

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



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

HMIS Poll

HMIS Overview

HMIS Documentation Best Practices

HMIS Demo by Candy

DMAHS perspective on HMIS

Q&A

Quick Poll: Where Are We Starting From?

- **Are you a contracted HSP provider?**
- **Is your agency currently using HMIS to log HSP touchpoints?**
- **If you are not consistently logging touchpoints in HMIS, why not?**
- **What other challenges are you experiencing with HMIS?**

Scope of Today's Session

Objectives:

- Establish the importance of documenting in HMIS
- Provide clarity on required fields in HMIS
- Demonstrate required level of detail in touchpoint documentation
- Demo the platform to point out common errors

Part 1: Overview of HSP
Provider requirements and best practices as they relate to documenting touchpoints in HMIS

Part 2: Demonstration of the HMIS platform and detailed Q&A discussion on HMIS documentation

*Note: this training is not a substitute for HMIS training.

Documentation is a standard component of Medicaid-funded service delivery

In order to bill Medicaid, documentation of service delivery must be:

- Clear
- Timely
- Thorough and descriptive
- in a format that is available to MCOs

This is **not unique to the Housing Supports Program**, but critical for any Medicaid-funded service.

Services such as housing supports are under **heightened scrutiny nationally**, and having a clear, contemporaneous record of which services were delivered, to whom, and when **protects everyone involved**: the member, the provider, the MCO, and the state

HMIS serves as the audit mechanism to ensure HSP services are delivered in accordance with CMS-approved guidance

Section 8.B. of the Provider Guidance states:

“The touchpoint must be documented in HMIS based on requirements set forth by DMAHS. Touchpoints must be documented with all required fields and case notes completed, unless the member is protected (e.g., victims of domestic violence or intimate partner violence).

- Touchpoints must be entered into HMIS within 5 days of interacting with the member.
- If touchpoints are not logged in HMIS, providers are subject to penalties or potential claims denials”

- Touchpoints must be entered in HMIS within **5 days** of their completion
- Touchpoints must occur on separate days within the 30-day billing period
- To bill at the **high level of need**, you must have completed at least **4 touchpoints**, at least **2 of which are in-person**
- To bill at the **low level of need**, you must have completed at least **2 touchpoints**, at least **1 of which is in person**

HMIS is the central source of auditability for HSP for MCOs, the state, and CMS. Unless they are exempt from using HMIS, HSP providers should not be delivering services if they are not able to document in HMIS.

HMIS serves as the audit mechanism to ensure HSP services are delivered in accordance with CMS-approved guidance

In case of an audit, MCOs need a clear, verifiable record that the required elements for a valid claim were met:

- ☐ the required number of touchpoints occurred,
- ☐ the required proportion were face-to-face
- ☐ touchpoints were delivered within the billing period and on separate days
- ☐ activities completed during touchpoints meet the requirements for service billed

HMIS is the central source of auditability for HSP for MCOs, the state, and CMS. Unless they are exempt from using HMIS, HSP providers should not be delivering services if they are not able to document in HMIS.

HMIS documentation is a compliance requirement for HSP

- **All HSP providers:** You must reach out to NJ HMIS Team at DCA upon signing your first contract with an MCO to get trained and set up with the appropriate “projects” within HMIS.
- **Middlesex providers:** You will be using WellSky rather than NJ HMIS — the same fields and information should be captured there
- **AWARDS users:** You should be able to enter all of the same required fields in AWARDS and port them into NJ HMIS using the sync features
 - AWARDS users will be having a specific TA session today with Foothold, about these details
- **Organizations prohibited from using HMIS** (e.g., having a designation as a Victim Service Provider or having funding restrictions tied to VAWA):
 - Use a **HMIS-comparable database** that is compliant with federal guidelines
 - Document all service delivery and touchpoints with members.
 - In the event of MCO audit, this comparable system should confirm that services were provided. (See Section 9.H of provider guidance)



HMIS Documentation

IMPORTANT: Log your touchpoints in the **Contacts Log**, with narrative in "Service Details" not "Progress Notes"

