




AHCCCS Reentry Pathways: An Overview of the Housing and Health Opportunities Waiver, Primary Justice Initiatives & Forthcoming Federal Guidance

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AHCCCS
Arizona Health Care Cost Containment System

Agenda

- Housing and Health Opportunities (H2O) Waiver Overview
- Current and Forthcoming AHCCCS Justice Initiatives
- Q&A

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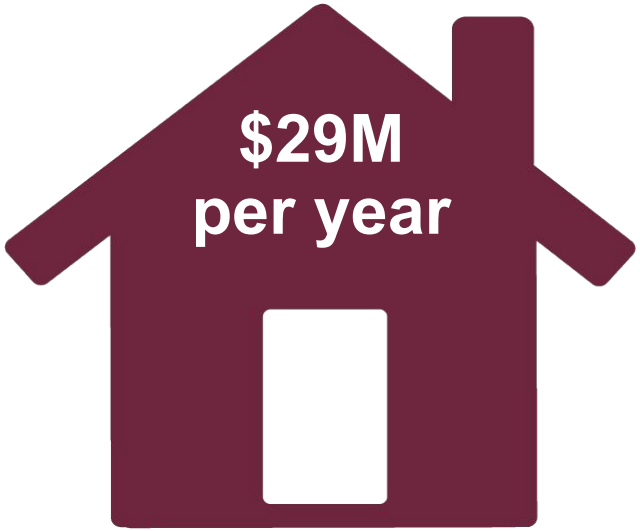
Housing and Health Opportunities (H2O)

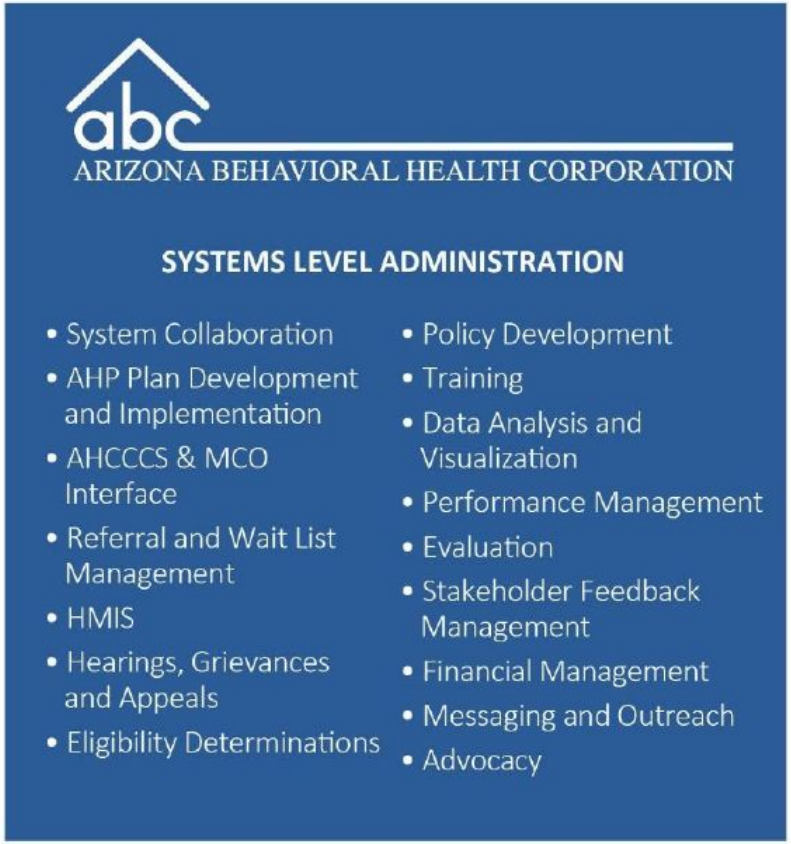
Elizabeth da Costa, Housing Program Administrator

AHCCCS Housing Program



AHCCCS administers approximately $29 million per year to provide rent subsidies for almost 2,500 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.

