



Request for Information

#YH20-0028 RFI for Housing Administration Services

Procurement Officer:

ISSUE DATE: October 18, 2019

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OFFICE ADDRESS: AHCCCS
Procurement Office
701 E. Jefferson, MD 5700
Phoenix, AZ 85034

RFI NAME: AHCCCS Housing Administration Services

RESPONSE DUE DATE: Tuesday, November 12, 2019 no later than 3:00 pm AZ time

QUESTIONS CONCERNING THIS RFI SHALL BE SUBMITTED TO THE PROCUREMENT OFFICER VIA E-MAIL BY **November 1, 2019, 5:00 PM ARIZONA TIME** ON THE Q & A FORM PROVIDED WITH THIS RFI. ANSWERS TO QUESTIONS WILL BE POSTED ON THE AHCCCS WEBSITE FOR THE BENEFIT OF ALL POTENTIAL RESPONDENTS.

Responses to this RFI must be in the actual possession of AHCCCS on or prior to the time and date indicated above.

This is a Request for Information (“RFI”) only and as such will NOT result in any award of contract.

AHCCCS is in the information gathering stage and no decisions have been made concerning the agency’s intent to issue a formal Request for Proposal. Responding to this RFI is appreciated and will NOT prohibit the respondents from responding to any future procurements.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the appropriate Procurement Agency. Requests should be made as early as possible to allow time to arrange the accommodation. A person requiring special accommodations may contact the person responsible for this request as identified below.

REQUEST FOR INFORMATION

1. AHCCCS OVERVIEW

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 (DHHS). As of September, 2019, AHCCCS provides coverage to approximately 1.9 million members in Arizona. As of July 1, 2016, AHCCCS also administers several Non-TXIX programs funded by state only appropriations and federal grants received from the Substance Abuse and Mental Health Services Administration (SAMHSA) under (DHHS).

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>. The majority of AHCCCS programmatic expenditures are administered through Managed Care programs.

The program has a total fund budget for SFY 2020 of approximately \$14.3 billion. AHCCCS has over 88,000 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>

2. Background – AHCCCS Housing

AHCCCS recognizes that housing integrated with coordinated wrap-around services is a critical Social Determinant of Health (SDoH) for its members, especially those determined to have mental health needs. To address this need, the State allocates approximately \$30 million to AHCCCS annually to provide permanent supportive housing units for over 3,000 of its members throughout Arizona. Housing options include both site based and scattered site rental subsidies. The majority of housing is designated for members designated Seriously Mentally Ill (SMI) although limited housing is provided for some individuals without a SMI designation. AHCCCS also administers the Arizona SMI Housing Trust Fund of approximately \$2 Million a year, which is primarily used to acquire, construct, and rehabilitate housing for persons determined SMI, but may also be utilized for rental subsidies (per Laws 2019, 1st Regular Session, Chapter 270). At the present time, funding and housing administration for each of three Geographic Service Areas (GSAs) is performed by a single AHCCCS contracted Regional Behavioral Health Authority (RBHA) in each GSA. Although the majority of individuals diagnosed as SMI are enrolled with a RBHA for integrated services, other members, with and without an SMI diagnosis, that are enrolled in other AHCCCS programs may access housing through the designated RBHA for the GSA in which the member resides. AHCCCS Housing funds and processes related to the TRBHAs are not included in this RFI. Housing funds for the TRBHA will continue to be managed through the TRBHAs. Eligible Native American Members not affiliated with a TRBHA may access housing through the process for which information is being solicited here.

