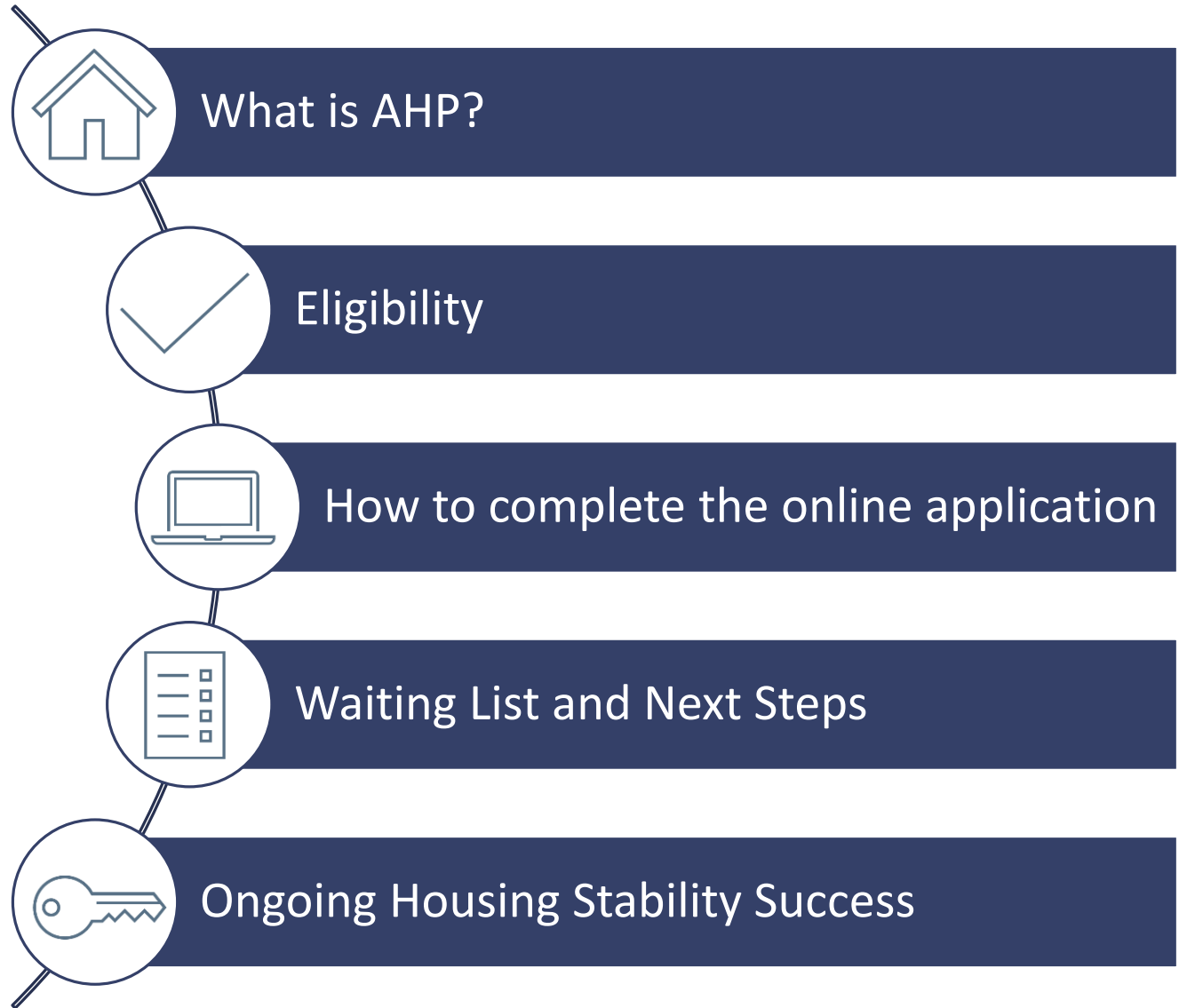




AHCCCS Housing Program (AHP)

Applying For Housing And
Ongoing Housing Stability

Agenda



AHCCCS Housing Program



SYSTEMS LEVEL ADMINISTRATION

- System Collaboration
- AHP Plan Development and Implementation
- AHCCCS & MCO Interface
- Referral and Wait List Management
- HMIS
- Hearings, Grievances and Appeals
- Eligibility Determinations
- Policy Development
- Training
- Data Analysis and Visualization
- Performance Management
- Evaluation
- Stakeholder Feedback Management
- Financial Management
- Messaging and Outreach
- Advocacy



