

NJ FamilyCare Housing Supports Program: HSP Braiding Funding Training

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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:

- Delivers and curates a training series to support program roll-out
- Serves as a “help line” for providers to field/answer questions and troubleshoot issues through the process
- Liaises between the state, MCOs, and providers to support implementation

All RHHs:

- Promote the program to recruit a robust network of providers within their regions
- Conduct member/community engagement to inform successful roll-out



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 and Health Services (DMAHS).

Agenda

Define terms

Best practices in organizational budgeting

Braided funding in action: JFS

Two examples of how to braid funds using the "Braided Budget Planner" tool

Why are we having this training?

- Housing agencies may have multiple sources of funding supporting their programs
- Agencies want to make sure they are in compliance with state and federal regulations – not just with Medicaid, but with their other funders
- Today’s training will cover how an agency can “braid” their multiple funding sources to expand their programs and remain compliant with funders' requirements



Terms

Definitions of Terms

CMS guidance on supplantation included in the 1115 Waiver Special Terms and Conditions from CMS:

- "The HRSN services may not supplant any other available funding sources such as housing or nutrition supports available to the beneficiary through local, state, or federal programs."
- "Excluded items, services, and activities that are not covered as HRSN services include, but are not limited to: ... vii. Expenditures that supplant services and activities funded by other state and federal governmental entities

State maintenance of efforts: "The state must maintain a baseline level of state funding for ongoing social services related to housing transition supports and nutrition supports for the duration of the demonstration, not including one time or non-recurring funding."

Supplantation means using Medicaid funds to replace funding you already have, instead of adding to it.

Simple explanation:

- Supplanting = replacing existing funds
- Supplementing = adding extra support (what grants usually require)

What is supplantation?

Supplantation means using Medicaid funds to replace funding you already have, instead of adding to it.

Simple explanation:

- Supplanting = replacing existing funds
- Supplementing = adding extra support (what grants usually require)

Example:

-  *Supplanting (not allowed in most instances):*

Your organization already pays for a housing case manager with its existing funding, then uses Medicaid funds to cover that same salary and replace the original funds.

-  *Supplementing (allowed):*

You use Medicaid funds to hire an additional housing case manager or expand services to help more people.

Why it matters:

Most grant funders (especially government ones) prohibit supplantation because they want their money to increase impact, not just fill gaps in your existing budget.

Key idea:

Think of Medicaid funds as extra support to grow or enhance your program, not a substitute for what you're already responsible for funding.

What is braided funding?

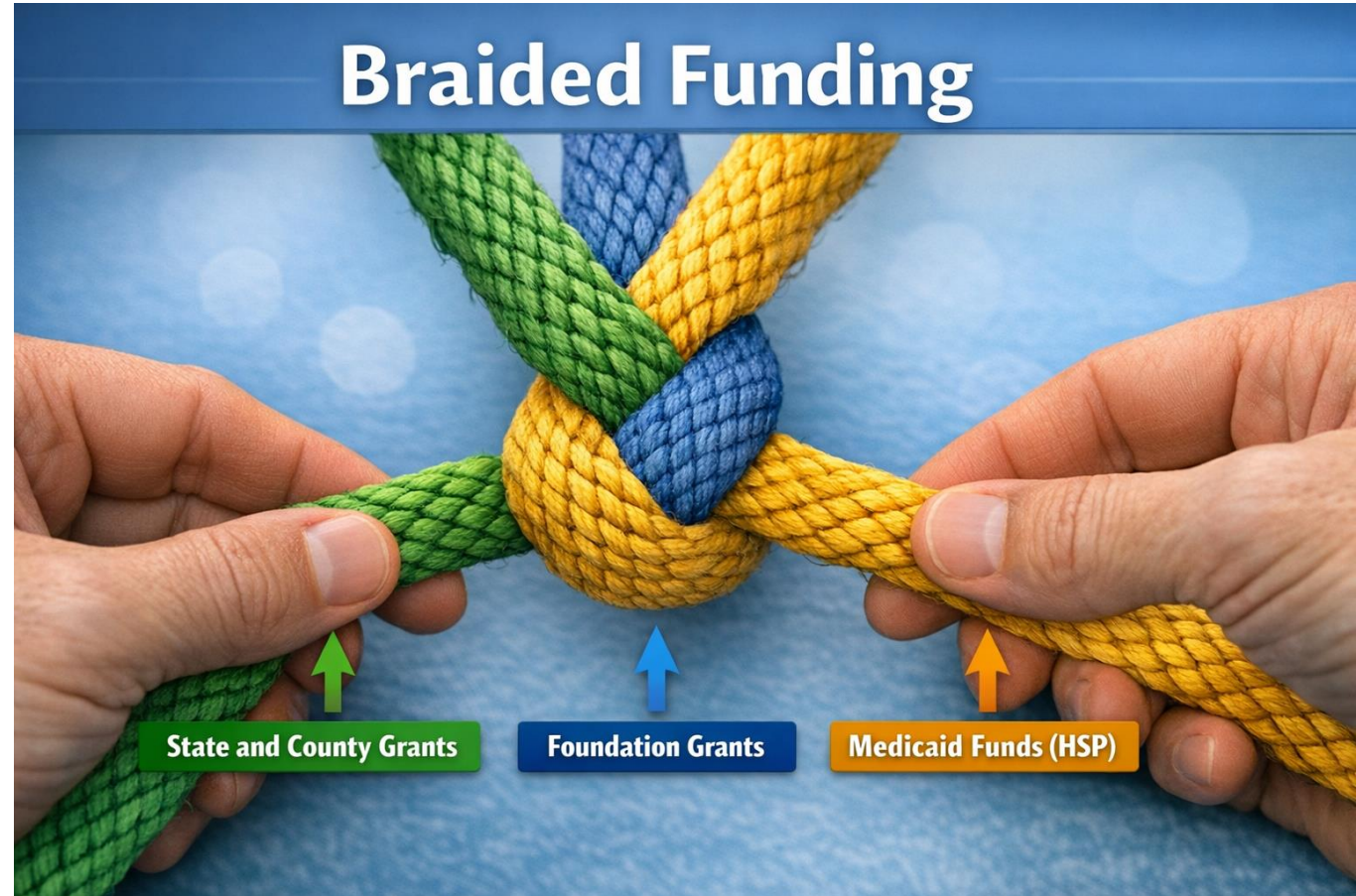
Braiding is a strategy to combine multiple funding streams to support a single program or project

