

Attachment E
Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications

Services Protocol

List of Health-Related Social Needs (HRSN) Services and Associated Descriptions

Covered H2O services and housing-related supportive wrap-around services include:

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

Service description, frequency, duration, setting and provider requirements, and minimum eligibility criteria are described in Exhibit 1.

Eligible provider types for each service are indicated in Exhibit 2.

Services under the H2O benefit will be furnished to individuals who reside and receive services in their home or in the community, not in an institution.

H2O Program Administrator (H2O-PA)

AHCCCS plans to procure a Third Party Administrator (TPA), known as the H2O Program Administrator (H2O-PA) to assist the State in administering the H2O benefit. AHCCCS has issued a Request for Proposal (RFP) to procure a vendor who will be responsible for the following activities related to the administration of H2O services:

- Increasing provider enrollment for Community Based Organizations (CBOs) addressing Health-Related Social Needs (HRSNs);
- Verifying member eligibility for H2O services, following AHCCCS guidelines;
- Coordinating H2O services with the member’s health plan and care coordination team;
- Developing a streamlined process for H2O providers to submit actions for reimbursement and ensuring compatibility with Medicaid claims;
- Monitoring and tracking H2O service utilization data; and
- Serving as the single source of contact for member’s health plan and care coordination teams.

If procured as envisioned, the H2O-PA would provide initial and ongoing H2O provider technical assistance and training related to the H2O benefit, including H2O provider onboarding, and Evidence Based Practice. They would assist with the ongoing collection and analysis of data and report on activities related to the H2O project objectives. Additionally, the H2O-PA would act as a clearinghouse that H2O-providers will utilize to submit claims to AHCCCS for H2O services delivered to qualifying members.

The H2O-PA would also act as the single statewide entity responsible for evaluation and determination of member eligibility for H2O services using AHCCCS parameters and data. They would also be responsible for verifying the member's living situation to confirm they meet the homeless definition as defined in Table 1, and ensuring the appropriate Z-code and other necessary documentation in the member's medical record is reflected appropriately. The H2O-PA will receive a file from AHCCCS that includes members who meet the social and clinical risk factors defined in the eligibility criteria categories. The H2O-PA, in coordination with a provider, would make a determination of member eligibility for H2O services, coordinate to add the eligibility category to the member's medical record, and connect members to H2O service providers who will initiate services.

Lastly, the H2O-PA would serve as the single point of contact for all enrolled H2O providers. They would provide outreach, education and customized technical assistance to meet the needs of providers and community-based organizations involved in the H2O program. At the member level, they would ensure appropriate coordination with the member's clinical team and enrolled health plan to help ensure member care coordination.

AHCCCS has estimated \$13.5 million per year for the H2O administrative budget but has not outlined specifics of the H2O-PA budget yet. General implementation timeline for the H2O system is described below:

- November 2022 - October 2023 - Stakeholder Feedback, Overall H2O System Design, Review RFI on H2O-PA Option, and Make Determination of H2O-PA RFP
- November 2023 - June 2024 - Post RFP, Evaluate, Select Vendor
- June 2024 - July 2024 - H2O-PA Award and Contract Signed
- October 2023 - August 2024 - System Development
- September 2024 - September 2024 - System Testing
- October 1, 2024 - H2O Go-Live

Establishing Eligibility and Medical Necessity for H2O Services

H2O Eligibility

Title XIX eligibility is a mandatory prerequisite for ongoing participation in H2O services covered under this waiver. Members must meet one of the State's identified State Plan or 1115 Demonstration eligibility categories and be currently enrolled in Medicaid to participate in H2O services. Select Outreach and Education Services may be provided during initial engagement to potential beneficiaries who are in the process of enrolling in Medicaid or other state and federal benefits programs, including efforts to identify, enroll (or re-enroll) eligible (or potentially eligible) members in Medicaid, and connect them to covered services.

In addition to an SMI designation and a homelessness or at-risk for homelessness indicator, eligible individuals must also have an identified chronic health condition. AHCCCS has identified chronic health conditions for H2O eligibility and included the diagnosis codes in Exhibit 4.

The criteria are defined within Table 1: Eligibility Criteria below.

AHCCCS ran a data report in March 2023 to reach an estimated, unduplicated member count number.

Based on data analysis of Federal Fiscal Year (FFY) 2021 to FFY 2023, AHCCCS estimates that there are 4,286 unduplicated members who meet the homelessness, SMI designation, and chronic condition H2O eligibility conditions. Based on other data from FFY 2020 to FFY 2023, AHCCCS estimates that there are 6,870 unduplicated members who meet the eligibility condition of homelessness, SMI designation, and who are in correctional facility or who were released during the reporting period. AHCCCS is in the process of defining the data report parameters to include members who meet eligibility by having a diagnosed chronic health condition or in a correctional facility on the same report to identify and deduplicate member counts.

Table 1: Eligibility Criteria Categories

	Eligibility Criteria Category	Age	Clinical and Social Risk Criteria Definition
1.1	Homeless	18+	<ul style="list-style-type: none"> Beneficiaries must be experiencing homelessness or at risk of homelessness, as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5.
1.2	SMI	18+	<ul style="list-style-type: none"> Beneficiaries with a Serious Mental Illness Designation and a chronic health condition.* Beneficiaries with a Serious Mental Illness (SMI) Designation and currently incarcerated in a correctional health facility with a release date scheduled within 90 days, or released from a correctional facility within the last 90 days. SMI is a designation as defined in A.R.S. § 36-550 and determined in an individual 18 years of age or older, a process further defined in AMPM Policy 320-P. The list of qualifying diagnoses can be found in AMPM Policy 320-P Attachment B. For eligibility purposes, chronic health conditions are secondary to an individual being designated as having an SMI and/or transitioning from an institutional setting. <p>*Contingent on CMS approval, AHCCCS reserves the right to update the list of chronic health conditions based on receipt of additional data/information and is in the process of defining these chronic conditions in policy.</p>