Statewide Housing Administrator



AHCCCS System Overview

AHCCCS
Arizona Health Care Cost Containment System

90% Managed Care Organizations (MCO)
(as of October 1, 2023)

12 contracts with 9 unique MCOs

AHCCCS Complete Care
- 1.8m members
- $ 11.44 billion
- Integrated PH & BH services

AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHA)
- 48k members w/ SMI
- $ 1.82 billion
- Integrated PH & BH services and
- BH services only and
- Crisis Services

Arizona Long Term Care System Elderly and Physical Disability (EPD)
- 27k members
- $ 1.93 billion
- Integrated PH, BH & LTSS services

ALTCS Developmentally Disabled (DD)
- 42k members
- $ 3.10 billion
- Integrated PH, BH & LTSS services

DCS-Comprehensive Health Plan (DCS-CHP)
- 10k members
- $ 179 million
- Integrated PH and BH Services

10% Fee For Service

2 primary programs

AIHP
- 135k members
- $ 1.7 billion

Tribal ALTCS
- 2.1k members
- $ 160 million
- Integrated PH & BH and LTSS services (ALTCS)

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)**
• Case Management and Coordination of Care • Pre-Employment Training • Supportive Employment • Individual & Family Peer Support • Group Peer Support • Health Promotion • Medication Assistance • Substance Use Counseling • Skills Training and Development	• 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	• Wellness Visits • 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 (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

AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

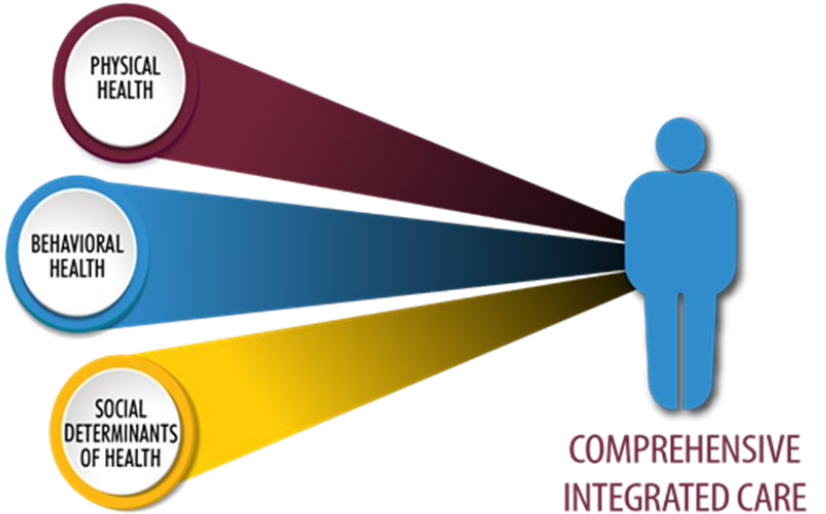
Increase positive health and wellbeing outcomes for target populations.

Reduce the cost of care for individuals successfully housed.

Reduce homelessness and maintain housing stability.

