

Summer 2023

# New Jersey Healthy Homes Program



# Table of Contents

<b>1. Overview.....</b>	<b>4</b>
Background.....	4
Purpose and principles .....	5
Roles and responsibilities .....	7
<b>2. Program Funding .....</b>	<b>8</b>
Funding .....	8
a. Capital Funding.....	8
• Capital funds funding structure and operations .....	8
• Allowable uses .....	9
b. Repair & Replacement (R&R) Funds.....	9
• R&R funding structure and operations .....	9
• Allowable uses .....	10
c. Capitalized Operating Reserve & Rental Assistance (CORRA) Funds.....	10
• CORRA funding structure and operations .....	10
• Allowable uses .....	11
<b>3. Healthy Homes Units .....</b>	<b>10</b>
Unit Restrictions .....	14
a. Medicaid Restrictions .....	14
b. AMI Restriction .....	14
c. Rent Increases .....	14
Developer and Landlord Application and Review Process.....	14
<b>4. Member Placement and Occupation.....</b>	<b>16</b>
Identification and Prioritization .....	16
Housing Assessment.....	16
Unit Allocation and Placement Processes .....	17
Ongoing Operations and Monitoring .....	19
a. Housing Administration.....	19
b. Vacancy Notification and Reallocation.....	19
<b>5. Rights and Obligations.....</b>	<b>20</b>
Participant Obligations .....	20
MCO Obligations.....	20
<b>6. Governance .....</b>	<b>21</b>
<b>Outreach Contacts .....</b>	<b>22</b>
<b>7. Appendix.....</b>	<b>23</b>

Appendix A: Housing Assessment .....	23
Appendix B: Move in-status tracker .....	28
Appendix C: Income Limits and AMI Reference .....	29
Appendix D: Sage Instructions.....	33
Appendix E: Unit Allocation Process Example .....	34
Appendix F: Participant FAQ .....	36
Appendix G: MCO FAQ.....	38
Appendix H: Landlord FAQ.....	39
Appendix I: Criteria for Defining At Risk of Homelessness .....	41

# 1. Overview

The New Jersey Healthy Homes program (Program) is an initiative of the New Jersey Department of Human Services (NJ DHS) - Division of Medical Assistance & Health Services (DMAHS), in partnership with the New Jersey Department of Community Affairs (NJ DCA), to house New Jersey FamilyCare Members experiencing, or at risk of experiencing, homelessness or institutionalization by constructing and/or rehabilitating, maintaining, managing, and facilitating the occupation of permanent, affordable, community-based housing across New Jersey.

New Jersey intends to use American Rescue Plan Act (ARPA) Section 9817, also known as New Jersey's Home and Community Based Services (HCBS) Spend Plan, funds to support the Program. These funds will be braided with additional funding from the State, the Capital Operating Reserve & Rental Assistance (CORRA) fund, to assist participants in paying rent. Under Healthy Homes, DMAHS will provide capital funding to develop approximately 200 deed-restricted rental units for the Program's target population. Once built, Managed Care Organizations (MCOs) will be offered units on a right of first refusal basis in which to permanently house their Members. MCOs will prioritize Members who stand to benefit the most from stable housing. Tenants will pay a subsidized rent of 30% of their adjusted gross income. MCOs will place eligible Members in units and support them during their tenancy. Upon vacancy, units will be reallocated and MCOs will assign new Members to the unit.

## **Background**

In seeking federal approval for the Program, DMAHS submitted the following description to the Centers for Medicare and Medicaid Services (CMS) in 2021:

*Section 9817 funds will be used for the capital expenditures, an enhanced repair & replacement reserve, and the administrative costs needed to develop approximately 200 deed-restricted, subsidized and accessible units. None of these funds will be used for room and board. Working with other state agencies, New Jersey FamilyCare will partner with developers to fund the construction of the units as well as establish a funding pool to fund the ongoing costs of that physical infrastructure. Repair and replacement funding will ensure that the ongoing needs of the building itself are addressed and will not cover rent or other room and board.*

In January 2022, CMS approved New Jersey's updated Section 9817 spend plan, including Healthy Homes, noting in its approval that capital expenses are acceptable uses of HCBS ARPA funds, but room and board are not.

## **Purpose and principles**

The Healthy Homes program aims to provide permanent, affordable, community-based housing to New Jersey FamilyCare Members who are experiencing or at risk of experiencing homelessness or institutionalization.

Housing is one of the primary social determinants of health, and research has shown that lack of or inadequate housing is a critical barrier to wellness and raises health care costs.<sup>1</sup> Indeed, in a recent New Jersey study, permanent supportive housing led to a 25% reduction in emergency department spending for housed Members compared to a control group.<sup>2</sup> And yet, prior to the COVID-19 pandemic, 57% of Medicaid Members nationwide lived in inadequate or unaffordable housing.<sup>3</sup> This problem is particularly acute as housing costs across the State continue to rise.<sup>4</sup> As state Medicaid programs are increasingly investing in services to help people find existing housing, New Jersey is taking it one step further and investing heavily in addressing the root cause of the issue, a lack of affordable units. To that end, Healthy Homes is launching as a first-of-its-kind housing program that will fund the construction of new units and support Participants throughout their tenancy.

Healthy Homes will be rooted in core principles to ensure that New Jersey is focused on supporting Participants in need and ensuring they can continue to be part of a thriving community and State. Healthy Homes' guiding principles are:

- Serve people the best way possible, emphasizing simplicity, efficiency, and comprehensiveness in program design to ensure Members receive the services they require
- Build safe and affordable housing units that ensure community access for tenants
- Strive to provide equitable housing opportunities ensuring long-term housing stability for tenants
- Allocate units to Members who will benefit most from the program
- Leverage Managed Care Organization's aligned incentives, expertise, and deep Member knowledge to maximize Member impact
- Leverage existing NJDCA processes and systems where possible to minimize incremental complexity and burden for developers
- Integrate with other initiatives, including 1115 waiver services, to provide housing supports to Members

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<sup>1</sup> Taylor, Lauren A., Housing and Health: an Overview of the Literature; DeLia D, et al. Effects of Permanent Supportive Housing on Health Care Utilization and Spending Among New Jersey Medicaid Enrollees Experiencing Homelessness. Med Care. 2021

<sup>2</sup> Ibid

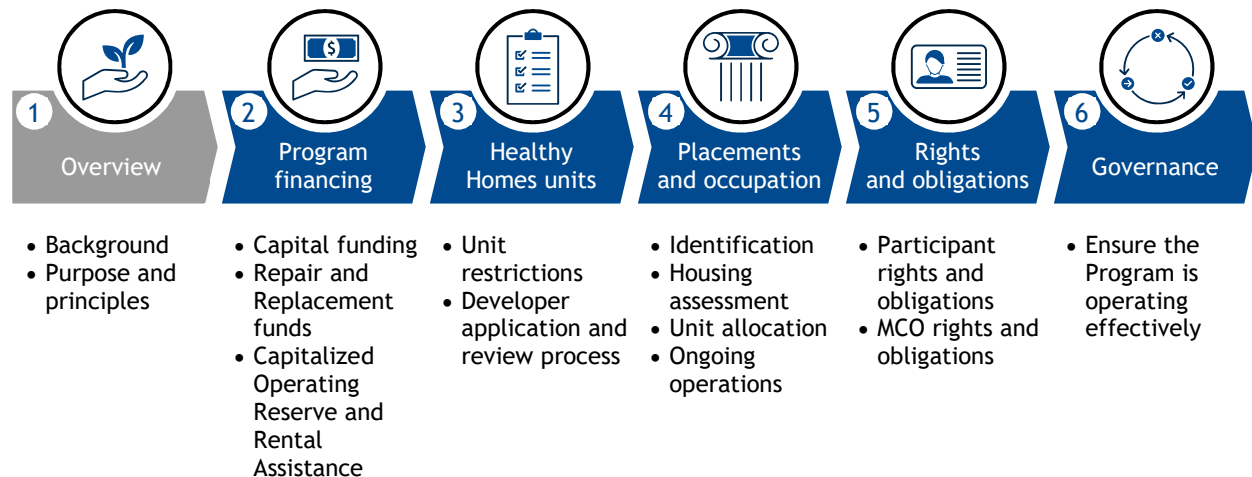
<sup>3</sup> Carolla, Bradley, Housing Affordability, Adequacy, and Access to the Internet in Homes of Medicaid Enrollees

<sup>4</sup> Pries, Allison "Homes in NJ Are 30% Less Affordable Than a Year Ago, NJ.Ccom, 2023

This program guidance starts by providing an overview of the funding structure for Healthy Homes, which will facilitate the development and maintenance of Healthy Homes units. Next, the guidance outlines the associated restrictions for these units and details the application process that developers must adhere to in order to have their units considered for inclusion in the Program.