Table 1 reflects the populations that will have access to receive H2O Services in the initial phase-in of the H2O program. AHCCCS will continue to evaluate additional populations which may benefit from H2O Services and will communicate with CMS when additional populations need to be considered. AHCCCS is in the process of defining chronic health conditions in policy and included chronic health conditions that contribute to increased inpatient admissions, higher costs of care specifically for individuals who are experiencing homelessness. AHCCCS has engaged a local University to support efforts to further

evaluate the chronic health conditions determined for initial eligibility and identify if there are additional chronic conditions that disproportionately impact persons experiencing homelessness. AHCCCS is scheduled to receive the results of their research in September of 2024. Historically, AHCCCS has required that health plans utilize a standardized definition of high needs/high cost, defined by four or more hospital admissions within a six-month period, four or more ED visits within a six-month period, two or more readmissions within a six-month period, or \$50,000+ in total cost over a six month period. AHCCCS seeks to move forward with efforts around predictive modeling, identifying chronic health conditions that are drivers of health care costs prior to the cost being incurred and at the moment the member is diagnosed to improve their access to services and interventions necessary to support their health care needs.

Process for Identifying Medical Necessity for H2O Services

As currently envisioned, eligibility for H2O-funded services is intended to be established by the contracted H2O-PA. Under this proposed partnership, AHCCCS would provide the eligibility parameters and relevant data to the contracted H2O-PA. The H2O-will be responsible for:

- Receiving a file from AHCCCS that includes members who meet the clinical risk factors for H2O eligibility,
- Reaching out to the members assigned Health Home to request a Homeless Verification Letter be completed with supporting documentation to verify the member meets the social risk criteria for H2O eligibility,
- If the member is not currently engaging with their Health Home, the H2O-PA will assign an H2O Outreach Provider to provide community based targeted outreach to the member,
- If the H2O-PA is able to receive the Homeless Verification Letter the H2O-PA will determine the member as H2O eligible and provide the eligibility information to AHCCCS,
- Correctional Facility information will be confirmed through the file sent to the H2O-PA from AHCCCS. The file includes members who have been incarcerated in a correctional facility within the reporting period, and
- If the H2O-PA is unable to receive a Homeless Verification Letter within a specified period of time the H2O-PA will determine the member ineligible and send communication to the member and their health home following AHCCCS communication policies.

Once the H2O-PA has confirmed member eligibility they will coordinate care with the members Health Home or H2O Outreach provider who will conduct initial screening using the Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE) tool, Accountable Health Communities (AHC) tool, or other appropriate HRSN screening tool and determine the individual's willingness to participate in ongoing services. The PRAPARE and AHC screening tools are linked below. The PRAPARE screening tool was chosen because it is the default tool within the statewide Closed-Loop Referral System (CLRS) and is an industry best practice. Providers are able to use any HRSN screening tool as long as it covers homelessness/housing instability, food insecurity, utility assistance, interpersonal safety, justice/legal involvement, and social isolation/social support. The free state-wide CLRS, CommunityCares, contains screening and referral tools to initiate and conduct referrals for HRSN and can be integrated into standard clinic flow during member intake.

PRAPARE Screening Tool:

<https://prapare.org/wp-content/uploads/2021/10/PRAPARE-English.pdf>

Accountable Health Communities Screening Tool:

<https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf>

The process for identifying medical appropriateness primarily occurs during the process of designating a person as having an SMI designation in the State of Arizona which is built into the eligibility criteria for H2O services. In addition, the H2O eligibility criteria requires a person to also have a chronic health condition or be in a correctional facility and currently experiencing homelessness or likely to experience homelessness following release. Once the individual has been determined to meet the eligibility criteria, the provider will be able to identify which health related social needs services to which the member should be referred to.

Upon the member's agreement to receive services, the H2O-PA would identify an appropriate H2O provider based on the member's needs. Members will continue to have a voice and choice in the services they receive and the providers they receive the services from. The H2O service provider will work with the member to evaluate their needs, develop housing specific goals, match those goals with services, and offer necessary support to achieve the member's goals. The H2O service provider will work with the member to address health related social needs, implementing the services defined in the H2O waiver. The member's clinical team and enrolled health plan will continue to be responsible for the members overall care, including ensuring member access to integrated behavioral and physical health services. The H2O service provider will be responsible for participating in ongoing coordination with the member's clinical team and enrolled health plan, to include related information and documentation within the member's medical record to ensure seamless coordination of care and to assist the member with transitioning to alternative supports when H2O services are no longer necessary. Additionally, providers can utilize the CLRS or Community Resource Guide to refer individuals to other services. The Community Resource Guide serves as a supplement to the CLRS for members who are not actively engaged with health care providers who utilize the CLRS.

Upon H2O service initiation, contact with the member by the H2O provider must be made as frequently as necessary, but at a minimum weekly, to offer targeted support and determine progress or assistance needed towards the member's goals as stated in their plan of care. Housing stability must be included as a goal in the member's care plan, agreed to by the member and the provider and correlated to the assessed level of support the member requires.

All individuals receiving H2O funded services will receive a comprehensive behavioral health assessment annually, at minimum. In order to ensure services continue to meet the changing physical and behavioral health needs for individuals who continue to receive behavioral health services, the assessment will be reviewed and updated as needed, based on clinical needs and/or upon significant life events, including but not limited to:

- Moving,
- Death of a family member or friend,
- Change in family structure (e.g., divorce, separation, adoption, placement disruption),
- Hospitalization,
- Major illness of individual or family member,
- Incarceration, and
- Any event that may cause a disruption of normal life activities, based on a member's identified perspective and need.

