Housing and Health Opportunities (H2O)

Waiver Update

Division of Community Advocacy and Intergovernmental Relations
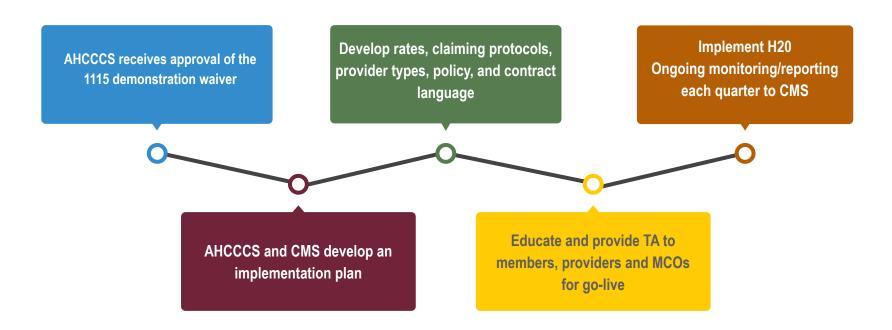
AHCCCS
Arizona Health Care Cost Containment System

Section 1115 of the Social Security Act

- Allows states flexibility to design Demonstration projects that promote the objectives of the Medicaid program.

- Demonstration projects are typically approved for a five year period and can be renewed every five years.

- Must be budget neutral meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.

Waiver Implementation - H20

AHCCCS receives approval of the 1115 demonstration waiver

AHCCCS and CMS develop an implementation plan

Develop rates, claiming protocols, provider types, policy, and contract language

Educate and provide TA to members, providers and MCOs for go-live

Implement H20
Ongoing monitoring/reporting each quarter to CMS

**Deliverables are ongoing throughout the entire demonstration period.

1115 Waiver Renewal Approval- Housing and Health Opportunities (H2O)

Services

- Temporary housing for up to 6 months
- Housing transition navigation/ supports
- Medically necessary home accessibility modifications and remediation services.
- Case management
- Outreach

** Funding for H20 services may not supplant other available funding sources such as housing supports available to beneficiaries through local, state, or federal programs.

H20 Services

- Rent/temporary housing for up to 6 months
  - Specifically for individuals transitioning out of institutional care or congregate settings such as nursing facilities, large group homes, congregate residential settings, Institutions for Mental Diseases (IMDs), correctional facilities, and hospitals; individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter; and individuals transitioning out of the child welfare system including foster care.

H20 Services

- Housing transition navigation/supports
  - Utility costs including activation expenses and back payments to secure utilities, limited to individuals receiving rent/temporary housing;
  - Pre-tenancy and tenancy sustaining services, including tenant rights education and eviction prevention;
  - Housing transition navigation services;
  - One-time transition and moving costs; and
  - Housing deposits to secure housing, including application and inspection fees and fees to secure needed identification.

H20 Services

- Medically necessary home accessibility modifications and remediation services.
- Case management
- Outreach and education including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees.

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Eligibility for H2O Services

- Expenditures for HRSN services may be made for targeted populations with a documented medical need for the services and the services must be determined medically appropriate.

H20 Services Eligibility

- Eligibility for these HRSN services shall be identified as having met one of each of the following criteria from the sections below:

  o Homelessness – beneficiaries must be experiencing homelessness or at risk of homelessness, as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5; and

  o Clinical and social risk criteria – beneficiaries must have a health need as documented in their medical record, including but not limited to: a serious mental illness (SMI), high-cost high needs chronic health conditions or comorbidities, or enrolled in ALTCS.

H20 Services Eligibility

- Medicaid eligible individuals must be assessed for a need for housing-related services and supports and have an identified need for a housing related goal included within their medical record.

- Medical appropriateness must be based on clinical and social risk factors, as documented in the beneficiary's medical record (e.g., housing assessment, individual service plan, etc.)

- A service plan is necessary for each individual determined to be eligible for HRSN services.

  o Service plan will be reviewed and revised upon reassessment of need at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual.

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Infrastructure

- Technology
- Development of business or operational practices
- Workforce development
- Outreach, education, and stakeholder convening

H20 Infrastructure

- Technology
  - Electronic referral systems, shared data platforms, HIE modifications or integrations, screening tool and/or case management systems, databases/data warehouses, data analytics and reporting, or data protections and privacy, accounting and billing systems.

- Development of business or operational practices
  - Procurement and planning, developing policies and workflows for referral management, privacy, quality improvement, trauma-informed practices, evaluation, and member navigation.

H20 Infrastructure

- Workforce development
  - Cultural competency training, trauma-informed training, traditional health worker certification, training staff on new policies and procedures.
- Outreach, education, and stakeholder convening

Evaluation of H20

The AHCCCS H20 demonstration will...

- Improve health outcomes for AHCCCS members.
- Improve management of behavioral health conditions for AHCCCS members.
- Improve management of chronic conditions for AHCCCS members.
- Decrease avoidable hospital utilization including emergency department utilization.
- Increase utilization of primary care and preventative health services.
- Reduce homelessness and homeless recidivism of AHCCCS members.

- Yield improved member satisfaction with care.
- Improve ongoing housing stability for AHCCCS members.
- Increase timely housing placement for AHCCCS members.
- Increase engagement and assessment of Medicaid eligible but unenrolled individuals who are experiencing chronic homelessness.
- Improve discharge coordination of identified homeless members and reduce discharges to homelessness.
- Yield cost-effective care for AHCCCS members.
- Provide a successful transition to permanent housing or most appropriate level of care.

Data and Sources for Evaluation

Data will be drawn from a variety of sources including, but not limited to:

- 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.