Following that, the guidance explains the procedure for allocating units to MCOs, placing Members in units, providing ongoing support throughout a Member's time with the MCO, and addresses the operating procedures for individuals who are no longer Medicaid Members at any point after placement. Additionally, it discusses the reallocation of units when vacancies arise and addresses the rights and obligations of Members and MCOs. Lastly, it presents a framework for ongoing Program governance.

### Healthy Homes Program Guidance Structure



## Roles and Responsibilities

	<b>DMAHS</b>	<b>DCA</b>	<b>Developer</b>	<b>MCO</b>	<b>Participant</b>
<b>Role</b>	Fund and oversee the Healthy Homes program, ensuring that it serves Participant s' needs and abides by funding restrictions	Support Program oversight and disburse and monitor Healthy Homes funds	Construct Healthy Homes units and ensure they are maintained throughout the program	Identify and select Members for unit placement and support them in transitioning to and living in the unit	Live in the Healthy Homes unit full time and comply with the terms of the program
<b>Key responsibilities</b>	<ul style="list-style-type: none"> <li>• Design Healthy Homes guidance</li> <li>• Oversee unit allocation among MCOs</li> <li>• Ensure MCOs are filling units promptly and supporting tenants</li> <li>• Monitor program health and address escalated issues</li> </ul>	<ul style="list-style-type: none"> <li>• Distribute Healthy Homes funding</li> <li>• Liaise with developers</li> <li>• Review Healthy Homes applications</li> <li>• Monitor unit construction</li> <li>• Ensure appropriate use of funding by developers</li> <li>• Administer the Capitalized Operating Reserve and Rental Assistance funding</li> </ul>	<ul style="list-style-type: none"> <li>• Build Healthy Homes units</li> <li>• Maintain Healthy Homes units</li> <li>• Escalate any tenant issues as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Select Members to place in units</li> <li>• Complete housing assessment</li> <li>• Support Members in their transition into the unit and throughout their tenancy</li> <li>• Address issues for the Member as they arise and escalate as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Comply with the terms of the lease</li> <li>• Comply with the program policy</li> <li>• Live in the unit as a primary residence</li> </ul>

## 2. Program Funding

To ensure successful implementation and continued program oversight, Healthy Homes financing is accompanied by the below guidance and stipulations.

### **Funding**

Healthy Homes funding will be made available to construct units in developments that are also funded by the NJDCA housing programs named below. Funding will be available for three separate costs: (1) capital funding for initial construction, development, or rehabilitation of units, (2) the Repair and Replacement (R&R) fund will be a reserve and will fund the ongoing habitability of units for the duration of Healthy Homes, and (3) Capitalized Operating Reserve & Rental Assistance (CORRA) fund to assist participants in paying rent. All ARPA funding—capital funding and R&R—must be dispersed to developers by March 31, 2025, in accordance with Federal deadlines. All funding will be monitored through NJDCA processes, which include:

1. Submission of annual audited financials; and
2. Submission of property and commercial liability insurance naming NJDCA as additional insured.

All Healthy Homes funding will be allocated to units in developments co-funded by NJDCA Housing Production programs, which include:

1. New Jersey Affordable Housing Trust Fund (AHTF) (also known as the Neighborhood Preservation Balanced Housing Program)
2. HOME Housing Production Investment (HPI)
3. HOME Community Housing Development Organizations (CHDO)
4. HOME American Rescue Plan (ARP)
5. National Housing Trust Fund (NHTF)
6. Other Federal, State, County or Local Programs, as deemed suitable by and at the discretion DMAHS & NJDCA

#### **a. Capital Funding**

The Healthy Homes capital funding will provide financing to subsidize the construction of new units or the rehabilitation of existing units.

#### **Capital funds funding structure and operations**

Capital funds will be allocated to developers at the beginning of construction. These funds will be structured as 30-year mortgages with 0% interest. Funding will be distributed by NJDCA after its approval of a Healthy Homes application that has been submitted through NJDCA's grants portal, SAGE (System for Administering Grants Electronically). The mortgage will be forgivable at the end of the mortgage term provided:



1. Continuous occupation by an MCO-placed tenant, with allowances for normal periods of vacancy that are to be expected in the private market; and
2. Compliance with the terms of the mortgage, mortgage note, and deed restrictions, including, but not limited to, Medicaid Member placement and rent restrictions.

#### Allowable uses

Capital funding may be used as an advance for construction costs or for the reimbursement of construction costs already disbursed for developments that began before inclusion in the Healthy Homes program. These funds will also be used to provide fixtures, furniture, and equipment for basic housing needs, including, but not limited to, a refrigerator, stove, oven, bedframe, mattress, couch, chairs, and table.

#### **b. Repair & Replacement (R&R) Funds**

R&R funding will provide funding to repair and replace unit infrastructure—including a proportional amount of common infrastructure (e.g., elevators, walkways)—over the 30-year term of the project.

#### R&R funding structure and operations

R&R funding will be calculated to estimate per-unit eligible costs projected over 30 years. These funds shall be deposited into an interest-bearing escrow account held by the developer and can be drawn down as necessary to cover costs associated with Healthy Homes units. R&R is limited to maintaining and/or repairing capital investments funded by the initial capital grants for development and offsetting the depreciation of these capital investments. Routine maintenance costs related to this purpose may be funded; however, developers may not use the repair and replace reserve to fund other ongoing operating costs (such as monthly utility costs, security, taxes, etc.). The R&R reserve may be used to support capital investments that are not specific to an individual unit (e.g., to repair the roof of a building that encompasses several units), but, if so, the developer must use and document an appropriate allocation methodology to calculate the share of the cost that can be borne by the R&R Replacement reserve.

R&R expenses are subject to review upon the submission of the Annual Audited Financials noted above. If R&R funds are used for expenses other than those permitted by the Program, the developer shall replenish the escrow account in the same amount.

### Allowable uses

The Repair and Replacement Reserve may be used to fund capital expenses necessary to maintain the structure and related infrastructure that the construction funds created. This may include:

- Maintenance and repair to physical structures;
- Maintenance and repair of building systems, such as electrical, HVAC, plumbing, and elevators;
- Maintenance and repair of large appliances, such as refrigerators or laundry facilities;
- Maintenance and repair of outdoor unit features, such as walkways and outdoor lighting;
- Replacement of physical structures, building systems, large appliances, furniture and fixtures, and/or outdoor unit features, when replacement is more efficient / economical than repair

R&R funds serve as additional protection against wear and tear on the unit, removing the need for a security deposit from tenants.

In no case can the Repair and Replacement reserve be used for room and board.

### **c. Capitalized Operating Reserve & Rental Assistance (CORRA) Funds**

CORRA funding will provide state funding for those operating costs not covered by the R&R Fund, in addition to providing rental subsidy for the unit. A capitalized operating reserve refers to funding that is set aside at the beginning of a project to cover potential or projected operating deficits over time. These costs are “capitalized” because the funding to cover them is included upfront as a capital cost within the project’s development budget. The purpose of a capitalized operating reserve is to ensure that adequate funds are on hand should operating costs such as utilities, management staff salaries, and maintenance exceed the amount available from a project’s income at any time in the project’s operations. A capitalized operating reserve is distinct from capital replacement reserves, which are intended to fund the costs associated with replacing project facilities as they wear with age - otherwise referred to as the R&R Fund.

### CORRA funding structure and operations

CORRA funding will be calculated to estimate per unit eligible operating costs projected over 30 years. The rental assistance shall be structured for 15 years, with the option of a 15-year renewal by NJDCA at the end of that initial term. These funds shall be deposited into an interest-bearing escrow account and can be drawn down as necessary to cover costs associated with Healthy Homes units.

The CORRA reserve may be used for operating costs not covered by the R&R Fund. The CORRA reserve may also be used to support operating expenditures that are not specific to an individual unit but only the costs proportionally attributable to Healthy Homes unit.