Clinical Criteria Considerations

AHCCCS seeks to minimize administrative requirements placed on providers and Community Based Organizations (CBOs) when implementing H2O services. AHCCCS will provide data to the proposed H2O-PA to identify members who meet the clinical criteria for H2O eligibility as defined in Table 1. AHCCCS will use claims, diagnosis information, and correctional health data to identify members eligible for H2O services.

The H2O-PA will be the single point of contact that providers will work with when validating H2O eligibility and will communicate verified member eligibility with physical and behavioral health providers, Managed Care Organizations (MCOs), and H2O providers. The member's eligibility will be flagged in the internal AHCCCS PMMIS system. Members that meet these criteria will be considered eligible for all medically necessary H2O service interventions as resources are available.

AHCCCS requires that all MCOs implement and maintain policies and procedures to ensure that subcontracted providers have the information required to monitor effective and continuous physical and/or behavioral health care for members through accurate medical record documentation. This requirement also includes the need to maintain how that care is culturally responsive and/or trauma informed. AHCCCS measures the effectiveness through the Behavioral Health Clinical Chart Audit, which is conducted annually for all providers delivering behavioral health services to Medicaid members in Arizona. Medical record documentation is gathered via:

- Onsite or electronic quality review,
- Initial and on-going monitoring of medical records,
- Review of health status, changes in health status, health care needs, and services provided, and
- Review of coordination of care activities.

The H2O provider will be able to initiate H2O HRSN services focused on housing stability and income stability immediately upon receipt of a referral through the H2O-PA. The H2O provider will work in partnership with the member and their clinical team to encourage the member to complete any other assessments that may be necessary to determine additional clinical services the member may need. Individuals Performing Evaluation/Reevaluation shall meet the requirements specified AHCCCS Medical Policy Manual Chapter 320-O. Roles and responsibilities related to provider qualifications and their operational and administrative functions can be found in Exhibit 2 and Exhibit 3.

All of the above requirements will be built into managed care contracts, as well as the State's AHCCCS Medical Policy Manual (AMPM). As part of the AMPM publishing process, all policies are published for a 45-day public comment and tribal consultation period, and are posted to the AHCCCS website once finalized. At which point, the policies will be maintained on the website for public use and can be updated as community needs are identified as warranted to offer clarification or updates to the Protocols or Implementation Plans.

H2O Housing Care Plan Development

Once medical appropriateness is established, H2O Providers must establish a housing specific care plan, which must be shared and coordinated with the member's clinical team and included in the member's medical record.

Each Care Plan must contain a goal related to housing permanency and stability and will identify all necessary HRSN services or wraparound supports that will help the member attain that goal. The Care Plan may be an HMIS care plan, developed by the H2O Provider, but must be coordinated and included within the member's medical record with their clinical team. Provider qualifications related to persons responsible for the development of the Care Plan are detailed in Exhibit 2. All care plans must, at a minimum:

- Be individualized for each member,
- Demonstrate the member's personal vision, strengths, and choice for how to meet their needs,
- Be congruent with the PRAPARE or other AHCCCS approved HRSN screening tool,
- Developed using an individualized, person-centered planning process,
- Be reviewed, and revised upon reassessment of need at least every six months, when the individual's circumstances or needs change significantly, and at the request of the individual,
- Include a housing permanency goal, and
- Demonstrate that the member has an informed choice of providers.

Exhibit 1:

Outreach and Education Services				
Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<p>Outreach and education services are provided for purposes of member engagement, linkages to other state and federal benefits programs, benefit program application assistance, and assistance with benefit program applications fees. This includes efforts to identify, engage, and enroll (or re-enroll) eligible (or potentially eligible) members in Medicaid and connect them to covered services. Outreach and education services include both street outreach to persons experiencing sheltered or unsheltered homelessness and in-reach to members in institutions or inpatient settings. Outreach and education services will be provided in a manner that is responsive to the cultural, educational/vocational, linguistic, and health needs of individuals experiencing homelessness. H2O Outreach services will be targeted to members who meet or could potentially meet the priority population criteria detailed in Section 3, particularly members who are not engaged with their assigned health home.</p> <p>Activities can include:</p> <ul style="list-style-type: none"> • Initial location, identification, and sustained engagement of members on street, in institutions, or other homeless or at-risk situations (can include pre-release reach in for justice involved individuals, discharge planning and coordination for individuals in an inpatient setting, and coordination for transition aged youth aging out of the foster care system). • Locating and identifying members who are in danger of termination of Medicaid due to homelessness, release from institutional settings, loss of housing or lack of contact. • Apply for and coordinate with mainstream HRSN and housing services to expedite shelter, re-housing or other more stable housing setting for ongoing engagement. • Assist individuals with accessing basic needs (such as water, hygiene kits, clothing) 	<p>Individualized based upon individual needs, may occur daily.</p>	<p>Individualized based upon individual assessed needs.</p>	<p>Provider Requirements: Outreach providers who meet the requirements in this protocol will be required to onboard as an H2O Provider type.</p> <ul style="list-style-type: none"> • Dedicated staff/team with 1:25 Outreach staff -to- members ratios, per community best practices, • 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 Continuums of Care (CoC), • Must attend CoC Outreach Collaborative and local Case Conference meetings, as required by HUD (Federal Department of Housing and Urban Development) • Must utilize the Homeless Management Information System (HMIS) and follow data standard 	<ul style="list-style-type: none"> • Individuals who meet or could potentially meet the H2O eligibility criteria, defined in Table 1, who are in need of outreach services.

