

**Arizona Health Care Cost Containment System  
Project for Assistance to Transition from Homelessness  
FY 2022-2023 SM-21-F2**

The Arizona Health Care Cost Containment System (AHCCCS) is the single state Medicaid agency for the State of Arizona. In that capacity AHCCCS is responsible for operating the Title XIX and Title XXI programs through the State's 1115 Research and Demonstration Waiver, which was granted by the Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services (HHS). As of June 1, 2019, AHCCCS provides coverage to approximately 1.9 million members in Arizona. As of July 1, 2016, AHCCCS now administers several Non-TXIX programs through federal grant funds received from the Substance Abuse and Mental Health Services Administration (SAMHSA) under HHS.

AHCCCS contracts with Managed Care Organizations (MCOs) that are responsible for providing Acute, Long-Term Care, and Behavioral Health Services. A list of contracted plans can be found here: <https://azweb.statemedicaid.us/HealthPlanLinksNet/HPLinks.aspx>

AHCCCS has over 70,000 active providers in Arizona, such as individual medical and behavioral health practitioners, therapy disciplines, institutions, durable medical equipment companies and transportation entities. Additional information may be found on the AHCCCS website reporting page: <https://www.azahcccs.gov/Resources/Reports/federal.html>

The PATH contractors utilize best or promising practices to target street outreach and case management to serve the most vulnerable adults who are literally or chronically homeless. Once the individual is enrolled into the PATH program, the PATH Contractor will assist with applying for main stream services such as SSI/SSDI, Housing, Temporary Assistance for Needy Families, Food Stamps, medical resources, etc. Services are documented within the individuals case plan and the case plan will be updated as needed or every three (3) months. For Fiscal Year (FY) 2022 Arizona was allotted \$1,349,288 with a minimum match of \$449,763.

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| <b>Name of Organization</b>  | <b>Organizational Type</b> | <b>Federal Funds</b> | <b>State Funds</b> | <b>County Served</b>                 | <b>Number of persons to be contacted</b> | <b>Number of persons to be enrolled</b> |
|------------------------------|----------------------------|----------------------|--------------------|--------------------------------------|--|---|
| AHCCCS                       | State Agency               | \$<br>\$53,972       |                    |                                      |  |   |
| Community Bridges, Inc (CBI) | Local PATH Subrecipient    | \$659,966            | \$229,156          | Maricopa                             | 4,640                                    | 1,064                                   |
| La Frontera                  | Local PATH Subrecipient    | \$287,278            | \$99,749           | Pima                                 | 1500                                     | 120                                     |
| Catholic Charities           | Local PATH Subrecipient    | \$287,948            | \$99,982           | *<br>Coconino,<br>Mohave,<br>Yavapai | 2400                                     | 210                                     |
| Good Neighbor Alliance (GNA) | Local PATH Subrecipient    | \$60,124             | \$20,876           | *Cochise                             | 107                                      | 21                                      |
| <b>TOTAL</b>                 |                            | <b>\$1,349,288</b>   | <b>\$449,763</b>   |                                      |  |   |

\*Balance of State consists of 13 counties.

### III. State Level Information

#### A. Operational Definitions

| Term                                  | Definition  |
|---------------------------------------|---|
| Individual Experiencing Homelessness: | <p>The Arizona Health Care Cost Containment System defines an individual experiencing homelessness utilizing U.S. Department of Housing and Urban Development (HUD)'s Literally Homeless definition:</p> <ul style="list-style-type: none"> <li>• An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</li> <li>• Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>• Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);</li> <li>• Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>   |
| Imminent Risk of Becoming Homeless:   | <p>The Arizona Health Care Cost Containment System defines an individual experiencing homelessness utilizing U.S. Department of Housing and Urban Development (HUD)'s definition:</p> <ul style="list-style-type: none"> <li>• The term Imminent Risk of Homelessness is includes one or more of the following criteria:</li> <li>• Doubled up living arrangements where the individual's name is not on the lease,</li> <li>• Living in a condemned building without a place to move,</li> <li>• Arrears in rent/utility payments,</li> <li>• Having received an eviction notice without a place to move,</li> <li>• Living in temporary or transitional housing that carries time limits,</li> <li>• Being discharged from a health care or criminal justice institution without a place to live.</li> </ul>  |
| Serious Mental Illness:               | <p>AHCCCS defines Seriously Mentally Ill (SMI) – A designation as defined in A.R.S. §36-550 and determined in an individual 18 years of age or older.</p> <p>Definition:<br/>           "Seriously mentally ill" means persons who as a result of a mental disorder as defined in section A.R.S. §36-550 exhibit emotional or behavioral functioning that is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.</p> <p>For additional information refer to AHCCCS Medical Policy Manual (AMPM) Serious Mental Illness Eligibility Determination at<br/> <a href="https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320P.pdf">https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320P.pdf</a></p>   |
| Co-occurring Disorders:               | <p>The Arizona Health Care Cost Containment System defines an individual with co-occurring with SMI and SUD as individual(s) who have a qualifying SMI diagnosis and co-occurring substance use, for purposes of SMI Eligibility Determination, presumption of functional impairment is as follows:</p> <p>For psychotic diagnoses (bipolar I disorder with psychotic features, delusional disorder, major depression, recurrent, severe, with psychotic features, schizophrenia, schizoaffective disorder and psychotic disorder not due to a substance or known psychological condition) functional impairment is presumed to be due to the qualifying psychiatric diagnosis.</p> <p>For other major mental disorders (bipolar disorders, major depression, and obsessive compulsive disorder), functional impairment is presumed to be due to the psychiatric diagnosis, unless:</p> <ol style="list-style-type: none"> <li>a. The severity, frequency, duration or characteristics of symptoms contributing to the functional impairment cannot be attributed to the qualifying mental health diagnosis, or</li> <li>b. The assessor can demonstrate, based on a historical or prospective period of treatment, that the functional impairment is present only when the individual is abusing substances or experiencing</li> </ol> |