DIRECT SERVICE

- Program Briefing
- Issue and Manage Vouchers
- Housing Search Assistance
- Landlord Engagement
- Tenant Rent Calculations
- Housing Assistance Payments to Landlords
- Member Start-up Boxes
- Initial/Interim/Annual Recertifications
- Initial/Annual/Special HQS Inspections
- Coordination with Case Managers and Supportive Services Providers
- Move-Out Inspections
- Damage and Vacancy Loss
- Programs Terminations
- Eviction Prevention

Philosophy in Practice

- Housing First
- SAMHSA PSH Best Practices
 - Separate Housing and Services

Support Services from ACC Behavioral Health Providers



AHP Housing Types

Scattered Site Housing

Allows members to identify and lease a housing unit, of their choice, in the community. SMI and GMH/SU (HCHN) eligible.

Site-based/Community Living Program

Provides rental assistance to AHCCCS members, with an SMI determination, at a location within a set inventory. Units in this program may be connected to service supports or not and may be shared or independent.

Project-Based Voucher

Provides rental assistance to AHCCCS members, with an SMI determination, at a location within a set inventory.

Eligibility

AHCCCS Member

18 years of age or older

U.S Citizen or other legal immigration status

Housing Need

- Actual Homelessness
- Institutional or Housing Discharge
- Other Identified Housing Need
 - Fleeing domestic violence
 - Frequent hospitalization
 - Housing instability

Behavioral Health Need

- Scattered Site- SMI determination or GMH/SU, Title 19, and high-cost/high-need
- Community Living Program and Project-Based- SMI only



