

# HOUSING SUPPORTS PROVIDER CREDENTIALING APPLICATION FORM FOR PRE-TENANCY AND TENANCY SUSTAINING SERVICES

This standardized credentialing application is designed for housing services organizations seeking to enroll as participating providers in the network.

The Housing Supports Program aims to help find and maintain housing for housing-insecure members to improve health outcomes and foster greater coordination between NJ's health care and housing systems.

## APPLICATION INSTRUCTIONS

- Please complete the questions in the application and attach the required documentation.
- For detailed information on questions, please refer to the corresponding footnotes in the appendix at the end of the application.
- To join MCO networks, you must be a Medicaid-enrolled provider and have an active National Provider Identifier (NPI) number.
- You are required to complete every element of this application, per the relevant instructions. Failure to do so may result in denial of credentialing application or delays in processing.
- Please see the Appendix beginning on page 13 for definitions/details on terms used throughout this application.

## APPLICATION CHECKLIST

In order to expedite processing, please complete every item on this application. Please enclose copies of the documentation listed below and sign and date the consent and release form at the end of this document.

- ☐ **[Required for all applicants]** A copy of your current [State of New Jersey business registration](#)
- ☐ **[Required for all applicants]** A copy of your current General and/or Professional liability insurance certificate(s); minimum amounts of \$1M per occurrence/\$3M per aggregate
- ☐ **[Required for all applicants]** A completed current copy of the Division of Medical Assistance and Health Services (DMAHS) [Disclosure of Ownership and Control Interest Statement-FD-452](#)
- ☐ Documentation indicating participation in government programs (if applicable in Part II)
- ☐ Documentation of organization indicating 3+ years of experience (if applicable in Part III)
- ☐ Resumes of organization staff with 2+ years of experience (if applicable in Part III)
- ☐ Form W-9 or any other tax document (if applicable in Part III)

# PART I

## ORGANIZATION INFORMATION

Full name of individual completing form \_\_\_\_\_

Legal Business Name \_\_\_\_\_

DBA Name \_\_\_\_\_

Organization Owner(s) \_\_\_\_\_

Business Manager - If different than Organization Owner(s) \_\_\_\_\_

Organization Physical Address \_\_\_\_\_

Organization Mailing Address \_\_\_\_\_

Organization Billing Address \_\_\_\_\_

Additional Organization Addresses (if applicable)

Address 2 \_\_\_\_\_

Address 3 \_\_\_\_\_

Organization Phone \_\_\_\_\_

Organization Email \_\_\_\_\_

National Provider Identifier (NPI) \_\_\_\_\_

Tax Identification Number (TIN) \_\_\_\_\_

Credentialing Contact Name \_\_\_\_\_

Credentialing Contact Title \_\_\_\_\_

Credentialing Contact Email \_\_\_\_\_

Credentialing Contact Phone \_\_\_\_\_

Credentialing Contact Fax \_\_\_\_\_

Medicaid Certification Number (if applicable) \_\_\_\_\_

Medicaid ID (if applicable) \_\_\_\_\_

Medicare ID (if applicable) \_\_\_\_\_

Please attach your current State of New Jersey business registration (find more details here on New Jersey state business registration here: <https://business.nj.gov/pages/register-your-business>)

Please attach your current General and/or Professional liability insurance certificate(s); minimum amounts of \$1M per occurrence/\$3M per aggregate

Please attach a copy of your Disclosure of Ownership and Control Interest Statement -FD-452 (find the instructions for DMAHS's Disclosure of Ownership and Control Interest Statement here: <https://test.njmmis.com/downloadDocuments/FD-452DMAHSDisclosureForm.pdf>)

## SERVICES SUMMARY

Housing Support Services to be provided by your organization (check all that apply)

- ☐ Pre-tenancy Services
- ☐ Tenancy Sustaining Services
- ☐ Move-in Supports

This application is only for the 3 services above. If you provide other services that are reimbursable through the Medicaid program, you may reach out to the MCO for specific instructions.