symptoms of withdrawal from substances.

For all other mental disorders not covered above, functional impairment is presumed to be due to the co-occurring substance use unless:

- a. The symptoms contributing to the functional impairment cannot be attributed to the substance use disorder, or
- b. The functional impairment is present during a period of cessation of the co-occurring substance use of at least 30 calendar days, or
- c. The functional impairment is present during a period of at least 90 calendar days of reduced use and is unlikely to cause the symptoms or level of dysfunction.

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320P.pdf>

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**Footnotes:**

NOT FINAL

### III. State Level Information

#### B. Collaboration

Narrative Question:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents. Describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination of service provision to address needs impacted by serious mental illness and provision of permanent housing for those being served with grant funds is prioritized and assured.

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**Footnotes:**

NOT FINAL

## B. Collaboration

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents.

There are a number of programs at the State, County, and City offices responsible for providing housing for qualifying residents including persons experiencing homelessness and those determined SMI. There is no single office or department, therefore the PATH program administered by AHCCCS and the contracted PATH providers implement collaborative relationships at multiple levels as described here.

**Arizona Health Care Cost Containment System (AHCCCS)** is Arizona's Medicaid program, a federal health care program jointly funded by the federal and state governments for individuals and families who qualify based on income level.

Built on a system of competition and choice, AHCCCS is a \$14 billion program that operates under an integrated managed care model, through a Research and Demonstration 1115 Waiver. Contracted health plans coordinate and pay for physical and behavioral health care services delivered by more than 80,000 health care providers to 1.9 million Arizonans.

- **Mission:** Reaching across Arizona to provide comprehensive, quality health care to those in need.
- **Vision:** Shaping tomorrow's managed care...from today's experience, quality and innovation.
- **Values:** Passion, Community, Quality, Respect, Accountability, Innovation, Teamwork, Leadership
- **Credo:** Our first care is your health care.

AHCCCS receives approximately \$28 million in State funds to provide almost 3,000 units of permanent supportive housing for persons determined SMI and a limited number of GMHSUD persons experiencing homelessness. AHCCCS contracts out for the delivery of housing services, the development, implementation and management of housing programs and related funds for the eligible populations to Regional Behavioral Health Authorities (RBHAs). AHCCCS Housing and AHCCCS administered PATH leadership coordinate closely on strategies to identify, engage the target PATH population. In addition to targeting housing to persons determined SMI and other high risk, high needs populations, AHCCCS Housing also prioritizes homelessness for its housing programs. AHCCCS Housing and PATH staff participate in each other's workgroups and planning activities and coordinate activities to ensure coordination of care and housing for qualifying members.

### **Arizona Department of Housing (ADOH)**

The department established for the state government in Arizona to assist in addressing needs for home for working families. ADOH administers programs for Housing Partners who apply to the department for funding. The majority of the agencies programs are federally funded. The agency is also home to the Arizona Housing Finance Authority and the Arizona Home Foreclosure Prevention Funding Corporation.

AHCCCS currently receives federal funding from the Department of Housing and Urban Development (HUD) Continuum of Care program for the Arizona Balance of State. ADOH also administers the State Housing Trust fund to develop affordable housing, including units targeted to person experiencing homelessness and other special populations.

The Arizona Health Care Cost Containment System (AHCCCS) and the Arizona Department of Housing Administration (ADOH) currently work together on a number of housing initiatives'. While there is no formal Inter Governmental Agreement (IGA) in place there is a mutual understanding of the importance of working together collaboratively. AHCCCS PATH Administrator (APA) attends the Balance of State (BOS) Continuum of Care (CoC) meetings to assist in prioritization, coordination, and prioritization of SMI members for CoC Housing opportunities. AHCCCS also work closely with ADOH to develop additional housing options for the qualifying population. The projects and coordination are documented in IGAs when necessary.

