

May 26, 2021

Administrator Chiquita Brooks-LaSure
U.S. Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: AHCCCS Housing and Health Opportunities (H2O) 1115 Waiver Amendment Request

Dear Administrator Brooks-LaSure:

On behalf of the State of Arizona and the Arizona Health Care Cost Containment System (AHCCCS), I am pleased to submit the enclosed application for Arizona's Housing and Health Opportunities (H2O) demonstration waiver proposal under Section 1115 of the Social Security Act. Arizona's current 1115 waiver is in place through September 30, 2021, and if approved, this amendment will run concurrent with AHCCCS' requested renewal period from October 1, 2021 through September 30, 2026.

Arizona has long demonstrated its commitment to innovation in Medicaid. Building on that history and experience, the H2O waiver is designed to complement AHCCCS' existing housing program, funded with State General Fund dollars, which provides rent subsidies to nearly 3,000 individuals experiencing homelessness each year. AHCCCS and its contracted health plans have successfully leveraged these funds to improve member health outcomes and reduce costs. As the H2O proposal illustrates, the State's investment in permanent supportive housing programs has paid off, resulting in notable reductions in emergency department visits, inpatient admissions, and crisis utilization as well as increased use of less costly preventative care.

This proposal seeks to further advance the Arizona Medicaid program's success in addressing beneficiaries' housing needs by:

- Strengthening homeless outreach strategies to effectively connect members to housing interventions and integrated care services,
- Securing resources to support members in attaining and maintaining housing stability, and
- Enhancing and expanding individualized wraparound housing services and supports to ensure housing stability becomes a platform to drive improved health outcomes and reduce recidivism for a broader population of homeless or at-risk populations.

The initiatives proposed in this waiver request were informed by a robust public input process. AHCCCS engaged over 350 stakeholders, obtaining input from the State Medicaid Advisory Committee, community members participating in two virtual public forums, and tribal representatives during a Tribal Consultation session. In addition, stakeholders supplied nearly fifty written responses, offering overwhelming support for H2O and the strategies detailed in the waiver proposal.

Thank you again for your consideration of the Housing and Health Opportunities waiver request. We appreciate your shared commitment to the innovations advanced in the H2O proposal and your recognition of the impact that stable housing can have on the health and wellness of those served by AHCCCS.

Sincerely,



Jami Snyder
Director
Arizona Health Care Cost Containment System

CC: Liz Richter, Acting Administrator, Centers for Medicare & Medicaid Services
Anne Marie Costello, Acting Deputy Administrator and Director,
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AHCCCS Housing & Health Opportunities (H2O) Waiver Amendment



Table of Contents

I. SUMMARY	3
II. OVERVIEW	3
The Correlation Between Housing & Health Outcomes	3
Arizona’s Journey Towards Recognizing Housing as a Social Determinant of Health	6
AHCCCS Housing Delivery System	7
AHCCCS Housing Program Outcomes	8
Current Gaps In AHCCCS’ Housing Delivery System	9
III. WAIVER AMENDMENT PROPOSAL DETAILS	10
Proposed Changes to Benefit Coverage under the Demonstration as Amended	10
Proposed Additional Eligibility Requirements under the Demonstration as Amended	15
Proposed Cost Sharing Requirements under the Demonstration as Amended	16
Proposed Changes to the Delivery System under the Demonstration as Amended	16
IV. REQUESTED WAIVER & EXPENDITURE AUTHORITIES	16
V. EVALUATION DESIGN	17
VI. PUBLIC NOTICE PROCESS	18
Public Website	18
Publication of Public Notice in the Arizona Administrative Register	18
Stakeholder Meetings	18
VII PUBLIC COMMENT SUMMARY	19
VIII. APPENDIX	
Appendix A: Budget Neutrality	
Appendix B: Waiver Amendment Public Notice	
Appendix C: Waiver Amendment Public Forum Meeting Agenda, Slides and Comments	
Appendix D: Waiver Amendment Public Comment Letters	

I. SUMMARY

The Arizona Health Care Cost Containment System (AHCCCS) is requesting an amendment to the 1115 Research and Demonstration application to seek waiver and expenditure authority to implement the AHCCCS Housing and Health Opportunities (H2O) demonstration. The goal of the AHCCCS H2O demonstration is to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless. Under this demonstration proposal, the agency will seek to:

- Increase positive health and wellbeing outcomes for target populations including the stabilization of members' mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, and increased member satisfaction,
- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization, and
- Reduce homelessness and improve skills to maintain housing stability.

The AHCCCS H2O demonstration targets individuals who are experiencing homelessness or at risk of homelessness and who have at least one or more of the following conditions or circumstances:

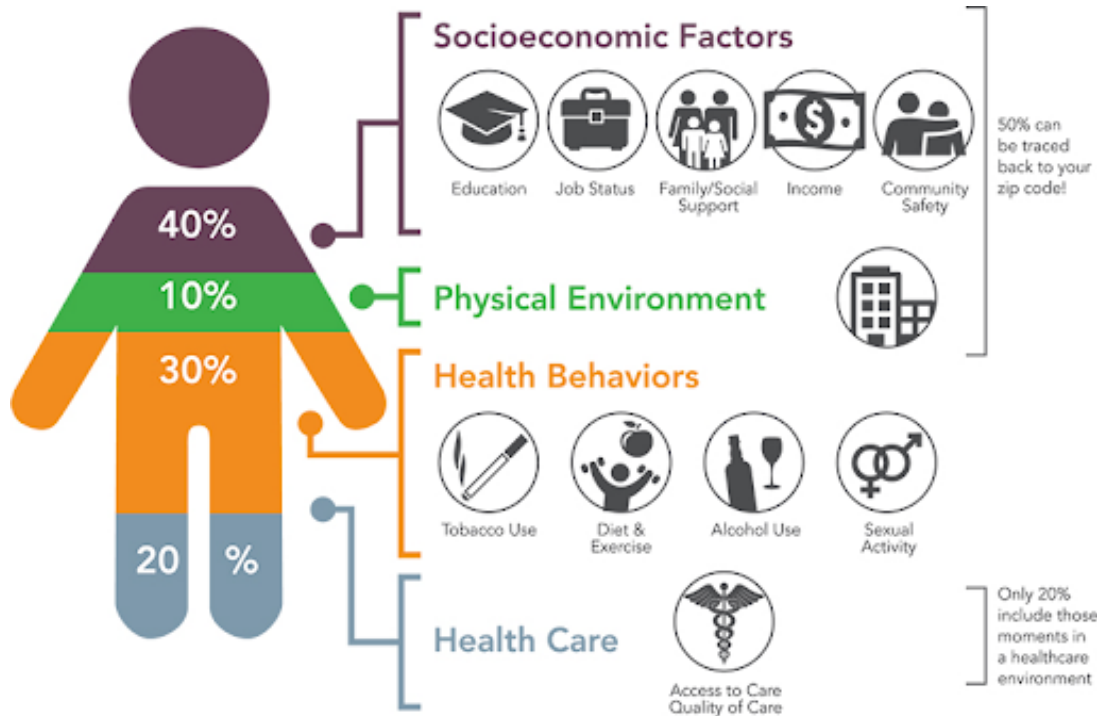
- Individuals with a Serious Mental Illness (SMI) designation or in need of behavioral health and/or substance use treatment,
- Individuals determined high-risk or high-cost based on service utilization or health history,
- Individuals with repeated avoidable emergency department visits or crisis utilization,
- Individuals who are pregnant,
- Individuals with chronic health conditions and/or co-morbid conditions (e.g., end-stage renal disease, cirrhosis of the liver, HIV/AIDS, co-occurring mental health conditions, physical health conditions, and/or substance use disorder),
- Individuals at high risk of experiencing homelessness upon release from an institutional setting (e.g., Institutions for Mental Disease, correctional facilities),
- Young adults ages 18 through 26 who have aged out of the foster care system, and
- Individuals in the Arizona Long Term Care System (ALTCS) who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting.

II. OVERVIEW

The Correlation Between Housing & Health Outcomes

There is now national recognition of the important role that social and economic factors, such as housing, healthy food, and income, play in a whole person approach to health care, especially among Medicaid members. While quality and timely health care services are essential, research shows that a person's socio-economic status, behaviors, and physical environment are the primary drivers of health, contributing as much as 80 percent to health outcomes (Figure 1).

Figure 1: Social Determinants Of Health Factors Influencing A Person's Health Outcome



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Access to safe, quality, affordable housing, and the ability to maintain housing, are among the most critical drivers of health. The annual United States Department of Housing and Urban Development (HUD) Point in Time (PIT) Survey for Arizona shows significant increases in persons experiencing homelessness. Between 2017 and 2019, the number of persons experiencing homelessness across Arizona increased 12 percent to over 10,000 individuals. The documented increase in homelessness, in conjunction with limited shelter capacity resulted in a 43 percent increase in the number of unsheltered persons in this time period. Furthermore, the number of individuals experiencing chronic homelessness in Arizona increased by 21 percent.¹ Due to a higher prevalence and acuity of mental health or health care issues, persons experiencing chronic homelessness also had a 20 percent greater likelihood of being unsheltered.

Homelessness and housing instability is strongly correlated with high rates of morbidity and mortality, including a high prevalence of serious mental illness and substance use disorder, as well as infectious diseases, such as HIV (human immunodeficiency virus), hepatitis C, and tuberculosis.² Homelessness

¹HUD defines individuals with chronic homelessness as those with: 1) a continuous homeless episode of at least one year or more, or four or more episodes of homelessness in the past three years with total time homeless of a year or more; and 2) who have one or more disabling conditions. A disabling condition may include SMI, SUD, a chronic physical health condition, or physical disability.

²Hwang, Stephen W. "Homelessness And Health". Canadian Medical Association Journal (CMAJ), 164(2): 229–233, 2001, Accessed 10 Jan 2021.

Goss, Christopher. "Cost and Incidence of Social Comorbidities in Low-Risk Patients with Community-Acquired Pneumonia Admitted to a Public Hospital." PubMed, Dec. 2003, pubmed.ncbi.nlm.nih.gov/14665494.

also has negative impacts on children. Infants born into homelessness have lower birth weights and are more likely to die within the first 12 months of life.³ Children who are homeless are sick four times more frequently than children who are not homeless, and they have higher incidences of chronic diseases.⁴ Furthermore, children who are homeless are more likely to demonstrate delayed development and are twice as likely to have learning disabilities as compared to their peers.⁵

30,363	members identified as homeless
1/3	had three or more ED visits
75%	had at least one encounter related to a substance use disorder
\$23,090	in average annual costs

Households experiencing homelessness face numerous barriers to appropriate health care which are often compounded by the lack of housing. For persons or families who are homeless, accessing outpatient and preventative health services competes with more immediate needs, such as obtaining food and shelter. Consequently, many individuals who are homeless are susceptible to avoidable hospital admissions, longer hospital stays, and frequent emergency department (ED) visits.⁶ This combination of hospital utilization and health diagnoses equates to high health care expenditures for persons who are experiencing homelessness. Nationally, the average cost for a person enrolled in Medicaid experiencing homelessness is four and a half times higher—\$26,000 per year—compared to \$8,057 for a person enrolled in Medicaid not experiencing homelessness.⁷

AHCCCS data also shows that persons who are homeless have complex service needs and access emergency care more often. Furthermore, consistent with national statistics, the average annual cost of care for members identified as homeless, \$23,090, exceeds the average annual cost of care for all

Allen, D. "HIV Infection among Homeless Adults and Runaway Youth, United States, 1989-1992. Field Services Branch." PubMed, Nov. 1994, pubmed.ncbi.nlm.nih.gov/7848596.

Zolopa, A. "HIV and Tuberculosis Infection in San Francisco's Homeless Adults. Prevalence and Risk Factors in a Representative Sample." PubMed, 10 Aug. 1994, pubmed.ncbi.nlm.nih.gov/8040981.

Gelberg, Lillian. "Health, Homelessness, and Poverty: A Study of Clinic Users." JAMA Internal Medicine | JAMA Network, 1 Nov. 1990, jamanetwork.com/journals/jamainternalmedicine/article-abstract/614142.

³ Bassuk, E. "Homeless Pregnant Women: Two Generations at Risk." PubMed, July 1993, pubmed.ncbi.nlm.nih.gov/8372902.

Crawford, Devan M, et al. Pregnancy and Mental Health of Young Homeless Women. Apr. 2011, www.ncbi.nlm.nih.gov/pmc/articles/PMC3383651/.

⁴ Weinreb, Linda. "Determinants of Health and Service Use Patterns in Homeless and Low-Income Housed Children." American Academy of Pediatrics, 1 Sept. 1998, pediatrics.aappublications.org/content/102/3/554.short.

Gelberg, Lillian. "Health, Homelessness, and Poverty: A Study of Clinic Users." JAMA Internal Medicine | JAMA Network, 1 Nov. 1990, jamanetwork.com/journals/jamainternalmedicine/article-abstract/614142.

⁵ Zima, B. T., et al. "Sheltered Homeless Children: Their Eligibility and Unmet Need for Special Education Evaluations." American Journal of Public Health, vol. 87, no. 2, 1997, pp. 236–40. Crossref, doi:10.2105/ajph.87.2.236.

Rafferty, Yvonne, and Marybeth Shinn. "The Impact of Homelessness on Children." American Psychologist, vol. 46, no. 11, 1991, pp. 1170–79. Crossref, doi:10.1037/0003-066x.46.11.1170.

⁶ Salhi, Bisan. "Homelessness and Emergency Medicine: A Review of the Literature." Wiley Online Library, 1 May 2018, onlinelibrary.wiley.com/doi/10.1111/acem.13358.

Hwang, Stephen W., et al. "A Comprehensive Assessment of Health Care Utilization Among Homeless Adults Under a System of Universal Health Insurance." American Journal of Public Health, vol. 103, no. S2, 2013, pp. S294–301. Crossref, doi:10.2105/ajph.2013.301369.

⁷ Moses, Kathy et al. "Supportive Housing For Chronically Homeless Medicaid Enrollees: State Strategies". Center For Health Care Strategies, Inc, 2016, Accessed 22 Feb 2021; MACPAC. "Medicaid Spending by State, Category, and Source of Funds, FY 2019." Macpac.gov, MACStats: Medicaid and CHIP Data Book, 2020, www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-16.-Medicaid-Spending-by-State-Category-and-Source-of-Funds-FY-2019-millions.pdf.

AHCCCS enrollees generally by \$16,082.⁸ AHCCCS recently assessed the crisis, inpatient, and behavioral health care utilization of 30,363 members who were identified as homeless. A third of these members had three or more ED visits and 38 percent had three or more inpatient stays over the 18 month period reviewed. The estimated annual cost of care for homeless individuals, at \$23,090, is consistent with national cost profiles. In addition to the presence of mental health needs, 75 percent of identified members experiencing homelessness had at least one encounter related to a substance use disorder treatment. For those members identified as homeless who had an SMI designation, 26 percent had three or more inpatient stays, 48 percent had three or more ED visits, and 89 percent also received SUD treatment. The average annual cost for these members was \$66,784.

Given this linkage between housing instability and avoidable health care utilization and costs, it is imperative for policymakers to focus on more cost-effective opportunities to address the combined housing and health care needs of individuals experiencing housing instability. Providing access to housing with individualized, quality, wraparound services for individuals who are experiencing homelessness, has consistently been shown in studies to increase housing stability, reduce or end homeless episodes or recidivism, improve substance use treatment compliance and outcomes, improve recovery trajectories for persons struggling with mental health, and stabilize or improve physical health conditions. These changes often result in a shift away from reliance on crisis-centered, inpatient, and/or emergency department services, and an increased use of primary and preventative health or community based social services and natural supports. This housing related shift ultimately generates significant cost savings and cost avoidance over the long term. Housing individuals who are homeless has similarly been shown to substantially reduce the service and cost impacts on other institutional systems, including homeless shelters, police and crisis services, and the criminal justice system.

Arizona's Journey Towards Recognizing Housing as a Social Determinant of Health

Arizona's involvement in addressing the housing needs of Arizonans began in 1989 through the Arnold v. Sarn lawsuit settlement, which held that state law required the State of Arizona to provide a combination of supportive housing, supported employment, and Assertive Community Treatment (ACT), as well as peer and family services to individuals with an SMI designation in Maricopa County. In 2014, the parties reached an exit agreement to the lawsuit, which included specific requirements for the State to increase the number of individuals receiving ACT, supportive housing and employment services, and peer and family supports. The State was also required to adopt national quality standards outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), and conduct annual independent quality service reviews to evaluate the delivery of care to the SMI population. In 2016, oversight of housing and services for persons with an SMI designation was transferred to AHCCCS as part of the statutory transfer of behavioral health services from Arizona Department of Health Services (ADHS) to consolidate the administration of state and federal physical and behavioral health services under one agency in an effort to integrate the service delivery system.

AHCCCS Housing Delivery System

AHCCCS' housing programs follow a permanent supportive housing (PSH) model, an evidence based, cost effective strategy for addressing and improving health outcomes for persons experiencing homelessness, including those with serious mental illness, physical health conditions, and substance use disorders. The first component of AHCCCS' PSH model is access to safe, habitable, affordable housing. AHCCCS housing

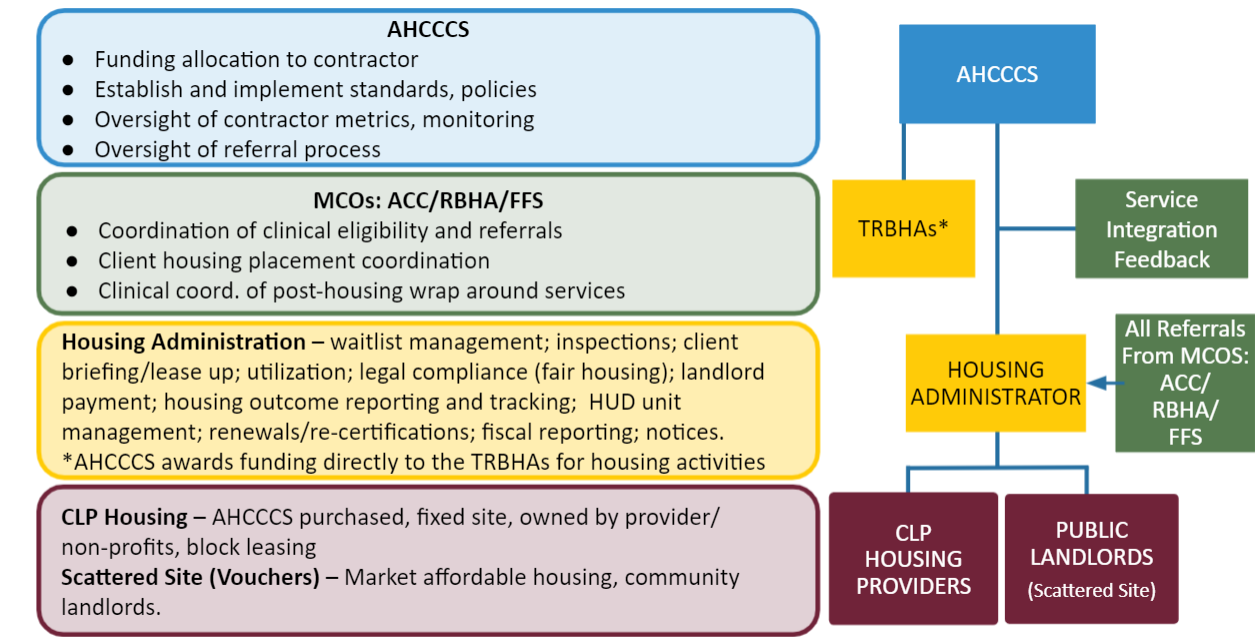
⁸MACPAC. "Medicaid Spending by State, Category, and Source of Funds, FY 2019." Macpac.gov, MACStats: Medicaid and CHIP Data Book, 2020, www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-16.-Medicaid-Spending-by-State-Category-and-Source-of-Funds-FY-2019-millions.pdf.

programs prioritize those households (including single adults or families) who are experiencing homelessness or at imminent risk of homelessness (particularly in situations where an individual is being discharged from an ED or inpatient setting). If AHCCCS were a housing authority, it would be the third largest in the state of Arizona with an annual budget of \$27.7 million in non-Medicaid, state-only funds to provide rent subsidies for almost 3,000 AHCCCS members with an SMI designation, and for a small number of high-need individuals in need of behavioral health and/or substance use treatment. AHCCCS housing subsidies support members in community-embedded, site-based, and scattered site programs. A limited portion of the AHCCCS Housing funds may also be used for eviction prevention.

AHCCCS also administers the State SMI Housing Trust Fund (SMI HTF) to which approximately \$2 million of state funds are appropriated per year, to expand housing capacity for persons with an SMI designation. Since 2017, SMI HTF money has been invested to construct or acquire 246 new affordable housing units for AHCCCS members with an SMI designation. AHCCCS also collaborates with local housing authorities, tax credit programs, and the HUD Continuum of Care (HUD CoC) program to provide PSH capacity for an additional 1,500 members.

The majority of AHCCCS housing funds are currently administered through three Regional Behavioral Health Authorities (RBHAs), which are also Medicaid Managed Care Organizations (MCOs). Each RBHA is responsible for a specific Geographic Service Area (GSA) of the state, and is contractually responsible for the administration of housing programs within their network. In order to standardize housing processes, increase accountability, maximize limited AHCCCS housing funds, and improve member care and experience, beginning October 1, 2021, housing administrative functions will be subcontracted to a single statewide AHCCCS Housing Program Administrator (HPA). Under the revised structure, the clinical functions of member assessment for PSH eligibility and housing need, ongoing care coordination, and delivery of Medicaid-compensable wraparound services will remain with the MCOs and their provider networks (Figure 2). AHCCCS directly administers the balance of the housing funds for the Tribal Regional Behavioral Health Authorities (TRBHAs), and will continue to do so on and after October 1, 2021.

Figure 2: AHCCCS Medicaid Housing Delivery System (Effective 10/1/21)



While housing subsidies are central to PSH, the second critical “supportive” element is the integration of individualized wraparound services and housing/tenancy supports (See examples in Figure 3) to ensure members are able to secure and maintain housing while addressing their core health and service needs. Under current AHCCCS policies, most key PSH wraparound services are Medicaid reimbursable for persons with an SMI designation or with behavioral health and/or substance use disorder needs. These services are provided through AHCCCS’ contracted MCOs and provider networks, and are targeted to identify, assess, engage, and house persons who are experiencing homelessness or transitioning from institutional settings (Figure 3).

Figure 3: Medicaid Wraparound Housing/Tenancy Services		
Medicaid Covered Behavioral Health Services	Related Pre-Housing/Tenancy Activities (Attain Housing)	Related Activities In Housing/Tenancy (Sustain Housing)
<ul style="list-style-type: none"> • Case Management and Coordination of Care • Group Counseling • Supportive Employment • Individual & Family Peer Support • Group Peer Support • Health Promotion • Medication Assistance • Substance Use Counseling • Skills Training and Development 	<ul style="list-style-type: none"> • Securing ID and Documents • Completing Housing Applications • Understanding Lease/Legal Notices • Housing Search • Disability Accommodation Requests • Move-In Coordination • Attending Housing Briefings • Budgeting and Financial Planning • Coaching for Interviews, Landlord Visits or Housing Negotiations 	<ul style="list-style-type: none"> • Crisis/Conflict Management • Budgeting • Pre and Post Employment Supports • Benefit Applications • Life Skills • Connection to Family, Natural and Community Supports • Landlord and Neighbor Communication • Substance Use Disorder Treatment Supports • Lease Renewal

To leverage and maximize housing resources and services with existing housing subsidies and supports, AHCCCS requires its MCOs (and their providers of these wraparound services) to coordinate and participate in the HUD CoC program within their GSAs in order to:

- Identify members experiencing homelessness who are Medicaid members and may be eligible for AHCCCS housing and services, and
- Coordinate with HUD CoC programs and other mainstream housing and service programs to explore those housing benefits for AHCCCS members.

This coordination includes accessing and utilizing the HUD CoC required Homeless Management Systems (HMIS).

AHCCCS Housing Program Outcomes

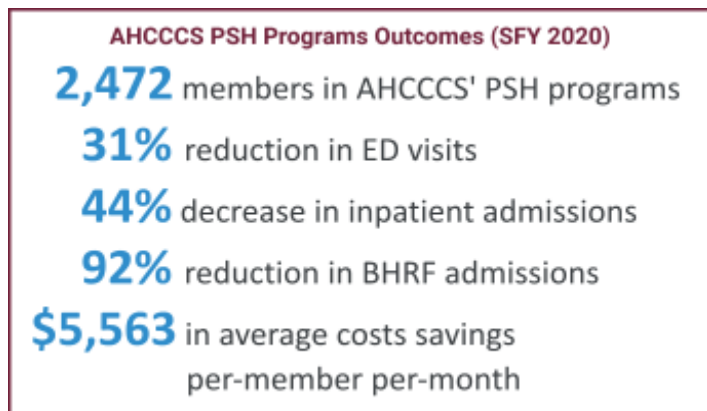
AHCCCS and its MCOs have assessed the efficacy of their state funded PSH programs to document PSH related improvements in health outcomes and reduced Medicaid costs. In 2018, the University of Chicago's National Opinion Research Center (NORC) evaluated AHCCCS’ Mercy Care RBHA PSH programs to verify reduced cost and improved outcomes for members with an SMI designation who reside in Maricopa County, the most populous county in Arizona. The NORC study demonstrated that members with an SMI who were enrolled in PSH and receiving wraparound housing/tenancy services experienced a 20 percent reduction in psychiatric hospitalizations, a 24 percent decrease in total cost of care per

quarter, and a per member savings of over \$5,000 per quarter.⁹ The cost savings were driven by reductions in behavioral health costs, including psychiatric hospitalizations.

In November 2020, a separate evaluation by Arizona Complete Health - Complete Care Plan (AzCH), AHCCCS' RBHA for the southern GSA in Arizona, found similar results. Physical and behavioral health care utilization rates and costs before and after PSH placement were assessed for 152 identified members experiencing homelessness and enrolled in AHCCCS' AzCH PSH programs. Comparing member health care costs from the six months prior to housing to the six months after housing placement showed a decrease in ED visits by 45 percent, a decline in inpatient hospital admissions by 53 percent, and a reduction in crisis utilization by 49 percent. In contrast, utilization of primary care and preventive health care increased by 56 percent. Overall, the total cost savings related to PSH placement averaged \$4,300 per member per month. These cost savings were attributed to reductions in ED and inpatient admissions, demonstrating a decline of 48 percent and 58 percent respectively.

AHCCCS' RBHA for the northern GSA, Health Choice Arizona (HCA), evaluated health care costs before and after PSH placement for 214 members. Enrollment in PSH yielded a 16 percent reduction in costs in 12 months. The overall health care cost savings to HCA related to PSH placement totaled \$1.1 million dollars.

AHCCCS recently conducted its own evaluation of its PSH across all GSAs by reviewing member utilization and costs six months prior and post PSH placement for a cohort of 2,472 persons in AHCCCS' PSH programs in State Fiscal Year (SFY) 2020. The review yielded results consistent with the previous RBHA evaluations. The analysis showed a decrease in utilization in the six months after housing placement, including a decrease in ED visits by 31 percent, an inpatient admissions decrease of 44 percent, and a decrease in admissions into Behavioral Health Residential Facilities (BHRF) of 92 percent. In addition, these housing interventions resulted in an average per member per month cost savings of \$5,563.¹⁰



Current Gaps In AHCCCS' Housing Delivery System

Arizona has made tremendous progress in providing PSH for individuals with an SMI designation, but the issue of homelessness and housing insecurity remain a significant health challenge. Arizona is in the midst of an affordable housing crisis. Vacancy rates are below 5 percent for all rental units with lower vacancies for affordable units. A report by the National Low Income Housing Coalition showed that Arizona needs another 134,758 units to meet the needs of its existing population that fall into the category of "Extremely Low Income" (less than 30 percent of Area Median Income), which would include almost all persons identified as homeless.¹¹ Lack of supply has increased demand resulting in rapidly

⁹ NORC at the University of Chicago. "The Impact of Housing Programs and Services on Health Care Costs, Quality, and Member Experience" 2018. <https://www.mercycareaz.org/assets/pdf/news/Housing-Report.pdf>

¹⁰ It should be noted that COVID-19 impacts to utilization were inconsequential

¹¹ National Low Income Housing Coalition. Arizona Housing Data (2020): nlihc.org/housing-needs-by-state/arizona.

increasing rent costs. HUD Fair Market Rent (FMR) rates have increased in six of Arizona's seven Arizona HUD defined FMR geographic regions since 2019 and the average rent for an efficiency unit statewide has increased by 14 percent.

PSH relies upon the availability of affordable housing capacity in order to apply subsidies and house members. The increased need for PSH due to increased numbers of persons experiencing homelessness who have the highest medical acuity, combined with reduced housing capacity, has made it difficult to place AHCCCS members in housing. AHCCCS has a PSH waitlist of approximately 2,800 members with an SMI designation and, for those members with housing subsidies, it is taking an average of almost four months for a member designated SMI with case manager assistance to find appropriate housing in the community. Housing waitlists for non-SMI homeless members with behavioral health and/or substance use treatment are similar in number, and AHCCCS has far fewer housing subsidies available through its state housing funding to serve this need. Furthermore, the AHCCCS integrated health care system and other mainstream systems are experiencing excessive strain to fulfill their obligations to avoid institutional discharges to homelessness due to this lack of viable shelter or housing settings. The lack of effective community re-integration increases the likelihood of recidivism to homelessness or institutional settings. In this challenging environment of scarce housing availability, outreach and service coordination become imperative for timely, effective discharge coordination, to maintain engagement and follow up service delivery, and to assist members in managing long and difficult housing processes. Similarly, access to flexible funding for housing move-in costs (e.g, deposits or fees) or eviction prevention related rental assistance reduces housing barriers and increases housing placement and retention while reducing recidivism to homelessness and/or the utilization of costly health care resources.

Additionally, through participation in collaborative homeless outreach and housing efforts, AHCCCS has compared HMIS homeless data to its enrollment and eligibility data. These comparisons have repeatedly shown that only 15 to 20 percent of individuals who were identified in the HMIS data as homeless or chronically homeless have been designated SMI for purposes of eligibility for AHCCCS services and Non Title XIX/XXI housing programs. The majority of individuals identified as homeless (almost 80 percent) in HMIS are non-SMI members. In contrast, AHCCCS data shows that over 80 percent of AHCCCS' state funded housing units are dedicated to persons with an SMI designation. Members without an SMI designation who are experiencing homelessness and are in need of behavioral health and/or substance use treatment have similar needs for PSH and may incur high costs similar to those of homeless SMI members. A cost comparison for inpatient, crisis, and emergency department utilization for the top 50 homeless members with an SMI designation, versus the top 50 homeless members without an SMI designation, showed SMI members incurred only 20 percent higher cost than non-SMI members.

These factors and the high potential costs associated with members with high-acuity and in need of behavioral health and/or substance use treatment, along with the prevalence of these members in the homeless population, make increased PSH availability and expanded services a critical part of AHCCCS' H2O demonstration project.

III. WAIVER AMENDMENT PROPOSAL DETAILS

Proposed Changes to Benefit Coverage under the Demonstration as Amended

AHCCCS is seeking waiver and expenditure authority to improve health care delivery and health outcomes for AHCCCS members who are homeless or at risk of becoming homeless using strategies designed to fill identified gaps, expand existing evidence based practices, and reduce barriers to housing. This proposal will ensure targeted members experiencing homelessness or chronic housing instability

attain safe housing and integrated services in order to end their housing crises and achieve improved health outcomes. The AHCCCS H2O demonstration focuses on three critical strategies:

1. Strengthening homeless outreach strategies to make sure that current members and prospectively eligible members of the target populations are identified and connected to housing interventions and integrated care services,
2. Securing funding for housing to ensure members can attain and maintain housing stability, and
3. Enhancing and expanding individualized wraparound housing services and supports to ensure housing stability becomes a platform to leverage improved health outcomes and reduce recidivism for a broader population of homeless or at-risk populations that require permanent supportive housing.

Each component of AHCCCS' strategy will seek to:

- Utilize evidence-based permanent supportive housing practices to increase positive health outcomes for target populations, including stabilization of a member's mental health conditions, reduction of substance use, improved utilization of primary care and prevention services, and increased member satisfaction,
- Reduce the cost of care for housed members through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalizations,
- Reduce homelessness and improve skills to maintain housing stability, and
- Integrate, support, and leverage existing AHCCCS and community initiatives, programs, and expertise to ensure a full continuum of services and supports, including critical social services are available to beneficiaries.

Strategy 1: Strengthening Homeless Outreach and Service Engagement

Homeless outreach is an essential step toward identifying and engaging people experiencing long-term or multiple episodes of homelessness. In addition, it is equally important to develop the rapport and relationships necessary for supporting a member's transition to affordable housing and connection to needed treatment and services. AHCCCS is seeking to implement the outreach and engagement strategies described below to fully identify, engage, assess, follow up, and connect all eligible members experiencing homelessness to appropriate PSH supports and services.

1.1 Homeless Outreach and Engagement Services

AHCCCS is seeking waiver authority to offer outreach services to expand the reach and effectiveness of Medicaid providers in identifying and successfully connecting all eligible or potentially eligible members experiencing homelessness to available services and supports. Outreach is a recognized, evidence-based intervention and core element of effective service delivery for individuals who are experiencing homelessness, especially for members with acute behavioral health needs who may avoid congregate service sites or shelters due their mental health condition.¹² Outreach is critical to engaging homeless members who are already enrolled in Medicaid as well as identifying unenrolled members who may be eligible for service or may have presumed AHCCCS eligibility due to their homelessness.

¹² "Solutions." National Alliance to End Homelessness, 6 Mar. 2019, endhomelessness.org/ending-homelessness/solutions.

AHCCCS' outreach and engagement request is directly informed by its oversight of the SAMHSA Projects for Assistance in Transition from Homelessness (PATH) grant for Arizona and by its participation in the Downtown Homeless Pilot (the Downtown Pilot), a collaborative effort to identify, engage, and house persons experiencing chronic homelessness residing unsheltered in downtown Phoenix. The Downtown Pilot braided funding and multi-disciplinary agencies and disciplines to create a member focused outreach, service, and housing continuum to move persons experiencing chronic homelessness to PSH. Key service partners included PATH homeless outreach teams, a locally funded transitional shelter, the Maricopa County CoC and Coordinated Entry program, AHCCCS MCOs, and providers of Medicaid reimbursable housing wraparound services. Housing subsidy supports included dedicated Housing Choice Vouchers from three Public Housing Authorities and AHCCCS state-funded Bridge Housing subsidies. The project successfully matriculated 75 percent of pilot enrolled persons experiencing chronic homelessness to PSH subsidized housing placement.¹³ While the Pilot relied on limited grants to fund outreach teams, it demonstrated the opportunity to leverage Medicaid reimbursement for outreach activities to engage individuals experiencing homelessness.

1.2 Enhance Screening and Discharge Coordination

AHCCCS is seeking waiver authority to cover reentry services for Medicaid-eligible individuals with serious behavioral and physical health conditions who are at high risk of experiencing homelessness upon release from prison or jail. Services will begin 30 days prior to their release in order to create community linkages and ensure that they receive needed coordination of care, physical and behavioral health services, medication and medication management, and critical social support upon release into the community. Studies have shown that "in-reach" provided before release can be an effective strategy for ensuring continuity of care.¹⁴ The reentry services that will be provided under the H2O demonstration for this target population include:

- Provision of one-to-one case management and/or educational services to prepare individuals for stable, long-term housing (e.g., identifying housing preferences and developing a housing support plan),
- Coordinating the individual's move into stable housing including by assisting with housing applications, utility set-up, and reinstatement,
- Developing an integrated discharge and care plan that will identify the medical, behavioral health and social needs necessary to support a stable and successful community life, and
- Establishing linkage with physical and behavioral health providers, including peer supports to facilitate continuity care upon release.

In addition to this waiver expenditure authority request described above, AHCCCS will continue to strengthen screening and discharge coordination within key entry and transition points in the health care system, including emergency departments, inpatient (acute and behavioral health) facilities, other crisis facilities and corresponding tribal institutional settings. With immediate contact, engagement, and coordination prior to and at discharge, members will have a better chance of successfully navigating

¹³ Most individuals served the Downtown Pilot were individuals behavioral health conditions and an average of 10 years of homelessness

¹⁴ Guyer, Jocelyn, et al. "State Strategies for Establishing Connections to Health Care for Justice-Involved Populations: The Central Role of Medicaid." Commonwealth Fund.Org, Jan. 2019, www.commonwealthfund.org/sites/default/files/2019-01/Guyer_state_strategies_justice_involved_Medicaid_ib.pdf.

barriers, including finding appropriate shelter or housing, maintaining post-institutional medical or program requirements (e.g., medication routines, clinical follow up, probation requirements), and connecting directly with providers that can provide individualized approaches to increase member motivation for improved outcomes post-release. AHCCCS has helped to create many successful discharge coordination programs, including co-located justice and behavioral health clinics, co-located outreach or homeless services in institutional settings, and homeless coordination efforts such as the Downtown Pilot.

1.3 Enhance and Support Data Collection

Additionally, in conjunction with the waiver authorities requested under the H2O demonstration proposal, AHCCCS will enhance and support data collection and administrative coordination processes with other systems of care including homeless programs, justice and correctional systems, and other state agency programs to improve informed care coordination and maximize available resources. Through AHCCCS' investment in a Closed Loop Referral System for housing, homelessness, and other social risk factor referrals, as well as AHCCCS' work with homeless HMIS systems, AHCCCS has demonstrated the value of using appropriate compliant data sharing strategies to coordinate care between systems. Data sharing is particularly useful in identifying high-risk or high-cost members who avail themselves of multiple services systems and programs.

