NJ FamilyCare Housing Supports Program:

Move-in Supports – MCO specifics

September 16, 2026

Camden Coalition

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

Camden Coalition

GNHCC
Greater Newark Health Care Coalition

HCPC Health Coalition of Passaic County

TrentonHealthTeam

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).

Camden Coalition

Purpose, Values & Norms

1115 Office Hours & Training Series

Purpose

- Build the capacity of prospective and active HSP providers to effectively deliver the program.
- Focus on program guidance and operational best practices.

Need something else? Reach out here instead:

MCO pathways

MCO key contacts

Reference the MCO provider manual from orientation for provider assistance

DMAHS HSP general mailbox

DMAHS.HousingSupports@dhs.nj.gov

Camden Coalition Help Desk

Provider Help Desk Inquiry Form

Surveys & live forums (HSP newsletter)

HSP Newsletter

Values

- Support members' health and housing journeys within regulatory and programmatic guidance.
- Encourage trust, relationship-building and collaboration between providers and MCOs to support member goals.
- Embrace opportunities to learn, adapt and continuously improve while navigating this new program.
- Work collaboratively to understand challenges, share perspectives, and explore solutions together.

Norms

> *We recognize the complexity of this program and the unique needs of people experiencing housing instability. We communicate with empathy, respect and professionalism, seeking to understand different perspectives and navigate challenges thoughtfully and collaboratively.*

Agenda

- **Announcement**
- **Move-in Supports Overview**
- **MIS Authorization**
- **Billing for Move-in Supports**
- **Q&A**

NJ FamilyCare Hospital Supports Services Integration Grant Pilot Program: Application Timeline

RFP Launch	August 28, 2026
TA Session 1	September 10, 2026 – 11am
TA Session 2	October 2, 2026 – 12 pm
Application Submission Due in SAGE	October 9, 2026 by 11:59pm
Award Notification Date	On or about November 23, 2026
Grant Term	Anticipated December 1, 2026 – June 30, 2028

All applicants must attend at least one TA session. Registration is required.

Move-in Supports Overview

Move-in Support definition

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

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

The window within which providers are allowed to submit for a Move-in Supports authorization is **up to 90 days prior** to the transition into a new housing arrangement, and **45 days after** the member has physically moved into their unit.

Best Practice Call-out:
The sources of truth for the move-in support benefit will be the Services Dictionary, as well as the checklists provided by the MCOs for move-in supports.

Choosing your path for Move-in Supports

- As the provider, you'll choose one of three paths in delivering move-in supports
  - **Pathway 1:** You cover the full cost of move-in supports (up to $10,000)
  - **Pathway 2:** You cover a portion of the move-in supports while the MCO covers another portion
  - **Pathway 3:** The MCO covers all of the move-in supports
- Factors that may influence your decision
  - **Cash flow** – because reimbursement can take time, your agency may or may not be able to front the cost of move-in support
  - **Flexibility and client choice** – MCOs may have some limitations in the vendors and items available to members. If you take this on, you will have more options for your member.
  - **Coordination** – having the MCO take on move-in supports means that your client will need to interact directly with the MCO.

What is your role in Move-in Supports expenses?

Pathway 1
Provider covering all expenses (up to $10,000)

i. Confirm itemized list with member

ii. Submit IAT, prior authorization form, MCO itemized list (expenses: fees, security deposit, furnishings, etc.), landlord/property management W9, and draft lease

iii. Receive MCO approval

iv. Begin making payments

Pathway 2
Provider covering fees and security deposit only

i. Confirm the MCO allows split costs

ii. Submit IAT, prior authorization form, MCO itemized list, and supportive documentation such as landlord/property management W9 and draft lease

iii. Receive MCO approval

iv. Begin making payments

Pathway 3*
Provider not covering expenses

i. Refer member to MCO**

ii. Remain available for any potential assistance needed from the MCO (e.g., confirming item preferences)

***Required documentation will vary based on MCO, and whether you are already providing pre-tenancy services to the member.**
****In this pathway, Horizon coordinates directly with the provider. The provider then works with the member to gather the necessary information (e.g., itemized list) and then submits to Horizon for processing.**