New Online Application

3 Forms

1. GMH/SU Pre-Application
2. AHP Housing Application
3. AHP Change Form

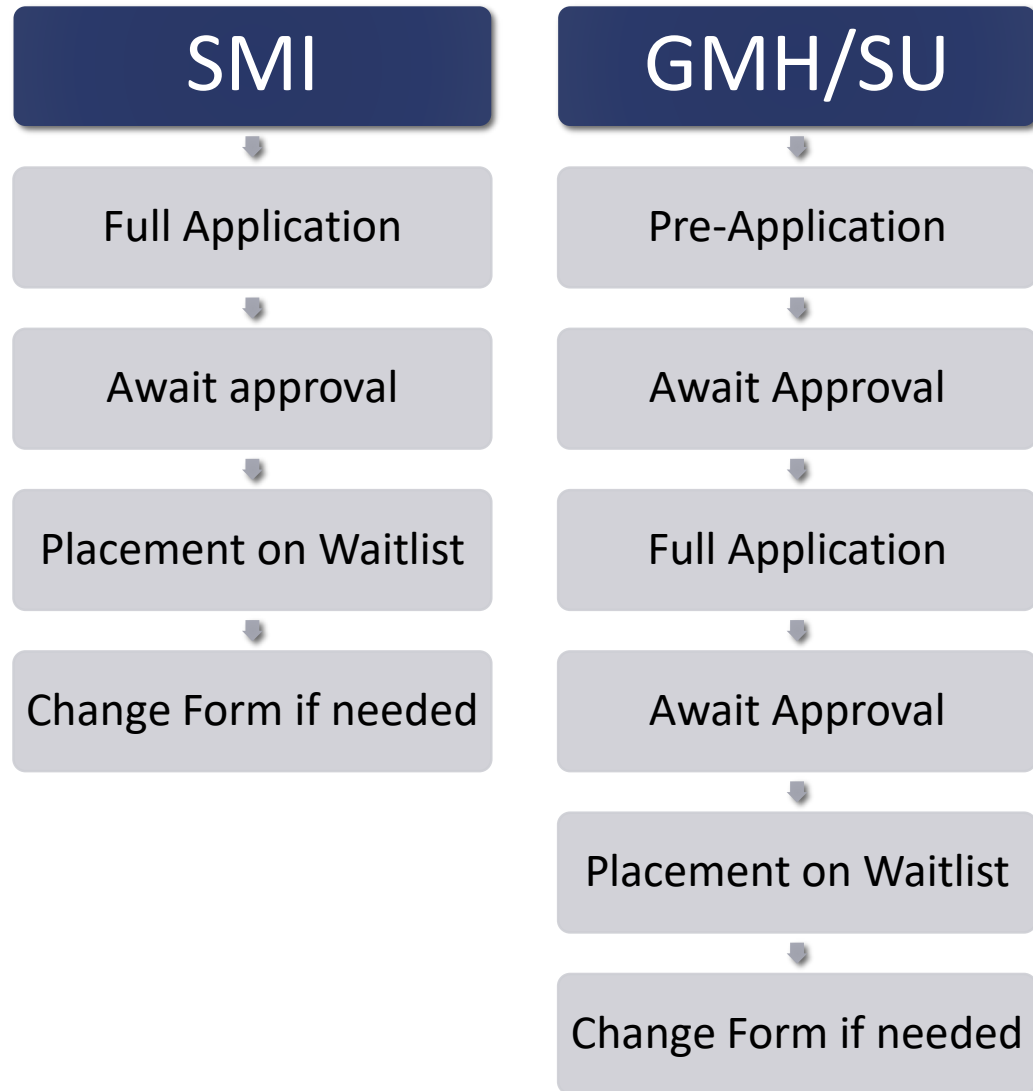
Live Date: April 5, 2024

End Date for PDF Applications: June 5, 2024



How to access the forms

Applying for AHP





GMHSU AHCCCS Housing Program Pre-Application

Member Information

First Name * Middle Initial Last Name *

Date of Birth * AHCCCS ID *

What is the member's mental health designation *

Which Health Plan is the member currently enrolled? *

Does the member have any of the following medial need *

Referring Agency Information

Agency Name * Behavioral Health Home Site

Case Manager Name * Case Manger Email Address *

GMH/SU Pre-application

Purpose to verify with health plan member is HC/HN

Minimum information collected

Medical Need collected to help health plan identity HC/HN

- Wheelchair Dependent
- Oxygen Dependent
- Visual or hearing impairment resulting in deafness or blindness
- None

7 business days to receive response from ABC staff

If approved, complete full AHP application

AHCCCS Housing Program (AHP) Application

Member Information

First Name * Middle Initial Last Name *

Does the member have any former first or last names? * Former Name *

Yes No

Date of Birth * Gender *

What is the member's citizenship status? *

Please upload member's State ID or Eligible Immigrant Documentation

No file chosen

Social Security Number *

Please upload member's Social Security Card

No file chosen

ALERT: Only members 18 or older will receive a referral for intake to AHP. Members under 18 who are emancipated may be accepted to the waitlist, but will not receive a call for intake until their 18th birthday if there is availability. Applicants under 18 will require documentation of emancipation.

AHP Housing Application

Gender

- Woman, Man, Culturally Specific (e.g. Two Spirit), Transgender, Non-Binary, Questioning, Different Identity

Eligible Immigrant Status

- https://azahcccs.gov/Resources/guidesmanualspolicies/eligibilitypolicy/eligibilitypolicymanual/Policy/Chapter_500_Non-Financial_Conditions_of_Eligibility/524_NonCitizen_Status/A_Overview.htm

AHP Housing Application

Race - Check all that apply *

- American Indian, Alaska Native or Indigenous
- Asian or Asian American
- Black, African American or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian / Pacific Islander
- White

Is the member a veteran? *

- Yes
- No

Will other persons be living in the household? *

- Yes
- No

Number of adults (Not including applicant) *

Number of minors *

Member Contact and Health Care Information

Phone Number *

Second Phone Number

Email Address

Which Health Plan is the member currently enrolled? *

Designation *

SMI

GMH/SU & Title 19

AHCCCS ID Number * ?

AHP Housing Application

More contact information the better

Make sure AHCCCS ID is complete

AHP Housing Application

ALERT:

GMH/SU members are only eligible for AHP if they are determined high cost/high (HC/HN) need by their health plan. Only the health plan may determine this.

You must first complete the GMH/SU Pre-Application and receive an approval from ABC Staff that we verified with the health plan that the member is HC/HN: [Click Here: GMH/SU Pre-Application](#)

If you already completed, the GMH/SU application and received an approval please attach your approval email below.

Attach email from ABC staff approving the GMH/SU member *

Choose File No file chosen

In which county does the member currently live? *

Maricopa ▾

What city/town in Maricopa County does the member currently live? *

Mesa ▾

Is the member willing to re-locate in another county other than the one listed above? *

Yes

No

Please check which counties the member has agreed to re-locate to: *

- Apache
- Cochise
- Coconino
- Gila
- Graham
- Greenlee
- La Paz
- Maricopa
- Mohave
- Navajo
- Pima
- Pinal
- Santa Cruz
- Yavapai
- Yuma

AHP Housing Application

County and City/Town are required of **current** residence

Members asking to live outside of GSA jurisdiction must first complete a RBHA transfer

Discuss with member if selected counties best fit their needs

Housing Need Information

Why is this person currently in need of housing assistance? *

- Actual Homelessness- lacks a regular night time residence
- Institutional or Hospital Discharge- does not have a safe residence to go upon discharge
- Other Identified Housing Crisis or Instability

Please specify the reason for housing crisis or instability: *

- Fleeing domestic violence or other harmful living situation
- Living in a physical setting that may result in harm (i.e overcrowding, COVID exposure, illegality, etc.)
- Frequent physical or behavioral health inpatient hospitalization or treatment or emergency department

Which housing model is most appropriate for the member's need. Please make sure client agrees with these choices. Check all that apply. *

- Scattered Sites
- Community Living Program/Site-based (SMI Only)
- Project-Based Housing (SMI Only)

AHP Housing Application

What is a housing need?