Limited trial programs have already begun to demonstrate the potential impact of intersystem data sharing. Since March 2020, AHCCCS has linked HMIS homeless COVID-19 data in Maricopa County with AHCCCS eligibility and enrollment data, allowing the agency to identify members who experience homelessness and who have reported being COVID-19 positive or symptomatic. AHCCCS is then able to notify its MCOs so they can engage in outreach and coordinate care for these members. In the first four months, over 50 persons experiencing homelessness identified through sharing this data were found to have no current provider and, as a result of outreach based on the match, were newly connected or re-connected to integrated health care services by the MCO. Data from this initiative is currently being used to identify other service coordination efforts including increased assessments for serious mental illness and prioritization of housing/service coordination.

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

Once members experiencing homelessness have been identified, engaged, and assessed, finding housing for them can be complicated and time-consuming. Moreover, medical and behavioral health institutions need appropriate, safe, and stable discharge destinations in order for members to maintain engagement and treatment goals while their long-term housing is secured. With the strategies described in this section, AHCCCS will support members to stay engaged in treatment. The agency will streamline the housing processes and reduce financial barriers so that members are able to secure housing as quickly as possible, thereby reducing the duration and frequency of homeless episodes and avoidable ED and hospital utilization.

2.1 Community Reintegration and Immediate Post Homeless Housing Services

AHCCCS is seeking waiver authority to fund the provision of short-term, transitional housing (up to 18 months) for individuals leaving homelessness or an institutional setting. Community Reintegration Housing will offer temporary housing to individuals transitioning from homelessness or an institutional setting, allowing for the provision of needed clinical and social service support and stabilization prior to moving to an independent living arrangement. Individuals receiving Community Reintegration Housing

will also receive Medicaid compensable, intensive, pre-housing wraparound services such as skills training while in the transitional setting.

Community Reintegration Housing may include temporary rent or voucher assistance to allow a discharge to housing with a goal of allowing the member to assume the rent and ongoing tenancy upon termination of the service transition (similar to a HUD Rapid Re-Housing Program or Veteran Transition in Place model). Alternatively, transitional settings may include small congregate transitional shelter settings with outpatient behavioral health and pre-tenancy wraparound supports to maintain safety and stability of discharges while attaining housing. These beds will be designated for high-risk or high-acuity members.

The Downtown Pilot demonstrated the efficacy of low barrier, small occupancy transitional shelter and bridge housing vouchers. These vouchers provided immediate housing/shelter for persons who volunteered to leave the street, as well as those being discharged from institutions. Immediate shelter with appropriate behavioral health services, even on a transitional basis, increased the likelihood of ongoing engagement, provided additional assessment opportunities, promoted ongoing coordination with integrated health care, facilitated care plan compliance, and reduced the probability of homeless recidivism.

2.2 Community Transitional Services

AHCCCS is seeking waiver authority to expand the provision of Community Transitional Services to the targeted populations in the H2O demonstration proposal. Community Transitional Services provide financial assistance for non-recurring, move-in expenses to assist members in obtaining housing. Key eligible expenses will include fees to secure identification or documentation required for housing, housing application or leasing fees, security deposits, set-up fees for utilities or service access (including telephone, electricity, heating, and water), limited relocation expenses, and the costs of providing essential furniture, appliances, move-in kits, or supplies needed to establish and maintain the household. Funding these services will reduce a major time and financial barrier to housing, especially in the crucial initial move-in and start-up periods.

Community Transitional Services are currently Medicaid reimbursable for AHCCCS ALTCS members who are transitioning out of a nursing facility to a community based setting. Community Transitional Services are especially critical in the current housing market, as chronically homeless members generally lack income to cover these expenses. Waiver authority for the H2O demonstration will ensure these services are made available for members with an SMI designation who are homeless as well as members of the targeted populations who are experiencing homelessness or insecure housing. Waiver authority is also being requested to expand Community Transitional Services beyond the current availability for individuals moving from institutional settings, to support members who are able and willing to move from congregate settings, such as group homes, to their own home.

2.3 Eviction Prevention Services

AHCCCS is seeking waiver authority to provide eviction prevention services to assist members in maintaining tenancies. Eviction prevention services include, but are not limited to, payment of back rent, late fees or charges, utility bills or restart costs, and limited damage reimbursement to landlords. These interventions can prevent evictions and a return to homelessness or a housing crisis due to behaviors related to financial hardship, substance use relapse, or mental health episodes. As with housing supports related to move-in, eviction prevention assistance available through AHCCCS non Title XIX/XXI state

general funds is limited primarily to members with SMI designation currently in housing programs. The H2O demonstration will expand this service to all targeted members in the H2O demonstration.

Strategy 3: Enhancing Wraparound Services and Supports to Ensure Housing Stability for Improved Health Outcomes, Reduced Recidivism, and Reduced Decompensation

PSH is predicated on the availability not only of housing subsidies and physical units, but of quality, individualized, housing-focused tenancy supports to assist members in securing housing (pre-tenancy supports), maintaining the housing, and engaging in ongoing medical and behavioral health services to address the primary causes of the individual's homelessness or housing instability. AHCCCS proposes to implement the following strategies to enhance Medicaid housing wraparound services and supports.

3.1 Home Modification Services

AHCCCS is seeking waiver authority to expand the agency's ability to pay for home modification and remediation services to ensure habitability of housing beyond members currently enrolled in ALTCS as permitted by the Special Terms and Conditions of the current demonstration. Home modification and remediation services include, but are not limited to installation of ramps and handrails to facilitate barrier-free member access to his or her home for those members experiencing homelessness with physical disabilities or limitations, in addition to their behavioral health needs.

3.2 Pre-Tenancy and Tenancy Supportive Services

AHCCCS is seeking waiver authority to extend the provision of housing/tenancy support services (e.g., case management, supportive employment) beyond the currently Medicaid eligible population of individuals with an SMI designation or in need of behavioral health and/or substance use treatment. In doing so, AHCCCS will reduce the length of time a member experiences homelessness, increase the likelihood of securing and maintaining housing, reduce ongoing system costs related to homeless recidivism, and promote primary care and other preventative health care strategies.

AHCCCS will consider strategies for incentivizing or engaging community based organizations (CBOs) to increase access to social service resources. Key CBO services that may be leveraged include assistance with government-issued identification, securing employment and benefits including SSI/SSDI Outreach, Access, and Recovery (SOAR) benefit programs, housing move-in supplies and furniture programs, or wraparound housing supports in mainstream voucher programs.

Proposed Additional Eligibility Requirements under the Demonstration as Amended

Arizona's 1115 Waiver demonstration proposal will target AHCCCS members who are homeless or at risk of becoming homeless and who have at least one or more of the following conditions or circumstances:

- Individuals with an SMI designation or in need of behavioral health and/or substance use treatment,
- Individuals determined high-risk or high-cost based on service utilization or health history,
- Individuals with repeated avoidable emergency department visits or crisis utilization,
- Individuals who are pregnant,
- Individuals with chronic health conditions and/or co-morbid conditions (e.g., end-stage renal disease, cirrhosis of the liver, HIV/AIDS, co-occurring mental health conditions, physical health conditions, and/or substance use disorder),

- Individuals at high risk of experiencing homelessness upon release from an institutional setting (e.g., Institutions for Mental Disease/IMDs, psychiatric inpatient hospitals, correctional facility, tribal health facilities),
- Young adults ages 18 through 26 who have aged out of the foster care system, and
- Individuals in the ALTCS program who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting.

All proposed services and enhancements will be implemented statewide and will take into consideration the unique needs of Arizona’s diverse urban and rural communities. Special consideration will also be given to racial and ethnic populations who may be disparately impacted or have more limited access to housing and housing supports and services including American Indian/Alaska Native (AI/AN) members.

AHCCCS recently began the evaluation of its housing programs to determine if housing utilization and access reflected the racial diversity of AHCCCS enrollees and the homeless population. One immediate potential equity issue that has been identified is the unique needs and housing barriers for eligible AI/AN members. AI/AN members are disproportionately overrepresented in both the general homeless population (9 percent) and in AHCCCS-identified homeless SMI members (10 percent) compared to the state’s AI/AN population (5 percent). By comparison only 4 percent of current AHCCCS members housed in AHCCCS’ voucher/subsidy programs are AI/AN. While housing utilization by tribal members varies by RBHA/TRBHA and GSA, AHCCCS must conduct a more in depth analysis to determine the existing need and the resources that may be of benefit to tribal communities throughout the state. AHCCCS is currently holding listening sessions with tribal leadership, behavioral health and health care providers, and housing providers to identify possible barriers related to geography, cultural norms, service system coordination both on reservations and off, tribal housing needs or shortages, and member service needs.

Proposed Cost Sharing Requirements under the Demonstration as Amended

Cost sharing will not be imposed on the services described herein on persons impacted by this proposed 1115 Waiver amendment.

Proposed Changes to the Delivery System under the Demonstration as Amended

The delivery system for persons impacted by this proposed 1115 Waiver amendment will not vary from AHCCCS’ current program features as described in the current State Plan and demonstration. The additional services proposed in this amendment request will be available to both persons enrolled in managed care and those who receive Medicaid services on a fee-for-service basis so long as they meet one of the eligibility criteria described herein.

IV. REQUESTED WAIVER & EXPENDITURE AUTHORITIES

Waiver Authorities Requested	Brief Description
Section 1902(a)(10)(B) Comparability of amount, duration and scope of service	To the extent necessary to enable the state to limit housing services and supports under the AHCCCS H2O demonstration to certain targeted groups of AHCCCS beneficiaries.

Expenditure authority for services not covered under section 1905 of the Social Security Act	To the extent necessary to enable the state to claim federal financial participation for expenditures for housing services and supports, to the extent not encompassed under the Section 1905(a) definition of medical assistance. This includes, but is not limited to, expenditures for room and board that are otherwise not compensable under the State Plan.
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V. EVALUATION DESIGN

Arizona’s 1115 Waiver Evaluation design will be modified to incorporate the AHCCCS H2O demonstration proposal. The table below outlines the proposed hypotheses for this 1115 Waiver amendment and potential performance measures that would allow AHCCCS to effectively test each of the specific hypotheses.

Objectives	Proposed Hypotheses	Potential Approaches
The AHCCCS Housing and Health Opportunities (H2O) demonstration will increase housing attainment and stabilization, positive health and wellbeing outcomes for target populations, reduce the cost of care for individuals successfully housed, and support state efforts to reduce homelessness and improve ongoing housing stability.	The AHCCCS H2O demonstration will improve health outcomes for AHCCCS members.	Data will be drawn from a variety of sources including, but not limited to: <ul style="list-style-type: none"> ● Member surveys, ● State eligibility and enrollment data, ● Claims/encounter data, ● Administrative program data (PMMIS), ● T-MSIS, ● National/regional benchmarks, ● Key informant interviews & focus groups, ● Leasing and housing data from AHCCCS housing programs, ● Permanent supportive housing fidelity reporting, ● Data from Homeless Management Information System (HMIS) and other system coordination.
	The AHCCCS H2O demonstration will improve management of behavioral health conditions for AHCCCS members.	
	The AHCCCS H2O demonstration will improve management of chronic conditions for AHCCCS members.	
	The AHCCCS H2O demonstration will decrease avoidable hospital utilization including emergency department utilization.	
	The AHCCCS H2O demonstration will increase utilization of primary care and preventative health services.	
	The AHCCCS H2O demonstration will yield improved member satisfaction with care.	
	The AHCCCS H2O demonstration will reduce homelessness and homeless recidivism of AHCCCS members.	
	The AHCCCS H2O demonstration will improve ongoing housing stability for AHCCCS members.	

	The AHCCCS H2O demonstration will increase timely housing placement for AHCCCS members.	
	The AHCCCS H2O demonstration will increase engagement and assessment of Medicaid eligible but unenrolled individuals who are experiencing chronic homelessness.	
	The AHCCCS H2O demonstration will improve discharge coordination of identified homeless members and reduce discharges to homelessness.	
	The AHCCCS H2O demonstration will yield cost-effective care for AHCCCS members.	

VI. PUBLIC NOTICE PROCESS

Pursuant to the terms and conditions that govern Arizona’s 1115 Waiver demonstration, Arizona must provide documentation of its compliance with the Public Notice requirements of 42 CFR 431.408, the tribal consultation requirements of Section 1902(a)(73) of the Act as amended by Section 5006(e) of the American Recovery and Reinvestment Act of 2009, and the tribal consultation requirements outlined in STC 13.

Public Website

The AHCCCS H2O demonstration proposal was posted on the AHCCCS website for public comment on March 19, 2021 at www.azahcccs.gov/HousingWaiverRequest. The web page includes a summary of the waiver amendment request, the schedule (dates and times) of public forums across the state, this draft Waiver amendment proposal, and budget neutrality worksheets. In addition to the website posting, AHCCCS is using social media accounts and electronic mail to notify interested parties about Arizona’s Waiver amendment proposal.

Publication of Public Notice in the Arizona Administrative Register

On March 19, 2021, public notice of the AHCCCS H2O demonstration proposal was published in the Arizona Administrative Register. The notice included a summary description of the 1115 Waiver amendment request, the locations, dates and times of the public hearings, instructions on how to submit comments, and a link to where copies of Arizona’s Waiver amendment proposal are available for public review and comments.

Stakeholder Meetings

AHCCCS presented the details about AHCCCS’ H2O demonstration proposal at two virtual public forum meetings on March 31, 2021 and April 8, 2021 and conducted a virtual Tribal Consultation meeting on April 5, 2021. In addition, AHCCCS’ H2O demonstration proposal was presented at the State Medicaid Advisory Committee (SMAC) meeting on April 14, 2021.

All public forum meetings were held via webinar to promote social distancing and mitigate the spread of COVID-19. The meetings included video streaming and telephonic conference capabilities to ensure

statewide accessibility. The public was provided the opportunity to review and submit comments on the proposal at the public meetings and in writing via e-mail to waiverpublicinput@azahcccs.gov or by mail to AHCCCS, c/o Division of Community Advocacy and Intergovernmental Relations, 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034. Details regarding the public forum meetings can be found in **Appendix C**.

VII. PUBLIC COMMENT SUMMARY

As part of Arizona's Housing and Health Opportunities 1115 Waiver amendment, AHCCCS acknowledged, reviewed, and considered all comments it received through the public input process. Overall, AHCCCS directly engaged more than 350 stakeholders across the state and received nearly fifty responses from stakeholders, including, but not limited to, providers, public health organizations, legal advocates, tribal organizations, hospitals, and consumer advocacy groups. Copies of the written comments are included in **Appendix D**. While all comments were supportive of the proposed services, a summary of the key themes and additional recommendations is included below. AHCCCS has considered and, in some cases, used the comments to help inform changes to the H2O waiver proposal.

Statements of Support

All comments received were supportive of expanding housing and housing related services and supports for persons experiencing homelessness or at risk of homelessness. The letters of support recognized housing as a social risk factor of health and a critical element when addressing the physical and mental health needs of members. Moreover, stakeholders strongly supported the specific proposals to prioritize outreach, in-reach capacity, and transitional housing options for persons exiting homelessness or institutional placements. Stakeholder comments reiterated the member benefits, programmatic outcomes, and cost effectiveness of housing and related support services including the reduction of recurring homelessness or institutional placements.

Arizona's Response: AHCCCS is appreciative of the unanimous support for the needs that will be addressed through the solutions proposed in the H2O waiver proposal.

Consideration of Additional Services

Stakeholders requested consideration of additional services beyond those identified in the H2O waiver proposal including adding transportation services for non-health related purposes, and expanding Community Transition Services, beyond the current availability for individuals moving from institutional settings, to support ALTCS members who are able (with wrap around services) and willing to move from congregate settings, such as group homes, to their own home.

Arizona's Response: AHCCCS has reviewed the recommendations and has revised the H2O waiver proposal to expand the scope of Community Transition Services already available to ALTCS members. This will include members moving from a congregate residential facility (i.e., group home) to their own home. This election is also supported by data provided by the Arizona Department of Economic Security (DES) which manages HUD 811 housing subsidy programs for ALTCS members. The data showed significant cost savings for ALTCS members transitioning from group homes and institutional settings to

independent living. AHCCCS already covers non-emergency transportation to and from covered services and is not requesting additional transportation in the H2O waiver proposal.

Expand H2O Waiver Proposal Eligibility

Specific support was offered for the proposed prioritization of homeless (or at risk of homeless) populations identified in the proposal. Specifically, support was expressed for the inclusion of persons with General Mental Health and/or Substance Use Disorders (GMH/SUD) and persons with disabilities, including persons enrolled in ALTCS, who are in the eligible target population for the proposed H2O waiver services and supports. Stakeholders also asked for consideration of the following: 1.) increasing the Federal Poverty Level (FPL) for program eligibility to households up to 200 percent of the FPL, and 2.) the inclusion of young adults transitioning from foster care between 18 to 26 years old, increased from 24 years old, as stated in the draft H2O waiver proposal.

Arizona's Response: Eligibility for H2O waiver services and supports will be consistent with existing Arizona Medicaid eligibility standards. AHCCCS does not intend to expand eligibility for these services to persons in households up to 200 percent of FPL. However, AHCCCS has decided to expand the target population for the H2O waiver proposal for youth exiting foster care to those aged 18 to 26, compared to age 24, as included in the draft proposal. This will ensure the H2O waiver proposal services run concurrent with other Medicaid covered services available to this population.

Consideration of Tribal Population and Issues

During the H2O waiver proposal public comment period, AHCCCS held a special Tribal Consultation and two tribal listening sessions to solicit tribal input on specific issues/considerations related to the housing needs of tribal populations, including tribal persons living in rural or frontier areas, in urban areas, and on reservations. These meetings included stakeholders from multiple tribal entities including health care providers, housing entities, community based organizations, tribal leaders, and tribal advocacy associations. Housing and homeless issues were identified as a major social risk factor of health for Arizona's American Indian/Alaska Native (AI/AN) population.

Tribal stakeholders requested confirmation that the H2O waiver proposal services and supports would address the homeless and housing service needs of tribal populations and use a provider network that incorporates peers and unique tribal providers with knowledge of housing and homeless issues for tribal members. Furthermore, these stakeholders asked for consideration of concerns often faced by tribal communities including overcrowding and the prevalence of "couch surfing" as well as domestic violence. Stakeholders requested that the H2O waiver proposal strategies related to institutional in-reach and discharges also include tribally operated institutional settings, tribal jails, foster care systems, inpatient, and crisis facilities.

Arizona's Response: As stated in the H2O proposal, AHCCCS is committed to facilitating and engaging in ongoing dialogue during tribal listening sessions, Tribal Consultations, and other meetings to ensure current housing programs as well as any H2O-approved activities serve the needs of Arizona's AI/AN population.

The AHCCCS Director of Housing has committed to participating in ongoing tribal listening sessions and Tribal Consultations to discuss housing efforts and improvements. AHCCCS has also committed to further promoting tribal participation and input into the process of updating contracts, policies, and other documentation governing housing operations and eligibility. This will include consideration of eligibility definitions for housing services for tribal members and addressing concerns raised while obtaining input on the H2O proposal.

Equal Access and Racial Equity

Stakeholders identified the need to ensure that existing or approved H2O waiver requested housing services or supports ensure access and promotion of health equity. Specifically, stakeholders requested consideration of:

- accessibility and accommodations for members who are hard of hearing, deaf, or in need of communication devices or other supports to ensure they have access to outreach and service information,
- housing or shelter options for members who are transgender or gender non-conforming persons, and
- evaluation of program data and demographics to ensure equitable access to housing and other programmatic supports .

Additionally, AHCCCS was asked to give special consideration to AI/AN and African American populations who have traditionally been overrepresented in the homeless population and who have related health disparities. It was recommended that AHCCCS share disaggregated sociodemographic data and outcomes from AHCCCS' housing programs with stakeholders to assist in identifying possible disparities. Stakeholders also requested that consideration be given to ensuring accessibility for members living in rural or frontier areas to address geographic inequity.

Arizona's Response: AHCCCS shares stakeholders' concerns about equity and access to Medicaid and non-Medicaid funded programs, including housing programs. All AHCCCS programs are committed to complying with existing legal standards and addressing racial and other forms of inequity and health disparities. In the past year, AHCCCS convened an internal [Health Equity Committee](#) to oversee and coordinate agency efforts to reduce inequity amongst members. AHCCCS has also begun analyzing its housing data to identify possible areas of inequity related to housing policies or practices. Additionally, AHCCCS is contracting with a statewide Housing Administrator for non-Title XIX/XXI funded housing subsidy programs to establish standardized processes and oversight to ensure compliance with fair housing and non-discrimination laws. The statewide Housing Administrator will provide culturally appropriate services and promote equitable access and outcomes related to the agency's housing programs. The Housing Administrator and AHCCCS' related policies will be in place on October 1, 2021 to support any approved H2O waiver activities. These AHCCCS policies and structures will continue to be applied to address racial equity or health disparities for all populations including its AI/AN members, African American members, and members who identify as transgender or gender non-conforming, among others. While AHCCCS may review disaggregated data internally to assess or address equity

concerns, any external sharing of this information must comply with state and federal confidentiality and privacy requirements.

General Housing Inquiries and Suggestions

Stakeholders used the public comment period to seek clarification and recommend general strategies related to the development of housing and housing supports in Arizona. Stakeholders requested clarification on items related to the ability of a member to participate in more than one housing subsidy program, the source of state match for the H2O waiver proposal, and the operations of current AHCCCS Non-Title XIX State General Fund housing programs and subsidies.

In addition to AHCCCS H2O waiver proposal activities, multiple stakeholders, including tribal stakeholders, expressed the need to develop and create additional housing subsidies and affordable housing stock to meet the housing needs of AHCCCS members. As part of the effort to develop additional housing resources, stakeholders recommended partnerships and collaboration with mainstream housing and homeless programs including tribal housing authorities, state and local mainstream housing programs, and Arizona's three HUD Continuum of Care programs.

Arizona's Response: The current AHCCCS Contractor Operations Manual (ACOM) Housing Policy 448 outlines expectations for the MCOs and the statewide Housing Administrator for addressing the housing needs of all members, including tribal members. The existing [ACOM Housing Policy 448](#) is currently being revised. All proposed revisions will be made available for public comment.

Regarding the specific question on a member's ability to participate in more than one housing program, AHCCCS encourages members to apply for all housing subsidy programs and assistance to promote housing choice and increase their likelihood of obtaining a subsidy due to long waitlists and limited vouchers among all housing programs. Once a member has been accepted or has begun receiving a housing subsidy, voucher, or housing assistance, members are limited to one housing program; however, they will have the option to switch to another housing program if eligible.

In response to feedback related to AHCCCS' role in the collaboration and development of additional housing capacity, AHCCCS intends to clarify that per Medicaid statutes and rules, Medicaid funds, including H2O waiver proposal funding, may not be used for capital expenses for the acquisition, construction, rehabilitation of housing, or for permanent supportive housing subsidies or vouchers. While direct housing capital and permanent housing subsidy support is ineligible for Medicaid reimbursement, AHCCCS, per CMS guidance, is actively involved in efforts to collaborate and leverage mainstream housing resources and capacity to promote housing options to meet the needs of its members. For example, AHCCCS currently requires its MCOs to reinvest 6 percent of their profits in the community. Per this requirement, and in recognition of the need for affordable and special needs housing, MCOs have established and are contributing community investment funds in the Arizona Home Matters fund to finance the expansion of housing capacity across Arizona.



APPENDIX A

BUDGET NEUTRALITY REPORT



**Arizona Health Care Cost Containment System
Budget Neutrality Status by Federal Fiscal Year
Total Funds - All Populations
For the Period October 1, 2016 - September 30, 2021
Updated 9/20**

	Estimate 2017 DY 6	Estimate 2018 DY 7	Estimate 2019 DY 8	Estimate 2020 DY 9	Estimate 2021 DY 10	Total	Pop Exp	2.0% 4.0%
Without Waiver Expenditure Limit Calculation								
Member Months								
TANF/SOBRA	13,482,714	12,917,762	12,664,544	13,634,561	14,043,897	66,743,478		
SSI	2,241,231	2,275,213	2,290,383	2,270,211	2,440,426	11,517,464		
ALTCS-EPD	362,059	369,046	383,832	375,790	373,863	1,864,590		
ALTCS-DD	367,160	384,901	405,830	429,543	460,660	2,048,094		
Newly Eligible Adults	1,344,121	1,303,370	1,288,157	1,354,338	1,542,792	6,832,778		
Expansion State Adults	3,819,185	3,737,844	3,829,011	4,147,232	4,347,427	19,880,699		
Combined	21,616,470	20,988,136	20,861,757	22,211,675	23,209,065	108,887,103		
Without Waiver PMPM								
TANF/SOBRA	749.11	782.82	818.05	854.86	893.33			
SSI	1,162.52	1,209.02	1,257.38	1,307.68	1,359.99			
ALTCS-EPD	6,016.98	6,239.61	6,470.48	6,709.89	6,958.16			
ALTCS-DD	6,462.96	6,721.48	6,990.34	7,269.95	7,560.75			
Newly Eligible Adults	344.80	358.51	362.24	376.73	441.58			
Expansion State Adults	600.68	649.52	713.12	741.64	877.79			
Weighted	925.89	983.79	1,042.95	1,073.97	1,139.49			
Without Waiver Expenditure Limit								
TANF/SOBRA	10,100,035,885	10,112,282,449	10,360,230,219	11,655,640,800	12,545,834,500	54,774,023,853		
SSI	2,605,475,862	2,750,778,021	2,879,881,777	2,968,709,500	3,318,955,000	14,523,800,160		
ALTCS-EPD	2,178,501,762	2,302,703,112	2,483,577,279	2,521,509,600	2,601,398,600	12,087,690,353		
ALTCS-DD	2,372,940,394	2,587,104,373	2,836,889,682	3,122,756,100	3,482,935,100	14,402,625,649		
Newly Eligible Adults	463,446,215	467,267,022	466,619,567	510,219,800	681,258,800	2,588,811,404		
Expansion State Adults	2,294,099,974	2,427,810,870	2,730,558,996	3,075,753,100	3,816,143,600	14,344,366,540		
Total	20,014,500,091	20,647,945,848	21,757,757,520	23,854,588,900	26,446,525,600	112,721,317,959		
DSH Allotment	160,509,328	162,832,936	166,932,007	169,491,286	120,105,286	779,870,843		
Total Without Waiver Expenditure Limit	20,175,009,420	20,810,778,784	21,924,689,527	24,024,080,186	26,566,630,886	113,501,188,802		
With Waiver Expenditures								
TANF/SOBRA	3,943,965,278	4,013,319,586	4,002,226,228	4,481,134,800	5,474,797,300	21,915,443,192		
SSI	1,965,933,865	2,072,927,606	2,104,291,504	2,169,186,600	2,751,583,100	11,063,922,675		
ALTCS-EPD	1,386,780,684	1,437,707,472	1,544,257,849	1,572,376,800	1,670,521,000	7,611,643,805		
ALTCS-DD	1,382,278,096	1,568,572,942	1,813,888,664	1,996,670,500	2,282,371,900	9,043,782,102		
Newly Eligible Adults	463,446,215	467,267,022	466,619,567	510,219,800	681,258,800	2,588,811,404		
Expansion State Adults	2,294,099,974	2,427,810,870	2,730,558,996	3,075,753,100	3,816,143,600	14,344,366,540		
DSHP	13,165,373	21,137,600	27,306,100	20,975,000	14,991,000	97,575,073		
Targeted Investments	19,325,179	70,000,000	90,000,000	70,000,000	50,000,000	299,325,179		
AI/AN Uncompensated Care	3,208,226	-	-	-	-	3,208,226		
SNCP/DSHP	95,000,000	22,500,000	-	-	-	117,500,000		
Expenditure Subtotal	11,567,202,890	12,101,243,098	12,779,148,908	13,896,316,600	16,741,666,700	67,085,578,196		
DSH	160,509,328	162,832,936	166,932,007	169,491,286	120,105,286	779,870,843		
Total With Waiver Expenditures	11,727,712,218	12,264,076,034	12,946,080,915	14,065,807,886	16,861,771,986	67,865,449,039		
With Waiver Expenditure PMPMs								
TANF/SOBRA	292.52	310.68	316.02	328.66	389.83		341.81	
SSI	877.17	911.09	918.75	955.50	1,127.50		993.72	
ALTCS-EPD	3,830.26	3,895.74	4,023.26	4,184.19	4,468.27		4,351.56	
ALTCS-DD	3,764.78	4,075.26	4,469.58	4,648.36	4,954.57		4,834.29	
Newly Eligible Adults	344.80	358.51	362.24	376.73	441.58		391.80	
Expansion State Adults	600.68	649.52	713.12	741.64	877.79		771.31	
DY1-DY5 BN Carry-over	29,327,890,565							
DY6-DY10 BN Variance	8,447,297,201	8,546,702,750	8,978,608,612	9,958,272,300	9,704,858,900			
Phase-Down of DY6-DY10 Variance	2,111,824,300	2,136,675,687	2,244,652,153	2,489,568,075	2,426,214,725			
Cumulative DY-DY10 Variance	31,439,714,865	33,576,390,552	35,821,042,705	38,310,610,780	40,736,825,505	40,736,825,505		
Variance by Waiver Group								
TANF/SOBRA	6,156,070,607	6,098,962,863	6,358,003,991	7,174,506,000	7,071,037,200	32,858,580,661		
SSI	639,541,997	677,850,415	775,590,273	799,522,900	567,371,900	3,459,877,485		
ALTCS-EPD	791,721,078	864,995,640	939,319,430	949,132,800	930,877,600	4,476,046,548		
ALTCS-DD	990,662,298	1,018,531,431	1,023,001,018	1,126,085,600	1,200,563,200	5,358,843,547		
Newly Eligible Adults	-	-	-	-	-	-		
Expansion State Adults	-	-	-	-	-	-		
DSHP	(13,165,373)	(21,137,600)	(27,306,100)	(20,975,000)	(14,991,000)	(97,575,073)		
Targeted Investments	(19,325,179)	(70,000,000)	(90,000,000)	(70,000,000)	(50,000,000)	(299,325,179)		
AI/AN Uncompensated Care	(3,208,226)	-	-	-	-	(3,208,226)		
SNCP/DSHP	(95,000,000)	(22,500,000)	-	-	-	(117,500,000)		
	8,447,297,201	8,546,702,750	8,978,608,612	9,958,272,300	9,704,858,900	45,635,739,763		

**Arizona Health Care Cost Containment System
Budget Neutrality Status by Federal Fiscal Year
Total Funds - All Populations
For the Period October 1, 2011 - September 30, 2016
Updated 10/19**

	Actual 2012 DY 1	Actual 2013 DY 2	Actual 2014 DY 3	Actual 2015 DY 4	Estimate 2016 DY 5	Total
Without Waiver Expenditure Limit Calculation						
Member Months						
TANF/SOBRA	11,704,352	11,622,919	11,797,802	12,538,049	13,087,930	60,751,052
SSI	1,957,433	1,995,474	2,075,547	2,174,958	2,214,163	10,417,575
AC	1,633,495	969,125	206,508	-	-	2,809,128
ALTCS-EPD	343,281	346,428	353,798	359,999	359,110	1,762,616
ALTCS-DD	294,427	307,374	320,872	336,869	350,821	1,610,363
Family Planning Extension	50,024	55,971	14,885	-	-	120,880
Expansion State Adults	-	-	1,822,917	3,359,603	3,705,353	8,887,873
Combined	15,983,012	15,297,291	16,592,329	18,769,478	19,717,377	86,359,487
Without Waiver PMPM						
TANF/SOBRA	585.28	615.71	647.73	681.41	716.85	651.42
SSI	885.41	938.53	994.84	1,054.53	1,117.81	1,002.09
AC	562.30	600.57	600.08	-	-	608.25
ALTCS-EPD	4,737.37	4,983.71	5,242.86	5,515.49	5,802.30	5,263.14
ALTCS-DD	4,922.38	5,217.72	5,530.78	5,862.63	6,214.39	5,578.13
Family Planning Extension	16.60	18.01	12.77	-	-	16.78
Expansion State Adults	-	-	623.83	579.09	579.03	588.24
Weighted	786.98	846.07	879.78	893.96	928.85	870.92
Without Waiver Expenditure Limit						
TANF/SOBRA	6,850,319,393	7,156,396,545	7,641,806,370	8,543,594,521	9,382,041,921	39,574,158,751
SSI	1,733,125,663	1,872,815,893	2,064,844,970	2,293,567,986	2,475,005,667	10,439,360,179
AC	918,520,667	582,023,481	123,922,054	36,049,882	48,139,177	1,708,655,261
ALTCS-EPD	1,626,248,054	1,726,496,688	1,854,914,415	1,985,571,530	2,083,663,007	9,276,893,693
ALTCS-DD	1,449,280,104	1,603,790,699	1,774,672,617	1,974,937,424	2,180,136,769	8,982,817,613
Family Planning Extension	830,631	1,008,110	190,026	-	-	2,028,767
Expansion State Adults	-	-	1,137,188,645	1,945,504,765	2,145,499,317	5,228,192,727
Total	12,578,324,512	12,942,531,416	14,597,539,097	16,779,226,108	18,314,485,858	75,212,106,990
DSH Allotment	154,369,963	161,973,765	160,771,261	160,408,856	159,816,238	797,340,083
Total Without Waiver Expenditure Limit	12,732,694,475	13,104,505,181	14,758,310,358	16,939,634,964	18,474,302,096	76,009,447,074
With Waiver Expenditures						
TANF/SOBRA	3,415,708,532	3,582,361,477	3,539,898,256	3,600,524,014	3,982,347,227	18,120,839,506
SSI	1,349,499,952	1,426,826,711	1,545,627,761	1,739,284,853	1,848,114,631	7,909,353,908
AC	918,520,667	582,023,481	123,922,054	36,049,882	48,139,177	1,708,655,261
ALTCS-EPD	1,061,603,724	1,166,651,266	1,195,332,840	1,243,620,369	1,262,822,459	5,930,030,658
ALTCS-DD	939,086,691	1,005,552,496	1,067,544,797	1,170,346,154	1,252,959,914	5,435,490,052
Family Planning Extension	830,631	1,008,110	190,026	-	-	2,028,767
Expansion State Adults	-	-	1,137,188,645	1,945,504,765	2,145,499,317	5,228,192,727
AI/AN Uncompensated Care	22,866,717	97,192,513	53,888,765	13,437,080	7,647,155	195,032,230
SNCP/DSHP	296,636,120	558,334,298	240,250,917	135,561,857	116,750,000	1,347,533,192
Expenditure Subtotal	8,004,753,034	8,419,950,352	8,903,844,061	9,884,328,974	10,664,279,880	45,877,156,301
DSH	155,762,651	163,280,200	162,283,023	152,801,559	170,272,775	804,400,208
Total With Waiver Expenditures	8,160,515,685	8,583,230,552	9,066,127,084	10,037,130,533	10,834,552,655	46,681,556,509
With Waiver Expenditure PMPMs						
TANF/SOBRA	291.83	308.22	300.05	287.17	304.28	
SSI	689.42	715.03	744.68	799.69	834.68	
AC	562.30	600.57	600.08	-	-	
ALTCS-EPD	3,092.52	3,367.66	3,378.57	3,454.51	3,516.53	
ALTCS-DD	3,189.54	3,271.43	3,327.01	3,474.19	3,571.51	
Family Planning Extension	16.60	18.01	12.77	-	-	
Expansion State Adults	-	-	623.83	579.09	579.03	
Budget Neutrality Variance	4,572,178,790	4,521,274,629	5,692,183,274	6,902,504,431	7,639,749,441	29,327,890,565
Cumulative Variance	4,572,178,790	9,093,453,419	14,785,636,693	21,688,141,124	29,327,890,565	
Variance by Waiver Group						
TANF/SOBRA	3,434,610,861	3,574,035,068	4,101,908,114	4,943,070,507	5,399,694,694	21,453,319,245
SSI	383,625,711	445,989,182	519,217,209	554,283,133	626,891,036	2,530,006,271
AC	-	-	-	-	-	-
ALTCS-EPD	564,644,330	559,845,422	659,581,575	741,951,161	820,840,548	3,346,863,035
ALTCS-DD	510,193,413	598,238,203	707,127,820	804,591,270	927,176,855	3,547,327,561
Family Planning Extension	-	-	-	-	-	-
Expansion State Adults	-	-	-	-	-	-
DSH	(1,392,688)	(1,306,435)	(1,511,762)	7,607,297	(10,456,537)	(7,060,125)
AI/AN Uncompensated Care	(22,866,717)	(97,192,513)	(53,888,765)	(13,437,080)	(7,647,155)	(195,032,230)
SNCP/DSHP	(296,636,120)	(558,334,298)	(240,250,917)	(135,561,857)	(116,750,000)	(1,347,533,192)
	4,572,178,790	4,521,274,629	5,692,183,274	6,902,504,431	7,639,749,441	29,327,890,565
	480.84	507.57	518.90	518.68	534.55	

**Arizona Health Care Cost Containment System
Budget Neutrality Status by Federal Fiscal Year
Total Funds - All Populations
For the Period October 1, 2021 - September 30, 2026
Updated 9/20**

	Estimate 2022 DY 1	Estimate 2023 DY 2	Estimate 2024 DY 3	Estimate 2025 DY 4	Estimate 2026 DY 5	Total
Without Waiver Expenditure Limit Calculation						
Member Months						
TANF/SOBRA	14,324,775	14,611,270	14,903,496	15,201,566	15,505,597	74,546,704
SSI	2,489,235	2,539,019	2,589,800	2,641,596	2,694,427	12,954,076
ALTCES-EPD	381,340	388,967	396,746	404,681	412,775	1,984,510
ALTCES-DD	469,873	479,271	488,856	498,633	508,606	2,445,239
Newly Eligible Adults	1,573,648	1,605,121	1,637,223	1,669,968	1,703,367	8,189,327
Expansion State Adults	4,434,376	4,523,063	4,613,524	4,705,795	4,799,911	23,076,668
Combined	23,673,246	24,146,711	24,629,645	25,122,238	25,624,683	123,196,524
Without Waiver PMPM						
TANF/SOBRA	408.44	428.07	448.88	470.92	493.95	
SSI	1,179.51	1,233.02	1,290.26	1,350.61	1,413.43	
ALTCES-EPD	4,674.37	4,886.45	5,113.28	5,352.44	5,601.39	
ALTCES-DD	5,193.99	5,455.93	5,735.58	6,031.85	6,342.55	
Newly Eligible Adults	462.45	484.55	507.87	532.67	558.68	
Expansion State Adults	919.30	963.22	1,009.58	1,058.87	1,110.59	
Weighted	752.50	788.32	826.37	866.67	908.80	
Without Waiver Expenditure Limit						
TANF/SOBRA	5,850,803,114	6,254,703,864	6,689,826,264	7,158,751,246	7,659,043,614	33,613,128,101
SSI	2,936,072,619	3,130,666,106	3,341,515,523	3,567,760,736	3,808,378,051	16,784,393,035
ALTCES-EPD	1,782,526,927	1,900,667,101	2,028,676,457	2,166,032,795	2,312,114,619	10,190,017,898
ALTCES-DD	2,440,516,301	2,614,867,073	2,803,873,559	3,007,680,279	3,225,857,299	14,092,794,510
Newly Eligible Adults	727,737,815	777,762,588	831,495,537	889,534,052	951,640,521	4,178,170,514
Expansion State Adults	4,076,500,747	4,356,719,827	4,657,710,658	4,982,819,569	5,330,715,560	23,404,466,360
Total	17,814,157,522	19,035,386,558	20,353,097,998	21,772,578,676	23,287,749,663	102,262,970,417
DSH Allotment	70,805,286	74,800,143	78,885,143	83,062,143	87,460,300	395,013,014
Total Without Waiver Expenditure Limit	17,884,962,807	19,110,186,701	20,431,983,141	21,855,640,819	23,375,209,963	102,657,983,432
With Waiver Expenditures						
TANF/SOBRA	5,818,833,600	6,208,229,900	6,592,022,700	7,066,780,200	7,633,394,600	33,319,261,000
SSI	2,924,492,600	3,120,199,600	3,313,090,400	3,551,699,100	3,836,474,400	16,745,956,100
ALTCES-EPD	1,775,496,500	1,894,312,800	2,011,419,200	2,156,281,600	2,329,172,300	10,166,682,400
ALTCES-DD	2,425,796,200	2,588,130,400	2,748,128,700	2,946,048,900	3,182,263,100	13,890,367,300
Newly Eligible Adults	724,069,100	772,523,800	820,281,200	879,357,900	949,864,800	4,146,096,800
Expansion State Adults	4,055,950,100	4,327,374,200	4,594,892,500	4,925,816,700	5,320,768,700	23,224,802,200
Targeted Investment 2	18,500,000	36,000,000	48,000,000	36,000,000	21,500,000	160,000,000
Housing Initiatives	90,000,000	90,000,000	90,000,000	90,000,000	90,000,000	450,000,000
Traditional Healing	21,723,600	21,723,600	21,723,600	21,723,600	21,723,600	108,618,000
Native American Adult Dental	74,200	97,500	103,300	114,800	121,100	510,900
Expenditure Subtotal	17,854,935,900	19,058,591,800	20,239,661,600	21,673,822,800	23,385,282,600	102,212,294,700
DSH	70,805,286	74,800,143	78,885,143	83,062,143	87,460,300	395,013,014
Total With Waiver Expenditures	17,925,741,186	19,133,391,943	20,318,546,743	21,756,884,943	23,472,742,900	102,607,307,714
With Waiver Expenditure PMPMs						
TANF/SOBRA	406.21	424.89	442.31	464.87	492.30	
SSI	1,174.86	1,228.90	1,279.28	1,344.53	1,423.86	
ALTCES-EPD	4,655.94	4,870.11	5,069.79	5,328.34	5,642.72	
ALTCES-DD	5,162.66	5,400.14	5,621.55	5,908.25	6,256.84	
Newly Eligible Adults	460.12	481.29	501.02	526.57	557.64	
Expansion State Adults	914.66	956.74	995.96	1,046.76	1,108.51	
DY6-DY10 BN Carry-over	11,408,934,941					
DY1-DY6 BN Variance	(40,778,378)	(23,205,242)	113,436,398	98,755,876	(97,532,937)	
Phase-Down of DY1-DY5 Variance	-	-	28,359,100	24,688,969	-	
Cumulative DY-DY5 Variance	11,368,156,562	11,344,951,321	11,373,310,420	11,397,999,389	11,300,466,453	11,300,466,453

**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
BUDGET NEUTRALITY UPDATE NOTES**

All amounts are for demonstration purposes only. Actual Budget Neutrality model will be negotiated with CMS over the next twelve months.

