NEW JERSEY HUMAN SERVICES

NJ 1115 Waiver Implementation

Housing Supports

AUGUST 2026

In July 2025, DMAHS launched Housing Supports, which aims to drive whole person care and improved health outcomes

Housing Supports

Creating new services to help members find and maintain housing

Healthy Homes

Financing development of new homes

Whole person care

Behavioral health

Integrating behavioral health into managed care

Physical health

Continuing to deliver physical health & LTSS through managed care

Better outcomes: MCO accountable for coordinating all services
Better member experience: Member receives broad benefits from 1 MCO

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Overview of Housing Supports Program (HSP)

Goals	• Help **find & maintain housing** for housing insecure members to **improve health outcomes** • Drive greater connection of the housing and health care ecosystems
Authority	• 1115 demonstration approved by CMS through June 2028
Geography	• Statewide
Services	• **Pre-tenancy services**: case management supports to help member find housing • **Tenancy sustaining services**: case management supports to help members maintain housing • **Residential modification and remediation**: modifications or repairs to home to ensure health & safety • **Move-in supports**: payment to support the setup of new housing or a move • Does not include payment for rent or housing production
Eligibility	• MCO enrolled • At least 1 clinical risk factor (e.g., chronic health condition, mental health condition) • At least 1 social risk factor (e.g., homeless, at risk of homelessness)
Provider qualifications	• Pre-tenancy and tenancy sustaining services: organizations with experience serving housing insecure populations; can demonstrate experience via participation in other comparable government programs • Modification and remediation services: licensed home contractors will deliver • Move-in supports: housing supports providers or MCOs can pay directly and be reimbursed for these costs
Admin model	• MCOs responsible for building network, paying claims, authorizing services, and MCO care management • Housing supports providers responsible for delivering services

Housing Supports Program launched with goals of improving member access to services and bridging gaps in housing ecosystem

Member access

Maximize access to **improve health outcomes** and **address unmet housing needs**

- Increase **number of members** receiving housing supports services
- Provide **high-quality** and **timely** services
- Support **transitions into permanent housing,** where possible

Ecosystem connectivity

Bridge gaps in housing ecosystem and **create new housing support** services where needed

- **Integrate providers** into Medicaid & housing supports program
- Build **robust provider base** across NJ
- Provide process for providers to **receive reimbursement** through Medicaid

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We have made significant progress against each of these goals, since program launch ~1 year ago

Member access

Maximize access to **improve health outcomes** and **address unmet housing needs**

~5,000+
members served

90%+
members served within 2-days of initial referral

475+
move-ins to permanent housing supported

Ecosystem connectivity

Bridge gaps in housing ecosystem and **create new housing support** services where needed

150+
providers enrolled in program

100%
counties with an in-network provider

~7,900
claims submitted

Source: Data from MCO interim and provider-level reports to DMAHS, as of 6/30.

Context | Housing instability drives repeat acute care use – hospital encounters are opportunities to connect members to longitudinal care

Members experiencing housing instability present in acute care settings at disproportionate rates

Individuals experiencing homelessness utilize hospital emergency departments (EDs) **~3-7 times more frequently** than the housed population[1]

Without in-person engagement before hospital discharge, members experiencing homelessness often return to similar unstable conditions, **resulting in repeat acute care utilization**

Partnerships between hospitals & providers can create opportunities for care before discharge; connections to longitudinal care

Peer states have seen success with hospital pilots, resulting in:

- **Connections to better, longer-term housing solutions** for patients experiencing homelessness
- **More positive health outcomes** for individuals experiencing homelessness
- **Reductions in hospital ED utilization**[2]

NJ Housing Supports' Hospital Pilot aims to **establish durable pathways from hospital encounter to longitudinal housing case management**

1. Based on National Hospital Ambulatory Medical Care Survey results on emergency department visits by homeless status, U.S. 2010-2021. 2. Better Health Through Housing program in Chicago instituted a 12-month pilot to refer ED patients to community-based supportive housing.

