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
Housing Waiver Request/TI 2.0 Concept Paper Timeline

- **Dec 2020-Feb 2021**: Develop Draft Housing Waiver Request and TI 2.0 Concept Paper
- **March 19, 2021**: Post Draft Proposal and Begin 45 Day Public Comment Process
- **March 20 - May 3, 2021**: Conduct Public Forums, a Special TC and SMAC Meeting
- **May 31, 2021**: Review Stakeholder Feedback, Finalize Proposal, & Submit to CMS
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 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 3: Enhancing Medicaid Wraparound Services and Supports

➔ 3.1 Home Modification Services

➔ 3.2 Pre-Tenancy and Tenancy Supportive Services
## AHCCCS Wraparound Housing Services

<table>
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<tr>
<th>Medicaid Covered Behavioral Health Services</th>
<th>Related Pre-Housing Activities (Attain Housing)</th>
<th>Related Activities In Housing (Sustain Housing)</th>
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<td>• Case Management and Coordination of Care&lt;br&gt;• Group Counseling&lt;br&gt;• Pre-Employment Training&lt;br&gt;• Supportive Employment&lt;br&gt;• Individual &amp; Family Peer Support&lt;br&gt;• Group Peer Support&lt;br&gt;• Health Promotion&lt;br&gt;• Medication Assistance&lt;br&gt;• Substance Use Counseling&lt;br&gt;• Skills Training and Development</td>
<td>• Securing ID and Documents&lt;br&gt;• Completing Housing Applications&lt;br&gt;• Understanding Lease/Legal Notices&lt;br&gt;• Housing Search&lt;br&gt;• Disability Accommodation Requests&lt;br&gt;• Move-In Coordination&lt;br&gt;• Attending Housing Briefings&lt;br&gt;• Budgeting and Financial Planning&lt;br&gt;• Coaching for Interviews, Landlord Visits or Housing Negotiations</td>
<td>• Crisis/Conflict Management&lt;br&gt;• Budgeting&lt;br&gt;• Pre and Post Employment Supports&lt;br&gt;• Benefit Applications&lt;br&gt;• Life Skills&lt;br&gt;• Connection to Family, Natural and Community Supports&lt;br&gt;• Landlord and Neighbor Communication&lt;br&gt;• Substance Use Disorder Treatment Supports&lt;br&gt;• Lease Renewal</td>
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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
• Young adults (18 -24 years of age) who have aged out of the foster care system
• High risk of experiencing homelessness upon release from an institutional setting, including
• ALTCS members who are medically able to reside in their own home and require affordable housing 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
Targeted Investments (TI) Program Renewal Concept Paper
Targeted Investments (TI) 1.0 Program

• $300 million authorized by CMS in January 2017 as a part of 1115 waiver renewal

• Five year project providing resources to providers to support integration of behavioral and physical health care at the point of service

• Incentive payments based on meeting milestones that support integration and whole person care
TI 2.0 Program

• AHCCCS seeks waiver authority to extend the TI Program from 2021 through 2026,

• This extension request was submitted to CMS in December 2020 with Arizona’s Waiver renewal packet, and

• AHCCCS developed a concept paper to supplements the waiver renewal request and provides further details on the structure and requirements of the TI Program 2.0.
TI 2.0 Program Goals

**Sustain** the integration efforts of current TI participants

**Expand** integration opportunities to new providers

**Improve** the program requirements to provide whole person care

**Align and support** the AHCCCS 2021 Strategic Plan
TI 2.0 Program Structure

• TI Program 2.0 will include two distinct cohorts:
  o **Extension cohort** will include TI Program providers that completed participation in the current TI Program,
  o **Expansion cohort** will include primary care practices and behavioral health providers, integrated clinics with no prior TI participation.
Extension Cohort Strategies

• Sustain point of care integrated systems that improve care coordination for high risk AHCCCS members

• Extend point of care integration systems that effectively address social risk factors such as housing, food, and employment

• Support strategies for effective use of technology including the closed loop referral system and telehealth that enable whole person care

• Support systems for provider and other stakeholder peer learning and sharing of process improvement strategies
Expansion Cohort Strategies

• Improve health outcomes for high risk AHCCCS members with physical and behavioral health needs

• Expand AHCCCS members’ accessibility to more fully integrated, whole person care

• Establish integrated point of care systems that improve care coordination and drive better health and financial outcomes for high risk AHCCCS members

• Support strategies for effective and efficient use of health information technology
TI 2.0 Participants and Stakeholders

• Similar to the original program, participation will be limited to specific provider types:
  o Primary Care
  o Behavioral Health
  o Integrated Clinics
  o Co-located Justice Clinics
  o IHS and Tribal 638 Facilities (Outpatient)*
  o Community Based Organizations (CBOs)*
  o Peer Run Organizations*

*AHCCCS is exploring options for including this participant category.
Participant Support-Quality Improvement Collaborative (QIC)

- Partnership with ASU College of Health Solutions and Center for Health Information Research (CHiR)
- QIC participation is a provider milestone
- The QIC provides:
  - Dashboards for providers on Quality Measures performance
  - Assistance with quality improvement actions
  - Technical assistance
  - Peer learning
TI 2.0 Program Funding

• AHCCCS proposes that the maximum total funding for the program not exceed **$250 million over five years** including state and federal match contributions,

• AHCCCS anticipates funding TI 2.0 through a combination of state and federal sources,

• Funding will direct incentive payments to participating providers to meet program milestones and goals.
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