2017-2021 Assumptions

- 1) Actual through third quarter of FFY20
- 2) Budget assumptions for last quarter of FFY20 and all of FFY21
- 3) FFY21 includes new hospital assessment projected TF spend of \$1.640 billion
- 4) In accordance with State Medicaid Director Letter (#18-009; August 22, 2018) the state is only allowed to carry over 25% of the most recent five years variance.

2022-2026 Assumptions

- 1) Population growth of 2.0% annually
- 2) Growth in WOW PMPMs based on DHHS 2018 Medicaid Actuarial Report (Table 22)

FFY22	FFY23	FFY24	FFY25	FFY26
4.7%	4.8%	4.8%	4.9%	4.9%

- 3) Growth in WW PMPMs based on AHCCCS Budget for FY22 and then for FY23-FY26 the CMS Office of the Actuary NHE for Medicaid (Table 17)

FFY22	FFY23	FFY24	FFY25	FFY26
4.2%	4.6%	4.1%	5.1%	5.9%

- 4) DSH assumes that the reductions, as defined in the Cares Act, will take place beginning in FFY21.



APPENDIX B
WAIVER AMENDMENT PUBLIC
NOTICE





NOTICES OF PUBLIC INFORMATION

Notices of Public Information contain corrections that agencies wish to make to their notices of rulemaking; miscellaneous rulemaking information that does not fit into any other category of notice; and other types of information required by statute to be published in the Register.

Because of the variety of Notices of Public Information, the Office of the Secretary of State has not established a specific publishing format for these notices. We do however require agencies to use a numbered list of questions and answers and follow our filing requirements by presenting receipts with electronic and paper copies.

NOTICE OF PUBLIC INFORMATION

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

1115 RESEARCH AND DEMONSTRATION WAIVER AMENDMENT REQUEST

[M21-16]

1. **Name of the Agency:** Arizona Health Care Cost Containment System Administration (AHCCCS)
2. **The public information:** AHCCCS 1115 Research and Demonstration Waiver Amendment Request

Pursuant to the Special Terms and Conditions of Arizona's approved demonstration project, the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency, is required to provide a public notice consistent with 42 C.F.R. § 431.408 of its intent to submit a Section 1115 Waiver amendment to the Center of Medicare and Medicaid Services (CMS). AHCCCS is requesting an amendment to the 1115 Research and Demonstration Waiver to seek waiver and expenditure authority to implement the AHCCCS Housing and Health Opportunities (H2O) demonstration. The goal of the AHCCCS Housing and Health Opportunities (H2O) demonstration is to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

I. Proposed Delivery System under the Demonstration

The delivery system for persons impacted by this proposed 1115 Waiver amendment will not vary from the AHCCCS' current program features as described in the current State Plan and demonstration.

II. Proposed Eligibility Requirements under the Demonstration

Arizona's 1115 Waiver amendment request will target AHCCCS members who are homeless or at risk of becoming homeless and who have at least one or more of the following conditions or circumstances:

- Individuals with a Seriously Mentally Ill (SMI) designation or a general mental health and/or substance use disorder (GMH/SU);
- Individuals determined high risk or high cost based on service utilization or health history, including individuals with repeated avoidable emergency department visits or crisis utilization;
- Individuals who are pregnant;
- Individuals who have a chronic condition, and/or co-morbid conditions (e.g., end stage renal disease, cirrhosis of the liver, HIV/AIDS, co-occurring mental health conditions, physical health conditions, and/or substance use disorder);
- Individuals at high risk of experiencing homelessness upon release from an institutional setting (e.g., Institutions for Mental Disease, inpatient hospitals, correctional facility); and
- Arizona Long Term Care System (ALTCSS) members who are medically able to reside in their own home with wraparound services who require affordable housing in order to transition from an institutional setting.

III. Proposed Benefit Coverage under the Demonstration

AHCCCS is requesting waiver and expenditure authority to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless. With these additional resources, the agency will seek to:

- Increase positive health and wellbeing outcomes for target populations including the stabilization of mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, and increased member satisfaction.
- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization.
- Support state efforts to reduce homelessness and improve ongoing housing stability.

These goals will be achieved through the following three key strategies.

Strategy 1: Strengthen homeless outreach and service engagement

- Offer outreach and engagement services, allowing Medicaid providers to provide dedicated outreach staff with behavioral health qualifications and experience to identify and successfully connect all eligible or potentially eligible members experiencing homelessness to available services and supports, including transitional living arrangements and rental subsidies.



- Strengthen the coordination between the community, governmental agencies, and providers when an individual leaves an institutional setting and connect the individual to available housing supports and services. Such activities would also include “in-reach” or co-location of outreach or housing navigation within key access or transition points in the behavioral and health care system, or other mainstream settings including emergency rooms, inpatient behavioral health facilities, jails, or other crisis facilities.
- Enhance and support data collection and administrative coordination with other systems of care including homeless programs, justice and correctional systems, and other state agency programs to foster informed care coordination and the maximization of available resources.

Strategy 2: Secure funding for housing for members who are homeless or at-risk of homelessness

- Fund short-term, transitional housing (up to 18 months) for individuals leaving an institutional setting, allowing for the provision of Medicaid compensable intensive pre-housing wraparound services, and stabilization in a temporary setting prior to moving into permanent housing.
- Expand the agency’s ability to offer financial assistance for move-in costs or Community Transition Services beyond those members enrolled with the ALTCS program (e.g., deposits, fees, and furniture).
- Fund the provision of eviction prevention services to assist members in maintaining tenancies (e.g., payment for back rents, fees, or charges to avoid immediate eviction).

Strategy 3: Enhance individualized wraparound housing services and supports to ensure housing stability as a platform to leverage improved health outcomes and reduce recidivism

- Expand the agency’s ability to pay for home modification (e.g., installation of ramps and other home repairs or upgrades) beyond members currently enrolled in ALTCS to prevent long term placement in an institutional setting.
- Expand the agency’s ability to pay for pre-tenancy and tenancy supportive services (e.g., housing navigation and skills training to teach independent living skills) to individuals experiencing chronic homelessness.

IV. Proposed Cost Sharing Requirements under the Demonstration

The cost sharing requirements for persons impacted by this proposed demonstration amendment will not change from the AHCCS’ current program features as described in the current State Plan and demonstration.

V. Hypothesis and Evaluation Parameters of the Demonstration

AHCCCS will test the following objectives and hypotheses under the proposed 1115 Waiver amendment request.

Objectives and hypotheses begin on next page.



Objectives	Proposed Hypotheses	Potential Approaches
<p>The AHCCCS Housing and Health Opportunities (H2O) demonstration will increase housing attainment and stabilization, positive health and wellbeing outcomes for target populations, reduce the cost of care for individuals successfully housed, and support state efforts to reduce homelessness and improve ongoing housing stability.</p>	<p>The AHCCCS H2O demonstration will improve health outcomes for AHCCCS members.</p>	<p>Data will be drawn from a variety of sources including, but not limited to:</p> <ul style="list-style-type: none"> • Member survey • State eligibility and enrollment data • Claims/encounter data • Administrative program data (PMMIS) • T-MSIS • National/regional benchmarks • Key informant interviews & focus groups • Leasing and housing data from AHCCCS housing programs. • Permanent supportive housing fidelity reporting • Data from Homeless Management Information System (HMIS) and other system coordination
	<p>The AHCCCS H2O demonstration will improve management of behavioral health conditions for AHCCCS members.</p>	
	<p>The AHCCCS H2O demonstration will improve management of chronic conditions for AHCCCS members.</p>	
	<p>The AHCCCS H2O demonstration will decrease avoidable hospital utilization including emergency department utilization.</p>	
	<p>The AHCCCS H2O demonstration will yield improved member satisfaction with care.</p>	
	<p>The AHCCCS H2O demonstration will reduce homeless of AHCCCS members, increase timely housing placement, improve ongoing housing stability, and reduce homeless recidivism for AHCCCS members.</p>	
	<p>The AHCCCS H2O demonstration will increase engagement and assessment of unenrolled but eligible chronically homeless members in the homeless population.</p>	
	<p>The AHCCCS H2O demonstration will yield cost-effective care for AHCCCS members.</p>	
	<p>The AHCCCS H2O demonstration will reduce length of stay and cost of care in Behavioral Health Residential Facilities (BHRF) and other residential treatment facilities for target populations.</p>	
	<p>The AHCCCS H2O demonstration will increase utilization of primary care and preventative health services.</p>	
<p>The AHCCCS H2O demonstration will improve discharge coordination of identified homeless members and reduce discharges to homelessness.</p>		



VI. Waiver and Expenditure Authorities

The table below summarizes the authorities AHCCCS is seeking under this 1115 Waiver amendment request.

Waiver Authority Requested	Brief Description
Section 1902(a)(10)(B) Amount, duration and scope of services, and comparability	To the extent necessary to enable the state to limit housing services and supports under the AHCCCS Housing and Health Opportunities (H2O) demonstration to certain targeted groups of AHCCCS beneficiaries.
Expenditure authority for services not covered under section 1905 of the Social Security Act	To the extent necessary to enable the state to claim federal financial participation for expenditures for housing services and supports, to the extent not encompassed under the Section 1905(a) definition of medical assistance. This includes, but is not limited to, expenditures for room and board that are otherwise not compensable under the State Plan.

VII. Public Comment Submission Process

All public hearings (also called community forums) where the public can provide comments and questions about the proposed 1115 Waiver amendment request will be held electronically to promote physical distancing and to mitigate the spread of COVID-19. The meetings will have online video streaming and telephonic conference capabilities to ensure statewide accessibility and will be held during the following times:

Community Forum Meeting # 1

Date: March 31, 2021

Time: 1:00-3:00 p.m. AZ time

Zoom Conference Link:

<https://ahcccs.zoom.us/j/89469967126?pwd=Q2FmOUtBZVA4UjVHcjViZUdEVmxRdz09>

Passcode: AHCCCS2!

Call-in Information:

- +1 408 638 0968; or
- +1 669 900 6833; or
- +1 253 215 8782; or
- +1 346 248 7799; or
- +1 646 876 9923; or
- +1 301 715 8592; or
- +1 312 626 6799; or
- 877 853 5257 (Toll Free); or
- 888 475 4499 (Toll Free); or
- 833 548 0276 (Toll Free); or
- 833 548 0282 (Toll Free).

Webinar ID: 894 6996 7126

Passcode: 65647117

Community Forum Meeting # 2

Date: April 8, 2021

Time: 2:00-4:00 p.m. AZ time

Zoom Conference Link:

<https://ahcccs.zoom.us/j/88263070979?pwd=bmdFcHlkWjE1UFNabDE3WkF1dWU1UT09>

Passcode: AHCCCS2!

Call-in Information:

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- +1 408 638 0968; or
- +1 669 900 6833; or
- +1 253 215 8782; or
- +1 312 626 6799; or
- +1 646 876 9923; or
- +1 301 715 8592; or



833 548 0282 (Toll Free); or
877 853 5257 (Toll Free); or
888 475 4499 (Toll Free); or
833 548 0276 (Toll Free).

Webinar ID: 882 6307 0979

Passcode: 10613032

Arizona State Medicaid Advisory Committee (SMAC) Meeting

Date: April 14, 2021

Time: 1:00-3:00 p.m. AZ time

Zoom Conference Link:

<https://ahcccs.zoom.us/j/89849751173?pwd=b2xKVEN0elo4eVo0eHlFQU4yK1hMOT09>

Passcode: SMAC2021!

Call-in Information:

833 548 0282 (Toll Free); or

877 853 5257 (Toll Free).

Webinar ID: 898 4975 1173

Audio Passcode: 15622777

Special Tribal Consultation

Date: April 5, 2021

Time: Noon-2:00 p.m. AZ time

Zoom Registration Link:

https://ahcccs.zoom.us/webinar/register/WN_NgCnjmcJQ2Wd01kHq0lsbA

Call-in Information:

+1 346 248 7799; or

+1 408 638 0968; or

+1 669 900 6833; or

+1 253 215 8782; or

+1 312 626 6799; or

+1 646 876 9923; or

+1 301 715 8592; or

833 548 0282 (Toll Free); or

877 853 5257 (Toll Free); or

888 475 4499 (Toll Free); or

833 548 0276 (Toll Free).

Webinar ID: 854 1196 6314

Passcode: 77045474

Comments and questions about the proposed 1115 Waiver amendment request can also be submitted by email to: waiverpublicinput@azahcccs.gov or by mail to: AHCCCS, c/o Division of Community Advocacy and Intergovernmental Relations (DCAIR); 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034. All comments must be received by **May 3, 2021**. More information about the proposed 1115 Waiver amendment, including the proposed 1115 Waiver application and the full public notice and public input process, can be found on <https://www.azahcccs.gov/HousingWaiverRequest>.

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AHCCCS Requests Public Comment on Housing and Integration Projects

AHCCCS is seeking waiver and expenditure authority from the Centers for Medicare and Medicaid Services (CMS) on two waiver demonstration projects.

The [AHCCCS Housing and Health Opportunities \(H2O\)](#) demonstration seeks to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless. With this waiver approval, AHCCCS will work to:

- Reduce homelessness and improve members' skills to maintain stable housing,
- Increase positive health and wellbeing outcomes for target populations, including the stabilization of members' mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, and increased member satisfaction, and
- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization.

AHCCCS is also seeking [waiver authority to extend the Targeted Investments Program](#) from 2021 through 2026. Known as TI Program 2.0, it will include two distinct cohorts:

- Extension cohort will include current TI Program providers, and
- Expansion cohort will include primary care practices, behavioral health providers and integrated clinics with no prior TI participation.

This program will sustain the integration efforts of current TI participants, expand integration opportunities to new providers, and improve the program requirements to provide whole person care more comprehensively.

[Read more](#)

Temporary Changes to Home and Community Based Services to Be Extended Through Public Health Emergency

7100 when calling from the 602, 623, and 480 area codes or 800-334-5283 when calling from 928 or 520 area codes.

New Information Technology Procurement Web Page Added to Increase Public Information

The Procurement Office recently launched [a new web page](#) as a central resource for communicating major decisions regarding future or pending Information Technology procurements. This includes the MES (Medicaid Enterprise System) modernization project, Application Programming Interface Interoperability Project, Data Analytics for Program Integrity, and others as needed.

Special Tribal Consultation on 1115 Housing Waiver Amendment and Targeted Investments 2.0

Mon., April 5, noon—2:00 p.m.

[Register in advance.](#)



AHCCCS Community Forum on 1115 Housing Waiver Amendment and Targeted Investments 2.0

Thurs., April 8, 2:00—4:00 p.m.

See the [AHCCCS Housing and Health Opportunities \(H2O\) Demonstration web page](#) under Waiver Amendment Public Forums for webinar details.

Special Tribal Consultation on COVID-19

Tues., April 13, 10:00—11:00 a.m.

[Register in advance.](#)



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Tribal Notice

Dear Tribal Leader,

On behalf of the AHCCCS agency, I hope this correspondence finds you in good spirits. AHCCCS continues to seek written testimony from tribal and I/T/U leaders regarding the agency's latest waiver demonstration project requests to the Centers for Medicare and Medicaid Services (CMS): the AHCCCS Housing and Health Opportunities (H2O) demonstration and the Targeted Investments Program 2.0.

Tribal Consultation Held on April 05, 2021

As a reminder, AHCCCS entered into consultation regarding these two items with tribal and I/T/U leaders on April 05, 2021. This two-hour meeting introduced both projects and opened the floor for questions, recommendations, and larger discussion around each request. Tribal Consultation meeting materials from that meeting may be found on the [AHCCCS Tribal Consultation webpage](#) under the "April 05, 2021" Subheader.

H2O Project Overview

The [AHCCCS Housing and Health Opportunities \(H2O\)](#) demonstration seeks to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless. With this waiver approval, AHCCCS will work to:

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Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization.

See the Addressing Health Care and Housing infographic and read more on the [H2O Demonstration Proposal webpage](#).

TI 2.0 Overview

The [Targeted Investments Program 2.0](#) waiver demonstration request, submitted to CMS in December 2020, will continue the Targeted Investments Program (now due to expire in September) from 2021 through 2026, sustaining the integration efforts of current participants and expanding integration opportunities to new providers. The TI Program 2.0 will work to provide whole person care more comprehensively across the Medicaid delivery system.

Read the [Targeted Investments Program 2.0 concept paper](#) which supplements the December waiver renewal request and provides further details.

Submission of Written Testimony and Public Comment

AHCCCS encourages the submission of written testimony regarding these initiatives through May 3, 2021. You may submit items via email to waiverpublicinput@azahcccs.gov.

As always, please feel free to reach out me directly with any questions, concerns, or further recommendations regarding these proposed projects at any time.

Respectfully,

SHARE:

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Greetings!

Thank you for subscribing to receive AHCCCS Tribal Relations monthly news updates. The following information has been included for April 2021:

- AHCCCS COVID-19 Resources
- 2021 AHCCCS Tribal Consultation Meeting Calendar
- AHCCCS Requests Public Comment on Housing and Integration Projects
- AHCCCS on the Road (Virtually!): Join our next Community Forum
- AHCCCS Suicide Prevention Resource: Postvention Guide
- Children's Behavioral Health Services Fund (Jake's Law)
- Crisis Hotlines
- AHCCCS Policies Open for Tribal Consultation

Please feel free to reach out to me directly with any related questions or concerns.

Respectfully,

Amanda Bahe

AHCCCS Tribal Liaison

Amanda.Bahe@azahcccs.gov

AHCCCS COVID-19 UPDATES & FAQs

To help members, providers, and stakeholders answer questions about COVID-19, AHCCCS has posted a [COVID-19 webpage](#) and a list of Frequently Asked Questions regarding COVID-19. Please visit the COVID-19 resources daily for updated answers to frequently asked questions and other pertinent information.

AHCCCS COVID-19 FAQs

2021 AHCCCS Tribal Consultation Meeting Calendar

May 13, 2021
1 PM (MST)

June 16, 2021
10 AM (MST)

May 13 Topic: Quarterly Tribal Consultation
Click [HERE](#) to register

June 16 Topic: COVID-19 Touch Base and Update
Click [HERE](#) to register

<p>July 13, 2021 10 AM (MST)</p>	<p>July 13 Topic: COVID-19 Touch Base and Update Click HERE to register</p>
<p>August 12, 2021 1 PM (MST)</p>	<p>August 13 Topic: Quarterly Tribal Consultation <i>Registration Information Forthcoming</i></p>
<p>November 04, 2021 1 PM (MST)</p>	<p>November 04 Topic: Quarterly Tribal Consultation <i>Registration Information Forthcoming</i></p>

NOTE REGARDING AHCCCS TRIBAL CONSULTATION MATERIALS: All meeting materials for AHCCCS Tribal Consultation meetings, including relevant slide decks and meeting recordings and/or summaries, are available on the [Tribal Consultation Meeting Materials webpage](#). Please check this website regularly for updated meeting materials.

AHCCCS Requests Public Comment on Housing and Integration Projects

AHCCCS continues to seek written testimony from tribal and I/T/U leaders regarding the agency's latest waiver demonstration project requests to the Centers for Medicare and Medicaid Services (CMS): the AHCCCS Housing and Health Opportunities (H2O) demonstration and the Targeted Investments Program 2.0.

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Read the [Targeted Investments Program 2.0 concept paper](#) which supplements the December waiver renewal request and provides further details.

AHCCCS encourages the submission of written testimony regarding these initiatives through **May 3, 2021**. You may submit items via email to waiverpublicinput@azahcccs.gov.

Join Us at our Community Forum!

The Arizona Health Care Cost Containment System (AHCCCS) is hosting virtual community forums to inform the community and gather feedback on the upcoming AHCCCS initiatives:

- The Future of Regional Behavioral Health Agreements (RBHA)
- Competitive Contract Expansion
- Whole Person Care Initiative
- 1115 Waiver
- AHCCCS COVID-19 Response

We look forward to hearing from members, family members, advocates, community members, providers and stakeholders at the community forum listed below.

Twitter



Today (5/3) is the last day to submit your input for our proposed housing and targeted investments 1115 Waiver: azahcccs.gov/Resources/Fede...



7:03 AM · May 3, 2021 · Hootsuite Inc.

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Did you miss our 1115 Waiver forums about our new housing and targeted investments programs? Don't worry! You can submit your input via email or mail by May 3, 2021.

Submit your feedback: ow.ly/F8bk50EwZY



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Did you miss our proposed waiver forums? We still want your input! Email or mail us your comments before 5/3/21.

More info: ow.ly/Lbet50EoSye



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Did you miss our waiver public forums? 😞

Don't worry! You can still submit your input via email or mail on our proposed housing and Targeted Investments waiver requests.

More info: ow.ly/1lqr50EeXqs



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AHCCCS
@AHCCCSgov



In 15 minutes!

Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: ow.ly/R62y50EeWLn



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Today at 2 p.m.! Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: ow.ly/R62y50EeWLn



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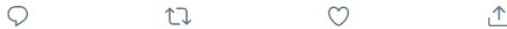
Join here: ow.ly/R62y50EeWLn



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This Thursday at 2 p.m., join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

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Join here: ow.ly/45m150EeWxh



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Tomorrow @ 12:00 p.m., AHCCCS will host a Special Tribal Consultation about new housing waiver amendment and the Targeted Investments program 2.0.

We would love your input!

Join here: ow.ly/nRxj50DWDyZ



2:00 PM · Apr 4, 2021 · Hootsuite Inc.

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On 4/5/21 @ 12:00 p.m., AHCCCS will host a Special Tribal Consultation about the new housing waiver amendment and the Targeted Investments program 2.0.

We would love your input!

Join here: ow.ly/bFDU50DWDyY



2:01 PM · Apr 2, 2021 · Hootsuite Inc.

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🔴 TODAY at 1 PM! Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: ow.ly/hAbW50EdEx0



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 **AHCCCS** 
@AHCCCSgov

We need your input on a request to expand housing opportunities for some members. Attend an online public forum on March 31 at 1 p.m. to give your comments.

Learn more at: ow.ly/MVcO50E9ScW





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 **Arizona Health Care Cost Containment System**
Published by Hootsuite · May 3 at 7:01 AM · 

Today (5/3) is the last day to submit your input for our proposed housing and targeted investments 1115 Waiver: <https://www.azahcccs.gov/.../HousingWaiverRequest.html>



29 People Reached 1 Engagement [Boost Post](#)

 1

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Did you miss our 1115 Waiver forums about our new housing and targeted investments programs? Don't worry! You can submit your input via email or mail by May 3, 2021.
Submit your feedback: <http://ow.ly/D3m950EwvZZ>



60
People Reached

7
Engagements

Boost Post

4

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Published by Hootsuite · April 22 ·

Did you miss our proposed waiver forums? We still want your input! Email or mail us your comments before 5/3/21.
More info: <http://ow.ly/fpn250EoSyG>



26
People Reached

0
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 More info: <http://ow.ly/Z7eU50EeXqq>

18 People Reached 1 Engagement **Boost Post**

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 Published by Hootsuite · April 8 · 🌐

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Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.
 Join here: <http://ow.ly/R62y50EeWLn>

19 People Reached 0 Engagements **Boost Post**

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Published by Hootsuite · April 8 ·



Today at 2 p.m.! Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: <http://ow.ly/R62y50EeWLn>



25

People Reached

1

Engagement

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Join here: <http://ow.ly/R62y50EeWLn>



29

People Reached

1

Engagement

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This Thursday at 2 p.m.! Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: <http://ow.ly/2pN150EeWLP>



29
People Reached

0
Engagements

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Published by Hootsuite · April 5 ·



Today at 12 p.m.! Please join our Special Tribal Consultation and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: <http://ow.ly/WaDO50EeWxi>



Special Tribal Consultation



30
People Reached

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Tomorrow @ 12:00 p.m., AHCCCS will host a Special Tribal Consultation about new housing waiver amendment and the Targeted Investments program 2.0.
 We would love your input!
 Join here: <http://ow.ly/nRxj50DWDyZ>



Special Tribal Consultation (online only)

[Register at azahcccs.gov/AmericanIndians/TribalConsultation](http://azahcccs.gov/AmericanIndians/TribalConsultation)




29 People Reached 0 Engagements [Boost Post](#)


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Arizona Health Care Cost Containment System
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TODAY at 1 PM! Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.
 Join here: <http://ow.ly/cjGb50EdEx1>



**Your Input
Wanted**


 Arizona Health Care Cost Containment System

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Arizona Health Care Cost Containment System

Published by Hootsuite · April 2 ·



On 4/5/21 @ 12:00 p.m., AHCCCS will host a Special Tribal Consultation about new the housing waiver amendment and the Targeted Investments program 2.0.

We would love your input!

Join here: <http://ow.ly/nRxj50DWDyZ>



Special Tribal Consultation (online only)

Register at azahcccs.gov/AmericanIndians/TribalConsultation



26
People Reached

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Engagements

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4,887 followers

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Tomorrow (5/13/21), AHCCCS will host a Quarterly Tribal Consultation meeting on the following topics: Indian Health Service, tribal health programs operated under P.L. 93-638, and urban Indian health programs in Arizona. Join here: ...see more



Quarterly Tribal Consultation (online only)

Register at azahcccs.gov/AmericanIndians/TribalConsultation



3

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On 5/13/21, AHCCCS will host a Quarterly Tribal Consultation meeting on the following topics: Indian Health Service, tribal health programs operated under P.L. 93-638, and urban Indian health programs in Arizona. Join here:

<http://ow.ly/ybF350EGOa1>



Quarterly Tribal Consultation (online only)

Register at azahcccs.gov/AmericanIndians/TribalConsultation



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Today (5/3) is the last day to submit your input for our proposed housing and targeted investments 1115 Waiver: <https://lnkd.in/gGJtJK>



👍 9 • 1 comment

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Did you miss our 1115 Waiver forums about our new housing and targeted investments programs? Don't worry! You can submit your input via email or mail by May 3, 2021.

Submit your feedback: <http://ow.ly/fRII50EvwZX>



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Did you miss our proposed waiver forums? We still want your input! Email or mail us your comments before 5/3/21.

More info: <http://ow.ly/B3pD50EoSyF>



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Did you miss our waiver public forums? 😞

Don't worry! You can still submit your input via email or mail on our proposed housing and Targeted Investments waiver requests.

More info: <http://ow.ly/8vod50EeXqr>



👍 4

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🚨 In 15 minutes! 🚨

Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: <http://ow.ly/R62y50EeWLn>



👍 1

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Today at 2 PM! Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: <http://ow.ly/R62y50EeWLn>



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Arizona Health Care Cost Containment System (AHCCCS)

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Tomorrow at 2 PM! Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: <http://ow.ly/R62y50EeWLn>



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This Thursday at 2 PM! Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: <http://ow.ly/jtNE50EeWLo>



5

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Today at 12 PM! Please join our Special Tribal Consultation and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: <http://ow.ly/k09250EeWxj>



5

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Arizona Health Care Cost Containment System (AHCCCS)
4,887 followers
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Tomorrow @ 12:00 p.m., AHCCCS will host a Special Tribal Consultation about new housing waiver amendment and the Targeted Investments program 2.0.

We would love your input!

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Special Tribal Consultation (online only)

Register at azahcccs.gov/AmericanIndians/TribalConsultation



🔗 3

👍 Like 💬 Comment

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Organic impressions: 199 Impressions

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Arizona Health Care Cost Containment System (AHCCCS)
4,887 followers
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Join here: <http://ow.ly/nRxj50DWDyZ>



Special Tribal Consultation (online only)

Register at azahcccs.gov/AmericanIndians/TribalConsultation



🔗 3

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Be the first to comment on this

Organic impressions: 118 Impressions

Show stats ▾



Arizona Health Care Cost Containment System (AHCCCS)

4,887 followers

1mo • 🌐

📢 TODAY at 1 PM! Join our public forum and give us your input on our proposed housing and Targeted Investments waiver requests.

Join here: <http://ow.ly/LpwW50EdEwZ>



🗨️ 5 • 1 comment

👍 Like 💬 Comment

Organic impressions: 378 Impressions

Show stats ▾



Arizona Health Care Cost Containment System (AHCCCS)

4,887 followers

1mo • 🌐

We need your input on a request to expand housing opportunities for some members. Attend an online public forum on March 31 at 1 p.m. to give your comments.

Read more & email your feedback: <https://lnkd.in/gJtTjK>



🗨️ 4 • 1 comment

👍 Like 💬 Comment

Organic impressions: 256 Impressions

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Learn more about coronavirus (COVID-19)



ENHANCED BY Google



Advanced search

HOME AHCCCS INFO MEMBERS/APPLICANTS PLANS/PROVIDERS AMERICAN INDIANS RESOURCES FRAUD PREVENTION CRISIS?



AHCCCS Housing and Health Opportunities (H2O) Waiver Amendment Public Comment Period Open

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.

Notice of Non-Discrimination (Aviso De No Discriminación)

- Español
- Diné Bizaad
- Tiếng Việt
- 繁體中文
- العربية
- Tagalog
- 한국어
- Deutsch
- Srpsko-hrvatski
- 日本語
- Français
- Русский
- فارسی
- ភាសាខ្មែរ
- Ndeé




News & Updates

A listing of current AHCCCS News & Updates.



Calendar

A list of upcoming events at AHCCCS



Having a Crisis?

A list of resources to assist you with getting the help you need

Health-e-Arizona PLUS

Apply Now

Apply for AHCCCS Benefits at Health-e-Arizona Plus



Contact Us

A list of contacts at AHCCCS



Public Notices

View demonstration projects, notices, meeting/hearing dates and provide comments





APPENDIX C
WAIVER AMENDMENT PUBLIC
FORUM MEETING AGENDA,
SLIDES AND COMMENTS



Welcome to the Public Forum

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

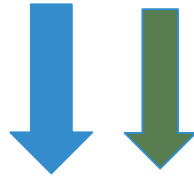
Please use the chat feature for questions or raise your hand.



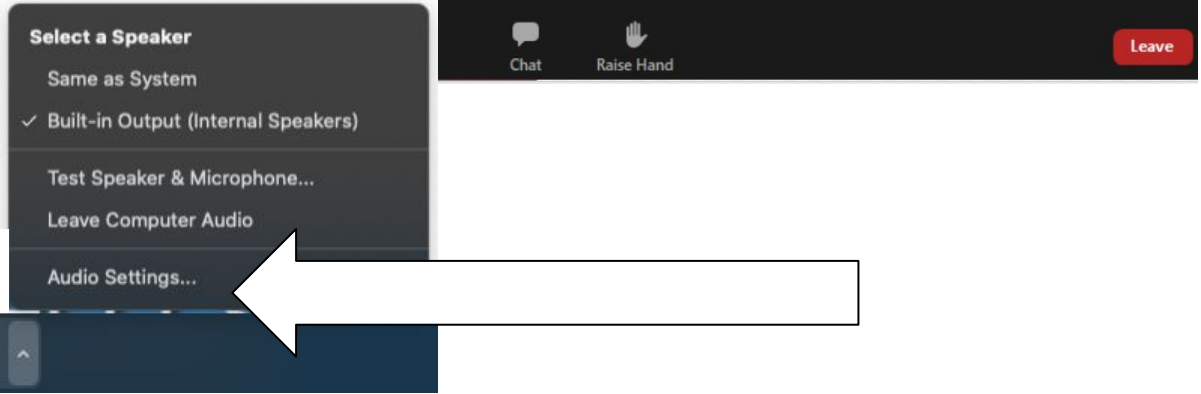
Thank you.

