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

May 14, 2025

CSH

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 Healthcare Services (DMAHS)

CSH

Camden Coalition











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.



Quick Announcements

1) **eMEVS and REVS – electronic and telephonic verification of Medicaid enrollment**
   - All enrolled providers can call REVS to verify enrollment: (1-800-676-6562) and enter either the Medicaid ID number or the member's date of birth and Social Security number
   - eMEVS is currently only available to providers enrolled in Fee-for-Service and DMAHS will issue an announcement when eMEVS access is expanded.

2) **Communicating with MCOs when a provider has no contract**
   - Providers who have pending contracts with an MCO and are delivering services do not yet have access to the MCO's portal. You will need to exchange information in an alternative HIPAA compliant way via:
     - Fax
     - E-Fax
     - Email
     - Phone call

Assessments and Authorization

Overview

- Authorization is the process that a provider must go through in order to confirm they will be paid for the services they provide
- Three standard assessment forms will be used in the Housing Supports Program
  - Initial Assessment Tool (accompanied by short MCO-specific Prior Auth Form)
  - Level of Need Assessment Tool
  - Housing Stabilization Plan
- Today we will walk through the forms for 2 different members/scenarios, highlighting tips and best practices along the way
- For additional detail on authorizations, see two previous trainings:
  - Referral and Authorization for pre-tenancy and tenancy sustaining services
  - Referral & authorization for move-in & residential modifications & remediation services

Some Reminders Before We Get Started

- Housing Supports providers and members should work together to complete all the authorization forms.

- Not every scenario will be clear cut – there will be edge cases and not everything will be explicitly covered in the guidance.



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



Referral Pathways

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	• Telephone • Fax • Email ** The referral may or may not include an Initial Assessment Form*
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
Step 1: Check if client is enrolled in Medicaid ***and*** which MCO they are enrolled in	• **eMEVS (electronic Medicaid Eligibility Verification System)** • Check client's NJ FamilyCare ID card • Check client's NJ FamilyCare account if they have one • Check client's mail from NJ Family Care • **Call REVS to verify enrollment:** (1-800-676-6562) and enter either the Medicaid ID number or the member's date of birth and Social Security number	• eMEVS is currently only available to providers enrolled in Fee-for-Service and DMAHS will issue an announcement when eMEVS access is expanded
Step 2: Check if ***client or any other members of their household*** are currently enrolled in HSP	• Ask the client's MCO • Check HMIS • Ask the client • Call other organizations the clients says they are also working with	• Client identifies household members (and provider will list them on the Initial Assessment Tool) • Survivors of domestic violence and other protected groups will not be in HMIS • You're checking for duplicative services
Step 3: Check if client is currently enrolled in CSS or ICMS	• e-MEVS (will only indicate CSS) • Ask the client • Ask the MCO	• These programs disqualify clients for pre-tenancy and tenancy services • You're checking for duplicative services

*Order of steps may vary based on your workflow

DETERMING ELIGIBILITY CON'T

Steps*	How	Note
Step 4: Determine if client has a clinical risk factor	• See list of risk factors in the Initial Assessment Tool	• 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.
Step 5: Determine if client has a social risk factor	• See list of risk factors in the Initial Assessment Tool	

*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	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. If a member is actively enrolled in any MLTSS SPV, they are ineligible for HSP Residential Modifications & Remediations. *Reminder: These members can still use MLTSS Home Mods benefit if they have remaining funding.* 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. General guidance is for providers to consult with the member's MCO housing specialist if assessing duplication for an MLTSS member
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 **not** duplicative
ICMS	Does not have a code	Yes	Yes	Yes	No	Providers should use another method to check duplication (i.e. ask the member or the member's MCO)
DDD Community Care Program	7	No	No	No	Yes – but only for Residential **Modifications** Services	This program is **not** duplicative of Residential Remediation Services
DDD Supports Program	46	No	No	No	Yes – but only for Residential **Modifications** Services	This program is **not** duplicative of Residential Remediation Services

Other Programs Not Listed:

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



Typical Authorization Timelines

#1 Timeline: First 30-Day Auth Period Provider Initiates Referral

Step	Action	Date
1)	Provider completes the Initial Assessment Tool (IAT)	June 5
2)	(Optional) Provider completes the Level of Need form (LON)	June 5
3)	Provider provides MCO Prior Auth information via hard copy or MCO portal	June 9
4)	Provider submits the IAT, MCO Prior Auth info (and possibly the LON)	**June 9**
5)	MCO sends written approval to provider for the first 30-day authorization period. ***NOTE: The date the provider submitted the IAT and the MCO Prior Auth information (and possibly LON) is the authorization start date for the first 30-day authorization period – and the first day a provider can bill for their services. In this scenario, it is June 9.*** So, the start date is NOT based on the date these forms were completed or signed by the member or the date the MCO completed its authorization process.	June 11

#1 Timeline (con't): First 30-Day Auth Period Provider Initiates Referral

The Big Takeaway:

- The interaction a provider has with a client to complete the IAT ***is a touchpoint.***

- In order for a provider to be paid for that touchpoint, the provider needs to ***complete and submit the IAT and the MCO Prior Authorization information on the day of that touchpoint.***

More on the Level of Need (LON) and First 30-Day Authorization

- Providers **are not required to submit the LON form for the First 30-day authorization period**, but they may want to because the LON identifies whether a member has low or high needs which will dictate the amount the MCO will pay the provider. Establishing the payment early is helpful to the provider and the MCO.

- Providers **are required to submit the LON for the 31-to-180-day authorization period**.

- If you submit the LON with your IAT, you **do not** have to resubmit it again with 31-180 day authorization period – (unless the member's needs changed).