CORRA funding shall also be used to provide Rental Assistance for the Medicaid Members, when other rental subsidies are not available. Rent is set at an affordable range (20% AMI) and is projected to increase 3% every year for a term of 15 years. This shall be the basis of determining the rental assistance amount to be capitalized upfront to the landlord. The rental assistance may be renewed by NJDCA at the end of the first 15 year term for a second 15 year term.

Households generally pay not more than 30% of their adjusted gross monthly income towards their monthly rent. The rental assistance pays the balance of the rent directly to the owner of the rental property.

A household's share of the rent is based on the household's income. This amount is called the "total tenant payment" (TTP) and for most households it is based upon 30% of the household's adjusted monthly income. The TTP shall be determined by NJDCA's Housing Assistance Unit who shall administer the program consistent with the Department's Housing Choice Voucher Program guidance.

CORRA expenses are subject to an annual form of draw request (DCA's process for accessing CORRA funds) for withdrawal from the reserve account, which shall be requested at the start of every year and shall also be subject to a review of those expenditures upon the submission of the Annual Audited Financials noted above. If CORRA funds are used for expenses other than those permitted by the Program, the developer shall replenish the escrow account in the same amount.

#### Allowable uses

CORRA funds may only be used for the following costs and shall not be intermingled with the R&R Fund, as required by CMS:

1. Rental subsidy/assistance
2. Administrative Expenses
3. Salaries & Fringe
4. Insurance
5. Project Paid Utilities
6. Management Fee
7. Real Estate Taxes

The use of the R&R and CORRA reserves shall be governed by a Funding and Disbursement Agreement (FDA) between the entities providing the funds and the project sponsor, which clearly delineates the following:

- Project sponsor's reporting responsibilities;
- The uses of the funds within the reserves;
- The conditions under which the reserves may be accessed;
- Responsibilities of the administrative agent for the reserves;
- The procedures and approvals needed for accessing the reserves; and
- How the funds will be invested while they are in the reserve accounts.

### 3. Healthy Homes Units

The Program will fund the construction of approximately 200 units within New Jersey. The exact number of units will vary according to construction costs, administrative costs, development availability, and funding expiration. All units will be in developments of between 1 and 25 units. Healthy Homes units may not account for more than 50% of all units in developments with more than 5 units per development. DMAHS and NJDCA may expand the allowable number of Healthy Homes units per development at their discretion.

Healthy Homes will target a mix of 1-, 2-, and 3-bedroom homes. However, the actual mix of unit sizes will depend on developer participation and availability. Units will be delivered furnished with basic furniture.

Healthy Homes units will be distributed throughout the State subject to developer participation and availability. All Program developments must follow the Federal Home and Community Based Services (HCBS) Settings Rule<sup>5</sup>, which dictates that:

- The setting is integrated in and supports full access to the greater community;
- The unit affords individuals rights of privacy, dignity, and respect.

Additionally, units cannot be:

- Located in a building that also provides inpatient institutional treatment;
- In a building located on the grounds of, or immediately adjacent to, a public institution if the landlord is also an entity that provides Medicaid services (e.g., this would come into effect if an entity received Medicaid money to provide services and also operates a residential facility); and
- Isolating from the broader community for individuals receiving Medicaid home and community-based services (HCBS).

Units must allow Participants to access public transportation or provide transportation as needed to access support services used by the community at large, including community-based organizations, grocery stores, places of potential employment, access to education, and health services including medical care, behavioral health care, and pharmacy care. This approach promotes community integration, reduces barriers associated with isolation, and reduces disparities in access to home and community based services.

Healthy Homes will prioritize securing first-floor units. If an aged, blind, or disabled (ABD) Participant is placed in a unit, the developer must adapt the unit to ensure the Member's identified needs are met.

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<sup>5</sup> §1915(c) of the Social Security Act

## **Unit Restrictions**

Healthy Homes units will be restricted to ensure compliance with the Program and meet the needs of Participants. All restrictions are to be recorded in a mortgage note in addition to being recorded as a deed restriction as a condition of the financing described above.

### **a. Medicaid Restrictions**

Units will be available only to Members who, at the time of placement in the unit, are enrolled in and receiving Medicaid benefits.

### **b. AMI Restriction**

Unit rents shall be underwritten at 20% of AMI and shall be available to households making no more than 30% AMI. AMI limits will be determined according to NJDCA guidelines. Households will generally pay no more than 30% of their adjusted monthly income towards their monthly rent and utility costs. The rental assistance pays the balance of the rent directly to the owner of the rental property.

As referenced in Section C, a household's share of the rent is based on the household's income. This amount is called the "total tenant payment" (TTP) and for most households it is based upon 30% of the household's adjusted monthly income. The TTP shall be determined by NJDCA's Housing Assistance Unit and shall administer the program consistent with the Department's Housing Choice Voucher Program guidance.

### **c. Rent Increases**

Rent increases will be set and monitored by the Housing Affordability Service (HAS), NJDCA or other applicable program, depending on the funding source and dictated by changes, if any, to Area Median Income. Rent increases may not cause the total rent to exceed the 20% AMI restriction, as referenced in paragraph b. above.

## **Developer and Landlord Application and Review Process**

Healthy Homes funding can be applied for in conjunction with other NJDCA Housing Production Programs funding applications or once a development has been approved for funding by another such program. If granted, this funding will be braided with existing funding to create Healthy Homes units within the development. Applications to Housing Production programs and Healthy Homes may also be submitted in parallel. To apply to Healthy Homes, developers will submit applications through NJDCA SAGE, and applications will be considered on a rolling basis.

After a proposal is submitted, it will be reviewed and preliminarily approved or rejected by NJDCA. Review of these proposals will be conducted in consultation with DMAHS to assess the number, size, location, and other relevant characteristics of the unit.

After review, if a project is preliminarily approved, it will be sent to DMAHS for approval and confirmation that the unit is fit for Healthy Homes use. Specifically, DMAHS will review the application to ensure that it is compliant with the HCBS Settings final rule and provide the Member adequate integration with the community. DMAHS will have 3 business days to confirm approval or rejection. Thereafter, NJDCA will give the final approval or rejection prior to transferring funds to developers.

## 4. Member Placement and Occupation

People will be eligible for Healthy Homes provided they meet all of the following criteria:

- Are 18 years of age at the time of the initial lease signing;
- Are a resident of the State of New Jersey;
- Are enrolled in and receiving Medicaid benefits;
- Earn under 30% of AMI; and
- Are homeless or at risk of homelessness under HUD guidelines or are institutionalized or at risk of institutionalization.

MCOs will be responsible for certifying to NJDCA and DMAHS that all eligibility criteria are met. Eligibility criteria will be tested at the point of filling out the housing assessment. If the housing assessment is completed more than 90 days before a Member moves in to a unit, eligibility must be re-confirmed prior to move in. Should a Member lose Medicaid eligibility or has income exceeding 30% AMI after they sign the initial lease, they will not be evicted from their unit for these reasons alone and they will maintain the right to renew their lease for the duration of the program, provided they are in compliance with the terms of their lease and the Program Guidance.

Participants will be required to pay a rent of 30% of their adjusted gross income.

### Identification and Prioritization

With approximately 2 million people enrolled in NJ Family Care/ Medicaid in the State, Healthy Homes will require MCOs to prioritize eligible Members for participation. DMAHS expects that MCO Housing Specialists will leverage their deep engagement with Members and understanding of their conditions to match Members who are most in need with units in the counties of their preference. MCOs will prioritize Members who will benefit the most from the units including, but not limited to, people suffering from behavioral health conditions, respiratory conditions, chronic diseases, people transitioning from institutional settings, and people with intellectual and developmental disabilities. The MCO will identify Members for each unit and maintain a working list of Members most in need across the state to ensure units are not vacant once they are move-in ready.

### Housing Assessment

Once a Member has been identified as a potential participant, the MCO Housing Specialist will meet with the Member to complete a housing assessment (Appendix A) and certify to DMAHS that the Member meets all eligibility criteria. The housing assessment will include:

- Contact and Demographic information
- Health Insurance information, including any insurance in addition to NJ FamilyCare



- Income information
- Housing history
- Accessibility needs
- Desired locations
- Needed healthcare and support services needs

MCO Housing Specialists should retain—but need not furnish for the assessment—proof of income to assist the Member in filling out a lease application.