Continuums of Care (CoC) – Arizona has three HUD Continuums of Care (Maricopa, Tucson/Pima and Balance of State). The AHCCCS PATH Administrator (APA) participates in all three Continuums of Care leadership and governance. PATH teams are also required to participate in CoC housing coordination activities to identify, engage and house the qualifying population of homeless persons determined SMI or needing assessment. PATH teams also participate in the CoC HMIS systems and Coordinated Entry systems to ensure that PATH identified members are prioritized and included for eligible housing in the CoC housing pool. All three CoC's have some number of designated units restricted for SMI members and by participating in CoC activities, PATH coordinates for these housing opportunities for qualifying members. Through CoC coordination, the PATH teams are also in communication and coordination with local Public Housing Authorities and locally managed federal pass through housing programs including HUD CDBG and HCV programs, locally funded programs and veterans programs.

Through these multiple efforts, the PATH team coordinates all levels to ensure that qualifying members have access to adequate and appropriate housing efforts. Some other funding sources that PATH coordinates with include:

- Housing Acquisition and/or Renovation Programs
- HUD Housing Choice Voucher Program
- Independent Community Housing
- Public Housing Authority (PHA)

Types of housing:

- Rapid Rehousing
- Section 8/Housing Choice Vouchers
- Supportive Housing
- Tenant-Based Housing
- Transitional Housing

For more information on the policy for housing, please visit:

<https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/448.pdf>

Describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination and provision of permanent housing for those being served with grant funds is prioritized and assured.

AHCCS allows PATH funds to be used for housing those individuals who meet the PATH eligibility criteria. Once the individual consents to being enrolled in the PATH program, the enrollee and the PATH outreach worker will create a case plan. Each case plan often includes housing as a goal to be reached. We also have the PATH contractor provide AHCCCS with a sustainability plan to ensure the PATH enrollee is able to sustain their new housing.

AHCCCS contractually requires each PATH contractor to develop relationships with all housing agencies within their geographic service area. This is evident in each PATH contractors intended use plan and monitored through monthly, quarterly and annual reports.

Activities PATH contractors conduct includes, but not limited to:

- Coordinate SMI/Co-Occurring health care, benefits assistance, medical care, emergency, transitional, and permanent housing,
- Conduct and/or participate in community events,
- Attend Housing and Urban Development (HUD) Continuum of Cares meetings (Local Coalitions to End Homelessness),
- Develop a partnership with the respective geographic services area's County Association of Governments, HUD Continuum of Care Homeless Service Providers,
- Develop a working relationship with the respective awarded area's local police, County Sheriff's Departments, ACC/AIHP/RBHA/TRBHA's and homeless service providers at the homeless resource centers and shelters,
- Develop working relationships with various faith-based organization, homeless veteran groups, food bank, clothing banks and other non-profit providers who are operating housing and meal programs for homeless individuals,
- Referrals: All referrals must be tracked in the Homeless Management Information System (HMIS), These referrals include, Relevant Housing Services, Permanent Housing, and Temporary Housing,
- Track in HMIS the number of persons referred to and attaining housing.



### III. State Level Information

#### C. Veterans

Narrative Question:

Describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

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**Footnotes:**

NOT FINAL

C. Describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

AHCCCS/Division of Grants Administration (DGA) has made it a contractual requirement that all PATH contractors form working relationships with the Veterans Agencies in the areas they serve. Partnerships are evident by memorandum of understanding, letters of commitments or letters of support submitted yearly along with their intended use plans.

Partnerships include but are not limited to Veterans Administration Medical Center, the State Veterans' Services and the U.S. Vets in their community to assist with the coordinator of services for homeless veterans.

This includes coordination of physical and behavioral health services, main stream benefits assistance, emergency, transitional and permanent housing to homeless vets as well as participation in StandDowns and other events in their respective community. PATH providers collaborate with each of their veteran agencies and hospitals in their respective area to increase the location and services to Veterans who meet the PATH eligibility criteria.

This is monitored through quarterly reporting by PATH contractors to AHCCCS.

NOT FINAL

### III. State Level Information

#### D. Alignment with PATH Goals

Narrative Question:

Describe how the services to be provided using PATH funds will target outreach and case management as priority services, and maximize serving the most vulnerable adults who are literally and chronically homeless.

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**Footnotes:**

NOT FINAL

D. Alignment with PATH Goals- Describe how the services to be provided using PATH funds will target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

PATH funding is available for the PATH providers and their staff to build their knowledge, awareness and skills around street outreach and case management for all Arizonans experiencing homelessness.

PATH provider outreach teams prioritize street outreach for vulnerable adults who are literally and chronically homeless. Focus is on those individuals who are hardest to serve regularly leading them to outreach in places they camp in order to engage them with the purpose of referring them for behavioral health treatment. PATH teams use a variety of methods for outreach; the majority of their time is spent outreaching in densely populated areas of homelessness such as river bottoms, parks, streets, bridges, and industrial zones and determine if outreach will be on foot or mobile. PATH outreach teams may provide other assistance during outreach such as bus passes or transportation assistance as a means to connect PATH enrolled individuals to resources or attend designated appointments or services.