Zoom Webinar Controls

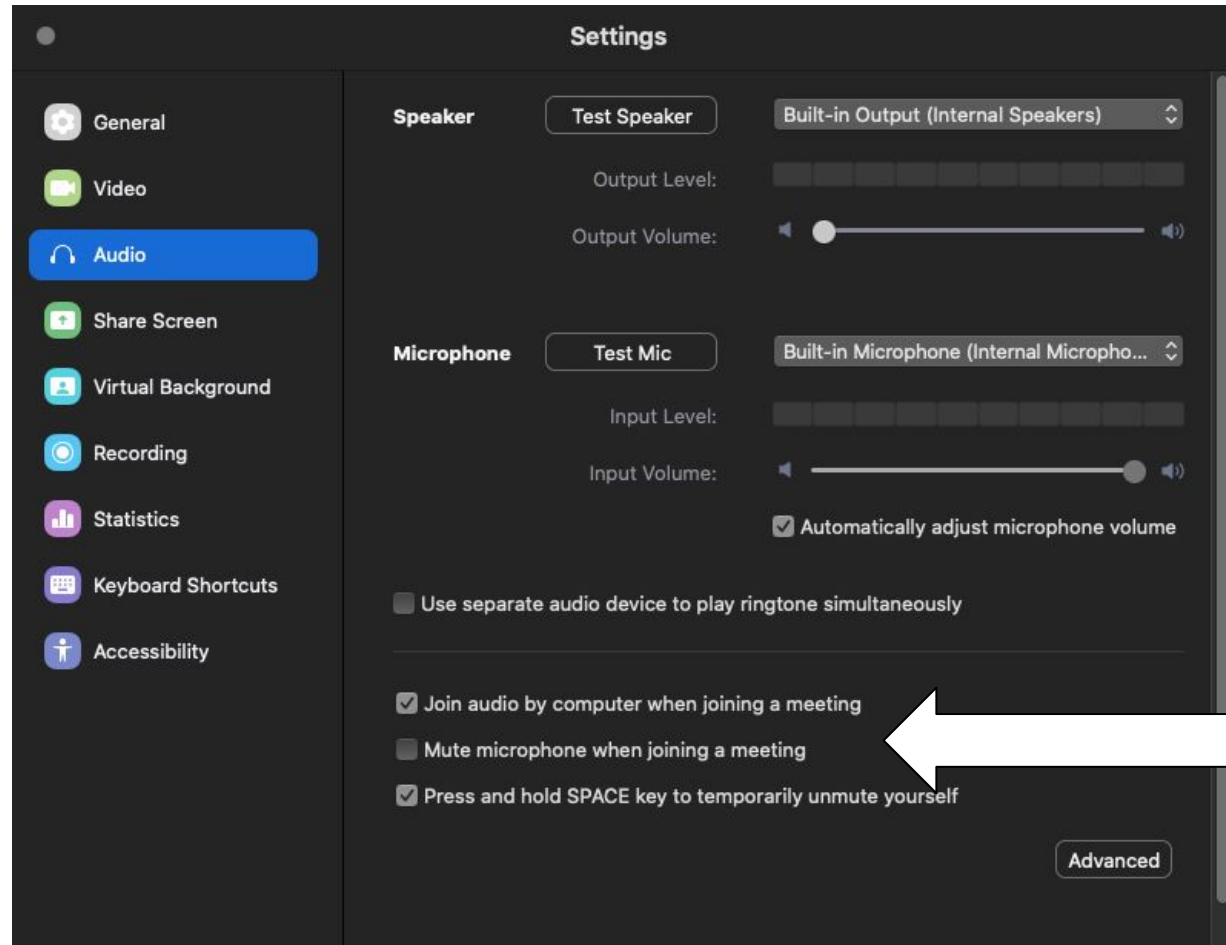
Navigating your bar on the bottom...



- **Windows:** You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac:** You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.



Audio Settings



The screenshot shows the Zoom application's Settings window, specifically the Audio section. On the left is a sidebar with various settings categories: General, Video, Audio (highlighted in blue), Share Screen, Virtual Background, Recording, Statistics, Keyboard Shortcuts, and Accessibility. The main panel is titled 'Settings' and is divided into two sections: 'Speaker' and 'Microphone'. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu set to 'Built-in Output (Internal Speakers)', an 'Output Level' indicator, and an 'Output Volume' slider. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu set to 'Built-in Microphone (Internal Micropho...', an 'Input Level' indicator, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are several other options: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). An 'Advanced' button is located at the bottom right. A large white arrow points from the right edge of the image towards the 'Join audio by computer when joining a meeting' checkbox.

Settings

Speaker Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress bar]

Output Volume: [Slider]

Microphone Test Mic Built-in Microphone (Internal Micropho...)

Input Level: [Progress bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

Press and hold SPACE key to temporarily unmute yourself

Advanced

Tips for successful ZOOM PARTICIPATION



MUTE your mic
when you're not
speaking



BACKGROUND
NOISE watch when
turning on mic



Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSED by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants



Use CHAT to ask
questions or share
resources



AHCCCS Housing Waiver Amendment Request & Targeted Investments (TI) Program 2.0 Concept Paper

Today's Presentation

- Review content of AHCCCS Housing and Health Opportunities (H2O) Waiver Amendment Request
- Targeted Investments (TI) 2.0 Concept Paper
- Take public comment and questions via chat feature, raise hand feature, and at conclusion by telephone
 - All comments in the chat and by phone will be captured as public record; or
 - Submit comments in writing by email to:
waiverpublicinput@azahcccs.gov; or
 - Submit comments via mail to:
AHCCCS, c/o Division of Community Advocacy and Intergovernmental Relations, 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034

AHCCCS At A Glance



Largest insurer in AZ, covering over 2 million individuals and families...



...more than 50% of all births in AZ...



...and two-thirds of nursing facility days.



AHCCCS uses federal, state and county funds to provide health care coverage to the state's Medicaid population.



More than 99,500 health care providers are registered with AHCCCS.



Payments are made to 15 contracted health plans that are responsible for the delivery of care to members.

AHCCCS - National Leader in Innovation

Operated a waiver demonstration since **1982**

Has one of the **lowest per-enrollee costs** among states at only \$7,008 per-enrollee vs. the national average of \$8,057 per-enrollee.



First state to operate under a statewide managed care demonstration

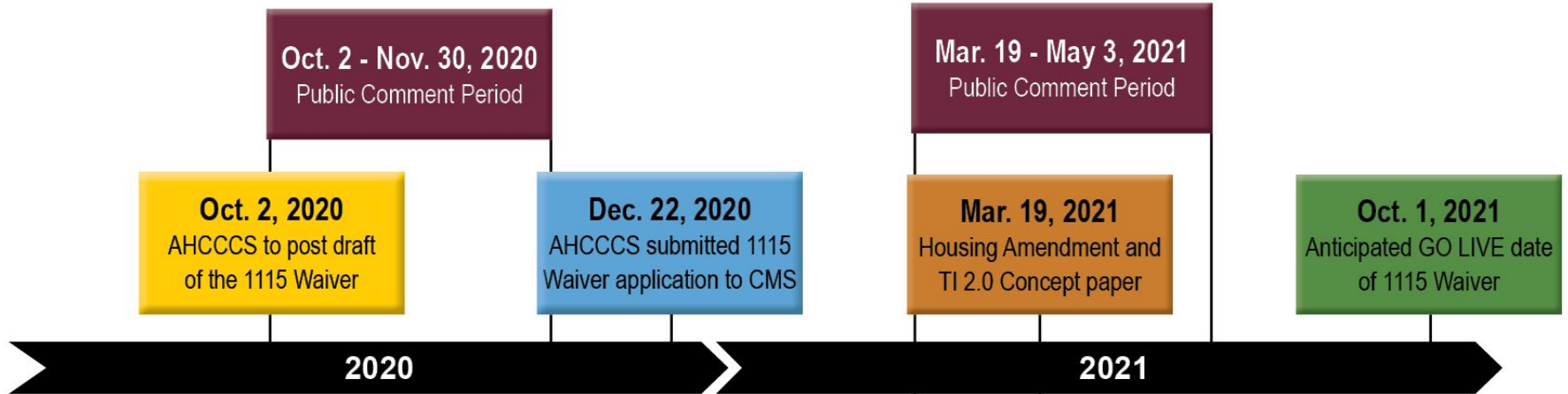


The only state to have done so from the start of its Medicaid program.



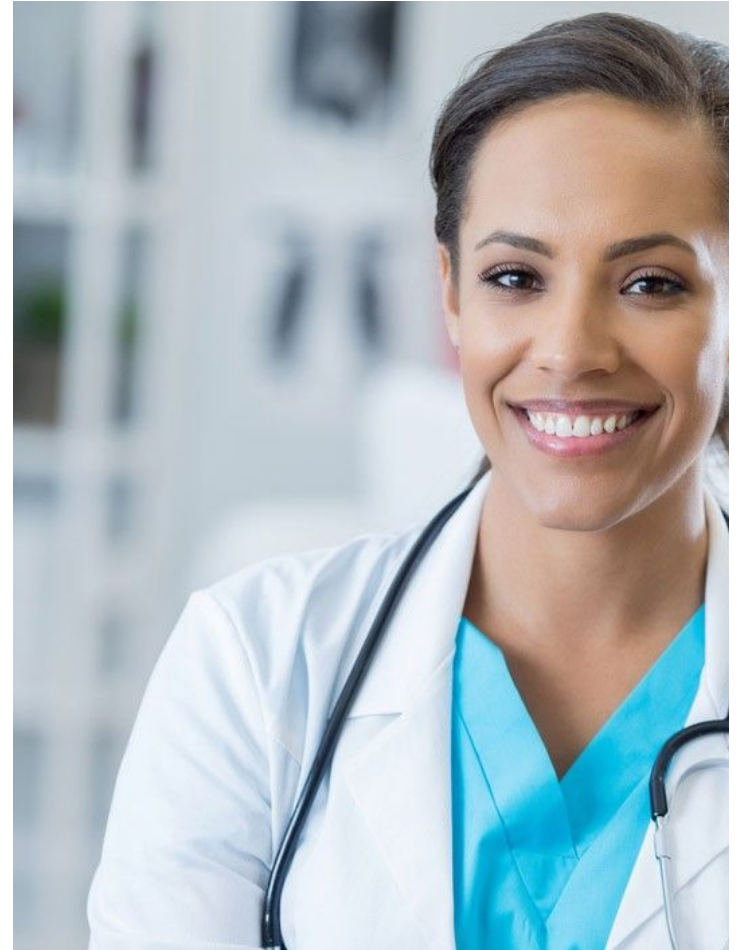
**Welcome to the 2020
AHCCCS Waiver
Public Forum**

Arizona's 1115 Waiver Renewal Timeline



1115 Demonstration Waiver Renewal

- **Initiatives to Be Continued**
 - Managed care
 - Home and community based services
 - Targeted Investments Program
 - AHCCCS Works
 - Waiver of prior quarter coverage for certain populations



1115 Demonstration Waiver Renewal

- **New Initiatives**

- Verbal consent in lieu of written signature for up to 30 days for care and treatment documentation for ALTCS members
- Reimbursement for traditional healing services (renewed request)
- Reimbursement for adult dental services eligible for 100% federal financial participation provided by IHS and Tribal 638 facilities



TI Program 2.0 Public Comment Feedback

- Incentivize projects crucial to addressing social risk factors such as housing, food, employment, social isolation, and non-medical transportation for AHCCCS members
- Funding to support the participating community based organizations (CBOs) in building infrastructure and capacity to serve AHCCCS members
- Allow participation for IHS/638 providers and peer run organizations

Addressing Social Determinants of Health

Public Comment Feedback

- Request waiver authority to reimburse for whole person care services, such as housing & food
- Additional housing funding to support AHCCCS members who are experiencing homelessness
- Housing services recommended by stakeholders include permanent supportive housing, rapid rehousing, and utility support

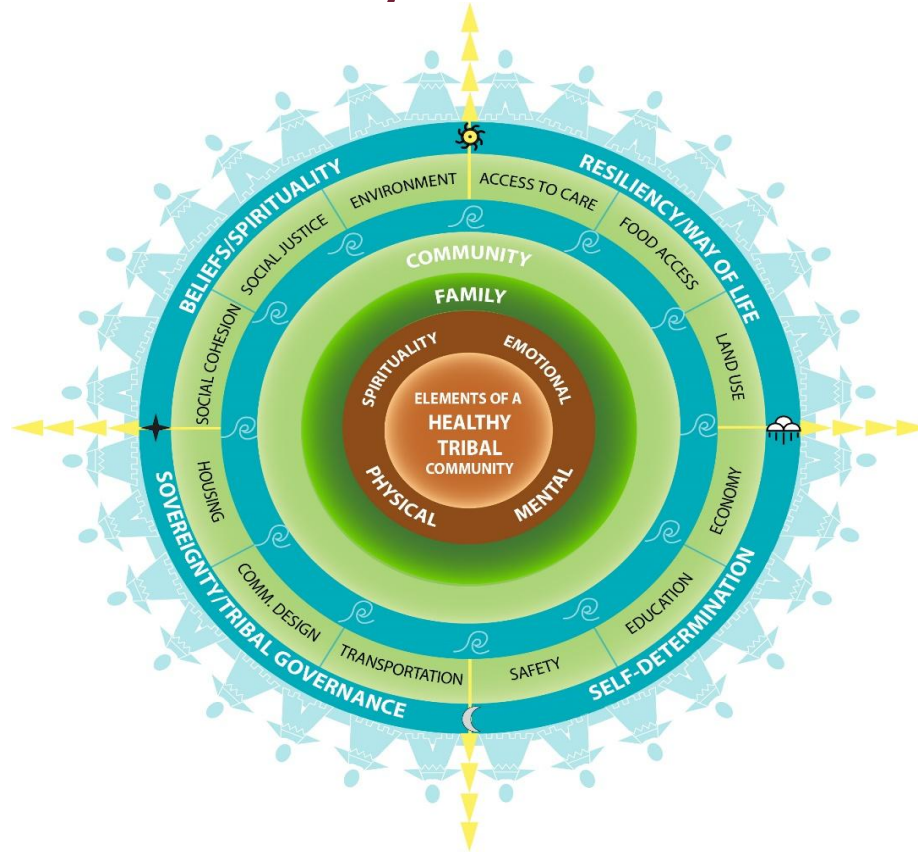
Tribal Housing Listening Session

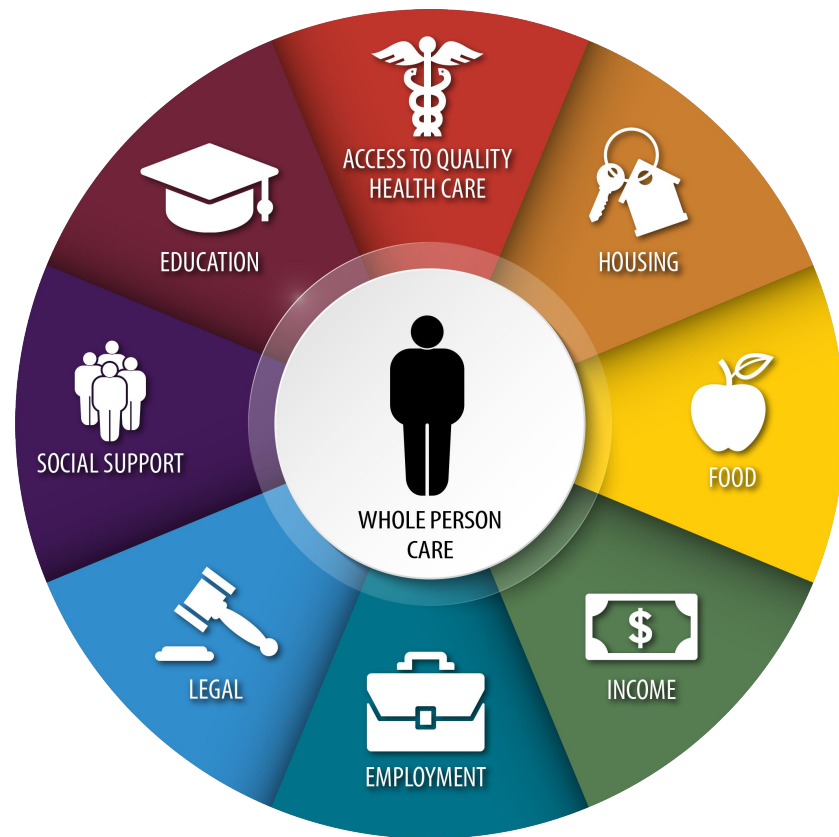
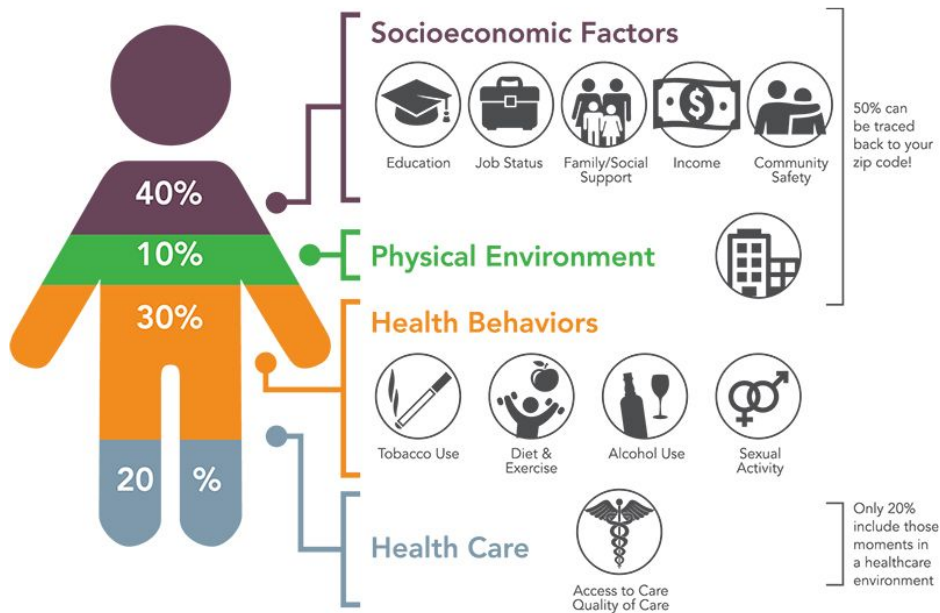
- AHCCCS hosted a listening session regarding tribal housing needs and resources on February 1, 2021.
- Audience focused specifically on individuals from tribal housing authorities and organizations serving tribal members in need of housing.
- **Goal:** Help identify possible barriers related to geography, cultural norms, service system coordination, tribal housing needs or shortages, and member service needs.

Tribal Housing Listening Session: Summary

- Substandard housing
- Lack of housing available on tribal lands
 - Bureaucratic barriers related to land use on tribal lands
- High cost of housing for members when available
 - Often exceeds applicable funding sources/vouchers
- Housing directors may be used to working with federal dollars via HUD or IHS, but not so much state housing dollars
- Lack of culturally competent and responsive providers

Elements of a Healthy Tribal Community Wheel











Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

AHCCCS Whole Person Care Initiative (WPCI)

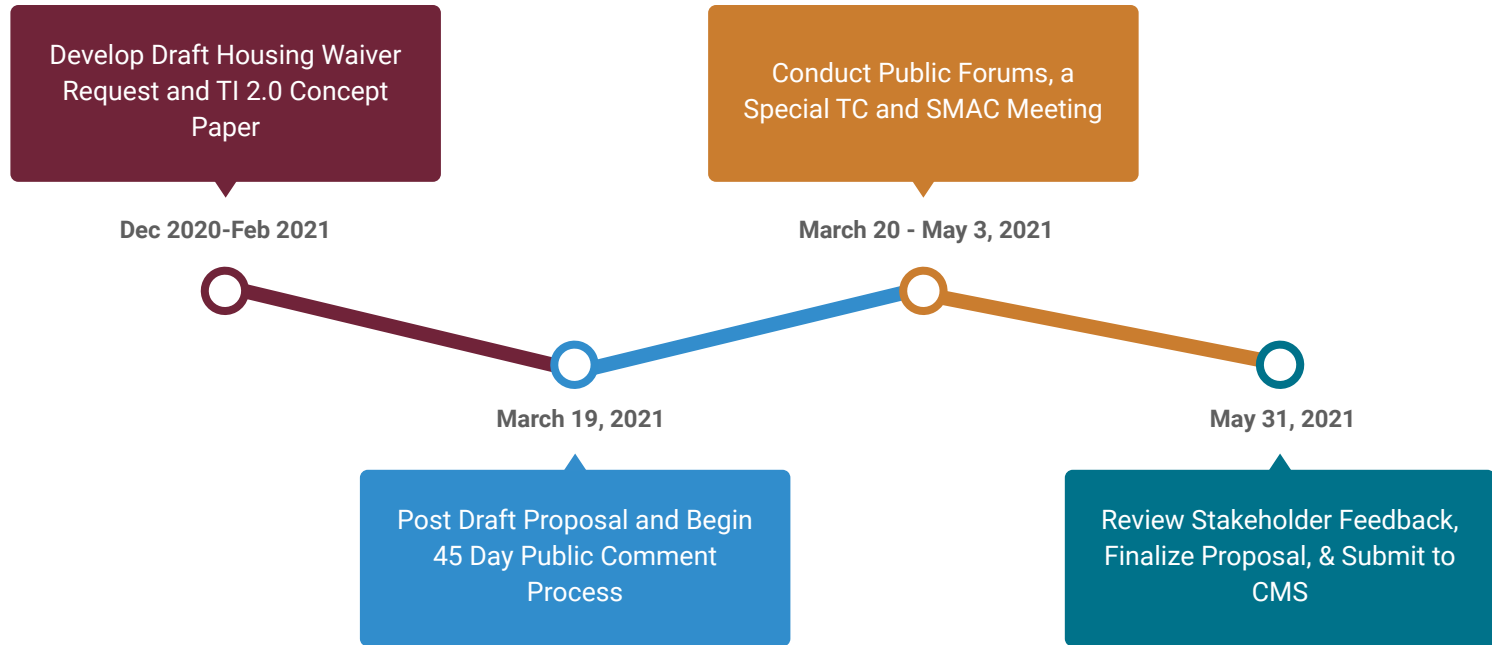


- Launched in November 2019
- Building off of existing programming and services to further address social risk factors of health including:
 - housing
 - employment
 - criminal justice
 - transportation
 - social isolation

Whole Person Care Initiative

- Housing Administrator contract begins 10/1/2021 
- Closed Loop Referral System with Health Current 
 
- MCOs focus on community reinvestment dollars on social determinants of health  
- **Next Steps: Housing and Health Opportunities (H2O) Demonstration & Targeted Investments (TI) 2.0 - To be discussed today**

Housing Waiver Request/ TI 2.0 Concept Paper Timeline



Public Forums, Special TC and SMAC Meeting

Meetings	Dates and Times
Public Forum #1	March 31, 2021 1:00 p.m. - 3:00 p.m. MST
Special Tribal Consultation	April 5, 2021 12:00 p.m. - 2:00 p.m. MST
Public Forum #2	April 8, 2021 2:00 p.m. - 4:00 p.m. MST
State Medicaid Advisory Committee (SMAC) Meeting	April 14, 2021 1:00 p.m. - 3:00 p.m. MST

Public Notice & Comment Period

- Arizona's draft amendment application will be available for public review and comment: **March 19, 2021 - May 3, 2021**
- Submit written comments no later than **May 3, 2021**
- Housing Waiver amendment request & TI 2.0 concept paper are posted here:
 - azahcccs.gov/HousingWaiverRequest
 - azahcccs.gov/Resources/Federal/PendingWaivers/TI2.html



AHCCCS Housing & Health Opportunities (H2O) Demonstration Proposal

History

1989 –Arnold v. Sarn (Maricopa)

- Court Order Included Housing
 - Maricopa HUD CoC for SMI Housing
 - AZ Legislative Appropriations
 - Units purchased and rehabbed (e.g., SB2003)
 - Subsidies/Scattered Sites Programs

2016 Arnold v. Sarn Settlement/Exited

- Housing in Exit Stipulations
- AHCCCS/DBHS Integrated Care
- AHCCCS as funder/regulator; RBHAs as operators



AHCCCS Medicaid Housing Delivery System

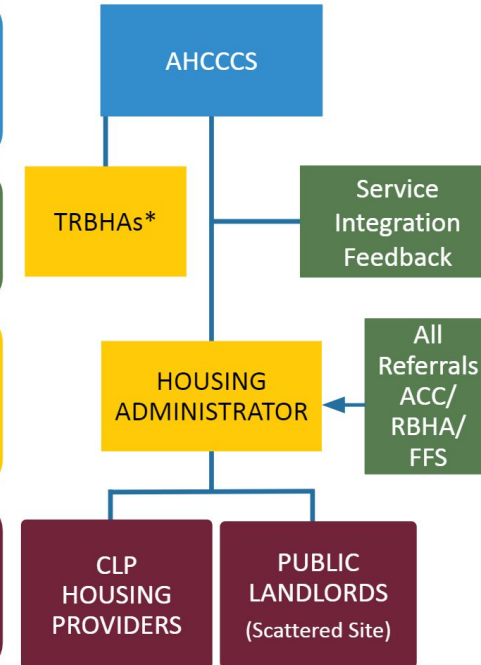
- Funding allocation to contractor
- Establish and implement standards, policies
- Oversight of contractor metrics, monitoring
- Oversight of referral process

- Coordination of clinical eligibility and referrals
- Client housing placement coordination
- Clinical coord. of post-housing wrap around services

Housing Administration – waitlist management; inspections; client briefing/lease up; utilization; legal compliance (fair housing); landlord payment; housing outcome reporting and tracking; HUD unit management; renewals/re-certifications; fiscal reporting; notices.
 *AHCCCS awards funding directly to the TRBHAs for housing activities

CLP Housing – AHCCCS purchased, fixed site, owned by provider/ non-profits, block leasing

Scattered Site (Vouchers) – Market affordable housing, community landlords.



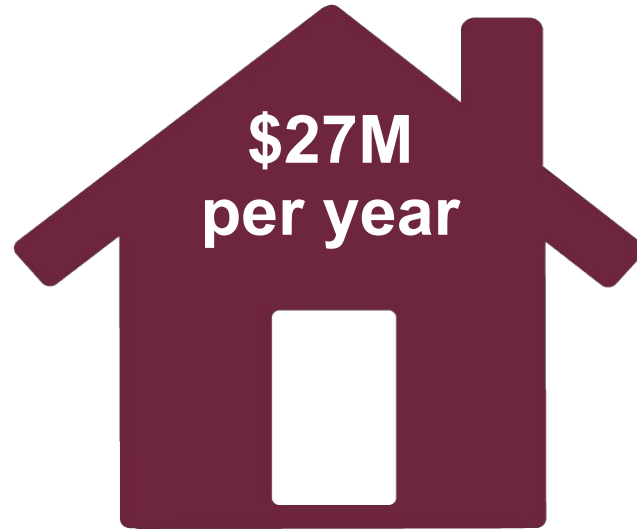
AHCCCS Permanent Supportive Housing

Housing
Subsidies



Medicaid Wraparound
Services

AHCCCS Housing Delivery System



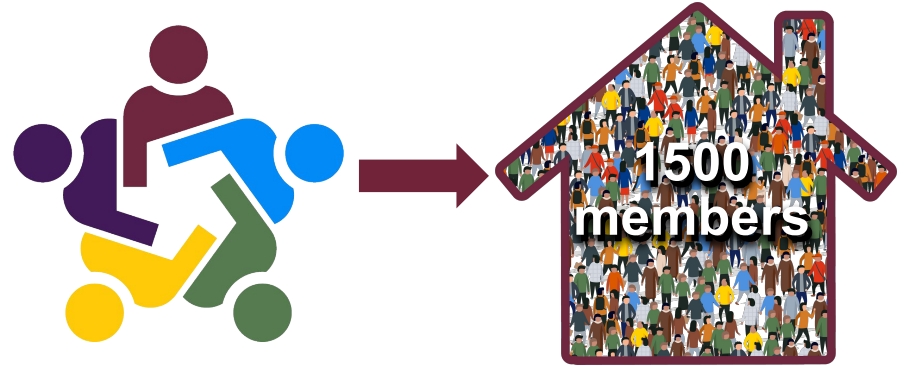
AHCCCS administers approximately \$27 million per year to provide rent subsidies for almost 3,000 AHCCCS members with an SMI designation, and for a small number of high need individuals in need of behavioral health and/or substance use treatment.

AHCCCS Housing Delivery System

State SMI Housing Trust Fund



AHCCCS administers the State SMI Housing Trust Fund (SMI HTF) of approximately \$2 million per year, to expand housing capacity for persons with an SMI designation



AHCCCS collaborates with local housing authorities, tax credit programs, and the HUD Continuum of Care (HUD CoC) to provide PSH capacity for an additional 1,500 members.

AHCCCS Wraparound Housing Services

Medicaid Wraparound Housing Services		
Medicaid Covered Behavioral Health Services	Related Pre-Housing Activities (Attain Housing)	Related Activities In Housing (Sustain Housing)
<ul style="list-style-type: none"> • Case Management and Coordination of Care • Group Counseling • Pre-Employment Training • Supportive Employment • Individual & Family Peer Support • Group Peer Support • Health Promotion • Medication Assistance • Substance Use Counseling • Skills Training and Development 	<ul style="list-style-type: none"> • Securing ID and Documents • Completing Housing Applications • Understanding Lease/Legal Notices • Housing Search • Disability Accommodation Requests • Move-In Coordination • Attending Housing Briefings • Budgeting and Financial Planning • Coaching for Interviews, Landlord Visits or Housing Negotiations 	<ul style="list-style-type: none"> • Crisis/Conflict Management • Budgeting • Pre and Post Employment Supports • Benefit Applications • Life Skills • Connection to Family, Natural and Community Supports • Landlord and Neighbor Communication • Substance Use Disorder Treatment Supports • Lease Renewal

AHCCCS Housing Program Outcomes



- ✓ **20%** *reduction in psychiatric hospitalizations*
- ✓ **24%** *reduction in cost of care per quarter*
- ✓ **\$5,000** *per member per quarter savings, primarily due to reductions in behavioral health costs*

In 2018, the University of Chicago's National Opinion Research Center (NORC) evaluated AHCCCS' Mercy Care RBHA PSH programs to verify reduced cost and improved outcomes for members with an SMI designation who reside in Maricopa County.

AHCCCS Housing Program Outcomes



- ✓ **56%** increase in primary and preventative health care utilization
- ✓ **45%** reduction in emergency department visits
- ✓ **53%** reduction in inpatient admissions
- ✓ **46%** reduction in crisis utilization
- ✓ **29%** reduction in overall health care costs



- ✓ **33%** reduction in inpatient admissions
- ✓ **19%** reduction in crisis utilization
- ✓ **60%** reduction in substance use treatment centers
- ✓ **16%** reduction in total physical and behavioral health care costs

AHCCCS Housing Program Outcomes (SFY 2020)

2,472 members in AHCCCS' PSH programs

31% reduction in ED visits

44% decrease in inpatient admissions

92% reduction in BHRF admissions

\$5,563 in average cost savings per-member per-month

Gaps in the Housing Delivery System

- Over 10,000 individuals are experiencing homelessness in Arizona
- Almost 80% of members identified as homeless are non-SMI members
- HUD Fair Market Rent (FMR) rates have increased significantly in Arizona
- Arizona needs another 134,758 units to meet the needs of its existing population that fall into the category of “Extremely Low Income”
- Excessive strain on systems to avoid institutional discharges to homelessness due to this lack of viable shelter or housing settings



AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

Increase positive
health and
wellbeing outcomes
for target
populations

Reduce the cost of
care for individuals
successfully housed

Reduce
homelessness and
maintain housing
stability



AHCCCS H2O

Demonstration Strategies

Strategy 1: Strengthening Homeless Outreach and Service Engagement

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

Strategy 3: Enhancing Medicaid Wraparound Services and Supports

Strategy 1: Strengthening Homeless Outreach & Service Engagement

- 1.1 Offer Outreach and Engagement Services
- 1.2 Enhance Screening and Discharge Coordination
- 1.3 Enhance and Support Data Collection



Strategy 1.1: Offer Outreach & Engagement Services

- AHCCCS seeks waiver authority to offer outreach services to connect all eligible or potentially eligible members experiencing homelessness to available services and supports
- Outreach is critical for members with acute behavioral health needs who may avoid congregate service sites or shelters due their mental health conditions

Strategy 1.2: Enhance Screening & Discharge Coordination

- AHCCCS seeks waiver authority to cover reentry services for Medicaid-eligible individuals with serious behavioral and physical health conditions who are at high risk of experiencing homelessness upon release from prison or jail
- Studies have shown that “in-reach” provided before release can be an effective strategy for ensuring continuity of care

Strategy 1.2: Enhance Screening & Discharge Coordination

- Reentry services will begin 30 days prior to the member's release and will include the following services:
 - Provision of one-to-one case management and/or educational services to prepare individuals for stable, long-term housing
 - Coordinating the individual's move into stable housing including assisting with housing applications, utility set-up, and reinstatement
 - Developing an integrated discharge and care plan that will identify the medical, behavioral health, and social needs necessary to support a stable and successful community life
 - Establishing linkage with physical and behavioral health providers, including peer supports, to facilitate continuity care upon release

Strategy 1.2: Enhance Screening & Discharge Coordination

- AHCCCS will continue to strengthen screening and discharge coordination within key entry and transition points in the health care system, including:
 - Emergency departments
 - Inpatient (acute and behavioral health) facilities
 - Other crisis facilities
- Goals is to give members a better chance of successfully navigating barriers, including finding appropriate shelter or housing

Strategy 1.3: Enhance & Support Data Collection

- AHCCCS will enhance and support data collection and improve informed care coordination and maximize available resource
- Data sharing is particularly useful in identifying high risk or high cost members
- AHCCCS has demonstrated the value of using appropriate intersystem data sharing strategies in Maricopa County

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

- 2.1 Community Reintegration & Immediate Post Homeless Housing Services
- 2.2 Community Transitional Services
- 2.3 Eviction Prevention Services



Strategy 2.1: Community Reintegration & Immediate Post Homeless Housing Services

- AHCCCS seeks waiver authority to fund the provision of short-term, transitional housing (up to 18 months) for individuals leaving homelessness or an institutional setting
- Transitional housing may include temporary rent or voucher assistance to allow a discharge to housing with a goal of allowing the member to assume the rent and ongoing tenancy upon termination of the service transition

Strategy 2.2: Community Transitional Services

- AHCCCS seeks waiver authority to expand the provision of Community Transitional Services for the targeted populations
- Eligible expenses will include, but are not limited to:
 - Security deposits
 - Set-up fees for utilities or service access (including telephone, electricity, heating, and water)
 - Limited relocation expenses
 - Supplies needed to establish and maintain the household

Strategy 2.3: Eviction Prevention Services

- AHCCCS seeks waiver authority to provide eviction prevention services to assist members in maintaining tenancies
- Eviction prevention services include, but are not limited to:
 - Payment of back rent
 - Late fees or charges
 - Utility bills or restart costs
 - Limited damage reimbursement to landlords



Strategy 3: Enhancing Medicaid Wraparound Services and Supports

- 3.1 Home Modification Services
- 3.2 Pre-Tenancy and Tenancy Supportive Services

Strategy 3.1: Home Modification Services

- AHCCCS seeks waiver authority to expand the agency's ability to pay for home modification and remediation services to ensure habitability of housing
- Services include, but are not limited to installation of ramps and handrails to facilitate barrier-free access to members with physical disabilities or limitations, in addition to their behavioral health needs

Strategy 3.2: Pre-Tenancy & Tenancy Supportive Services

- AHCCCS seeks waiver authority to extend the provision of tenancy support services beyond the currently eligible population of individuals with an SMI designation or in need of behavioral health and/or substance use treatment
- Services will reduce the length of time a member experiences homelessness, increase the likelihood of securing and maintaining housing, reduce ongoing system costs related to homeless recidivism, and promote primary care and other preventative health care strategies

H2O Demonstration Target Population

Individuals who are experiencing homelessness or at risk of homelessness and who have at least one or more of the following conditions or circumstances:

- Serious Mental Illness (SMI) designation or in need of behavioral health and/or substance use treatment
- Determined high risk or high cost based on service utilization or health history
- Repeated avoidable emergency department visits or crisis utilization
- Pregnant/postpartum

H2O Demonstration Target Population (Cont.)

- Chronic health conditions and/or co-morbid conditions, including, but not limited to:
 - End-stage renal disease
 - Cirrhosis of the liver
 - HIV/AIDS
 - Co-occurring mental health conditions, physical health conditions, and/or substance use disorder
- Young adults (18 -24 years of age) who have aged out of the foster care system

H2O Demonstration Target Population (Cont.)

- High risk of experiencing homelessness upon release from an institutional setting, including, but not limited to:
 - Institutions for Mental Disease (IMDs)
 - Inpatient hospitals
 - Nursing facility
 - Correctional facility
- ALTCS members who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting

Important Considerations For Targeted Populations and Services

- H2O Demonstration services will be implemented statewide and will take into consideration the unique needs of Arizona's diverse urban and rural communities
- Special consideration will also be given to racial and ethnic populations who may be disparately impacted or have more limited access to housing and housing supports and services including American Indian/Alaska Native (AI/AN) members

American Indian/Alaska Native Member Needs

- AHCCCS recently began to determine whether housing utilization and access reflected the racial diversity of AHCCCS enrollees and the homeless population
- AI/AN members are disproportionately over-represented in both the general homeless population (9%) and in AHCCCS identified homeless SMI members (10%) compared to the state population (5%)

Questions?

Resources & Public Comment

[AHCCCS H2O Demonstration](#) and [TI 2.0 Concept Paper](#)

How do I submit public comment? Public comment can be:



Discussed at public forums



Emailed to waiverpublicinput@azahcccs.gov



Mailed to 801 E Jefferson, Phoenix, AZ 85034 Attn: Federal Relations

Public comments are accepted through **May 3, 2021**

A woman is sitting on the floor in a room filled with cardboard boxes, some open and some closed. She has her arms raised in the air and is smiling, looking upwards. The entire scene is overlaid with a semi-transparent blue filter. The text "Thank you" is centered over the woman's upper body.

Thank you



AHCCCS seeks public input on two amendments to its 1115 Research and Demonstration Waiver

Housing Waiver Amendment:

With expenditure authority from CMS, AHCCCS will implement the Housing and Health Opportunities (H2O) demonstration, a project that strives to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

Targeted Investments program 2.0:

AHCCCS also seeks waiver authority to extend the Targeted Investments (TI) Program from 2021 through 2026. Known as the TI Program 2.0, this program will sustain the integration efforts of current TI participants, expand integration opportunities to new providers, and improve the program requirements to provide whole person care more comprehensively.

