pregnancy<sup>9</sup>
- Complex mental health condition from intellectual or developmental disability<sup>10</sup>
- Victims of intimate partner violence, domestic violence, or human trafficking<sup>11</sup>
- Requires assistance with activities of daily living (ADLs) or instrumental ADLs (IADLs)<sup>12</sup> (e.g., needing assistance with activities such as bathing, dressing, eating, using the toilet, cooking)
- Repeated emergency department or hospital use<sup>13</sup>

## 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 Services<sup>14</sup> (services that support in obtaining housing)
- Tenancy Sustaining Services<sup>15</sup> (services that support maintaining safe and stable housing)
- Move-in Supports<sup>16</sup> (one-time transitional expenses)
- Residential Modifications and Remediation Services<sup>17</sup> (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<sup>1a</sup>

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: \_\_\_\_\_

Steps must be completed before the end of day 30

Steps	How	Notes
<p><b>Step 1:</b> Reconfirm client is enrolled in Medicaid</p>	<ul style="list-style-type: none"> <li>• <b>eMEVS (electronic Medicaid Eligibility Verification System)</b></li> <li>• Check client’s NJ FamilyCare ID card</li> <li>• Check client’s NJ FamilyCare account if they have one</li> <li>• Check client’s mail from NJ Family Care</li> <li>• <b>Call REVS to verify enrollment:</b> (1-800-676-6562) and enter either the Medicaid ID number or the member’s date of birth and Social Security number</li> </ul>	<ul style="list-style-type: none"> <li>• eMEVS is currently only available to providers enrolled in Fee-for-Service and DMAHS will issue an announcement when eMEVS access is expanded</li> </ul>
<p><b>Step 2:</b> Reconfirm client is currently enrolled in CSS or ICMS</p>	<ul style="list-style-type: none"> <li>• e-MEVS (will only indicate CSS)</li> <li>• Ask the client</li> <li>• Ask the MCO</li> </ul>	<ul style="list-style-type: none"> <li>• These programs disqualify clients for pre-tenancy and tenancy services</li> <li>• You’re checking for duplicative services</li> </ul>
<p><b>Step 3:</b> Complete the Level of Need Assessment form with the client</p>	<ul style="list-style-type: none"> <li>• Completed by case manager</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies whether client has a lower or higher level of need</li> </ul>

Steps must be completed before the end of day 30

Steps	How	Notes
<p><b>Step 4:</b> Complete the Housing Stabilization Plan with the client</p>	<ul style="list-style-type: none"> <li>Completed by case manager</li> </ul>	<ul style="list-style-type: none"> <li>You must include at least 1 goal and 1 action for each of the 3 plan components: housing, health and income</li> <li><b>Client's signature is needed</b></li> </ul>
<p><b>Step 5:</b> Submit the Level of Need Assessment and Housing Stabilization forms to the client's MCO</p>	<ul style="list-style-type: none"> <li>Submit via MCO portal, fax or phone</li> </ul>	<ul style="list-style-type: none"> <li><b>Submit both forms before the initial 30 days of service ends</b></li> </ul>
<p><b>Step 6:</b> Track progress of the MCO for auth approval (or denial)</p>	<ul style="list-style-type: none"> <li>Monitor your email or portal for notification from the MCO</li> </ul>	<ul style="list-style-type: none"> <li>MCO will determine eligibility of fully completed forms within 7 calendar days of submission. If MCO does not make a determination in this time, the MCO should automatically approve it.</li> </ul>

# LEVEL OF NEED ASSESSMENT TOOL

## Housing Supports Level of Need Assessment Tool

### INTRODUCTION

The Housing Supports Level of Need Assessment Tool was developed to address the critical need for a standardized, evidence-based method of assessing housing instability risks among Medicaid members in New Jersey.

This tool is also used to:

- Document eligibility for Pre-Tenancy and Tenancy Sustaining Services.
- Request MCO authorization and reauthorization for continued Pre-tenancy and Tenancy Sustaining Services.
- Classify individuals into two risk categories (Lower Level of Need and Higher Level of Need) to inform service provision and reimbursement under the state's 1115 Medicaid waiver program.

