

This Exhibit applies to the Housing and Health Opportunities (H2O) Program Administrator and H2O providers and establishes requirements for H2O services.

The Housing and Health Opportunities (H2O) services are designed to meet the unique housing needs of eligible AHCCCS members. Services span across various areas in which there are identified gaps in care for members who are experiencing homelessness. The H2O services are designed to be provided for a brief period while meeting the Health-Related Social Needs (HRSN) of members to assist the members with housing stabilization and re-engagement with existing providers and Medicaid covered services. The H2O services outlined below are provided by designated provider types including H2O Provider, Statewide Housing Administrator, and Enhanced Shelter. These provider types shall contract with the H2O Program Administrator and register as Medicaid providers under their respective provider type.

For provider caseload and contact requirements refer to AMPM Exhibit 1720-2 and for provider training requirements refer to AMPM Exhibit 1720-3. For further information on the AHCCCS Housing Program, refer to AMPM Policy 1710.

OUTREACH AND EDUCATION

The H2O Providers shall provide outreach and education services for the purposes of member engagement, linkages to other federal and state benefits programs, and benefit program application assistance. 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 include both street outreach to individuals experiencing sheltered or unsheltered homelessness and reach-in to members in institutions or inpatient settings.

1. The Outreach and education services specific to the H2O Program include:
 - a. Initial location, identification, and sustained engagement of members on the street, in institutions, or other homeless or at-risk situations. This can include pre-release reach-in for justice involved individuals, and discharge planning and coordination for individuals in an inpatient setting,
 - b. Locating and identifying members who are in danger of termination of their Medicaid coverage due to homelessness, release from institutional settings, loss of housing or lack of contact,
 - c. Applying for and coordinating with mainstream HRSN services and housing services to expedite shelter, re-housing, or other more stable housing setting for ongoing engagement,
 - d. Providing access to members to meet their basic physical health needs (such as water, hygiene kits, access to clothing, etc.) including connecting members to emergency services,
 - e. Determining and prioritizing immediate needs, to ensure individuals are not currently a danger to themselves or others or experiencing an acute physical or behavioral health issue, characterized by significant and distressing symptoms that need to be addressed immediately. The outreach team shall follow the existing emergent/urgent petitioning process as specified in AMPM Policy 320-U to address immediate needs; this includes contacting a crisis team. For crisis services and care coordination requirements refer to AMPM Policy 590,
 - f. Gathering identification, legal documentation, or completing other eligibility processes,
 - g. Enrolling individuals in, or re-connecting individuals with, a Contractor and/or provider, this includes TRBHA, American Indian Medical Home (AIMH), and/or other IHS/Tribal 638 facility,

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- h. Confirming a Serious Mental Illness (SMI) designation or submitting a referral for an SMI evaluation,
- i. Gathering any information related to a member’s SMI designation or evaluation,
- j. Connecting members to a provider for ongoing delivery of services,
- k. Conducting screening that identifies the member’s preferences, and any barriers related to successful tenancy. This may include collecting information on potential barriers to housing transition and/or housing retention,
- l. Coordinating a warm handoff to pre-tenancy or tenancy support services,
- m. Receive direct referrals from the H2O Program Administrator for eligible members when the member cannot be located by their health home,
- n. Coordinate care with the member’s assigned behavioral health case manager through their health home, this includes the TRBHA, American Indian Medical Home (AIMH), and/or other IHS/Tribal 638 facility, throughout the course of their outreach services. Once the member is located, the Outreach team shall work with the member to sign appropriate Releases of Information (ROI) to coordinate care with the member’s support system, this includes ROIs for natural support,
- o. Follow the community best practice standards for outreach as established and updated through the local Continuums of Care (CoC),
- p. Participate in relevant CoC meetings, including outreach collaborative, and case conferencing,
- q. Use the Homeless Management Information System (HMIS) following agency privacy protocols and CoC data standards,
- r. It is required that H2O Outreach teams obtain the right of entry from the Tribal Nation and coordinate with the Tribe before attempting to provide outreach services on tribal land, and
- s. Coordinating with police, emergency services, HRSN providers, and community-based organizations and programs necessary to coordinate services (including participation in local CoC activities including use of the use of the Homeless Management Information System [HMIS]).

TRANSITIONAL HOUSING

1. Transitional Housing activities include either a stay in Enhanced Shelter or the receipt of short-term rental assistance.
2. Transitional Housing activities are allowed for a maximum of six months in a five-year period combined.

