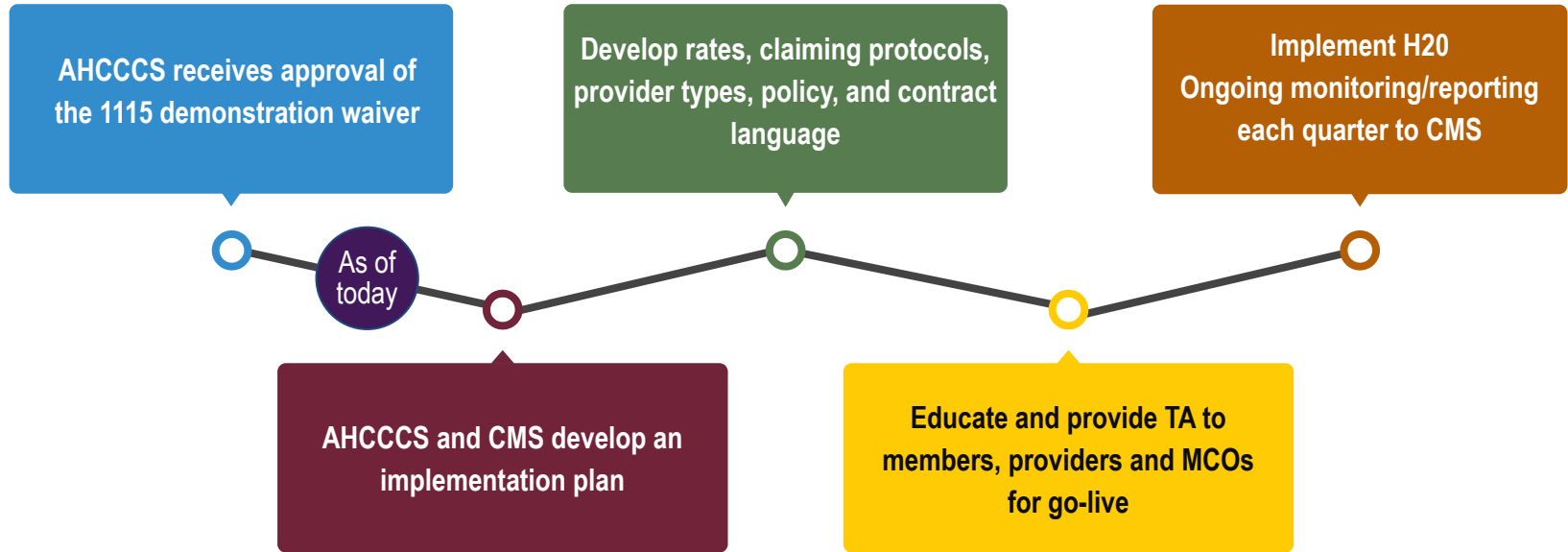




Housing and Health Opportunities (H2O) Waiver Update

Waiver Implementation - H20



**Deliverables are ongoing throughout the entire demonstration period.

Acronyms

- **HRSN**- Health Related Social Needs
- **PMMIS**- Prepaid Medical Management Information System (PMMIS)
- **MEG**- Medicaid Eligibility Group
- **SMI**- Serious Mental Illness
- **GMHSU**- General Mental Health/Substance Use
- **HNHC**- High Need High Cost
- **CLRS**- Closed-Loop Referral System
- **MCO**- Managed Care Organization
- **PRAPARE**- Evidence-based HRSN screening tool called the Protocol for Responding to and Assessing Patient's assets, Risks and Experiences
- **AHP**- AHCCCS Housing Program
- **HUD**- Federal Department of Housing and Urban Development
- **HMIS**- Homeless Management Information System
- **AHP**- AHCCCS Housing Program

Definitions

- **H2O Provider-** AHCCCS registered providers or community based organizations delivering H2O services.
- **H2O Service-** List of housing or housing-related services available to the H2O target population, as defined in Arizona's approved waiver.
- **Statewide Housing Administrator-** Entity that AHCCCS contracts with the administer the AHCCCS Housing Program. Currently ABC-Home administers AHCCCS' housing program with state-only non-XIX dollars.
- **Z Code-** Diagnostic code that reflects an identified social need (i.e. housing, food insecurity, etc).
- **Care Plan-** May be a care plan developed by the homeless management system, the H2O Provider, or be a copy of the member's current Integrated Care Plan with HRSN services identified as a need, if applicable.