Instructions:

- Level of Need Assessment should be used to request continued authorization for services.
  - The assessment must be submitted within the first 30 days of service for authorization for the next 150 days.
  - The assessment must be submitted for any reauthorization of services (i.e., due to continued need for services, after a change in provider, or after a meaningful change in member condition) lasting for 180 days.
  - Assessment should be filled out by a case manager employed by a Housing Supports program Pre-tenancy or Tenancy Sustaining Provider who is authorized to deliver services to member.
- Case manager should answer questions based on an individual member.
  - Member should have previously been authorized for services; this assessment is used to continue to authorize services.
  - Even if member is part of a household, only answer the questions for the individual authorized for services. Providers may only bill for 1 member per household.
- For each answer, assign the points indicated in parentheses.
- Some questions may be answered based on observation (as noted).
- Once the assessment is completed, please tally all the points across all questions. Align this total with the scoring rubric in the appendix to designate whether the member is higher or lower need.

**Note:** To qualify for housing supports services, the member needs to demonstrate eligibility and must have completed the initial request for services. 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. 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:																																			
3. Medicaid ID: <i>(not scored, but Medicaid and MCO enrollment required for eligibility)</i>	Not scored																																			
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>  <b>Total number of people in household</b> ____ <i>(not scored)</i>  <b>Note:</b> 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> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	First name	Last name	Medicaid ID	MCO ID	Age																															Score:
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:																																			

[Link to Level of Need Assessment Tool Form](#)

# LEVEL OF NEED ASSESSMENT TOOL

## B. HOUSING AND SOCIAL HISTORY

<p>7. Where do you sleep most frequently (select only one)?</p> <p><b>Homeless:</b></p> <p><input type="checkbox"/> Unsheltered homeless including areas not meant for human habitation (e.g., sleeping in a vehicle, abandoned building, or outdoors)<sup>1</sup> (5 points)</p> <p><input type="checkbox"/> Emergency shelter, safe haven, or hotel/motel paid for by charity or government<sup>1</sup> (5 points)</p> <p><input type="checkbox"/> Other homeless definitions including (5 points)<sup>1</sup>:</p> <ul style="list-style-type: none"> <li>• Other scenarios where an individual lacks fixed, regular, and adequate nighttime residence</li> <li>• At imminent risk of homelessness (losing housing within 14 days)</li> <li>• Fleeing or attempting to flee domestic violence, and has no other residence</li> <li>• Youth under 25 who qualify as homeless under other federal statutes<sup>2</sup></li> </ul> <p><b>Unstably housed:</b></p> <p><input type="checkbox"/> At risk of homelessness including situations such as couch-surfing, facing eviction within 21 days, or living in overcrowded housing<sup>2</sup> (1 point)</p> <p><input type="checkbox"/> Living in a physically unsafe home<sup>2</sup> (1 point)</p> <p><input type="checkbox"/> At-risk of institutionalization<sup>3</sup> (1 point)</p> <p><input type="checkbox"/> Transitioning out of institution<sup>4</sup> (1 point)</p> <p><input type="checkbox"/> Recently released (within 12 months) from correctional facility<sup>5</sup> (1 point)</p> <p><b>Stably housed:</b></p> <p><input type="checkbox"/> Stably, safely housed (none of the above) (0 points)</p>	<p>Score:</p>
<p>8. How long have you been living there (select only one)?</p> <p><b>Homeless:</b></p> <p><input type="checkbox"/> Homeless for greater than 1 year (3 points)</p> <p><input type="checkbox"/> Homeless for less than 1 year (2 points)</p> <p><b>Unstably housed:</b></p> <p><input type="checkbox"/> Unstably housed for greater than 1 year (2 points)</p> <p><input type="checkbox"/> Unstably housed for less than 1 year (1 point)</p> <p><b>Stably housed:</b></p> <p><input type="checkbox"/> Safely housed for ____ days <input type="checkbox"/> / weeks <input type="checkbox"/> / months <input type="checkbox"/> (circle relevant metric) (0 points)</p>	<p>Score:</p>
<p>9. How many times have you been homeless<sup>1</sup> (including currently)?</p> <p><input type="checkbox"/> Experienced homelessness at least once in the past year (3 points)</p> <p><input type="checkbox"/> Experienced homelessness at least once in the past 3 years but not in the past year (2 points)</p> <p><input type="checkbox"/> Experienced homelessness over lifetime but not in the past 3 years (1 point)</p> <p><input type="checkbox"/> Never been homeless (0 points)</p>	<p>Score:</p>