Key Features

- Each funding source retains its own identity
- Separate budgeting, tracking, reporting, and compliance requirements are maintained

In Practice

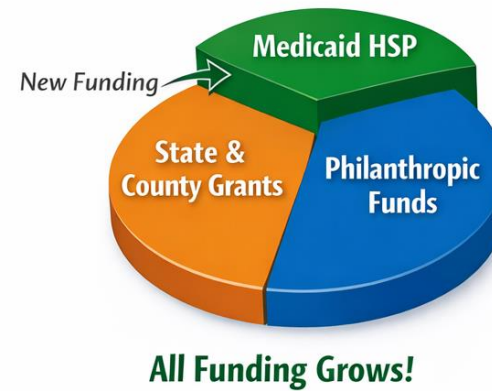
- Funds are coordinated - intentionally aligned to support a shared goal, but not merged
- Not blending (i.e. funds are not combined into a single pool of money)
- Expenses are distributed based on each source's guidelines



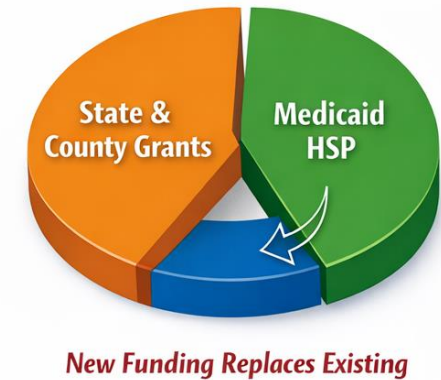
Ways to supplement your program rather than supplant

- Serve additional **clients** (especially those meeting different eligibility criteria)
- Provide additional **services**
- Add **staff** to program

Expanding the Pie (This is OK) ✓



Replacing Funds (Not Allowed) ✗



Note on duplication of services

- As a reminder, duplicative services within HSP is not in scope for today's training
- Please refer to the existing resource on our website:
 - [Programs-tht-are-duplicative-of-HSP-services---November-2025.pdf](#)
- As always, if you have questions about duplicative services, you can come through the **Help Desk** or bring your question to **Office Hours**



Best Practices in Organizational Budgeting

Set up your agency budget

- 1. Define strategic goals**
 - Align budget with organizational priorities
 - Identify key initiatives and expected outcomes

- 2. Estimate revenue**
 - Forecast income (funding, grants, etc.)
 - Use historical data and trends
 - Be conservative

- 3. Identify fixed & variable costs**
 - Fixed: salaries, rent, utilities
 - Variable: marketing, materials, travel

- 4. Allocate resources**
 - Ensure departments receive appropriate funding
 - Identify program deficits and funding gaps