Common Stakeholder Feedback Received

- Prioritize the creation of clear and easy to use processes. (Eligibility, referrals, services, etc.)
- Build a reimbursement structure to support the workforce.
- Develop comprehensive trainings, provide mentoring, assistance, and peer learning support.
- Leverage currently existing systems and programs.
- Prioritize outreach services for members and potential members.

Potential Barriers Identified by Stakeholders

- Challenging/difficult reimbursement process.
- Determining which population(s) to prioritize and how to do so.
- Ensuring adequate wraparound supports in transitional housing to increase housing success after the 6 month period.
- Lack of coordination between funders, H2O providers and community partners could lead to duplication and waste.
- Workforce shortages and providing proper training to the workforce.
- Needing an effective referral system with robust data collection and sharing between providers, community partners, funders, etc.

A close-up photograph of a hand holding a key. The key has a wooden keychain shaped like a house with a window and a door. The background is blurred.

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Eligibility for H2O Target
Population and Prioritization

Target population- Prioritization

Priority 1

•SMI and Meets High Needs/High Cost Definition (HCHN)

- SMI Designation.
- HCHN- Currently defined as over 7 inpatient admissions, over 7 emergency room admissions, total cost of care over \$100,000.00 within a 12 month period. (Exclude costs related to Congenital Cardiac Disorders, Chromosomal Abnormalities, Cystic Fibrosis, Hemophilia, Motor Vehicle Accident or Transplant)
- Z Code for Housing Instability in record within 18 months
 - Or member included on HMIS Unsheltered Report for service initiation

Priority 2

•GMH and Meets High Needs/High Cost Definition

- HCHN- Currently defined as over 7 inpatient admissions, over 7 emergency room admissions, total cost of care over \$100,000.00 within a 12 month period. (Exclude costs related to Congenital Cardiac Disorders, Chromosomal Abnormalities, Cystic Fibrosis, Hemophilia, Motor Vehicle Accident or Transplant)
- Z Code for Housing Instability in record within 18 months
 - Or member included on HMIS Unsheltered Report for service initiation

Priority 3

•SMI Designation

- SMI Designation.
- Exiting an institutional setting (hospital, jail, nursing facility) or homelessness (defined by HUD), and
- Z Code for Housing Instability in record within 18 months
 - Or member included on HMIS Unsheltered Report for service initiation

*Hospital/ER admissions can include physical or behavioral health admissions and discharges from crisis stabilization units

Medicaid Eligibility Group (MEG)

- AHCCCS will establish a new MEG based on criteria used to define and prioritize H2O eligible members.
 - H2O members will be flagged in the system using claims and diagnostic information within the AHCCCS system to identify the H2O HRSN MEG, and
 - This includes identifying members with Z Code for housing instability:
 - The Homeless Management Information System (HMIS) Unsheltered Data will be used for members who may be initially missing a Z Code for housing instability.
 - AHCCCS currently receives data for Maricopa County. Request is in for Pima County and Balance of State .
- Providers can access PMMIS to identify member eligibility.
- Managed Care Organizations and the AHCCCS Division of Fee-For-Service Management (DFSM) will also identify members and coordinate with providers for service implementation.

Process for Identifying Eligible H2O Members

- Limited outreach may be provided to members who do not have confirmed Medicaid eligibility.
 - Outreach workers will be responsible for assisting with enrolling in Medicaid, completing PRAPARE or other HRSN assessment tool and connecting members to services.
- Current registered providers will assist with ensuring enrolled members experiencing a housing instability have the associated Z Code documented in their medical record.
 - This will document the individual qualifying for the H2O MEG.
- Managed Care Organizations and the AHCCCS Division of Fee-For-Service Management (DFSM) can also refer members identified in the MEG to Outreach Providers, Pre-Tenancy/Tenancy Support, and Enhanced Shelters.

Process for Documenting H2O Eligibility

- Receiving H2O Service provider (Transitional Housing, Pre-Tenancy and Tenancy) will be responsible for:
 - o Utilizing motivational interviewing and confirming the member is agreeable to H2O Services,
 - o Confirming the member meets the homeless requirement for H2O eligibility, and
 - Confirm Z Code for Housing Instability is included in member's medical record.
 - o Completing the PRAPARE or other approved HRSN assessment tool,
 - o Document housing need in the member's care plan.
 - This can occur on the existing Integrated Care Plan or an HMIS Case Plan

Process for Initiation of H2O Services

- Initiated by the assigned Provider Network Organization, Health Home, Outpatient Clinic
 - Providers are required to refer members to wraparound supports (both covered Medicaid services and referrals for non-housing HRSN) concurrently with the referral for H2O services as applicable,
 - Housing stability must be a goal in the member's care plan for participation in H2O services.
 - Until services are in place, providers must meet with members as frequently as necessary, but at minimum weekly.
- Initiated by the H2O Outreach provider or Pre-Tenancy/Tenancy support staff.
- Initiated by the Enhanced Shelter once eligibility is confirmed through PMMIS.
- Initiated by the Statewide Housing Administrator .