Once the housing assessment has been completed, the MCO Housing Specialist will forward the housing assessment to DMAHS.

## **Unit Allocation and Placement Processes**

While units are in the process of being built, they will be allocated among MCOs. DMAHS will allocate units to MCOs in proportion to their percentage of enrolled Members in NJ FamilyCare. If an MCO has insufficient Members in a region of the state where a unit becomes available, DMAHS will reallocate that unit to another MCO and move the first MCO to the next available unit. Please see Appendices C & E for further explanation and illustration of the allocation process.

Once a unit is assigned to an MCO, the MCO will have the right of first refusal to that unit. The MCO must notify DMAHS within 2 business days of the assignment if they are refusing the unit. If the assigned MCO declines the unit, it will be offered to a different MCO using the same method listed above.

Upon acceptance of the allocated unit, the MCO is tasked with locating and assisting current Members in filling out the Healthy Homes Assessment Form to see if they would be eligible for the Healthy Homes Program. MCOs are expected to keep records of eligible Members so that as more units become available, the MCOs have potential Members ready to apply for the units.

When the unit is deemed 90 days from having a Certificate of Occupancy, DMAHS will notify the MCO. The MCO must then submit the names of three potentially eligible Members, along with their Housing Assessments, to DMAHS within 2 business days of the notification. DMAHS will review the applications within 2 business days of receipt to ensure the Members meet eligibility requirements for Healthy Homes and then the MCO will notify the Member that is best suited for the unit that they can begin the application process with the landlord. To ensure timely compliance, the MCO should, at all times, maintain an updated list of eligible Members in all regions in which they operate and furnish this list to DMAHS upon request.

After a Member is notified by the MCO that they have been chosen to apply for the unit, the MCO Housing Specialist will assist the Member in completing any necessary applications and documentation for the unit, including those required by the landlord and DCA's Housing Assistance Unit. These documents can include, but are not limited to:

1. Rental Application
2. Rental Eligibility Worksheets
3. Authorization of Release of Information
4. Declaration of Citizenship Forms
5. Tenant Information Forms

The MCO will also assist the Member in securing any necessary verification documentation to support their application, including, but not limited to:

1. Income Documentation
2. Custody paperwork
3. Divorce Decrees

Once the necessary documents are completed and verification is secured, the MCO Housing Specialist will provide DCA's Housing Assistance Unit and the landlord with a copy of the documentation for review. All documentation sent to DCA's Housing Assistance Unit should be sent to both [Lorissa.Luciani@dca.nj.gov](mailto:Lorissa.Luciani@dca.nj.gov) & [Elena.Gaines@dca.nj.gov](mailto:Elena.Gaines@dca.nj.gov). At that time, the landlord will either approve or deny the Member for the unit. Should the landlord approve the Member, The MCO Housing Specialist will notify DCA's Housing Assistance Unit and DMAHS of the approval. DCA's Housing Assistance Unit will schedule an inspection with the landlord so that the unit may be approved for move in. Once the unit is approved, the landlord and Member will complete any remaining Housing Assistance Unit documentation so that the Member may move in and the landlord may begin to draw payment on the unit through the CORRA fund. The MCO Housing Specialist will assist the Member to take occupancy of the unit on the move-in date and will remain the primary point of contact for the Member moving forward.

Upon move-in, DCA's Housing Assistance Unit will calculate and distribute a "Total Tenant Payment" letter to the Member and Housing Specialist for their records. This letter will detail the Member's total portion of the rent due each month to the landlord.

Also upon move-in, the MCO will provide DMAHS a copy of the Member's housing file and a copy of the lease for record keeping purposes.

Should the landlord deny the Member, the landlord is required to provide the reasoning for the denial. In New Jersey, landlords have limited discretion to reject tenants. This discretion under the Healthy Homes Program is identical to the current NJDCA and landlord processes for restricted affordable units (e.g., subject to ordinary financial diligence but expressly disallowing discriminatory practices). Please visit [https://nj.gov/dca/hmfa/dca/divisions/codes/publications/pdf\\_lti/t\\_i\\_r.pdf](https://nj.gov/dca/hmfa/dca/divisions/codes/publications/pdf_lti/t_i_r.pdf) or call 609-292-4080 for more information.

This process will repeat from the point where a unit is assigned to an MCO each time a new unit is constructed or a unit becomes vacant.

## **Ongoing Operations and Monitoring**

Whenever an MCO has one or more unfilled, assigned units, that MCO must provide a weekly move-in status update to DMAHS. This reporting requirement is to ensure Members are being placed and supported through transition in a timely manner. See Appendix B for sample status update form.

Once a tenant has moved in, MCOs will provide ongoing support and services to Members, leveraging DMAHS 1115 waiver program for services to support successful tenancies for the duration of the Program. The MCO will submit quarterly reporting to DMAHS regarding the status of lease renewals for the upcoming quarter and a summary of services provided in the prior quarter.

MCOs are expected to notify NJDCA Housing Assistance Unit and DMAHS within 3 business days of receiving any landlord notices a Member has received that could result in a Member being evicted from their unit.

### **a. Housing Administration**

Housing administration will be overseen by NJDCA Housing Assistance Unit, or other entities, such as voucher administrators, as applicable. The relevant administering party will oversee administration of Healthy Homes unit affordability control processes, including, but not limited to, notifying landlords of permissible rent increases, inspections and keeping records of unit restrictions. The administering party will not oversee marketing, tenant selection, eligibility confirmation, and tenant placement for Healthy Homes units.

### **b. Vacancy Notification and Reallocation**

Landlords are obligated to notify the tenant, NJDCA Housing Assistance Unit and the Member's MCO Housing Specialist when lease renewal offers are furnished and must further notify MCOs and NJDCA Housing Assistance Unit whether the tenant has renewed the lease or declined renewal. MCOs are then obligated to notify DMAHS of the same.

Landlords are obligated to notify MCOs and NJDCA Housing Assistance Unit in the event of a unit vacancy. MCOs are then obligated to notify DMAHS in the event of a unit vacancy or a tenant's declination of a lease renewal.

In the event of a vacancy where the participant is moving out, the unit will be reallocated to an MCO on a randomized basis, weighting for percentage of enrolled Members at the State level. This process will mirror the process used for initial unit allocation. The MCO will then place a new Member following the same procedures as those for a newly constructed unit.

## **5. Healthy Homes Program Participant Obligations**

To remain in unit and participate in the Program, the below obligations must be met by respective parties:

### **Participant Obligations**

1. Comply with all the terms of the lease and program guidelines.
2. Live in the Healthy Homes unit full-time (at least 10 months per year as permanent and primary residence).
3. Must not sub-lease the unit or assign the lease.

### **MCO Obligations**

1. Ensure that all eligible Members apply for forms of alternative rental assistance for which they may reasonably be eligible.
2. Assist the Member in providing all the requisite forms and income documents required to apply for the Program and unit.
3. Keep a record of the Member's initial application, lease, and any related renewal documentation used throughout the Program and lease application process and provide the same to the Housing Assistance Unit.
4. Intervene whenever possible to help avoid evictions of program participants.
5. Ensure Member is connected to other critical resources, including, but not limited to, behavioral supports and medical supports to help Members should issues arise affecting health, safety, and tenancy.
6. Provide NJDCA Housing Assistance Unit and DMAHS with a copy of all eviction notices, notices to cease, eviction proceedings, and warrants to evict a consumer within 3 business days of the MCO's receipt of the same.
7. Notify NJDCA Housing Assistance and DMAHS in writing, within 3 business days of a Member's declination of a lease renewal, relocation, lease termination, or vacancy for any reason.

## 6. Governance

DMAHS and NJDCA will establish a Healthy Homes Executive Committee to oversee the program and be a source for final decision making and issue escalation. The Executive Committee will consist of key DMAHS and NJDCA personnel and will meet quarterly and on an as-needed basis.

Healthy Homes will have regular reporting requirements to ensure the ongoing health of the program:

- On a monthly basis, until all Healthy Homes units are built, NJDCA will submit a report to the Executive Committee with progress updates on all in-flight and prospective units
- On a quarterly basis, MCOs will complete a report and submit the report to DMAHS for review. Quarterly meetings with each MCO will be scheduled to review data submitted and discuss programmatic and operational concerns.
- On an annual basis, DMAHS and DCA will report to the Executive Committee on the status of all in-use units, including information about occupant status, rental rates, and R&R fund drawdowns

NJDCA Housing Assistance Unit will conduct annual monitoring and oversight to ensure landlords abide by program requirements (e.g., not raising rents beyond permissible levels). Updates on ongoing monitoring will be provided to the Executive Committee by NJDCA on an annual basis.