AHCCCS is issuing this RFI to identify possible private, public, and/or non-profit entities who may be qualified and willing to manage the housing assets and oversee the administration of AHCCCS housing programs to be effective October 1, 2021. Respondents may include, but are not limited to, current MCOs, public housing authorities, or private companies. It is the intent of AHCCCS in the administration of its housing programs to: 1) increase the quantity and quality of housing options for

REQUEST FOR INFORMATION

its members; 2) ensure safe, decent, stable housing that serves as a platform for integration of AHCCCS behavioral health services; 3) standardize operation and delivery of AHCCCS housing programs; 4) achieve cost efficiency and effectiveness to maximize AHCCCS resources; and 5) develop innovative permanent supportive housing options to meet the needs of AHCCCS members. Through this RFI, AHCCCS is also seeking information from Respondents on their possible strategies and approaches to fulfill these goals through the administration, operation and coordination of its housing programs.

3. DEFINITIONS

3.1 AHCCCS Complete Care (ACC) - A contracted Managed Care Organization (also known as a health plan) that, except in limited circumstances, is responsible for the provision of both physical and behavioral health services to eligible Title XIX/XXI persons enrolled by the administration.

3.2 Arizona Long Term Care System (ALTCs) - An AHCCCS program which delivers long-term, acute, behavioral health and case management services as authorized by A.R.S. §36- 2931 et seq., to eligible members who are either elderly and/or have physical disabilities, and to members with developmental disabilities, through contractual agreements and other arrangements.

3.3 General Mental Health/Substance Abuse Disorder GMH/SU(D) - Behavioral health services provided to adult members age 18 and older who have not been determined to have a Serious Mental Illness.

3.4 Geographic Service Areas (GSA) – An area designated by AHCCCS within which a Contractor of record provides, directly or through subcontract, covered health care service to a member enrolled with that Contractor of record, as defined in 9 A.A.C. 22, Article 1.

3.5 Homeless – (Per ACOM 448) A person is considered homeless only when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street);
- In an emergency shelter;
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing;
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing;

HOMELESS (PERSONS IN THESE SITUATIONS ARE NOT INCLUDED IN THE HUD DEFINITION OF OR FUNDING PURPOSES)

- Persons living in housing, even though they are paying an excessive amount for their housing, the housing is substandard and in need of repair, or the housing is Crowded;
- Persons living with relatives or friends;

REQUEST FOR INFORMATION

- Persons staying in a motel, including a pay-by-the-week motels;
- Persons living in a Board and Care, Adult Congregate Living Facility, or similar place;
- Persons being discharged from an institution that is required to provide or arrange housing upon release; or
- Wards of the State, although youth in foster care may receive needed supportive services which supplements, but does not substitute for, the state's assistance.

3.6 Housing Administration – Management, fiscal and compliance functions related to operation of a publicly funded housing program. Key duties generally include eligibility determinations, rent reasonableness evaluations, performing housing quality inspections, verifying income, processing and approving housing applications, fair housing compliance, managing housing referrals and wait list processes, overseeing compliance with leases, disbursement of rent or housing subsidy payments, implementation of housing policies, fiscal and programmatic compliance, and lease terminations (if necessary).

3.7 Housing First – A Housing approach that works quickly and successfully to connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

3.8 Regional Behavioral Health Authority (RBHA) – A contracted MCO (also known as a health plan) responsible for the provision of comprehensive behavioral health services to all eligible individuals assigned by the administration and provision of comprehensive physical health services to eligible individuals with a Serious Mental Illness enrolled by the Administration.

3.9 Serious Mental Illness (SMI) – - A designation as defined in A.R.S. §36-550 and determined in an individual 18 years of age or older.

3.10 Supportive Housing – Housing, as defined in 24 CFR Part 583, in conjunction with supportive services are provided for tenants if the housing is safe and sanitary and meets any applicable State and local housing codes and licensing requirements in the jurisdiction in which the housing is located and the requirements of this part; and the housing is transitional housing; safe haven; permanent housing for homeless persons with disabilities; or is a part of, a particularly innovative project for, or alternative method of, meeting the immediate and long-term needs of homeless persons and families.