Outreach and Education Services

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<ul style="list-style-type: none"> ● Provide connection to emergency medical or behavioral health services including Persistently or Acutely Disabled (PAD) and Court Ordered Treatment (COT) coordination for presenting issues. ● Determining and prioritizing immediate needs, to ensure they are not currently a danger to themselves or others, or an acute medical or mental health issue (actively psychotic, disoriented) that needs to be addressed immediately. Outreach team will follow existing emergent/urgent petitioning policies to address immediate needs. This includes contacting a crisis team for a crisis team to respond. ● Gathering identification, legal documentation, or completing other eligibility processes. ● Enrolling or re-connecting individuals in MCO and/or providers. ● Gather any information related to an SMI designation or evaluation. ● Confirmation of designation or referral for an SMI evaluation. ● Connecting members to a provider for ongoing delivery of services if the member is in agreement to receive additional services. ● Conducting screening that identifies preferences and barriers related to successful tenancy. This may include collecting information on potential housing transition barriers, and identification of housing retention barriers. ● Warm handoff to pre-tenancy or tenancy support services. ● Coordination with police, emergency services, HRSN providers and other community-based organizations and programs necessary to coordinate above services (including participation in local CoC activities including HMIS). <p>*Non-emergency transportation to/from wraparound health care services is vital to the successful implementation of Outreach and Education services as described in the demonstration. Although not currently included, AHCCCS will continue to work with CMS and federal partners to ensure H2O Outreach Providers can provide non-emergency transportation to eligible members as needed.</p>			<p>requirements.,</p> <ul style="list-style-type: none"> ● Must enroll as a Community Assistor <p>Training:</p> <ul style="list-style-type: none"> ● New Employee Trainings (i.e., AHCCCS 101) ● CPR/First Aid (including Narcan administration) ● Crisis Prevention Intervention (CPI) ● Health Care for the Homeless 101 ● High Priority Clinical Issues including <ul style="list-style-type: none"> ○ Managing Substance Abuse, Mental Health Disorders and Cognitive Impairments ○ Managing Complex Multiple Morbidities ● Developing Relevant, Patient-Centered Treatment Plans ● Outreach ● Self Care ● Motivational Interviewing ● Principles of Care Coordination ● Court Ordered Evaluation (COE) ● Continuing Education as determined by H2O-PA and AHCCCS 	

Transitional Housing

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<p>Reimbursement for room (without board) for a short-term period, not to exceed six total months within a five-year period. An individual member may not exceed six months in the five-year period for transitional housing through enhanced shelter or short-term rental assistance combined. Housing will provide members with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed and may be in a private or shared setting. The setting will promote independent living and transition to a permanent housing solution.</p> <p>Allowable units for short-term housing must provide the following for members:</p> <ul style="list-style-type: none"> • Access to a clean, healthy environment that allows members to perform activities of daily living. • Access to a private or semi-private, independent room with a personal bed for the entire day. • Ability to receive onsite or easily accessible medical and case management services, as needed. <p>Transitional housing may look different depending on the member's needs and the community's resources. Listed within this table are the allowable settings where this benefit may be carried out.</p>		<p>Maximum of six months in a five-year period.</p>	<ul style="list-style-type: none"> • Must utilize the Homeless Management Information System (HMIS). • Must comply with HMIS data Standards. • Must enroll as a Community Assistor. 	<ul style="list-style-type: none"> • Individuals who meet the H2O eligibility criteria in Table 1.
<p>Enhanced Shelter:</p> <ul style="list-style-type: none"> • Community reintegration Enhanced Shelter settings may include transitional/bridge shelter facilities, hotel/motel rooms, and houses repurposed to provide congregate housing. • Enhanced Shelters will be open 24 hours a day, 7 days a week. • Members will not be required to leave during the day, however, they will be able to voluntarily come and go from the facility with the exception of an established curfew. 		<p>Maximum of six months in a five-year period.</p>	<p>Provider Requirements:</p> <p>Enhanced Shelter providers who meet the requirements in this protocol will be required to onboard as Enhanced Shelter Provider Type.</p> <ul style="list-style-type: none"> • Congregate setting with no more than 100 beds at the physical location. 	<ul style="list-style-type: none"> • Head of household must meet the H2O eligibility criteria in Table 1. • Participating members must have an active plan of care with an identified housing permanency goal.

Transitional Housing

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<ul style="list-style-type: none"> ● Setting will have a low staff to member ratio, not to exceed 1 staff per every 25 members on site from 7 a.m. to 7 p.m., daily. ● Each member will have an assigned staff person. Staff are required to have biweekly training or in-service for all staff on site, led by a clinician with behavioral health experience. ● The staff person will be responsible for completing an approved HRSN screening tool with the member and using the results to inform the development of the Housing Care Plan. ● The staff person will be responsible for connecting the member to necessary interventions including medical, psychiatric, substance use treatment, employment services, and connection to mainstream benefits. ● Services provided at the location are focused on Housing Stability and Income Stability. Shelter staff are not providing any type of clinical services, but must have the ability to refer to an appropriate provider for clinical services. ● The staff member assigned will be responsible for assisting the member with developing a housing plan within 48 hours of admission. Housing plans will include an identified strategy for a permanent housing placement. ● The staff member assigned will be responsible for meeting with the member on a weekly basis to update the housing plan and ensure goals are being completed in order to assist the member with moving into permanent housing. ● Enhanced Shelter providers will be responsible for utilizing the statewide Closed-Loop Referral System, as appropriate. ● Assisting with applying for and securing eligible benefits (e.g., SSI/SSDI Outreach, Access, and Recover [SOAR]). 			<ul style="list-style-type: none"> ● Non-congregate setting with individual rooms and no limit to the number of rooms at one physical location (e.g., hotel). ● Must follow the 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. ● Must comply with local city ordinance for zoning. ● Provider submission of ongoing inspection of physical location. ● Fingerprint clearance per statute or background check requirements as defined by AHCCCS. Training: <ul style="list-style-type: none"> ● New Employee Trainings, (i.e., AHCCCS 101) ● CPR/First Aid 	