NJ Counties your organization serves (check all that apply)

- |                                     |                                     |                                   |
|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Atlantic   | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Ocean    |
| <input type="checkbox"/> Bergen     | <input type="checkbox"/> Hudson     | <input type="checkbox"/> Passaic  |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Hunterdon  | <input type="checkbox"/> Salem    |
| <input type="checkbox"/> Camden     | <input type="checkbox"/> Mercer     | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Cape May   | <input type="checkbox"/> Middlesex  | <input type="checkbox"/> Sussex   |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Monmouth   | <input type="checkbox"/> Union    |
| <input type="checkbox"/> Essex      | <input type="checkbox"/> Morris     | <input type="checkbox"/> Warren   |

List any special populations served today by your organization (check all that apply)

- ☐ Individuals experiencing homelessness
- ☐ Individuals at risk of homelessness
- ☐ Individuals at risk of institutionalization and requiring new housing (institutions including hospitals, mental health residential treatment facilities, substance use disorder treatment facilities, and long-term care facilities)
- ☐ Individuals transitioning from an institution to the community (institutions including hospitals, mental health residential treatment facilities, substance use disorder treatment facilities, and long-term care facilities)
- ☐ Individuals recently released from correctional facilities (including state and federal prisons, local correctional facilities, and juvenile detention facilities)
- ☐ Individuals with mental health disorder(s)
- ☐ Individuals with substance abuse disorder(s)
- ☐ Victims of intimate partner violence, domestic violence, and/or human trafficking
- ☐ Individuals with disabilities
- ☐ Individuals requiring assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs)
- ☐ Single adults
- ☐ Pregnant women
- ☐ Families with children
- ☐ Unemployed individuals
- ☐ Veterans
- ☐ Youth under 18 or youth experiencing homelessness as defined by the McKinney-Vento Act
- ☐ Non-English speakers: If you checked "Non-English speakers," please list the other language(s) you serve below.

---

☐ Other

If you checked "Other" above, please explain below.

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Describe your organization and the services provided in the community (recommend no more than 100 words).

Number of current staff who deliver direct services to clients \_\_\_\_\_

Please list by position title and number of staff per title who deliver direct services to clients

## PART II

### MINIMUM STANDARDS APPLICABLE TO TENANCY PROVIDERS

Is your organization an active participant (not as a subgrantee or subcontractor) in good standing in any of the following government programs?

☐ Yes

☐ No

If yes, please complete the remainder of PART II, then skip PART III

If no, please complete the remainder of PART II, and all of PART III

Check the government programs listed below if your organization is an active participant (not a subgrantee or subcontractor) in good standing.

With this application submission, **please attach relevant documentation proving current enrollment in all checked government programs below.**

#### HUD Programs

- ☐ CoC Grants received for providing services relevant for the Housing Supports program
- ☐ ESG Grants received for providing services relevant for the Housing Supports programs
- ☐ Housing Counseling Program

#### DMHAS Programs

- ☐ Community Support Services (CSS)
- ☐ Integrated Case Management Services (ICMS)

#### HHS Programs

- ☐ Projects for Assistance in Transition from Homelessness (PATH)
- ☐ Runaway and Homeless Youth Program (RHY)

#### DCA Programs

- ☐ Homelessness Prevention and Rapid Rehousing Program (HPRP2)
- ☐ Document Assistance and Support for Housing (DASH)
- ☐ Comprehensive Eviction Defense & Diversion (CEDD)
- ☐ Integrated Homelessness Prevention and Services Program (IHPS)
- ☐ Homelessness Diversion Pilot (Diversion)

#### DCF Programs

- ☐ Keeping Families Together (KFT)

### Self-Attestation of Organizational Responsibilities

Please check the boxes next to the statements below to self-attest to the accuracy of each statement as it pertains to your organization.

