

Housing Supports Services Dictionary

A. Residential Modifications and Remediation Services

Physical modifications, adaptations, or remediation services to a beneficiary's private, primary residence required by their plan of care which are necessary to ensure the health, welfare and safety of the member, or which enable the member to function with greater independence in the home or community.

Modifications can include: the installation of ramps and grab bars, widening of doorways, modifications of bathrooms, the installation of accessibility ramps, the installation of wheelchair-level counters with cutouts for the sink, special mirrors and lighting accommodations for individuals with epilepsy, the installation of specialized electrical or plumbing systems that are necessary to accommodate the medical equipment and supplies which are needed for the health, safety and welfare of the individual.

Remediation Services can include: repairing or improving ventilation systems, and mold/pest remediation.

Heating and cooling services can include: medically necessary air conditioners, heaters, humidifiers, air filtration devices and other asthma remediation, and refrigeration units as needed for medical treatment.

Eligibility Criteria

- To access Residential Modifications and Remediation Services, members must meet eligibility criteria as detailed in Article 10.1.A of the New Jersey DMAHS MCO contract.
- Members are not eligible if they receive duplicative services through Medicaid or other federal, state, or locally-funded programs. This includes any program utilizing Medicaid funding such as MLTSS Residential Modifications and Remediation Services, or Home Modifications under the Division of Developmental Disabilities (DDD). Residential Modifications and Remediation Services shall supplement, but not supplant, other services received by the member.
- Members living in licensed residences (ALR, CPCH, ALP, and Class B & C Boarding Homes) are not eligible to receive Residential Modifications.

Service Limitations:

- Residential Modifications and Remediation Services are limited to \$15,000 lifetime.
- Members eligible or receiving MLTSS Residential Modifications and Remediation Services may not combine or add spending caps across programs.
- Modifications to public areas of apartment buildings, communities governed by a homeowner association or community trust, and/or rental properties are the responsibility of the owner/landlord, association, or trust and excluded from this benefit.
- Residential Modifications may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.

- Excluded from this service are those modifications to the home that are of general utility and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, or central air conditioning.
- Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
- All services shall be provided in accordance with applicable State/local building codes.
- If it is determined that one of the above limitations would prevent the MCO from implementing a more appropriate or cost-effective method of support or ensuring the health, safety and wellbeing of an individual, the MCO may exceed these limitations in those specific circumstances. The need to exceed the limitation must be documented in their care plan.
- The modifications and remediation cannot supplant a landlord's obligation to provide reasonable accommodations under the ADA.

Approval Requirements:

- For a home that is not owned by the member, modifications and adaptations require a written approval letter from the property owner and must include acknowledgement that the State/MCO is not responsible for the removal of the modification from the property.
- The member must assure continued tenancy for at least one year before the request can be approved
- Before commencement of the modification or remediation service, the MCO must provide the owner and beneficiary with written documentation that the modifications are permanent and that the State is not responsible for removal of any modification if the member ceases to reside at the residence.
- Approval of Residential Modifications and Remediation Services is based on identified need as indicated in the MCO care plan or otherwise determined by the MCO. The adaptation will represent the most cost-effective means to meet the needs of the member.

Provider Specifications:

- The provider must be approved and credentialed by the member's MCO.
- The provider must demonstrate ability to comply with Medicaid systems including, but not limited to, billing and invoicing, data reporting, and any additional Medicaid systems required to provide housing services.
- The provider must be licensed in New Jersey per the Division of Consumer Affairs, NJSA 56:8-136 et seq. as a home repair contractor.
- Licensed provider organizations with valid business registration with the Department of Community of Affairs include but are not limited to:
 - o HVAC contractors
 - o Construction contractors
 - o Mold Removal and Remediation
 - o Pest remediation

Billing Specifications:

Billing Code:

- Modifications: S5165_U2
- Remediations: S5165_U3
- Evaluations: T1028

Unit of Service: Per Occurrence

Licensing Entity: NJ Department of Law and Public Safety, Division of Consumer Affairs

Accredited by:

Regulation Cites: NJAC 5:23-2, NJSA 56:8-136 et seq., NJAC 5:17

Taxonomy Code:

B. Move-in Supports

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

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

- Payment for items to support the details of the move, as appropriate, including:
 - o Costs for filing applications and payment of application fees necessary to obtain a lease on a home.
 - o Payment for move-in costs including movers to ensure transportation of self and possessions to new housing arrangement.
 - o Payment of security deposits.
 - o Payment of set-up fees or deposits for utility or service access, including telephone, electricity, heating and water.