Choosing the right housing option for your member

- Does it fit the member's needs?
- Does the member understand and agree to the housing option?

AHP Housing Application- CLP Housing

Which CLP/Site-based type is most appropriate for the member's need. Please make sure client agrees with these choices. Check all that apply. *

- Shared Housing
- Independent Housing

Which CLP/Site-based type is most appropriate for the member's need. Please make sure client agrees with these choices. Check all that apply. *

- With Service Supports
- Without Services Supports

Specialty Housing: Check all that apply. *

- 24 hour Service Support on Site
- 24 hour staffed- Polydipsia
- 24 hour staffed- Deaf/Hard of Hearing
- 24 hour staffed- Medically compromised diabetic
- Transitioned Aged Youth (TAY) w/ Service Supports
- ACT Housing
- None

Which ACT Team is the member currently on? *

ERROR: This member is not eligible for ACT Housing. Please de-select ACT Housing in the previous question "speciality housing."

Which ACT Housing location would you like to refer? *

If member is also on an ACT team, have you submitted a duplication of service supports to Mercy Care? *

- Yes
- No

Please have member sign as an attestation that they have agreed to shared housing or want housing where they will participate in support services. *

AHP Housing Application- Shared Housing

- Ensure that members agree to share housing

Which CLP/Site-based type is most appropriate for the member's need. Please make sure client agrees with these choices. Check all that apply. *

- Shared Housing
- Independent Housing

Please have member sign as an attestation that they have agreed to shared housing or want housing where they will participate in support services. *



Verbal Consent

If you are unable to collect a signature do you have verbal consent from the member?

- Yes
- No
- Signature completed above

ERROR: Applications without a signature and without verbal consent will be automatically declined.

Date Verbal Consent was Given *

mm/dd/yyyy 

Method of Verbal Consent Collection *

Please upload email from Member providing consent *

No file chosen

Reason for Verbal Consent *

- Member does not receive in-person visits at any time
- Member lives in a rural area and will never be able to sign in-person
- Other

If the member never receives in person visits, please describe what team member or community referral will support the member, in-person, through intake and housing search once there is an availability for housing assistance. (This is a requirement for all referring agencies.) *

Please explain the reason you were unable to collect signature. (Reasons that a temporary, ie. sick or missed appointment will be declined, please fill out the application at another time when the member is available in person.) *

Waitlist Prioritization

Once on the waitlist, waiting times may vary. We cannot guarantee or approximate when the member will receive housing assistance. When there is availability in the AHP program, the next member on the top of the waitlist is chosen. Priority is given to members based on a number of factors included in the [AHCCCS Housing Program Guidebook](#).

A case manager may help prioritize their member by submitting one or both of the following:

1. A completed [Singles VI-SPDAT](#) or [Families VI-SPDAT](#) if the household is high scoring. (Singles- 8+ or families 9+)
2. If the member is currently living in a shelter or other place not meant for habitation, you may submit a homeless verification letter (HVL). All letters must be on the agency's letterhead and include elements in the linked here: [HVL Template](#)

You may submit these below. If you do not have that today, you may send it at any time to ahpapplications@azabc.org.

VI-SPDAT

Choose File No file chosen

Homeless Verification Letter

Choose File No file chosen

AHP Housing Application

Use linked assessments and HVL template

Optional

Other prioritizations not available in application:

- HCHN
- Special Care Needs

Referring Agency Contact Information

Agency Type *

Is the member currently enrolled with a RBHA-contracted PSH Service Provider? *

Who is submitting this referral? *

PSH Service Provider Agency *

By signing here the PSH Service Provider agrees to notify the behavioral health home case manager of this submitted application. *

[clear](#)

PSH Service Case Manager Name *

PSH Service Case Manager Name Email Address *

Behavioral Health Home Agency *

Behavioral Health Home Site *

Agency Name *

Agency Street Address *

City *

State *

Case Manager Name *

Case Manager Email Address *

Clinical Coordinator or Housing Specialist Name *

Clinical Coordinator or Housing Specialist Phone Number *

Clinical Coordinator or Housing Specialist Email Address *

Applicant Signature

[clear](#)