It often takes multiple contacts and intensive case management to get individual(s) to apply for services. Once the individual is enrolled into the PATH program, the outreach team will conduct an initial assessment utilizing the Vulnerability Index and Service Prioritization Decision Tool (VI-SPDAT).

AHCCCS defines case management as a supportive service provided to enhance treatment goals and effectiveness. Activities may include:

Case Management (provider level) is a supportive service provided to improve treatment outcomes. Examples of case management activities to meet member's Service Plan goals include:

- i. Assistance in maintaining, monitoring and modifying behavioral health services,
- ii. Assistance in finding necessary resources other than behavioral health services,
- iii. Coordination of care with the member's healthcare providers, Family, community resources, and other involved supports including educational, social, judicial, community and other State agencies,
- iv. Coordination of care activities related to continuity of care between levels of care (e.g. inpatient to outpatient care) and across multiple services (e.g. personal assistant, nursing services, and Family counseling).
- v. Assisting members in applying for Social Security benefits when using the SSI/SSDI Outreach, Access, and Recovery (SOAR) approach. SOAR activities may include:
  - 1) Face-to-face meetings with member,
  - 2) Phone contact with member, and
  - 3) Face-to-face and phone contact with records and data sources (e.g. jail staff, hospitals, treatment providers, schools, Disability Determination Services, Social Security Administration, physicians).
- vi. For provider case management used to facilitate a Child and Family Team (CFT), the modifier U1 is required,

- vii. SOAR services shall only be provided by staff who have been certified in SOAR through SAMHSA SOAR Technical Assistance Center. Additionally, when using the SOAR approach, billable activities do not include:
  - 1) Completion of SOAR paperwork without member present,
  - 2) Copying or faxing paperwork,
  - 3) Assisting members with applying for benefits without using the SOAR approach, and
  - 4) Email.
- viii. For provider case management utilized when assisting members in applying for Social Security benefits (using the SSI/SSDI Outreach, Access, and Recovery (SOAR) approach) the modifier HK is required. Billing T1016 with an HK modifier indicates the specific usage of the SOAR approach and it cannot be used for any other service,
- ix. Outreach and follow-up of crisis contacts and missed appointments, and
- x. Participation in staffing, case conferences, or other meetings with or without the member or their Family participating.

For more information, please visit

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310B.pdf>

Arizona PATH contractors have identified the Best Practices their agencies use to implement their programs within their individual Intended Use Plan (IUP) to achieve the programs goals. Each provider is responsible for participating in the necessary training for the Best Practices identified.

**SSI/SSDI Outreach, Access and Recovery (SOAR)** is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

**Motivation Interviewing (MI)** is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes. MI has evidence that it is effective with individuals who are homeless, addiction, integrated health (physical and mental health), etc.

**Critical Time Intervention (CTI)** is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. CTI has been applied with veterans, people with mental illness, people who have been homeless or in prison, and many other groups. The model has been widely used on four continents

**Harm Reduction** is a set of strategies and ideas aimed to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.

**Trauma Informed Care (TIC)** according to SAMHSA is, “A program, organization, or system that is trauma-informed: (1) *Realizes* the widespread impact of trauma and understands potential paths for recovery; (2) *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; (3) *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) *Seeks* to actively resist *re-traumatization*.”

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing. SAMHSA also promotes trauma-informed care for people experiencing homelessness that has been exposed to physical and sexual abuse.

**Housing First (HF)** is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

Other task/services PATH Outreach teams perform:

- Being the point of contact for food, clothing, water, blankets, shelter and basic living skills;
- Linkages with the behavioral health system;
- Assistance in getting prescriptions filled;
- Assistance with the behavioral health system and/or substance use treatment enrollment;
- Referral for aftercare support including but not limited to case management, housing and transportation;
- Assistance in obtaining medical records, picture identification, social security cards and affordable housing;
- Field assessment and evaluations;
- Intake assistance/emergent and non-emergent triage;
- Transportation assistance (bus tokens and transporting);
- Assistance in meeting basic living skills;
- Move In assistance;
- Housing dollars for permanent placements;
- Transition into the AHCCCS Complete Care (ACC) Health Plan, the American Indian Health Program (AIHP), Regional Behavioral Health Authority (RBHA) and/or Tribal Regional Behavioral Health Authority (TRBHA) for physical and/or behavioral health treatment; and
- Assistance in locating cooling or heating and water stations during extreme heat and winter alerts.

For more information, please visit:

<https://azahcccs.gov/PlansProviders/Downloads/GM/SMIPortalUserManual.pdf>

NOT FINAL

### III. State Level Information

#### E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

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**Footnotes:**

NOT FINAL



E. Alignment with State Comprehensive Mental Health Services Plan- Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

AHCCCS is the single state Medicaid agency for the State of Arizona. In that capacity it is responsible for operating the Title XIX and Title XXI programs through the State's 1115 Research and Demonstration Waiver, which was granted by the Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services (HHS). As of June 1, 2019, AHCCCS provides coverage to approximately 1.9 million members in Arizona. As of July 1, 2016, AHCCCS now administers several Non-TXIX programs through federal grant funds received from the Substance Abuse and Mental Health Services Administration (SAMHSA) under HHS.