Transitional Housing

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<ul style="list-style-type: none"> For all settings and services, providers will not deny service (housing) to members based on the use of prescribed medications including medications used for the treatment of substance use disorders (MOUD). 			<ul style="list-style-type: none"> CPI, SOAR Certified NHCHC’s Core Competencies as recommended by SAMHSA Housing First and Harm Reduction Understanding of Community Standards developed by the local continuum of care Ability to complete CoC approved housing assessments to assist members with coordination on the community by-name-list Patient Rights Motivational Interviewing Trauma Informed Care Harm Reduction Housing First Narcan Administration Continuing Education as determined by the H2O-PA or AHCCCS 	
<p>Short-Term Rental Assistance:</p> <ul style="list-style-type: none"> In addition to the requirements above, AHCCCS will pay for up to six months of rent for participating H2O members in an approved housing environment (e.g., apartment, townhome, etc.). Eligible members will be pulled from the AHCCCS 		<p>Maximum of six months in a five-year period.</p>	<p>Provider Requirements:</p> <p>The Statewide Housing Administrator will coordinate this benefit and be required to onboard as the Statewide Housing Administrator Provider Type.</p>	<ul style="list-style-type: none"> Head of household must meet the H2O eligibility criteria in Table 1. Member must be on a housing waitlist and likely to receive a referral to a

Transitional Housing

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<p>Housing Program waitlist as soon as possible and assisted with moving into a housing unit.</p> <ul style="list-style-type: none"> ● The Statewide Housing Administrator will manage bridge to permanency subsidy agreements with Public Housing Authorities and Continuum of Care subsidy programs. ● The SHA will manage waitlist and voucher utilization for partnership subsidy programs. ● The SHA will track members' time in housing under H2O Short-Term Rental Assistance to ensure transition to permanent subsidy within 6 months. ● The SHA will provide program participant and occupancy services which includes but is not limited to: <ul style="list-style-type: none"> ○ Complete Verification of Eligibility. ○ Complete HQS Inspections. ○ Establish unit and payment standards. ○ Establish a system for determining rent reasonableness. ○ Landlord relations and Increasing Housing Opportunities. ○ Maintain a satisfactory dwelling for the member throughout the duration of the lease. ○ Ensure cultural competency. ● As a condition of participation in transitional housing, members are required to engage in tenancy sustaining services as identified as medically appropriate through their Care Plan for the duration of participation in transitional housing. ● The SHA will be responsible for coordinating with the members assigned health plan to verify continued program eligibility. ● The SHA will develop policies to ensure members do not lose eligibility status for certain PSH programs due to being housed temporarily under these resources. 			<ul style="list-style-type: none"> ● Develop policies to ensure legal compliance and Financial Management. ● Must meet required Data Tracking and Reporting requirements. ● Compliance with Fair Housing standards. ● Compliance with the Landlord Tenant Act. ● Utilization of the Homeless Management Information System (HMIS) ● Comply with HMIS Data Standards 	<p>permanent subsidy within 6 months.</p> <ul style="list-style-type: none"> ● Participating members must have an active plan of care with an identified housing permanency goal.

Transitional Housing

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
This includes the member maintaining their chronic homeless status if this was their status prior to moving into their unit under an H2O temporary rental assistance structure.				

Community Re-Integration (Move-In Supports)

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<p>One-time transition and moving costs, including utility costs such as activation expenses and back payments to secure utilities (not to exceed a total of six months in utility back payments and prospective utility payments), (in accordance with ACOM 448 and the AHCCCS Housing Program Guidebook.) Funding can provide limited support for other housing related expenses beyond Permanent Supportive Housing rental subsidies.</p> <p>Key activities may include:</p> <ul style="list-style-type: none"> ● Emergency rent assistance or eviction prevention, ● Housing move-in kits, ● Move-in and/or utility deposits. Types of utilities include garbage, sewage, gas, internet, electric, recycling, and water. <p>Eviction Prevention or financial assistance may be used to cover the following expenses:</p> <ul style="list-style-type: none"> ● Utility Arrears - pay up to two months utility arrears not to exceed \$1,000 per member, and ● Move-in Assistance - pay move-in costs including required fees and deposits, security deposits, utility deposits, and first month's rent not to exceed \$3,000 	Members may receive this service at any point at which they meet service minimum eligibility criteria and have not reached the identified cap.	N/A	The Statewide Housing Administrator will coordinate this benefit and be required to onboard as the Statewide Housing Administrator Provider Type.	<ul style="list-style-type: none"> ● Individuals who meet the H2O eligibility criteria in Table 1. ● Limited to H2O eligible members who are receiving H2O Short-Term Rental Assistance. ● Members must require service either when moving into a new residence or because essential home utilities have been discontinued or were never activated at move-in and will adversely impact occupants' health if not restored. ● Members must demonstrate a reasonable plan, created in coordination with care manager or case manager, to cover future, ongoing payments for utilities. ● This service is furnished only to the extent the member is unable to meet such expenses or when the services cannot be obtained from other sources.

Community Re-Integration (Move-In Supports)