1115 Waiver H2O HRSN Services

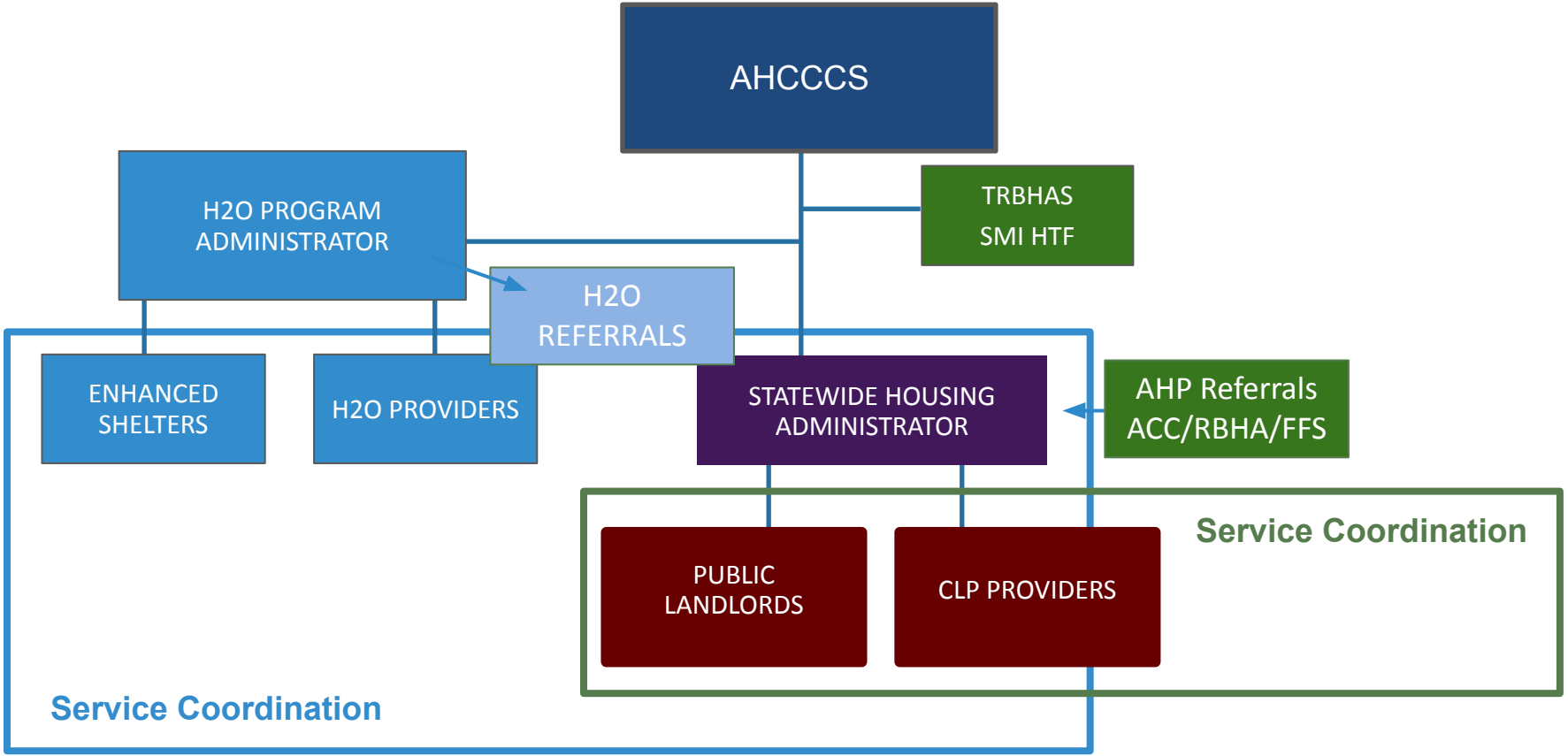
- Outreach and Education Services
- Transitional Housing - 6 Months
  - Transitional Housing Setting (Enhanced Shelter)
  - Apartment or Rental Unit (Rental Assistance)
- One-time Transition and Moving Costs
- Home Accessibility Modifications
- Housing Pre-Tenancy Services
- Housing Tenancy Services



H2O Eligibility Criteria

Must meet all three:

Member Experiencing Homelessness	•Z Code for Housing Instability, **or** •Identified through a Homeless Management Information System (HMIS) report
Member has an SMI Designation	•Confirmed and list sent by AHCCCS
One of the following	•Diagnosed with a chronic health condition, **or** •Currently in correctional facility with a release date scheduled within 90 days or released from a correctional facility within the last 90 days.


AHCCCS
H2O PROGRAM ADMINISTRATOR
TRBHAS
SMI HTF
H2O REFERRALS
ENHANCED SHELTERS
H2O PROVIDERS
STATEWIDE HOUSING ADMINISTRATOR
AHP Referrals
ACC/RBHA/FFS
Service Coordination
PUBLIC LANDLORDS
CLP PROVIDERS
Service Coordination

H2O Program Administrator – **Solari, Inc.**

Solari

Front-end: Member Management

Subject Matter Expert (SME):

- HMIS Maricopa County
- HMIS Balance of State
- SMI Administrator
- Health Plan Data Exchange

Banner Plans & Networks

Back-end: Provider Support

Subject Matter Expert (SME):

- Network Development
- Billing and Claims
- Fraud, Waste & Abuse
- Contracting

Identification of H2O Providers

Building a strong network of H2O Service Providers

- Driven by member needs (geography, family, service type)
- Large enough for network adequacy
- Small enough to monitor training & performance
- Geographically Diverse
- High Performance
- Commitment to Training

Go-Live Updates

- Potentially Eligible Members:
  - 3,151 Initial Members on 10/1
  - 423 New Members in October
  - 80% reside in Maricopa County or City of Tucson
  - **183 Verified H2O Eligible Members as of 11/1!**