Eligibility Criteria:

- To access Move-in Supports, members must meet eligibility criteria as detailed in Article 10.1.A of the New Jersey DMAHS MCO contract.
- Members are not eligible if they receive duplicative services through Medicaid or other federal, state, or locally-funded programs, including MLTSS Community Transition Services, Community Supports Services (CSS), and Integrated Case Management Services (ICMS). Move-in Supports shall supplement, but not supplant other services received by the member.

Service Limitations:

- Move-in Supports are limited to \$10,000 lifetime.
- Move-in Supports are limited to one 'moving experience' per lifetime per member
- Members eligible or receiving MLTSS Community Transition services may not combine or add spending caps across programs.
- Move-in Supports do not include residential or vehicle modifications.
- Move-in Supports do not include recreational items such as televisions, cable television access or video players.
- Move-in Supports do not include pre-owned items that may be physically unsafe for the member, such as used mattresses.
- Move-in Supports cannot be used to support moves into institutions (e.g., nursing facilities).

- Move-in Supports do not include recurring expenses such as weekly groceries and regular utility charges.
- Payment for security deposit is not considered rent.
- Move-in Supports do not include monthly rental or mortgage expenses.
- Move-in Supports are furnished only to the extent that they are reasonable and necessary as determined through the care plan development process or otherwise approved by the MCO, clearly identified in the service plan, and the person is unable to meet such expense or the services cannot be obtained from other sources.

Approval Requirements:

- Approval of Move-in Supports is based on identified need as indicated in the individualized housing stabilization plan or MCO care plan. Services can be accessed up to 90 days prior to transition as part of member's transition plan.

Provider Specifications:

- Services may be paid for directly (e.g., direct payment to the landlord) or subcontracted by Pre-tenancy or Tenancy Sustaining Service Provider, or by the MCO.
- Services may be provided by eligible Residential Modifications and Remediation Services providers.

Billing Specifications:

Billing Codes:

- T2038_U1
- Administration: T2038_U6

Unit of Service: As negotiated per the MCO.

Licensing Entity:

Accredited by:

Regulation Cites:

Taxonomy Code:

C. Pre-tenancy Services

Services that support beneficiaries in obtaining housing, including but not limited to:

- Developing an individualized housing support plan. The plan should establish short and long-term measurable goals, describing how goals will be achieved and how barriers will be addressed. The plan should also include prevention and early intervention services if housing is jeopardized. An example of a housing support plan may include:
 - o For individuals exiting institutions (e.g., nursing facilities), thorough and proactive discharge planning and other transitional tasks.

- Assisting with navigating the complexities of the housing application process through the progression of prospective tenant to tenant as well as assisting with the housing search.
 - o Searching for housing, presenting options to the beneficiary, and contacting prospective housing options for availability and information.
 - o Facilitating enrollment in the local Continuum of Care's Coordinated Entry System or in the school's McKinney-Vento program.
 - o Assisting the beneficiary in undergoing tenant screening.
 - o Completing rental applications.
 - o Assisting the beneficiary to communicate with the landlord or property manager, including accompanying the head of household to appointments, lease negotiations, and signings.
 - o Review of the living environment to ensure it is safe and ready for move-in.
 - o Assisting in arranging for and supporting the details of the move.