Program Budget	
Revenue	
	Amount
State Grants
Foundation Funding
Medicaid Reimbursement
Other Income
Total Revenue
Expenses	
	Amount
Salaries & Benefits
Program Services
Supplies & Medications
Administrative Costs
Total Expenses
Net Balance:	

*Your agency budget will inform and be informed by individual program budgets

Identifying your deficit and how to address it

1. Analyze root causes

- Revenue decline vs. cost increases
- One-time vs. ongoing issues

2. Prioritize actions

- Protect critical programs and services
- Identify areas for cost reduction or adjustment

3. Adjust expenses

- Reduce discretionary spending
- Delay or scale back non-essential initiatives

4. Increase revenue

- Explore new funding sources (grants, contracts, donations)

5. Develop a recovery plan

- Set timeline and measurable targets
- Assign accountability to leaders

6. Monitor & Adapt

- Track progress regularly
- Adjust plan as conditions change

Documentation for Audit & Compliance

1. Maintain Clear Financial Records

- Track grant funds and Medicaid revenue separately
- Use distinct accounting codes for each funding source

2. Keep Source Documentation

- Invoices, receipts, contracts, and payroll records
- Service documentation for Medicaid (encounter notes, claims, eligibility)
- Time and effort reporting for staff

3. Follow Funding Requirements

- Ensure expenses align with grant agreements
- Ensure Medicaid services are billable, allowable, and properly authorized
- Document approvals for any changes



4. Ensure Proper Allocation

- Allocate shared costs using documented methodologies
- Avoid double billing (no overlap between grants and Medicaid)
- Maintain clear rationale for cost distribution

Documentation for Audit & Compliance (cont.)

5. Track Reporting & Billing

- Submit accurate grant reports (financial + programmatic)
- Ensure timely and accurate Medicaid claims submission
- Reconcile payments and denials

6. Establish Internal Controls

- Approval workflows for expenses and billing
- Segregation of duties (billing vs. approval)
- Regular compliance and billing audits

7. Organize for Audit Readiness

- Centralized, accessible documentation
- Maintain full audit trail: **service** → **claim** → **payment** → **report**



Managing Budgets and Braided funding at JFS

How Our Team Maximizes
Resources to Support Our Mission



Our Mission at JFS

Jewish Family Service motivates and empowers people to realize their potential to achieve personal goals and enhance their quality of life through a wide range of supports regardless of their religion, race, gender, sexual orientation, ethnicity, age or background.

ATLANTIC HOMELESS ALLIANCE

- Homeless Services
- Justice Involved Services

ACCESS CENTER

- Intake
- Nutritional Services

COUNSELING

- Therapy and Psychiatry

CHILDREN & YOUTH SERVICES

MENTAL HEALTH SERVICES

- Community Based Case Management

VOCATIONAL SERVICES

HEALTHY COMMUNITY INITIATIVES

powered by The Rothenberg Center for Family Life

- The Lynn Kramer Village by the Shore
- Volunteer Services
- Wellness Network

HSP Impact to Date

- 112 unduplicated individuals served
- 31 individuals/families housed
- \$120,000 revenue earned 7/1/26-2/28/26

Building an Effective Grants & Budget Management Team

Grants & Finance Lead:

- Oversees all grants and Medicaid funding
- Develops and tracks program budgets
- Ensures compliance and approves allocations

Program Managers & Leadership:

- Align program activities with funding sources
- Track program-specific outcomes and expenses
- Actively identify new grants and funding opportunities to support programs

Development Team:

- Coordinates fundraising for under funded programs or others area of need
- Supports braiding strategies to fill program gaps





