Housing Supports Initial Assessment Tool

The purpose of this tool is to request housing supports services and document eligibility.

Who can complete the form?

- You, a NJ FamilyCare member seeking Housing Supports for yourself
- A parent, caregiver, or family member
- A guardian, support, or trusted friend
- Staff from an organization that helps you

Where to send the completed form?

- Submit the completed form to the member's managed care organization (MCO) via provider portal, fax, or phone. Please see below for MCO-specific submission information.
- The MCO will review your application and decide whether to approve or deny services based on the member's eligibility.

MCO	Submission information
Aetna Better Health of New Jersey	Provider portal Fax: 1-844-219-0223 Telephone: 1-855-232-3596 (TTY: 711)
Fidelis Care (Formerly Wellcare)	Provider portal Fax: 1-855-573-2346 Telephone: 1-866-309-8447 (TTY: 711)
Horizon NJ Health	Provider portal Fax: 973-274-3864 (Attn: Housing Supports Program) Telephone: 1-800-682-9090
United Health Care (UHC)	Provider portal Telephone: 800-941-4647
Wellpoint (Formerly Amerigroup)	Provider portal Fax: 855-553-9392 Telephone: 640-249-9808

Who can I contact for questions?

MCO	Contact information
Aetna Better Health of New Jersey	Telephone: 1-855-232-3596 (TTY: 711) Email: NJHousingServices@aetna.com
Fidelis Care (Formerly Wellcare)	Telephone: 1-866-309-8447 (TTY: 711) Email: HousingSupports@centene.com
Horizon NJ Health	HNJH Member Services Telephone: 1-800-682-9090 Email: HorizonHSPReferrals@horizonblue.com
United Health Care (UHC)	Telephone: 800-941-4647 Email: NJ_HousingSpecialist@UHC.com
Wellpoint (Formerly Amerigroup)	Telephone: 640-249-9808 Email: Darcy.Hillstrom@wellpoint.com

Instructions:

- Answer the following questions in sections A-G. If requesting services for a household of more than one member, please complete sections A-E for the (1) member with the greatest observed need (ideally head of household), and complete section F for additional household members
- Some questions may be answered based on observation (as noted)
- Please note which Housing Supports provider is requested to deliver services

Note: To qualify, the member needs to demonstrate eligibility. Eligibility for Housing Supports requests demonstrating:

- Medicaid and MCO enrollment
- At least one social risk criteria (Section B)
- At least one clinical risk criteria (Section C)

ASSESSMENT TOOL

A. MEMBER INFORMATION

Please complete all information in this section

1. Name (as written on Medicaid ID):
2. Date of birth (MM/DD/YYYY):
3. Phone Number (if applicable):
4. Email address (if applicable):
5. Medicaid ID:
6. Managed Care Organization (MCO):
7. MCO Member ID (optional):
8. Location (county):

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]

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]

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)

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

3. Which housing provider would you/the member like to work with? (*Optional, but highly encouraged to facilitate faster connection to services*)

Note: If the requester is a housing provider worker, please answer with the name of your own organization.

E. REQUESTER INFORMATION

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

1. Name:
2. Relation to Member:
3. Role/title in organization (if applicable)
4. Organization Name (if applicable):
5. Phone Number:
6. Email address:

F. HOUSEHOLD INFORMATION

Please complete all information in this section only for individuals who are part of the referred member's household

1. Total number of people in household *(regardless of Medicaid enrollment status)*:				
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**	**MCO ID**	**Age**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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.

H. Signature

A signature represents agreement to the Statement of Truth. A representative may sign this form for members younger than age 18. Leave the representative 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: _____

Representative Name: _____

Representative Signature: _____

Date: _____

APPENDIX

A. DEFINITIONS

1. Currently experiencing homelessness -

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   (A) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
   (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); or
   (C) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
2. An individual or family who will imminently lose their primary nighttime residence, provided that:
   (A) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
   (B) No subsequent residence has been identified; and
   (C) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing;
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
   (A) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
   (B) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
   (C) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
   (D) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
4. Any individual or family who:
   (A) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or

family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
(B) Has no other residence; and
(C) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

2. At risk of homelessness –

1. An individual or family who meets one of the following conditions:
   (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
   (B) Is living in the home of another because of economic hardship;
   (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
   (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
   (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
   (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); 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 (DMAHS finds grounds to categorize individuals living in physically unsafe homes as qualifying as at-risk of homelessness because the Department of Community Affairs (DCA) consolidated plan for New Jersey includes “individuals living in physically unsafe home”); or
2. A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or
3. A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

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

4. Transitioning from an institution to the community
This includes beneficiaries who could potentially transition from an institution to the community but are unable due to insufficient placement options.
Qualifying institutions include: hospitals, mental health residential treatment facilities, substance use disorder treatment facilities, and long-term care facilities.

5. **Individuals released from correctional facilities**
   Includes beneficiaries released from incarceration within the past 12 months.
   Qualifying institutions include: state and federal prisons, local correctional facilities, and juvenile detention facilities.

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.

9. **Pregnancy**
   - An individual who is currently pregnant
   - An individual who is up to 12 months after the end of pregnancy.

10. **Complex mental health condition caused by an intellectual or development disability**
    Qualifying physical, neurological, or behavioral, condition that directly impacts the ability to maintain a health and stable lifestyle.