Details of these proposals will be presented at the following public forums:

PUBLIC FORUMS	
Date/Time	Zoom Links
March 31, 2021 Time: 1:00p.m. - 3:00 p.m. (AZ/Pacific time)	Meeting link: bit.ly/AmendmentForum1 Passcode: AHCCCS2! Call-in numbers: 408-638-0968, 646-876-9923, 301-715-8592, 877-853-5257 (Toll Free), 888-475-4499 (Toll Free), 833-548-0276 (Toll Free) or 833-548-0282 (Toll Free) Webinar ID: 894 6996 7126 Passcode: 65647117
April 8, 2021 Time: 2:00 p.m. -4:00 p.m. (AZ/Pacific time)	Meeting Link: bit.ly/AmendmentForum2 Passcode: AHCCCS2! Call-in numbers: 346-248-7799, 312-626-6799, 646-876-9923, 833-548-0282 (Toll Free), 877-853-5257 (Toll Free), 888-475-4499 (Toll Free) or 833-548-0276 (Toll Free) Webinar ID: 882 6307 0979 Passcode: 10613032

Public comments will be accepted from March 19 through May 3, 2021 by email to waiverpublicinput@azahcccs.gov.



AHCCCS will host a Special Tribal Consultation meeting on the following topics to seek feedback from tribes, Indian Health Service, tribal health programs operated under P.L. 93-638, and urban Indian health programs in Arizona.

All meeting materials, including agendas and slide decks, related to this meeting can be found on the AHCCCS Tribal Consultation webpage prior to the meeting: www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html.

The deadline for agenda item recommendations for this meeting is 5:00 pm MST on March 22, 2021.

Questions, concerns, or agenda item requests for this meeting may be sent to AHCCCS Tribal Liaison, Amanda Bahe: Amanda.Bahe@azahcccs.gov.

Housing Waiver Amendment:

With expenditure authority from CMS, AHCCCS will implement the Housing and Health Opportunities (H2O) demonstration, a project that strives to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

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Special Tribal Consultation	
Date/Time	Zoom Link
April 5, 2021 Time: 12:00 p.m. - 2:00 p.m. (AZ/Pacific time)	Meeting Registration link: bit.ly/April2021Tribal Call-in numbers: 346-248-7799, 408-638-0968, 669-900-6833, 253-215-8782, 833-548-0282 (Toll Free), 877-853-5257 (Toll Free), 888-475-4499 (Toll Free), 833-548-0276 (Toll Free) Webinar ID: 854 1196 6314 Passcode: 77045474

Written testimony from tribes and I/T/Us will be accepted during the public comment period of March 19 through May 3, 2021. Written comments may be submitted via email to waiverpublicinput@azahcccs.gov.



AHCCCS SPECIAL TRIBAL CONSULTATION MEETING AGENDA

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated under P.L. 93-638 and Urban Indian Health Programs

Topic: 1115 Housing Waiver Amendment and Targeted Investments 2.0

Date and Time: April 05, 2021 from 12:00 p.m. to 2:00 p.m. (MST)

Location: VIRTUAL ONLY

Webinar Registration Link:

https://ahcccs.zoom.us/webinar/register/WN_NgCnjmcJO2Wd01kHq0lsbA (You will receive call-in information after registering for this meeting)

TIME	TOPIC	Presenter
12:00 PM – 12:05 PM	Welcome and Introductions	Amanda Bahe <i>AHCCCS Tribal Liaison</i>
12:05 PM – 12:20 AM	AHCCCS Housing Waiver Amendment Request & Targeted Investments (TI) Program 2.0 Concept Paper	Shreya Arakere <i>AHCCCS Waiver Manager</i>
12:20 PM – 1:00 PM	AHCCCS Housing & Health Opportunities (H2O) Demonstration Proposal	David Bridge <i>AHCCCS Housing Program Director</i>
1:00 PM – 1:20 PM	<i>Open Discussion/Consultation on AHCCCS H2O Proposal</i>	
1:20 PM – 1:40 PM	Targeted Investments (TI) Program Renewal Concept Paper (TI 2.0)	George Jacobson <i>Medical Management Manager</i>
1:40 PM – 2:00 PM	<i>Open Discussion/Consultation on TI 2.0</i>	
2:00 PM	Announcements & Adjourn	Amanda Bahe

Next AHCCCS Tribal Consultation Meeting: April 13, 2021

Time: 10 a.m. MST | Location: Virtual Only

Please see [AHCCCS Tribal Consultation Webpage](#) for Information



AHCCCS SPECIAL TRIBAL CONSULTATION MEETING AGENDA

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated under P.L. 93-638 and Urban Indian Health Programs

Topic: COVID-19 Touchbase and General AHCCCS Updates

Date and Time: April 13, 2021 from 10:00 a.m. to 11:00 a.m. (MST)

Location: VIRTUAL ONLY

Webinar Registration Link:

https://ahcccs.zoom.us/webinar/register/WN_fy71tANsSd-VIIR51dy4fg (You will receive call-in information after registering for this meeting)

TIME	TOPIC	Presenter
10:00 AM – 10:05 AM	Welcome and Introductions	Amanda Bahe <i>AHCCCS Tribal Liaison</i>
10:05 AM – 10:20 AM	AHCCCS COVID-19 Public Health Emergency-Specific Information and Updates	Jami Snyder <i>AHCCCS Director</i>
10:20 AM – 10:30 AM	<i>Open Discussion and Tribal Consultation on AHCCCS COVID-19 Updates</i>	
GENERAL AHCCCS UPDATES		
10:30 AM – 10:45 AM	Follow-up: AHCCCS Housing Waiver Amendment and TI 2.0 Concept Paper	Shreya Arakere <i>AHCCCS Waiver Manager</i>
	<i>Open Discussion/Consultation on AHCCCS Waiver Updates</i>	
AHCCCS POLICIES		
10:45 AM – 11:00 AM	New/Revised Policy Overview: <ul style="list-style-type: none"> • AMPM 320-I 	Dr. Sara Salek <i>AHCCCS Chief Medical Officer</i>
		Alison Lovell <i>AHCCCS DFSM Education Manager</i>
	<i>Open Discussion/Consultation on AMPM 320-I</i>	
11:00 AM	Announcements & Adjourn	Amanda Bahe

Next AHCCCS Tribal Consultation Meeting: May 13, 2021

Time: 1 p.m. MST | Location: Virtual Only

Please see [AHCCCS Tribal Consultation Webpage](#) for Information



State Medicaid Advisory Committee (SMAC)

Quarterly Meeting
Wednesday, April 14, 2021
(VIRTUAL MEETING)
1:00 p.m. - 3:00 p.m.

(To Join by Web)

<https://ahcccs.zoom.us/j/89849751173?pwd=b2xKVEN0elo4eVo0eHlFQU4yK1hMQT09>

Webinar ID: 898 4975 1173

Password: SMAC2021!

(To Join by Phone)

1-877-853-5257 Meeting ID: 898 4975 1173 Passcode: 156227777

Agenda

I. Welcome	Director Jami Snyder
II. Attendance and Quorum Confirmation	ALL
III. Guest Speaker: The Medicaid Project	Kirin Goff Lecturer, Applied Health Policy Institute Professor of Practice in Law, James E. Rogers College of Law
IV. AHCCCS Update	Director Jami Snyder
V. 1115 Waiver Proposals: Targeted Investments 2.0 and Housing and Health Opportunities Demonstration	George Jacobson and David Bridge
VI. Call to the Public	Director Jami Snyder
VII. Adjourn at 3:00 p.m.	ALL

2021 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October. All meetings will be held from 1:00 p.m. - 3:00 p.m. unless otherwise deemed necessary by the Director.

ASL interpretation and CART captioning services are available upon request. If you require these or other types of accommodations pursuant to the Americans with Disabilities Act (ADA), please contact Brenda Morris at Brenda.Morris@azahcccs.gov or 602-419-4029 no later than April 9, 2021.

July 14, 2021
October 13, 2021

For information or assistance, please contact Brenda Morris at (602) 417-4029 or Brenda.Morris@azahcccs.gov.



OIFA Advisory Council Agenda

Tuesday, April 20th, 2021 10:30 AM - 12:00 PM

Join Zoom Meeting

<https://ahcccs.zoom.us/j/92904855511?pwd=cVmWFo3UHJneEM4cGpYeG5KRdVRQT09>

Meeting ID: 929 0485 5511

Passcode: AHCCCS1!

Join via Phone

833 548 0276 US Toll-free

Meeting ID: 929 0485 5511

Passcode: 01043844

Introductions of first time attendees	10:30 - 10:35
Approve March Minutes	10:35 - 10:40
OIFA Updates	10:40 - 10:45
Community Updates	10:45 - 10:55
Housing	10:55 - 11:15
Waiver & TI II	11:15 - 11:50
CSA HIE Issue, Health Current	11:50 - 12:00

Next Meeting May 18th, 2021



AHCCCS MCO Update Meeting

April 21, 2021
9:30 AM - 12:20 PM
Virtual Only

	Topic	Presenter/Discussion Leader
9:30 am	Director Update	Jami Snyder
10:00 am	Waiver Update	Shreya Arakere David Bridge George Jacobson
10:30 am	Consolidation Act Grant	Alisa Randall
10:50 am	Legislative Session Update	Kyle Sawyer Willa Murphy
11:05 am	Systems Update APEP/HEAplus EVV	Joni Shipman Dara Johnson
11:25 am	Finance/Rates Update	Matthew Isiogu Colby Schaeffer
11:45 am	Quality Strategy Update	Jakenna Lebsock
11:55 am	Unwinding from PHE	Mohamed Arif Ruben Soliz
12:20 pm	Meeting adjourned	
	Next AHCCCS MCO Update Meeting: July 21, 2021 9:30 AM - 12:20 PM	

AHCCCS Housing and Health Opportunities (H2O) Waiver Amendment: Community Forum Summary

AHCCCS held public forums regarding Arizona’s H2O request. Feedback was solicited at several agency meetings including two demonstration renewal public forum meetings held online, which were attended by a variety of community stakeholders, as well as other public meetings such as the State Medicaid Advisory Committee (SMAC), several Tribal Consultations, and tribal listening sessions. Table below summarizes questions and comments from the public, and the agency’s responses.

Name/Organization	Stakeholder Questions and Comments	AHCCCS Response
Michele Stokes, Behold Charities International	Please include captioning and ASL interpreting for all public meetings and publicize the availability.	<p>To ensure stakeholders have information on how to request accommodations to actively participate in public meetings, AHCCCS provides the following standard language on fliers, webpage and Zoom registrations:</p> <p>American Sign Language (ASL) interpretation and Communication Access Realtime Translation (CART) captioning services are available upon request. If you require these or other types of accommodations pursuant to the Americans with Disabilities Act (ADA), please contact [provide name, email address, and phone number of primary contact person] no later than [Day of the Week, Month, Day, Year at 5:00 p.m.]</p>
Michele Stokes, Behold Charities International	For Strategy 1, offer accessible communication in all outreach activities, strengthen the coordination and contracts between disability agencies and enhance the data collection with other systems including disability agencies	Current AHCCCS contracts and policies as well as any related to the services proposed here will include standard requirements pertaining to cultural competency and accommodating members including, but not limited to, disability related accommodations.
Michele Stokes, Behold Charities International	For Strategy 2, include funding accessible amenities and services, expand the agency's ability to offer financial assistance for disability accommodations, fund and communicate the provision of eviction prevention services in an	Current pre-housing activities support members in requesting disability related accommodation requests from landlords. Additionally, the waiver amendment proposal includes home modification services to support a barrier-free home environment. Current

	accessible manner to assist members	AHCCCS contracts and policies as well as any related to the services proposed here will include standard requirements pertaining to cultural competency and accommodating members including, but not limited to, disability related accommodations.
Robert Hess, Hess III Consulting	Ensure the availability of separate housing options for transgender and gender non-conforming members to be safe and comfortable. I support the H2O program. It sounds terrific and is very much so needed across the state- especially the rural and frontier areas.	Current AHCCCS contracts and policies as well as any related to the services proposed here will include standard requirements pertaining to cultural competency and accommodating members including, but not limited to, disability related accommodations.
Cindy Godwin, NAMI Southern Arizona	If an SMI member is already in supportive housing through their provider, is there a limit for how long they can stay in that housing	The waiver amendment proposal does not impact members currently housed under the AHCCCS housing program.
Cindy Godwin, NAMI Southern Arizona	Who does a member contact to receive housing support?	Members in need of housing should contact their health plan to see if they meet criteria for the AHCCCS housing program.
Jeanine Beckett, UnitedHealthcare Clinical Services.	If a person already has a housing voucher, does that eliminate them from this program if they are already on a waitlist?	Members are able to be on multiple waitlists for housing, provided they meet the criteria for eligibility on each waitlist.
Sarah Kent, AZMAG	You are all doing great work. I am in agreement of what you are doing.	Noted.
Annette Robertson, WICHE	No questions, just a comment of support. Thank you for this presentation. As a fidelity reviewer in the state of Arizona of four evidence-based practices for individuals with SMI, I support this. Thank you! Looks like some amazing work you have been doing!	Noted.

<p>Megen Akens, Department of Developmental Disabilities</p>	<p>I am so excited that ALTCS members are going to be included in these services and really see the need for members to have assistance in navigating the various programs available. These services will also assist our ALTCS members in maintaining their current housing subsidies and assist them in getting new subsidies. Thank you for all this hard work, I am in support of this program. Great job!</p>	<p>AHCCCS has made a revision to the H2O proposal to allow for the use of the Community Transition Service for ALTCS members when transitioning from a higher level of care (i.e. group home or assisted living home) to their own home, extending the benefit beyond those transitioning from an institutional setting. The revision is noted on page 14 in the Waiver Amendment proposal.</p>
<p>Elizabeth DaCosta, Community Bridges, Inc.</p>	<p>I wanted to ensure I send Community Bridges support for the 1115 waiver. It is exciting to see how the AHCCCS team has continued to add innovation to our state by hearing from providers, members, and the homeless service system to continue to meet the needs of our members. The waiver will add so much value to our system of care. Thank you for your work!</p>	<p>Noted.</p>
<p>Kim Russell, Arizona Advisory Council on Indian Health Care</p>	<p>Could a demonstration goal also include reducing the number of people living in one home?</p>	<p>The waiver amendment proposal does not contemplate a focus on reducing the number of people in one home, but the agency will continue to work with stakeholders to explore the concern and AHCCCS' ability to impact the issue.</p>
<p>Don Arnstsen, Gila River Health Care</p>	<p>How does this program impact individuals from Tribal lands or on Tribal lands that are homeless?</p>	<p>AHCCCS is committed to working with and coordinating with tribal housing and health care partners to ensure that American Indian/Alaska Native (AI/AN) members have equal access to the services outlined in the H2O proposal.</p>
<p>Alida Montiel, Inter Tribal Council</p>	<p>We are worried about the lack of housing for lower income individuals and families that are above 138% FPL. Could H2O apply to persons up to 200% FPL or higher?</p>	<p>AHCCCS is not proposing to modify financial eligibility criteria with this waiver request. H2O services will only be available to members who meet both current program financial eligibility criteria.</p>

<p>Kim Russell, Arizona Advisory Council on Indian Health Care</p>	<p>Most tribal communities lack housing overall, this will be a significant factor to implementing the waiver for some tribal populations.</p>	<p>AHCCCS is committed to convening tribal housing and health care partners to identify strategies to leverage existing mainstream tribal housing programs in an effort to increase housing subsidies and housing stock capacity to maximize access for AI/AN members outlined in the H2O proposal.</p>
<p>Michael Allison, Arizona Department of Health Services (ADHS)</p>	<p>Are there data/statistics available for AI/AN members particularly? Wait times need to be reduced for housing on reservations</p>	<p>AHCCCS has initiated efforts to review housing data for members currently served in the AHCCCS program relative to other housing programs in order identify disparities and develop programs strategies to address or mitigate housing disparities, including disparities for the AI/AN populations.</p>
<p>Alida Montiel, Inter Tribal Council</p>	<p>Did the housing unit provide input? Was the housing department at the Tribes engaged? Individuals housed can be made aware of the additional services and supports. Looks like affordable housing is going to be tough to find the next few years</p>	<p>In addition to holding a special Tribal Consultation specific to the H2O proposal, AHCCCS also regularly holds tribal listening sessions with tribal partners representing housing and health care services.</p>
<p>Alida Montiel, Inter Tribal Council</p>	<p>Each tribal housing entity has different by-laws, policies and procedures and Indian Housing</p>	<p>Noted. This feedback will inform future operational planning and implementation efforts.</p>

	<p>Plans. I am wondering if there is an opportunity to partner with the National American Indian Housing Council to determine if there can be coordinated outreach to partner or share information about how you may be able to leverage resources. In addition, could you invite the behavioral health partners in Az as well?</p>	
<p>Mary Jo Whitfield, Jewish Family and Children’s Services</p>	<p>It is wonderful to hear that this will be made available to populations beyond the SMI population</p>	<p>Noted.</p>
<p>Suzanne Pfister, Vitalyst Health Foundation</p>	<p>There is a huge effort going on with the Regional Homelessness collaborative in Maricopa County - are you working with that effort?</p>	<p>AHCCCS and its MCOs currently collaborate with all three of Arizona’s HUD recognized Continuum of Care (CoC) entities including the Maricopa Regional Continuum of Care. The CoCs are aware of the H2O proposal and AHCCCS will coordinate with the CoCs, as appropriate, in implementing the initiatives outlined in this proposal.</p>
<p>Diana Devine, Native American Connections</p>	<p>The disparity in Native and Black homeless populations is significant (2 times higher in Native populations and even higher in the Black population in Maricopa County) and also among those who are/or not determined SMI. So, the proposed changes should have positive impact outcomes on underserved populations.</p>	<p>AHCCCS has initiated efforts to review housing data for members currently served in the AHCCCS program relative to other housing programs in order identify disparities and develop strategies to address or mitigate housing disparities, including disparities for the AI/AN populations.</p>
<p>Vicki Staples, Valleywise Health</p>	<p>Excited to hear in-reach in prison and jail would be a part of services. We have seen great success through our partnerships with PRO to conduct in-reach into prison.</p>	<p>Noted.</p>
<p>Diana Devine, Native American Connections</p>	<p>Using Housing dollars for congregate living has been difficult, so this expansion will</p>	<p>Noted.</p>

	provide greater flexibility for many more alternative types of housing	
Debbie Johnston, Arizona Hospital and Healthcare Association	This is a great proposal. If CMS approves the waiver request, what revenue streams would be used to support the state cost of the program? Are there any special revenue streams that AHCCCS can tap into or would it be existing streams (GF, provider assessment, tobacco)?	AHCCCS is seeking to leverage the available state General Fund monies to draw down federal matching dollars for the services and supports outlined in the waiver amendment proposal. This would expand the total funding available for these housing initiatives without requiring any additional General Fund investment.
Mary Jo Whitfield, Jewish Family and Children’s Services	Dollars for young adults ages 18 to 26 to help with housing will fill a gap in care for this part of our population this will aid in helping youth transition successfully to adulthood.	AHCCCS is making a revision to the waiver amendment proposal to extend the eligibility age range for young adults who have aged out of the foster care system from 18-24 to 18-26. The revision is noted in the H2O proposal.
Diana Devine, Native American Connections	Move the racial equity question up in the slide deck- more in black community compared to native community. How may you be working on a CoC entry?	AHCCCS has initiated efforts to review housing data for members currently served in the AHCCCS program relative to other housing programs in order identify disparities and develop strategies to address or mitigate housing disparities, including disparities for the AI/AN populations. As noted above, AHCCCS and its MCOs are working with the CoCs on numerous issues related to data, coordinated entry, housing development and general coordination. AHCCCS’ H2O proposal was informed, in large part, by our prior collaborations with the CoCs.
Mary Jo Whitfield, Jewish Family and Children’s Services	You all have done a very fine job during the most difficult times.	Noted.
Tamara Player, West Yavapai Guidance Clinic	The outreach for the H2O proposal is great.	Noted.
Suzanne Legander, STAR Centers Inc.	I love this. When will we hear if it is approved?	Individuals interested in the progress of the H2O proposal may sign up to receive AHCCCS news and updates.



APPENDIX D

WAIVER AMENDMENT PUBLIC COMMENT LETTERS

May 3, 2021

Dear AHCCCS Administrators:

Thank you for the opportunity to provide comment on the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment. We took this occasion to convene members of the Terros Health Leadership and Clinical teams to review and comment on enhancing and expanding housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

We would like to express our unconditional support for the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment. It is in line with the Terros Health vision of seeking exceptional outcomes for individuals and families and promoting life-changing results to create healthy communities. As a direct service provider for over 55,000 Arizonans annually, we understand that housing is critical to maintaining physical and mental health, recovering from a substance use disorder, and addressing basic social determinant of health needs of unhoused and at risk AHCCCS members.

Housing Issues

In reviewing the draft document, we agree wholeheartedly that “Arizona is in the midst of an affordable housing crisis”, p. 9. The primary concern that surfaced was the current lack of available affordable housing options across the state. The shortage of apartment and other housing/rental units available in the market does not directly correspond with the plan to expand voucher eligibility. What is unclear is whether there is a plan to supplant housing resources or incentivize property managers to accept housing vouchers for our homeless members, or those imminently at risk of becoming homeless. Many property owners or lessors will not rent to individuals with vouchers due to the relatively low market value they hold.

Currently, the housing vouchers available to members with an SMI designation have a cap that is not in line with the market cost of housing in the State. If the member is unable to demonstrate ability to cover the balance rental amount over the value of the voucher, they are not able to obtain the voucher. Rent costs have significantly increased, but the voucher amounts have not increased to help fill the gap. This leads to individuals with a serious mental illness being unable to move into safe, affordable housing, further placing an already stigmatized and vulnerable population in areas that do not promote health and safety. Without an increase in the value of the vouchers, those seeking housing with General Mental Health and/or Substance Use (GMH/SU) conditions and others identified in the amendment as target populations, would face the same obstacles.

Staffing for Expansion

Expanding services to Medicaid members who are not designated with a serious mental illness, i.e., GMH/SU patients, may result in similar housing access issues, but would most certainly be difficult without adequate funding for behavioral health homes to hire staff who can specialize in obtaining housing and PSH resources for their members. When considering the level and intensity of quality wraparound housing services needed to achieve the goal of reducing health care costs, we need to ensure these service positions are funded to cover the actual cost of delivering the services with qualified staff to promote the stated goals of increasing positive health and wellbeing, reduce the cost of care for individuals, and reduce homelessness while improving skills to maintain housing stability.

Planning Considerations

The Terros Health review team identified the following considerations and questions regarding the AHCCCS H2O Draft Waiver Amendment:

- In working with an SMI population of over 5,370 individuals, our Terros Health teams are acutely aware that our existing infrastructure lacks sufficient housing placements for this population. We would encourage continuing and specific planning to address the housing needs of the additional target populations, too, in this challenging housing market environment.
- With the expansion of housing opportunities for the AHCCCS membership, including GMHSU members, we encourage continued strategy development to ensure additional resources for other social determinant of health needs for the homeless population.
- Will there be information forthcoming on the total amount of funding that will be available for this project statewide? What is the methodology for funding allocation to meet the goals of the waiver amendment?
- Currently the AHCCCS definition does not align with the HUD definition. The definition of HUD homelessness identified in the footnote on page 4 of the waiver document “HUD defines individuals with chronic homelessness as those with: 1) a continuous homeless episode of at least one year or more, or four or more episodes of homelessness in the past three years with total time homeless of a year or more; and 2) who have one or more disabling conditions. A disabling condition may include SMI, SUD, a chronic physical health condition, or physical disability”, is the definition for *chronic homelessness*. The full HUD definition of homelessness includes additional criteria below:
 - Literally Homeless: People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
 - Imminent Risk of Homelessness: People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing.
 - Homeless under other Federal statutes: Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.
 - Fleeing/Attempting to Flee Domestic Violence: People who are fleeing or attempting to flee domestic violence, have no other residence and lack the resources or support networks to obtain other permanent housing.

Is the intent of the project to address chronic homelessness only, or will it be expanded to meet the broader definitions above?

- The *American Rescue Plan Act of 2021* provides funding for the following services, amongst others:
 - Emergency rental assistance
 - Emergency housing vouchers
 - Homelessness assistance and supportive services program
 - Housing assistance and supportive services programs for Native Americans
 - Emergency assistance for rural housing

Will these areas be addressed either singularly through the waiver or in collaboration with other state entities?

Thank you again for the opportunity to share our comments with you. We would like to reiterate our support for the AHCCCS H2O waiver amendment and our willingness to partner with you in any way possible, including ongoing project and strategy development. We look forward to participating in the success of the change process and improving outcomes for the community members we serve.

Best Regards,



Peggy J. Chase
President and CEO



Jennifer Nye
Chief Integration Officer

Board of Directors
Susi Morales – Chair
Matt Kennedy – Vice Chair
David Tierney - Treasurer
Sue Gilbertson - Secretary



501 E. Thomas Road, Phoenix, AZ 85012
Telephone (602) 712-9200 Fax (602) 712-9222

April 30, 2021

Jami Snyder
Director
Arizona Health Care Cost Containment System
801 E. Jefferson St.
Phoenix, Arizona 85034

Director Snyder:

On behalf of the Arizona Health Cost Containment System (AHCCCS) we are pleased to provide this letter of support for the AHCCCS Housing and Health Opportunities (H2O) Demonstration to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless. Arizona Behavioral Health Corporation (ABC) has provided permanent supportive housing to persons with behavioral health needs receiving AHCCCS funded services for over 23 years.

ABC regularly collects stakeholder feedback and works with other community leaders to identify community needs and best practices for addressing homelessness in Arizona. The three strategies proposed by the H2O Demonstration address crucial needs among the AHCCCS member population and it's housing needs to support a health and well-being.

Strategy 1: Strengthening homeless outreach and service engagement, addresses the largest need for persons experiencing homelessness to have support in accessing services and housing. This is one of the most challenging aspects of housing and homelessness, as during this initial period of engagement, many people are in the midst of trauma and likely unable to navigate resources available to them independently.

Strategy 2: Securing housing funding for members who are homeless or at-risk of homelessness, is a person-centered approach to addressing housing need. It will expand the opportunity for a member with an identified housing need to receive an appropriate level housing intervention and to receive those services as quickly as possible. Every night a person experiences homelessness is a danger and threat to their health.

Strategy 3: Enhancing wraparound services and supports to ensure housing stability for improved health outcomes, reduced recidivism, and reduced decompensation, is crucial to the success of permanent supportive housing programs. With higher levels of wraparound services, we see our housing participants reduce the number of days without housing, increase their levels of income, and increase their housing stability.

We also wish to extend our thanks and support for your leadership in addressing the unmet needs of homeless individuals with behavioral health disorders residing in Arizona. We stand ready to support the successful implementation of this initiative.

If you have any questions, feel free to contact me at [REDACTED]

Sincerely,

[REDACTED]
Charles Sullivan
President/CEO

AHCCCS Comments:

H2O Comments

- Banner continues to see a significant increase of referrals for housing needs especially for populations – pregnant women and ALTCS members able to live independently.
- Unclear as to the forensic population services – are there considerations for this population? Is it included with the institutionalized population?
- Questions regarding funding – will it be managed like flex funds and/or providers able to bill for services not traditionally paid for by AHCCCS plans (ex. ID's, home modification, move in costs). Will it be managed by the Housing Administrator ABC/Hom Inc? Or would providers be given grant money and/or able to bill AHCCCS plans?
- Would like information to expand more on the “at risk of homeless” population as most referrals received are GMH/SU, working poor, receiving eviction or aware of losing current housing in near future.
- Overall, the strategies for enhancing services and providing wraparound services are supported by Banner. Many of the housing dollars are prioritized for chronically ill, SMI populations. Banner has primarily been outreaching and assisting GMH populations, members who have emergent housing needs that need rapid rehousing or stable transitional housing, in which there continues to be few resources or supports.

T12 Concept Paper Comments:

- Overall, from the TIP dashboard presentations, there appeared good outcomes on quality performance with the incentivization of ensuring follow up and meeting HEDIS measures.
- It is difficult to correlate results during the COVID pandemic year, especially with restrictions made as part of meeting HEDIS measures. Continued assessment of the ASU CHiR will be reviewed.
- The Whole Person Care Initiatives, combined with the 1115 waiver continues to be supported by Banner.
- The importance of improved care coordination and the fully integrated POC system is efficient and can improve on member engagement and overall improved health outcomes.
- Banner would support the T12 expansion and would assist with adding to algorithm of auto assignments if needed.



April 29, 2021

AHCCCS

c/o Division of Community Advocacy and Intergovernmental Relations

801 E. Jefferson Street, MD 4200

Phoenix, AZ 85034

Via waiverpublicinput@azahcccs.gov

On behalf of the Arizona Housing Coalition's Board of Directors and statewide members, I write in support of the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment. The Arizona Housing Coalition is a statewide collaborative association working to end homelessness by advocating for affordable homes for all Arizonans. We monitor legislative and regulatory policies being adopted at the federal, state, and local level. As such, we appreciate the opportunity to provide public comments to AHCCCS in support of the H2O waiver proposal.

Being responsive to the changing healthcare needs of Arizonans, including in the midst of a global pandemic, is a signature benefit of Medicaid programs. Yet key to the evolving needs of people in our state is the importance that housing plays in response to not only social determinants of health, the response to the COVID-19 pandemic, but also in response to the racial reckoning that our country is in the midst of. As such, we recognize and concur with AHCCCS's desire to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

Health and homelessness are inextricably linked. Health problems can cause a person's homelessness as well as be exacerbated by the experience.

According to the 2020 Point In Time street and shelter count, pre-pandemic, approximately 10,979 Arizonans are living on the streets or in temporary shelter on any given night. According to the U.S. Department of Housing and Urban Development, people living in shelter are more than twice as likely to have a disability compared to the general population. Conditions such as diabetes, heart disease, and HIV/AIDS are found at high rates among the homeless population, sometimes three to six times higher than that of the general population. People who have mental health and substance use disorders and who are homeless are more likely to have immediate, life-threatening physical illnesses and live in dangerous conditions. Also, more than 10 percent of people who seek substance abuse or mental health treatment in our public health system are homeless.

Treatment and preventive care can be difficult to access for people who are experiencing homelessness. This is often because they lack insurance or have difficulty engaging health care providers in the community. That's why AHCCCS's H2O demonstration will be targeted towards individuals who are experiencing homelessness or at risk of homelessness and who have at least one or more of the following conditions or circumstances:

- Individuals with a Serious Mental Illness (SMI) designation or in need of behavioral health and/or substance use treatment,
- Individuals determined high risk or high cost based on service utilization or health history,
- Individuals with repeated avoidable emergency department visits or crisis utilization,
- Individuals who are pregnant,



- Individuals with chronic health conditions and/or co-morbid conditions (e.g., end-stage renal disease, cirrhosis of the liver, HIV/AIDS, co-occurring mental health conditions, physical health conditions, and/or substance use disorder),
- Individuals at high risk of experiencing homelessness upon release from an institutional setting (e.g., Institutions for Mental Disease/IMDs, psychiatric inpatient hospitals, correctional facility),
- Young adults ages 18 through 24 who have aged out of the foster care system. **SUGGESTION:** We would like to suggest that the H2O program should be made available to former foster youth from age 18 to 26, rather than just age 24, to support their successful launch to adulthood. This coincides with their Medicaid eligibility to age 26.
- Individuals in the Arizona Long Term Care System (ALTCs) who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting.

Housing as the Solution

When housing is a platform, people with a substance abuse disorder who are experiencing homelessness have the opportunity to engage in treatment fully without the additional stress of living on the streets. Housing stability is a key contributor to long-term recovery and reduces relapse for people who are homeless. For chronically homeless people, the intervention of permanent supportive housing provides stable housing coupled with supportive services as needed – a cost-effective solution to homelessness for those with the most severe health, mental health, and substance abuse challenges. By providing access to housing with individualized, quality, wraparound services for individuals who are experiencing homelessness, has consistently shown in studies to increase housing stability, reduce or end homeless episodes or recidivism, improve substance use treatment compliance and outcomes, improve recovery trajectories for persons struggling with mental health, and stabilize or improve physical health conditions. These changes often result in a shift away from reliance on crisis-centered, inpatient, and/or emergency department services, and an increased use of primary and preventative health or community based social services and natural supports. This housing related shift ultimately generates significant cost savings and cost avoidance over the long term. Housing individuals who are homeless has similarly been shown to substantially reduce the service and cost impacts on other institutional systems, including homeless shelters, police and crisis services, and the criminal justice system.

Yet, affordable housing as the solution is difficult to come by, pre-, and undoubtedly, post-pandemic. Arizona was already in the midst of a housing crisis, defined by increasing rents, high eviction rates, increased homelessness and a severe shortage of affordable housing. Phoenix, for example, was ranked as the fastest growing rental market nationally, with an 8.1% increase in average rent, double the national average in 2019. Research by the National Low-Income Housing Coalition ranks Arizona as one of the states where extremely low income (ELI) renters face the greatest challenge in finding affordable housing, with only 26 affordable units for every 100 extremely low-income households. To add context, 204,164 households in Arizona are considered ELI, representing approximately 10% of all households in the State. Furthermore, 78% of these households are considered extremely rent-burdened, meaning they spend at least 50% of their income on rent. For any household to afford a modest two-bedroom unit in Arizona, they need to earn at least \$21.10 per hour or be working a 70-hour week at the State minimum wage of \$12 per hour.



The COVID-19 pandemic has added an additional layer of insecurity to lower income households who have been most impacted by the pandemic in regard to income loss. While State and federal moratoriums have placed much needed protections in place to slow evictions for those unable to make rent payments during the pandemic, these protections do not ensure long-term housing security once these short-term interventions are lifted. Households already experiencing cost-burdens are most at risk of housing loss once we reach the end of the eviction moratorium. Further, the COVID-19 pandemic has highlighted the socioeconomic costs of the affordable housing crisis, as those without a safe and stable place to call home are at a higher risk of contracting COVID-19 and other chronic illnesses. Increasing and preserving affordable housing supply within Arizona is even more of a priority than it was prior to the pandemic.

Support for Waiver proposal

The Arizona Housing Coalition fully supports and commends AHCCCS in seeking waiver and expenditure authority to improve health care delivery and health outcomes for AHCCCS members who are homeless or at risk of becoming homeless using strategies designed to fill identified gaps, expand existing evidence-based practices, and reduce barriers to housing. This proposal will ensure targeted members experiencing homelessness or chronic housing instability attain safe housing and integrated services in order to end their housing crises and achieve improved health outcomes. The AHCCCS H2O demonstration focuses on three critical strategies:

1. Strengthening homeless outreach strategies to make sure that current members and prospectively eligible members of the target populations are identified and connected to housing interventions and integrated care services,
2. Securing funding for housing to ensure members can attain and maintain housing stability, and
3. Enhancing and expanding individualized wraparound housing services and supports to ensure housing stability becomes a platform to leverage improved health outcomes and reduce recidivism for a broader population of homeless or at-risk populations that require permanent supportive housing.

Items for further consideration

While we applaud the thoughtful and holistic approach put forth by AHCCCS staff and administration, we'd encourage the waiver to be broadened to address:

- **Transportation:** There is limited public transportation options in our urban areas and nearly no services in our largely rural state. Transportation is needed not only for medical and behavioral health appointments, but also for employment, access to quality food, taking children to childcare, and much more.
- **Support services:** Arizonans need both shelter and transitional housing program expansion as well as the addition of wraparound services while in these programs. Transition to permanent supportive housing with services and/or community based subsidized housing will go a long way to create housing stability and reduce health care costs. Case management and emergency assistance services will continue to be needed to ensure smooth transition to employment and financial stability. It is not enough to get a person into housing, we must also help them maintain that housing through tenant support programs.
- **Community Based Organizations:** We are encouraged by AHCCCS' determination to explore ways to build relationships between traditional medical providers and community-based organizations (CBOs). To ensure proper compensation across these relationships, AHCCCS may



Arizona Housing Coalition

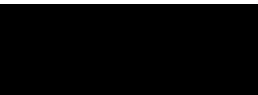
Speaking Up for Home and Hope

consider utilizing a per diem or episodic payment model to incentivize CBOs to increase member access to social services. Additionally, many housing providers may not be familiar with billing for Medicaid services, pay-for-performance models, or have the capacity to negotiate with health plans for payment rates. Due to the increased compliance burdens that often accompany recognition as an AHCCCS provider (e.g., new licensing requirements for housing providers who also provide behavioral health services), there are concerns that CBOs will be forced to transform into healthcare delivery providers. Should CBOs continue to be required to establish themselves as AHCCCS providers, we would urge AHCCCS to convene CBOs to garner their feedback on potential payment and service delivery models. AHCCCS would also benefit from nurturing its relationships with CBOs that may not traditionally be set up as AHCCCS providers. For example, certain CBOs may be particularly equipped to serve former foster youth but lack the capacity or infrastructure to develop formal connections with AHCCCS and its medical providers. By providing resources that support such CBOs in building their capacity, AHCCCS can help ensure the development of health networks between medical and non-medical providers.

- **Equity:** We urge AHCCCS to place an emphasis on, and make public, disaggregated sociodemographic data about the populations served by H2O. This will help ensure that an equity lens can be applied to explicitly address the needs of historically disadvantaged populations.

The Arizona Housing Coalition appreciates the opportunity to provide these comments, support, and opportunities for further consideration.