ENHANCED SHELTER

Enhanced Shelters are a vital service for eligible members to access to improve housing outcomes and stabilization. Members experience challenges with engaging in physical and behavioral health services when they are living in unsheltered situations and do not have a safe stable location to reside. Enhanced Shelters serve as a temporary location for a member to reside while they complete the necessary documentation to access ongoing housing subsidies. In addition, these locations provide the members with a location to reside while going through the apartment search and lease up process.

1. Enhanced Shelter activities include:
 - a. Providing shelter services in an approved setting (as defined in the [AHCCCS Contract and Policy Dictionary](#)),
 - i. Shall comply with local city ordinance for zoning,
 - ii. Initial and annual inspections of physical location and shall confirm meeting the minimum standards for safety, sanitation, and privacy provided in 24 CFR 576.403,
 - iii. Shall follow the Housing First and Harm Reduction approach, and
 - iv. Fingerprint clearance per statute or background check requirements as defined by AHCCCS.
 - b. Ensuring members have access to food, storage, and a personal space for the duration of their stay,
 - c. Being open 24 hours a day, seven days a week,
 - d. The members will not be required to leave during the day, and they will be able to voluntarily come and go from the facility with the exception of an established curfew. Any established curfew shall be reasonable and understanding of the member's needs,
 - e. Management, operations, and safety include:
 - i. Enhanced Shelters will have adequate staff on duty to ensure the safety and security of the members. This includes management, security, housekeeping, maintenance, any/all staffing for overall operations in accordance with the implementation plan. This operations staff is separate from the assigned staff person responsible for providing direct service to members and maintaining prescribed caseload maximums,
 - ii. An implementation plan will be provided to the H2O Program Administrator at the time of Enhanced Shelter provider registration, and
 - iii. Enhanced Shelters will maintain a ratio of one staff member to 25 members from 7:00am to 7:00pm. The staff-to-member ratio may be reduced during evening hours, 7:00 p.m. to 7:00 a.m. but at no time shall it fall to less than 1 staff person to 50 members or a minimum of two assigned staff, whichever is greater. For instance, if the Enhanced Shelter serves 45 members there must be two staff on site between the hours of 7pm and 7am.
 - f. Each member will have an assigned staff person responsible for providing direct service to members and maintaining prescribed caseload maximums:
 - i. The assigned staff member shall complete an HRSN screening or assessment with the member within 48 hours of the member's admission to the Enhanced Shelter,
 - ii. The assigned staff member shall assist the member with developing a Housing Plan within 48 hours of member admission to the Enhanced Shelter. The Housing Plans shall include an identified strategy for a permanent housing placement,

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- iii. The assigned staff shall meet with the members at a minimum of one time per week to review and update the Housing Plan, ensuring goals are being completed with assisting the member to move into permanent housing. In the event that the member is not meeting goals or making progress, the staff member should increase the frequency of weekly meetings with the member to provide a higher level of intensity in support based on the individual needs of the member, and
- iv. Enhanced the Shelter staff who provide direct service to the members are required to have training or in-service every two weeks for all staff on site, led by a clinician who meets qualifications, at minimum, as a BHT, as specified in AMPM Policy 310-B and the Covered Behavioral Health Services Guide.
- g. Ensuring care is culturally responsive and trauma informed,
- h. Enhanced Shelter staff are responsible for connecting the members to necessary services including physical health, behavioral health, psychiatric, substance use treatment, employment services, and connection to mainstream benefits,
- i. Services provided at the Enhanced Shelter are focused on housing stability and income stability. Enhanced Shelter staff do not provide clinical services but shall have the ability to refer the member to an appropriate provider for clinical services,
- j. Enhanced the Shelter staff shall assist the members with securing income that may include employment, vocational activities, and/or applying for and securing eligible benefits (e.g., Supplement Security Income/Social Security Disability Insurance [SSI/SSDI] Outreach, Access, and Recover [SOAR]),
- k. For all settings and services, Enhanced Shelters shall not deny service (housing) to members based on the use of prescribed medications including Medications for Opioid Use Disorder (MOUD) or Medication Assisted Treatment (MAT),
- l. Enhanced Shelter staff shall utilize the Statewide Closed-Loop Referral System (CLRS), as appropriate,
- m. Ensure access to a clean, healthy environment that allows members to perform activities of daily living,
- n. Ensure access to a private or semi-private, independent room with a personal bed for the entire day,
- o. Ensure accessibility for members to receive onsite or easily accessible medical and case management services, as needed, and
- p. Work with members to sign relevant Release of Information (ROI) upon intake and update the member's support system of their current location. This includes communicating the member's status to their TRBHA, tribe and/or American Indian Medical Home (AIMH) and providing contact information for the family members and tribe to communicate with the members as needed.