Systems

- MCOs and the AHCCCS Division of Fee-For-Service Management (DFSM) providers will have direct access to PMMIS to identify members in the H2O MEG.
- H2O Providers will use HMIS for data entry, following community data standards.
 - H2O funded outreach teams will apply to onboard as Coordinated Entry System Access/Entry Points.
 - Enhanced Shelters will be established as a shelter program in HMIS.
 - H2O Rental Assistance for up to 6 months will be reflected as an “Interim Housing” program in HMIS.
 - These improvement allow for provider and community partner visibility into members receiving H2O services to avoid duplication and coordinate permanent housing solutions.
- Align member prioritization where possible, build upon and support existing systems, without duplication.

A close-up photograph of a hand holding a set of keys. One of the keys has a wooden keychain shaped like a house with a window and a door. The background is a soft, out-of-focus grey.

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Services and Provider
Qualifications

Provider Qualifications

| Service | Eligible Providers/Workforces *, **, *** |
|-----------------------------|---|
| Outreach and Education | <p>Managed Care Organization or AHCCCS DFMS will coordinate this benefit. Community Service Agencies (CSA), Behavioral Health/Integrated Clinics, Peer Recovery Support Specialists, Community Health Worker, BH Professional, BH Technicians, BH Paraprofessionals.</p> <p>Requirements/Qualifications:</p> <ul style="list-style-type: none"> ● 1:25 Outreach staff -to-members ratios ● Demonstrated skills and capacity to work with the focused populations as defined in the service description. ● Skilled and trained in PRAPARE or other AHCCCS approved HRSN assessment tool, ● Must follow community best practice standards for outreach as established and updated through local CoC, ● Must attend CoC Outreach Collaborative and local Case Conference meetings, as required by CMS and HUD ● Must utilize the Homeless Management Information System (HMIS) ● Must comply with HMIS data Standards. ● Must enroll as a Community Assistor ● Must complete H2O training requirements |
| Transition and Moving Costs | Statewide Housing Administrator (ABC-Hom Inc) will coordinate these services. |

*All providers must be in good standing with their licensing, certifying or credentialing body.

**All providers must enroll as community assisters and engage with the CLRS, when applicable.

*** Oversight of ensuring providers meet all required qualification will be the responsibility of the MCO, AHCCCS DFMS and/or the AHP Housing administrator, as applicable.

Provider Qualifications

| Service | Eligible Providers/Workforces *, **, *** |
|---|--|
| <p>Transitional Housing- Transitional Living and Enhanced Shelter</p> | <p>Managed Care Organization or AHCCCS DFMSM will coordinate this benefit. Enhanced Shelter providers will have a standalone provider type.</p> <p>Requirements/Qualifications:</p> <ul style="list-style-type: none"> ● Settings can include transitional/bridge shelter facilities, hotel/motel rooms, block leased apartments, and houses repurposed to provide congregate housing. ● Congregate setting with no more than 100 beds at the physical location. ● Non-congregate setting with individual rooms and no limit to the number of rooms at one physical location (e.g., Hotel) ● 1:25 shelter staff -to-members ratios ● Must follow Housing First and Harm Reduction approach, ● Initial inspection of physical location must confirm meeting the minimum standards for safety, sanitation, and privacy provided in 24 CFR § 576.403, shelter and housing standards ● Must comply with local city ordinance for zoning ● ADHS Inspection according to existing policies around ongoing inspection of licensed location. ● CARF Accreditation - Community Housing and Shelters |

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Provider Qualifications

| Service | Eligible Providers/Workforces *, **, *** |
|---|---|
| Transitional Housing - Apartment or Rental Unit | <p>Statewide Housing Administrator (ABC-Hom Inc) will coordinate this service.</p> <p>Requirements/Qualifications:</p> <ul style="list-style-type: none"> ● Settings can include apartment units, townhomes, single family homes, or any other dwelling suitable for habitability with an active lease and landlord/tenant relationship. ● Must utilize the Homeless Management Information System (HMIS) and comply with data standards, ● Provide program participant and occupancy services. ● Complete Verification of Eligibility, ● Complete HQS Inspections prior to move-in, ● Establish unit and payment standards, ● Establish system for determining rent reasonableness, ● Maintain a satisfactory dwelling for the member throughout the duration of the lease ● Develop policies to ensure legal compliance and Financial Management, ● Must engage in Service Coordination and ensure cultural competency ● Compliance with Fair Housing standards and the Landlord Tenant Act |