- Contracted Providers:
  - 3 Currently Contracted
  - 4 Providers in Vetting Process
  - Application for new providers on the Solari H2O website

Process for coordination with MCO Justice Liaison

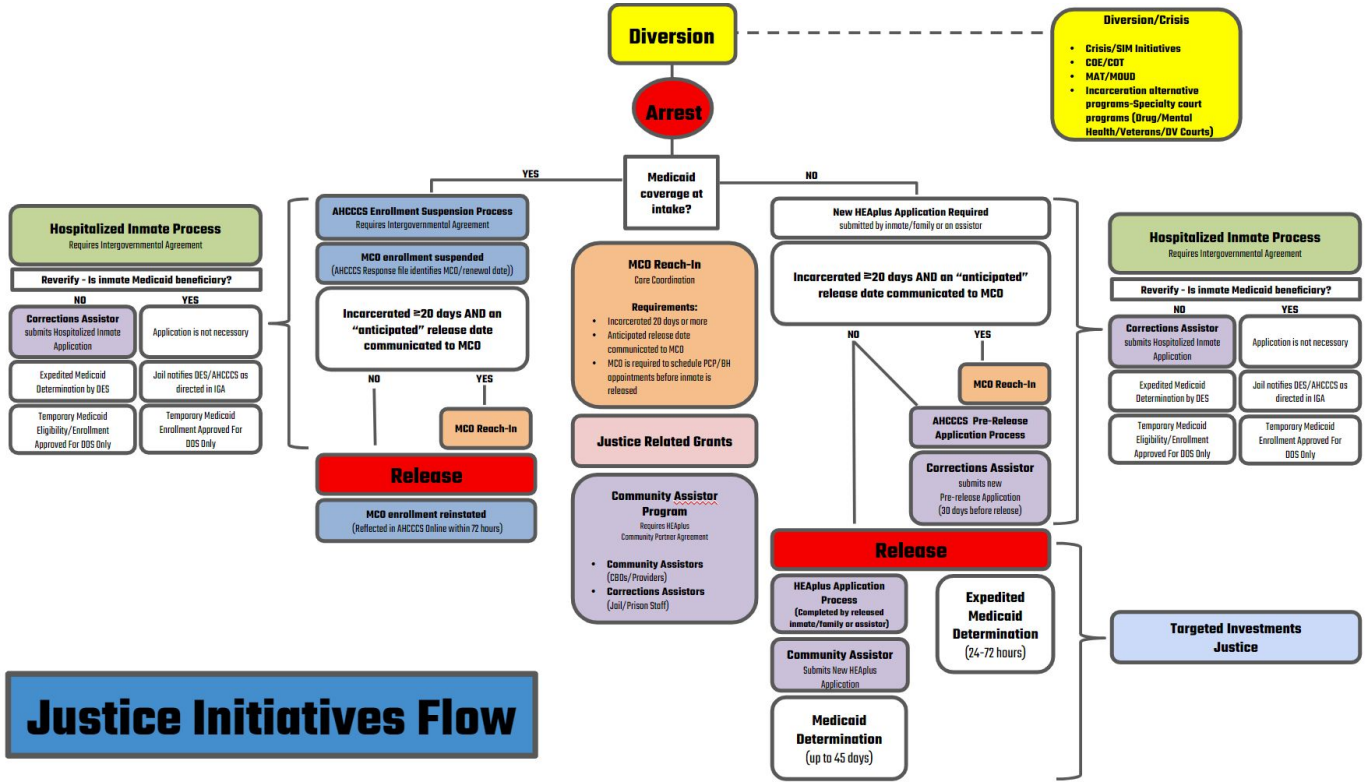
- Solari managing potential eligible file
- For members who are incarcerated they will reach out to the Justice Liaison for care coordination
- Some health plans are setting up reports to support care coordination efforts
- Once a member is determined H2O eligible, health plans and providers will see H2O eligibility in files and AHCCCS online
- Member assigned to H2O Provider for housing needs
- Coordination will occur with members health home

AHCCCS Justice Initiatives, Consolidated Appropriations Act Guidance & Forthcoming 1115 Reentry Waiver