SHORT-TERM RENTAL ASSISTANCE

Short-Term Rental Assistance plays an integral role in helping vulnerable populations gain access to the financial means to lease an apartment and rapidly end their homelessness. AHCCCS will implement this benefit in partnership with other housing programs that provide long-term housing subsidies including the AHCCCS Housing Program, HUD Continuum of Care (CoC) programs, and public housing authorities.

1. The Statewide Housing Administrator shall be responsible for:
 - a. Coordinating the Short-Term Rental Assistance benefit. Short-Term Rental Assistance activities include:
 - i. Members have access to short-term rental assistance for up to six months in an approved housing environment (e.g., apartment, townhome) while awaiting transfer to a permanent subsidy.
 - b. Identifying eligible members who will have access to a permanent subsidy within the timeframe of their short-term rental assistance benefit and referring them to access the short-term rental assistance,
 - c. Managing Bridge to Permanency subsidy agreements with the AHCCCS Housing Program (AHP), Housing and Urban Development (HUD) CoC programs, and Public Housing Authorities,
 - d. Managing wait list and voucher utilization for partnership subsidy programs,
 - e. Tracking member’s time in housing under the H2O short term rental assistance to ensure the member is transitioned to permanent housing subsidy within the timeframe of the benefit,
 - f. Providing program participant and occupancy services as specified in Contract and the AHP Guidebook found on the AHCCCS website,
 - g. Developing internal policies to ensure legal compliance and financial management,
 - h. Completing verification of eligibility for H2O services,
 - i. Completing Housing Quality Standard inspections using certified inspectors,
 - j. Establishing rental unit and payment standards,
 - k. Establishing and maintaining a system for determining rent reasonableness,
 - l. Ensuring care is culturally responsive and trauma informed,
 - m. Supporting landlord relations and identifying additional landlords to work with the program, and
 - n. Adhering to the landlord vetting process as described in the Statewide Housing Administrator provider profile.

The State Housing Administrator shall review and minimize duplicative paperwork and limit the number of entities that unnecessarily receive personal health information of members with an SMI designation in accordance with ARS 36-2903.14.

2. As a condition of participation in short-term rental assistance members are required to engage in pre-tenancy and tenancy sustaining services as necessary. Services will be flexible and individualized to meet the specific needs of the member, as well as align with Substance Abuse and Mental Health Service Administration (SAMHSA) Evidence-Based Practice for Permanent Supportive Housing (PSH):

<https://store.samhsa.gov/product/permanent-supportive-housing-evidence-based-practices-ebp-kit/sma10-4509>

COMMUNITY RE-INTEGRATION (MOVE-IN SUPPORTS)

1. Move-In Supports activities include:
 - a. One-time transition and moving costs including utility costs such as activation expenses and back payments to secure utilities in accordance with AMPM Policy 1710 and the AHP Guidebook. Funding is limited to H2O eligible members who are receiving H2O short-term rental assistance.
 - i. Eviction Prevention or financial assistance may be used to cover the following expenses:
 - 1) Rental Arrears – Payment for up to two months rental arrears not to exceed \$3,000 per member,
 - 2) Utility Arrears – Payment for up to two months utility arrears not to exceed \$1,000 per member, and
 - 3) Move-in Assistance – Payment for move-in costs including required fees and deposits, security deposits, utility deposits, and first month’s rent not to exceed \$3,000 per member. Move-in assistance is only available to members who are not already receiving a type of subsidy from another program or agency (any permanent housing assistance, including PSH and rapid rehousing, from programs like the AHP, CoC, Housing Choice Voucher (HCV), Supportive Services for Veteran Families (SSVF), etc.).
 - ii. Members may receive move-in support at any point at which they meet service minimum eligibility criteria and have not reached the identified cap:
 - 1) Individuals who meet the H2O eligibility criteria,
 - 2) Limited to members who are receiving H2O short-term rental assistance,
 - 3) Members who 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,
 - 4) Members who demonstrate a reasonable plan, created in coordination with the care manager or case manager, to cover future, ongoing payments for utilities,
 - 5) 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,
 - 6) Eligible program applicants who meet ALL the following criteria with service provider verification:
 - a) The applicant household is at or below 80% area median income,
 - b) The applicant is at risk of eviction and/or homelessness, and
 - c) The applicant is referred by their clinical team or H2O Provider.
 - 7) Members are not currently receiving duplicative support through other Federal, State, or locally funded programs.
 - b. Medically necessary home accessibility modifications in accordance with AMPM Policy 1240-I.
 - i. 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, assessment of how the lack of modifications impedes their ability to function independently, and an assessment by a qualified professional (Including but not limited to Occupational Therapist (OT), Physical Therapist (PT), or Certified Environmental Access Consultant),