Sincerely,



Joan Serviss, Executive Director
Arizona Housing Coalition



The Arizona Health Care Cost Containment System (AHCCCS) has acknowledged that Social Determinants of Health are critically important issues that need to be addressed in order to create a recovery oriented system. AHCCCS has initiated a Whole Health program that recognized this need and is developing supports for providers to address these need thru a contract with Health Current our Arizona HIE and Now Pow. This will provide a digital connection to our community resources which are critical in meeting many of the needs of the Medicaid population. In my role as the Director of Population Health for a nonprofit agency we have found that housing is a fundamental need for the individuals we serve in the Medicaid system. In my position we track the health care needs and utilization for over the 9000 individuals we serve who have a serious mental illness many of whom also have a substance use disorder. One specific focus that we have are individuals identified as High Need/ High Cost. One factor that we have discovered is that over half of this group have either housing instability or homelessness as an ongoing basis. Many others have intermittent housing instability. When we examined the reason for admissions to emergency rooms or hospitals we often discover that many of these admissions were avoidable and unnecessary and primarily due to issues with housing and other social determinants of health. Many individuals are using these high cost facilities for shelter, a meal, a change in clothing, a shower, escaping stressful conditions and other basic needs. Many of the individuals use catch phrases such as "I am thinking of harming myself" with no plan or method and without any history or risk factors. Since emergency rooms and hospitals must follow EMTALA regulations they are unable to redirect the person to other more appropriate resources. Many of these individuals leave these settings AMA as soon as their basic needs are met. The emergency rooms and hospitals know these individuals very well but do not have ability to circumvent their admissions. When teams try to assist these individuals in finding housing the wait list is extensive and does not solve the person's immediate needs. When they are referred for temporary housing to Shelters, many report that they don't feel safe in those settings. The lack of housing options has resulted in an increase in service costs that can be significantly reduced by tapping resources in the community to address this issue.

AHCCCS has also taken the initiative to have one agency in charge of housing versus the five that currently deal with this issue. Having one agency should improve coordination which has been challenging. The single provider will assume their role in October. Unfortunately this will not immediately relieve the issue of lack of affordable housing. In Maricopa County there is currently a wait list for housing that is 2000 units long. As rental costs rise they are now higher than individuals receive from SSI income. The average cost of an efficiency apartment is \$933/month. A one bedroom is \$1032/Month. Currently SSI income, which is the only income that many Medicaid participants receive, is approximately \$800/Month. With these conditions, the housing supply for individuals with serious mental illness is in critical condition. The AHCCCS initiatives proposed in the CMS Waiver provide the leadership that the system needs to connect these resources and overcome these obstacles.

Michael Franczak, Ph.D.

Director Of Population Health

May 16, 2021



Jami Snyder
Director,
Arizona Health Care Cost Containment System
801 E Jefferson St
Phoenix, AZ 85034
Pima County Health Department

Dear Director Snyder,

The Arizona Public Health Association expresses our unqualified support of AHCCCS' Draft Housing and Health Opportunities Waiver and Expenditure Authority. We believe the initiative, as written, will improve population and public health. The draft is well-crafted and is based on evidence based best practices.

The initiative focuses on a core social determinant of health, access to affordable housing. Housing is critical to maintaining physical and mental health, recovering from a substance use disorder, and addressing basic safety needs of AHCCCS members.

Being homeless exacerbates existing mental health and substance use disorder conditions, and results in a host of poor health outcomes including depression, anxiety, using substances to cope, and other mental and physical health concerns. Homelessness contributes to need for both physical and behavioral health services for adults and children.

We believe that the draft, as written, will increase positive health and wellbeing outcomes for AHCCCS members while reducing the cost of providing needed preventative and rehabilitative health care services.

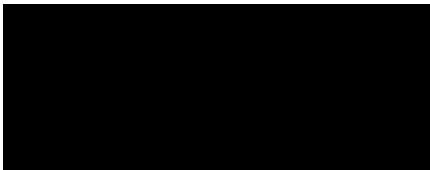
Page 2

We commend you and your leadership team for embracing new opportunities to improve the health of your members. The agency's previous leadership was often skeptical or even hostile toward developing creative solutions like this.

We are delighted that, under your leadership, you have turned the page and are embracing creative evidence-based practices like this draft waiver request.

Thank you for your leadership and for crafting and proposing the Draft Housing and Health Opportunities Waiver and Expenditure Authority!

Sincerely,



Will Humble, MPH
Executive Director,
Arizona Public Health Association
700 E JEFFERSON ST, SUITE 100 | PHOENIX, AZ 8503



1870 W. Rio Salado Pkwy
Tempe, AZ 85281

April 30, 2021

Via email: waiverpublicinput@azahcccs.gov

Division of Community Advocacy and Intergovernmental Relations
AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

To Whom It May Concern:

I write on behalf of Arizona Complete Health-Complete Care Plan (AzCH-CCP) in support of the amendment to the 1115 Waiver allowing the Arizona Health Care Cost Containment System (AHCCCS), Arizona's single state Medicaid agency, to implement the Housing and Health Opportunities (H2O) demonstration and the Targeted Investment Program 2.0 demonstration. Our Medicaid health plan is now providing healthcare to more than 274,000 Arizonans and through the upcoming integration with our WellCare partner plan, Care1st, will soon serve approximately 500,000 Arizonans enrolled in AHCCCS.

H2O Demonstration

We have been a direct partner with AHCCCS for the administration of housing assistance to Medicaid members since 2015. We are also one of the first MCOs in the nation to join HUD Homeless Management Information Systems and Continuums of Care to coordinate directly with local, broader housing resource providers. As such, we have overseen the rent assistance and support services provided to approximately 800 individuals and families. With this insight, we have been able to monitor the impact on our members' health and can attest that AHCCCS's commitment to housing has yielded notable outcomes (2019 pre- and post-housing trend data).

48% reduction in emergency department visits

58% reduction in crisis services utilization

29% reduction in overall medical cost

78% increase in PCP Well visits

Through active engagement and public-private partnerships, Arizona has proven that our small investment of state-only dollars can have life-changing impacts on the health, well-being and quality of life for Medicaid members, as well as offer significant cost savings for the program. The possibilities presented by the H2O Demonstration of expanding our efforts to reach more people is exhilarating. Time is of the essence to approve H2O and, with the support of our Federal partners, allow us to build on our success. Approving Arizona's H2O Waiver aligns precisely with furthering the cause and purpose of the Medicaid program.

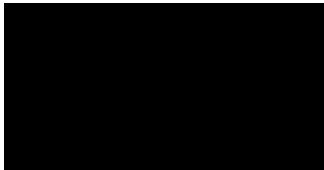
Targeted Investment 2.0

We have also been a partner with AHCCCS in the implementation of the Targeted Investment Program. We agree that real progress toward integrated care has been accomplished through the initiative, improving care for members by engaging providers in adult behavioral and primary care, pediatric behavioral and primary care, hospitals, and new integrated clinics serving justice-system involved members.

As noted in the Waiver request, it will be critical to both extend the initiative for the first cohort of providers and to expand participation by allowing for an additional cohort. The healthcare outcome improvements resulting from fully integrated care have been well researched and documented. We also appreciate AHCCCS's recognition and action on the social determinants of health as a driving element of the initiative. By bridging primary and behavioral healthcare as well as tools and action to address social determinants, the Targeted Investment 2.0 Demonstration holds the promise of lasting and sustainable improvements in the care delivery and health outcomes for Medicaid members.

Thank you for this opportunity to submit public comments. We applaud your leadership on the new Medicaid 1115 H2O and Targeted Investment 2.0 Waiver requests and are hopeful the federal government will step up affirmatively and expeditiously to give your full proposal the support it deserves.

Sincerely,



James V. Stover
Medicaid Plan President



Arizona Association of Health Plans
2375 East Camelback Road, Suite 600
Phoenix, AZ 85016
602-680-7680

April 26, 2021

Via email: waiverpublicinput@azahcccs.gov

Division of Community Advocacy and Intergovernmental Relations, AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

To Whom it May Concern:

I write on behalf of the member companies of the Arizona Association of Health Plans (AzAHP) in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration. Our health plans are now providing healthcare to more than 2.2 million Arizonans, and proudly serve as the private half of the public-private partnership that makes the Arizona Health Care Cost Containment System (AHCCCS) so successful.

Our collaborative focus on housing is one of the most impactful results of our partnership. Using the State's existing general funds, we have implemented a strategy for addressing and improving the health of people experiencing homelessness who have a serious mental illness, physical health conditions and substance use disorders. To date we have found permanent and supportive homes for 3,040 people, saved the State an average \$5,563 dollars per member per month for members receiving this housing support, for an annual reduction in the cost of care of \$82.5 million dollars. Remarkably, we have witnessed a 31% reduction in emergency department visits; a 44% reduction in inpatient admissions; an 89% reduction in behavioral health residential facility admissions; and a 45% reduction in the cost of care for individuals who were living perilously. Most importantly, we have improved the quality of life for those individuals we have served through our housing programs.

We have proven that housing is good health care; beyond a roof and walls, a home can help Arizonans improve their long-term health outcomes. This is why this waiver amendment is so important; it will allow us to enhance and expand housing and services for our members who are homeless or at risk of becoming homeless. As noted in the application, under the demonstration proposal the State seeks to:

- Increase positive health and wellbeing outcomes for target populations including the stabilization of members' mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, and increased member satisfaction;

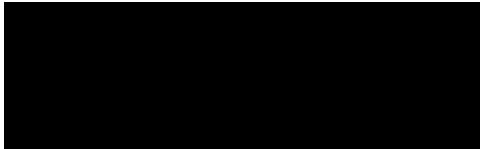
- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization; and
- Reduce homelessness and improve skills to maintain housing stability.

We agree with the State's decision to limit the populations served by the H2O Waiver to our most vulnerable members. Among the target populations are: persons with a serious mental illness; individuals in need of substance use treatment; pregnant women; individuals with a health history that demonstrates high/complex-needs or results in high-cost; people who repeatedly present in the emergency departments; former foster youth ages 18-24; members with chronic conditions; and the elderly who are able to move out of an institutional setting.

We have already proven the enormous impact that housing has on the health and well-being of our members using only state dollars. Imagine how much more we can do with the support of our Federal partners. Approving Arizona's H2O Waiver aligns precisely with furthering the cause and purpose of the Medicaid program.

We applaud your leadership on the new Medicaid 1115 H2O Waiver request and are hopeful the federal government will step up affirmatively and expeditiously to give your proposal the support it deserves.

Yours in partnership,



Deb Gullett
Executive Director
Arizona Association of Health Plans

CC: Christina Corieri, Senior Policy Advisor, Office of the Arizona Governor
CCorieri@az.gov

Jami Snyder, Director, AHCCCS
Jami.Snyder@azahcccs.gov



*Ending and
Preventing
Homelessness*

May 18, 2021

To Whom It May Concern:

Below are comments on the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment.

Coalition for Compassion and Justice would like to express our overwhelming support for the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver and Expenditure Authority. It will improve health care delivery and health outcomes using evidence-based practices. Housing is critical to maintaining physical and mental health, recovering from a substance use disorder, and addressing basic safety needs of AHCCCS members.

CCJ is a nonprofit missioned in *Ending and Preventing Homelessness*. We work through housing first solutions to permanently place and support individuals transitioning out of homelessness. We have placed over 100 people in the past 3 years, decreased our shelter need by 80%, and created 26 units of creative and affordable housing in the Prescott area.

HOUSING ISSUES: We believe that the H2O program will increase positive health and wellbeing outcomes for AHCCCS members, while reducing the cost of providing needed preventative and rehabilitative health care services. Being homeless not only exacerbates existing mental health and substance use disorder conditions, but the trauma of living on the streets may result in depression, anxiety, using substances to cope, and other mental and physical health concerns. Therefore, homelessness contributes to need for both physical and behavioral health services for adults and children.

Arizona is anticipating an upsurge of homelessness when the COVID-19 eviction moratorium ends. This will be in addition to an already high number of sheltered and unsheltered individuals and families. There is not adequate shelter and transitional housing “beds” available now. Not only have housing prices have skyrocketed in AZ, but we also have a housing shortage and affordable housing options are severely limited due to massive growth in the luxury apartment industry and gentrification. Rental subsidy and eviction prevention programs are underfunded and not sufficient to meet the current and future needs.

The Morrison Institute for Public Policy at Arizona State University recently completed two white papers on housing and homelessness issues. The first one is “One Crisis Away: Rethinking Housing Stability for Arizonans on the Margin” (https://morrisoninstitute.asu.edu/sites/default/files/one_crisis_away.pdf) and the second is “Building Arizona: Constructing a Rental Market that Meets Demand and Serves all Arizonans” (https://morrisoninstitute.asu.edu/sites/default/files/building_az_2021.pdf). Both detail the desperate need for safe, affordable housing throughout the state for low-income families.

Tax ID
47-0851633

Housing and Urban Development (HUD) Fair Market Rent data for our metropolitan areas:

Final FY2021 Arizona FMR Metropolitan Area Summary						
Metropolitan Area Name	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom	FMR Percentile
Flagstaff, AZ MSA	\$1,026	\$1,062	\$1,315	\$1,712	\$2,058	40
Lake Havasu City-Kingman, AZ MSA	\$645	\$725	\$905	\$1,295	\$1,427	40
Phoenix-Mesa-Scottsdale, AZ MSA	\$933	\$1,032	\$1,251	\$1,765	\$2,010	40
Prescott, AZ MSA	\$698	\$822	\$1,051	\$1,458	\$1,583	40
Sierra Vista-Douglas, AZ MSA	\$663	\$667	\$874	\$1,251	\$1,513	40
Tucson, AZ MSA	\$633	\$728	\$959	\$1,372	\$1,627	40
Yuma, AZ MSA	\$665	\$705	\$927	\$1,321	\$1,605	40

POPULATIONS SERVED: We support the identified populations to be served by this program, including those with SMI and General Mental Health/Substance Use Disorder (GMH/SUD) diagnoses. While we currently have some housing available for those transitioning out of homelessness, we find that we are seeing an increase in those with diagnosis and need of the supports provided by a program like the proposed H2O waiver. The existing wait list of approximately 2,800 for housing services required under the Arnold vs Sarn lawsuit settlement indicates a need for additional funding and resources for the SMI population as well.

Linking those released from correctional facilities (jail or prison) with physical and mental health services AND housing prior to release is critical to preventing recidivism. Housing for pregnant women with supportive services, especially for women who use alcohol or drugs during their pregnancy, will reduce not only health care costs and adverse birth outcomes, but costs associated with involvement in the Child Welfare system postpartum. Subsidized, quality early childhood education and childcare will be a critical need for these families.

SERVICES NEEDED: In addition to affordable housing, food security, and adequate income there is need for transportation, which is not mentioned in this waiver. There are limited public transportation options in our urban areas and nearly no services in our largely rural state. Transportation is needed not only for medical and behavioral health appointments, but also for employment, access to quality food, taking children to childcare, and much more.

There is a need for both shelter and transitional housing program expansion as well as the addition of wraparound services while in these programs. Transition to permanent supportive housing with services and/or community based subsidized housing will go a long way to create housing stability and reduce health care costs. Case management and emergency assistance services will continue to be needed to ensure smooth transition to employment and financial stability. It is not enough to get a person into housing, we must also help them maintain that housing through tenant support programs.

When considering the level and intensity of quality wraparound housing services needed to achieve the goal of reducing health care costs, we need to ensure these services are funded to cover the actual cost of delivering

the services with qualified staff to promote quality and efficacy of these services. Underfunding this program will result in negative outcomes for AHCCCS members and the Medicaid program.

We would like to reiterate our support for the AHCCCS H2O waiver amendment. We are available to answer any questions you have.

In partnership,

Sincerely,



Jessi Hans
Executive Director



ARIZONA COUNCIL

OF HUMAN SERVICE PROVIDERS

April 23, 2021

To Whom It May Concern:

Below are comments on the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment

The Arizona Council of Human Service Providers would like to express our overwhelming support for the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver and Expenditure Authority. It will improve health care delivery and health outcomes using evidence-based practices. Housing is critical to maintaining physical and mental health, recovering from a substance use disorder, and addressing basic safety needs of AHCCCS members.

The Arizona Council is a member-based advocacy association representing the interests of our 100+ members who provide behavioral health and child welfare services throughout the state. Our members operate over 900 facilities, employ over 30,000 staff, and serve over 1 million children, adults, and families every year. They see every day the importance of safe, affordable housing for the individuals and families that they serve.

HOUSING ISSUES: We believe that the H2O program will increase positive health and wellbeing outcomes for AHCCCS members, while reducing the cost of providing needed preventative and rehabilitative health care services. Being homeless not only exacerbates existing mental health and substance use disorder conditions, but the trauma of living on the streets may result in depression, anxiety, using substances to cope, and other mental and physical health concerns. Therefore, homelessness contributes to need for both physical and behavioral health services for adults and children.

Arizona is anticipating an upsurge of homelessness when the COVID-19 eviction moratorium ends. This will be in addition to an already high number of sheltered and unsheltered individuals and families. There is not adequate shelter and transitional housing “beds” available now. Not only have housing prices have skyrocketed in AZ, but we also have a housing shortage and affordable housing options are severely limited due to massive growth in the luxury apartment industry and gentrification. Rental subsidy and eviction prevention programs are underfunded and not sufficient to meet the current and future needs.

The Morrison Institute for Public Policy at Arizona State University recently completed two white papers on housing and homelessness issues. The first one is “One Crisis

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Away: Rethinking Housing Stability for Arizonans on the Margin” (https://morrisoninstitute.asu.edu/sites/default/files/one_crisis_away.pdf) and the second is “Building Arizona: Constructing a Rental Market that Meets Demand and Serves all Arizonans (https://morrisoninstitute.asu.edu/sites/default/files/building_az_2021.pdf). Both detail the desperate need for safe, affordable housing throughout the state for low-income families.

Housing and Urban Development (HUD) Fair Market Rent data for Arizona urban areas for our three “urban” areas is below.

Maricopa County (Phoenix, Scottsdale, Mesa, etc)					
Final FY 2021 & Final FY 2020 FMRs By Unit Bedrooms					
Year	<u>Efficiency</u>	<u>One-Bedroom</u>	Two-Bedroom	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FY 2021 FMR	\$933	\$1,032	\$1,251	\$1,765	\$2,010
<u>FY 2020 FMR</u>	\$847	\$958	\$1,173	\$1,676	\$1,916
Coconino County (Flagstaff, northern AZ)					
Year	<u>Efficiency</u>	<u>One-Bedroom</u>	Two-Bedroom	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FY 2021 FMR	\$1,026	\$1,062	\$1,315	\$1,712	\$2,058
<u>FY 2020 FMR</u>	\$964	\$1,024	\$1,266	\$1,653	\$2,003
Pima County (Tucson)					
Year	<u>Efficiency</u>	<u>One-Bedroom</u>	Two-Bedroom	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FY 2021 FMR	\$633	\$728	\$959	\$1,372	\$1,627
<u>FY 2020 FMR</u>	\$618	\$721	\$949	\$1,369	\$1,618

POPULATIONS SERVED: We support the identified populations to be served by this program, including those with SMI and General Mental Health/Substance Use Disorder (GMH/SUD) diagnoses. While we currently have some housing available for those with SMI diagnoses, we find that we are seeing an increase in those with GMH/SUD diagnoses who are often ill and need the supports provided by a program like the proposed H2O waiver. The existing wait list of approximately 2,800 for housing services required under the Arnold vs Sarn lawsuit settlement indicates a need for additional funding and resources for the SMI population as well.

Linking those released from correctional facilities (jail or prison) with physical and mental health services **AND** housing prior to release is critical to preventing recidivism. Housing for pregnant women with supportive services, especially for women who use alcohol or drugs during their pregnancy, will reduce not only health care costs and adverse birth outcomes, but costs associated with involvement in the Child Welfare system postpartum. Subsidized, quality early childhood education and childcare will be a critical need for these families.

We would like to suggest that the H2O program should be made available to former foster youth from age 18 to 26, rather than just age 24, to support their successful launch to adulthood. This coincides with their Medicaid eligibility to age 26.

SERVICES NEEDED: In addition to affordable housing, food security, and adequate income there is need for transportation, which is not mentioned in this waiver. There are limited public transportation options in our urban areas and nearly no services in our largely rural state. Transportation is needed not only for medical and behavioral health appointments, but also for employment, access to quality food, taking children to childcare, and much more.

There is a need for both shelter and transitional housing program expansion as well as the addition of wraparound services while in these programs. Transition to permanent supportive housing with services and/or community based subsidized housing will go a long way to create housing stability and reduce health care costs. Case management and emergency assistance services will continue to be needed to ensure smooth transition to employment and financial stability. It is not enough to get a person into housing, we must also help them maintain that housing through tenant support programs.

When considering the level and intensity of quality wraparound housing services needed to achieve the goal of reducing health care costs, we need to ensure these services are funded to cover the actual cost of delivering the services with qualified staff to promote quality and efficacy of these services. Underfunding this program will result in negative outcomes for AHCCCS members and the Medicaid program.

We would like to reiterate our support for the AHCCCS H2O waiver amendment. We are available to answer any questions you have.

In partnership,



Bahney Dedolph
Deputy Director
bdedolph@azcouncil.com



Candy Espino
President & CEO
cespino@azcouncil.com

Monday, May 3, 2021

Arizona Health Care Cost Containment System (AHCCCS)
c/o Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

RE: Comments to AHCCCS's Housing and Health Opportunities Demonstration

Dear Director Snyder,

The Arizona Advisory Council on Indian Health Care (AACIHC) is pleased to provide these written comments on AHCCCS's Housing and Health Opportunities (H2O) Section 1115 Waiver amendment. If approved, the H2O demonstration has the potential to impact tribal communities positively, but it must consider the multiple policies and infrastructure concerns that Tribes navigate, that can pose barriers to its implementation. With lack of access to safe and affordable stable housing and to clean and safe water and sanitation systems, these infrastructure matters may negatively contribute to the health of individuals and the stress they experience.

The goal of the AHCCCS H2O demonstration is to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

Targeted Population

The AHCCCS proposal states that it will target AHCCCS members who are homeless or at risk of becoming homeless. The AACIHC recommends that AHCCCS also consider individuals that may meet the additional following criteria:

- those who do not possess housing but rather couch surf between the home of relatives, friends, shelters or cheap motels;
- those who live in substandard and unsafe housing
- individuals who live in overcrowded households

The AHCCCS's proposed conditions and circumstances, includes young adults ages 18 through 24 who have aged out of foster care systems. The AACIHC recommends AHCCCS to also consider individuals who aged out of tribal foster care systems. In addition, AACIHC recommends to AHCCCS to consider tribal institutional settings. Incarcerated Native Americans when released, may remain on reservations but some go off reservation and need transitional support. These types of systems are separate from the state system and would require working closely with Tribes, the Bureau of Indian Affairs and the Indian Health Service to track where the targeted populations receive their health care and social services support to provide case management services.

Strategy 1: Strengthening Homeless Outreach and Service Engagement

Identification and outreach to homeless individuals in tribal communities may require a different approach. Due to the rural and vast space of tribal reservations, outreach should include trusted staff. These strategies could

include the Tribe's Community Health Representatives, Social Services and Housing Departments, and others who reach into the community and have a basic understanding of homeless populations. These providers interact with the targeted population more often than health care providers who may not be aware of a patient's housing status. This would also pertain to urban Indian communities.

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

Housing infrastructure and policies on tribal land vary from non tribal systems. In addition, housing availability is limited and waiting lists are years long. Some housing may be in parts of reservations that may be geographically distant from health care and other social services/wrap around programs and services, i.e. grocery stores, employment and educational opportunities, etc.

The AACIHC recommends AHCCCS work closely with Tribes to develop the most appropriate strategies to secure funding that takes into consideration infrastructure and the various sources of funding they receive. Blending sources of housing funding is the key and may be necessary to build housing or make repairs to substandard units. AHCCCS needs to consider tribal perspectives when securing funding for housing. For example, some Tribal homes do not look like the traditional 4-walled house. Traditional housing structures still remain and are utilized not only for day to day living but for healing purposes and ceremonial use. In close consultation with Tribes, AHCCCS should discuss tribal housing as a larger component of health and healing specific to each Tribe's cultural practices.

Strategy 3: Enhancing Wraparound Services and Supports to Ensure Housing Stability for Improved Health Outcomes, Reduced Recidivism, and Reduced Decompensation

AHCCCS strategies for incentivizing or engaging community based organizations (CBOs) to increase access to social service resources will aid to connect community supports outside of the traditional health care system to impact targeted members health. The AACIHC recommends outreaching to tribal programs and CBOs to develop new models that support the whole person.

The AACIHC applauds the innovative AHCCCS waiver submission and their efforts to address the whole health and whole person of its targeted members. The COVID-19 pandemic has exposed longstanding infrastructure deficits in tribal communities and the H2O waiver can truly impact other social determinants/indicators of health and to break down silos between all social services and programs.

If you have any questions, you may contact me at Kim.Russell@aacihc.az.gov or at 602-542-5725. Thank you.

Sincerely,

Kim Russell

Kim Russell, Executive Director



1855 W. Baseline Rd., Ste. 101, Mesa, AZ 85202

████████████████████
TTY: 480-962-7711

May 3, 2021

Jami Snyder
Director
AHCCCS
801 E. Jefferson Street
Phoenix, AZ 85034

RE: Community Bridges Support of Arizona's 1115 waiver application

Dear Director Snyder:

Community Bridges Inc. (CBI) is an Arizona-based fully integrated medical and behavioral health non-profit, that provides Medicaid covered services to persons experiencing homelessness along with complex behavioral and medical needs. Additionally, CBI manages more than 50 grant funded projects designed to address social determinants of health. Activities include street outreach, shelter services, transitional housing, rapid rehousing, and permanent supportive housing programs. In our experience street outreach is a powerful tool for identifying and engaging some of the most vulnerable Medicaid eligible individuals into more traditional Medicaid covered services such as preventative care, addressing chronic health conditions and providing behavioral health support. There is a strong correlation between access to shelter and safe, affordable housing and positive health outcomes. Through our shelter and housing programs we have direct experience with the challenges of ensuring there is long term stable funding in place for shelter and housing services and are hopeful that this waiver application can help address some of these gaps.

Community Bridges is in strong support of the AHCCCS 1115 waiver application. If granted, this waiver will allow Arizona to build out treatment for social determinants of health within the Medicaid system. CBI is a strong advocate for the housing health care model, recognizing it is vitally important for us to be able to outreach and house Medicaid members to prevent hospitalization and increase their opportunity for access to preventative services and an improved positive health and wellbeing outcomes.

Please do not hesitate to contact me with any questions.

Sincerely,

████████████████████
John Hogeboom
President/CEO
Community Bridges, Inc.
jhogeboom@cbridges.com

May 12, 2021

Via email: waiverpublicinput@azahcccs.gov

Division of Community Advocacy and Intergovernmental Relations, AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

To Whom It May Concern:

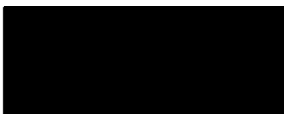
Care1st Health Plan Arizona writes in full support of the AHCCCS amendment to the 1115 Research and Demonstration Waiver seeking waiver and expenditure authority to implement the AHCCCS Housing and Health Opportunities (H2O) Demonstration.

With support from federal partners, the H2O Demonstration would put within reach the goal of housing stability for many more AHCCCS members who are homeless or at-risk. This Demonstration has the potential to reach a broad population to improve quality of life, achieve better health outcomes and lower the cost of care. Some of the target populations include: persons with a serious mental illness; individuals in need of substance use treatment; pregnant women; individuals with a health history that demonstrate high/complex-needs; people with a history of emergency department use; and former foster youth ages 18-24.

Care1st Health Plan Arizona has been able to see a positive impact when placing members in stable housing through the reduction in emergency department visits, hospital admissions, and/or overall reductions in cost of care. All of this, however, has been proven at a very small scale by utilizing the State's existing funding structures. This Demonstration presents an incredible opportunity at a critical time to prove at a broader scale that housing plays a critical role in positive health outcomes. With the impacts of the public health pandemic continuing to linger, this waiver request is not only timely but will most assuredly support efforts that strengthen the health of our communities and improve the overall quality of life of those we are dedicated to serving.

We applaud AHCCCS under Director Snyder's leadership in making this a collaborative and critical focal point of the Waiver. The positive impact it will most certainly have for our most vulnerable populations cannot be understated, and it is our sincere hope that the Centers for Medicare and Medicaid Services will give serious consideration in approving this amendment as part of Arizona's overall Waiver request.

Sincerely,



Scott Cummings
Plan President
Care1st Health Plan Arizona

May 13, 2021

AHCCCS
c/o Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
Via waiverpublicinput@azahcccs.gov



On behalf of the Arizona Peer and Family Coalition (APFC) we appreciate the opportunity to comment on the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment. The APFC is in support of this waiver and would like to provide a few items for your consideration.

The APFC, which began in 2009, is dedicated to extending statewide peer and family leadership into all aspects of Arizona's behavioral health care. Our mission is to advocate for, connect, promote, and develop leadership by peers and family members throughout our state.

Health and homelessness are closely linked and we know health problems can cause a person's homelessness. In turn, we also know that homelessness can directly impact one's health. The two do go hand in hand.

AHCCCS's H2O demonstration will be targeted towards individuals who are experiencing homelessness or at risk of homeless and who have at least one or more of the following circumstances:

- Individuals with a Serious Mental Illness (SMI) designation or in need of behavioral health and/or substance use treatment
- Individuals determined high risk or high cost based on service utilization or health history
- Individuals with repeated avoidable emergency department visits or crisis utilization
- Individuals with chronic health conditions and/or co-morbid conditions (e.g., end-stage renal disease, cirrhosis of the liver, HIV/AIDS, co-occurring mental health conditions, physical health conditions, and/or substance use disorder)
- Individuals at high risk of experiencing homelessness upon release from an institutional setting (e.g., Institutions for Mental Disease/IMDs, psychiatric inpatient hospitals, correctional facility)
- Young adults ages 18 through 24 who have aged out of the foster care system
- Individuals in the Arizona Long Term Care System (ALTCS) who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting.
- Individuals determined high risk or high cost based on service utilization or health history
- Individuals with repeated avoidable emergency department visits or crisis utilization
- Individuals who are pregnant

Items to consider adding:

1. Expand the eligible population to include former foster youth from age 18 to 26, not just to through the age 24. We must be able to support these youth successful launch to adulthood, which also coincides with their Medicaid eligibility to age 26.
2. Consider special approaches to address those who are not treatment compliant ending up homelessness. Secure housing options should only be considered as a last resort.
3. As those with Serious Mental Illness get older, the system needs to provide community housing that are responsive to the needs for supportive services pre-ALTCS eligibility by using Aging & Adult home & community based services which are federally funded. We ask that you consider adding to these federal funds any Medicaid funds and state funds to assure ability to stay in community settings.
4. Consider transportation needs that are not medically focused and are not an emergency. For example, how does one get to the grocery store or other essential, non-medical services. This should include education on how to use the public transportation system. Help to provide tenant support services when members run into problems, similar to the work of an ACT team who can assist when things go wrong thus avoiding loss of housing or other or other costly services.
5. Strengthen the ties between AHCCCS plans and the community providers of housing, transportation, home-community based services, etc. Educate the health plan case managers on the full portfolio of resources available in our state that can be used to solve problems.
6. Collect data about the members to highlight where problems can creep up. Then, evaluate it and report back to the community on what works and what needs to be improved.
7. Ensure we have internet broadband service and provision of devices as needed for all in the demonstration project along with training, if needed on how to use computers, etc.
8. Consider wellness services that include the disease model of care.
9. Require a tighter integration of medical services and behavioral services focused on optimization of health, whole health and/or whole person health. It is a huge challenge to get members on the optimal track when providers are not providing whole health as a deliverable service.
10. Lastly, we need money for housing. This is a great concept that may fall short of there aren't options available.

We support this H20 waiver and appreciate the continued partnership.

Sincerely,

The Arizona Peer and Family Coalition



May 3, 2021

Via email: waiverpublicinput@azahcccs.gov

Division of Community Advocacy and Intergovernmental Relations, AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

To Whom it May Concern:

On behalf of the member companies and business leaders in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration. Our health plans are now providing healthcare to more than 2.2 million Arizonans, and proudly serve as the private half of the public-private partnership that makes the Arizona Health Care Cost Containment System (AHCCCS) so successful.

Our collaborative focus on housing is one of the most impactful results of our partnership. Using the State's existing general funds, we have implemented a strategy for addressing and improving the health of people experiencing homelessness who have a serious mental illness, physical health conditions and substance use disorders. To date we have found permanent and supportive homes for 3,040 people, saved the State an average \$5,563 dollars per member per month for members receiving this housing support, for an annual reduction in the cost of care of \$82.5 million dollars. Remarkably, we have witnessed a 31% reduction in emergency department visits; a 44% reduction in inpatient admissions; an 89% reduction in behavioral health residential facility admissions; and a 45% reduction in the cost of care for individuals who were living perilously. Most importantly, we have improved the quality of life for those individuals we have served through our housing programs.

We have proven that housing is good health care; beyond a roof and walls, a home can help Arizonans improve their long-term health outcomes. This is why this waiver amendment is so important; it will allow us to enhance and expand housing and services for our members who are homeless or at risk of becoming homeless. As noted in the application, under the demonstration proposal the State seeks to:

- Increase positive health and wellbeing outcomes for target populations including the stabilization of members' mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, and increased member satisfaction;
- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization; and

- Reduce homelessness and improve skills to maintain housing stability.

We agree with the State's decision to limit the populations served by the H2O Waiver to our most vulnerable members. Among the target populations are: persons with a serious mental illness; individuals in need of substance use treatment; pregnant women; individuals with a health history that demonstrates high/complex-needs or results in high-cost; people who repeatedly present in the emergency departments; former foster youth ages 18-24; members with chronic conditions; and the elderly who are able to move out of an institutional setting.

We have already proven the enormous impact that housing has on the health and well-being of our members using only state dollars. Imagine how much more we can do with the support of our Federal partners. Approving Arizona's H2O Waiver aligns precisely with furthering the cause and purpose of the Medicaid program.

We applaud your leadership on the new Medicaid 1115 H2O Waiver request and are hopeful the federal government will step up affirmatively and expeditiously to give your proposal the support it deserves.

Yours in partnership,



Heather Carter
Executive Vice President
Greater Phoenix Leadership

CC: Christina Corieri, Senior Policy Advisor, Office of the Arizona Governor

CCorieri@az.gov

Jami Snyder, Director, AHCCCS

Jami.Snyder@azahcccs.gov



To Whom It May Concern:

Below are comments on the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment.

Lifewell would like to express our complete support for the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver and Expenditure Authority. All components of the AHCCCS waiver request will benefit the Medicaid clients served by Lifewell and the community as a whole. It will significantly improve health care delivery and health outcomes using evidence-based practices. Housing is essential for addressing the needs of AHCCCS members served by Lifewell. It is critical for maintaining physical and mental health, recovering from a substance use disorder, and addressing basic safety needs of AHCCCS members.

Lifewell is a non-profit integrated healthcare agency providing treatment services and support for low-income clients diagnosed with serious mental illness (SMI), general mental health issues, and substance abuse disorders. Lifewell has multiple service and housing locations throughout Maricopa County in Arizona. Our aim is to provide hope and recovery through our person-centered residential, outpatient, housing and community living programs. We also offer primary care services for our Medicaid members with serious mental illness.

AHCCCS HOUSING DEMONSTRATION GOAL: Based on our own experience with caring for individuals with challenging behavioral health conditions, including provision of housing services, we can fully endorse the AHCCCS goal of expanding housing services and interventions. We believe the expansion components will have a high probability of achieving the aims outlined by AHCCCS for increasing positive health and wellbeing, reducing the cost of care by decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization, and overall reduction of homelessness by improving skills to maintain housing stability. AHCCCS is correct in assessing that the target populations identified require an expanded view and approach to addressing their behavioral and medical needs. Being homeless not only exacerbates existing mental health and substance use disorder conditions, but the trauma of living on the streets may result in depression, anxiety, using substances to cope, and other mental and physical health concerns. Homelessness contributes to the need for both physical and behavioral health services for adults and children, as well as creation of barriers to accessing and utilizing the care available.

TARGET POPULATIONS SERVED: We support all the identified populations to be served by this program. Given our extensive experience and expertise in serving individuals with Serious Mental Illness and General Mental Health/Substance Use Disorder we believe it is very appropriate to include them in the target group. Housing issues are a daily challenge faced by our organization in assisting these individuals with their behavioral and medical needs.

WAIVER AMENDMENT PROPOSAL DETAILS: Arizona has long been a leader nationally in our Medicaid program and also a leader in the development and use of Housing programs and services. The benefit changes and strategies proposed in this waiver request reflect a deep understanding by AHCCCS of what it will take to bring our Medicaid delivery system to the next

level for effectively meeting the healthcare needs of the proposed target populations served by the Medicaid program.

Strategy 1: Strengthening Homeless Outreach and Service Engagement

AHCCCS proposed enhancements to outreach and service engagement for homeless individuals in the target population is well thought out and will improve the provider communities' ability to effectively identify and engage homeless individuals. Current outreach and engagement resources are inadequate and we are also expecting an upsurge of homelessness when the COVID-19 eviction moratorium ends. AHCCCS has also identified a number of enhancements to screening and discharge coordination that will have a positive impact on effectively identifying and coordinating care for the target population. These include linking individuals released from correctional facilities with physical and mental health service and housing prior to release and housing with supportive services for pregnant women, especially those who use drugs or alcohol during their pregnancy.

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

Community Reintegration and Immediate Post Homeless Housing Services, Community Transitional Services, and Eviction Prevention Services are all key components to assisting individuals once they are identified and engaged. Securing and maintaining stable housing for the target population is complex and requires the multi-faceted approach identified by AHCCCS. Short-term options for immediate needs are critical as well as the ability to prevent evictions long term. Lifewell can attest that the existing system is not adequately resourced in capacity and options to meet the current demands. Expansion of transitional shelter beds, the ability to cover non-recurring expenses to facilitate move-in, and eviction prevention components, such as payment of back rent, are key examples of the comprehensive approach AHCCCS has proposed.


Strategy 3: Enhancing Wraparound Services and Supports to Ensure Housing Stability for Improved Health Outcomes, Reduced Recidivism, and Reduced Decomensation

Home modification and remediation services, and increased access to social service resources would enhance the ability of Lifewell to meet the needs of our Medicaid clients. We would welcome the opportunity to more effectively address the needs of all individuals receiving services from Lifewell.