JFS: Key Steps to Braided Funding

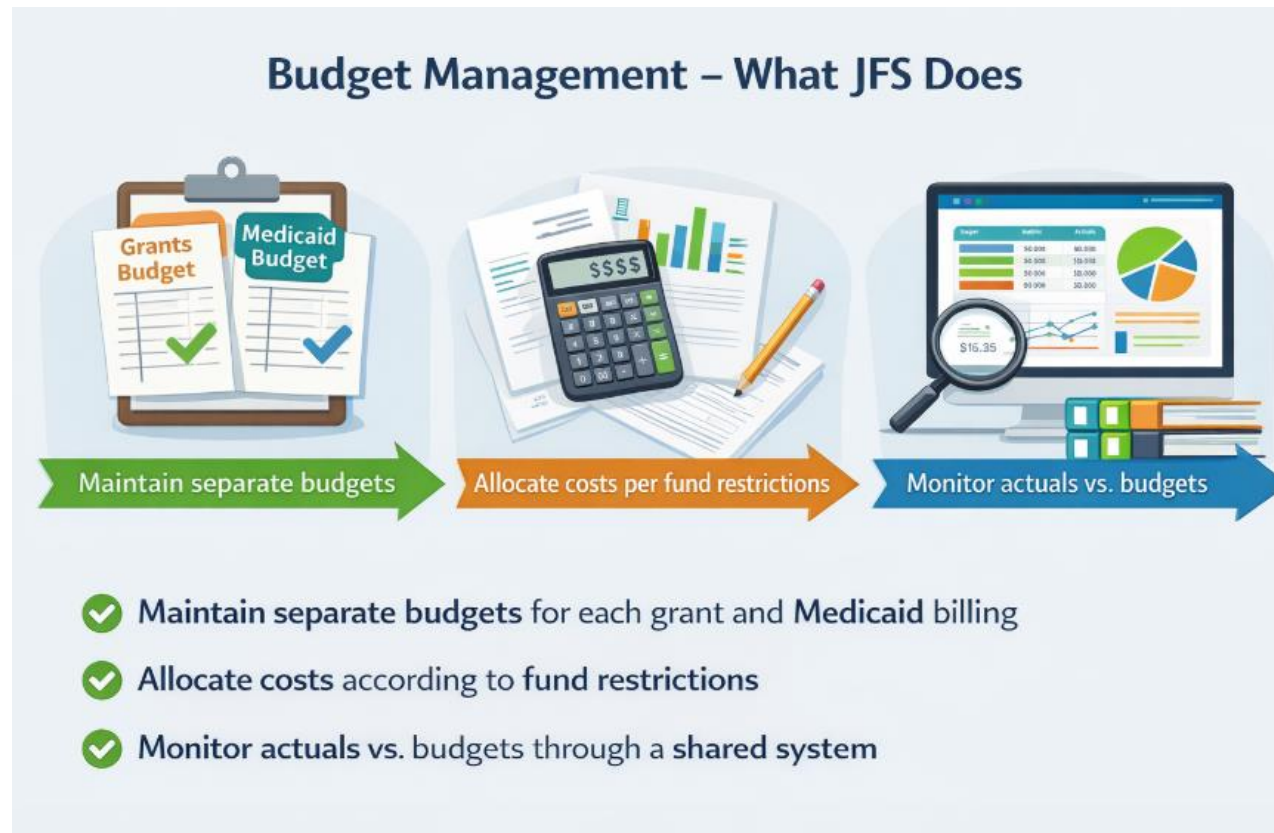
Step 1: Map current funding sources, programs and new revenue opportunities

- Review all active grants and Medicaid revenue streams
- Map each funding source to programs (e.g., youth services, housing, mental health programs, food security)
- Identify overlapping or complementary funding opportunities
 - Ex: one funding source may support staff while another supports services or supplies; funding sources may focus on different or overlapping client populations; etc.
- Leadership & Program Managers continually scan for new funding opportunities



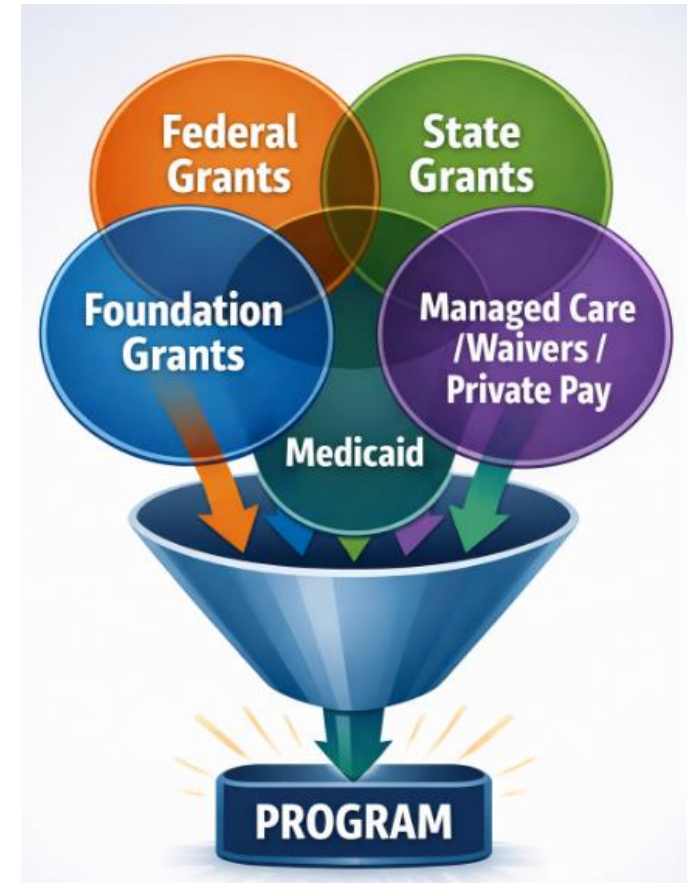
Step 2: Build budgets for each funding source