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<p>per member.</p> <ul style="list-style-type: none"> ○ Move-in assistance is only available to members not already receiving a type of subsidy from another program or agency (any permanent housing assistance, including permanent supportive housing, and ○ Rapid rehousing, from programs like AHP, CoC, HCV, SSVF, etc.). 				<ul style="list-style-type: none"> ● Eligible program applicants must meet ALL the following criteria with service provider verification: <ul style="list-style-type: none"> ○ The applicant is at risk of eviction and/or homelessness, and the applicant is referred by their clinical team or H2O Service Provider. ● Awards are one-time per member, per year Federal fiscal year of October 1 through September 30 (for details on caps see the Description section, which is in alignment with AHCCCS' Housing Guidebook) ● Members are not currently receiving duplicative support through other federal, state, or locally-funded programs.
<p>Medically necessary home accessibility modifications. (in accordance with AMPM 1240-I)</p> <ul style="list-style-type: none"> ● Medically necessary home accessibility modifications: Home modifications shall have a specific adaptive purpose aimed at increasing the member's ability to function with greater independence in their own home. Services require a provider order and quotes from three contractors to ensure cost effectiveness. 	<p>Members may receive home accessibility modification services at any point at which they meet minimum service eligibility criteria and have not reached the cap.</p>	<p>N/A</p>	<p>The Statewide Housing Administrator will coordinate this benefit and be required to onboard as the Statewide Housing Administrator Provider Type.</p>	<ul style="list-style-type: none"> ● Members must reside in a housing unit that is adversely affecting his/her health or safety. ● The housing unit may be owned by the member (so long as it is their primary place of residence) or rented. ● Landlords must agree to and provide signed consent for approved home accessibility modification services prior to service delivery (if applicable). ● Landlords must agree to and provide signed consent to keep rent at current rate for the duration of the member's residency.

Community Re-Integration (Move-In Supports)

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
				<ul style="list-style-type: none"> • Services are authorized in accordance with care plan authorization policies, such as but not limited to service being indicated in the member's care plan. • Members are not currently receiving duplicative support through other federal, state, or locally funded programs. • The modifications cannot supplant a landlord's obligation to provide reasonable accommodations under the ADA.

Housing Pre-Tenancy Intensive Case Management Services

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<ul style="list-style-type: none"> • Providers contracted through the H2O-PA will co-locate support staff at the field offices of the Statewide Housing Administrator. Staff will be available to assist the members through the briefing process and begin apartment searching following the issuance of the voucher. <p>H2O Providers providing Pre-Tenancy and Tenancy sustaining services will be responsible for:</p> <ul style="list-style-type: none"> • Screening and housing assessments to identify the member's choice in a housing setting and amenities as well as potential barriers to housing stability. • Coordination for purposes of member transition to housing. • Assisting the member with completing an HRSN screening tool to assess for health-related social needs and using the results to inform the development of a housing care plan. 	As needed, prior to move-in	<p>Services will generally be delivered during the three months prior to members transitioning to tenancy support services.</p> <p>Pre-tenancy activities can</p>	<p>Provider Requirements: pre-tenancy and tenancy sustaining providers who meet the requirements in this protocol will be required to onboard as an H2O Provider type.</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 SDOH assessment tool • Utilization of the Homeless 	<ul style="list-style-type: none"> • Individuals who meet the eligibility criteria in Table 1. • Services are authorized in accordance with care plan authorization policies. • Statewide Housing Administrator can submit a direct referral for members who are in need of

Housing Pre-Tenancy Intensive Case Management Services

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<ul style="list-style-type: none"> ● Assisting the member to develop a housing care plan and support for the follow-through and achievement of the goals defined in the plan, including assistance applying to related programs to ensure safe and stable housing, with continued modification of the plan to reflect individualized needs. ● Searching for housing and presenting housing options. ● Assistance with obtaining identification or other legal documents (e.g., Social Security card, birth certificate, prior rental history). This does not include additional payments for fees or other costs for the member not directly associated with coverage of a case manager/similar type functions. ● Assistance with access to legal services to remove barriers to housing ● Completion of housing applications or requests for housing subsidies for affordability including mainstream programs. ● Assisting members with finding solutions to pay fees and expenses related to leasing or move-in (e.g., document fees, application fees, move-in deposits, furniture and household needs, adaptive devices, utility deposits or arrearages). ● Assisting the member with completing additional or new reasonable accommodation requests or assisting with paperwork to ensure environmental modifications necessary for accessibility or barrier removal. ● Attending or preparing members for housing briefings, landlord meetings, or other meetings to ensure members understand their legal and lease rights, obligations, and duties related to housing, ● Conducting home visits with the approval of the tenant to ensure living settings are safe and 		<p>sometimes take longer depending on member situation, in which case service duration would persist until services are no longer medically appropriate.</p>	<p>Management Information System (HMIS)</p> <ul style="list-style-type: none"> ● Comply with HMIS Data Standards <p>Training:</p> <ul style="list-style-type: none"> ● New Employee Training, (i.e., AHCCCS 101) ● SAMHSA Permanent Supportive Housing EBP ● Relias Training: Safety Checks: Home Visits and Safety in the Home ● CPR/First Aid ● CPI ● Housing First model ● NHCHC's Core Competencies as recommended by SAMHSA ● Patient Rights ● Motivational Interviewing ● Trauma Informed Care ● Harm Reduction ● Narcan Administration ● Community Reinforcement Approach ● Continued Education as determined by H2O-PA and AHCCCS 	<p>outreach and housing search assistance.</p> <ul style="list-style-type: none"> ● Members cannot receive duplicative support through other services. ● Members are not currently receiving duplicative support through other federal, state, or locally funded programs.

Housing Pre-Tenancy Intensive Case Management Services

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<p>appropriate. Examples include teaching the member how to use the thermostat to maintain climate control, ensuring there is running water, and living space is free from hazards. .</p> <ul style="list-style-type: none"> ● Communicating with facility administration, landlords, and members to coordinate move-in. ● Education on tenants' rights, responsibilities, financial literacy, budgeting, benefits advocacy, and making key relationships with the goal of fostering successful tenancy. ● Education on effective ways to communicate and advocate for themselves with landlords. ● Working with clients to establish crisis plans or other strategies for prevention or intervention when housing stability may be jeopardized. ● Assisting with budgeting and financial planning for housing stability. This may include identifying a payee or other fiduciary, as necessary. <p>*Non-emergency transportation to/from wraparound health care services is vital to the successful implementation of Pre-tenancy/Tenancy sustaining services as described in the demonstration. Although not currently included, AHCCCS will continue to work with CMS and federal partners to ensure H2O Providers can provide non-emergency transportation to eligible members as needed.</p>				