RECOMMENDATION

Lifewell is pleased to offer our support for the AHCCCS Housing and Health Opportunities Waiver Amendment. We believe the changes requested by AHCCCS are well defined and create a new vision for the future of healthcare with special populations. Lifewell looks forward to assisting AHCCCS with implementation of the proposed changes and are available to answer any questions.

Sincerely,


Doris Vaught
President and CEO



ARIZONA PARTNERSHIP FOR HEALTHY COMMUNITIES

May 3, 2021

Arizona Health Care Cost Containment System
Director Jami Snyder
c/o Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Via waiverpublicinput@azahcccs.gov

Dear Director Snyder:

On behalf of the Arizona Partnership for Healthy Communities, we appreciate the opportunity to provide comments on the AHCCCS Housing and Health Opportunities (H2O) and the Targeted Investments Program 2.0 (TI 2.0) draft waiver demonstration projects. The Arizona Partnership for Healthy Communities is a statewide collaboration of more than 30 entities focusing on the social determinants of health. Our vision is an Arizona where all communities are healthy places to live.

Medicaid impacts the lives and health of many Arizonans. We commend AHCCCS for its understanding that well-being is not only determined by one's medical care, but also by the underlying conditions where a person lives.

H2O Waiver Demonstration Project

Having a safe, stable, affordable place to call home is a critical component for living a healthy life. We believe the proposal to provide housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless will result in positive health outcomes for the target populations. We support the stated aims of the draft waiver demonstration:

- Reduce homelessness and improve members' skills to maintain stable housing,
- Increase positive health and wellbeing outcomes for target populations, including the stabilization of members' mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, and increased member satisfaction, and
- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization.

Prior to the global pandemic, many of Arizona's communities already faced a lack of affordable housing and struggled to end homelessness. COVID-19 has exposed and intensified housing insecurity as job losses and economic pressures have left too many Arizonans unable to pay rent and at risk of eviction. Both the pandemic and housing crises are disproportionately impacting populations and communities that were already marginalized, including communities of color, older adults, and low-income families.

The Arizona Partnership for Healthy Communities supports AHCCCS' approach of focusing its housing supports toward populations experiencing the greatest need, especially considering that health and housing disparities in communities of color are significantly higher. The proposed changes should have

positive impact outcomes on underserved populations. We urge AHCCCS to place an emphasis on, and make public, disaggregated sociodemographic data about the populations served by H2O. This will help ensure that an equity lens can be applied to explicitly address the needs of historically disadvantaged populations.

Targeted Investments 2.0: Partnering with Community-Based Organizations

We are encouraged by AHCCCS' determination to explore ways to build relationships between traditional medical providers and community-based organizations (CBOs) in TI 2.0. To ensure proper compensation across these relationships, AHCCCS may consider utilizing a per diem or episodic payment model to incentivize CBOs to increase member access to social services.

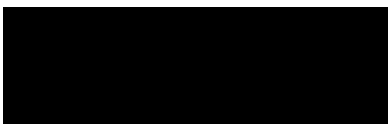
Additionally, many CBOs (e.g. housing providers) may not be familiar with pay-for-performance models or have the capacity to negotiate with health plans for payment rates. Due to the increased compliance burdens that often accompany recognition as an AHCCCS provider (e.g. new licensing requirements for housing providers who also provide behavioral health services), there are concerns that CBOs will be forced to transform into healthcare delivery providers. Should CBOs continue to be required to establish themselves as AHCCCS providers, we would urge AHCCCS to convene CBOs to garner their feedback on potential payment and service delivery models.

AHCCCS would also benefit from nurturing its relationships with CBOs that may not traditionally be set up as AHCCCS providers. For example, certain CBOs may be particularly equipped to serve former foster youth but lack the capacity or infrastructure to develop formal connections with AHCCCS and its medical providers. By providing resources that support such CBOs in building their capacity, AHCCCS can help ensure the development of health networks between medical and non-medical providers.

The Arizona Partnership for Healthy Communities supports AHCCCS in seeking waiver and expenditure authority to improve health care delivery and health outcomes for AHCCCS members who are homeless or at risk of becoming homeless using strategies designed to fill identified gaps, expand existing evidence-based practices, and reduce barriers to housing. We commend AHCCCS' commitment to partnering with community-based organizations. If we want to improve overall health and well-being for Arizonans, we must address our housing crisis. Ensuring all Arizonans have access to a safe, stable, and affordable home will lead to better physical and mental health outcomes for our state.

Thank you for this opportunity to provide comments on the proposed H2O and TI 2.0 demonstration waiver projects.

Sincerely,



Serena Unrein, Director
Arizona Partnership for Healthy Communities



April 30, 2021

Division of Community Advocacy and Intergovernmental Relations, AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
Submitted via email: waiverpublicinput@azahcccs.gov

RE: AHCCCS Housing and Health Opportunities (H2O) Demonstration

To Whom it May Concern:

UnitedHealthcare Community Plan of Arizona appreciates the opportunity to provide feedback on the proposed amendment to the 1115 Research and Demonstration Waiver to implement the Housing and Health Opportunities (H2O) demonstration. We support the State's efforts to enhance and expand housing services and interventions for AHCCCS members as it will have a positive impact on individuals experiencing homelessness or who are at risk of becoming homeless. With the continued impact of the COVID-19 pandemic and the significant increase of homelessness in our community, the proposed enhancement and expansion of housing services and interventions comes at a critical time. UnitedHealthcare has valued our collaborative relationship with AHCCCS regarding housing to date and looks forward to continuing to this partnership with the H2O Demonstration.

Due to the influx of members becoming homeless, there is currently a shortage of shelter beds, resulting in an increase in unsheltered persons. Unsheltered members are at a higher risk of various health complications, which leads to overall higher utilization costs. Currently the State's existing general funds are being used to address and improve the health of people experiencing homelessness who have a serious mental illness, physical health condition and substance use disorder. We look forward to the proposed changes as it would broaden the scope to additional vulnerable populations who would also be supported through the inclusion of this benefit. These individuals would include members with repeated avoidable ED visits or crisis utilization, individuals at high risk of homelessness upon being released from institutions, individuals with chronic health conditions and co-morbid conditions, individuals who are pregnant, young adults who have aged out of the foster care system, and individuals with (ALTCS) who are medically able to reside in their own home and require affordable housing to make that transition.

Additionally, housing rates in Arizona continue to increase at a much faster rate than the standard monthly income of someone on SSI. One of the most significant challenges faced by complex populations eligible for Medicaid is the availability of stable and affordable housing. Stable housing is an important element to reducing health system costs for individuals with behavioral health conditions and/ or chronic illness. An increase in permanent subsidized housing would create further accessibility and stability.



UnitedHealthcare Community & State

There is a positive impact on health outcomes when members can maintain stable housing. With stable housing, members are better able to care for both their behavioral and physical health needs, shifting their focus to their overall health with outpatient services and preventative care. The H2O waiver will expand and enhance housing services for individuals who are homeless or at risk of becoming homeless, allowing them the opportunity to improve their health outcomes. We look forward to the overall positive health outcomes and quality of life this will bring to our members.

We applaud your leadership and commitment to reducing homelessness and improving the health and wellbeing of Arizonans with the H2O Demonstration. We welcome the opportunity to collaborate with AHCCCS to implement the H2O Demonstration.

Thank you,



Jean Kalbacher
Chief Executive Officer
UnitedHealthcare Community Plan of Arizona

May 13, 2021

Arizona Healthcare Cost Containment System (AHCCCS)
C/O Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., Suite 4200
Phoenix, AZ 85034

RE: **Molina Complete Care of Arizona**

To Whom it May Concern:

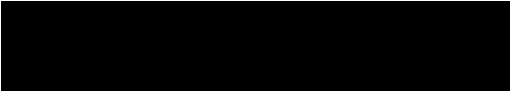
As CEO and Plan President of Molina Complete Care of Arizona, I am writing in support of the waiver request filed by the AHCCCS administration to support the 1115 Research and Demonstration Waiver to implement the AHCCCS Housing and Health Opportunities (H2O) demonstration. Molina Complete Care of Arizona is a Medicaid managed care plan contracted with AHCCCS to provide services to currently 45,000 Medicaid beneficiaries in Maricopa County.

Molina Healthcare has been a Medicaid provider serving some of the most vulnerable populations within our states for over 40 years. To date, Molina Healthcare remains one of a few plans that exclusively provides government sponsored programs now serving individuals in Medicaid, Medicare, and/or Marketplace programs within eighteen states across the country. Through this firsthand experience, Molina has developed a sound understanding of the Medicaid population and the multiple healthcare and social determinants of health challenges that are faced by beneficiaries— including homelessness and housing insecurity.

Reliable and safe housing remains a key challenge for the Medicaid population and an issue that has arguably been exacerbated by the pandemic's economic impact. To meet this significant challenge, Arizona AHCCCS has developed the H2O waiver request. This waiver, if granted, will improve and increase housing services as well as other positive interventions for this population. The housing and other services covered in the waiver request have the potential to reduce crisis and emergency care costs associated with homelessness.

Molina Healthcare joins with AHCCCS and Arizona's Medicaid plans in support of the H2O waiver. Please let us know if you have any questions.

Respectfully,



Minnie Andrade
Plan President, CEO



April 30, 2021

Jami Snyder
Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Re: 1115 Research and Demonstration Waiver for the AHCCCS Housing and Health Opportunities (H2O) Demonstration

Dear Director Snyder:

On behalf of HOM, Inc., I am writing to indicate our support of the AHCCCS Housing and Health Opportunities (H2O) Demonstration and request for amendment to the 1115 Research and Demonstration waiver.

HOM, Inc. operates permanent supportive housing, rapid rehousing, and other permanent housing programs for approximately 3,500 individual and family households experiencing homelessness and housing instability in Central and Southern Arizona. These households are primarily comprised of AHCCCS members with some of the most severe health and housing needs in our communities; specifically, the target population for the AHCCCS Housing and Health Opportunities (H2O) Demonstration.

Permanent housing with tailored, client-centered supportive services is the platform for improved health and wellness outcomes for everyone. The proposed expansion of housing and services for the target population will further our communities' efforts to stabilize members' mental health conditions, reduce substance use, and improve utilization of primary care and prevention services. Interventions like housing-focused outreach, bridge housing, permanent supportive housing, rapid rehousing, eviction prevention, and others proposed in the amendment request have repeatedly shown reductions in cost of care through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization.

Thank you for your recognition that housing is critical in addressing the health and wellbeing of persons with Serious Mental Illness (SMI) or other acute behavioral health needs or risk factors. We are committed to working with you to meet the housing and service needs of the target population in the Housing and Health Opportunities (H2O) Demonstration.

If you have any questions, feel free to contact me at [REDACTED] Thank you.

Sincerely,

[REDACTED]

Michael Shore
President / CEO





May 3, 2021

To Whom it May Concern:

The City of Bisbee has established a Work Force Affordable Housing Initiative which is a recruitment and retention tool for essential community workers (firefighters, law enforcement, teachers, hospital employees, government workers and others). This program refurbishes abandoned, dilapidated homes and fills them with productive, stable community members who pay taxes while revitalizing blighted neighborhoods. Our strategic partners, Step Up Bisbee/Naco, function as an all-volunteer board with a volunteer community skilled worker base (100+). If funding for affordable housing is decreased, it will have a detrimental impact on our programs.

There is no more critical issue than housing affordability in our community which directly impacts our workforce. The lack of affordable housing is inhibiting our small businesses from being successful and resilient. This is true throughout rural Arizona. Lack of affordable housing also impacts tourism revenue substantially in Bisbee, where the hospitality workforce has largely been displaced.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

If I can answer any of your questions regarding our Affordable Housing Initiative, I will be happy to do so. Please contact me at [REDACTED]

Respectfully,

Stephen J. Pauken, City Manager

May 17, 2021

To Whom It May Concern:

Solari Crisis and Human Services is pleased to write in support of the Arizona Health Care Cost Containment System (AHCCCS) request to amend the 1115 Research and Demonstration Waiver to seek waiver and expenditure authority to implement the AHCCCS Housing and Health Opportunities (H2O) demonstration aimed to reduce housing disparities in the state of Arizona. We strongly support this request to improve health care delivery and health outcomes for AHCCCS members who are homeless or at risk of becoming homeless by utilizing strategies designed to fill identified gaps, expand existing evidence-based practices, and reduce barriers to housing.

Solari, as an organization, is dedicated to empowering people to transform from hope to health by making services accessible to those in need. The 2-1-1 Arizona information and referral services program helps individuals and families find resources that are available to them locally, throughout the state, and provide connections to critical services that can improve – and save – lives. Since June of 2020, 2-1-1 Arizona has received over 36,000 calls from individuals seeking housing and shelter support including requests for rental/mortgage assistance and eviction prevention support. The proposed AHCCCS Housing and Health Opportunities (H2O) waiver request will increase positive health and wellbeing, reduce the cost of care for individuals housed and reduce homelessness by improving skills to maintain housing stability.

We strongly support this request to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

If you need to contact me for further information, I can be reached at [REDACTED] or via e-mail at [REDACTED].

Sincerely,

[REDACTED]

Justin N. Chase, LMSW, CPHQ, FACHE
President & CEO



To Whom it May Concern:

05/03/21

Step Up Bisbee/Naco (SUBN) is dedicated to keeping low-income, elderly and/or disabled homeowners living in our community in warmth, safety, independence, dignity and decency through home repairs and rehabilitation. Our programs have improved the overall health, wellbeing, environments and security of low-income seniors, families, children, veterans and disabled people, positively impacting their quality of life.

SUBN is also partnered with the City of Bisbee in a Work Force Affordable Housing Initiative, a recruitment and retention tool for essential community workers (firefighters, law enforcement, teachers, hospital employees and government workers). This program refurbishes abandoned, dilapidated homes and fills them with productive, stable community members who pay taxes while revitalizing blighted neighborhoods.

There is no more critical issue than housing affordability in our community which directly impacts our workforce. Unaffordability is inhibiting our small businesses from being successful and resilient. This is true throughout rural Arizona. Lack of affordable housing also impacts tourism revenue substantially in Bisbee, where the hospitality workforce has largely been displaced.

SUBN functions as an all-volunteer board with a volunteer community skilled worker base (100+). If funding for affordable housing is decreased, it will have a detrimental impact on our programs.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Please contact me at [REDACTED] should you have any questions.

Grady Meadows
President SUBN

April 22, 2021

Director Jami Snyder
AHCCCS

c/o Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Dear Director Snyder,

HonorHealth is committed to improving the health and well-being of those we serve, and we applaud AHCCCS for continually being on the forefront of innovation in responding to the needs of medically needy and vulnerable adults. We appreciate your efforts in partnering with healthcare providers and community-based organizations through targeted waiver demonstrations like Targeted Investments Program 2.0 and AHCCCS Housing and Health Opportunities. Given the success of these programs in improving patient health outcomes, while reducing costs, HonorHealth supports the AHCCCS waiver and expenditure authority request to the Centers for Medicare and Medicaid Services (CMS) for two waiver demonstration projects, Targeted Investments Program 2.0 and AHCCCS Housing and Health Opportunities.

Now more than ever before, as healthcare transitions from focusing on volume to focusing on value, HonorHealth is resolute in creating a sustainable future by providing high-quality, safe, and compassionate patient care across the continuum. Efforts around care coordination and addressing the social determinants of health have shown promising improvement in health outcomes for some of our most vulnerable patients.

The Targeted Investments Program has been an important and successful program that HonorHealth has participated in since 2016 to provide intensive care coordination for seriously mentally ill patients. As a result of focused protocols, a dedicated social worker and support from the transitional care nursing team, HonorHealth has seen reduced readmissions and better outcomes for this patient population. Several of our sites have met goals for follow up treatment, demonstrating a well-coordinated care approach for seriously mentally ill patients. For these reasons, HonorHealth strongly supports the renewal of the Targeted Investments Program for another five years.

Housing and homelessness are continually identified as community health needs amongst many of our hospitals. Additionally, our hospital emergency departments are often the default point-of-care for patients experiencing homelessness or individuals significantly at risk for homelessness that do not access primary care as a routine. Since 2019, HonorHealth has had a partnership with Circle the City, a federally qualified community health center (FQHC), to provide a dedicated patient navigator in our John C. Lincoln Medical Center Emergency Department to develop individualized plans for patients experiencing homelessness that include assessment, monitoring and resource referrals.

The vast majority of patients served by this program are AHCCCS members. Additional AHCCCS resources to help reduce homelessness and improve members' skills to maintain stable housing are imperative.

As a current participant in the Targeted Investments Program, HonorHealth supports the proposed extension and expansion to sustain the successes achieved to date with integrated and coordinated care. Thank you for your continued leadership to address gaps in the housing delivery system and to provide AHCCCS members' accessibility to services and whole person care. HonorHealth supports the AHCCCS waiver and expenditure authority request to the Centers for Medicare and Medicaid Services (CMS) for both waiver demonstration projects, Targeted Investments Program 2.0 and AHCCCS Housing and Health Opportunities.

Sincerely,

A solid black rectangular box used to redact the signature of Michelle Pabis.

Michelle Pabis
Vice President, Government & Community Affairs



April 21, 2021

Jami Snyder
Medicaid Director
AHCCCS
c/o Division of Community Advocacy and Intergovernmental Relations (DCAIR)
801 E. Jefferson Street, MD 4200,
Phoenix, AZ 85034
via email to: waiverpublicinput@azahcccs.gov

Re: Arizona's Medicaid 1115 Demonstration Waiver - AHCCCS Housing and Health Opportunities (H2O) Demonstration

Dear Director Snyder,

ViiV Healthcare Company (ViiV), offers the following comments on the proposed Arizona Health Care Cost Containment System (AHCCCS) Housing and Health Opportunities (H2O) Demonstration.¹

ViiV is the only independent, global specialist company devoted exclusively to delivering advancements in human immunodeficiency virus (HIV) treatment and prevention to support the needs of people with HIV. From its inception in 2009, ViiV has had a singular focus to improve the health and quality of life of people affected by this disease and has worked to address significant gaps and unmet needs in HIV care. In collaboration with the HIV community, ViiV remains committed to developing meaningful treatment advances, improving access to its HIV medicines, and supporting the HIV community to facilitate enhanced care and treatment.

As an exclusive manufacturer of HIV medicines, ViiV is proud of the scientific advances in the treatment of this disease. These advances have transformed HIV from a terminal illness to a manageable chronic condition. Effective HIV treatment can help people with HIV live longer, healthier lives, and has been shown to reduce HIV-related morbidity and mortality at all stages of HIV infection.^{2,3} Furthermore, effective HIV treatment can also prevent the transmission of the disease.⁴

¹ Arizona Administrative Register, March 19, 2021 | Published by the Arizona Secretary of State | Vol. 27, Issue 12; "NOTICE OF PUBLIC INFORMATION: The Arizona Health Care Cost Containment System (AHCCCS) 1115 Research and Demonstration Waiver Amendment Request," [M21-16], (Page 461) https://apps.azsos.gov/public_services/register/2021/12/contents.pdf Accessed April 2, 2021.

² Severe P, Juste MA, Ambrose A, et al. Early versus standard antiretroviral therapy for HIV-infected adults in Haiti. *N Engl J Med*. Jul 15 2010;363(3):257-265. Available at

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=20647201.

³ Kitahata MM, Gange SJ, Abraham AG, et al. Effect of early versus deferred antiretroviral therapy for HIV on survival. *N Engl J Med*. Apr 30 2009;360(18):1815-1826. Available at

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=19339714.

⁴ Rodger et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *The Lancet*. Published Online May 2, 2019 [https://dx.doi.org/10.1016/S0140-6736\(19\)30418-0](https://dx.doi.org/10.1016/S0140-6736(19)30418-0).

Since the earliest days of the epidemic, Medicaid has played a critical role in HIV care. Medicaid is the largest source of coverage for people with HIV.⁵ In fact, more than 42 percent of PLWH who are engaged in medical care have incomes at or below the federal poverty level.⁶

In 2019, the U.S. Department of Health and Human Services (DHHS) announced a goal to end the HIV epidemic in the U.S. within 10 years and released the “Ending the HIV Epidemic: A Plan for America” (EHE).⁷ Seven states and 48 counties with high rates of transmission are targeted by the EHE initiative, including Maricopa county in Arizona.⁸ In 2016, the Arizona Department of Health Services released its “2017 to 2021 Integrated HIV Prevention and Care Plan for Arizona” aptly subtitled “Arizona’s audacious plan to end the local HIV epidemic,”⁹ which also contained state and local goals to work towards an end to the epidemic in the state. In order to promote the state and federal goal to end the HIV epidemic, it is imperative that state Medicaid programs participate in local and national efforts and promote policies that contribute to HIV public health goals.

The proposed AHCCCS Housing and Health Opportunities (H2O) Demonstration,¹⁰ (“H2O Demonstration”) represents another bold plan by the state to make new progress in health outcomes for vulnerable populations. We offer the following comments on the proposal:

- **Challenges With Treating HIV Can Be Reduced With Stable Housing**

We applaud the state for including people with HIV or AIDS as a target population of the demonstration along with other individuals who have a chronic condition, and/or co-morbid conditions in an effort to provide stable housing and improve health outcomes.

According to the National AIDS Housing Coalition, “It is clear that housing improves health outcomes of those living with HIV disease and reduces the number of new HIV infections. The end of HIV/AIDS critically depends on an end to poverty, stigma, housing instability, and homelessness.”¹¹ Medical challenges for people with HIV also include an increased risk for, and prevalence of, comorbidities that require additional drug treatment such as depression and substance use disorders, as well as cardiovascular disease, hepatic and renal disease, osteoporosis, metabolic disorders, and several non-

⁵ Kaiser Family Foundation. Medicaid and HIV, <http://www.kff.org/hivaids/fact-sheet/medicaid-and-hiv/>

⁶ Centers for Disease Control and Prevention. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2016 Cycle (June 2016–May 2017). HIV Surveillance Special Report 21. Revised edition. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published June 2019. Accessed February 2021.

<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-21.pdf>

⁷ HIV.gov “Ending the HIV Epidemic” <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview> Accessed July, 15, 2019.

⁸Ending the HIV Epidemic Counties and Territories, <https://files.hiv.gov/s3fs-public/Ending-the-HIV-Epidemic-Counties-and-Territories.pdf> Accessed March 12, 2020.

⁹ “The 2017 to 2021 Integrated HIV Prevention and Care Plan for Arizona” 2016 <https://www.maricopa.gov/Archive/ViewFile/Item/2864> (accessed April 19, 2021)

¹⁰ Arizona Administrative Register, March 19, 2021 | Published by the Arizona Secretary of State | Vol. 27, Issue 12; “NOTICE OF PUBLIC INFORMATION: The Arizona Health Care Cost Containment System (AHCCCS) 1115 Research and Demonstration Waiver Amendment Request,” [M21-16], (Page 461) https://apps.azsos.gov/public_services/register/2021/12/contents.pdf Accessed April 2, 2021.

¹¹ The National AIDS Housing Coalition <http://nationalaidshousing.org/>

AIDS-defining cancers.^{12,13,14,15} The most common non-infectious co-morbidities of HIV are hypertension, hyperlipidemia, and endocrine disease.¹⁶ Individuals aging with HIV also experience non-HIV related comorbidities¹⁷ that require polypharmacy, which creates a higher risk of drug-drug interactions between antiretroviral drugs and concomitant medications. Clinically significant drug interactions have been reported in 27 to 40 percent of HIV patients taking antiretroviral therapy requiring regimen changes or dose modifications.^{18, 19}

In addition, people with HIV often face a variety of medical challenges that impede access to, engagement in, and adherence to HIV care and treatment. Homelessness and housing instability remain obstacles to effective HIV treatment. Access to stable housing can be a key intervention in stabilizing medical care for many vulnerable populations. According to the National AIDS Housing Coalition,

“For people living with HIV, housing is one of the strongest predictors of their access to treatment, their health outcomes, and how long they will live. To obtain and benefit from life-saving HIV treatments, people living with HIV must have safe, stable housing.

People with HIV/AIDS who are homeless or unstably housed:

- Are more likely to enter HIV care late
- Have lower CD4 counts and higher viral loads
- Are less likely to receive and adhere to antiretroviral therapy
- Are more likely to be hospitalized and use emergency rooms
- Experience higher rates of premature death

Housing status has more impact on health outcomes than demographics, drug and alcohol use, mental health status or receipt of social services.”²⁰

The National Center for Innovations in HIV Care also notes, “housing is unique as a social determinant of health shaping our daily lives – but also manifestation of broader, antecedent, structural processes of inequality and marginalization that are fundamental drivers of HIV vulnerability and poor outcomes among the infected.”²¹ A systematic literature review found that 94 percent of studies associated worse HIV medical care outcomes among those who were homeless, unstable, inadequately housed compared to “housed” people with HIV, and 93 percent found worse rates of adherence to antiretroviral treatment

¹² CDC. Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection. Medical Monitoring Project United States, 2013 Cycle (June 2013–May 2014). HIV Surveillance Report 16.

¹³ Joel Gallant, Priscilla Y Hsue, Sanatan Shreay, Nicole Meyer; Comorbidities Among US Patients With Prevalent HIV Infection—A Trend Analysis, *The Journal of Infectious Diseases*, Volume 216, Issue 12, 19 December 2017, Pages 1525–1533, <https://doi.org/10.1093/infdis/jix518>.

¹⁴ Rodriguez-Penney, Alan T. et al. “Co-Morbidities in Persons Infected with HIV: Increased Burden with Older Age and Negative Effects on Health-Related Quality of Life.” *AIDS Patient Care and STDs* 27.1 (2013): 5–16. PMC. Web. 21 June 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3545369/>.

¹⁵ Joint HHS, CMCS, HRSA, and CDC Informational Bulletin, Opportunities to Improve HIV Prevention and Care Delivery to Medicaid and CHIP Beneficiaries, p. 9 (December 1, 2016), <https://www.medicaid.gov/federal-policy-guidance/downloads/cib120116.pdf>. Accessed October 13, 2017.

¹⁶ Joel Gallant, Priscilla Y Hsue, Sanatan Shreay, Nicole Meyer; Comorbidities Among US Patients With Prevalent HIV Infection—A Trend Analysis, *The Journal of Infectious Diseases*, Volume 216, Issue 12, 19 December 2017, Pages 1525–1533, <https://doi.org/10.1093/infdis/jix518>.

¹⁷ Schouten J, et al. *Clin Infect Dis*. 2014 Dec 15;59(12):1787-97.

¹⁸ Evans-Jones JG et al. *Clin Infect Dis* 2010;50:1419–1421;

¹⁹ Marzolini C et al. *Antivir Ther* 2010;15:413–423.

²⁰ The National AIDS Housing Coalition <http://nationalaidshousing.org/housing-and-health/>

²¹ The National Center for Innovations in HIV Care, “Housing as a Determinant of HIV Health Outcomes: Results from a Systematic Review of Research 1996-2014 & Implications for Policy and Program,” <https://targethiv.org/sites/default/files/supporting-files/Housing%20and%20HIV%20Health%20Outcomes%20Final.pdf>

among those who were homeless or unstably housed.²² Of the 13 studies that examined emergency room (ER) and inpatient visits among people with HIV, all found higher rates of ER visit or inpatient stays among those who were homeless or unstably housed.²³

Additionally, among homeless people with AIDS who received supportive housing, there was an 80 percent reduction in mortality.²⁴ This is not surprising given that people with HIV and stable housing are much more likely to access health services, attend primary care visits, receive ongoing care and receive care that meets clinical practical standards.

Two large-scale intervention studies examined the impact of housing on health care utilization and outcomes among homeless/unstably housed people with HIV and other chronic medical conditions. The Chicago Housing for Health Partnership followed 407 chronically ill homeless persons over 18 months following discharge from hospitals. The Housing and Health (H&H) study examined the impact of housing on HIV risk behaviors and medical care among 630 homeless/unstably housed people with HIV. Both studies found that investments in housing are cost effective.²⁵

- **Social Determinants of Health and Racial Disparities Significantly Impact People with HIV**

HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities, and gay and bisexual men. Populations disproportionately affected by HIV are also often affected by stigma due to, among other things, their gender, sexual orientation, gender identity, race/ethnicity, drug use, or sex work.²⁶

In 2020, the DHHS released The HIV National Strategic Plan (HIV Plan),²⁷ which includes a focus on the role of social determinants of health (SDOH) in ending the HIV epidemic, and lists housing as a SDOH. The HIV Plan notes that housing instability or homelessness represents a significant barrier to health care access, and states that: “Inequities in the social determinants of health are significant contributors to health disparities and highlight the need to focus not only on HIV prevention and care efforts, but also on how programs, practices, and policies affect communities of color and other populations that experience HIV disparities.”²⁸

- **Stable Housing Can Improve Viral Load Suppression Rates**

When a person with HIV receives and maintains effective HIV treatment and receives quality medical care they can reach viral suppression. Viral suppression means that the virus has been reduced to an

²² The National Center for Innovations in HIV Care, “Housing as a Determinant of HIV Health Outcomes: Results from a Systematic Review of Research 1996-2014 & Implications for Policy and Program,” <https://targethiv.org/sites/default/files/supporting-files/Housing%20and%20HIV%20Health%20Outcomes%20Final.pdf>

²³ Id.

²⁴ The National AIDS Housing Coalition <http://nationalaidshousing.org/housing-and-health/>

²⁵ The National Center for Innovations in HIV Care, “Housing as a Determinant of HIV Health Outcomes: Results from a Systematic Review of Research 1996-2014 & Implications for Policy and Program,” <https://targethiv.org/sites/default/files/supporting-files/Housing%20and%20HIV%20Health%20Outcomes%20Final.pdf>

²⁶ HIV.gov “Standing Up to Stigma” <https://www.hiv.gov/hiv-basics/overview/making-a-difference/standing-up-to-stigma> Accessed August 10, 2020

²⁷ National Strategic Plan A Roadmap to End the Epidemic for the United States | 2021–2025 <https://files.hiv.gov/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf>

²⁸ Id.

undetectable level in the body with standard tests.²⁹ Viral suppression results in reduced mortality and morbidity and leads to fewer costly medical interventions.³⁰

Viral suppression also helps to prevent new transmissions of the virus. When successful treatment with an antiretroviral regimen results in virologic suppression, secondary HIV transmission to others is effectively eliminated.^{31, 32} Multiple studies have shown that people with HIV on ART who had undetectable HIV levels in their blood, had no risk of passing the virus on to their HIV-negative partners sexually.^{33, 34, 35} As a result, the CDC estimates viral suppression effectiveness in preventing HIV transmission at 100 percent.³⁶

U=U reinforces the message that viral suppression can help end the HIV epidemic.³⁷ The NIH, CDC and health authorities in many other countries have endorsed the U=U message.^{38,39} Over twenty states and many more regional health departments have endorsed U=U in a variety of capacities.⁴⁰ We applaud the Arizona Department of Health Services for joining this effort, and spreading the message of U=U within the state.⁴¹ We urge AHCCCS to partner with the Arizona Department of Health Services (ADHS) to provide information to H2O program participants about the U=U message.

The federal HIV Plan notes that people with HIV experiencing unstable housing or homelessness have lower rates of viral suppression, and therefore require services to support engagement in care and viral suppression.⁴²

We encourage the state to consider how people with HIV in the H2O program can be informed about the scientific innovations of viral suppression, treatment as prevention, and U=U. We urge AHCCCS to provide information to H2O program participants about the individual health benefits of viral suppression, and to report on viral suppression rates within this population in order to measure the success of the program.

²⁹ National Institutes of Health (NIH) "Ten things to Know about HIV Suppression" <https://www.niaid.nih.gov/diseases-conditions/10-things-know-about-hiv-suppression>

³⁰ "Retention in Care and Adherence to ART are Critical Elements of HIV Care Interventions," Stricker, et al, AIDS and Behavior, October 2014, Volume 18, Supplement 5, pp 465–47.; <https://link.springer.com/article/10.1007/s10461-013-0598-6>

³¹ Rodger et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. The Lancet. Published Online May 2, 2019 [http://dx.doi.org/10.1016/S0140-6736\(19\)30418-0](http://dx.doi.org/10.1016/S0140-6736(19)30418-0) .

³² NIAID, "The Science Is Clear—With HIV, Undetectable Equals Untransmittable | NIH: National Institute of Allergy and Infectious Diseases" <https://www.niaid.nih.gov/news-events/science-clear-hiv-undetectable-equals-untransmittable> (Accessed 4/20/2021)

³³ Bavinton, et al. The Opposites Attract Study of viral load, HIV treatment and HIV transmission in serodiscordant homosexual male couples: design and methods. *BMC Public Health*. 2014; 14: 917. doi: [10.1186/1471-2458-14-917](https://doi.org/10.1186/1471-2458-14-917).

³⁴ Cohen, et al. Antiretroviral Therapy for the Prevention of HIV-1 Transmission. September 1, 2016. *N Engl J Med* 2016; 375:830-839. DOI: 10.1056/NEJMoa1600693.

³⁵ "HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention" National Institute of Allergy and Infectious Diseases <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>.

³⁶ Centers for Disease Control and Prevention (CDC) "Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV" <https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html> Accessed November 23, 2020

³⁷ HIV.gov "Science Validates Undetectable = Untransmittable HIV Prevention Message" NIAID Now, July 22, 2018 <https://www.hiv.gov/blog/science-validates-undetectable-untransmittable-hiv-prevention-message> (Accessed 4/20/2021)

³⁸ "Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV," CDC, <https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html>

³⁹ "For HIV, Treatment is Prevention" Dr. Francis Collins, NIH Director's Blog, posted January 22nd, 2019 <https://directorsblog.nih.gov/2019/01/22/for-hiv-treatment-is-prevention/>

⁴⁰ "UNDETECTABLE = UNTRANSMITTABLE: HEALTH DEPARTMENT ENGAGEMENT MAP" NASTAD, <https://www.nastad.org/maps/undetectable-untransmittable-health-department-engagement-map>

⁴¹ Arizona Department of Health Services "World AIDS Day Recognizes Progress Made to End the Epidemic," <https://directorsblog.health.azdhs.gov/world-aids-day-recognizes-progress-made-to-end-the-epidemic/>

⁴² National Strategic Plan A Roadmap to End the Epidemic for the United States | 2021–2025 <https://files.hiv.gov/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf>

- **Coordination with HIV Services and Programs**

We urge the state, as part of this initiative, to coordinate housing services and wrap around services with a number of its active programs designed for people with HIV.

Ideally, the state could coordinate the H2O program with the Federal Ending the HIV Epidemic (EHE) efforts throughout Arizona. The federal EHE initiative⁴³ awarded millions of dollars in funding to state and local health departments, community health centers, and Ryan White programs in recent years.⁴⁴ In 2020, Maricopa County in Arizona received \$2.24 million in funding to the health department,⁴⁵ \$834,667 in funding to three primary care provider organizations,⁴⁶ and \$1,667,000 to the Ryan White program.⁴⁷ We urge the state to seek consultations and cooperation with the ADHS, and these other entities as part of this initiative.

The Housing Opportunities for Persons with AIDS (HOPWA) program was created in 1992 to address the housing needs of people with HIV. The program is coordinated by the Office of Community Planning and Development in the U.S. Department of Housing and Urban Development (HUD). The Arizona Department of Housing serves as the lead agency for coordinating the HOPWA program grants in Arizona.⁴⁸ We see the two programs as complimentary, and encourage the state to reach out to local HOPWA program officials and seek coordination and best practices between their efforts and the H2O initiative.

- **HIV Drug Coverage Policies Should Support Housing Proposal**

We would be remiss if we didn't mention the importance of policies that ensure open access to life-saving treatment for people with HIV, including newer STRs, and continued access to prevention medications without utilization management for vulnerable populations in both FFS and Medicaid Managed Care.

Studies show that restricting access to drugs through restrictive formularies results in non-adherence or poor adherence to prescribed medication regimens, worsened health outcomes, and higher, long-run costs, both to Medicaid and other state and local programs.^{49, 50}

Health care providers work closely with patients to select HIV treatment options with great specificity for each patient. Effective treatment of HIV is highly individualized and accounts for a patient's size, gender, treatment history, viral resistance, coexisting illnesses, drug interactions, immune status, and side effects. In fact, the DHHS clinical treatment guidelines⁵¹ state that, "Regimens should be tailored for the individual patient to enhance adherence and support long-term treatment success." The guidelines also recognize that "[s]election of a regimen should be individualized based on virologic efficacy, potential

⁴³ Ending the HIV Epidemic Counties and Territories, <https://files.hiv.gov/s3fs-public/Ending-the-HIV-Epidemic-Counties-and-Territories.pdf> Accessed March 12, 2020.

⁴⁴ CDC.gov, Press Release Friday, July 31, 2020 "CDC Awards \$109 Million to Local Areas and States for Federal Initiative to End the HIV Epidemic in the U.S.," <https://www.cdc.gov/nchhstp/newsroom/2020/EHE-initiative-press-release.html>

⁴⁵ CDC.gov https://www.cdc.gov/nchhstp/newsroom/docs/CDC-EHE-2020-Funding-Table_508.pdf

⁴⁶ HRSA.gov, "FY 2020 Ending the HIV Epidemic-Primary Care HIV Prevention (PCHP) Awards," <https://bphc.hrsa.gov/program-opportunities/primary-care-hiv-prevention/fy2020-awards#arizona>

⁴⁷ HRSA.gov "FY 2021 Ending the HIV Epidemic Awards Ryan White HIV/AIDS Program"

<https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/fy2021-ending-hiv-epidemic-awards>

⁴⁸ The Arizona Department of Housing, "Homeless / Special Needs" <https://housing.az.gov/housing-partners/special-needs-hp>

⁴⁹ Happe LE, Clark D, Holliday E, Young T. A systematic literature review assessing the directional impact of managed care formulary restrictions on medication adherence, clinical outcomes, economic outcomes, and health care resource utilization. J Manag Care Spec Pharm. 2014;20(7):677-84.