MCO-Specifics

Authorizations for Move-in Supports

MCO Panel

Authorization tips and best practices

- Describe your Move-in Supports authorization process from end to end - what tips do you have for providers to minimize back and forth/denials?
- How should providers navigate an authorization decision they do not agree with?
- Panel order:
  - Aetna
  - Horizon
  - Fidelis
  - United
  - Wellpoint

Communicating Authorizations

	Aetna	Horizon	Fidelis	United	Wellpoint
PRE-CHECK *Contacting the MCO before a request is submitted or purchase is made* *Note: Purchases should never be made prior to approval*	Contact the Housing Specialist (phone or email) before submitting the authorization to confirm appropriateness and timing.	Contact Horizon (by email to the Housing Specialist or through the referrals mailbox) before submitting the authorization.	Contact the Housing Specialist (phone or email) before submitting the authorization, to confirm appropriateness and timing.	Contact the Housing Specialist (phone or email) before submitting the authorization, to confirm appropriateness and timing.	Contact the Housing Specialist (phone or email) before submitting the authorization to confirm appropriateness and timing.
APPROVAL *How the decision and authorization number are communicated*	Auto-generated letter by email and mail for approvals or denials. Housing Specialist also provides a confirmation number by phone or email	Horizon reviews and authorizes approved services and funding via email. If provider is taking the lead, authorization letter is issued through Availity once items/services are purchased and all required receipts are reviewed.	Decision comes by email from the Housing Specialist; Official determination letter containing authorization number is faxed after processing.	Decision comes directly from the Housing Specialist; authorization number is faxed once approved.	If requested, the provider may receive an email confirmation of the submitted authorization. Formal approval letter is faxed to provider once all receipts are reviewed.
PURCHASE & DELIVERY *Last step before claim submission*	Provider purchases and delivers approved MIS	Provider purchases and delivers approved MIS	Provider purchases and delivers approved MIS.	Provider purchases and delivers approved MIS.	Provider purchases and delivers approved MIS

Expense Approvals: For all MCOs, the approved checklist establishes the allowable expenses that will be reimbursed. The final receipts and invoices determine the exact reimbursement amount.

Submission Method & Payment Timing

	Aetna	Horizon	Fidelis	United	Wellpoint
Preferred method of documentation submission (after pre-check and prior to claims submission) *Ex: lease, W9, HCV unit-pass confirmation, checklist, receipts, invoices, etc.*	Availity or fax	**Provider-led MIS**: during auth process, submit supporting documents through Availity. **Horizon-led MIS:** submit supporting documents by email to the Housing Supports team (referrals mailbox).	Email directly to the assigned Housing Specialist	Email directly to the assigned Housing Specialist	**Provider-led MIS**: Availity or fax **Wellpoint-led MIS**: Fax or email for documentation purposes only (not for auths)
Preferred method of formal auth submission (e.g., IAT) *Note: this does not apply to claims. Reference Billing for more on the method for claims submission.*	Availity or Fax	Availity **Note: if the provider is referring to Horizon to cover MIS, do not submit through Availity*	Email directly to the assigned Housing Specialist	Email to the Housing Mailbox or fax **Reminder: UHC does not use Availity*	Availity or Fax
Payment timing/process (if MCO is covering) *Assuming all required documentation is submitted (lease, W9, HCV unit-pass confirmation).*	• Application fees: 5–7 days. • Security deposit: 4–6 weeks.	• Application fees: within 7 days. • Security deposits: 4–6 week turnaround — may increase with high submission volume.	• Application fees: 24–48 hours online, or 7–10 days for check. • Security Deposit: landlord will have check within 2 weeks.	• Application fees: 5–7 business days. • Security deposit: 7–10 business days from final approval.	• Application fee: 24-48 hours online • Security-deposit: checks take 21 days to process/send.