To address issues among program participants if they arise:

- Tenants will report significant, unresolved issues with their units or landlords to the MCOs, and MCOs will elevate to DMAHS if State intervention is needed. Should Members feel they need to reach out to the State for assistance with their MCO or Landlord, Members can email [MAHS.HealthyHomesHousing@dhs.nj.gov](mailto:MAHS.HealthyHomesHousing@dhs.nj.gov)
- Landlords will report issues with tenants that may reasonably lead to removal from a unit to MCO & NJDCA within 2 business days of an occurrence. MCOs and NJDCA will inform DMAHS on an as needed basis
  - Reporting requirements by landlords and NJDCA may be expanded at the discretion of DMAHS and NJDCA

DMAHS will monitor and evaluate the efficacy of the program based on the following:

- Number of units constructed
- Number of units currently housing Program Participants previously identified as at risk of homelessness or institutionalization
- Monthly vacancy report
- Average time from vacancy identified to move-in
- De-identified qualification reasons
- Lessons learned for placement successes and failures

## Outreach Contacts

For questions or concerns related to Healthy Homes funding or unit construction please reach out to NJDCA. For all other questions please reach out to DMAHS.

### DCA CONTACT INFORMATION:

Lorissa Luciani, Administrator of Housing Production, NJDCA

Email: [Lorissa.Luciani@dca.nj.gov](mailto:Lorissa.Luciani@dca.nj.gov)

New Jersey Department of Community Affairs (NJDCA)

Division of Housing & Community Resources - Housing Production

101 S. Broad Street, 5th Floor

PO Box 806

Trenton, NJ 08625-0806

Website: <https://www.nj.gov/dca/divisions/dhcr/offices/hprod.html>

### DMAHS CONTACT INFORMATION:

Chelsey Hoelz, Program Specialist

Email: [MAHS.HealthyHomesHousing@dhs.nj.gov](mailto:MAHS.HealthyHomesHousing@dhs.nj.gov)

New Jersey Department of Human Services (NJDHS)

Division of Medical Assistance & Health Services (DMAHS)

Office of Managed Health Care

PO BOX 712

Hamilton, NJ 08691

Website: <https://www.nj.gov/humanservices/dmahs/home/>

## 7. Appendix

### Appendix A: Housing Assessment

#### **Housing Assessment**

*(to be completed by Housing Specialist as an online form)*

This form is to be used by Housing Specialists during an initial interview with a plan Member in need of housing assistance. The assessment form will then be used to determine eligibility for Healthy Homes and collect necessary information for program administration. The form assesses housing needs as well as potential barriers to housing access.

Housing Specialist Name: \_\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Housing Specialist Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Contact: Email\_\_\_\_ Phone\_\_\_\_  
Email: \_\_\_\_\_@\_\_\_\_\_.com

## Part 1: Contact and Demographic Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com

Leaseholder to be the Member or Member & Spouse? ☐ MEMBER ONLY or ☐ MEMBER/LEGAL SPOUSE

If applying for Member & Member's legal spouse, please provide the following:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.com

Does the Member have any children? ☐ Yes ☐ No

If yes, does the Member have primary residential custody of the minors? ☐ Yes ☐ No

If yes, can the Member provide documentation to that effect? ☐ Yes ☐ No

Please provide the names & dates of birth of the child(ren) on the below line:

\_\_\_\_\_  
\_\_\_\_\_

Does the Member have a Power of Attorney or Legal Guardian?

☐ Power of Attorney ☐ Legal Guardian ☐ Member doesn't have a Power of Attorney or Legal Guardian

If the Member has a Power of Attorney or Legal Guardian, please provide the following:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please provide the Member's health insurance information below:

Insured's Name: \_\_\_\_\_ Relation to Insured: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member ID # \_\_\_\_\_ Group # \_\_\_\_\_

(Secondary health insurance- If applicable)

Insured's Name: \_\_\_\_\_ Relation to Insured: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member ID # \_\_\_\_\_ Group # \_\_\_\_\_



Is the Member currently employed? ☐ Yes ☐ No If yes, please provide the following:

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Income (check all applicable below): \$\_\_\_\_\_ TOTAL monthly from:

☐ SSI ☐ SSDI ☐ SSA ☐ Pension ☐ Earnings ☐ TANF ☐ Other: \_\_\_\_\_

**Note:** Housing Specialists to retain income verification documentation to provide to landlords if such documentation is required during the lease application process

**Accommodation needs (check all that apply):**

☐ 1st floor unit ☐ Ramp ☐ Wheelchair access ☐ Roll-In shower ☐ Grab bars ☐ Other: \_\_\_\_\_

☐ Visual/Hearing impairment Describe circumstances: \_\_\_\_\_

What counties does the Member wish to reside in? \_\_\_\_\_

Member Primary Language: \_\_\_\_\_

Marital Status: ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOW/ER

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

## Part 2: Housing History

Please select all that apply to the Member's current situation.

- |  |   |
|--|---|
| <input type="checkbox"/> Street homeless   | <input type="checkbox"/> Incarcerated pending release or recently released  |
| <input type="checkbox"/> Improvised dwelling   | <input type="checkbox"/> At risk of homelessness pending eviction or being asked to leave current living situation            |
| <input type="checkbox"/> Hotel or motel  | <input type="checkbox"/> Renting privately  |
| <input type="checkbox"/> Temporarily staying with friends/family (couch surfing)                                       | <input type="checkbox"/> Own home   |
| <input type="checkbox"/> Boarding home, rooming house, or transitional housing <input type="checkbox"/> shared housing | <input type="checkbox"/> Current living situation does not offer appropriate accommodations for individuals with disabilities |
| <input type="checkbox"/> Homeless shelter  | <input type="checkbox"/> Other (please explain below)   |
| <input type="checkbox"/> Hospital/healthcare institution, nursing home or respite setting                              |   |

How long has the Member been at their current residence? \_\_\_\_\_

Please provide any other relevant details about the Member's current living situation:

Does the Member currently possess a housing voucher? If yes, with what agency?

IF any of the below were selected on behalf of Member:

- Own Home
- Renting Privately
- Shared Housing

**THEN please advise why the Member needs to leave their current residence:**

- |   |   |
|---|---|
| <input type="checkbox"/> Domestic or family violence  | <input type="checkbox"/> Rent is unaffordable       |
| <input type="checkbox"/> Natural disaster   | <input type="checkbox"/> Health or medical reasons  |
| <input type="checkbox"/> Property is unsafe and has been deemed uninhabitable                       | If health or medical reasons, please specify: _____ |
| <input type="checkbox"/> The housing situation poses an imminent threat to life, health & wellbeing | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Lease expired and can't renew  |   |

### Part 3: Eligibility Confirmation

- Is the individual currently enrolled in and receiving Medicaid benefits? ☐ Yes ☐ No
- Is the individual a current resident of the State of New Jersey? ☐ Yes ☐ No
- Will the individual be 18 years of age or older at the time of the initial lease signing? ☐ Yes ☐ No
- Does the individual earn under 30% of AMI? ☐ Yes ☐ No
- Does the member meet the criteria for defining at risk of homelessness  
as defined by HUD in Appendix I? ☐ Yes ☐ No
- Has the Member met all eligibility criteria for Healthy Homes listed above? ☐ Yes ☐ No

## Appendix B: Move in-status tracker

Housing Specialist Name: \_\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Housing Specialist Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_.com

### **MCO weekly move-in status tracker**

<u>Unit address</u>	<u>Member name</u>	<u>Anticipated move-in date</u>	<u>Transition and move in logistics communicated to Member (Y/N)</u>	<u>Risks to timely move-in</u>

## Appendix C: Income Limits and AMI Reference

Income limits will be based on 20% AMI or less for all Healthy Homes units. The AMI reference point will be governed by either New Jersey State AMI or HUD AMI, dependent on the primary housing production funding source. For information on which limits apply to a particular development, contact Lorissa Luciani at [Lorissa.Luciani@dca.nj.gov](mailto:Lorissa.Luciani@dca.nj.gov) or (609) 777-4162.