#2 Timeline: First 30-Day Auth Period MCO Initiates Referral

Step	Action	Date
1)	MCO refers member to provider by sending an Initial Assessment Tool.	July 10
2)	Provider determines if they can provide services to the member. Note: If the provider is delayed in making this decision, they should contact the MCO in a reasonable amount of time to let the MCO know they are still determining.	NA
3)	Provider contacts the MCO via email (in writing) to confirm they will provide services. ***Note: The date the provider confirms they will provide services is the authorization start date for the first 30-day authorization period. In this scenario, it is July 12.***	**July 12**
4)	MCO sends written approval to provider for the first 30-day authorization period.	July 15

A Note About Referral/Prior Auth Forms Some Providers Are Sending to MCOs

- When an MCO initiates a referral to a provider, some providers are responding by sending their own referral forms to the MCO to collect more information to determine if they will service the client (adding a step between steps 2 and 3 in the previous slide).

- The IAT is standardized across MCOs to provide more expediency in getting services to the member for the first 30-days. Consider having upfront or case by case conversations with the Housing Specialists so that they can understand your organization's eligibility criteria (especially any disqualifiers) rather than requiring additional paperwork from the MCOs which could slow down the process.

Horizon NJ Health
1700 American Blvd.
Pennington, NJ 08534
horizonNJhealth.com

CONFIRMATION NOTICE OF APPROVED ORGANIZATION DETERMINATION

THIS IS NOT A BILL

July 18, 2025

JEWISH FAMILY SERVICE OF ATLANTIC AND CAPE MAY COU

,

Dear JEWISH FAMILY SERVICE OF ATLANTIC AND CAPE MAY COU,

Date of Birth: [redacted]

Please be advised that the treatment scheduled for Horizon NJ Health member, [redacted] is approved according to the specifications below:

Reference Number: [redacted]

Name of Requesting Provider: JEWISH FAMILY SERVICE OF ATLANTIC AND CAPE MAY COU

Name of Servicing Provider: JEWISH FAMILY SERVICE OF ATLANTIC AND CAPE MAY COU

Diagnosis Code:
Z59 - Prob related hous&economic circumst

Type of Authorization: Other Place of Service, Pre-Tenancy Services - Low, H0044, Supported housing, per month (Not payable by Medicare)

Treatment Date Range: 07/13/2025 - 08/11/2025

Number of Visits/Units Authorized: 1

Sample MCO Approval Letter 30-Day Auth Period (Pre-tenancy)

Note:

- *The Reference Number is the authorization number*
- *Under Type of Authorization, the provider has been authorized for Pre-tenancy services at a low level of need*
- *The Treatment Date Range shows the start date of the 30-day authorization period (7/13/2025) and the end date (8/11/205).*

Sample MCO Approval Letter 30-Day Auth Period (Move-in)

CONFIRMATION NOTICE OF APPROVED ORGANIZATION DETERMINATION

THIS IS NOT A BILL

August 11, 2025

JEWISH FAMILY SERVICE OF ATLANTIC AND CAPE MAY COU
607 N JEROME AVE
MARGATE CITY, NJ 08402-1527

Dear JEWISH FAMILY SERVICE OF ATLANTIC AND CAPE MAY COU,

Date of Birth: [redacted]

Please be advised that the treatment scheduled for Horizon NJ Health member, [redacted] is approved according to the specifications below:

Reference Number: [redacted]

Name of Requesting Provider: JEWISH FAMILY SERVICE OF ATLANTIC AND CAPE MAY COU

Name of Servicing Provider: JEWISH FAMILY SERVICE OF ATLANTIC AND CAPE MAY COU

Diagnosis Code:
Z59 - Prob related hous&economic circumst

Type of Authorization: Home, Move-In Supports, T2038, Community transition, waiver; per service (Not payable by Medicare)

Treatment Date Range: 08/11/2025 - 08/25/2025

Note:

- *The Reference Number is the authorization number*
- *Under Type of Authorization, the provider has been authorized for move in supports*
- *The Treatment Date Range shows the range within which the service must be provided in order to be paid.*

More on Move-in Supports

Move-in Supports policies are generally flexible; however, it is recommended providers contact MCOs if move is expected to extend beyond 30 days

Recall:

- Members are limited **to "one moving experience per lifetime"**
  - However, providers may submit **multiple authorizations** if they are related to the same moving experience (e.g, security deposit vs. furniture)
- Member **benefits are limited to $10,000**, though there are some exceptions based on need

We connected with MCOs to answer policy FAQs:

There is no explicit cap on the authorization length of a moving experience

However, some MCOs have default 30-day authorization windows; **connect with your MCO to clarify next steps if your authorization may need to extend beyond 30 days**

Each MCO has a different approach: some extend authorization windows, while others may issue a second authorization

Providers are allowed to **submit intermittent claims** to mitigate cash flow issues

In other words, providers can **request reimbursement for expenses before the full move is complete** (after they have made purchases)

There is no cap on the number of items requested or number of authorizations as long the member stays below $10,000

MCOs anticipate that the **most common reasons for claims denial** would be:

Incomplete or conflicting documentation

Billing for the incorrect service code

Billing for a different amount that what is authorized

#3 Timeline: 31-to-180-day Authorization Period

Step	Action	Date
1)	Provider completes the Level of Need (LON) form (if not previously submitted) and Housing Stabilization Plan Reminder: If the provider submitted a LON form during the first 30-day authorization period, they DO NOT have to submit the LON again – unless the member's LON has changed since then.	Must complete during the first 30-day period
2)	Provider submits the LON and Housing Stabilization Plan to the MCO	Must submit at least one day before the first 30-day period ends
3)	The MCO sends written approval to the provider for the 31-to-180-day authorization period	MCO will determine eligibility of fully completed forms within 7 calendar days of submission

HMIS Touchpoint Documentation

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



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
Step 1: Complete the Initial Assessment Tool (IAT)	• Include the client's signature*
Step 2: Submit the Initial Assessment Tool (IAT) to the client's MCO	• Submit via MCO portal, fax or phone • If the form is fully complete, the MCO has two business days to determine if the member is eligible • No need to submit any other documents – such as verification of clinical or social risk factors • Prior authorization form specific to the MCO will also need to be submitted alongside the IAT
Step 3: Receive approval/denial from MCO	• If approved, the payment period begins the day you **submitted** the Initial Assessment Tool**

*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.