Promissory Notes, Leases & Furniture

	Aetna	Horizon	Fidelis	United	Wellpoint
Promissory note for security deposits (if MCO is covering) *If the provider covers the deposit, they may provide their own promissory note** ***The provider cannot provide a note on the MCO's behalf**	**Y** 3 business days to process	**Y** 3–4 weeks to process due to volume	**N** If provider is covering the security deposit, they may give their own note to the landlord once MCO-approved	**Y** Up to 5 business days	**Y** 1 week
Requires a signed lease at time of authorization?	**N**	**N**	**N** Must pass inspection, or have one scheduled (Section 8 only)	**N** Must pass inspection, or have one scheduled (Section 8 only)	**N**
Requires furniture assembly if MCO is covering?	**Y**	**Y**	**Y** If assembly is denied, the order may be denied/cancelled	**Y**	**Y**
Admin fees allowable?	**Y** If all MIS are covered by the provider	**Y** If all MIS are covered OR full security deposit	**Y** If all MIS are covered by the provider	**Y** If all MIS are covered by the provider	**Y** If all MIS are covered by the provider

Unallowable Expenses & Helpful Tips

	Aetna	Horizon	Fidelis	United	Wellpoint
Helpful tips and reminders	• Communicate with the Housing Specialist before submitting the authorization and purchasing. • Must use Aetna's MIS checklist.	• Communicate with Horizon before submitting authorization and purchasing. • Use Horizon's MIS itemized list and submit required documentation — complete submissions mean faster processing. • Request only reasonable, necessary, cost-effective items. • Allow extra time during high volume. • Providers can monitor status in Availity.	**Provider-led:** Do not make any purchases until approval has been received — reference the checklist. **MCO-led:** Uses one specific vendor for furniture	**Provider-led**: for Section 8 vouchers, the unit must pass inspection before authorization. **MCO-led**: Referring provider only needs to communicate the move-in date and from there, the MCO coordinates with the member. If providing tenancy services, UHC will keep provider informed.	• Item list is on the Wellpoint provider site — reference this checklist. • Vendors used: ShopRite, Amazon (except furniture), and a dedicated furniture vendor. • One-time purchasing only — no redos for lost/stolen items, no refunds.

Unallowable expenses (applies across MCOs): Rent/mortgage | Recurring utilities | Ongoing groceries | TVs, cable & entertainment items | Replacement furniture or household items the member already owns | Luxury or premium items | Items covered by another funding source | Items exceeding the member's documented need | Ongoing storage (can't exceed 45 days) | Area rugs | Items not required for the new unit move-in | Desks | Fans/AC units except in cases of medical necessity.

Always refer to the MCO's official checklist. When in doubt, refer to the Services Dictionary or discuss directly with the MCO. If you believe an unallowable expense is needed for the member's Housing Stabilization Plan, exceptions can be made on a case by case basis at the MCO's discretion.

Key takeaways

1. **Communicate expectations with the member and stay within budget**
   Be sure to discuss key points such as the program not covering rent or on-going expenses; that this is a one-time benefit over the member's lifetime; and that move-in supports can only be used for one move-in (e.g. member cannot use MIS for a subsequent move). Work closely with the member on the MIS checklist.

2. **Communicate with MCO prior to making a submission**
   Share the member's situation and discuss the request you plan to put in for authorization to ensure your request aligns with the program and with the MCO's policies and process. Discuss timing and prepare the MCO for the types of expenses you will be submitting.

3. **Ensure all items, fees, and expenses are listed for authorization**
   Be thorough in the list you submit for approval to minimize back and forth.

4. **Always check the MCO checklist and resources**
   The MCO checklists, Provider guidance and Services Dictionary serve as a source of truth for allowable expenses. If you are straying from these, be prepared to justify your request and tie it back to the member's Housing Stabilization Plan.

MCO-Specifics

Billing for MIS

MCO Panel

Billing

- Highlight the best practices and common errors in the billing process
- What is your preferred escalation and appeals process?
- Panel order:
  - Aetna
  - Horizon
  - Fidelis
  - United
  - Wellpoint

Billing for Move-in Supports

Key Differences for Billing for MIS vs. Tenancy Services

- Move-in supports is a reimbursement model based on transitional expenses that can be up to $10,000, not a per member per month reimbursement model with a fixed rate like pre-tenancy or tenancy-sustaining services
- You will be reimbursed for any expenses you front provided they align with the approval you received from the MCO
- When you receive initial authorization from the MCO, it may not explicitly state the $ amount
  - This is to avoid denials if your actual expenses do not exactly mirror what you entered in your checklist/authorization request
  - Make sure you bill for the exact amount reflected in your receipts and invoices
  - Make sure these expenses do not exceed $10K
- You may have the opportunity to bill an admin fee

How Billing Works & Claim Timing

Price changes between authorization & purchase: Providers submit required auth documents — preferred date range plus an itemized expense list with costs. If documentation is complete and costs align with the MIS benefit, the MCO approves that date range and expense list. The claim is approved as long as invoices/receipts, dates, and billed amount match the approval, even with slight discrepancies. Billed amounts must not exceed the $10,000 cap.