### State AMI

## U.S. DEPARTMENT OF HUD STATE: NEW JERSEY

### 2023 ADJUSTED HOME INCOME LIMITS

	Program	1 Person	2 Person	*3 Person	4 Person	5 Person	6 Person	7 Person	8+ Person
<b>Warren County, NJ HUD Metro FMR Area</b>	30% LIMITS	\$ 24,400	\$ 27,900	\$ 31,400	\$ 34,850	\$ 37,650	\$ 40,450	\$ 43,250	\$ 46,050
	VERY LOW INCOME	\$ 40,700	\$ 46,500	\$ 52,300	\$ 58,100	\$ 62,750	\$ 67,400	\$ 72,050	\$ 76,700
	60% LIMITS	\$ 48,840	\$ 55,800	\$ 62,760	\$ 69,720	\$ 75,300	\$ 80,880	\$ 86,460	\$ 92,040
	LOW INCOME	\$ 65,100	\$ 74,400	\$ 83,700	\$ 92,950	\$ 100,400	\$ 107,850	\$ 115,300	\$ 122,700
<b>Atlantic City-Hammonton, NJ MSA</b>	30% LIMITS	\$ 18,750	\$ 21,400	\$ 24,100	\$ 26,750	\$ 28,900	\$ 31,050	\$ 33,200	\$ 35,350
	VERY LOW INCOME	\$ 31,200	\$ 35,650	\$ 40,100	\$ 44,550	\$ 48,150	\$ 51,700	\$ 55,250	\$ 58,850
	60% LIMITS	\$ 37,440	\$ 42,780	\$ 48,120	\$ 53,460	\$ 57,780	\$ 62,040	\$ 66,300	\$ 70,620
	LOW INCOME	\$ 49,950	\$ 57,050	\$ 64,200	\$ 71,300	\$ 77,050	\$ 82,750	\$ 88,450	\$ 94,150
<b>Bergen-Passaic, NJ HUD Metro FMR Area</b>	30% LIMITS	\$ 27,250	\$ 31,150	\$ 35,050	\$ 38,900	\$ 42,050	\$ 45,150	\$ 48,250	\$ 51,350
	VERY LOW INCOME	\$ 45,400	\$ 51,850	\$ 58,350	\$ 64,800	\$ 70,000	\$ 75,200	\$ 80,400	\$ 85,550
	60% LIMITS	\$ 54,480	\$ 62,220	\$ 70,020	\$ 77,760	\$ 84,000	\$ 90,240	\$ 96,480	\$ 102,660
	LOW INCOME	\$ 66,750	\$ 76,250	\$ 85,800	\$ 95,300	\$ 102,950	\$ 110,550	\$ 118,200	\$ 125,800

	Program	1 Person	2 Person	*3 Person	4 Person	5 Person	6 Person	7 Person	8+ Person
<b>Jersey City, NJ HUD Metro FMR Area</b>	30% LIMITS	\$ 25,550	\$ 29,200	\$ 32,850	\$ 36,500	\$ 39,450	\$ 42,350	\$ 45,300	\$ 48,200
	VERY LOW INCOME	\$ 42,600	\$ 48,700	\$ 54,800	\$ 60,850	\$ 65,750	\$ 70,600	\$ 75,500	\$ 80,350
	60% LIMITS	\$ 51,120	\$ 58,440	\$ 65,760	\$ 73,020	\$ 78,900	\$ 84,720	\$ 90,600	\$ 96,420
	LOW INCOME	\$ 68,150	\$ 77,850	\$ 87,600	\$ 97,300	\$ 105,100	\$ 112,900	\$ 120,700	\$ 128,450
<b>Middlesex-Somerset-Hunterdon, NJ HUD Metro FMR Area</b>	30% LIMITS	\$ 30,000	\$ 34,300	\$ 38,600	\$ 42,850	\$ 46,300	\$ 49,750	\$ 53,150	\$ 56,600
	VERY LOW INCOME	\$ 50,050	\$ 57,200	\$ 64,350	\$ 71,450	\$ 77,200	\$ 82,900	\$ 88,600	\$ 94,350
	60% LIMITS	\$ 60,060	\$ 68,640	\$ 77,220	\$ 85,740	\$ 92,640	\$ 99,480	\$ 106,320	\$ 113,220
	LOW INCOME	\$ 66,750	\$ 76,250	\$ 85,800	\$ 95,300	\$ 102,950	\$ 110,550	\$ 118,200	\$ 125,800
<b>Monmouth-Ocean, NJ HUD Metro FMR Area</b>	30% LIMITS	\$ 27,100	\$ 31,000	\$ 34,850	\$ 38,700	\$ 41,800	\$ 44,900	\$ 48,000	\$ 51,100
	VERY LOW INCOME	\$ 45,150	\$ 51,600	\$ 58,050	\$ 64,500	\$ 69,700	\$ 74,850	\$ 80,000	\$ 85,150
	60% LIMITS	\$ 54,180	\$ 61,920	\$ 69,660	\$ 77,400	\$ 83,640	\$ 89,820	\$ 96,000	\$ 102,180
	LOW INCOME	\$ 66,300	\$ 75,750	\$ 85,200	\$ 94,650	\$ 102,250	\$ 109,800	\$ 117,400	\$ 124,950
<b>Newark, NJ HUD Metro FMR Area</b>	30% LIMITS	\$ 25,600	\$ 29,250	\$ 32,900	\$ 36,550	\$ 39,500	\$ 42,400	\$ 45,350	\$ 48,250
	VERY LOW INCOME	\$ 42,650	\$ 48,750	\$ 54,850	\$ 60,900	\$ 65,800	\$ 70,650	\$ 75,550	\$ 80,400
	60% LIMITS	\$ 51,180	\$ 58,500	\$ 65,820	\$ 73,080	\$ 78,960	\$ 84,780	\$ 90,660	\$ 96,480
	LOW INCOME	\$ 66,300	\$ 75,750	\$ 85,200	\$ 94,650	\$ 102,250	\$ 109,800	\$ 117,400	\$ 124,950
<b>Ocean City, NJ MSA</b>	30% LIMITS	\$ 21,150	\$ 24,150	\$ 27,150	\$ 30,150	\$ 32,600	\$ 35,000	\$ 37,400	\$ 39,800
	VERY LOW INCOME	\$ 35,200	\$ 40,200	\$ 45,250	\$ 50,250	\$ 54,300	\$ 58,300	\$ 62,350	\$ 66,350
	60% LIMITS	\$ 42,240	\$ 48,240	\$ 54,300	\$ 60,300	\$ 65,160	\$ 69,960	\$ 74,820	\$ 79,620
	LOW INCOME	\$ 56,250	\$ 64,300	\$ 72,350	\$ 80,350	\$ 86,800	\$ 93,250	\$ 99,650	\$ 106,100
<b>Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA</b>	30% LIMITS	\$ 23,450	\$ 26,800	\$ 30,150	\$ 33,500	\$ 36,200	\$ 38,900	\$ 41,550	\$ 44,250
	VERY LOW INCOME	\$ 39,100	\$ 44,650	\$ 50,250	\$ 55,800	\$ 60,300	\$ 64,750	\$ 69,200	\$ 73,700
	60% LIMITS	\$ 46,920	\$ 53,580	\$ 60,300	\$ 66,960	\$ 72,360	\$ 77,700	\$ 83,040	\$ 88,440
	LOW INCOME	\$ 62,500	\$ 71,400	\$ 80,350	\$ 89,250	\$ 96,400	\$ 103,550	\$ 110,700	\$ 117,850
<b>Trenton, NJ MSA</b>	30% LIMITS	\$ 26,500	\$ 30,300	\$ 34,100	\$ 37,850	\$ 40,900	\$ 43,950	\$ 46,950	\$ 50,000
	VERY LOW INCOME	\$ 44,200	\$ 50,500	\$ 56,800	\$ 63,100	\$ 68,150	\$ 73,200	\$ 78,250	\$ 83,300
	60% LIMITS	\$ 53,040	\$ 60,600	\$ 68,160	\$ 75,720	\$ 81,780	\$ 87,840	\$ 93,900	\$ 99,960
	LOW INCOME	\$ 66,300	\$ 75,750	\$ 85,200	\$ 94,650	\$ 102,250	\$ 109,800	\$ 117,400	\$ 124,950