- ii. The modifications cannot supplant a landlord’s obligation to provide reasonable accommodations under the Americans with Disabilities Act (ADA), and
- iii. Services are authorized in accordance with service plan authorization policies, such as but not limited to service being indicated in the member’s service plan, and
- iv. Members are not currently receiving duplicative support through other Federal, State, or locally funded programs.

HOUSING PRE-TENANCY AND TENANCY SUSTAINING SERVICES

1. The H2O Providers contracted through the H2O Program Administrator shall perform the following activities that include:
 - a. Co-locating support service 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,
 - b. Conducting screening and housing assessments to identify the member’s choice in a housing setting and amenities as well as potential barriers to housing stability,
 - c. Assisting members with developing 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,
 - d. Searching for housing and presenting housing options to members,
 - e. Assisting members 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 of functions,
 - f. Assisting members with accessing legal services to remove barriers to housing (i.e., expungement of criminal records),
 - g. Assisting members with completing housing applications or requests for housing subsidies for affordability including mainstream programs,
 - h. 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),
 - i. Assisting members with completing additional or new reasonable accommodation requests or assisting with paperwork to ensure environmental modifications necessary for accessibility or barrier removal,
 - j. 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,
 - k. Conducting home visits with the approval of the tenant to ensure living settings are safe and appropriate. Examples include but are not limited to: teaching the member how to use the thermostat to maintain climate control, ensuring there is running water, and living space is free from hazards,
 - l. Communicating with facility administration, landlords, and members to coordinate move-in,

HOUSING PRE-TENANCY AND TENANCY SUSTAINING SERVICES

- m. Providing education on tenants' rights, responsibilities, financial literacy, budgeting, benefits advocacy, and making key relationships with the goal of fostering successful tenancy,
- n. Providing education on effective ways to communicate and advocate for themselves with landlords,
- o. Working with members to establish crisis plans or other strategies for prevention or intervention when housing stability may be jeopardized,
- p. Assisting with budgeting and financial planning for housing stability. This may include identifying a payee or other fiduciary, as necessary,
- q. Identifying and providing services for behaviors that may jeopardize housing stability or tenancy (e.g., hoarding, lease violations, etc.),
- r. Continuing education and assistance around members understanding and following the terms of their lease including understanding their legal rights, roles, and responsibilities of Arizona Residential Landlord Tenant Act (ARLTA),
- s. Coaching and assistance with landlord/property managers to maintain relationships and dispute resolution,
- t. Connecting members to community support, Health-Related Social Needs, 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,
- u. 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]),
- v. Assisting with preparing for any necessary annual recertification, inspections, or other housing processes,
- w. Assisting in reducing risk of eviction with conflict resolution skills,
- x. Supporting the development of independent living skills including personal hygiene, budgeting, household maintenance, and social connection,
- y. Providing ongoing monitoring for safety and wellness,
- z. Assisting with the annual housing recertification process,
- aa. Coordinating with an individual's behavioral health or other health care providers,
- bb. Providing prevention and intervention strategies including ongoing maintenance or updating crisis plans,
- cc. In the event of a possible eviction or housing termination, working with clients on re-housing options and minimizing legal impacts or barriers resulting from termination (i.e., mutual rescission),
- dd. Provide continuous assessment of member needs to determine service duration, understanding on average, individuals require 6-18 months of services to become stably housed,
- ee. Skilled and trained in SAMHSA PSH EBP and maintain high fidelity to the model,
- ff. Maintaining low staff to member ratios 1:15,
- gg. Maintaining skills and training in the PRAPARE or other AHCCCS approved SDOH/HRSN assessment tool, and
- hh. Utilizing the Homeless Management Information System (HMIS) and complying with data standards.