- Please note that to be considered for participation as part of our Housing Supports Program you must attest to all four statements below.

- ☐ My organization can provide DMAHS Pre-tenancy Services or Tenancy Sustaining Services.
- ☐ My organization will attend required trainings that DMAHS will later define.
- ☐ My organization will complete reporting, monitoring, and claims submission to the best of your ability (See for example, [guidance on submitting claims](#)).
- ☐ My organization commits to Housing First principles and can provide culturally competent care.

### Homeless Management Information System

Is your organization a current active user of Homeless Management Information System (HMIS)?

- ☐ Yes
- ☐ No

If you selected no and are not a current active user of Homeless Management Information System (HMIS), does your organization agree to become an active user of HMIS prior to providing services to our members?

- ☐ Yes
- ☐ No

If you selected no and are not a current active user of Homeless Management Information System (HMIS), is your organization prohibited from using HMIS (i.e., an organization funded by the Violence Against Women Act)?

- ☐ Yes
- ☐ No

## PART III

**Note:** Part III does **not** need to be completed if your organization is an active participant (not a subgrantee or subcontractor) in any of the government programs listed in Part II

### ORGANIZATION EXPERIENCE

Which target populations and housing situations is your organization best suited to serve or currently serving?

- ☐ Chronically homeless population (including individuals living in a place not meant for human habitation including a vehicle, outdoors etc. for at least 12 months or on at least 4 separate occasions in the last 3 years).
- ☐ Population currently experiencing homelessness (including individuals living in an area not meant for human habitation such as sleeping in a vehicle, outdoors, in an abandoned building etc.)
- ☐ Population at risk of homelessness (including individuals who are couch-surfing, facing eviction within 21 days, or living in overcrowded housing)
- ☐ Population at risk of institutionalization and requiring a new housing situation (institutions include hospitals, mental health residential treatment facilities, substance use disorder treatment facilities and long-term care facilities)
- ☐ Population transitioning from an institution to the community (institutions include hospitals, mental health residential treatment facilities, substance use disorder treatment facilities and long-term care facilities).
- ☐ Population recently released from correctional facilities (institutions include state and federal prisons, local correctional facilities, and juvenile detention facilities).
- ☐ Other  
Please explain \_\_\_\_\_

Does your organization have 3+ years of experience providing services consistent with DMAHS tenancy services and target populations (i.e., populations listed in the previous question)?

- ☐ Yes
- ☐ No

If you checked "Yes" above, **please include a document with this application submission that demonstrates 3+ years of experience**. Acceptable documentation includes, but may not be limited to, annual reports, award letters, IRS filings, organization website, and memoranda of understanding.

Does your organization have at least 3 full-time employees with 2+ years of experience delivering services consistent with DMAHS tenancy services and target populations?

- ☐ Yes
- ☐ No

If you checked "Yes" above, **please include the resumes of those full-time employees** and provide details about their job responsibilities below (recommend no more than 100 words)



## ORGANIZATION MISSION

Is your organization committed to accepting eligible members who seek services and treating all individuals equitably, within the limits of your organization's capacity to provide services?

☐

Yes

☐

No

Please provide more details below your organizations commitment to accepting eligible members who seek services and treating all individuals equitably, within the limits of your organization's capacity to provide services (recommend no more than 100 words).

Is your organization committed to Housing First principles?

☐

Yes

☐

No

Is your organization committed to delivering culturally competent care?

☐

Yes

☐

No

Please provide more details below your organizations commitment to delivering culturally competent care (recommend no more than 100 words).

## ORGANIZATION CAPACITY & CAPABILITIES

Participants must have strong existing community relationships. In the space below, please describe your existing relationships serving Medicaid members, your proposed approach to delivering services, and any partnerships to help deliver housing services. (recommend no more than 200 words).

Does your organization have experience providing services in-person, on a mobile basis, and virtually?  
(Check "Yes" below **only** if all three apply.)