<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>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 <b>in the past twelve months</b> (2 points)</p> <p><input type="checkbox"/> Yes; I have been charged with, convicted of, imprisoned for, or on probation for a criminal offense <b>but all more than twelve months ago</b> AND/OR I have been a witness to and/or victim of a criminal offense which was reported to authorities <b>in the past twelve months</b> (1 point)</p> <p><input type="checkbox"/> No; none of the above apply to me (0 points)</p>	<p>Score:</p>

[Link to Level of Need Assessment Tool Form](#)

# LEVEL OF NEED ASSESSMENT TOOL

## C. HEALTH

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

12. How many hospitalizations or emergency department visits have you had in the last 6 months?  <input type="checkbox"/> More than 4 visits (7 points) <input type="checkbox"/> 2 to 3 visits (2 points) <input type="checkbox"/> 1 or no visits (0 point)	Score:
13. Have you faced intimate partner violence or domestic violence? <input type="checkbox"/> Within the last 6 months (3 points) <input type="checkbox"/> Within the last 12 months but not within the last 6 months (2 points) <input type="checkbox"/> At some point during lifetime but not in the last 12 months (1 points) <input type="checkbox"/> No; None of the above apply to me (0 points)	Score:
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 ) <sup>6</sup> (5 points if yes)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Score:
15. Do you have any mental health conditions that make it difficult for you to maintain stable housing? <sup>7</sup> (2 points if yes)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Score:
16. Do you have any intellectual or developmental disabilities that make it difficult for you to maintain stable housing? <sup>8</sup> (8 points if yes)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Score:
17. Are you currently or have you been pregnant in the last 12 months? <sup>9</sup>  <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:
18. Do you have any chronic health conditions? <sup>10</sup> (1 point if yes)	Score:

<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Do you need assistance with activities of daily living (ADLs) <sup>11</sup> or instrumental ADLs (IADLs) <sup>12</sup> ? 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:

Please add up all the scores and provide the total score below: <b>TOTAL SCORE:</b>	Please provide the risk category based on total score and the scoring rubric shown in the appendix below: <b>LEVEL OF NEED CATEGORY:</b>
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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

[Link to Level of Need Assessment Tool Form](#)

# STABILIZATION PLAN

## 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:		/		/	

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).

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.

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.

What is your overall goal for housing? (limit to couple of sentences)

[Link to Housing Stabilization Plan Form](#)

**i. Housing search/stabilization and retention**

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:

**ii. Income/expenses/other resources**

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:

### iii. Health needs

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:

**Notes**

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: May be left blank if the member is under 18 years old.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: Please only enter the parent or guardian's signature if the member is under 18 years old.

**Case Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Providers follow the same steps for the Necessity Review (e.g., authorization for Days 31-180) but submit updated forms

Steps	How	Notes
<p><b>Step 1:</b> Reconfirm client is enrolled in Medicaid</p>	<ul style="list-style-type: none"> <li>• <b>eMEVS (electronic Medicaid Eligibility Verification System)</b></li> <li>• Check client’s NJ FamilyCare ID card</li> <li>• Check client’s NJ FamilyCare account if they have one</li> <li>• Check client’s mail from NJ Family Care</li> <li>• <b>Call REVS to verify enrollment:</b> (1-800-676-6562) and enter either the Medicaid ID number or the member’s date of birth and Social Security number</li> </ul>	<ul style="list-style-type: none"> <li>• eMEVS is currently only available to providers enrolled in Fee-for-Service and DMAHS will issue an announcement when eMEVS access is expanded</li> </ul>
<p><b>Step 2:</b> Reconfirm client is <b>not</b> currently enrolled in CSS or ICMS</p>	<ul style="list-style-type: none"> <li>• e-MEVS (will only indicate CSS)</li> <li>• Ask the client</li> <li>• Ask the MCO</li> </ul>	<ul style="list-style-type: none"> <li>• These programs disqualify clients for pre-tenancy and tenancy services</li> <li>• You’re checking for duplicative services</li> </ul>
<p><b>Step 3:</b> Update and complete the Level of Need Assessment form with the client</p>	<ul style="list-style-type: none"> <li>• Completed by case manager</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies whether client has a lower or higher level of need</li> </ul>