CONTINUING 31 – 180 DAYS AUTHORIZATION OR NECESSITY REVIEW

Steps must be completed before the end of day 30

Steps	How	Notes
Step 1: Reconfirm client is enrolled in Medicaid	• **eMEVS (electronic Medicaid Eligibility Verification System)** • Check client's NJ FamilyCare ID card • Check client's NJ FamilyCare account if they have one • Check client's mail from NJ Family Care • **Call REVS to verify enrollment:** (1-800-676-6562) and enter either the Medicaid ID number or the member's date of birth and Social Security number	• eMEVS is currently only available to providers enrolled in Fee-for-Service and DMAHS will issue an announcement when eMEVS access is expanded
Step 2: Reconfirm client is currently enrolled in CSS or ICMS	• e-MEVS (will only indicate CSS) • Ask the client • Ask the MCO	• These programs disqualify clients for pre-tenancy and tenancy services • You're checking for duplicative services
Step 3: Complete the Level of Need Assessment form with the client	• Completed by case manager	• Identifies whether client has a lower or higher level of need

CONTINUING 31 – 180 DAYS AUTHORIZATION OR NECESSITY REVIEW CON'T

Steps must be completed before the end of day 30

Steps	How	Notes
Step 4: Complete the Housing Stabilization Plan with the client	• Completed by case manager	• You must include at least 1 goal and 1 action for each of the 3 plan components: housing, health and income • **Client's signature is needed**
Step 5: Submit the Level of Need Assessment and Housing Stabilization forms to the client's MCO	• Submit via MCO portal, fax or phone	• **Submit both forms before the initial 30 days of service ends**
Step 6: Track progress of the MCO for auth approval (or denial)	• Monitor your email or portal for notification from the MCO	• 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.

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

Steps	How	Notes
Step 1: Reconfirm client is enrolled in Medicaid	• **eMEVS (electronic Medicaid Eligibility Verification System)** • Check client's NJ FamilyCare ID card • Check client's NJ FamilyCare account if they have one • Check client's mail from NJ Family Care • **Call REVS to verify enrollment:** (1-800-676-6562) and enter either the Medicaid ID number or the member's date of birth and Social Security number	• eMEVS is currently only available to providers enrolled in Fee-for-Service and DMAHS will issue an announcement when eMEVS access is expanded
Step 2: Reconfirm client is **not** currently enrolled in CSS or ICMS	• e-MEVS (will only} indicate CSS) • Ask the client • Ask the MCO	• These programs disqualify clients for pre-tenancy and tenancy services • You're checking for duplicative services
Step 3: Update and complete the Level of Need Assessment form with the client	• Completed by case manager	• Identifies whether client has a lower or higher level of need

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

Steps	How	Notes
Step 4: Update and complete the Housing Stabilization Plan with the client	• Completed by case manager	• You must include at least 1 goal and 1 action for each of the 3 plan components: housing, health and income • **Client's signature is needed**
Step 5: Submit the updated Level of Need Assessment and Housing Stabilization forms to the client's MCO	• Submit via MCO portal, fax or phone	• **Submit both forms before the client's current service period ends**
Step 6: Track progress of the MCO for auth approval (or denial)	• Monitor your email or portal for notification from the MCO	• 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.



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 Auth Scenarios 31-180 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 Plan 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 Housing 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 (e.g. an updated Level of Need and Housing Stabilization Plan).*
  - *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 updated forms 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 (e.g. updated Level of Need and Housing Stabilization Plan).*
    - *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 updated Level of Need and Housing Stabilization Plan forms 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 updated Level of Need and Housing Stabilization Plan forms 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"



Scenario 1: Authorization for Tenancy Sustaining Services for an Adult

Scenario #1: Tenancy Sustaining for an Adult – Mr. Dale Smith

The Initial Assessment Tool

Housing Supports Initial Assessment Tool - Camden Coalition

- Mr. Dale Smith is a client at Horizon House which is an HSP provider, and the provider is completing the Tool.
- Mr. Smith is 66-years-old, lives alone and has a housing voucher. He has had a substance misuse disorder (alcohol) for a number of years for which he goes in and out of recovery. Mr. Smith has bipolar disorder and hypertension. He has been hospitalized six times in the last six months.

Scenario #1:
Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

A. MEMBER INFORMATION

Please complete all information in this section

1. Name (as written on Medicaid ID): Mr. Dale Smith
2. Date of birth (MM/DD/YYYY): 5/5/61
3. Phone Number (if applicable): 555-555-5555
4. Email address (if applicable): No email
5. Medicaid ID: 2678459-21
6. Managed Care Organization (MCO): United Healthcare
7. MCO Member ID (optional):
8. Location (county): Camden

Note: If Mr. Smith was living on the street or in a shelter, the provider would enter the county they are operating in. This will also ensure the MCO assigns the correct Housing Specialist based on the Specialist's geographical catchment area.

Scenario #1:
Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

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[1]
- ☐ At risk of homelessness[2]
- ☑ At-risk of institutionalization and requiring a new housing arrangement[3]
- ☐ Transitioning from an institution to the community[4]
- ☐ Recently released from correctional facilities[5]

Footnote #3:

3. Individuals at risk of institutionalization who require a new housing arrangement to remain in the community Qualifying institutions include: hospitals, mental health residential treatment facilities, substance use disorder treatment facilities, and long-term care facilities.

Note: “Requiring a change in housing arrangement also includes requiring changes or modifications to an existing residence

Scenario #1:
Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

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

Scenario #1: Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

6. Chronic health condition: One or more chronic conditions consistent with those identified in Social Security Act section1945(h)(2). Examples of conditions can include: diabetes, BMI over 25, cardiovascular disease, respiratory disease, HIV/AIDS diagnosis, **hypertension**, physical disability (e.g., amputation, visual impairment), cancer, hyperlipidemia, chronic obstructive pulmonary diseases, chronic kidney disease.

