

Housing Supports Housing Stabilization Plan

Member Name:
Medicaid ID:
NJ HMIS ID:
Housing Supports Provider:
Provider Case Manager Name:
Provider Case Manager Phone Number:
Provider Case Manager E-mail:

Date:		/		/	
Next Scheduled Review:		/		/	

This plan is focused on the following general goal (select one based on current situation/needs):

- Helping me/my family find safe, stable housing** (Pre-tenancy Services)
- Helping me/my family stabilize in new or current housing once secured** (Tenancy Sustaining Services)

Instructions

When to complete the form:

- The Housing Stabilization plan should be created following the start of services to support housing search and placement OR immediate stabilization in current housing.
- At a minimum, the plan should be updated once every 180 days during reauthorization requests for services or when member condition meaningfully changes (e.g., gains housing or loses housing, household structure changes, requires different services and/or level of need).

How to complete the form:

- Housing Supports provider case manager and members should work together to create an individualized Housing Stabilization Plan to meet the above goal.
- The plan should demonstrate how Pre-tenancy or Tenancy Sustaining services are appropriate for the member through clear 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. For individuals exiting institutions (e.g., nursing facilities), this may include thorough and proactive discharge planning and other transitional tasks.

For reauthorization, the Housing Stabilization plan needs to justify additional service authorization by showing clear accomplishments or progress in the past 180 days of services.

How to submit the form:

- The case manager should provide a copy to the member’s MCO as part of necessity review service authorization requests.
- The case manager should also keep the Housing Stabilization plan in their records and provide a copy of the submitted Housing Stabilization plan to members for their reference.

NOTE: Case managers should be in contact with members delivering services, as defined by program guidance, at least two (2) times a month for lower level of need members or four (4) times

a month for higher level of need members, as assessed by the Level of Need Assessment. Contact with members should occur on separate days within a month to count towards minimum touchpoints requirement. Case managers must document these touchpoints in their local Homeless Management Information System (HMIS).

What is your overall goal for housing? (limit to couple of sentences)

i. Housing search/stabilization and retention

What are your next steps for obtaining housing or immediate stabilization where you are living?

Housing search/stabilization and retention activities					
Goals:	Actions:	Person Responsible:	Target Date to Complete:	Progress update:	Date Completed:

ii. **Income/expenses/other resources**

What is your overall monthly income goal?

Income/expenses/other resources activities					
Goals:	Actions:	Person Responsible:	Target Date to Complete:	Progress update:	Date Completed:

iii. Health needs

What health needs (including mental health and substance use) help do you need assistance with to be successful in obtaining a home, stabilizing your living situation, and/or meet other important needs?

Health needs activities					
Goals:	Actions:	Person Responsible:	Target Date to Complete:	Progress update:	Date Completed:

Notes

Large empty rectangular box for notes.

Member Signature: _____

Date: _____

Case Manager Signature: _____

Date: _____