- Identifying, coordinating, and securing resources to assist with housing costs and other expenses.
 - o Assisting in obtaining required documentation (e.g., Social Security card, birth certificate, income and benefits statements, prior rental history) for housing assistance programs and applications or any social service program, as needed to transition to tenancy.
 - o Helping complete applications and navigating the process to obtain financial supports to afford housing, including linkages to rental assistance, security deposits, application fees, moving costs, non-medical transportation to tour units and attend tenant interviews, and food and clothing needed at transition.
 - o Providing financial education including credit repair and credit counseling, 1:1 budgeting assistance, assistance with setting up a bank account, and bill paying.
 - o Identifying and connecting the beneficiary to resources that promote long-term housing stability, including mental health resources, affordable childcare, employment, transportation, and school enrollment.
 - o Identifying and making referrals to legal services to address complex tenancy issues preventing an individual from entering a housing arrangement.

Eligibility Criteria:

- To access Pre-tenancy Services, members must meet eligibility criteria as detailed in Article 10.1.A of the New Jersey DMAHS MCO contract.
- Eligible members will be assessed and categorized as higher or lower level of need using a standardized tool developed by New Jersey DMAHS.
- Members are not eligible if they receive duplicative services through Medicaid or other federal, state, or locally-funded programs, including Community Supports Services (CSS) and Integrated Case Management Services (ICMS). Pre-tenancy Services shall supplement, but not supplant other services received by the member.

Required engagement:

- Providers must deliver 2 touchpoints per month (30-day billing period) for low level of need members, and 4 touchpoints for high level of need members. Touchpoints are defined as delivering activities consistent with the definition in Guidance on separate days within a month (30-day billing period).
- Providers must document touchpoints in New Jersey's Homeless Management Information System (HMIS) or a HMIS-comparable system consistent with additional guidance from DMAHS.

Service Limitations:

- Members are not eligible if they receive duplicative services through Medicaid or other federal, state, or locally-funded programs. Pre-tenancy Services shall supplement, but not supplant services received by the member.
- Members are not eligible for Pre-tenancy Services while receiving Housing Supports Tenancy Sustaining Services.
- Duration will persist until service no longer needed, with eligibility and needs reassessed every 6 months. On average, 6-18 months of Pre-tenancy Services and Tenancy Sustaining Services may be needed to become stably housed, but individual needs will vary and may continue beyond the 18-month timeframe.

Provider specifications:

- Must demonstrate ability to comply with Medicaid systems including but not limited to billing and invoicing, data reporting, and any additional Medicaid systems required to provide housing services.
- Provider organizations must have prior experience and expertise delivering comparable services. Examples of prior experience include but are not limited to CoC funded organizations who provide emergency shelter services, transitional housing, permanent supportive housing, rapid rehousing, or safe haven services; as well organizations that provide PATH (Projects for Assistance in Transition from Homelessness) services (funded by the Substance Abuse and Mental Health Services Administration), Integrated Case Management Services (funded by New Jersey Department of Mental Health and Addiction Services), or Comprehensive Eviction Defense & Diversion services (funded by New Jersey Department of Community Affairs). DMAHS will provide additional details in the Housing Supports Guidance document.

- Provider organizations must utilize New Jersey’s Homeless Management Information System (HMIS) or a HMIS-comparable system consistent with additional guidance from DMAHS.
- Provider organizations must demonstrate cultural competency, trauma-informed care, and adequate resources to address the needs of a diverse population (e.g., bilingual staff, staff with lived experience, or plans to contract with vendors with such staff).