7. Mental health condition: An individual with at least one serious mental health illness, consistent with conditions included in the definition in N.J.A.C. 10:37B and/or at least two concurrent mental health conditions that require support and are impacting the ability to maintain a stable housing situation. Applicable mental health conditions include but are not limited to: **Bipolar Disorder**; Borderline Personality Disorder; Depression; Dissociative Disorders; Eating Disorders; Obsessive-compulsive Disorder; Posttraumatic Stress Disorder; Psychosis Schizoaffective Disorder; and Schizophrenia.

8. Substance misuse: An individual with a substance use disorder who is in need of substance use treatment.

Scenario #1: Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

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(s) below)

- ☐ Pre-tenancy Services[14] (services that support in obtaining housing)
- ☑ Tenancy Sustaining Services[15] (services that support maintaining safe and stable housing)
- ☐ Move-in Supports[16] (one-time transitional expenses)
- ☐ Residential Modifications and Remediation Services[17] (services necessary to ensure the welfare or enable independence in the home or community)

Scenario #1:
Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

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

See this document for a reminder of: Programs-That-Are-Duplicative-of-HSP-Services-.pdf

Scenario #1: Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

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.*

Scenario #1: Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

E. REQUESTER INFORMATION

If someone other than the member is submitting this form for the member, complete the information bel
a household member is submitting the form, please skip questions 3 and 4.

1. Name: Mavin Jacobs
2. Relation to Member: Housing Case Manager
3. Role/title in organization (if applicable) Housing Case Manager
4. Organization Name (if applicable): Horizon House
5. Phone Number: 555-222-3333
6. Email address: mjacobs@horizonhouse.org

Scenario #1:
Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

F. HOUSEHOLD INFORMATION[18]

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. Total 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.				

Note: The total household number includes the member. If the member lives alone the answer is 1.

Scenario #1: Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

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.

Scenario #1:
Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

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: _____

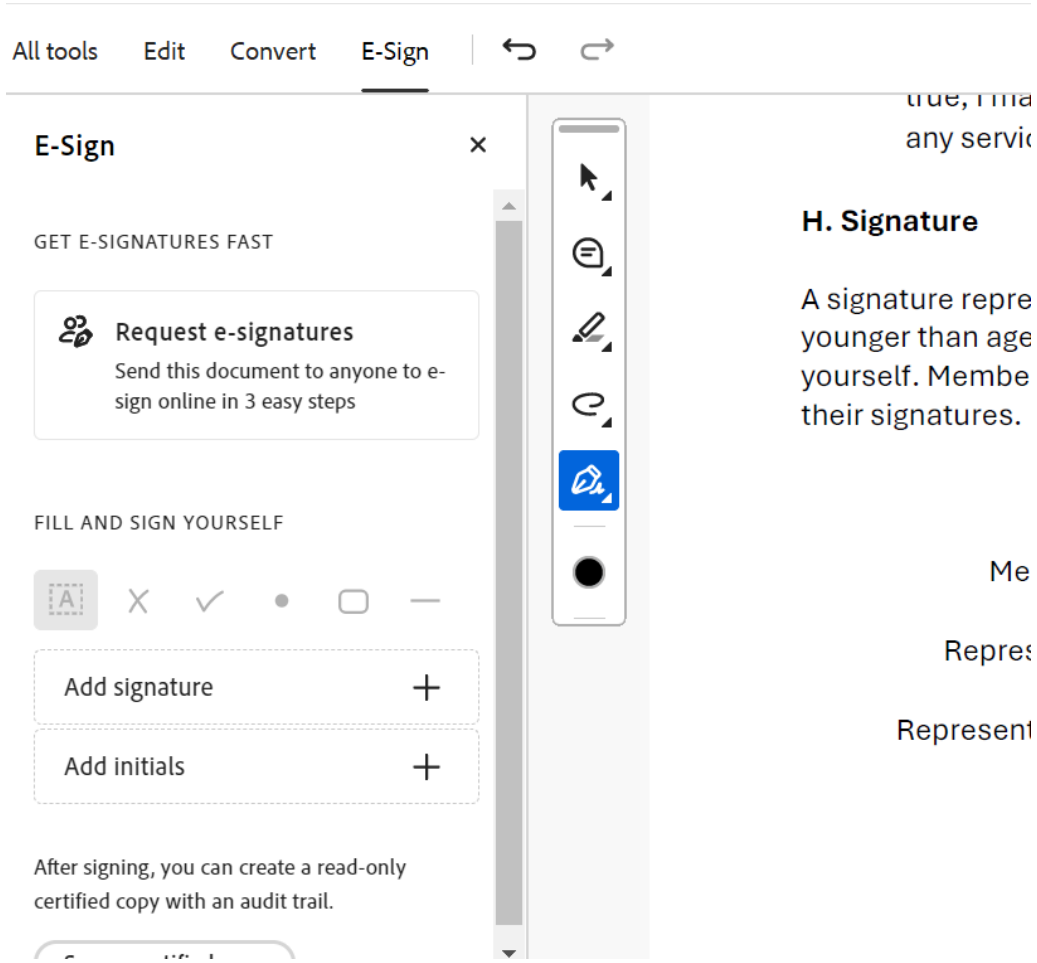
Parent/Guardian Signature: _____

Date: _____

- ***Hot off the press!:*** *The fillable PDF of the IAT on the Coalition website has fillable fields for the signature! (See next slide for instructions).*
- *On the IAT, it is also acceptable to write "Received verbal consent from member on 6/6/25" in the member signature space if you are not physically with them.*

How to add a signature to the IAP pdf

- Click "E-Sign" in the top left corner of the screen
- Click "Add signature"
- You'll be taken to a new screen. Click the "Draw" tool at the top
- Have client sign in the box
- Click "Apply" at the bottom of the screen
- You'll be taken back to the form. Move the client's signature into the Member Signature field and right click your mouse.