- All required fields for documenting touchpoints in HMIS are in the Contacts Log
- Narrative notes should go in the "Services Checklist" section within the Contacts Log
- When an MCO pulls a report to audit touchpoints, they are pulling from the Contacts Log and its "Service Details", not from Progress Notes
 - You are welcome to use the Progress Notes field in the Contacts Log or the separate Progress Notes Module if you want to keep additional documentation there
 - MCOs can see Progress Notes IF they look for them. Progress Notes do not count as touchpoint documentation, for official DMAHS program requirements



* INDICATES REQUIRED FIELDS

Consumer	Date
Molly Malone	05/19/2026

*Start Time			End Time			*Duration	
Hour	Minute	AM/PM	Hour	Minute	AM/PM	Hours	Minutes
▼	▼	▼	▼	▼	▼	00	00

Face to Face*Location	Service Type
☒ Yes ☐ No	Home Modifications & Remediation

Supportive Services Checklist:			Funding Source
Service	Units	Service Details	
☐ Home Modifications & Remediation			
☐ Move-In Supports			Unknown
☐ Other Service Type			Unknown
☐ Pre-tenancy services - higher level of need			Unknown
☐ Pre-tenancy services - lower level of need			Unknown
☐ Tenancy sustaining services - higher level of need			Unknown
☐ Tenancy sustaining services - lower level of need			Unknown

Progress Note:

X

Narrative notes **must go in "Service Details" within the "Services Checklist" section** in the Contacts Log, for the purposes of **compliance with DMAHS program rules** going forward.

- There is **no character limit** for the "Service Details" field
- **Quick tip:** to help with cut off text, draft the details in a separate document, and paste it in the "Service Details" field

Going forward, case notes entered in "Progress Notes" **will not** fulfill program requirements for a complete touchpoints.

- They **are not** automatically reviewed by MCOs
- Providers are welcome to use the progress notes field for **internal** processes

Required fields in HMIS contacts log, for use in HSP going forward

Field Name	Description
Date of Service	Calendar selection option
Start time	Time drop-down
Duration	Hours and minutes drop-down
Face-to-face?	- Yes/No check-box Note: "Yes" is automatically selected; providers should updated field to reflect whether the touchpoint was face-to-face
Location	Drop-down of location type (e.g., consumer residence)
Service Type	- Drop-down to select one of the four HSP services Note: Previously called "Primary Touchpoint." New drop-down options have been added to include Move-In Supports and Home Modifications & Remediation
Supportive Services Checklist & Service details	- Blank text field for user to fill in with types of activities conducted in support of services <i>Details on following slide</i>

Note: The required entries for the Housing Supports Program are in the **Contacts Log** in HMIS, not in the Progress Notes Module

Writing a strong case note:

Training - Housing Supports Aetna
Supportive Services Checklist Settings

* INDICATES REQUIRED FIELDS

Consumer	Date
Molly Malone	05/19/2026 ▼

*Start Time			End Time			*Duration	
Hour	Minute	AM/PM	Hour	Minute	AM/PM	Hours	Minutes
▼	▼	▼	▼	▼	▼	00 ▼	00 ▼

Face to Face*	Location	Service Type
☒ Yes ☐ No	▼	Home Modifications & Remediation ▼

Supportive Services Checklist:

Service	Units	Service Details	Funding Source
☐ Home Modifications & Remediation			Unknown ▼
☐ Move-In Supports			Unknown ▼
☐ Other Service Type			Unknown ▼
☐ Pre-tenancy services - higher level of need			Unknown ▼

Writing a strong case note:

How Much Detail Goes into "Service Details"?

A quality Service Details entry should cover three things:

- **Who** — all parties involved (e.g., member, care manager, guardian if applicable)
- **What** — the nature of the touchpoint (e.g., housing search, stabilization check-in), whether it was face-to-face or remote, and any services coordinated in support of the member's Housing Stabilization Plan goals
- **Next steps** — follow-up planned, timeline for the next touchpoint, any escalation needed

Note: MCOs will monitor notes both for completion and quality.