	Program	1 Person	2 Person	*3 Person	4 Person	5 Person	6 Person	7 Person	8+ Person
<b>Vineland-Bridgeton, NJ MSA</b>	30% LIMITS	\$ 17,850	\$ 20,400	\$ 22,950	\$ 25,500	\$ 27,550	\$ 29,600	\$ 31,650	\$ 33,700
	VERY LOW INCOME	\$ 29,750	\$ 34,000	\$ 38,250	\$ 42,500	\$ 45,900	\$ 49,300	\$ 52,700	\$ 56,100
	60% LIMITS	\$ 35,700	\$ 40,800	\$ 45,900	\$ 51,000	\$ 55,080	\$ 59,160	\$ 63,240	\$ 67,320
	LOW INCOME	\$ 47,600	\$ 54,400	\$ 61,200	\$ 68,000	\$ 73,450	\$ 78,900	\$ 84,350	\$ 89,800

## **2023 HOUSING TRUST FUND INCOME LIMITS**

	Program	1 Person	2 Person	*3 Person	4 Person	5 Person	6 Person	7 Person	8+ Person
<b>Allentown-Bethlehem- Easton, PA-NJ MSA</b>	HTF LIMITS	\$ 24,400	\$ 27,900	\$ 31,400	\$ 34,850	\$ 37,650	\$ 40,450	\$ 45,420	\$ 50,560
	30% Limits	\$ 24,400	\$ 27,900	\$ 31,400	\$ 34,850	\$ 37,650	\$ 40,450	\$ 43,250	\$ 46,050
<b>Warren County, NJ HMFA</b>	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
<b>Atlantic City- Hammonton, NJ MSA</b>	HTF LIMITS	\$ 18,750	\$ 21,400	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
	30% Limits	\$ 18,750	\$ 21,400	\$ 24,100	\$ 26,750	\$ 28,900	\$ 31,050	\$ 33,200	\$ 35,350
	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
<b>New York-Newark- Jersey City, NY-NJ-PA MSA</b>	HTF LIMITS	\$ 27,250	\$ 31,150	\$ 35,050	\$ 38,900	\$ 42,050	\$ 45,150	\$ 48,250	\$ 51,350
	30% Limits	\$ 27,250	\$ 31,150	\$ 35,050	\$ 38,900	\$ 42,050	\$ 45,150	\$ 48,250	\$ 51,350
	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
<b>Bergen-Passaic, NJ HMFA</b>									
<b>Jersey City, NJ HMFA</b>	HTF LIMITS	\$ 25,550	\$ 29,200	\$ 32,850	\$ 36,500	\$ 39,450	\$ 42,350	\$ 45,420	\$ 50,560
	30% Limits	\$ 25,550	\$ 29,200	\$ 32,850	\$ 36,500	\$ 39,450	\$ 42,350	\$ 45,300	\$ 48,200
	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
<b>Middlesex-Somerset- Hunterdon, NJ HMFA</b>	HTF LIMITS	\$ 30,000	\$ 34,300	\$ 38,600	\$ 42,850	\$ 46,300	\$ 49,750	\$ 53,150	\$ 56,600
	30% Limits	\$ 30,000	\$ 34,300	\$ 38,600	\$ 42,850	\$ 46,300	\$ 49,750	\$ 53,150	\$ 56,600
	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560

	Program	1 Person	2 Person	*3 Person	4 Person	5 Person	6 Person	7 Person	8+ Person
<b>Monmouth-Ocean, NJ HMFA</b>	HTF LIMITS	\$ 27,100	\$ 31,000	\$ 34,850	\$ 38,700	\$ 41,800	\$ 44,900	\$ 48,000	\$ 51,100
	30% Limits	\$ 27,100	\$ 31,000	\$ 34,850	\$ 38,700	\$ 41,800	\$ 44,900	\$ 48,000	\$ 51,100
	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
<b>Newark, NJ HMFA</b>	HTF LIMITS	\$ 25,600	\$ 29,250	\$ 32,900	\$ 36,550	\$ 39,500	\$ 42,400	\$ 45,420	\$ 50,560
	30% Limits	\$ 25,600	\$ 29,250	\$ 32,900	\$ 36,550	\$ 39,500	\$ 42,400	\$ 45,350	\$ 48,250
	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
<b>Ocean City, NJ MSA</b>	HTF LIMITS	\$ 21,150	\$ 24,150	\$ 27,150	\$ 30,150	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
	30% Limits	\$ 21,150	\$ 24,150	\$ 27,150	\$ 30,150	\$ 32,600	\$ 35,000	\$ 37,400	\$ 39,800
	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
<b>Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA</b>	HTF LIMITS	\$ 23,450	\$ 26,800	\$ 30,150	\$ 33,500	\$ 36,200	\$ 40,280	\$ 45,420	\$ 50,560
	30% Limits	\$ 23,450	\$ 26,800	\$ 30,150	\$ 33,500	\$ 36,200	\$ 38,900	\$ 41,550	\$ 44,250
	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
<b>Trenton, NJ MSA</b>	HTF LIMITS	\$ 26,500	\$ 30,300	\$ 34,100	\$ 37,850	\$ 40,900	\$ 43,950	\$ 46,950	\$ 50,560
	30% Limits	\$ 26,500	\$ 30,300	\$ 34,100	\$ 37,850	\$ 40,900	\$ 43,950	\$ 46,950	\$ 50,000
	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
<b>Vineland-Bridgeton, NJ MSA</b>	HTF LIMITS	\$ 17,850	\$ 20,400	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560
	30% Limits	\$ 17,850	\$ 20,400	\$ 22,950	\$ 25,500	\$ 27,550	\$ 29,600	\$ 31,650	\$ 33,700
	Poverty Guideline	\$ 14,580	\$ 19,720	\$ 24,860	\$ 30,000	\$ 35,140	\$ 40,280	\$ 45,420	\$ 50,560



## **Appendix D: Sage Instructions**

For instructions on how to use NJDCA's SAGE portal please visit:

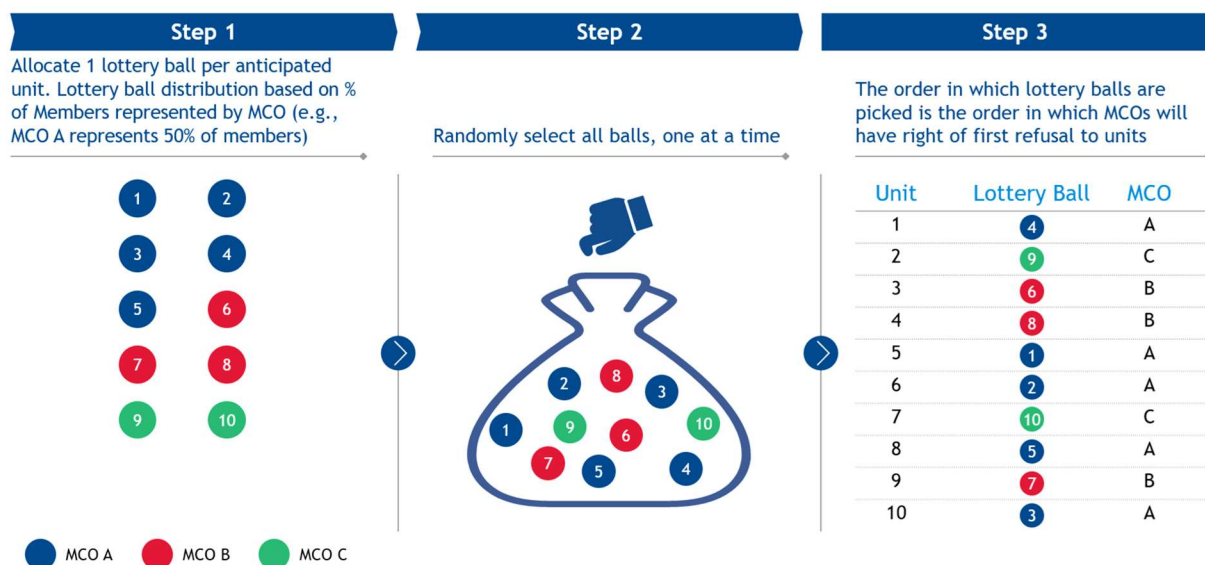
<https://www.nj.gov/dca/pdfs/sageagencymanual.pdf> or contact Lorissa Luciani at [Lorissa.Luciani@dca.nj.gov](mailto:Lorissa.Luciani@dca.nj.gov) or (609) 815-3930