Initial Assessment Tool Key Takeaways

- ***Member county:*** *If member is living on the street or in a shelter, the provider would enter the county they are operating in. This will also ensure the MCO assigns the correct Housing Specialist based on the Specialist's geographical catchment area.*
- ***Social risk criteria:*** *"at risk of institutionalization and requiring a new housing arrangement" does not necessarily mean they need a new house (it can mean they require certain services or supports).*
- ***Household Information:*** *if the member lives alone, the household size is 1.*
- ***Signature:***
  - *The fillable PDF of the IAT on the Coalition website now has fillable fields for the signature!*
  - *On the IAT, it is acceptable to write "Received verbal consent from member on 6/6/25" in the member signature space if you are not physically with them.*

Scenario #1: Tenancy Sustaining for an Adult – Mr. Dale Smith

MCO-Specific Prior Authorization Information

- All five MCOs require providers to submit additional Prior Authorization information when they submit the Initial Assessment Tool.
- Depending on the MCO, the information is a hard copy form or it is contained in an electronic format in their portal.
- We'll review one form today as an example – Aetna's HSP Prior Authorization Request Form.

Scenario #1:
Tenancy Sustaining, Mr. Smith, MCO Prior Auth Form

HOUSING SUPPORTS PRIOR AUTHORIZATION REQUEST FORM

FAX TO: 1-844-404-3972 TELEPHONE: 1-855-232-3596

AETNA BETTER HEALTH OF NEW JERSEY
PO Box 818003
Cleveland, OH 44181-8003
TELEPHONE NUMBER: 1-855-232-3596
TTY: 711

DATE OF REQUEST (MM/DD/YYYY): 06/05/2025

Did you know that you can use our provider portal Availity® to submit prior authorization request, upload clinical documentation, check statuses, and make changes to existing requests? Register today at www.Availity.com

****FORM MUST BE COMPLETED IN ITS ENTIRETY****

TYPE OF REQUEST: ☑ IN OFFICE

☑ URGENT – WHEN A NON-URGENT PRIOR AUTHORIZATION REQUEST COULD SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF A MEMBER, THE MEMBER'S ABILITY TO ATTAIN, MAINTAIN, OR REGAIN MAXIMUM FUNCTION OR THAT A DELAY IN TREATMENT WOULD SUBJECT THE MEMBER TO SEVERE PAIN THAT COULD NOT BE ADEQUATELY MANAGED WITHOUT THE CARE/SERVICE REQUESTED. URGENT REQUESTS WILL BE PROCESSED WITHIN 72 HOURS

☐ NON-URGENT STANDARD – ROUTINE SERVICES PROCESSED WITHIN 7 DAYS

Scenario #1: Tenancy Sustaining, Mr. Smith, MCO Prior Auth Form

MEMBER INFORMATION		
1. LAST NAME:	2. FIRST NAME:	3. MI:
Smith	Dale	W
4. MEMBER AETNA ID # (*REQUIRED*):	5. DATE OF BIRTH (MMDDYYYY) (*REQUIRED*):	6. MEMBER'S PCP:
123456789	05/05/1961	Dr. Ella Fitzgerald

7. PCP PHONE NUMBER (xxx-xxx-xxxx):	8. PCP FAX NUMBER (xxx-xxx-xxxx):
(444) 444-4444	(555) 555-5555
9. GENDER: ☑ MALE ☐ FEMALE ☐ OTHER	10. IS THE MEMBER PREGNANT? ☐ YES ☑ NO
11. DOES THE MEMBER HAVE OTHER INSURANCE? ENTER POLICY NUMBER:	
No	
12. OTHER INSURANCE NAME:	13. PHONE NUMBER (xxx-xxx-xxxx):

Scenario #1: Tenancy Sustaining, Mr. Smith, MCO Prior Auth Form

ORDERING/REFERRING PROVIDER INFORMATION	
14. CONTACT PERSON IN REQUESTING PROVIDER'S OFFICE:	15. PHONE NUMBER (xxx-xxx-xxxx):
Marvin Jacobs	(555) 222-3333
16. ORDERING/REFERRING PROVIDER NAME:	
Marvin Jacobs	
17. PHONE NUMBER (xxx-xxx-xxxx):	18. FAX NUMBER (xxx-xxx-xxxx):
(555) 222-3333	(111) 111-1111
19. ORDERING/REFERRING PROVIDER ADDRESS:	20. NPI # (*REQUIRED*):
8452 N. Cambridge Street, Camden, NJ 08102	234234-21
SERVICING PROVIDER INFORMATION	
21. FACILITY / SERVICING PROVIDER NAME:	22. CONTACT NAME:
Horizon House	Marvin Jacobs
23. PHONE NUMBER (xxx-xxx-xxxx):	24. FAX NUMBER (xxx-xxx-xxxx):
(555) 222-3333	(111) 111-1111
25. SERVICING PROVIDER ADDRESS:	26. NPI # (*REQUIRED*):
8452 N. Cambridge Street, Camden, NJ 08102	234234-21

Scenario #1:
Tenancy Sustaining, Mr. Smith, MCO Prior Auth Form

CLINICAL INFORMATION (ALL FIELDS REQUIRED)

SERVICE START DATE (MMDDYYYY):	SERVICE END DATE (MMDDYYYY):
06/05/2025	07/04/2025

27. ICD-10 / DSM-5 CODE(S) (*REQUIRED*):	28. ICD-10 / DSM-5 CODE(S) DESCRIPTION:
Z59.811	Unstably housed

29. CPT / HCPCS CODE(S) (*REQUIRED*):	30. CPT / HCPCS CODE(S) DESCRIPTION:	31. QUANTITY / UNITS:
H0044	Housing Case Management maintenance	1

See next slide for codes to complete these sections.