- Maintain separate budgets for each grant and Medicaid billing
- Allocate costs according to fund restrictions
- Monitor actuals vs. budgets through a shared system



Step 3: Allocate costs appropriately across funding sources

- Assign costs to multiple sources without double billing
- Document allocation methodology for audit and compliance
- Ensure staff understand which funds support which program activities



Step 4: Ensure accuracy and compliance

- Conduct monthly or quarterly reviews of revenue and expenses
- Prepare grant-specific and Medicaid reports
- Address gaps or overspending proactively



Step 5: Learn and Adjust

- Analyze funding effectiveness and program impact
- Refine braiding strategies for future grants
- Leadership & Program Managers stay alert for new funding streams
- Ensure ongoing compliance and maximize resources for mission-critical programs





JFS's Braided Budget Planner tool

Scenario #1: Housing Access Network – Expanding capacity and services for an Existing Housing Program

The Home for Good agency runs a housing program called the **Housing Access Network (HAN)** funded by a state grant and a smaller foundation grant covering the fiscal year 7/1/26–6/30/27. The HAN program provides payment for back rent and utilities and the associated case management to support clients to stay in housing (tenancy-sustaining services). However, this funding is not sufficient to fully support the staffing needed or to allow for organizational growth. While the Home for Good has been using private fundraising dollars to supplement the program, they are looking for a more sustainable solution and potential to help serve more clients.

To address this gap, Home for Good is planning to introduce HSP into its housing program. This would allow the agency to fill the gap and provide additional services (eg: pre-tenancy) to the HAN population. As part of this process, staff begins planning using the Braided Budget Planner.

Step 1: Entering Revenue by Program (current state before introducing new braided funding source)

- Lists funding sources per program
- Shows total revenue available
- May include braided funding streams

Housing Access Network

	Gap	NJ Homeless Prevention 7/1/26-6/31/27	McCauley Foundation 7/1/26-6/31/27	Total Allocations and Salary
Months in Budget		12 months	12 months	
Revenue	-	215,000	50,000	265,000

Step 2: Entering Staffing Allocation & Costs (current state before introducing new braided funding source)

- Staff assigned to each program (FTE or %)
- Salary + benefits by program
- Shared staff allocations across programs

Housing Access Network						
		Gap	NJ Homeless Prevention 7/1/26-6/31/27	McCauley Foundation 7/1/26-6/31/27	Total Allocations and Salary	
Months in Budget		12 months		12 months		
Revenue		-	215,000	50,000	265,000	
Employee First and Last Name		Program Personnel				
Employee 1	Supervisor	80.00%	10.00%	10.00%	100.00%	
Employee 2	Case Manager	20.00%	50.00%	30.00%	100.00%	
Employee 3	Case Manager		100.00%		100.00%	
Salary +Fringe						
\$	75,000	Supervisor (E1)	60,000	7,500	7,500	75,000 -
\$	65,000	Case Manager (E2)	13,000	32,500	19,500	65,000 -
\$	65,000	Case Manager (E3)	-	65,000	-	65,000 -
205,000		Total Personnel \$	73,000	105,000	27,000	205,000

Step 3: Entering Program Expenses (current state before introducing new braided funding source)

- Other Expenses (Travel, Occupancy, Telephone, Insurance and Indirect)
- Client Assistance (Back Rent/Flexible Funds)
- Client Assistance (Move-in Expenses)

Housing Access Network				
	Gap	NJ Homeless Prevention 7/1/26-6/31/27	McCauley Foundation 7/1/26-6/31/27	Total Allocations and Salary
Months in Budget	12 months		12 months	
Other expenses (Travel, Occupancy, Telephone, Insurance, Indirect Expense)	10,950	30,000	8,000	
Back Rent/Utilities/Flex Funds		80,000	10,000	
Move In Expenses			5,000	
Sub- total Personnel, Other Expenses and Program Expenses	83,950	215,000	50,000	348,950
Total Program Surplus/(Deficit)	(83,950)	-	-	(83,950)

Braided Budget Planner – Full Budget (current state before introducing new braided funding source)