☐ Yes

☐ No

## ORGANIZATION FINANCES & LEGAL STATUS

Is your organization in good standing with all state and federal agencies you are regulated by or with which you have an existing grant or contractual relationship and in compliance with all terms and conditions of those grants and contracts?

☐ Yes

☐ No

Does your organization have sufficient revenue from multiple sources and cost controls to sustain staff and participate as a provider in this program? **Please attach your Form W-9 or any other relevant tax document(s).**

☐ Yes

☐ No

Have criminal proceedings ever been initiated against your organization or its authorized representative(s)?

☐ Yes

☐ No

Has your organization or its authorized representatives ever been the subject of an investigation or ever been suspended, sanctioned, or otherwise restricted from participating in any private, state, or federal health insurance program (e.g., Medicare or Medicaid)?

☐ Yes

☐ No

## PART IV

### AFFIRMATION OF ACCURACY AND COMPLETENESS

I understand that I, on behalf of this organization, have the responsibility for producing adequate information for proper evaluation of my qualifications and for addressing any concerns about such qualifications.

I understand that a condition of this application is that any misrepresentation or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and it shall not be processed any further.

In the event credentialing information received from other sources substantially varies from that provided by me, I will be notified by \_\_\_\_\_ and I understand I will be given the opportunity to correct such information.

In the event that my application is rejected for this reason, I may not be entitled to any hearing, appeal or other due process rights as may otherwise be provided in the Policies and Procedures of the MCO.

I affirm that information provided in or attached to this application is current, correct and complete.

### RELEASE AND HOLD HARMLESS

By applying for participation, I accept the following conditions. These conditions shall remain in effect for the duration of any term of participation I may be granted:

I acknowledge that \_\_\_\_\_ may at its sole discretion share or disclose the information provided in the credentialing and re-credentialing process to affiliates and subsidiaries or other related entities.

- 1) I extend immunity to, and release from liability, the MCO, its authorized representatives and any third parties, as defined below, for any actions, recommendations, reports, statements, communications, or disclosures involving me, which are made, taken or received by the MCO or its authorized representatives, in good faith, relating, but not limited to matters or inquiries concerning professional qualifications, credentials, character, mental or emotional stability, physical condition, ethics or behavior; or any other matter that might directly or indirectly have an effect on my competence, on providing members housing supports care or on the orderly operation of this housing supports organization.
- 2) I authorize the MCO and its authorized representatives to consult with any third party who may have information bearing on my professional qualifications (credentials). This authorization includes the right to inspect or obtain documents, recommendations, reports, statements or disclosures relating to such questions. I also expressly authorize said third parties to release this information to the MCO and its authorized representatives upon request.
- 3) The term "MCO and its authorized representatives" means any of the following individuals who have any responsibility for obtaining or evaluating my credentials, or acting upon my application:
  - 4) members of the Board and its appointed representatives;
    - a) the Chief Executive Officer or his/her designee;
    - b) all appointees to committees;
    - c) other MCO employees;
    - d) consultants to the MCO; the MCO's attorney and members of his/her firm, associates or designee; any delegated or subdelegated agency with which the MCO contracts for credentialing purposes.
- 5) The term "third parties" means the following:
  - a) government agencies;
  - b) malpractice insurance carriers;
  - c) peer references;
  - d) any delegated or sub-delegated agency with which the MCO contracts for credentialing purposes.

### SIGNATURE OF AUTHORIZED REPRESENTATIVE

Name of Authorized Representative (first, middle, last) \_\_\_\_\_

Attestation Signature of Authorized Representative \_\_\_\_\_

Attestation Date \_\_\_\_\_

# APPENDIX

Please review the definitions/descriptions of the key phrases below that are mentioned throughout this application.

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## Cultural Competence

According to the New Jersey Statewide network for Cultural Competence, cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effective cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of communities they serve.
- Incorporate the above in all aspects of policy-making, administration, practice and service delivery, systematically involve consumers, families and communities.