AHP Housing Application

Agency Type

- AHCCCS Managed Care Organization
- Behavioral Health Home
- Integrated Clinic
- American Indian Health Program
- Tribal Regional Behavioral Health Authority or ALTCS
- Indian Health Service Facilities
- PATH Team
- PSH Service Provider

AHP Housing Application

Agency Approval Process

Check agency name and address in
AHCCCS provider listing

Specialty must be listed as behavioral
health or SMI outpatient or Integrated
Clinic. (Group Payment-ID accepted on
a case-by-case basis)

ERROR: If your agency is not listed, then it is not an approved referring agency. Please email ahpinfo@azabc.org to inquire about your agency's ability to submit applications to the AHCCCS Housing Program. You may now exit the application. You may also call 2-1-1 for other housing resources.

AHP Housing Application

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Completion of this document authorizes the disclosures and/or use of individually identifiable health information, as set forth below, consistent with Arizona and Federal law concerning the privacy of such information. Failure to provide all information requested will invalidate this Authorization.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby authorize the use and disclosure of my Protected Health Information (PHI) as follows:

Enrolled Member's Full Name: *

Persons/Organizations authorized to use or disclose the information:

- Arizona Behavioral Health Corporation (ABC)
- Arizona Health Care Cost Containment System (AHCCCS)
- HOM, Inc. (HOM)
- The Managed Care Organization with whom the member is enrolled.
- The service team, case manager, care coordinator or other designated housing supportive service provider the member may be working with.

Purpose of the use or disclosure:

Information will be used to facilitate, manage and comply with State and Federal requirements related to the Federal and/or State housing subsidy of the individual named above and to assist the member in attaining and maintaining housing placement and subsidy support.

AHP Housing Application

Keep a close eye on your inbox for emails from

ahpapplications@azabc.org

Read email communications thoroughly

Keep your member informed

Submission Under Review

Your form has been submitted, **but still requires review**. The case manager will receive an email in 4 business days to confirm if the application has been accepted or denied. If it is denied, a reason and next steps will be provided. Regardless of the outcome, the case manager is required to inform the member of any updates.

Thank you for your application.



Waiting List and Next Steps

The member may not complete intake until IDs are submitted.

Respond to emails in a timely manner (Invitations for intake may expire)

Update ABC if member is no longer in need of housing. Use change form for all other updates.

Bi-annual waitlist clean up

All approved applications will remain on the AHP waitlist until one of the following situations occur:

- Member is enrolled in AHP housing program in either SS or CLP.
- Member reports their housing needs have been met.
- When member is contacted by Housing Administrator on multiple occasions for program enrollment and does not respond.

Is the member currently on the AHP waitlist? *

If the member is not on the waitlist, please exit this change form and fill out a AHP application instead at the following link: <https://fs6.formsite.com/XpLI3D/f92yjo5d6d/index>

If you are not sure, the case manager may email ahpinfo@azabc.org to request the status of the member's waitlist status. The member may not call ABC directly to ask about waitlist status.

Is the member currently in housing with the AHP program? *

Members currently in the AHP program do not need to complete a change form. If a transfer is requested please notify your HOM housing specialist.

Does the member need to change the household composition? *

Will family members be living in the household? *

Number of Adults *

Number of Children *

AHP Change Form

Change form only needs to be used for active waitlist applicants

AHP Change Form

Does the member need to change the housing program type? (i.e. Scattered Site, Community Living) *

Which new program type would the member need to apply? *

- Scattered Site
- Community Living Program
- Project Based Voucher

Reason for change *

Does the member need to change the case manager contact information? *

Agency Name *

Behavioral Health Home Site

Case Manager Name *

Case Manger Email Address *

AHP Change Form

Does the member need to change what county and city they currently reside? *

County *

City *

Do you need to upload a VI-SPDAT, Homeless Verification Letter or Identification Documents? *

VISPDAT

 No file chosen

Homeless Verification Letter

 No file chosen

Social Security Card

 No file chosen

State ID

 No file chosen

Other Eligible Immigration Documentation

 No file chosen



Ongoing Housing Stability Success

- Keys to Housing Stability:
 - Income Stability
 - Lease Compliance
 - Wrap-Around Support
 - Meaningful Daily Activities
 - Communication

Housing is Key to Health Outcomes

31% reduction
in ED visits

44% decrease
in inpatient
admissions

92% reduction
in BHRF
admissions

AHCCCS Housing Program Outcomes (SFY 2020)



Questions

For more information visit:

- o www.azabc.org

To find your member's HOM Housing Specialist visit:

- o www.hominc.com/find/

Contact Information:

- o AHPinfo@azabc.org
- o AHPapplications@azabc.org
- o JodiH@azabc.org