Housing Access Network						
		Gap	NJ Homeless Prevention 7/1/26-6/31/27	McCauley Foundation 7/1/26-6/31/27	Total Allocations and Salary	
Months in Budget		12 months		12 months		
Revenue		-	215,000	50,000	265,000	
Employee First and Last Name	Program Personnel					
Employee 1	Supervisor	80.00%	10.00%	10.00%	100.00%	
Employee 2	Case Manager	20.00%	50.00%	30.00%	100.00%	
Employee 3	Case Manager		100.00%		100.00%	
Salary +Fringe						
\$	75,000	Supervisor (E1)	60,000	7,500	7,500	75,000 -
\$	65,000	Case Manager (E2)	13,000	32,500	19,500	65,000 -
\$	65,000	Case Manager (E3)	-	65,000	-	65,000 -
205,000		Total Personnel \$	73,000	105,000	27,000	205,000
Other expenses (Travel, Occupancy, Telephone, Insurance, Indirect Expense)		10,950	30,000	8,000		
Back Rent/Utilities/Flex Funds			80,000	10,000		
Move In Expenses				5,000		
Sub- total Personnel, Other Expenses and Program Expenses		83,950	215,000	50,000	348,950	
Total Program Surplus/(Deficit)		(83,950)	-	-	(83,950)	

Addressing the Gap:

Projecting and integrating Medicaid Revenue from HSP

Revenue Calculation (HSP funding)			
Number of Clients	64		
Acuity level	PMPM fee	% of total	Monthly fees
Low needs (2x a month)	\$320	80%	\$16,384
High needs (4x a month)	\$640	20%	\$8,192
		Total Projection	\$24,576
		75% first due to start up first year	\$18,432
		Yearly Total	\$221,184

Assumptions to reach 64 clients:

- Supervisor allocated at 80%; caseload of 22
- One case manager allocated at 20% FTE; caseload of 7 clients
- Second case manager joins starting 9/1/26 (10 months); caseload of 35 clients

Impact of braiding in HSP Funding

Filling the funding gap and further strengthening program capacity

Housing Access Network							
		Unsecured				Total Allocations and Salary	
Gap		HSP Managed Care Fees 7/1/26-6/31/27	NJ Homeless Prevention 7/1/26-6/31/27	McCauley Foundation 7/1/26-6/31/27			
Months in Budget		12 months	12 months	12 months			
Revenue		-	221,184	215,000	50,000	486,184	
Employee First and Last Name	Program Personnel						Variance
Employee 1	Supervisor	80.00%	10.00%	10.00%		100.00%	
Employee 2	Case Manager	20.00%	50.00%	30.00%		100.00%	
Employee 3	Case Manager		100.00%			100.00%	
Employee 4	Case Manager	83.33%				83.33%	* Case Manager starts 9/1/2026 % prorated to 10 months
Employee 5	Billing Specialist	100.00%				100.00%	
Salary +Fringe							
\$	75,000	Supervisor (E1)	60,000	7,500	7,500	75,000	-
\$	65,000	Case Manager (E2)	13,000	32,500	19,500	65,000	-
\$	65,000	Case Manager (E3)	-	65,000	-	65,000	-
\$	65,000	Case Manager (E4)	54,167	-	-	54,167	10,833.33
\$	65,000	Billing Specialist (E5)	65,000	-	-	65,000	-
	335,000	Total Personnel \$	192,167	105,000	27,000	324,167	
		Other expenses (Travel, Occupancy, Telephone, Insurance, Indirect Expense)	29,017	30,000	8,000		
		Back Rent/Flex Funds	-	80,000	10,000		
		Move In Expenses	-	-	5,000		
		Sub- total Personnel, Other Expenses and Program Expenses	221,184	215,000	50,000	486,184	
		Total Surplus/(Deficit)	-	-	-	-	

Scenario #2: Permanent Housing Plus – adding Medicaid beneficiaries to an existing funded program

ABC Housing CBO runs a housing program called the Permanent Housing Plus (PHP), with funding for pre-tenancy services through a county grant. The program serves individuals on Medicare or who do not have insurance. However, this grant alone is not sufficient to fully cover the program.

As an organization, ABC serves a mixed population -- some clients have Medicaid, while others either do not have insurance or are covered by Medicare. Because of this, multiple funding sources are needed to fully support the program. To address this, the provider has begun the process of becoming an HSP provider.

The county grant will run for the full fiscal year from 7/1/26–6/30/27, and the program will begin HSP billing as of 7/1/26.

As part of this effort, they begin planning using the Braided Budget Planner.