Alex Ruth, Justice Program Administrator

AHCCCS Justice Landscape & Primary Justice Initiatives

Arizona's Justice Landscape

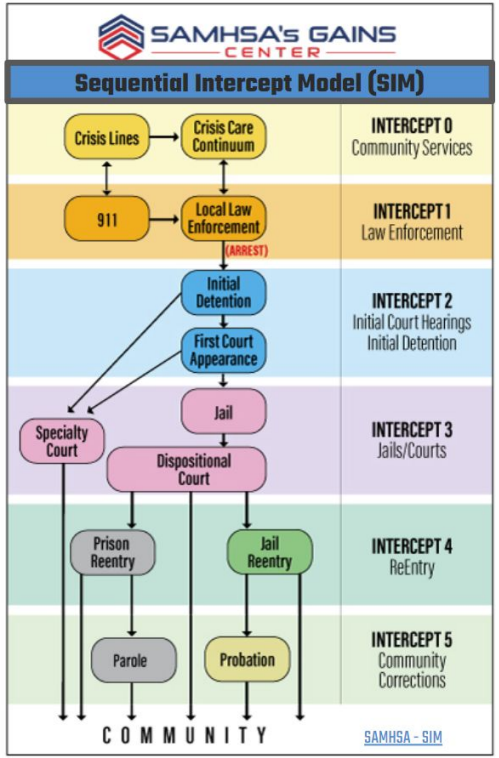


AHCCCS - SIM Mapping

Justice Related Block Grant Funding

AHCCCS Enrollment Suspension Process

AHCCCS MCO Justice Reach-In Process



Prevention
("Primary Prevention" Strategies)

Diversion
(Crisis System)

Incarceration Alternative Programs
(AHCCCS/MCO supports)

AHCCCS Hospitalized Inmate Application Process

AHCCCS Pre-release Inmate Application Process

Targeted Investments (Justice)

Primary Justice Initiatives

Reach-in (Pre-Release) Care Coordination

AHCCCS leverages its Managed Care model to enhance coordination and reduce disruptions to care for suspended (NT19) members who are preparing for reentry. This pre-release coordination (reach-in) is available to:

→ **All** juvenile members
→ Adult members who meet complex physical and behavioral health criteria (including MAT/MOUD).

Each AHCCCS contracted Health Plan has a dedicated Justice System Liaison and Court Coordinator who complete pre-release activities by:

→ Meeting with the member virtually or in-person before release.
→ Discussing the member's specific healthcare needs and generating appropriate referrals.
→ Ensuring that appointments generated by referrals are completed within seven days of release.

Primary Justice Initiatives

Enrollment Suspense/Reinstatement

AHCCCS has established processes to suspend members upon entry and to reinstate members upon release from a justice setting.

Adults: Driven by automated, bidirectional data exchange agreements with most county jails and with the Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR).

Juveniles: Driven by an established manual process → moving towards automation.

Pre-release/Hospitalized Inmate Medicaid Applications

ADCRR and most Arizona counties have been granted permission and access to submit pre-release medical assistance applications for uninsured individuals serving a sentence of incarceration.

Pre-release applications can be submitted to AHCCCS 30 days prior to release. Expedited determinations are made within 72 hours of release.

→ Available to **all** state and local correctional settings.

Intergovernmental Agreements/Data Sharing

How do data sharing agreements support reach-in/reentry programming?

The three intergovernmental agreements (IGAs) just mentioned are integral towards capturing members entering and exiting carceral settings.

Booking/Release files (automated)	9/15 counties and ADCRR. Juveniles manual, but moving towards automation. Ongoing coordination.
Enrollment Suspense/Reinstatement IGA	11/15 counties and ADCRR.
Hospitalized Inmate IGA	9/15 counties and ADCRR

Justice Reach-in Program/Data Validation Project

How is AHCCCS validating the outcomes of justice reach-in activities?

Justice liaisons submit a quarterly deliverable to AHCCCS to describe justice reach-in activities throughout the reporting period.

Initially, the AHCCCS reach-in deliverable did not include member level data. The justice team updated contracts in 2021 to require identification of members who received pre-release coordination (i.e., AHCCCS ID)

In October, AHCCCS was able to finalize a large-scale data validation project which will allow the the State to cross reference the data obtained in the existing deliverable with claims data.

These efforts will enhance program oversight, account for quality of care concerns, and create pathways for AHCCCS to intervene proactively to assist in recidivism reduction.