Housing Tenancy Intensive Case Management Services

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<p>H2O Providers providing Pre-Tenancy and Tenancy sustaining services will be responsible for:</p> <ul style="list-style-type: none"> ● Identification and intervention for behaviors that may jeopardize housing stability or tenancy (e.g., hoarding, lease violations). ● Continuing education and assistance around members understanding and following legal rights, roles, and responsibilities of Arizona Residential Landlord Tenant Act (ARLTA) and lease. ● Coaching and assistance with landlord/property managers to maintain relationships and dispute resolution. ● Connecting members to community supports, social determinants of health, and other mainstream resources to support member service plans and housing goals. This may include family and peer connections consistent with service and housing plans. ● "Assisting with securing income that may include employment, vocational activities, and/or applying for and securing eligible benefits (e.g., SSI/SSDI Outreach, Access, and Recover [SOAR]). ● Assisting with preparing for any necessary annual recertification, inspections, or other housing processes. ● Assisting in reducing risk of eviction with conflict resolution skills. ● Supporting the development of independent living skills including personal hygiene, budgeting, household maintenance, and social connection. ● Ongoing monitoring for safety and wellness. ● Assisting with the annual housing recertification process. ● Coordinating with an individual's behavioral health or other health care providers. ● Providing prevention and intervention strategies including ongoing maintenance or updating crisis plans. ● In the event of a possible eviction or housing termination, 	<p>As needed</p>	<p>On average, individuals require six to 18 months of services to become stably housed. Individual needs will vary and may continue beyond the 18-month timeframe.</p> <p>Service duration would persist until services are no longer deemed medically appropriate, as determined in an individual's care plan, contingent on</p>	<p>Provider Requirements:</p> <p>pre-tenancy and tenancy sustaining providers who meet the requirements in this protocol will be required to onboard as an H2O Provider type.</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 SDOH assessment tool ● Utilization of the Homeless Management Information System (HMIS) ● Comply with HMIS Data Standards ● Eligible for performance-based contract <p>Training:</p> <ul style="list-style-type: none"> ● New Employee Training, (i.e., AHCCCS 101) ● SAMHSA Permanent Supportive Housing EBP ● CPR/First Aid ● CPI ● Housing First model ● NHCHC's Core Competencies as recommended by SAMHSA ● Patient Rights 	<ul style="list-style-type: none"> ● Individuals who meet the eligibility criteria in Table 1. ● Services are authorized in accordance with care plan authorization policies. ● Members are not currently receiving duplicative support through other federal, state, or locally funded programs.

Housing Tenancy Intensive Case Management Services

Description/Definition	Frequency (if applicable)	Duration (if applicable)	Detailed Setting/Provider Requirements	Minimum Eligibility Criteria
<p>working with clients on re-housing options and minimizing legal impacts or barriers resulting from termination (i.e., mutual rescission).</p> <p>*Non-emergency transportation to/from wraparound health care services authorized under the state plan is vital to the successful implementation of Pre-tenancy/Tenancy sustaining services as described in the waiver. Although not currently included, AHCCCS will continue to work with CMS and federal partners to ensure H2O Providers can provide non-emergency transportation to eligible members as needed.</p>		<p>determination of continued eligibility.</p>	<ul style="list-style-type: none"> ● Motivational Interviewing ● Trauma Informed Care ● Harm Reduction ● Narcan Administration ● Community Reinforcement Approach ● Continued Education as determined by H2O-PATA provider and AHCCCS 	

Exhibit 2:

Service	Eligible Provider Type/Setting	New Provider Type and License (as applicable)	Certification	Other Standard (if applicable)
<p>Outreach and Education Services</p>	<p>The following provider types and workforce classifications are able to deliver outreach and education services within their respective scopes of practice as defined in State law and agency policy to members who qualify for H2O services:</p> <ul style="list-style-type: none"> ● Community Service Agency (CSA) ● Behavioral Health Outpatient Clinic ● Peer Recovery Support Specialists ● Certified Community Health Workers/Representatives ● Crisis Services Provider ● Behavioral Health Professional (as defined in A.A.C.R9-10-101) ● Behavioral Health Paraprofessional (as defined in R9-10-115) ● Behavioral Health Technician (as defined in R9-10-115) 	<p>H2O Provider Provider Code: HO</p> <p>Must be in good standing with their licensing body, as applicable.</p>	<p>Must be in good standing with their certifying or credentialing body, as applicable.</p>	<ul style="list-style-type: none"> ● When available, completing the Closed Loop Referral System (CLRS) Scope of Work; Demonstrating workflow systems that effectively incorporate the CLRS, including EHR system interface or single-sign on, as determined by AHCCCS. ● Enrollment as a Community Assistor

Service	Eligible Provider Type/Setting	New Provider Type and License (as applicable)	Certification	Other Standard (if applicable)
Transitional Housing- Short-Term Rental Assistance	<ul style="list-style-type: none"> ● Statewide Housing Administrator will coordinate this service. <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. 	Statewide Housing Administrator Provider Code: HA	Housing Quality Standard (HQS) Certification, or any subsequent applicable HUD inspection standards.	Statewide Housing Administrator Provider Type will have a special provider profile. They will be required to follow an AHCCCS process for vetting new landlords and attesting they meet certain requirements prior to onboarding them as eligible landlords in the program.
Transitional Housing- Transitional Living Enhanced Shelter	<ul style="list-style-type: none"> ● Enhanced Shelter providers will have a standalone provider type. <ul style="list-style-type: none"> ○ AHCCCS is in the process of establishing this new provider type. ○ Settings can include transitional/bridge shelter facilities with additional on-site support, hotel/motel rooms, and houses repurposed to provide congregate housing. 	Enhanced Shelter <ul style="list-style-type: none"> ● Provider Code: ES 	CARF Accreditation for Community Housing and Shelter	<ul style="list-style-type: none"> ● When available, completing the CLRS Scope of Work; Demonstrating workflow systems that effectively incorporate the CLRS, including EHR system interface or single-sign on, as determined by AHCCCS.
One-time Transition and Moving Costs	<ul style="list-style-type: none"> ● Statewide Housing Administrator will coordinate these services. 	Statewide Housing Administrator Provider Code: HA	<ul style="list-style-type: none"> ● N/A 	