The AHCCCS Strategic Plan for 2018-2023 begins with the AHCCCS vision, mission and core values. This is followed by an overview of the programs and populations served and a review of accomplishments during the past fiscal year, and a description of the strategic goals which drive AHCCCS operations.

The Plan identifies four strategic goals for AHCCCS. These are:

1. AHCCCS must pursue and implement long term strategies that bend the cost curve while improving member health outcomes.
2. AHCCCS must pursue continuous quality improvement.
3. AHCCCS must reduce fragmentation driving towards an integrated sustainable healthcare system.
4. AHCCCS must maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

For more information about the AHCCCS Strategic Plan and successes, please visit [https://www.azahcccs.gov/AHCCCS/Downloads/Plans/StrategicPlan\\_18-23.pdf](https://www.azahcccs.gov/AHCCCS/Downloads/Plans/StrategicPlan_18-23.pdf)

AHCCCS offers a comprehensive array of behavioral health services to assist, support and encourage each PATH enrolled individual to achieve and maintain the highest possible level of health and self-sufficiency.

The PATH Grant is able to work in tandem with the AHCCCS strategic plan by working towards:

- 1.) Increasing access to behavioral health services for persons diagnosed with a serious mental illness;
- 2.) Decreasing the number of adults who are chronically and/or literally homeless or living in shelters.

### III. State Level Information

#### F. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; the general public) to review the proposed use of PATH funds including any subsequent revisions to the application. Describe opportunities for these parties to present comments and recommendations prior to submission of the state PATH application to SAMHSA.

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F. Describe the process for providing public notice to allow interested parties, (e.g., family members, individuals who are PATH-eligible and mental health, substance use disorder and housing agencies; and the general public) to review the proposed use of PATH fund (including any subsequent revisions to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA.

Upon completion of the PATH application, the AHCCCS/Division of Grants Administration posts the PATH application on its website.

<https://www.azahcccs.gov/Resources/Grants/>

The AHCCCS PATH Administrator (APA) will accept public comments throughout the year as they relate to the posted application and assess recommendations for incorporation into the following year's application.

Contact information for the APA is included on all posted PATH Applications as well as general communications, for any interested parties to provide feedback. AHCCCS will post the PATH application for public comment three to five business days prior to submission.

<https://www.azahcccs.gov/AHCCCS/PublicNotices/>

NOT FINAL

### III. State Level Information

#### G. Programmatic and Financial Oversight

Narrative Question:

Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., county agencies, regional behavioral health authorities), describe how these organizations will monitor the use of PATH funds.

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**Footnotes:**

NOT FINAL

## **G. Programmatic and Financial Oversight-**

Describe how the state will provide necessary programmatic and financial oversight of the PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organization (i.e. County agencies or regional behavioral health authorities), describe how these organizations conduct monitoring of the use of PATH funds.

AHCCCS PATH Administrator and each PATH contractor have individual monthly check-in calls. During these call funding is an item of discussion, this includes, spending to date and spending barriers. The AHCCCS PATH Administrator also will have meetings with the internal finance team to ensure each contractor is on track for spending down of all funds. If there is a contractor underspending, this is discussed during our monthly check-in call. Reviews of contractor spending with the internal finance team are at 3 months, 6 months, 9 months and monthly thereafter until the end of the fiscal year.

AHCCCS/DGA monitors PATH activities through the implementation of monthly, quarterly and annual deliverables. PATH contractors are required to submit monthly reports utilizing the PATH Data Exchange (PDX) detailing the number of individuals receiving PATH services by census and demographic. These deliverables allow the AHCCCS PATH Administrator track progress and ensure Intended Use Plan goals are on track to be achieved. An annual narrative and statistical report is due each January to SAMHSA and AHCCCS/DGA. Monthly and annual detailed expenditures reports and a copy of the contractor's audit report (2 CFR 200.501 – Audit Requirements) are also required.

In addition to reporting, PATH contractors are subject to a bi-annual program review per geographic service area. The review consists of an analysis of all aspects of the PATH program for compliance; including chart review, interviews with PATH enrolled individuals and PATH staff, and an outreach ride along for direct observation of outreach and engagement techniques used in enrollment.

AHCCCS/DGA communicates regularly throughout the year with PATH contractors to identify areas of strength and areas that require improvement to ensure the needs of homeless individuals with a serious mental illness are addressed in each region. These program reviews allow AHCCCS to ensure implementation currently occurring is aligning with program goals and needs.

### III. State Level Information

#### H. Selection of PATH Local-Area Providers

Narrative Question:

Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven or other means).

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**Footnotes:**

NOT FINAL

**H. Selection of PATH Local-Area Providers-** Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illness or co-occurring substance use disorders (i.e. through annual competitions, distribution by formula, data driven or other means.)