⁵⁰ Zullig, LL, Bosworth, H, Engaging patients to optimize medication adherence. NEJM Catalyst, May 14, 2017.

⁵¹ DHHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV, <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines>

adverse effects, childbearing potential and use of effective contraception, pill burden, dosing frequency, drug-drug interaction potential, comorbid conditions, cost, access, and resistance test results.” Patients often respond differently to the same drug. Drugs in the same class can have different side-effect profiles, with patients often best suited to one particular drug.

Thus, broad access to the full array of available treatment options is vital in HIV treatment. People with HIV must have access to a robust formulary that provides physicians with the ability to prescribe the right treatments at the right time for their patients.

The success of the H2O initiative, and the state’s drug coverage policies are ultimately intertwined in terms of improving the health outcomes of people with HIV. ViiV supports coverage policies that ensure open access to HIV treatment and prevention.

Conclusion

Thank you for your consideration of these comments. ViiV Healthcare applauds the state for this initiative to ensure housing for people with HIV in the AHCCCS program, as a means of improving health outcomes and wellbeing.

Please feel free to contact me at [REDACTED] with any questions.

Sincerely,

[REDACTED]

Kristen Tjaden
Government Relations Director
ViiV Healthcare



April 27, 2021

Arizona Health Care Cost Containment System
Director Jami Snyder
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Submitted via email: waiverpublicinput@azahcccs.gov

Dear Director Snyder:

On behalf of Vitalyst Health Foundation, thank you for the opportunity to provide comments on AHCCCS' draft waiver demonstration projects: Housing and Health Opportunities (H2O) and the Targeted Investments Program 2.0 (TI 2.0). Given Medicaid's reach and impact across Arizona, we are committed to working with the AHCCCS team and community stakeholders to ensure that all Arizonans have access to quality, affordable coverage and care.

Vitalyst Health Foundation commends the AHCCCS team for the work they have undertaken to improve care coordination, reduce costs and ensure the managed care system operates in an efficient manner. The program's recent efforts to address the social risk factors, particularly housing insecurity, that undergird health provide further evidence of AHCCCS' innovation and status as a national leader among state Medicaid programs. We are confident this 1115 waiver has the potential to continue building on AHCCCS' historical successes while providing new opportunities to advance the program.

Housing and Health Opportunities

In reaching out to community partners to garner on-the-ground insights about this proposal, Vitalyst received overwhelmingly positive community feedback, and we firmly believe this proposal would move Arizona in the right direction to help address the state's affordable housing crisis. Arizona has the fourth worst affordable housing shortage in the country for households with extremely low incomes. As of 2020, there are more than 10,000 individuals experiencing homelessness across the state. Furthermore, 75% of extremely low-income renter households are severely cost burdened. In addition, more than 500 people experiencing homelessness in the metropolitan Phoenix area died in the first nine months of 2020, only four of which were attributable to COVID-19. The housing crisis was not created by the pandemic, but it clearly has been exacerbated by it.

Among the many policy proposals in the draft waiver, Vitalyst Health Foundation is most supportive of AHCCCS' intent to focus its housing supports toward populations experiencing the greatest need, including but not limited to those living with mental illness, addiction and other chronic conditions. Further, Vitalyst is supportive of AHCCCS identifying the opportunity to stabilize housing among additional population groups, including pregnant women; individuals with a health history that demonstrates high-complex-needs or results in high-cost; people who repeatedly present in the emergency departments; former foster youth ages 18-24; and the elderly who are able to move out of



A CATALYST FOR COMMUNITY HEALTH

an institutional setting. This commendable approach underscores the importance of equitable resource allocation to ensure that the populations with the greatest need are prioritized during program implementation. To that end, we urge AHCCCS to place an emphasis on, and make public, disaggregated sociodemographic data about the populations served by H2O. This will help ensure that an equity lens can be applied to explicitly address the needs of historically disadvantaged populations.

Targeted Investments 2.0: Partnering with Community-Based Organizations

Vitalyst is also encouraged by AHCCCS' determination to explore ways to build relationships between traditional medical providers and community-based organizations (CBOs) in TI 2.0. To ensure proper compensation across these relationships, AHCCCS may consider utilizing a per diem or episodic payment model to incentivize CBOs to increase member access to social services.

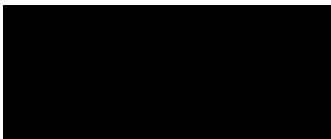
In speaking with CBOs, Vitalyst learned that many organizations (e.g., housing providers) may not be familiar with pay-for-performance models or have the capacity to negotiate with health plans for payment rates. Due to the increased compliance burdens that often accompany recognition as an AHCCCS provider (e.g., new licensing requirements for housing providers who also provide behavioral health services), there are concerns that CBOs will be forced to transform into healthcare delivery providers. Should CBOs continue to be required to establish themselves as AHCCCS providers, we would urge AHCCCS to convene CBOs to garner their feedback on potential payment and service delivery models.

AHCCCS would also benefit from nurturing its relationships with CBOs that may not traditionally be set up as AHCCCS providers. For example, certain CBOs may be particularly equipped to serve former foster youth but lack the capacity or infrastructure to develop formal connections with AHCCCS and its medical providers. By providing resources that support such CBOs in building their capacity, AHCCCS can help ensure the development of health networks between medical and non-medical providers. This approach proved successful in the implementation of North Carolina's latest 1115 waiver, and we encourage AHCCCS to consider applying similar resources to support Arizona's CBOs.

Finally, AHCCCS should consider providing personal care services (PCS) to help beneficiaries remain in their homes whenever possible. PCS are categorized as a range of human assistance provided to individuals with disabilities and chronic conditions to enable them to accomplish activities of daily living or instrumental activities of daily living. There is potential for CBOs to offer PCS, so long as adequate compensation models are enacted.

Thank you again for this opportunity to provide comments on these promising demonstration waiver amendments. Vitalyst Health Foundation is available to provide further support as needed.

Sincerely,

A solid black rectangular box redacting the signature of Suzanne Pfister.

Suzanne Pfister
President and CEO
Vitalyst Health Foundation

April 30, 2021

Division of Community Advocacy and Intergovernmental Relations
Arizona Health Care Cost Containment System (AHCCCS)
801 East Jefferson Street, MD 4200
Phoenix, Arizona 85034

RE: waiverpublicinput@azahcccs.gov

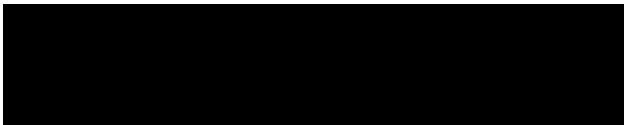
To Whom It May Concern:

CVS Health would like to express our support of the amendment to the 1115 Waiver to allow the State of Arizona Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

CVS Health recognizes that access to stable, safe, and supportive housing has a significant positive impact on health outcomes of individuals, particularly for individuals with chronic health conditions. Investing in affordable housing allows homes to be provided for people who may be experiencing homelessness, affected by chronic illness, victims of domestic violence or individuals in need of behavioral health and addiction treatment and is scientifically linked to improving health outcomes.

CVS Health is committed to investing in affordable housing and ongoing collaborations with community groups to support those individuals that need it the most and help improve their health and well-being. CVS Health invested over \$114M in affordable housing across the country in 2020, with \$30 million in Arizona. In July of 2020, Aetna, a CVS Health Business, provided funding to the Home Matters Arizona Fund committing \$15 million of the \$35 million in debt financing to fund community development and affordable housing projects across Arizona. Due to our strong belief in access to affordable housing, we strongly support Arizona's efforts to allow the implementation of the Housing and Health Opportunities demonstration.

Sincerely,



Melissa Schulman
Senior Vice President, Government and Public Affairs

CC:

Christina Corieri, Senior Policy Advisor, Office of the Arizona Governor (CCorieri@az.gov)

Jami Snyder, Director, AHCCCS (jami.snyder@azahcccs.gov)



To Whom it May Concern:

05/03/21

Women and Children's Hope Foundation (WCHF) works to assist communities by enhancing people's lives through education, environmental improvement, economic development and entrepreneurship.

WCHF is partnered with the City of Bisbee and Step-Up Bisbee Naco in a Work Force Affordable Housing Initiative, a recruitment and retention tool for essential community workers (firefighters, law enforcement, teachers, hospital employees and government workers). This program refurbishes abandoned, dilapidated homes and fills them with productive, stable community members who pay taxes while revitalizing blighted neighborhoods.

There is no more critical issue than housing affordability in our community which directly impacts our workforce. Unaffordability is inhibiting our small businesses from being successful and resilient. This is true throughout rural Arizona. Lack of affordable housing also impacts tourism revenue substantially in Bisbee (one of our main revenue streams), where the hospitality workforce has largely been displaced.

If funding for affordable housing is decreased, it will have a detrimental impact on our program.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Please contact me at [REDACTED] should you have any questions.

Danielle Boochever
President WCHF

4755 S. 44th Place
Phoenix, AZ 85040



Division of Community Advocacy and Intergovernmental Relations, AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

April 27, 2021

Re: waiverpublicinput@azahcccs.gov

To Whom it May Concern:

On behalf of Mercy Care I would like to express support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Mercy Care is an Arizona-based, non-profit corporation leading transformation in Medicaid and Medicare managed care delivery, caring for specialty populations, and delivering excellence in quality and service since 1985. As a managed care organization (MCO), we offer a unique combination of knowledge and experience in not only addressing the housing needs of individuals and families, but also the Arizona Health Care Cost Containment System (AHCCCS) eligible populations.

We know that Housing is Health Care and because of this Mercy Care has identified housing as a comprehensive health focus area to guide program development, resources, and community investments to improve outcomes. Mercy Care provides 1,965 supportive housing units in the central region and once members are housed, 98.5% housing retention rate among members. We have seen an annual cost savings of \$19.2 million through our work with a 20% reduction in psychiatric hospitalizations, 24% reduction in cost of care per quarter and \$5,000 per member per quarter savings, primarily due to reductions in behavioral health costs.

We agree access to safe, quality, affordable housing, and the ability to maintain housing, are among the most critical drivers of health. Because of this, Mercy Care supports the new Medicaid 1115 H2O Waiver request.

Thank you,


1:46 PDT

Lorry Bottrill
President and Chief Executive Officer
Mercy Care

CC: Christina Corieri, Senior Policy Advisor, Office of the Arizona Governor
CCorieri@az.gov

Jami Snyder, Director, AHCCCS
Jami.Snyder@azahcccs.gov

www.MercyCareAZ.org

1115 Waiver

----- Forwarded message -----

From: Danielle Leoni

<[REDACTED]> Date: Monday, May 3, 2021 at 9:56:28 AM UTC-7 Subject: 1115 Waiver

To: Waiver <waiverpublicinput@azahcccs.gov>

To Whom it May Concern:

As the owner of two small businesses in downtown Phoenix - [REDACTED], I write to you today to share my perspective about the affordability crisis unfolding across Arizona.

There is no more critical issue than affordability which is directly impacting our workforce and inhibiting our small businesses from being successful or recovering in a timely manner. This will also impact tourism revenue substantially in places such as Sedona and Bisbee, where the hospitality workforce has largely been displaced due to affordability. We now see this happening across Greater Phoenix as well.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Please contact me at [REDACTED] should you have any questions.

Sincerely,

[REDACTED]

[REDACTED]

AHCCCS H20 1115 Waiver Expansion Proposal

----- Forwarded message -----

From: Shana Ellis <Shana.Ellis@asu.edu>

Date: Monday, May 17, 2021 at 2:44:27 PM UTC-7

Subject: AHCCCS H20 1115 Waiver Expansion Proposal

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Dear Director Snyder:

On behalf of the Arizona State University (ASU) Action Nexus on Homelessness, thank you for the opportunity to show our support for the amendment to the AHCCCS 1115 Waiver in order to implement the Housing and Health Opportunities (H2O) demonstration.

The ASU Action Nexus on Homelessness connects existing efforts, identifies opportunities for system alignment, identifies opportunities for new solutions, and engages ASU in research and applied solutions. We have worked closely with the AHCCCS team as they have worked to make the managed care system more efficient. The team continues propose changes, improve coordination and efficiency, and reduce costs. We are confident that this expansion of funding, via Medicaid reimbursement for housing and related supports, is essential to provide additional services for some of our most vulnerable residents.

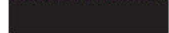
The ASU Action Nexus helped to found the Regional Collaborative on Homelessness (along with the Arizona Housing Coalition, the Maricopa Association of Governments, Maricopa County, Vitalyst and United Way) in order to identify a set of shared strategies that could meaningfully address the growing crisis of homelessness in our region. Through this process, we have developed a portfolio of impactful immediate, medium- and long-term actions to address homelessness. We have engaged over 1,600 stakeholders in community forums, where 14 strategies have emerged for immediate action. These strategies align with the 1115 Demonstration Waiver Proposal, in many areas. Some of the strategies include “coordinate and expand regional homeless prevention efforts”, “coordinate and expand regional homelessness diversion efforts”, and “build and coordinate cross-sector relationships with other systems”.

The number of unhoused individuals in our state continues to increase. Rising rents coupled with the lack of affordable housing, will cause additional people to lose their housing. The dedicated resources, as outlined in the Waiver such as deposit and move-in assistance, eviction prevention, outreach to persons exiting hospitals and prisons, and expanding the eligible population to include high cost need members will prevent many from becoming homeless. It is essential we continue to pursue new ideas and opportunities in order to prevent the looming homeless crisis.

Thank you again for the opportunity to offer support for the AHCCCS H20 1115 Waiver Proposal. Please contact me if you have any additional questions.

Shana Ellis

Action Nexus Executive Director





AHCCCS H2O Waiver Comments

----- Forwarded message -----

From: John Moore <john.moore@copahealth.org>

Date: Sunday, May 16, 2021 at 3:14:59 PM UTC-7

Subject: AHCCCS H2O Waiver Comments

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

[REDACTED]

Dear AHCCCS:

As the CFO of one of the largest supported housing operators for individuals with SMI in Maricopa County for the last 20 years and on behalf of my organization, Copa Health and the 13,000+ members we serve, I applaud the H2O Waiver amendment and the related expansion of housing support dollars. The most recent white paper from the Morrison Institute, [link to videos and white paper below](#), clearly demonstrates that supportive housing saves taxpayers 30% in addition to better recovery outcomes for members. There are many housing related investments that are essential, including but not limited to more permanent supportive housing inventory, subsidized rents, service dollars for supported housing, crisis and other transitional housing capacity. When supported housing is delivered properly, like the "Lighthouse Model" discussed in the Morrison Institute study, the lives of members and their families are dramatically changed forever, a phenomenon we are privileged to have witnessed over and over again. The investment in additional housing capacity will pay off in terms of return on taxpayer investment and we are very excited about partnering with AHCCCS and the RBHA to deploy additional housing resources in a way that reduces costs, improves outcomes and enhances the members experience!

Sincerely,

John Moore

Chief Financial Officer

John.Moore@CopaHealth.org

[REDACTED]

Company: 480-969-3800

[REDACTED]

924 N. Country Club Drive

Mesa, AZ 85201

#YesWeCan



Division of Community Advocacy and Intergovernmental Relations, AHCCCS

----- Forwarded message -----

From: Thomas Barr <thomas@localfirstaz.com>

Date: Monday, May 3, 2021 at 9:04:37 AM UTC-7

Subject: Division of Community Advocacy and Intergovernmental Relations, AHCCCS

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

To Whom it May Concern:

As the Vice President of the largest locally owned business coalition in the country, I write to you today to share my perspective about the affordability crisis unfolding across Arizona.

There is no more critical issue than affordability which is directly impacting our workforce and inhibiting our small businesses from being successful or recovering in a timely manner. This will also impact tourism revenue substantially in places such as Sedona and Bisbee, where the hospitality workforce has largely been displaced due to affordability. We now see this happening across Greater Phoenix as well.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Thank you for your consideration.

Sincerely,

--



THOMAS BARR

Vice President of Business Development

Pronouns: HE - HIM - HIS

thomas@localfirstaz.com

localfirstaz.com    

Fwd: AHCCCS H2O Demonstration

----- Forwarded message -----

From: Kiti Ton <kton@lifewell.us>
 Date: Monday, April 5, 2021 at 8:48:04 AM UTC-7
 Subject: AHCCCS H2O Demonstration
 To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Hello,

I'm truly glad to know that AHCCCS is focusing more on the Social Determinants of Health, especially in the SMI population.

People with SMI often will need the help of Wraparound Services, as categorized in the slide below, and often, through the support of Case Management Teams.

I have personally observed continued high rates of homelessness in the SMI population, due to the lack of Case Managers and Housing Specialists to help the person with much of the Wraparound Services.

At our organization, we have very high turnover of Case Managers, and also very high Case Manager, Rehab Specialist, Housing Specialist vacancy rates.

We hear that our very high turnover and vacancy rates are also experienced by the other Provider Organizations that serve people with SMI.

I believe more funding should, like with the Targeted Investments funds, be allocated to improving the rates of people with SMI getting housed and maintaining housing, with the Provider Organizations working to show baseline rates, and improved rates, in these Outcomes.

Thank you.

AHCCCS Wraparound Housing Services

Kiti Ton, MD



Medicaid Wraparound Housing Services		
Medicaid Covered Behavioral Health Services	Related Pre-Housing Activities (Attain Housing)	Related Activities In Housing (Sustain Housing)
<ul style="list-style-type: none"> • Case Management and Coordination of Care • Group Counseling • Pre-Employment Training • Supportive Employment • Individual & Family Peer Support • Group Peer Support • Health Promotion • Medication Assistance • Substance Use Counseling • Skills Training and Development 	<ul style="list-style-type: none"> • Securing ID and Documents • Completing Housing Applications • Understanding Lease/Legal Notices • Housing Search • Disability Accommodation Requests • Move-In Coordination • Attending Housing Briefings • Budgeting and Financial Planning • Coaching for Interviews, Landlord Visits or Housing Negotiations 	<ul style="list-style-type: none"> • Crisis/Conflict Management • Budgeting • Pre and Post Employment Supports • Benefit Applications • Life Skills • Connection to Family, Natural and Community Supports • Landlord and Neighbor Communication • Substance Use Disorder Treatment Supports • Lease Renewal

Kiti Ton, MD
 Chief Medical Officer
 202 E. Earll Dr., Ste. #200
 Phoenix, AZ 85012
 e: kton@lifewell.us

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Fwd: Comments on the H2O plan

----- Forwarded message -----

From: [REDACTED]
Date: Wed, Mar 31, 2021 at 4:16 PM
Subject: Comments on the H2O plan
To: [REDACTED]

Hi [REDACTED]

I apologize, I had to leave the meeting early. My husband's caregiver had a flat tire and needed a ride...

Just for reference regarding the focus of the comments. My husband is an ALTCS member, with Parkinson's, spinal cord injury, Lewy Body Dementia, Bi-polar, etc. He uses a power wheelchair.

I have profound hearing loss and severe arthritis. I also am the founder of Behold Charities International, Inc., a nonprofit whose mission is to facilitate independence, universal design and inclusion in housing.

The recommendations below in red may facilitate more inclusion of people who have communication related disabilities and those who use mobility devices.

The mental health resources for people who have hearing loss / deafness are scarce. There are few Deaf counselors who can provide services directly in ASL. Additionally, the "accommodation" process in many agencies, especially in the housing arena, is not efficient. Physical accessibility for eligible individuals who use power-wheelchairs and other devices is not consistent. Many inpatient facilities do not allow a person in a power-wheelchair, stating security reasons, untrained staff to help with transfers, or the like. This is not acceptable.

Regarding housing accessibility there is a huge shortage of accessible housing and this gap should to be prioritized in the plan, as much as possible.

These are my comments / recommendations:

1. **Regarding the Proposed Eligibility Requirements for individuals who are eligible:**

There are additional conditions and circumstances that have been **traditionally underserved or overlooked** and should be included:

- a. **Deaf/Deaf-Blind/Hard of Hearing.** Traditional services require additional communication accommodations and technology added, including text chat capacity, ASL Interpreters, plain language documents.

The circumstances that should be included in this proposal should include

“Individuals who are at risk of homelessness and have the following conditions or circumstance: Deaf/Deaf-Blind/Hard of Hearing.”

- b. **Individuals requiring power-wheelchairs and other mobility devices due to health conditions.** Traditionally, facilities and agencies serving people with mental health conditions do not allow or have no accessibility, or trained staff, to facilitate individuals using mobility and other required devices. The circumstances that should be included in this proposal should include **“Individuals who are at risk of homelessness and have the following conditions or circumstance: use mobility and other related devices requiring accessible facilities and amenities.”**

1. **Regarding the Proposed Benefit Coverage under the Demonstration.** There are additional benefit coverages, housing services and interventions that should be included (see bold language):

- a. Increase positive health and wellbeing outcomes for target populations including the stabilization of mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, **improvement in the utilization of hearing, sensory and mobility devices, aids and services**, and increased member satisfaction.
- b. Support state efforts to reduce homelessness, **provide inclusive additional accessible affordable housing**, and improve ongoing housing stability.

2. **Regarding Strategy 1: Strengthen homeless outreach and service engagement.**

- a. Offer **accessible communication in all** outreach and engagement services, allowing Medicaid providers to provide dedicated outreach staff with behavioral health qualifications and experience to identify and successfully connect all eligible or potentially eligible members experiencing homelessness to available **accessible** services and supports, including transitional living arrangements and rental subsidies.
- b. Strengthen the coordination between the community, governmental agencies, **disability agencies**, and providers when an individual leaves an institutional setting and connect the individual to available housing supports and services. Such activities would also include “inreach” or co-location of outreach or housing navigation within key access or transition points in the behavioral and health care system, **disability agencies**, or other mainstream settings including emergency rooms, inpatient behavioral health facilities, **mobile and outpatient health facilities**, jails, or other crisis facilities.
- c. Enhance and support data collection and administrative coordination with other systems of care including homeless programs, justice and correctional systems, **disability agencies**, and other state agency programs to foster informed care coordination and the maximization of available resources.

3. **Regarding Strategy 2: Secure funding for housing for members who are homeless or at-risk of homelessness**

- a. Fund short-term, transitional housing (up to 18 months) for individuals leaving an institutional setting, allowing for the provision of Medicaid compensable intensive pre-housing wraparound services, **accessible amenities and services**, and stabilization in a temporary setting prior to moving into permanent **accessible** housing, **as needed**.

- b. Expand the agency’s ability to offer financial assistance for move-in costs, **disability accommodations**, or Community Transition Services beyond those members enrolled with the ALTCS program (e.g., deposits, fees, and furniture).
 - c. Fund **and communicate** the provision of eviction prevention services, **in an accessible manner**, to assist members in maintaining tenancies (e.g., payment for back rents, fees, or charges to avoid immediate eviction).
4. **Regarding Strategy 3: Enhance individualized wraparound housing services and supports to ensure housing stability as a platform to leverage improved health outcomes and reduce recidivism**
- a. Expand the agency’s ability to pay **for disability accommodations (e.g., for Deaf, Deaf-Blind, Hard of Hearing accommodations)**, home modification (e.g., installation of ramps and other home repairs or upgrades)

beyond members currently enrolled in ALTCS to prevent long term placement in an institutional setting.
 - b. Expand the agency’s ability to pay for **accessible** pre-tenancy and tenancy supportive services (e.g., housing navigation, **accommodations, advocacy**, and skills training to teach independent living skills) to individuals experiencing chronic homelessness.

Please let me know if you have questions,

Looking forward,

Michele Stokes, CEO

Behold Charities International

([REDACTED]

[REDACTED]

beholdci@cox.net

www.housingtobehold.org

“Housing to Behold – Facilitating Independence, Universal Design and Inclusion”

Fwd: FW: Combination of voucher and homelessness

From: [REDACTED]
Sent: Wednesday, March 24, 2021 5:11 PM
To: waiverpublicin-put@azahcccs.gov
Subject: Combination of voucher and homelessness

There are people who are on the "Waitlist" currently for the Voucher Program/ section 8. Who have been on the list for quite some time 5 yrs or slight list. How would this help those who are still waiting for housing and their name come up in the next few months or recently?

I have a young man in his early 30's and has been on the wait list since 2017. He was recently taken off the list because they deemed his application incomplete for the following reason(s):

- 1). He did not submit a picture ID of himself
- 2). He did not submit a SS card (although they he entered on the applications)
- 3). He didn't submitted income and SS numbers for everyone in his house hold.

All of these were supposed to be uploaded by computer. He completed the application on 05/11/2020 and received confirmation that it was received, deadline for him to get the documents in 05/22/2020. He received a letter on 03/03/2021 that he failed to get the above information on time. If he wanted to appeal than he could write a letter stating why he failed to get the documents in on time . He was still denied, the same individual who took him off the wait list reviewed his appeal.. (not a proper way to do an appeal process) I have worked with the voucher program in the past and SS cards , picture ID were brought in on Face to Face meeting when your voucher was to be administrated.

This is a young make who is SMI, he was in transitional housing, but could only stay for 30 days and is on disability, he is single with no children. He was able to rent a room, but other who lives in the house rent rooms as well and should not have any bearing on him. I believe the voucher program is discriminatory toward single men without dependents and find obscured reasons to get them off the program. I look forward to hearing from you.. I also have suggested for him to contact the Arizona Center for Disability Law.

Thanks Jeannine

[REDACTED]
Clinical Appeals Nurse

UnitedHealthcare Clinical Services, Appeals & Grievance- SouthWest Region

[REDACTED] [REDACTED]
[REDACTED]

Fwd: Public Comment Language for ALTCS members H20 initiative

----- Forwarded message -----

From: Megan Akens <makens@azdes.gov>

Date: Monday, May 3, 2021 at 8:22:10 AM UTC-7

Subject: Public Comment Language for ALTCS members H20 initiative

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Cc: [REDACTED]

I would like to suggest the language read:

- ALTCS members who are medically able to reside in their own home and require affordable housing in order to live in the community.

The concern is that the definition of "institutional setting" does not include DDD Group Homes or Developmental Homes.

Megan Akens
Affordable Housing Supervisor

Office of Individual and Family Affairs
Division of Developmental Disabilities



2200 N Central Ave Suite 200
Phoenix AZ, 85004
Mail Drop: 2HB5

des.az.gov



Fwd: Support for waiver

----- Forwarded message -----

From: Kimber Lanning <kimber@localfirstaz.com>

Date: Monday, May 3, 2021 at 8:20:27 AM UTC-7

Subject: Support for waiver

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

- Via email: waiverpublicinput@azahcccs.gov
- Division of Community Advocacy and Intergovernmental Relations, AHCCCS
- 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034

To Whom it May Concern:

As the CEO of the largest locally owned business coalition in the country, I write to you today to share my perspective about the affordability crisis unfolding across Arizona.

There is no more critical issue than affordability which is directly impacting our workforce and inhibiting our small businesses from being successful or recovering in a timely manner. This will also impact tourism revenue substantially in places such as Sedona, where the hospitality workforce has largely been displaced due to affordability. We now see this happening in Central Phoenix as well.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Please contact me at [REDACTED] should you have any questions.

Sincerely,

Kimber Lanning

Kimber Lanning

(she, her, hers)

CEO | Local First Arizona Foundation

localfirstazfoundation.org



H2O AHCCCS Waiver

----- Forwarded message -----

From: [REDACTED]
Date: Monday, May 3, 2021 at 4:58:10 PM UTC-7
Subject: H2O AHCCCS Waiver
To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

To Whom it May Concern:

As the owner of a locally owned restaurant business in Bisbee Arizona, I am writing this letter to share my perspective about the affordability crisis unfolding across Arizona. My wife and I support local efforts to assist the community and are now shifting most of our focusing on issues related to housing access, affordability and stability due to this issue becoming of increasing concern.

We have owned a downtown business in Bisbee for over 30 years and have seen housing issues and access to basic infrastructure to support the workforce become increasingly challenging. At the forefront is the access to affordable housing or for that matter rental housing for locals at all. At any given time, we have staff that are struggling to find and secure affordable housing and those who have needed to move quite a distance away from their place of work to add additional transportation challenges. These issues are exacerbated by no new affordable housing built for decades and large amounts of the aging housing stock being purchased up by part-time residents or for investment vacation rentals. There just doesn't seem to be support for the many issues related to housing affordability and access within many of our rural communities throughout the County.

This housing issue is quickly becoming a crisis and directly impacting our workforce and inhibiting many small businesses especially hospitality. With the addition of the challenges of the COVID epidemic this has added to businesses from being successful or recovering in a timely manner.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

We are happy to share individual examples and stories to support the need of these funds. Please contact myself, [REDACTED] should you have any questions.

Sincerely,

[REDACTED]

[REDACTED]

Housing waiver Please support the Housing Waiver

----- Forwarded message -----

From: Clarice Parham <clarice.parham@fsaphoenix.org>

Date: Monday, May 17, 2021 at 4:49:48 PM UTC-7

Subject: Housing waiver Please support the Housing Waiver

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

As you are aware housing is essential to the success for most of our patients to be successful in employment. The population we work with will not be able to achieve Mental Health with out a

Safe place to live. It will make it more likely that the AHCCCS population will have a positive outcome if they are in stable housing. Please support the H@O program.

Thank you,

Clarice Parham



Clarice Parham

President/CEO

Family Service Agency

2400 N Central Avenue

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Phoenix AZ85004

[REDACTED]
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letter of support for AHCCCS H2O (Housing and Health Opportunities) 1115 Waiver Expansion Proposal

----- Forwarded message -----

From: Amy St Peter <AStPeter@azmag.gov>

Date: Thursday, May 13, 2021 at 6:53:36 PM UTC-7

Subject: letter of support for AHCCCS H2O (Housing and Health Opportunities) 1115 Waiver Expansion Proposal

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Good evening,

Please accept this as a letter of support for the AHCCCS H2O (Housing and Health Opportunities) 1115 Waiver Expansion Proposal. Significant efforts are underway to strengthen the regional response to homelessness through the Maricopa Association of Governments in partnership with a number of stakeholders such as the Maricopa Regional Continuum of Care. These efforts would be greatly aided by this waiver. AHCCCS is a valued partner in addressing homelessness and providing the care people need to stabilize and become stably housed. We are hopeful the request for this waiver will be received favorably.

If granted, this waiver would support a number of the regional strategies underway. The strategies have been organized into the categories of temporary housing solutions, permanent housing options, coordination, diversion/prevention, and services. The waiver would support strategies in each of these categories. The region is showing unprecedented support for reducing the numbers of homelessness through a coordinated, sustainable approach. The ability to work with AHCCCS to serve the most vulnerable among us would be an important factor in these efforts being successful. The cities, towns, and counties are working diligently to develop an implementation plan for these strategies. The waiver would empower AHCCCS to have a positive impact on the implementation of these strategies and in these regional efforts.

We are intently focused on working with diverse partners to unlock the full potential of their contributions in innovative, cost effective, and impactful ways. The waiver submitted by AHCCCS demonstrates nimble, proactive thinking. The expansion of outreach, housing assistance, and supportive services are sorely needed in the region. Working together, we can chart a new path for how homelessness will be addressed and resolved for people with high levels of need. We are excited to offer our support for this waiver and hope to provide additional support and partnership if the waiver is granted.

The regional efforts have included the diverse perspectives of more than 1,600 people through extensive outreach as well as significant research into the best local and national practices. For more information on these efforts, please visit [Regional Homelessness Strategies \(azmag.gov\)](https://www.maricopa.gov/Regional-Homelessness-Strategies) or feel free to contact me at [REDACTED].

Thank you for your consideration. We are fully supportive of the request for this waiver and would be happy to provide any additional information upon request.

Amy

Amy St. Peter

Deputy Executive Director

Maricopa Association of
Governments



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www.azmag.gov



Public Comment on TI Renewal

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From: [REDACTED]
Date: Sunday, May 2, 2021 at 11:50:35 PM UTC-7
Subject: Public Comment on TI Renewal
To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

My name is [REDACTED]. I live in Tucson, AZ and am the mother of a 35 year old woman with serious mental illness who is currently receiving Social Security Disability and is enrolled with Medicare and AHCCCS. She is fortunate to have the services of an ACT Team through Intermountain, and is currently living in a supported living apartment managed by Intermountain. Her former boyfriend has bipolar disorder, is also enrolled with AHCCCS, uses the emergency room as his primary healthcare provider, and is about to become homeless again. My daughter became addicted to meth with her current boyfriend who served 6 months in Pima County jail. I do not know if her current boyfriend is enrolled in AHCCCS, but he certainly should be and needs services. All three of them have been homeless. From my experience with these three, whole person care is desperately needed for those with long-term mental illness and addiction. I am a strong advocate for Housing First, and would recommend focusing on putting a roof over people's heads before you can effectively deal with their physical and behavioral health issues. As is noted in the Renewal Request, Arizona needs to address all the social determinants of health.

The renewal of the Targeted Investments Program for the 2021-2026 waiver period is critical to continue to improve outcomes for AHCCCS members.

Thank you, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

public comment

----- Forwarded message -----

From: Jessica Berg <JBerg@svdpaz.org>

Date: Tuesday, April 27, 2021 at 3:04:19 PM UTC-7

Subject: public comment

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Hello,

I'm writing to share that I'm in favor of AHCCCS's request for an amendment to the 1115 Research and Demonstration Waiver to seek waiver and expenditure authority to implement the AHCCCS Housing and Health Opportunities (H2O) demonstration.

Thank you for supporting this work to increase positive health and wellbeing outcomes for vulnerable populations.

-Jessica



Jessica Berg | Chief Program Officer

St. Vincent de Paul | Feed.Clothe.House.Heal.

O 602.850.6931 | JBerg@svdpaz.org

Re: AHCCCS Housing Proposal

On Fri, May 7, 2021 at 10:53 AM Penny Allee Taylor <palleetaylor@vsuw.org> wrote:

Dear Dana,

I know I've missed the comments period, but I wanted to share with you Valley of the Sun United Ways' (VSUW) support for the AHCCCS H2O Waiver for housing for qualified individuals.

- VSUW fully supports the Housing and Health Opportunities (H2O) Waiver Amendment that AHCCCS is requesting.
- This waiver can allow for expanded and enhanced services that improve health outcomes for those who experience homelessness, including those with serious mental illness and substance use disorders.
- Permanent Supportive Housing (PSH) with robust comprehensive healthcare is a best practice model with proven outcomes.
- Models such as this align with our new five-year Mighty Change 2026 plan that demonstrates the vital importance of layering housing and healthcare as a solution to move individuals back into stable housing.

Thank you for allowing VSUW to share our position on this very important issue for thousands of our Arizona residents and neighbors.

Healthy regards,

Penny

Penny Allee Taylor
Chief Public Policy Officer

VALLEY OF THE SUN UNITED WAY

3200 East Camelback Road, Suite 375

Phoenix, AZ 85018-2328


vsuw.org

Rethink Housing Support

----- Forwarded message -----

From: [REDACTED]
Date: Monday, May 3, 2021 at 8:28:26 AM UTC-7
Subject: Rethink Housing Support
To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Instead of pumping billions into property managers you should invest in tiny/shipping container house development programs and eventually assist paying leases for those affordable units that, as condition of the lease, lead to eventual ownership of those units by those renters.

Signed,
[REDACTED]

support for AHCCCS Housing and Health Opportunities H2O

----- Forwarded message -----

From: Wendy Bunn <Wendy.Bunn@copahealth.org>

Date: Monday, April 19, 2021 at 2:30:37 PM UTC-7

Subject: support for AHCCCS Housing and Health Opportunities H2O

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Good afternoon,

I want to throw my support behind the implementation the AHCCCS Housing and Health Opportunities (H2O) demonstration. Years ago, I had the opportunity to participate in meetings by MAG focused on improving housing resources and improving our community systems to end homelessness in our state. The goal of the AHCCCS H2O demonstration will significantly improve our odds of meeting the needs for AHCCCS members who are homeless or at risk of becoming homeless. The monies dedicated to expanding housing and targeted services will greatly enhance the community's ability to get people into safe environments where they can thrive. We at Copa believe in Housing Always.

Respectfully,

Wendy Bunn, Psy.D

VP Housing and Community Support Services

Copa Health

737 W. Guadalupe Rd.

Mesa, AZ 85210



support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities

----- Forwarded message -----

From: [REDACTED]
Date: Monday, May 3, 2021 at 10:26:36 AM UTC-7
Subject: support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities
To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

To Whom it May Concern:

As the owner of a number of local businesses here in Arizona, I write to you today to share my perspective about the affordability crisis unfolding across Arizona.

There is no more critical issue than affordability which is directly impacting our workforce and inhibiting our small businesses from being successful or recovering in a timely manner. This will also impact tourism revenue substantially in places such as Sedona and Bisbee, where the hospitality workforce has largely been displaced due to affordability. We now see this happening across Greater Phoenix as well.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Please contact me at [REDACTED] should you have any questions.

Sincerely,

#SAVEOURSTAGES

--

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

support the waiver

Thu, May 20, 2021 at 10:11 AM

----- Forwarded message -----

From: Susie Huhn <susieh@casadelosninos.org>

Date: Thursday, May 13, 2021 at 10:17:45 AM UTC-7

Subject: support the waiver

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Casa de los Ninos provides Mental Health services in Southern Arizona and support the new AHCCCS waiver. It is very comprehensive and demonstrates forward thinking.

Thank you

Susie

Susie Huhn

Chief Executive Officer

1120 N. 5th Avenue, Tucson, Arizona, 85705 | 

casadelosninos.org | facebook.com/casadelosninos

Pronouns: She/Her/Hers