27. The ICD-10 code is a diagnosis code (also called a Z code) and refers to social care needs.

28. Type in the description.

29. The HCPCS codes refer to a specific Housing Supports Service.

30. Type in the description.

31. 1 unit = one 30-day billing period

HSP Billing Code Cheat Sheet

Service Type	Description	HCPCS Codes	Modifier	Recommended Z-codes (ICD-10 codes)
Pre-tenancy	Housing case management – intake phase	H0044	U1: low need U3: high need	**<u>Homelessness</u>:** Z59.01 (Sheltered homelessness) Z59.02 (Unsheltered homelessness) **<u>At Risk of Homelessness</u>** Z59.811 (housing instability, housed, with risk of homelessness) Z59.2 (discord with neighbors, lodgers, and landlord) **<u>Inadequate Housing</u>** Z59.10 (inadequate housing, unspecified) Z59.11 (inadequate housing environment temperature) Z59.12 (inadequate housing utilities) Z69.19 (other inadequate housing)
Tenancy Sustaining	Housing case management – maintenance	H0044	U4: low need U6: high need	
Move-in Supports	One-time housing transition costs	T2038	U1: standard move-in U6: move-in admin fee	
Mods & Remediation - Evaluation	Needs evaluation for remediation/mods	T1028	U2: home mods U3: environmental remediation	
Home Modifications	Installation of home modifications	S5165	U2: home mods U3: environmental remediation	

Scenario #1: Tenancy Sustaining for an Adult – Mr. Dale Smith

Level of Need Assessment

Housing Supports Level of Need Assessment - Camden Coalition

- Mr. Dale Smith is a client at Horizon House which is an HSP provider.
- Mr. Smith is 66-years-old, lives alone and has a housing voucher. He has had a substance misuse disorder (alcohol) for a number of years for which he goes in and out of recovery. Ms. Smith has bipolar disorder and hypertension. He has been hospitalized six times in the last six months.

Scenario #1:
Tenancy Sustaining, Mr. Smith, Level of Need Assessment

A. DEMOGRAPHICS

1. Name: *(not scored)* Dale Smith	Not scored
2. Date of Birth: *(1 point if age is less than 18 or more than 60)*: 5/5/1961	Score: 1
3. Medicaid ID: (*not scored, but Medicaid and MCO enrollment required for eligibility)* 2678459-21	Not scored
4. MCO Member ID: (*not scored, but Medicaid and MCO enrollment required for eligibility)* 123456789	Not scored

Scenario #1:
Tenancy Sustaining, Mr. Smith, Level of Need Assessment

5. Number of people in household (including member): ☐ 2+ members *(5 points)* ☑ 1 member *(0 points)* **Total number of people in household** 1 *(not scored)* **Note:** If multiple people in a household, please list all names and ages as well Medicaid IDs and MCO IDs as known or as applicable below	Score: 0
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) *(If unemployed: 1 point)* ☐ Yes ☑ No	Score: 1

First name	Last name	Medicaid ID	MCO ID	Age

Scenario #1:
Tenancy Sustaining, Mr. Smith, Level of Need Assessment

B. HOUSING AND SOCIAL HISTORY

7. Where do you sleep most frequently (select only one)?	Score:
Homeless: ☐ Unsheltered homeless including areas not meant for human habitation (e.g., sleeping in a vehicle, abandoned building, or outdoors)[1] *(5 points)* ☐ Emergency shelter, safe haven, or hotel/motel paid for by charity or government[1] *(5 points)* ☐ Other homeless definitions including *(5 points)* [1]: • Other scenarios where an individual lacks fixed, regular, and adequate nighttime residence • At imminent risk of homelessness (losing housing within 14 days) • Fleeing or attempting to flee domestic violence, and has no other residence • Youth under 25 who qualify as homeless under other federal statutes[2] **Unstably housed:** ☐ At risk of homelessness including situations such as couch-surfing, facing eviction within 21 days, or living in overcrowded housing[2] *(1 point)* ☐ Living in a physically unsafe home[2] *(1 point)* ☑ At-risk of institutionalization[3] *(1 point)* ☐ Transitioning out of institution[4] *(1 point)* ☐ Recently released (within 12 months) from correctional facility[5] *(1 point)* **Stably housed:** ☐ Stably, safely housed (none of the above) *(0 points)*	1

Scenario #1: Tenancy Sustaining, Mr. Smith, Level of Need Assessment

8. How long have you been living there (select only one)?	Score:
Homeless: ☐ Homeless for greater than 1 year *(3 points)* ☐ Homeless for less than 1 year *(2 points)* **Unstably housed:** ☑ Unstably housed for greater than 1 year *(2 points)* ☐ Unstably housed for less than 1 year *(1 point)* **Stably housed:** ☐ Safely housed for _____ days / weeks / months (check relevant metric) *(0 points)*	2

Scenario #1:
Tenancy Sustaining, Mr. Smith, Level of Need Assessment

9. How many times have you been homeless[1] (including currently)? ☐ Experienced homelessness at least once in the past year *(3 points)* ☐ Experienced homelessness at least once in the past 3 years but not in the past year *(2 points)* ☐ Experienced homelessness over lifetime but not in the past 3 years *(1 point)* ☑ Never been homeless (0 points)	Score: 0
10. Have you experienced an eviction before? ☑ Yes; received an eviction notice and was evicted (3 points) ☐ No; either received an eviction notice but avoided eviction or currently in the eviction process (1 point) ☐ No; never have received an eviction notice (0 points)	Score: 3
11. Have you been involved with the criminal justice system in any of the following ways? ☐ Yes; I have been charged with, convicted of, imprisoned for, or on probation for a criminal offense **in the past twelve months** (*2 points*) ☐ Yes; I have been charged with, convicted of, imprisoned for, or on probation for a criminal offense **but all more than twelve months ago** AND/OR I have been a witness to and/or victim of a criminal offense which was reported to authorities **in the past twelve months** (*1 point*) ☑ No; none of the above apply to me (*0 points*)	Score: 0

Scenario #1:
Tenancy Sustaining, Mr. Smith, Level of Need Assessment

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? ☑ More than 4 visits *(7 points)* ☐ 2 to 3 visits *(2 points)* ☐ 1 or no visits *(0 point)*	Score: 7
13. Have you faced intimate partner violence or domestic violence? ☐ Within the last 6 months *(3 points)* ☐ Within the last 12 months but not within the last 6 months *(2 points)* ☐ At some point during lifetime but not in the last 12 months *(1 points)* ☑ No; None of the above apply to me (0 points)	Score: 0
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))[6] *(5 points if yes)* ☑ Yes ☐ No	Score: 5
15. Do you have any mental health conditions that make it difficult for you to maintain stable housing?[7] *(2 points if yes)* ☑ Yes ☐ No	Score: 2
16. Do you have any intellectual or developmental disabilities that make it difficult for you to maintain stable housing?[8] *(8 points if yes)* ☐ Yes ☑ No	Score: 0

Note: Information in this Health category is supplied by self-report *or* observation. It does not require clinical diagnosis or verifying documents.