Arizona's current contracts for PATH services will be expiring on June 30, 2022. Four non-profit providers are applying to the 2022-2023 NOFO. for the purpose of providing outreach services to people who are suffering from a serious mental illness and/or are suffering from a SMI and a substance use disorder (co-occurring disorder) who are homeless or at imminent risk of becoming homeless in each county across the State. Their current contract period is due to expire on June 30, 2020.

Arizona will submit updated information once the NOFO RFP has been awarded via a revision request in WebBGAS.

To determine areas of need, Arizona relies on annual street count data, PATH annual report data and population by census data.

NOT FINAL

### III. State Level Information

#### I. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Narrative Question:

Indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

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**Footnotes:**

AZ 3/10/22: Due to barriers caused by Covid-19, the 2020 and 2021 Point In Time (PIT) Shelter and Street Count were cancelled. AZ continues to use the data provided by the 2019 PIT Count to help inform statewide PATH efforts, and will update this information as the PIT Count has resumed for 2022.

NOT FINAL

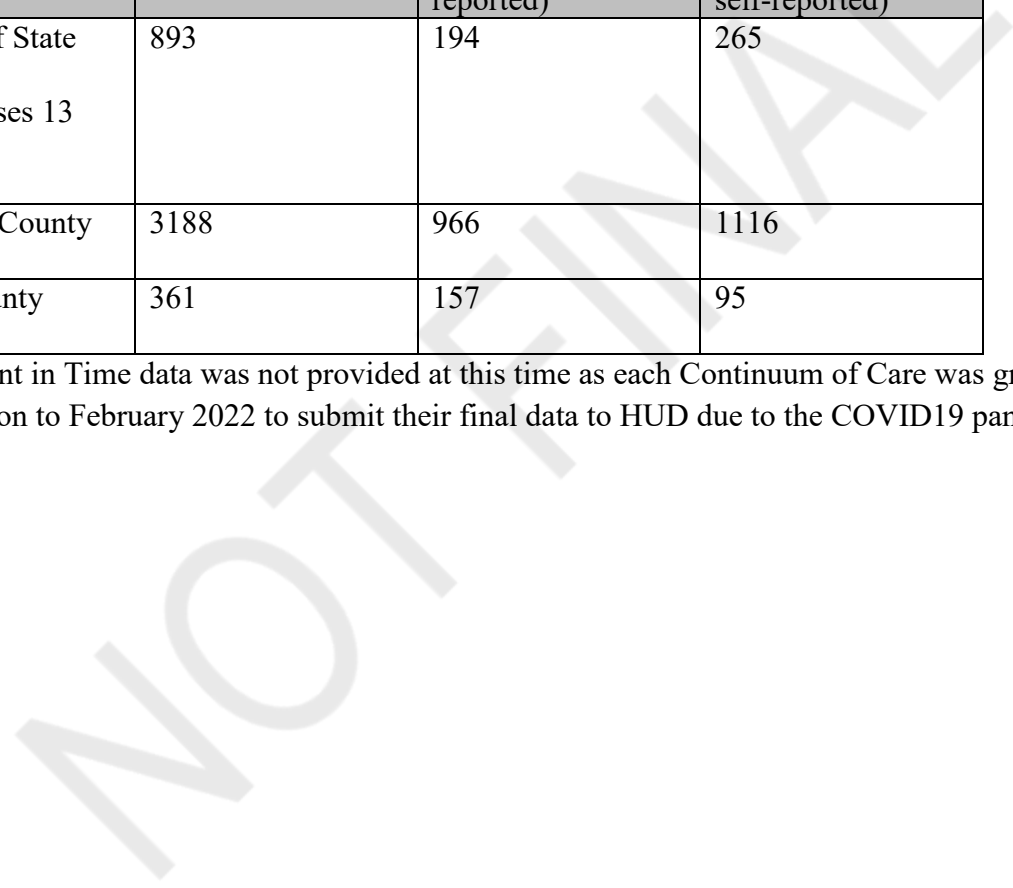


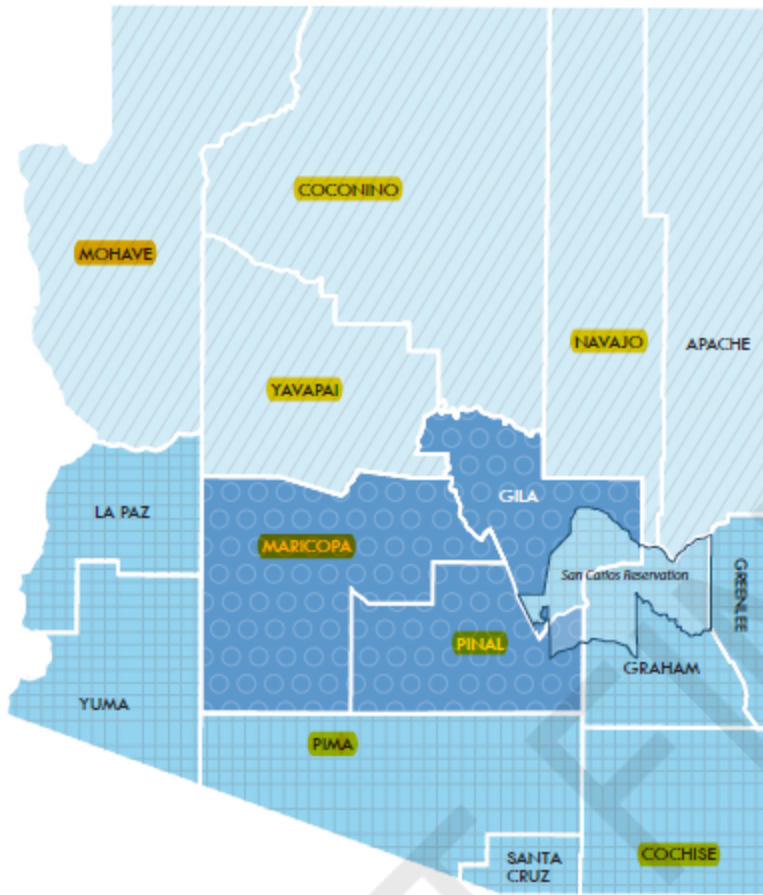
- I. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness- Indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

**2019 Point in Time Street & Shelter Count\***

| GSA   | Adults Homeless Unsheltered | Homeless Unsheltered with SMI (data is self-reported) | Homeless Unsheltered with Substance Use Disorder (data is self-reported) |
|---|-----------------------------|---|--|
| Balance of State (BOS), encompasses 13 counties | 893                         | 194   | 265  |
| Maricopa County                                 | 3188                        | 966   | 1116   |
| Pima County                                     | 361                         | 157   | 95   |

\*2021 Point in Time data was not provided at this time as each Continuum of Care was granted an extension to February 2022 to submit their final data to HUD due to the COVID19 pandemic.





NOT FINAL

### III. State Level Information

#### J. Matching Funds

Narrative Question:

Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

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**Footnotes:**

NOT FINAL

**J. Matching Funds**

Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

Required non-federal contributions are available from the State General Fund Non-Medicaid Seriously Mentally Ill Services appropriation. Funds will be available at the beginning of the grant period.

NOT FINAL

### III. State Level Information

#### K. Other Designated Fundings

Narrative Question:

Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

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**Footnotes:**

NOT FINAL

#### K. Other Designated Funding

Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

- a.) Mental Health Block Grant - Funds provided by the mental health block grant are utilized for services to individuals with serious mental illness and children with serious emotional disturbance, which can be used for those who are homeless or at imminent risk of being homeless.