Pre-release Applications/ Coordination with Corrections

How does AHCCCS work together with jails, detention centers and prisons to ensure that members are proactively completing pre-release applications (when appropriate)?

The HEAPlus web application supports Arizonans and over 150 community partner organizations to help folks register for AHCCCS, cash assistance and nutrition assistance.

There is a special subgroup for carceral settings called Corrections Assistor Organizations. These entities are able to complete hospitalized inmate applications, pre-release inmate applications and provide manual verification of custody dates.

ADCRR and county facilities that are approved corrections assistor organizations are able to work leverage staff to to assist members with applying for AHCCCS pre-release. If there are barriers, they can contact a specialized team at AHCCCS to resolve these issues.

Corrections Assisters can submit applications to AHCCCS 30 days prior to release, and expedited determinations are made by the Department of Economic Security within 72 hours.

Targeted Investments 2.0

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What are the Targeted Investments (TI) Programs?

Targeted Investments 1.0 (2016 - 2022)

Increase integration and/or coordination of services at point of care to meet behavioral health and primary care needs of high-risk AHCCCS members.

Targeted Investments 2.0 (2022 - 2027)

Increase integration and/or coordination of services at point of care to meet behavioral health, primary care, ***and health related social needs of all*** AHCCCS members.

What is the TI Justice Program?

Convenient, One-Stop-Shop Model:

- Integration of medical and behavioral health services.
- Co-location of healthcare and justice partner(s) when sensible.

Coordination for Successful Reentry:

- Each individual's BH and PCP provider(s).
- Reentry planners, MCO Justice Liaisons, probation and/or parole
- Community service providers

Support Best Practices:

- Reliable access to MAT/MOUD
- Forensic peer and family support.
- Outreach/engagement plan.
- Screening for medical, behavioral, and health related social needs.

TI 2.0 Program Initiatives

Initiatives for All TI 2.0 Participants (2022 - 2027)

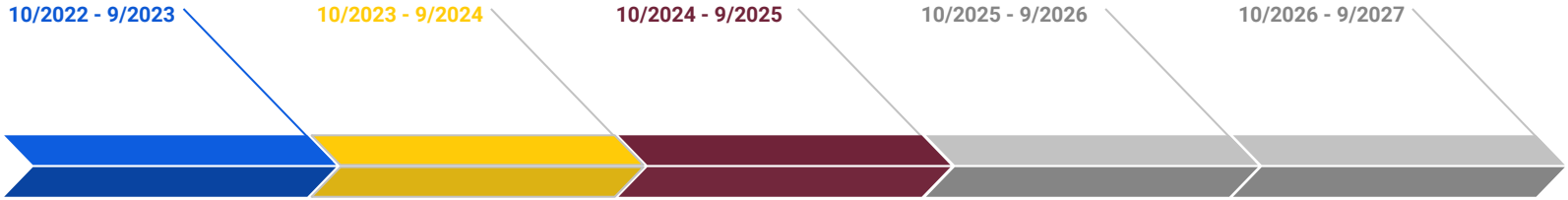
- **Culturally Appropriate Services:** Staff cultural competency (CLAS standards)
- **Health Related Social Needs:**
  - Use of closed loop referral system (enhancing referral/coordination protocols).
  - SDOH: Identify predominant social needs of patient population and outcomes, address with enhanced coordination with social service providers.
- **Population Health / Health Equity:** Identify and analyze health inequities in patient population.

TI 2.0 Justice Program Initiatives

Additional Areas of Focus for TI 2.0 Justice Clinics

- **Tobacco Cessation** programming and coordination with new ASHLine.
- **Identifying inequities** specific to the population (e.g., criminogenic risk and housing instability).
- **Coordinating early reach-in** activities:
  - between 10th and 20th day of incarceration (jail), or
  - between 45th and 30th day prior to release from prison.

TI 2.0 Timeline



Year 1

Onboarding/Application

Year 2

Establish new systems and processes

Applications for new counties

Year 3

Implementation and Evaluation of systems and processes

Update and develop new processes related to tobacco cessation and coordinating reach-in

Year 4

Meet targets on performance measures

Year 5

Meet targets on performance measures

Participation- TI 2.0 Justice Summary

34 "Primary" Locations:

- Top-ranked in region
- $120K - $170K "Block" funding based on implementation plan

23 "Secondary" Locations:

- Organization Chooses if/how the site can support Primary Location this month
- No Y1 block funding, but eligible to count membership to Y2- Y5 Payment

TIP 2.0 Justice Participation			
Unit	TI 1.0 Grad	TI 2.0 Newbie	Grand Total
TIN	5	12	17
Clinic	13	44	57
Counties	6	3	9

Check out our Map!