	Aetna	Horizon	Fidelis	United	Wellpoint
How soon can a provider submit an MIS claim? *Must be submitted within 180 days from service.*	As soon as all invoices/receipts are available.	Same day as purchase.	Same day as purchase.	Same day as purchase.	As soon as all invoices/receipts are available.
Required documents when submitting a claim?	**Y** Receipts (dated no later than 45 days from the authorization date) should be submitted along with the claim through Availity	**N** None — all documentation is submitted during the auth process and already on file.	**Y** Receipts as back-up to the claim; only relevant documentation is required (e.g., a groceries claim doesn't need a signed lease).	**N** None — all documentation is submitted during the authorization process and already on file.	**N** None — all documentation is submitted during the authorization process and already on file.
Claim Submission Method	Availity with receipts and invoices uploaded	Availity	EDI/Availity with receipts and invoices uploaded.	UHC portal (UHCprovider.com); or paper claims can be submitted by postal mail.	Availity

Diagnosis Codes, Dates of Service & Admin Fee

	Aetna	Horizon	Fidelis	United	Wellpoint
Accepted diagnosis codes (Field 21)	Code on the claim must match what's on the authorization.	All codes listed in the guidance are accepted.	All codes listed in the guidance are accepted.	All codes listed in the guidance are accepted.	All codes listed in the guidance are accepted.
Dates of service to enter when billing MIS (Field 24A)	Must match, or fall within, the date range on the authorization.	Must match date range on the authorization.	Must match, or fall within, the date range on the authorization.	A single date within the approved 60-day timeframe from the authorization.	Must match, or fall within, the date range on the authorization.
Admin fee *Use the U6 modifier in Field 24D*	May be billed if all move-in expenses are covered. Enter on a separate line of the same claim, using the same date range as Field 24A	May be billed **if all or partial** move-in expenses are covered. Enter on a separate line of the same claim, using the same date range as Field 24A	May be billed if all move-in expenses are covered. Enter on a separate line of the same claim, using the same date range as Field 24A	May be billed if all move-in expenses are covered. Enter on a separate line of the same claim, using the same date as Field 24A	May be billed if all move-in expenses are covered. Enter on a separate line of the same claim, using the same date range as Field 24A.

Claim Form Fields

	Aetna	Horizon	Fidelis	United	Wellpoint
Charges (Field 24F)	Enter the sum of charges for a given date range and code; must match submitted invoices/receipts and not exceed the authorized amount.				
Days or units (Field 24G)	Enter 1 for each line				
ID Qualifier (Field 24I)	Availity auto-generates the taxonomy code.	Enter ZZ.	Leave blank (do not enter ZZ).	Enter ZZ.	Enter PXC.
Rendering Provider (Field 24J)	Availity auto-generates this field.	Enter 251B00000X in the top line; enter NPI Type 2 on the line below.	Leave the top line blank; enter NPI Type 2 on the line below.	Enter taxonomy code in the top line; enter NPI Type 2 on the line below.	Leave the top line blank; enter NPI Type 2 on the line below.

Key takeaways

1. **Have all required documents before submitting**
   By the time you go to bill, all receipts and invoices should have been submitted to the Housing Specialist. Some MCOs will require you to submit these along with your claim.

2. **Reference your authorization letter (auth dates, codes)**
   Match your claim as closely as possible to what is reflected in your auth letter – diagnosis codes, dates, etc.
   **The amount must match the sum of all MIS expenses as reflected on receipts and invoices, down to the penny.*

3. **Make sure your billing team is aware of key differences in billing for MIS vs. tenancy services**
   Spend time to do a step back and make sure to flag the specific variable fields like date range, charges, admin fees and taxonomy codes.

4. **Submit within 180 days, and familiarize yourself with each MCO's rules on how soon after purchase you can submit your claim.**
   Reminder that all claims within this program must be submitted no later than 180 days after service delivery.

Q&A

Next steps

- Next Office Hours is MCO Round Robin 9/30 from 1 – 2:30 pm
  - Submit your questions for the MCO Round Robin here.
- 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.

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