## OBTAINING REAUTHORIZATION AT 181+ DAYS AUTHORIZATION OR UPDATED NECESSITY REVIEW CON'T

Steps	How	Notes
<b>Step 4: Update</b> and complete the Housing Stabilization Plan with the client	<ul style="list-style-type: none"><li>• Completed by case manager</li></ul>	<ul style="list-style-type: none"><li>• You must include at least 1 goal and 1 action for each of the 3 plan components: housing, health and income</li><li>• <b>Client's signature is needed</b></li></ul>
<b>Step 5:</b> Submit the updated Level of Need Assessment and Housing Stabilization forms to the client's MCO	<ul style="list-style-type: none"><li>• Submit via MCO portal, fax or phone</li></ul>	<ul style="list-style-type: none"><li>• <b>Submit both forms before the client's current service period ends</b></li></ul>
<b>Step 6:</b> Track progress of the MCO for auth approval (or denial)	<ul style="list-style-type: none"><li>• Monitor your email or portal for notification from the MCO</li></ul>	<ul style="list-style-type: none"><li>• MCO will determine eligibility of fully completed forms within 7 calendar days of submission. If MCO does not make a determination in this time, the MCO should automatically approve it.</li></ul>



# Alternate Scenarios: First 30 Days

## The Initial Assessment Tool is incomplete

- The Tool is incomplete if at least one question was not answered and/or the member's signature is missing.
- The MCO must contact the provider or the member at least 3 times within 5 business days to try and finish the form before they can deny the authorization.
- An incomplete Tool means the MCO could deny your first 30-day authorization request.

*\*So, after you submit the Tool, monitor your phone calls, email and MCO portals for messages from the MCO.*

## How will your organization navigate HSP referrals who are not already your clients?

### Questions to consider to figure this out:

- Does your organization have client eligibility requirements in addition to the HSP client eligibility requirements?
  - For example, do you only work with people who are pregnant or who qualify for your housing vouchers?
- Is your organization only going to provide HSP services to clients that meet your criteria or will you accept all clients who qualify for HSP?
- How will you continually assess capacity and process new referrals?

## The client is referred to you by an MCO - aka the person is not your existing client

- An MCO can send providers referrals in two ways: With or without the initial 30-day authorization.
- If the MCO referral comes **without** the initial 30-day authorization :
  - The provider determines if they have the capacity to accept the referral and lets the MCO know.
  - If the provider accepts the referral, they need to meet with the client and complete the first 30-day authorization process.
- If the MCO referral comes **with** the initial 30-day authorization :
  - The provider determines if they have the capacity to accept the referral and lets the MCO know.
  - The provider contacts the member and begin services.
  - Note: For pre-tenancy and tenancy sustaining services, the date of first 30-day authorization is the date the provider has their first interaction with the client (and records their first touchpoint).

## Reasons for denials in the first 30 days

**These are the only reasons a provider will be denied:**

- **Incomplete Initial Assessment Tool form:** 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 Initial Assessment Tool form.
- **Duplication of services:** The MCO determines the member is receiving duplicative services (CSS or ICMS) or another member of the household is already receiving HSP pre-tenancy or tenancy sustaining services.



# Alternate Scenarios: 31+ Days

## The provider submits the Level of Need and Housing Stabilization Plan forms late – aka after the current authorization period ends

- Providers need to submit the Level of Need and Housing Stabilization forms *before* the current authorization period ends.
  - For example, if the client’s current authorization period ends June 15, you need to submit the forms by June 14.
- A “late” form means it was submitted at least one day after the current authorization period ended (June 16 in the example above).
  - If the form is submitted 1 – 5 days late, providers get a grace period; the MCO must accept and grant retroactive approval.
  - If the form is submitted 6+ days late, the MCO could deny your authorization request.