Service	Eligible Provider Type/Setting	New Provider Type and License (as applicable)	Certification	Other Standard (if applicable)
Home Accessibility Modifications	<ul style="list-style-type: none"> Statewide Housing Administrator will coordinate these services 	Statewide Housing Administrator Provider Code: HA Active status and in good standing with the Registrar of Contractors	<ul style="list-style-type: none"> N/A 	
Housing Tenancy Services	<p>The following provider types and workforce classifications are able to deliver pre-tenancy housing services within their respective scopes of practice as defined in State law and agency policy to members who qualify for H2O services:</p> <ul style="list-style-type: none"> Community Service Agency (CSA) Behavioral Health Outpatient Clinic FQHC RHC Peer Recovery Support Specialists Certified community Health Workers/Representatives Behavioral Health Professional (as defined in A.A.C.R9-10-101) Behavioral Health Paraprofessional (as defined in R9-10-115) Behavioral Health Technician (as defined in R9-10-115) 	H2O Provider Provider Code: HO Must be in good standing with their licensing body, as applicable.	Must be in good standing with their certifying or credentialing body, as applicable.	<ul style="list-style-type: none"> Enrollment as a Community Assisters When available, completing the CLRS Scope of Work; Demonstrating workflow systems that effectively incorporate the CLRS, including EHR system interface or single-sign on, as determined by AHCCCS.

Exhibit 3: Distribution of Operational and Administrative Functions

Function	AHCCCS	Housing Administrator	Health Plan	H2O Provider	H2O-PA
HRSN Screening			✓	✓	
Eligibility Evaluation	✓ Medicaid Eligibility		✓ H2O Eligibility	✓ H2O Eligibility	✓ H2O Eligibility
Establishing Housing Service Plan				✓	
Review of H2O Care Plan	✓ Audits			✓	✓ Audits
Prior Authorization Review (if applicable)	✓				✓
Utilization Management	✓	✓	✓		✓
Qualified Provider Enrollment	✓		✓		✓
Execution of Medicaid Provider Agreement	✓			✓	✓
Establishment of a Consistent Rate Methodology for Each Service	✓	✓			✓
Development of Rules, Policies, Procedures, and Information Development Governing H2O Services	✓	✓	✓	✓	✓
Quality Assurance and Quality Improvement Activities	✓	✓	✓	✓	✓
Fair Hearings and Appeals	✓	✓	✓	✓	✓

Exhibit 4: H2O Chronic Health Condition Diagnosis Codes

CCSR Category - Condition	Diagnosis Codes Included for H2O Eligibility
CIR008 – Hypertension	I119
CIR011 – Heart Disease	I2510, I25110, I25111, I25112, I25118, I25119
CIR019 – Heart Failure	I130, I110
DIG019 – Liver Disease	K717, K7460, K7469, K7030, K7031
END003 - Diabetes	E1021, E1022, E1029, E10311, E10319, E103211, E103212, E103213, E103219, E103291, E103292, E103293, E103299, E103311, E103312, E103313, E103319, E103391, E103392, E103393, E103399, E103411, E103412, E103413, E103419, E103491, E103492, E103493, E103499, E103511, E103512, E103513, E103519, E103521, E103522, E103523, E103529, E103531, E103532, E103533, E103539, E103541, E103542, E103543, E103549, E103551, E103552, E103553, E103559, E103591, E103592, E103593, E103599, E1036, E1037X1, E1037X2, E1037X3, E1037X9, E1039, E1040, E1041, E1042, E1043, E1044, E1049, E1051, E1052, E1059, E10610, E10618, E10620, E10621, E10622, E10628, E10630, E10638, E10641, E10649, E1065, E1069, E108, E09621, E11621, E1165, E1100, E1101, E1121, E1122, E1129, E11311, E11319, E113211, E113212, E113213, E113219, E113291, E113292, E113293, E113299, E113311, E113312, E113313, E113319, E113391, E113392, E113393, E113399, E113411, E113412, E113413, E113419, E113491, E113492, E113493, E113499, E113511, E113512, E113513, E113519, E113521, E113522, E113523, E113529, E113531, E113532, E113533, E113539, E113541, E113542, E113543, E113549, E113551, E113552, E113553, E113559, E113591, E113592, E113593, E113599, E1136, E1137X1, E1137X2, E1137X3, E1137X9, E1139, E1140, E1141, E1142, E1143, E1144, E1149, E1151, E1152, E1159, E11610, E11618, E11620, E11622, E11628, E11630, E11638, E11641, E11649, E1169, E1110, E1111, E1010, E1011
GEN002 – Renal Failure	N170, N171, N172, N178, N179

CCSR Category - Condition	Diagnosis Codes Included for H2O Eligibility
GEN003 – Kidney Disease	N181, N182, N1830, N1831, N1832, N184, N185, N186, N189, I1310
INJ036 – Kidney Transplant Failure	T8612, T8642
MUS025 – Necrotizing Fasciitis	M726
NEO017 – Liver Cancer	C220
NEO025 – Skin Cancer	C430, C4310, C43111, C43112, C43121, C43122, C4320, C4321, C4322, C4330, C4331, C4339, C434, C4351, C4352, C4359, C4360, C4361, C4362, C4370, C4371, C4372, C438, C439
NVS005 – Multiple Sclerosis	G35