 Training - Housing Supports Aetna
Supportive Services Checklist Settings

* INDICATES REQUIRED FIELDS

Consumer	Date
Molly Malone	05/19/2026 ▼

*Start Time			End Time			*Duration		
Hour	Minute	AM/PM	Hour	Minute	AM/PM	Hours	Minute	Second
▼	▼	▼	▼	▼	▼	00	▼	00

Face to Face*	Location	Service Type
☒ Yes ☐ No	▼	Home Modifications & Remediation ▼

Supportive Services Checklist:

Service	Units	Service Details	Funding Source
☐ Home Modifications & Remediation			Unknown
☐ Move-In Supports			Unknown
☐ Other Service Type			Unknown
☐ Pre-tenancy services - higher level of need			Unknown ▼

Examples of strong Service Details entries

How Much Detail Goes into "Service Details"?

A quality Service Details entry should cover three things:

- **Who** — all parties involved (e.g., member, care manager, guardian if applicable)
- **What** — the nature of the touchpoint (e.g., housing search, stabilization check-in), whether it was face-to-face or remote, and any services coordinated in support of the member's Housing Stabilization Plan goals
- **Next steps** — follow-up planned, timeline for the next touchpoint, any escalation needed

Note: MCOs will monitor notes both for completion and quality.

- "Met face-to-face with **member and care manager** at member's residence to review housing stabilization plan goals. Discussed barriers to lease renewal; coordinated with landlord re: lease extension timeline. **Member agreed to gather income documentation by 6/17. Next check-in scheduled for 6/17.**"
- "Remote check-in call **with member**. Member reported utility shut-off notice received. Identified emergency utility assistance program; assisted member in completing application during call. Notified care manager of escalation. **Follow-up in 3 days to confirm application status.**"
- "Face-to-face meeting at community office **with member and guardian**. Reviewed move-in supports checklist; confirmed furniture delivery scheduled for 6/20. Coordinated with MCO care manager to align on post-move-in stabilization plan. **Next touchpoint: 6/21 post-move-in check-in.**"



HMIS Demo



DMAHS perspective on HMIS

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



Providers gave feedback on billing

- Providers shared that:
- **Claim submission** processes are complex
 - Required documentation can create **administrative burden**



DMAHS / DCA identified pilot opportunity within NJ HMIS

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

Billing feature will:

- ✓ Use HMIS touchpoint data as the **basis for claims** population
- ✓ **Automatically** enable **30-day billing functionality**
- ✓ Enable NJ HMIS to function as an **EHR / system of record**



First cohort of pilot ready for launch

Because this is a new feature, onboarding will be **phased** to allow for **feature and process refinement**

- Initial **cohort will be small** (~5 providers) to support testing, with **add'l cohorts to follow**
- DMAHS and DCA will **cover onboarding and license fees for the first year**

Details on following slide

**Providers interested
in participating in first
cohort of NJ HMIS
Billing pilot should fill
out survey by **June
17th, 5pm****

Eligibility requirements for Cohort 1:

- Enrolled in HSP and **in-network with at least one MCO**
- **1+ approved authorizations** and **1+ submitted claims**
- Housing Supports **projects set up in HMIS**
- Not operating or contracted for a **standalone AWARDS EHR** system
 - *These providers received 30-day billing function as part of their AWARDS systems*

Participating providers **should be prepared to:**

- Designate a **billing lead/administrator** to support implementation and ongoing use
- Commit approximately **30–40 hours over 4–6 weeks** for training and system configuration, with ongoing time post-launch
- Attend **required trainings** & complete assigned configuration tasks between sessions
- Document billable services **consistently in HMIS** to support claims generation
- **Submit at least one live claim** during the training period and validate results
- Participate in **troubleshooting and provide feedback** as feature is refined
- **Manage claims post-launch**, including reporting and ongoing billing activities

Selection for the initial cohort will **prioritize** providers who demonstrate:

- Opportunity to **benefit** from pilot participation including streamlining administrative burden and enabling greater scale of service delivery
- **Experience** delivering Housing Supports services, including sufficient authorization volume and prior claims submission
- Consistent **use of HMIS** to document required touchpoints
- Established **relationships** and experience working with MCOs
- Readiness and capacity to **actively engage** in a pilot environment, with **dedicated staff** in place to support

Cohort 1 target **launch date** with Foothold is **June 29**



Q&A

Next steps

- Next Office Hours is a deep dive on **Move-in Supports** on June 24 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](#).