Step 1: Entering Revenue

HSP Fee Structure & Revenue Projection

Revenue Calculation (HSP funding)			
Number of Clients	110		
Acuity level	PMPM fee	% of total	Monthly fees
Low needs (2x a month)	\$320	80%	\$28,160
High needs (4x a month)	\$640	20%	\$14,080
		Total Projection	\$42,240
	75% first due to start up first year		\$31,680
		Yearly Total	\$380,160

Assumptions to reach 110 clients:

- Supervisor with caseload of 25 clients
- 2 case managers with caseload of 35 clients
- One partial case manager (40%) with caseload of 15 clients
- Because this is a new program, assume 75% of the revenue to account for ramp-up time, staffing adjustments and billing efficiencies.

Step 1: Entering Revenue: County Pre-Tenancy Grant – Revenue & Time Assumptions

		Permanent Housing Plus		Total Allocations and Salary
	Gap	Unsecured HSP Managed Care Fees 7/1/26-6/31/27	County Pre-Tenancy Grant 7/1/26-6/31/27	
Months in Budget		12 months	12 months	
Revenue		380,160	52,500	432,660
Employee First and Last Name	Program Personnel			
Employee 1	Supervisor	100.00%		100.00%
Employee 2	Case Manager	100.00%		100.00%
Employee 3	Case Manager	100.00%		100.00%
Employee 4	Case Manager	39.23%	60.77%	100.00%
Employee 5	Billing Specialist	100.00%		100.00%

Assumptions to fully spend down \$52,500 grant:

- Case manager at 60% FTE
- Serving 45 clients per month
- About 1 hour of direct service per client

Step 2: Entering Staffing Allocations and Costs

Permanent Housing Plus

	Gap	Unsecured		Total Allocations and Salary
		HSP Managed Care Fees	County Pre-Tenancy Grant	
		7/1/26-6/31/27	7/1/26-6/31/27	
Months in Budget		12 months	12 months	
Revenue		380,160	52,500	432,660

Employee First and Last Name	Program Personnel			Variance	
Employee 1	Supervisor	100.00%		100.00%	
Employee 2	Case Manager	100.00%		100.00%	
Employee 3	Case Manager	100.00%		100.00%	
Employee 4	Case Manager	39.23%	60.77%	100.00%	
Employee 5	Billing Specialist	100.00%		100.00%	
Salary +Fringe					
\$	75,000	Supervisor (E1)	-	75,000	-
\$	65,000	Case Manager (E2)	-	65,000	-
\$	65,000	Case Manager (E3)	-	65,000	-
\$	65,000	Case Manager (E4)	-	25,500	39,500
\$	65,000	Billing Specialist (E5)	-	65,000	-
	335,000	Total Personnel \$	-	295,500	39,500

Other expenses (Travel, Occupancy, Telephone, Insurance, Indirect Expense)	-	76,032	10,500	86,532
Move In Expenses	-	-	2,500	2,500
Sub- total Personnel, Other Expenses and Program Expenses	-	371,532	52,500	424,032
Total Surplus/(Deficit)	-	8,628	-	8,628

Step 3: Entering Program Expenses

Permanent Housing Plus

		Gap	Unsecured HSP Managed Care Fees 7/1/26-6/31/27	County Pre-Tenancy Grant 7/1/26-6/31/27	Total Allocations and Salary	
Months in Budget			12 months	12 months		
Revenue			380,160	52,500	432,660	
Employee First and Last Name	Program Personnel					Variance
Employee 1	Supervisor		100.00%		100.00%	
Employee 2	Case Manager		100.00%		100.00%	
Employee 3	Case Manager		100.00%		100.00%	
Employee 4	Case Manager		39.23%	60.77%	100.00%	
Employee 5	Billing Specialist		100.00%		100.00%	
Salary +Fringe						
\$	75,000	Supervisor (E1)	-	75,000	-	75,000
\$	65,000	Case Manager (E2)	-	65,000	-	65,000
\$	65,000	Case Manager (E3)	-	65,000	-	65,000
\$	65,000	Case Manager (E4)	-	25,500	39,500	65,000
\$	65,000	Billing Specialist (E5)	-	65,000	-	65,000
335,000		Total Personnel \$	-	295,500	39,500	335,000
		Other expenses (Travel, Occupancy, Telephone, Insurance, Indirect Expense)	-	76,032	10,500	86,532
		Move In Expenses	-	-	2,500	2,500
		Sub- total Personnel, Other Expenses and Program Expenses	-	371,532	52,500	424,032
		Total Surplus/(Deficit)	-	8,628	-	8,628