## Types of Changes

- Member wants to change their provider
- Member changes their MCO
- Member's level of need changes
- The type of HSP services a member needs changes

What a provider needs to do to facilitate any of these changes is complete a Reauthorization (i.e. submit updated Level of Need and Housing Stabilization forms).

If approved, the MCO will authorize services for 180 days.

# Member wants to change their provider

- Steps the **new** provider needs to take:
  - The member must tell you they want you to provide their services.
  - Complete the Reauthorization with the member and submit to MCO.
  - Note: The MCO verifies the member wants to switch by seeing the member's signature on the Stabilization Plan or the MCO Housing Specialist talks to the member.
- What about the **original** provider?
  - If the MCO approves the new provider, the MCO notifies the original provider that it approved a new provider. The original provider will submit a discharge form in HMIS.
  - If the MCO denies the new provider, the MCO notifies the new provider and the member, and the original provider continues to provide services.

**Note:** The MCO will approve the change to start at the end of a 30 day cycle.

# Member changes their MCO

## Steps a provider needs to take:

- Call the HSP Housing Specialist at the member's new MCO to inform them you are providing the HSP services.
- If you are in-network with the new MCO, you can continue to provide services.
  - Complete and submit a new Necessity Review Service authorization.
  - The new MCO must retroactively start authorization on the date the member enrolled with the new MCO. This means you can continue to provide and be paid for services you provided while you were submitting the new authorization.
    - Example: Mr. Jones switched from Aetna to Fidelis on May 20. You have contracts with both MCOs. You submitted the new Necessity Review Service authorization on June 5. Fidelis approved your authorization, dated it May 20, and you can bill Fidelis for your services starting May 20.

## Member changes their MCO con't

- If you are out of network with the new MCO, you can continue to provide and be paid for services until the new MCO authorizes a new, in-network provider.
  - You will complete a “single case agreement” with the new MCO.
  - The new MCO may also require you to submit a new Necessity Review Service authorization.
    - Example: Ms. Carter switched from Horizon to Wellpoint on January 5. You do not have a contract with Wellpoint. You complete the single case agreement process with Wellpoint and submit a new Necessity Review Service authorization on January 12. Wellpoint approved your authorization and dated it January 5. Wellpoint notifies you that on February 20 a new provider will take over with Ms. Carter. You can bill Wellpoint for your services from January 12 to February 19.

## Member's Level of Need Changes

- This means a member started services with a low level of need, and her circumstances changed over time, and she developed a high level of need (or vice versa).
- Steps a provider needs to take:
  - Complete and submit a new Necessity Review Service authorization that includes relevant information about the change in level of need.
  - If approved, authorization for the new level of need starts when the current 30-day billing period ends.
  - If denied, the previous authorization will remain as is.

## Member Requires a Change in Services

- For example: You've been assisting Ms. Scott to find a place to live (pre-tenancy services), and she has successfully moved into a new apartment, and now you want to start providing financial literacy skills, connecting her to social services and more (tenancy sustaining services).
- Steps a provider needs to take:
  - Complete and submit a new Necessity Review Service authorization that includes relevant information about the change in level of need.
  - If approved, authorization for the new level of need starts when the current 30-day billing period ends.
  - If denied, the previous authorization will remain as is.

## Reasons for denials in 31+ days

### These are the only reasons a provider will be denied:

- **Incomplete Level of Need form or Housing Stabilization Plan:** 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 forms listed above.
- **Duplication of services:** The MCO determines the member is receiving duplicative services (CSS or ICMS) or another member of the household is already receiving HSP pre-tenancy or tenancy sustaining services.

## **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:
  - Follow up on program referrals
  - Ensure timely delivery of services
  - Monitor member services
  - Support providers and build meaningful relationships with the provider community
  - Provide a warm handoff to members at the end of program services
- Please see "[MCO Staff Contact List](#)"