Note on #14: The footnote describes substance misuse as "an individual with a substance use disorder who is in need of substance use treatment (which may include recovery services)".

DMAHS clarified that this also includes an individual who **is in treatment**. So, a client receiving recovery services, such as Alcoholics Anonymous and Medication Assisted Treatment, is also considered to have a substance misuse issue. Check yes if the client is in treatment or needs treatment.

Scenario #1: Tenancy Sustaining, Mr. Smith, Level of Need Assessment

18. Do you have any chronic health conditions?[10] *(1 point if yes)* ☑ Yes ☐ No	Score: 1

19. Do you need assistance with activities of daily living (ADLs)[11] or instrumental ADLs (IADLs)[12]? Check all that apply and sum points if selecting both.	Score: 1
☐ Require assistance with at least 1 ADL (e.g., bathing, dressing, eating, using the toilet) *(1 point)*	
☐ 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)*	
☐ No; None of the above apply to me (0 points)	

Scenario #1: Tenancy Sustaining, Mr. Smith, Level of Need Assessment

Please add up all the scores and provide the total score below: **TOTAL SCORE:**	Please provide the risk category based on total score and the scoring rubric shown in the appendix below: **LEVEL OF NEED CATEGORY:**
24	High

SCORING RUBRIC

Total Score	**Level of Need Category**
1-17 points	Low level of need
18+ points	High level of need

Scenario #1: Tenancy Sustaining, Mr. Smith, Level of Need Assessment

Name of case manager who completed assessment:

Marvin Jacobs

Provider organization name:

Horizon House

Date of completion:

June 5, 2025

Service requested (i.e., Pre-tenancy Services or Tenancy Sustaining Services):

Tenancy Sustaining

Reason for authorization request:

- ☑ Continue member's authorization past the first 30 days of services by extending the first authorization by 150 days for a total authorization period of 180 days (only select if there are no changes to service type, provider, level of need, or MCO)
- ☐ Re-authorization for an additional 180 days of service to continue services after current authorization ends (no change in member's provider, level of need, service type, or MCO). Applies if original 180-day authorization window is ending and reauthorization is requested.
- ☐ Authorization request to switch member's provider
- ☐ Authorization request to update level of need
- ☐ Authorization request to change type of services (e.g., Pre-Tenancy Services to Tenancy Sustaining Services)
- ☐ Authorization request due to member switching MCOs
- ☐ Other (please specify below):

Signature of case manager who completed assessment:

Marvin Jacobs

Under "Reason for authorization request," note that the Level of Need Assessment is used in many different circumstances. We'll discuss more later in this training -

Level of Need Assessment: Key Takeaways

- ***Medicaid ID/MCO ID:*** *These are required from the LoN. If you do not yet have access to eMEVS or REVS, you can 1) call the MCO, or 2) if you are contracted, this information will be available through the portals.*
- ***Household Information:*** *if the member lives alone, the household size is 1.*
- ***Evictions (question 10):*** *DMAHS clarified that eviction means being physically evicted and/or receiving an eviction notice. Some people receive eviction notices and are not physically evicted, yet the notice often stays on their record that a prospective landlord can see.*
- ***Health section:*** *this is self-report or observational. This section does not require clinical verification*



Scenario #2: Pre-tenancy for a Child

Scenario #2: Pre-tenancy for a Child – Janine Rogers

Initial Assessment Tool

- Janine Rogers is a client at Horizon House which is an HSP provider, and the provider is completing the Tool.
- Janine is an 18-month-old child diagnosed four months ago with elevated blood lead. She currently lives with her 30-year-old mother, Cherise Rogers, and her 8-year-old sister, Katherine Rogers, in a family shelter. When Janine was diagnosed, she was living in an apartment that subsequently tested positive for lead paint hazards. The landlord did not have enough money to do the lead remediation work immediately and had no other units to offer the family, so her family had to move out. The landlord would not return the security deposit, and Janine's mother did not have enough savings without it to move into another apartment. Janine's mother does not have any HSP clinical risk factors.
- Janine is the HSP eligible member.

Scenario #2:
Pre-tenancy, Janine Rogers, Initial Assessment Tool

A. MEMBER INFORMATION

Please complete all information in this section

1. Name (as written on Medicaid ID):
Janine Rogers
2. Date of birth (MM/DD/YYYY):
2/15/23
3. Phone Number (if applicable):
888-888-8888
4. Email address (if applicable):
crogers@gmail.com
5. Medicaid ID:
6789731-21
6. Managed Care Organization (MCO):
Fidelis
7. MCO Member ID (optional):
123456789
8. Location (county):
Hudson

Scenario #2: Pre-tenancy, Janine Rogers, Initial Assessment Tool

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[1]
- ☐ At risk of homelessness[2]
- ☐ At-risk of institutionalization and requiring a new housing arrangement[3]
- ☐ Transitioning from an institution to the community[4]
- ☐ Recently released from correctional facilities[5]

Footnote #1:

1. Currently experiencing homelessness *- 1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:* ***(B) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements*** *(including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals);*

Scenario #2:
Pre-tenancy, Janine Rogers, Initial Assessment Tool

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

Scenario #2:
Pre-tenancy, Janine Rogers, Initial Assessment Tool

F. HOUSEHOLD INFORMATION[18]

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. Total 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.