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Following pages are preliminary; RFP details are subject to change prior to official release

DCA and DMAHS to fund Hospital and Housing Supports Services Integration Pilot, establishing pathways from hospital encounters to case management

Hospital-Housing Supports provider partnership

Hospitals and Housing Supports providers will **co-design a model** to:

- Identify and serve eligible HSP members that **present in clinical care settings**
- Connect members to **longitudinal housing services**

Housing Supports provider will be **lead applicant,** with **identified and mutually agreed upon hospital partner**

Flexibility in partnership design for whole person care

RFP encourages **flexible, creative, and effective care models,** such as:

- **Embedding HSP providers** in clinical settings
- Conducting **rapid response** when a member is identified
- Organizing **post-discharge placement** options

DMAHS and DCA to release **separate RFP for a technical assistance provider** that will provide **implementation support** for participating pilot sites **and pilot evaluation**

Key elements of Hospital and Housing Supports Services Integration Pilot RFP include:

1. Goal of **strengthening continuity of care** for members experiencing housing instability
2. **Joint partnership** between hospital and Housing Supports provider **agreed upon**, by RFP submission
   - Housing Supports provider will be **lead RFP applicant**
3. **Housing Supports provider readiness as a prerequisite** (e.g., must be enrolled and in-network with all 5 MCOs, with at least 20 claims approved by pilot launch)
4. **Applicant-proposed** care model design

Hospital pilot RFP release anticipated soon

Goal of pilot is to establish replicable care processes and demonstrate meaningful health outcomes for members

Process-based Pilot Success Metrics

Effective operational integration

Hospitals and HSP providers collaborating to serve members, with **clear functional workflows**

Reliable service connection

Members consistently identified in healthcare settings, reducing fragmentation of housing case management service delivery

Outcome-based Pilot Success Metrics

Improved health outcomes

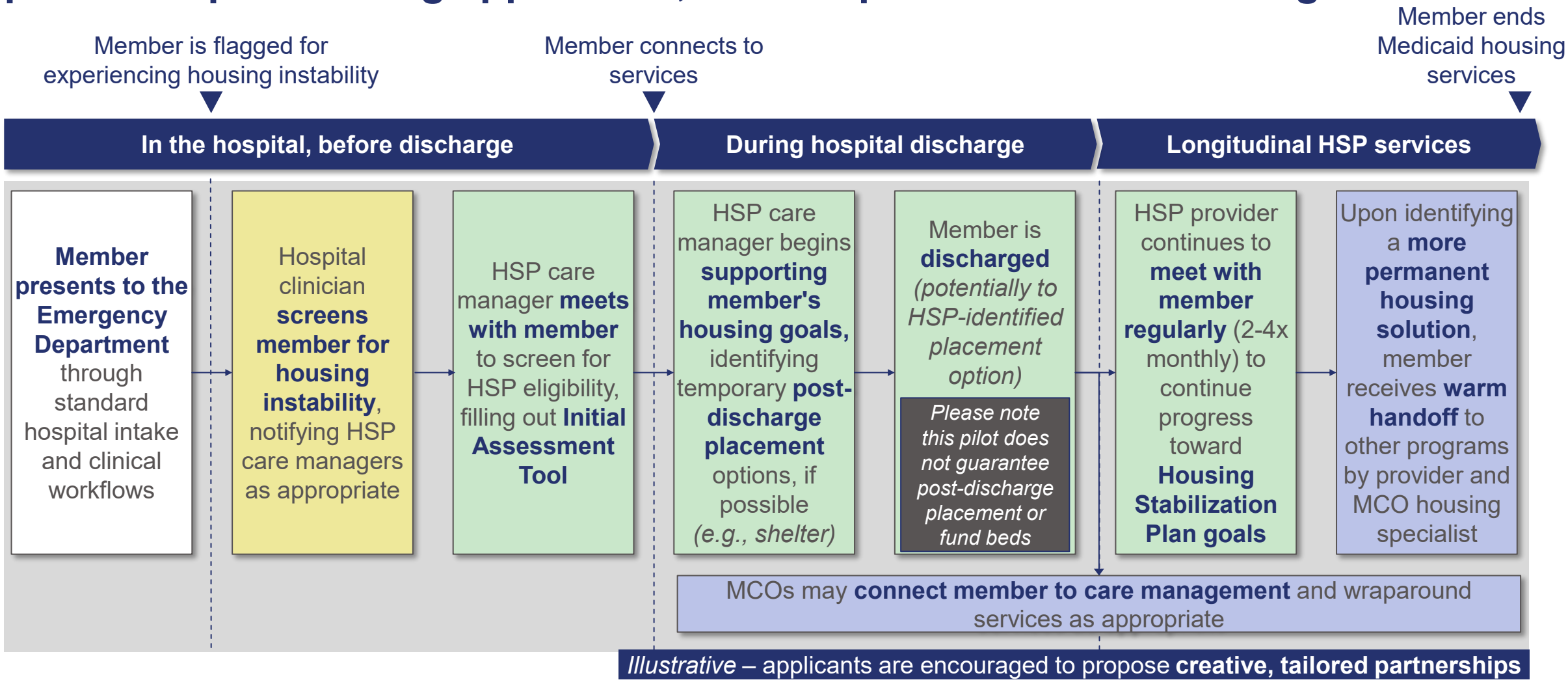
Better health outcomes for participating members, incl. potential reductions in avoidable ED visits

Rich insights to inform scale

Documentation of promising practices to inform program scale across New Jersey

Following pages are preliminary; RFP details are subject to change prior to official release

Example | RFP applicants will outline a model of collaboration for their partnership in funding application, to be implemented if awarded grant



1. Housing specialist to join call with the care manager; 2. Another entity (e.g., friend, family) could have also reached out for services on behalf of member in accordance with no-wrong door policy; Housing specialist meets with member and provider separately at 12-week cadence

Additional details on eligible funding categories in the Appendix

Eligible activities | DCA and DMAHS will fund activities across partnerships to strengthen hospital-case management referral pathways

Grants will support hospital-HSP provider partnerships, including:

Hospital or health system funding	• **EHR/screening tool changes** to identify members experiencing housing stability and refer securely to partner providers • **Education for clinical, care management, and discharge planning teams** on program and referral pathways
Housing Supports Program provider funding	• **Hiring and onboarding of housing case managers** to receive and act on hospital referrals • **Mobile and field-based technology** to support community-based engagement and follow-up
Joint applications; funding will be tied to programmatic milestones	

Pilots are expected to establish and test hospital-HSP partnerships, workflows, and infrastructure **with the goal of supporting sustainable integration beyond the grant-funded period**

Release anticipated in the coming months, with further info on RFP timing and structure

- In meantime, encourage **potential partners to engage one another to begin planning**

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Application details | Hospital-HSP pilot applications must be submitted jointly, with Housing Supports providers as primary applicants

Housing Supports providers

Applicant eligibility:

- **Nonprofit and in-network** with all 5 MCOs[1]
- **Demonstrated track record** within HSP:
  - In-network with all 5 MCOs[1]
  - 25+ approved Initial Assessment Tools (IATs)
  - 20+ approved claims
  - Consistent HMIS documentation

Applicant responsibilities:

- Primary **point of contact** with DCA
- **Receives and disburses** all grant funds
- **Billing entity** for all HSP services delivered
- Holds **fiscal responsibility** for the full award, including fund transfers to sub-recipients

Primary applicant

Hospitals and healthcare entities

Applicant eligibility:

- Valid **NJ NPI** and **not an enrolled HSP provider**
- Be a **hospital, acute care setting, or broader health system setting** that interacts with eligible members:
  - Semi-acute facilities
  - Street outreach teams
  - Mobile clinics or FQHCs

Applicant responsibilities:

- Comply with **outlined expenditure guidelines**
- Provide **timely reporting** for DCA and TA provider
- Attend **related trainings**

Sub-recipient

TA provider will provide **playbook for organizations to develop legal agreement (e.g., MOA's)** governing partnerships as part of pilot pre-launch readiness

1. Providers must be at least enrolled with 3 MCOs and in-process with the remaining 2 MCOs at the time of application.

Funding distribution | Funding will be released across five milestones, tied to pre-launch readiness and good-faith pilot performance

Initial grant disbursement

- No milestones required
- Issued **upon grant selection**

At award notification

30% of total award

Partnership agreement and plan

- **Executed MOA** (or similar) between hospital-HSP provider[1]
- DMAHS / DCA **approval of refined plan** and budget

Pre-launch, developed with TA provider

Up to 50% of total award

Readiness to serve members

- Operational **workflows implemented** (e.g., referrals)
- **Staff training complete** for both parties
- **Technology and data-sharing** live

Pre-launch, determined by DCA and DMAHS

Up to 60% of total award

Year 1 of pilot operations

- **Good-faith effort** in implementation, incl. quick transition to live pilot operations
- **Mid-term review** completed with the TA provider

~1 year after initial award

Up to 90% of total award

Conclusion of pilot operations

- **Good-faith effort** in implementation, contingent on same standards from year 1 of operations

Pilot conclusion (funds to be spent by Jun '28)[2]

Final 10% of total award

After initial grant disbursement, reimbursements will **cover incurred, eligible expenditures up to the award percentage earned to date** – grant funds will be directed by DCA to primary grantee, who is **responsible for transferring applicable funds to subrecipient**

Note: In the event the grant term is extended, milestone schedules, deliverables, and associated reimbursements may be revised as necessary.

1. Executed Memoranda of Agreement (MOA) between hospital and HSP provider will include terms for fund transfers and expense reporting. 2. Grant term may be subject to change if NJ receives a waiver extension.

Detailed grant terms and components | Draft required application materials

Documentation establishing eligibility

- Housing Supports provider
  - Last 3 years of audits and latest IRS Form 990
  - Proof of program participation thresholds (e.g., in-network with 5 MCOs, 25+ IATs)
  - Required organizational capacity and commitment evidence
  - Board resolution endorsing pilot participation
  - Executed application cover page
  - Executive Director approval and pilot duration commitment attestation
  - Commitment to Housing First & PWLEE inclusion principles
- Hospital or healthcare entity
  - Leadership approval and pilot duration commitment attestation
  - NPI confirmation notice
  - Commitment to Housing First & PWLEE inclusion principles
- All applicants (primary and subrecipient)
  - Letter of intent formalizing hospital-HSP partnership
  - Attestation of good-faith collaboration with TA Provider

Narrative

- Proposed partnership model (max. 3 pages)
  - Operating model and partnership structure
- Implementation plan (max. 2 pages)
  - Pilot launch plan and funding/budget narrative
- Organizational experience and capabilities (max. 2 pages)
  - Staff commitments from both parties

Additional attachments

- Staff resumes
- Bylaws and Articles of Incorporation
- Job descriptions of positions created via project
- Verification of current SAM registration
- Other certifications and documents (e.g., lobbying certification)

Detailed grant terms and components | 4 categories of activities will be eligible for funding as part of grant

Technology

- **Technology systems** that enhance providers' operational capacity and improve the efficiency, accuracy, and compliance of service delivery
- **Modifications to hospital or healthcare entity systems** to engage HSP providers

Development of business or operational practices

- **Programmatic costs:** activities directly tied to delivery and scaling of Housing Supports services, to support providers, hospitals, and healthcare entities in adapting and configuring clinical workflows to align with grant goals
- **Administrative costs:** support for staffing capacity and infrastructure (limited to 10% of the total grant award amount)

Workforce development

- **Hiring** of additional staff to support partnership in housing case management integration and service to a larger number of members
- **Training** for staff to adopt new processes and responsibilities associated with hospital-HSP provider integration

Outreach, education and stakeholder convening

- Activities to **inform NJ FamilyCare members** about the pilot to increase community awareness of the initiative and its availability, supporting broader member access

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Following pages are preliminary; RFP details are subject to change prior to official release

Next steps | Interested providers and hospitals are strongly encouraged to kick off partnership conversations ASAP

Partnerships must be identified and mutually agreed upon at time of RFP submission – parties are encouraged to begin conversations ASAP

HSP providers

Begin outreach to hospitals and health systems in your service area

- Prioritize hospitals where you already have **referral relationships, shared members, or geographic overlap**
- Be prepared to discuss **potential partnership model** ideas with hospital staff

Hospitals and health systems

Initiate or expect outreach from Housing Supports providers

- Use the Provider Directory to **identify Housing Supports providers** serving your community
- Anticipate **outreach from interested providers** in the coming weeks
- Begin **identifying the staff and departments** likely to participate

Resources

- DCA SAGE (application platform)
- NJ Housing Supports Program Provider Directory
- NJ Housing Supports Program Provider Guidance
- NJ Housing Supports Program Services Dictionary
- Additional NJ Housing Supports Program documents may be found here

Interested applicants recommended to create profiles in SAGE *(application platform)* ASAP – profile creation/updates require DCA review and approval

Appendix

Context | Concurrently, DCA and DMAHS will fund a technical assistance provider to support hospital-Housing Supports provider partnerships

	The TA provider will serve two core functions:
Hospital pilot implementation support	• **Pre-launch readiness and hands-on support** throughout implementation to hospital-provider partnerships • **Cross-site sessions** for pilot participants to surface what is working and/or troubleshoot, **relaying insights to DMAHS**
Hospital pilot mixed-methods assessment	• **Quantitative and qualitative analysis of pilot implementation,** synthesizing key lessons for future scale • **Shared templates, workflows, and best-practices** that other partnerships may adopt
Single award; funding will be tied to programmatic milestones	

The TA provider will serve as a **shared implementation resource** across pilot sites, translating what works into **practices other partnerships may adopt**

Release anticipated in the coming months, with information on RFP timing and structure