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CAA & 1115 Reentry Waiver

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Consolidated Appropriations Act of 2023/Juvenile Justice

The Centers for Medicare and Medicaid Services (CMS) is currently outreaching states to determine implementation readiness for the new Federal requirement effective 1/1/25.

AHCCCS and all other states are required to submit Medicaid and CHIP State Plan Amendments (SPAs) with an effective date of no later than 1/1/25 to implement the required coverage described in Section 5121 and optional services under Section 5122.

Consolidated Appropriations Act of 2023/Juvenile Justice: Section 5121 (required)

CAA Requirement #1: In the 30 days prior to release, or within one week or ***as soon as practicable*** after release, certain **screenings and diagnostic services** in accordance with EPSDT requirements for Medicaid or the approved CHIP state plan.

Arizona Status: **Partially Met**

Completed Activities:
→ Coordination has begun with county detention facilities and with the Arizona Department of Juvenile Corrections (ADJC) for pre-release planning.
→ AHCCCS Policy AMPM 1022 states that juveniles must receive an appointment within 7 days of release.
→ Identified screening/diagnostic service codes for EPSDT-eligible population and former foster youth.

Upcoming Activities:

→ AHCCCS Operational Plan is in-progress and will be completed before the end of 2024.
→ Conduct an environmental scan of detention facilities across Arizona as part of implementation planning.
→ Establish separate capitation rate for incarcerated youth.
→ Update managed care contracts.
→ Update AHCCCS Medical Policy Manual

Consolidated Appropriations Act of 2023/Juvenile Justice: Section 5121 (required)

CAA Requirement #2: Provide **targeted case management (TCM)** services for Medicaid in the 30 days prior to release and for at least 30 days following release.

Arizona Status: **Partially Met**

Completed Activities:

→ Approximately 60-days pre-release from ADJC, the juvenile begins reentry planning with an MCO/Health Plan Justice Liaison. The Justice Liaison establishes a connection to a post-release case manager/community provider.
→ Conducted some initial outreach to counties, will be meeting with ADJC and ADCRR as well.

Upcoming Activities:

→ Identify TCM billing codes and update billing system.
→ Make updates to eligibility system to allow eligibility to be established 30-days pre-release.
→ Update provider enrollment system to allow enrollment of carceral providers.
→ Update managed care contracts.
→ Update AHCCCS Medical Policy Manual.
→ Submit a TCM State Plan Amendment (SPA) to CMS.

Consolidated Appropriations Act of 2023/Juvenile Justice

Optional services under Section 5122 would make these provisions available to juveniles who are inmates of a public institution *during the period pending disposition/adjudication of charges* and receive Federal Financial Participation under Medicaid and CHIP. AHCCCS will evaluate optional services after implementation of required services.

AHCCCS will likely be adopting a phased approach for facility/justice setting implementation utilizing a mixed delivery system. AHCCCS intends to begin with a Fee-For-Service approach to allow the agency to develop capacity for a Managed Care model utilizing capitation payments.

1115 Reentry Waiver

While the H2O waiver is now live, the reentry portion of the 1115 demonstration waiver is still awaiting negotiation with CMS. Those negotiations should resume mid-to-late 2025. AHCCCS will involve justice stakeholders in workgroups and meetings prior to and during implementation planning.

Status: Details forthcoming, but Arizona will is awaiting approval for a 90-day package with a minimum set of services and peer support.

Training Opportunities/Focus on Education

In 2025, the AHCCCS Justice team will be developing training to provide technical assistance and education to justice settings and justice stakeholders. Popular topics include:

1. Enrollment suspense/reinstatement procedures
2. Additional Corrections Assistor support in the context of pre-release and hospitalized inmate applications
3. SMI/SED application process and appropriate use of grant funds for suspended youth.
4. Focus groups/workgroups with county justice facilities, exploration of facility readiness assessments and feedback from a variety of justice stakeholders around CAA and the 1115 Reentry Waiver.

Questions?