3

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.	Cherise	Rogers	5678910	098765-21	30
2.	Katherine	Rogers	4545454	785645-33	8
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Scenario #1:
Tenancy Sustaining, Mr. Smith, Initial Assessment Tool

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:	Janine Rogers
Member Signature: (May leave blank if under 18)	
Parent/Guardian Name:	Cherise Rogers
Parent/Guardian Signature:	Cherise Rogers
Date:	8/15/25

- *Note: a parent/guardian should sign this form for members younger than age 18.*
- *Enter **Janine Rogers** under "Member Name" and **leave Member Signature blank.***
- *Enter **Cherise Rogers** under "Representative Name" and her signature (or "verbal consent received from Cherise Rogers on 6/5/2025").*

Scenario #2: Pre-tenancy for a Child – Janine Rogers

Level of Need

- Janine Rogers is a client at Horizon House which is an HSP provider, and the provider is completing the Tool.
- Janine is an 18-month-old child diagnosed four months ago with elevated blood lead. She currently lives with her 30-year-old mother, Cherise Rogers, and her 8-year-old sister, Katherine Rogers, in a family shelter. When Janine was diagnosed, she was living in a private apartment that subsequently tested positive for lead paint hazards. The landlord did not have enough money to do the lead remediation work immediately, and the landlord had no other units to offer the family, so her family had to move out. The landlord would not return the security deposit, and Janine's mother did not have enough savings without it to move into another apartment. Janine's mother does not have any HSP clinical risk factors.
- Janine is the HSP eligible member.

Scenario #2: Pre-tenancy, Janine Rogers, Level of Need

A. DEMOGRAPHICS

1. Name: *(not scored)* Janine Rogers	Not scored
2. Date of Birth: *(1 point if age is less than 18 or more than 60)*: 02/15/2023	Score: 1

Scenario #2:
Pre-tenancy, Janine Rogers, Level of Need

5. Number of people in household (including member):

- [x] 2+ members *(5 points)*
- [ ] 1 member *(0 points)*

Total number of people in household 3 *(not scored)*

Note: If multiple people in a household, please list all names and ages as well Medicaid IDs and MCO IDs as known or as applicable below

First name	Last name	Medicaid ID	MCO ID	Age
Cherise	Rogers	5678910	098765-21	30
Katherine	Rogers	4545454	785645-33	8

Score:

5

Scenario #2:
Pre-tenancy, Janine Rogers, Level of Need

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) *(If unemployed: 1 point)* ☐ Yes ☑ No	Score: 1

B. HOUSING AND SOCIAL HISTORY

7. Where do you sleep most frequently (select only one)? **Homeless:** ☐ Unsheltered homeless including areas not meant for human habitation (e.g., sleeping in a vehicle, abandoned building, or outdoors)[1] *(5 points)* ☑ Emergency shelter, safe haven, or hotel/motel paid for by charity or government[1] *(5 points)* ☐ Other homeless definitions including *(5 points)*[1]: • Other scenarios where an individual lacks fixed, regular, and adequate nighttime residence • At imminent risk of homelessness (losing housing within 14 days) • Fleeing or attempting to flee domestic violence, and has no other residence • Youth under 25 who qualify as homeless under other federal statutes[2]	Score: 5

Scenario #2:
Pre-tenancy, Janine Rogers, Level of Need

8. How long have you been living there (select only one)? **Homeless:** ☐ Homeless for greater than 1 year *(3 points)* ☑ Homeless for less than 1 year *(2 points)*	Score: 2
9. How many times have you been homeless[1] (including currently)? ☑ Experienced homelessness at least once in the past year *(3 points)* ☐ Experienced homelessness at least once in the past 3 years but not in the past year *(2 points)* ☐ Experienced homelessness over lifetime but not in the past 3 years *(1 point)* ☐ Never been homeless (0 points)	Score: 3
10. Have you experienced an eviction before? ☐ Yes; received an eviction notice and was evicted (3 points) ☐ No; either received an eviction notice but avoided eviction or currently in the eviction process (1 point) ☑ No; never have received an eviction notice (0 points)	Score: 0
11. Have you been involved with the criminal justice system in any of the following ways?	Score: 0

Scenario #2:
Pre-tenancy, Janine Rogers, Level of Need

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? ☐ More than 4 visits *(7 points)* ☐ 2 to 3 visits *(2 points)* ☑ 1 or no visits *(0 point)*	Score: 0
13. Have you faced intimate partner violence or domestic violence? ☐ Within the last 6 months *(3 points)* ☐ Within the last 12 months but not within the last 6 months *(2 points)* ☐ At some point during lifetime but not in the last 12 months *(1 points)* ☐ No; None of the above apply to me (0 points)	Score: 0
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))[6] *(5 points if yes)* ☐ Yes ☑ No	Score: 0

Scenario #2:
Pre-tenancy, Janine Rogers, Level of Need

15. Do you have any mental health conditions that make it difficult for you to maintain stable housing?[7] *(2 points if yes)* ☐ Yes ☑ No	Score: 0
16. Do you have any intellectual or developmental disabilities that make it difficult for you to maintain stable housing?[8] *(8 points if yes)* ☐ Yes ☑ No	Score: 0
17. Are you currently or have you been pregnant in the last 12 months?[9] ☐ Currently pregnant *(1 point)* ☐ Not currently pregnant but have been pregnant within the last 12 months *(1 point)* ☑ Not currently pregnant nor pregnant in the last 12 months *(0 points)*	Score: 0
18. Do you have any chronic health conditions?[10] *(1 point if yes)* ☑ Yes ☐ No	Score: 1

Scenario #2:
Pre-tenancy, Janine Rogers, Level of Need

19. Do you need assistance with activities of daily living (ADLs)[11] or instrumental ADLs (IADLs)[12]? Check all that apply and sum points if selecting both.	Score:
☑ Require assistance with at least 1 ADL (e.g., bathing, dressing, eating, using the toilet) *(1 point)* ☐ 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)* ☐ No; None of the above apply to me (0 points)	1

Please add up all the scores and provide the total score below: **TOTAL SCORE:**	Please provide the risk category based on total score and the scoring rubric shown in the appendix below: **LEVEL OF NEED CATEGORY:**
19	High

SCORING RUBRIC

Total Score	Level of Need Category
1-17 points	Low level of need
18+ points	High level of need

Note: The first two options are not meant to be mutually exclusive – you can sum if both apply.

Housing Stabilization Plan

- Reference Housing Stabilization Plan Deep Dive training For step-by-step instructions on how to fill out the Housing Stabilization Plan using the SMART Goal Framework.