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Provider Qualifications

| Service | Eligible Providers/Workforces *, **, *** |
|--|---|
| <p>Home Accessibility Modifications and Remediation</p> | <p>Managed Care Organization or AHCCCS DFMS will coordinate this benefit with a referral to a Provider registered with AHCCCS and enrolled as an Environmental (LTC) provider (PT 44) and the Statewide Housing Administrator.</p> <p>Requirements/Qualifications:</p> <ul style="list-style-type: none"> • Home Accessibility Modifications require a provider order • Remediation will require referral from case manager |
| <p>Pre-Tenancy Intensive Case Management Services and Housing Tenancy Services</p> | <p>Community Service Agencies (CSA), Behavioral Health/Integrated Clinics, Peer Recovery Support Specialists, Community Health Worker, Rural Health Clinics, Federally Qualified Health Centers, BH Professional, BH Technicians, BH Paraprofessionals.</p> <p>Requirements/Qualifications:</p> <ul style="list-style-type: none"> • Follow SAMHSA Fidelity for Permanent Supportive Housing • Low staff to member ratios 1:15, no more than 1:25 • Skilled and trained in PRAPARE or other AHCCCS approved HRSN assessment tool • Utilization of the Homeless Management Information System (HMIS) • Must complete H2O training requirements |

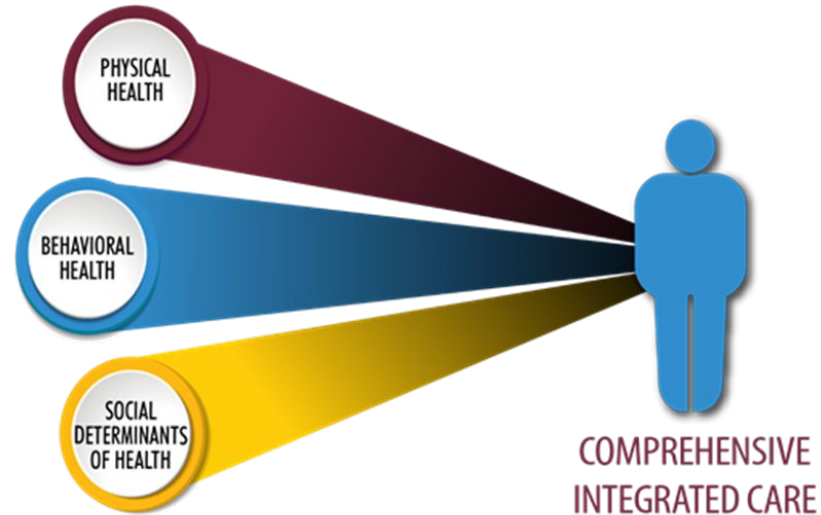
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Services - Definitions

- Outreach and Education Services
- Transitional Housing-
 - Apartment or Rental Unit (Rental Assistance)
 - Transitional Housing Setting (Enhanced Shelter)
- One-time Transition and Moving Costs
- Home Accessibility Modifications and Remediation
- Housing Pre-Tenancy Services
- Housing Tenancy Services



A close-up photograph of a hand holding a key. The key has a wooden house-shaped keychain attached to it. The background is a soft, out-of-focus grey.

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Infrastructure and Next Steps

Infrastructure Decisions

- Outreach resources for potential Medicaid members,
- Provider/CBO technology needs to become AHCCCS registered providers,
- Activities to comply with provider requirements for H2O provider participation,
- Contracting with a vendor to provide ongoing technical assistance as H2O is implemented, and
- AHCCCS staffing and contractor needs.

Next Steps

- Incorporate feedback from today's session into our Protocol and Implementation Plan.
- Submit the implementation protocol to CMS and begin negotiation and approval process of these deliverables.
- Hold future sessions with the community that will outline the proposed reimbursement structure, potential rates, timelines, and potential policy impacts.
- Continue working with members, communities, health plans, and stakeholders to develop the new H2O services, which will be rolled out over the next year.

Stakeholder Feedback

- Common themes still to be addressed:
 - Codes, bundled codes invoicing process, method of payment, and payment rates.,
 - Recommendation for additional focus populations (preg women, OUD/SUD, criminal backgrounds, foster care prevention, zero income),
 - Prior auth process - multiple recommendations for and against,
 - Recommendation for a centralized, online system that has tracks for Fee-for-service and managed care,
 - Credentialing centralization, fee schedule that is GSA specific, and
 - Auditing process.