Billing Specifications:

Billing Codes:

- Low level of need: H0044_U1
- High level of need: H0044_U3

Unit of Service: Per member per 30 days

Licensing Entity:

Accredited by:

Regulation Cites:

Taxonomy Code:

D. Tenancy Sustaining Services

Services that support beneficiaries achieve their goal of maintaining safe and stable tenancy, including but not limited to:

- Developing or revisiting an individualized housing support plan. The plan should establish short and long-term measurable goals, describing how goals will be achieved and how barriers will be addressed.
- Assisting with the housing recertification processes, including lease renewals and housing subsidy renewals.
- Educating and training the beneficiary on the role, rights and responsibilities of the tenant and landlord.
- Supporting the beneficiary in development of independent living and tenancy skills, including: housekeeping; cleanliness; time management; financial literacy skills; budgeting; fraud prevention; establishing a bank account; connections to community services including grocery stores, transportation, schools, and jobs; as well as connecting the individual to social services based on additional needs as identified in the housing support plan. Connections to social services can include programs and services for employment, education, health, food (e.g., SNAP), legal services, eviction prevention, or other social services
- Identifying and helping secure benefits or supports to help pay for rent and utilities, including assistance filling out applications and gathering appropriate documentation in order to obtain sources of income necessary for community living (e.g., Social Security, HUD Housing Choice Vouchers, etc.).
- Providing assistance in addressing circumstances or behaviors that may jeopardize housing such as late payment, lease violation, maintenance issues, disputes with landlords or neighbors, or other identified issues. This should include both direct interventions to address risks and connection of the beneficiary to relevant community resources that may offer assistance with those risks.

Eligibility Criteria:

- To access Tenancy Services, members must meet eligibility criteria as detailed in Article 10.1.A of the New Jersey DMAHS MCO contract.
- Eligible members will be assessed and categorized as higher or lower level of need using a standardized tool developed by New Jersey DMAHS.
- Members are not eligible if they receive duplicative services through Medicaid or other federal, state, or locally-funded programs, including Community Supports Services (CSS) and Integrated Case Management Services (ICMS). Tenancy Sustaining Services shall supplement, but not supplant other services received by the member.

Required engagement:

- Providers must deliver 2 touchpoints per month (30-day billing period) for low level of need members, and 4 touchpoints per month for high level of need members. Touchpoints are

defined as delivering activities consistent with the definition in Guidance on separate days within a month (30-day billing period).

- Providers must document touchpoints in New Jersey's Homeless Management Information System (HMIS) or a HMIS-comparable system, consistent with additional guidance from DMAHS.

Service Limitations:

- Members are not eligible if they receive duplicative services through Medicaid or other federal, state, or locally-funded programs. Tenancy Sustaining Services shall supplement, but not supplant services received by the member.
- Members are not eligible for Tenancy Sustaining Services while receiving Housing Supports Pre-tenancy Services.
- Duration will persist until service no longer needed, with eligibility and needs reassessed every 6 months. On average, 6-18 months of Pre-tenancy and Tenancy Sustaining Services may be needed expected to become stably housed but individual needs will vary and may continue beyond the 18-month timeframe.
- Tenancy Sustaining Services do not include monthly rental or mortgage expenses.

Provider specifications:

- Must demonstrate ability to comply with Medicaid systems including but not limited to billing and invoicing, data reporting, and any additional Medicaid systems required to provide housing services.
- Provider organizations must have prior experience and expertise delivering comparable services. Examples of prior experience include but are not limited to CoC funded organizations who provide emergency shelter services, transitional housing, permanent supportive housing, rapid rehousing, or safe haven services; as well organizations that provide PATH (Projects for Assistance in Transition from Homelessness) services (funded by the Substance Abuse and Mental Health Services Administration), Integrated Case Management Services (funded by New Jersey Department of Mental Health and Addiction Services), or Comprehensive Eviction Defense & Diversion services (funded by New Jersey Department of Community Affairs).
- Provider organizations must utilize New Jersey's Homeless Management Information System (HMIS) or a HMIS-comparable system, consistent with additional guidance from DMAHS.
- Provider organizations must demonstrate cultural competency, trauma-informed care, and adequate resources to address the needs of a diverse population (e.g., bilingual staff, staff with lived experience, or plans to contract with vendors with such staff)

Billing Specifications:

Billing Codes:

- Low level of need: H0044_U4
- High level of need: H0044_U6

Unit of Service: Per member per 30 days

Accredited by:

Regulation Cites:
Taxonomy Code: