Housing Supports Level of Need Assessment Tool

INTRODUCTION

The Housing Supports Level of Need Assessment Tool was developed to address the critical need for a standardized, evidence-based method of assessing housing instability risks among Medicaid members in New Jersey.

This tool is also used to:

- Document eligibility for Pre-Tenancy and Tenancy Sustaining Services.
- Request MCO authorization and reauthorization for continued Pre-tenancy and Tenancy Sustaining Services.
- Classify individuals into two risk categories (Lower Level of Need and Higher Level of Need) to inform service provision and reimbursement under the state's 1115 Medicaid waiver program.

Instructions:

- Level of Need Assessment should be used to request continued authorization for services.
    - The assessment must be submitted within the first 30 days of service for authorization for the next 150 days.
    - The assessment must be submitted for any reauthorization of services (i.e., due to continued need for services, after a change in provider, or after a meaningful change in member condition) lasting for 180 days.
    - Assessment should be filled out by a case manager employed by a Housing Supports program Pre-tenancy or Tenancy Sustaining Provider who is authorized to deliver services to member.
- Case manager should answer questions based on an individual member.
    - Member should have previously been authorized for services; this assessment is used to continue to authorize services.
    - Even if member is part of a household, only answer the questions for the individual authorized for services. Providers may only bill for 1 member per household.
- For each answer, assign the points indicated in parentheses.
- Some questions may be answered based on observation (as noted).
- Once the assessment is completed, please tally all the points across all questions. Align this total with the scoring rubric in the appendix to designate whether the member is higher or lower need.

Note: To qualify for housing supports services, the member needs to demonstrate eligibility and must have completed the initial request for services. 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. DEMOGRAPHICS

<table>
<tr><td>1. Name: (not scored)</td><td>Not scored</td></tr>
<tr><td>2. Date of Birth: (1 point if age is less than 18 or more than 60):</td><td>Score:</td></tr>
<tr><td>3. Medicaid ID: (not scored, but Medicaid and MCO enrollment required for eligibility)</td><td>Not scored</td></tr>
<tr><td>4. MCO Member ID: (not scored, but Medicaid and MCO enrollment required for eligibility)</td><td>Not scored</td></tr>
<tr><td>5. Number of people in household (including member):

☐ 2+ members (5 points)
☐ 1 member (0 points)

Total number of people in household _____ (not scored)

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

<table>
<tr><th>First name</th><th>Last name</th><th>Medicaid ID</th><th>MCO ID</th><th>Age</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
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</td><td>Score:</td></tr>
<tr><td>6. Are you employed? (Reminder: answer should reflect the condition of the authorized member, not the condition of other members in the household. If member is a child and does not have a job, answer No)
(If unemployed: 1 point)

☐ Yes ☐ No</td><td>Score:</td></tr>
</table>

B. HOUSING AND SOCIAL HISTORY

7. Where do you sleep most frequently (select only one)? **Homeless:** ☐ Unsheltered homeless including areas not meant for human habitation (e.g., sleeping in a vehicle, abandoned building, or outdoors)[1] *(5 points)* ☐ Emergency shelter, safe haven, or hotel/motel paid for by charity or government[1] *(5 points)* ☐ Other homeless definitions including *(5 points)* [1]: • Other scenarios where an individual lacks fixed, regular, and adequate nighttime residence • At imminent risk of homelessness (losing housing within 14 days) • Fleeing or attempting to flee domestic violence, and has no other residence • Youth under 25 who qualify as homeless under other federal statutes[2] **Unstably housed:** ☐ At risk of homelessness including situations such as couch-surfing, facing eviction within 21 days, or living in overcrowded housing[2] *(1 point)* ☐ Living in a physically unsafe home[2] *(1 point)* ☐ At-risk of institutionalization[3] *(1 point)* ☐ Transitioning out of institution[4] *(1 point)* ☐ Recently released (within 12 months) from correctional facility[5] *(1 point)* **Stably housed:** ☐ Stably, safely housed (none of the above) (*0 points)*	Score:
8. How long have you been living there (select only one)? **Homeless:** ☐ Homeless for greater than 1 year *(3 points)* ☐ Homeless for less than 1 year *(2 points)* **Unstably housed:** ☐ Unstably housed for greater than 1 year *(2 points)* ☐ Unstably housed for less than 1 year *(1 point)* **Stably housed:** ☐ Stably housed for _____ months *(0 points)*	Score:
9. How many times have you been homeless[1] (including currently)? ☐ Experienced homelessness at least once in the past year *(3 points)* ☐ Experienced homelessness at least once in the past 3 years but not in the past year *(2 points)* ☐ Experienced homelessness over lifetime but not in the past 3 years *(1 point)* ☐ Never been homeless (0 points)	Score:

10. Have you experienced an eviction before? ☐ Yes; received an eviction notice and was evicted (3 points) ☐ No; either received an eviction notice but avoided eviction or currently in the eviction process (1 point) ☐ No; never have received an eviction notice (0 points)	Score:
11. Have you been involved with the criminal justice system in any of the following ways? ☐ Yes; I have been charged with, convicted of, imprisoned for, or on probation for a criminal offense **in the past twelve months** (*2 points*) ☐ Yes; I have been charged with, convicted of, imprisoned for, or on probation for a criminal offense **but all more than twelve months ago** AND/OR I have been a witness to and/or victim of a criminal offense which was reported to authorities **in the past twelve months** (*1 point*) ☐ No; none of the above apply to me (*0 points*)	Score:

C. HEALTH

Note: Answers to questions in this category are self-reported *or* observed by the provider. They do not require clinical diagnosis.

12. How many hospitalizations or emergency department visits have you had in the last 6 months? ☐ More than 4 visits *(7 points)* ☐ 2 to 3 visits *(2 points)* ☐ 1 or no visits *(0 point)*	Score:
13. Have you faced intimate partner violence or domestic violence? ☐ Within the last 6 months *(3 points)* ☐ Within the last 12 months but not within the last 6 months *(2 points)* ☐ At some point during lifetime but not in the last 12 months *(1 points)* ☐ No; None of the above apply to me (0 points)	Score:
14. Do you have any substance misuse (drug or alcohol) issues that make it difficult for you to maintain stable housing? (Reminder: answer should reflect the condition of the authorized member, not the condition of other members in the household)[6] *(5 points if yes)* ☐ Yes ☐ No	Score:

15. Do you have any mental health conditions that make it difficult for you to maintain stable housing?[7] *(2 points if yes)* ☐ Yes ☐ No	Score:
16. Do you have any intellectual or developmental disabilities that make it difficult for you to maintain stable housing?[8] *(8 points if yes)* ☐ Yes ☐ No	Score:
17. Are you currently or have you been pregnant in the last 12 months?[9] ☐ Currently pregnant *(1 point)* ☐ Not currently pregnant but have been pregnant within the last 12 months *(1 point)* ☐ Not currently pregnant nor pregnant in the last 12 months *(0 points)*	Score:
18. Do you have any chronic health conditions?[10] *(1 point if yes)* ☐ Yes ☐ No	Score:
19. Do you need assistance with activities of daily living (ADLs)[11] or instrumental ADLs (IADLs)[12]? Check all that apply and sum points if selecting both. ☐ Require assistance with at least 1 ADL (e.g., bathing, dressing, eating, using the toilet) *(1 point)* ☐ Require assistance with at least 3 IADLs (e.g., cooking, shopping, managing medication) and have a behavioral health condition or cognitive impairment (e.g., impairment to decision making or memory) *(1 point)* ☐ No; None of the above apply to me (0 points)	Score:

Please add up all the scores and provide the total score below: **TOTAL SCORE:**	Please provide the risk category based on total score and the scoring rubric shown in the appendix below: **LEVEL OF NEED CATEGORY:**
0	

SCORING RUBRIC

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

PROVIDER ASSESSMENT RECORD

The case manager who administered the member's Level of Need should fill out the following required information.

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

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
   (E) 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 (number of rooms defined by the Census Bureau as "whole rooms such as living rooms, dining rooms, bedrooms, kitchens, finished basements or attics, recreation rooms, permanently enclosed sun porches which are suitable for year-round use, and lodger's rooms. A partially divided room, such as dinette next to a kitchen or living room was counted as a separate room only if there was a partition from floor to ceiling, but was not counted as a room if the partition consisted solely of shelves or cabinets. Not included in the count of rooms were bathrooms, halls, foyers or vestibules, balconies, closets, alcoves, pantries, strip or pullman kitchens, laundry or furnace rooms, unfinished attics or basements, open porches, sun porches not suited for year-round use, unfinished space used for storage, mobile homes or trailers used only as bedrooms, and offices used only by persons not living in the unit");
   (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. **Substance misuse**
   An individual with a substance use disorder who is in need of substance use treatment (which may include recovery services).

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. **Complex medical 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.

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

10. **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.

11. **Activities of daily living (ADLs)**

Individual assessed to have a need for assistance with basic human functions 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.

12. Instrumental activities of daily living (ADLs)

Individual assessed to have a need for assistance with activities requiring more complex thinking skills 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.