- b.) Substance Abuse Block Grant- Provisions are made through the substance abuse block grant for services to be delivered through street outreach/drop in centers serving homeless individuals with substance use disorder at high risk for HIV, in addition to other community settings such as probation offices, domestic violence facilities and homeless shelters.
- c.) State General Fund Revenue- State general funds allocated as match for PATH federal funds are specifically targeted for individual persons who are homeless and have a serious mental illness or co-occurring substance use disorder.

While the focus of the PATH grant is to reduce or eliminate homelessness for individuals with serious mental illnesses (SMI), co-occurring substance use disorders (COD), and who are experiencing homelessness or at imminent risk of becoming homeless, AHCCCS has other grant funding sources that are able to assist the same population as the PATH Grant.

If the person outreached does not meet eligibility criteria for PATH, the PATH contractor will refer or connect the individuals with the Regional Behavioral Health Authority (RBHA) in their respective service area who provides the oversight of the above mentioned grant funds.

### III. State Level Information

#### L. Data

Narrative Question:

Describe the state's and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

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**Footnotes:**

NOT FINAL

L. Data- Describe the state's and providers' status on HMIS transition plan, with accompanying timelines for collecting all PATH data in HMIS. If the state is fully utilizing HMIS for PATH services, please describe plan for continued training and how the state will support new local-area providers.

All Arizona PATH providers are fully utilizing HMIS for documenting all PATH services. AHCCCS/DGA continues to support HMIS trainings and activities for its contractors, which will include alerting them of SAMHSA Homeless and Housing Resource Network webinars, and the Learning Community Webinars. Each PATH contractor has a line item budget for HMIS support, licenses and trainings.

The State of Arizona has three different U.S. Department of Housing and Urban Development (HUD) Continuums of Care (CoC) and each is the HMIS Lead Agency for their respective region. These CoCs complete their own program coordination and planning to end homelessness. PATH contractors are contractually required to actively collaborate and participate on any committees or sub-committees as they relate to PATH. The AHCCCS PATH Administrator monitors this activity through receipt of Quarterly Reports.

If any data quality issues arise, the HMIS Lead Agency will notify the AHCCCS PATH Administrator and issue(s) will be resolved with collaboration between the PATH contractor, HMIS Lead Agency and the AHCCCS PATH Administrator to remedy.

#### Arizona CoCs

**Maricopa Association of Governments** is the HMIS Lead Agency for Maricopa County. Community Bridges, Inc. PATH program staff member(s) take part in various committees and/or sub-committees. More information regarding various committees they participate on can be found in their respective Intended Use Plan (IUP).