Full Budget: Impact of braiding in HSP funding

Permanent Housing Plus

		Gap	Unsecured HSP Managed Care Fees 7/1/26-6/31/27	County Pre-Tenancy Grant 7/1/26-6/31/27	Total Allocations and Salary		
Months in Budget			12 months	12 months			
Revenue			380,160	52,500	432,660		
Employee First and Last Name	Program Personnel					Variance	
Employee 1	Supervisor		100.00%		100.00%		
Employee 2	Case Manager		100.00%		100.00%		
Employee 3	Case Manager		100.00%		100.00%		
Employee 4	Case Manager		39.23%	60.77%	100.00%		
Employee 5	Billing Specialist		100.00%		100.00%		
Salary +Fringe							
\$	75,000	Supervisor (E1)	-	75,000	-	75,000	-
\$	65,000	Case Manager (E2)	-	65,000	-	65,000	-
\$	65,000	Case Manager (E3)	-	65,000	-	65,000	-
\$	65,000	Case Manager (E4)	-	25,500	39,500	65,000	-
\$	65,000	Billing Specialist (E5)	-	65,000	-	65,000	-
	335,000	Total Personnel \$	-	295,500	39,500	335,000	
		Other expenses (Travel, Occupancy, Telephone, Insurance, Indirect Expense)	-	76,032	10,500	86,532	
		Move In Expenses	-	-	2,500	2,500	
		Sub- total Personnel, Other Expenses and Program Expenses	-	371,532	52,500	424,032	
		Total Surplus/(Deficit)	-	8,628	-	8,628	



Questions

Impact of HSP and Braided Funding: What This Means for the Program

- Fully Funded & Sustainable
Combines grant and Medicaid revenue to cover all core program costs
- Serves a Broader Population
Supports clients with Medicaid, Medicare, and those without insurance
- Maximizes Staff Capacity
Aligns staff time across funding sources for full productivity
- Eliminates Funding Gaps
Braided funding ensures all expenses are covered
- Scalable for Growth
Increased caseloads—especially through HSP—can drive additional revenue
- Mission-Focused & Compliant
Balances flexibility with funding requirements to support long-term impact

Key Takeaways from JFS

- Team coordination is essential: Grants/Finance, Programs, Leadership, Development
- Separate tracking and clear allocation prevent compliance issues
- Strategic braiding allows more comprehensive program delivery
- Continuous monitoring ensures sustainable, mission-focused resource use
- Leadership & Program Managers play a key role in finding new funding to support growth



Frequently Asked Questions

When considering braided funding, think about the service, staff and client level implications**

Client-level:

- **Can I bill HSP for a client who is currently receiving similar housing supports services through another program?**
No, if the client is receiving one of the four HSP services already through another program, it is considered duplication and you cannot bill HSP. Other programs may provide services similar to HSP but not call them the same thing (ex: pre-tenancy, tenancy-sustaining). For a non-exhaustive list of duplicative programs, refer to this resource: [Programs that are duplicative of HSP services](#). If you don't see the program listed, you should always ask yourself if you can clearly describe how the services are meaningfully different.
- **Can I enroll a current client from another state-funded program into HSP?**
Yes, provided you use the freed up resources from the state funding to serve more clients or to retain the client in the original state-funded program and simultaneously provide non-duplicative HSP services to the original client as well.

Staff-level:

- **Can I cover staff who are working on multiple programs with HSP funds?**
Yes, you can allocate a staff member to multiple funding sources if they are serving a mix of HSP and non-HSP clients.

Service level:

- **Can I use other funding to support clients who are enrolled in HSP?**
Yes, if you use that funding to provide a service that is not covered under HSP. For example, if you have a program that provides free job training for clients, you can enroll an HSP client into that program because that service is not covered under HSP.
- **If my organization has private funding to cover furniture and food for clients, can I braid this funding with HSP?**
Yes, you can either use this private funding source for your HSP client and **not** bill for move-in supports, or you can bill for move-in supports for HSP clients to free up more of those private dollars for clients who are not eligible for HSP. You **cannot** use this private funding to provide move in supports to that client and bill Medicaid for move-in supports, as this would be duplication, not braiding.
- **Are there restrictions on how surplus revenue from the HSP program can be used for non-covered activities to support an HSP or non-HSP client?**
Surplus funds are generally flexible once all program requirements have been met. However, best practice would be to pursue funding through other funding streams and ensure that program-specific dollars are used in alignment with their primary purpose whenever possible. Any surplus would more strategically be used to build and strengthen organizational capacity to expand services, improve infrastructure and better support clients across programs.

*** 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 and Health Services (DMAHS).*

Next steps

- Next Office Hours is Move-In Supports on May 13 from 1 – 2:30 pm
- MCO Round Robin is May 27 from 1 – 2:30 pm
- Bookmark the Housing Supports webpage [here](#).
- Sign up for our Housing Supports Program newsletter [here](#).
- Use our Help Desk Inquiry Form to ask your questions and get timely support [here](#).