## Appendix E: Unit Allocation Process Example

### Overview: How the MCO-driven Member selection process works:

1. MCOs will be assigned to units based on the percent of the Member population that they serve
2. Units will be assigned to MCOs in a randomized order. Total number of units to be assigned will be based on the total number of anticipated Healthy Homes units and can be done in batches.
  - Right of first refusal: MCOs can opt to pass on a given unit without consequence if they don't believe they will be able to place a Member within 30 days
3. MCOs fill units as units become available
4. If an MCO is unable to fill a unit within 30 days, the next MCO will be given the unit

The process ensures that units are distributed fairly among MCOs during initial placement. Here is an illustrative example of how the process works:



If an MCO is unable to place a Member into a unit within the allotted timeframe, the unit will be reassigned to the next MCO on the randomized list. There are three scenarios in which a unit may be reassigned to an alternative MCO:

1. The MCO informs DMAHS it does not have a Member to place in the unit
2. The MCO is unable to fill the unit within the allotted timeframe (e.g., 30 days post-vacancy)
3. The MCO informs DMAHS that it does not have enough Members in the region

In cases of reassignment, the MCO switches places in the randomized ordering with the next MCO. For example, MCO A does not have a member to place in the Region:

Unit	Order	MCO	Region	New Order	New MCO
1	4	MCO A	2	4	-
2	9	MCO C	1	9	-
3	6	MCO B	2	6	-
4	8	MCO B	3	8	-
5	1	MCO A	2	1	-
6	2	MCO A	3	10	MCO C
7	10	MCO C	1	2	MCO A
8	5	MCO A	2	5	-
9	7	MCO B	1	7	-
10	3	MCO A	1	3	-

If MCO A is assigned the 6th unit and that unit is in Region 5, MCO A will switch places with the MCO assigned to the 7th unit

This process continues until MCO A is assigned a unit in a region in which it has a member to place.

## **Appendix F: Participant FAQ**

Q: What is the Healthy Homes program?

A: New Jersey's Healthy Homes program is designed to provide stable housing to NJ FamilyCare members who are at risk of homelessness or institutionalization.

Q: Am I eligible for this program?

A: New Jersey FamilyCare Members who are over the age of 18, who are currently enrolled in Medicaid, and who are experiencing and or at risk of experiencing homelessness or institutionalization may be eligible for Healthy Homes. Contact your Managed Care Organization to complete an assessment.

Q: Will I have to leave my community if I become enrolled?

A: Eligible Members may choose the counties in which they would like to be considered for a Healthy Homes unit. The selection of a particular county does not guarantee a unit will become available in that county.

Q: How do I apply?

A: Managed Care providers will contact Members for consideration for Healthy Homes units. Housing Specialists will work with Members to fill out a housing assessment if they are being considered for a Healthy Homes unit. Contact your Managed Care Organization's Housing Specialist to learn more about the placement process.

Q: What happens if I live in a Healthy Homes unit and lose my Medicaid eligibility?

A: Members who lose Medicaid eligibility can continue renewing their lease as long as they comply with terms of the lease and program guidelines.

Q: How much will I have to pay?

A: Households generally pay no more than 30% of their adjusted monthly income towards their monthly rent and utility costs. The rental assistance pays the balance of the rent directly to the owner of the rental property.

Q: Are the apartment units furnished or unfurnished?

A: Units will be partially furnished and include a refrigerator, stove, oven, bedframe, mattress, couch, chairs, and table.

Q: How long will I get to stay in a unit if selected?

A: Individuals will be allowed to stay in the unit until 2054 or 2055 if selected, provided they comply with the terms of the lease. After 2055, tenants will have to pay for rent and utilities and landlords may raise or charge rents beyond the Healthy Homes rent restrictions.

Q: Why was I not selected for a Healthy Homes unit?

A: There are a limited number of Healthy Homes units. As units become available, Members will be reconsidered for placement by Managed Care Organizations.

Q: Are there any support services available to help me with the transition?

A: If selected for the program, Managed Care Organization will support Members throughout the initial transition and the duration of their tenancy while they are covered by Medicaid.

Q: Who do I contact to learn more about this program?

A: To learn more, please contact your Managed Care Organization and ask to be connected to their on-staff New Jersey housing specialist.

## **Appendix G: MCO FAQ**

Q: What role do MCOs play in Healthy Homes?

A: MCOs will be required to select Members for placement in units, help Members fill out housing assessments, confirm eligibility for Healthy Homes, support Members throughout the move-in and tenancy process, and submit status reports to DMAHS.

Q: How many units will our Members get?

A: Each MCO's Members will have access to units proportional to the share of the statewide Member population the MCO serves. If an MCO serves 20% of Members in the State, the MCO's Members will have access to 20% of Healthy Homes units at the time of the initial distribution.

Q: What is the application process for Healthy Homes?

A: Healthy Homes has a short 2-page housing assessment that is used to determine eligibility for the Program and provide the State with necessary information about Members.

Q: Will Members have to pay rent?

A: Households will generally pay no more than 30% of their adjusted monthly income towards their monthly rent. The rental assistance pays the balance of the rent directly to the owner of the rental property.

A household's share of the rent is based on the household's income. This amount is called the "total tenant payment" (TTP) and for most households it is based upon 30% of the household's adjusted monthly income. The TTP shall be determined by NJDCA's Housing Assistance Unit and shall administer the program consistent with the Department's Housing Choice Voucher Program guidance.

Q: How will we know when units are move-in ready?

A: MCOs will be updated throughout the construction process of the status of in-progress units so that the MCO has ample visibility into unit timelines.

Q: How long will this program last?

A: Each unit will be part of Healthy Homes for 30 years from the date of the issuance of the Certificate of Occupancy.

## **Appendix H: Landlord FAQ**

Q: What is Healthy Homes?

A: New Jersey's Healthy Homes program is designed to provide stable housing to NJ FamilyCare members who are at risk of homelessness or institutionalization.

Q: What are the terms of Healthy Homes funding?

A: Financing will be available for both the construction and ongoing maintenance of units. Capital funding for construction will be provided as a 30-year 0% interest forgivable mortgage. Ongoing maintenance funding will be provided for specific purposes to cover costs over a 30-year period. Please reference program guidance or contact NJDCA for further information.

Q: How can I apply for Healthy Homes funding?

A: To apply for Healthy Homes, please visit the NJDCA SAGE portal at <https://njdcasage.state.nj.us/Portal.asp> Note that to apply for Healthy Homes funding, developments must be participating or applying for other NJDCA housing production programs.

Q: What restrictions are placed on the units?

A: Units will be reserved for Medicaid Members and will have rents capped based on 20% of AMI.

Q: What are rental rates for Healthy Homes units?

A: Households generally pay no more than 30% of their adjusted monthly income towards their monthly rent. The rental assistance pays the balance of the rent directly to the owner of the rental property. A household's share of the rent is based on the household's income. This amount is called the "total tenant payment" (TTP) and for most households it is based upon 30% of the household's adjusted monthly income. The TTP shall be determined by NJDCA's Housing Assistance Unit and shall administer the program consistent with the Department's Housing Choice Voucher Program guidance.

Q: Are the apartment units required to be furnished?

A: All units must be at least partially furnished and include a refrigerator, stove, oven, bedframe, mattress, couch, chairs, and table.

Q: Where can I build Healthy Homes units?

A: Healthy Homes units can be built in any development within New Jersey funded by an NJDCA Housing Production program provided they meet all Healthy Homes setting requirements set forth in program guidance.

Q: How can I learn more?

A: For more information about Healthy Homes, please contact [Lorissa.Luciani@dca.nj.gov](mailto:Lorissa.Luciani@dca.nj.gov)



## **Appendix I: Criteria for Defining At Risk of Homelessness**

### **Q: Category 1: Individuals and Families**

**A:** An individual or family who:

- Has an annual income below 30% of median family income for the area; AND
- Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND
- Meets one of the following conditions:
  - (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
  - (B) Is living in the home of another because of economic hardship; OR
  - (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
  - (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
  - (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
  - (F) Is exiting a publicly funded institution or system of care; OR
  - (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Consolidated Plan

### **Q: Category 2: Unaccompanied Children and Youth**

**A:** A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute

### **Q: Category 3: Families with Children and Youth**

**A:** An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.