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.

## Eligibility for Housing Supports

Eligibility for Housing Supports requests demonstrating BOTH:

- Medicaid and MCO enrollment
- Both social and clinical risk factors indicating that the member is unstably housed
  - The member fulfills social risk criteria if they are currently experiencing homelessness, at-risk of homelessness, at-risk of institutionalization and require a new housing arrangement, transitioning from an institution to the community, or are recently released from correctional facility.
  - The member fulfills clinical risk criteria if they have a chronic health condition, mental health condition, conduct substance misuse, are pregnant, have complex mental health conditions from intellectual or development disability, are victims of intimate partner violence, domestic, violence, or human trafficking,

assistance with activities of daily living (ADLs) or instrumental ADLs, or have repeated emergency department or hospital use.

### **Homelessness: At Risk of Homelessness**

- An individual or family who meets one of the following conditions:
  - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
  - Is living in the home of another because of economic hardship;
  - 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;
  - 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;
  - 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;
  - 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
  - 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; or
- 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
- 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.

### **Homelessness: Chronically Homeless**

- A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
  - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
- An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

### **Homelessness: Currently Experiencing Homelessness**

- An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- 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;
- 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
- 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;
- An individual or family who will imminently lose their primary nighttime residence, provided that:
  - The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  - No subsequent residence has been identified; and
  - 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;
- 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:
  - 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);
  - 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;
  - 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
  - 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
- Any individual or family who:
  - 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;
  - Has no other residence; and
  - Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

## **Housing First**

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry. Housing First principles include but are not limited to:

- Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues
- Helping participants quickly identify and resolve barriers to obtaining and maintaining housing
- Seeking to quickly resolve the housing crisis before focusing on other non-housing related services

- Allowing participants to choose the services and housing that meets their needs, within practical and funding limitations
- Connecting participants to appropriate support and services available in the community that foster long-term housing stability.

### **Housing Supports program services**

Emergency shelter services through CoC and ESG grants are not considered to be services relevant to the Housing Supports program

### **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.

### **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.

### **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.

### **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.

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

### **National Provider Identifier**

Below is the National Provider Identifier (NPI) application process.

To apply for an NPI, use the NPPES website.



Apply for a new NPI for each service category (e.g., housing, nutrition) as a type 2 “organization” NPI

Each service needs its own taxonomy code, with housing supports using “Contractor” (171W00000X) for home modifications/remediation and “Case Management” (251B00000X) for Pre-tenancy and Tenancy Sustaining Services.

The primary contact should be a high-ranking official or the person responsible for billing.

## **Pre-tenancy Services**

Pre-tenancy Services are those 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:
  - 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.
  - Searching for housing, presenting options to the beneficiary, and contacting prospective housing options for availability and information.
  - Facilitating enrollment in the local Continuum of Care’s Coordinated Entry System or in the school’s McKinney-Vento program.
  - Assisting the beneficiary in undergoing tenant screening.
  - Completing rental applications.
  - Assisting the beneficiary to communicate with the landlord or property manager, including accompanying the head of household to appointments, lease negotiations, and signings.
  - Review of the living environment to ensure it is safe and ready for move-in.
  - Assisting in arranging for and supporting the details of the move.
- Identifying, coordinating, and securing resources to assist with housing costs and other expenses.
  - 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.
  - 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.
  - Providing financial education including credit repair and credit counseling, 1:1 budgeting assistance, assistance with setting up a bank account, and bill paying.
  - Identifying and connecting the beneficiary to resources that promote long-term housing stability, including mental health resources, affordable childcare, employment, transportation, and school enrollment.
  - Identifying and making referrals to legal services to address complex tenancy issues preventing an individual from entering a housing arrangement.

## **Substance Misuse**

An individual with a substance use disorder who is in need of substance use treatment.

## **Tenancy Sustaining Services**

Tenancy Sustaining Services are those 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.

### **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.