11. **Individuals experience intimate partner violence, domestic violence, and/or victims of human trafficking**
    An individual who is experiencing or has experienced intimate partner violence (IPV), domestic violence, or human trafficking.

12. **Assistance with activities of daily living (ADLs) and instrumental ADLs (IADLs)**
    Individual assessed to have a need for assistance with:
    - 1 or more activity of daily living (ADL), or
    - 3 or more instrumental activities of daily living (IADLs) and has a behavioral health condition or cognitive impairment (e.g., impairment to decision making or memory).

    ADLs identify the specific Activity of Daily Living with which the individual needs assistance or is unable to perform such as:
    - **Bathing:** Bathing includes how the individual takes a full-body bath/shower or sponge bath. Includes how each part of the body is bathed: arms, upper and lower legs, chest, abdomen, and perineal area.

- **Dressing:** Upper Body Dressing includes how individual dresses / undresses (street clothes and underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc. Lower Body Dressing includes how the individual dresses/undresses (street clothes and underwear) from the waist down, including prostheses, orthotics, belts, pants, skirts, shoes, socks, and fasteners.
- **Toilet Use:** Including using the toilet or commode, bedpan, urinal, transferring on/off toilet, cleaning self after toilet use or incontinent episode, changing pad, managing special devices required (ostomy or catheter), and adjusting clothes.
- **Transferring:** Including moving to and between surfaces – to/from bed, chair, wheelchair, standing position.
- **Locomotion:** Including inside and outside of home. Note: If a wheelchair is used, regard self-sufficiency once in wheelchair.
- **Bed Mobility:** Including moving to and from lying position, turning side-to-side, and positioning body while in bed.
- **Eating:** Including taking in food by any method, including tube feedings.

IADLs identify the specific Instrumental Activity of Daily Living (IADL) with which the individual needs assistance or is unable to perform such as:

- **Meal Preparation:** The ability to obtain and prepare routine meals. This includes the ability to open containers and use kitchen appliances, and how meals are prepared (e.g. planning meals, cooking, assembling ingredients, setting out food, utensils), with assistive devices, if used. If person is fed via tube feedings or intravenously, treat preparation for the tube feeding as meal preparation and indicate level of help needed.
- **Housework:** The ability to maintain cleanliness of the living environment and how ordinary work around the house is performed (e.g. doing dishes, dusting, making bed, tidying up)
- **Managing Finances:** The ability to handle money, plan budget, write checks or money orders, exchange currency, handle coins and paper, do financial management for basic household necessities (food, clothing, shelter), pay bills and balance a checkbook.
- **Medication Management:** How medications are managed and ability to follow prescribed medication regime (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments).
- **Phone Use:** How telephone calls are made or received (with assistive devices such as large numbers or telephone amplification).
- **Shopping:** The ability to run errands and shop, physically acquire, transport and put away groceries. How shopping is performed for food and household items (e.g. selecting appropriate items, getting around in a store).
- **Transportation:** The ability to drive and/or access transportation services in the community. How participant travels by vehicle (e.g. gets to places beyond walking distance).
- **Accessing Resources:** The ability to identify needs and locate appropriate resources; the ability to complete phone calls, set up and follow through with appointments, and complete paperwork necessary to acquire services or participate in activities offered by the resources.
- **Laundry:** The ability to maintain cleanliness of personal clothing and linens.
- **Personal Hygiene:** Personal hygiene may include ability to perform grooming such as combing hair, brushing teeth, shaving, nail care, applying makeup, and washing/drying face and hands.

13. Repeated emergency department use or hospital admissions

An individual with repeated use of emergency department care (defined as two or more visits in the past 6

months or four or more visits in the past 12 months).

14. 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:
    i. For individuals exiting institutions (e.g., nursing facilities), thorough and proactive discharge planning and other transitionary 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.
    i. Searching for housing, presenting options to the beneficiary, and contacting prospective housing options for availability and information.
    ii. Facilitating enrollment in the local Continuum of Care's Coordinated Entry System or in the school's McKinney-Vento program.
    iii. Assisting the beneficiary in undergoing tenant screening.
    iv. Completing rental applications.
    v. Assisting the beneficiary to communicate with the landlord or property manager, including accompanying the head of household to appointments, lease negotiations, and signings.
    vi. Review of the living environment to ensure it is safe and ready for move-in.
    vii. Assisting in arranging for and supporting the details of the move.
- Identifying, coordinating, and securing resources to assist with housing costs and other expenses.
    i. 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.
    ii. 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.
    iii. Providing financial education including credit repair and credit counseling, 1:1 budgeting assistance, assistance with setting up a bank account, and bill paying.
    iv. Identifying and connecting the beneficiary to resources that promote long-term housing stability, including mental health resources, affordable childcare, employment, transportation, and school enrollment.
    v. Identifying and making referrals to legal services to address complex tenancy issues preventing an individual from entering a housing arrangement.

15. Tenancy Sustaining Services

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

- Developing or revising 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.

16. 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.
    i. Services required for a beneficiary's health and safety, such as pest eradication and one-time cleaning prior to move-in.
    ii. 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:
    i. Costs for filing applications and payment of application fees necessary to obtain a lease on a home.
    ii. Payment for move-in costs including movers to ensure transportation of self and possessions to new housing arrangement.
    iii. Payment of security deposits.
    iv. Payment of set-up fees or deposits for utility or service access, including telephone, electricity, heating and water.

17. 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.