**Tucson Pima Collaboration to End Homelessness** is the HMIS Lead Agency for Pima County. La Frontera PATH program staff member(s) take part in various committees and/or sub-committees. More information regarding various committees they participate on can be found in their respective Intended Use Plan (IUP).

**Arizona Department of Housing, Balance of State Continuum of Care** is the HMIS Lead Agency for the remaining thirteen counties. Catholic Charities (Mohave, Coconino and Yavapai Counties) and Good Neighbor Alliance (Cochise County) PATH program staff member(s) take part in various committees and/or sub-committees. More information regarding various committees they participate on can be found in their respective Intended Use Plan (IUP).



### III. State Level Information

#### M. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, Recovery (SOAR)

Narrative Question:

Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed, and a determination made in a timely manner.

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**Footnotes:**

NOT FINAL

**M. SSI/SSDI Outreach, Access and Recovery (SOAR)**

Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have a least one trained SOAR staff. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed and a determination made in a timely manner.

Arizona is currently in a Request for Proposal (RFP) process to award PATH Services. Once the RFP is awarded, those staff not trained in SOAR, will have 90 days from award to submit their certificate of completion of the on-line SOAR training.

AHCCCS has made it contractual requirement every PATH funded staff be trained in SOAR. This is monitored by each contractor submitting their staff's certificate of completion of the on-line SOAR training. Any new staff hired after the annual application date will have 90 days to complete the on-line SOAR training and submit their certificate of completion to the AHCCCS PATH Administrator.

| <b>PATH Contractor</b>                | <b>County</b>                     | <b>*Number of Staff Trained</b> |
|---------------------------------------|-----------------------------------|---------------------------------|
| Community Bridges, Inc.               | Maricopa County                   | 8                               |
| La Frontera                           | Pima County                       | 4                               |
| Good Neighbor Alliance                | Cochise County                    | 1                               |
| Catholic Charities Community Services | Mohave, Coconino & Yavapai County | 1                               |

**\*Numbers will be updated once RFP is awarded**

By completing the 20 hours of on-line training, it allows the street outreach worker to have a better understanding of the process and can assist by prescreening and referring participants for SOAR. The PATH contractors either have or are working on establishing good working relationship with the Social Security Administration (SSA) offices in their respective counties.

### III. State Level Information

#### N. PATH Eligibility and Enrollment

Narrative Question:

Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

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**Footnotes:**

NOT FINAL

N. PATH Eligibility and Enrollment- Describe how PATH eligibility is determined, when enrollment occurs and how eligibility is documented.

The purpose of the PATH Grant is to provide funds for eligible services to individuals who are: (1) suffering from SMI and /or have a co-occurring Substance Use Disorder; and (2) homeless or at imminent risk of becoming homeless.

PATH Contractors conduct an initial assessment of a potential PATH client by exhibiting client behaviors that are consistent with a SMI diagnosis; this can be over multiple contacts. PATH contractors document the overview of the contact, observed signs and contact location (assists with future contacts) with the homeless individual.

Enrollment begins when the PATH Eligible individual verbalizes an interest in participation in the PATH program, signs the Homeless Management Information System (HMIS) consent form and an individual record is created in the HMIS system. The PATH contractor will also ensure the PATH enrollee applies for mainstream physical and behavioral health services such as Medicaid/Medicare, SSI/SSDI, Housing, Temporary Assistance for Needy Families, Food Stamps, medical resources, etc. Services are documented within the individuals case plan and the case plan will be updated as needed or every three (3) months.

The PATH contractor will either complete (or refer out) for the individual to participate in the screening process to determine service eligibility and need for a SMI determination. The PATH contractor ensures the screening process is completed and a SMI determination is completed within ninety days of enrollment. Those individuals who do not complete an SMI determination within ninety days can remain enrolled up to six months with evidence of documentation from the PATH Contractor.

A critical component of the AHCCCS service delivery system is the effective and efficient identification of individuals who have special behavioral health service needs due to significant functional impairments resulting from a behavioral health disorder. One such population is individuals designated as having an SMI. Without receipt of appropriate care, these individuals are at a high risk for further deterioration of their physical and mental condition, increased hospitalizations and potential homelessness and incarceration.

AHCCCS has developed a standardized process and criteria to determine SMI Eligibility Determination to ensure individuals designated as SMI are promptly identified and enrolled for services. Community Information and Referral Network (CRN) is responsible for rendering the final SMI Eligibility Determination statewide, any applicable grievances and appeal requirements, and all administrative responsibilities related thereto.

For more information about the SMI Determination Process, please visit:  
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320P.pdf>

PATH contractors are obligated to have a Memorandum of Understanding (MOU) with each of the Regional Behavioral Health Authorities (RBHA) in their respective geographic service area. The MOU allows for a working relationship to be built and collaboration efforts for engaging and/or reengaging the PATH individual for the needed behavioral health service(s). Dv5132020