3.11 Supportive Housing Services - Services, as defined in the AHCCCS Behavioral Health Services Guide, that are provided to assist individuals or families to obtain and maintain housing in an independent community setting including the person's own home or apartments and homes that are owned or leased by a subcontracted provider. These services may include:

- Utility subsidies,
- Relocation services to a person or family for the purpose of securing and maintaining housing,
- Employment services,

REQUEST FOR INFORMATION

- Budget and finance counseling, and
- Eviction prevention.

3.12 Tribal Regional Behavioral Health Authority (TRBHA) - A tribal entity that has an intergovernmental agreement with the administration, the primary purpose of which is to coordinate the delivery of comprehensive behavioral health services to all eligible individuals assigned by the administration to the tribal entity. Tribal governments, through an agreement with the State, may operate a Tribal Regional Behavioral Health Authority for the provision of behavioral health services to American Indian members. Refer to A.R.S. §36-3401 and A.R.S. §36-3407.

4 INFORMATION REQUESTED:

AHCCCS is requesting the following detailed written response to any or all of the areas identified:

4.1 Respondent Background

- 4.1.1 Describe the public housing administration and operational services offered by Respondent.
 - 4.1.1.1 Include current housing programs, implementations, or contracts currently managed (include the number of units and quantity of funds managed).
 - 4.1.1.2 Describe the types of housing projects and programs currently managed (ex: permanent supportive housing, scattered site/vouchers, site-based programs, property management of project based sites, rapid re-housing, etc.).
 - 4.1.1.3 If subcontractors are utilized, include roles and qualifications of sub-contractors.
- 4.1.2 Please describe the organization's experience and success in administering and/or operating public housing or other housing programs. Where possible include any statistical, financial, or housing outcomes that quantify or validate the experience and success of the Respondents performance.
- 4.1.3 Please describe in detail your organization's structure, i.e. corporate structure and all entities involved in the matters described in your proposal.

4.2 Fiscal Oversight, Compliance and Reporting

- 4.2.1 Please describe the processes and infrastructure your organization utilizes to oversee the fiscal management of housing programs including rental subsidies, tenant payments, deposits, damages, and other fiscal duties related to housing administration services.
- 4.2.2 Describe the standard fiscal and housing reporting tools, metrics or strategies you organization utilizes to monitor: program performance, identify areas of improvement, or inform federal, state or other stakeholders about the quality of the performance of the programs you administer.
- 4.2.3 If your organization utilizes the local Homeless Management Information System (HMIS), how is it implemented and utilized to support housing stability, enhance service coordination or reporting for tenants who may have experienced homelessness?

REQUEST FOR INFORMATION

- 4.2.4 Describe the tools and processes your organization utilizes to ensure legal compliance with key housing standards including Housing Quality Inspections, FMR determination, and Rent Reasonableness.
- 4.2.5 Describe the training and processes used to ensure staff and organization maintains ongoing competency and compliance with industry standards, legal changes, or governmental regulations.
- 4.2.6 Please describe if and how you have coordinated with other systems or processes for managing housing waitlists to prioritize persons or populations with significant needs while maintaining legal compliance with Fair Housing.
- 4.2.7 Provide a general description of how the housing administration and/or management fee structure is determined (ex: per unit managed, fixed rate, etc.). Please identify any key variables, functions, complexities or conditions that may impact price/cost. Also identify whether there are any cost or rate adjustments related to the scope or scale of the project (ex: economies of scale for volume of units managed).
- 4.2.8 Please describe process for cost allocation including establishing an administrative rate, indirect cost rate (if applicable), and/or a profit rate, if for profit. (Ex: fixed percentage of contract, per unit).
- 4.3 Programmatic Integration
- 4.3.1 Please describe Respondent's experience administering housing for the following populations including but not limited to:
- Persons with mental illness including: Serious Mental Illness (SMI); General Mental Health (GMH) and/or Substance Use Disorder (SUD).
 - Persons with physical or other disabilities;
 - The elderly;
 - Persons experiencing homelessness
 - Justice involved persons/re-entry;
 - Persons with developmental disabilities;
 - Other populations
- 4.3.2 Describe Respondent's operation and/or experience incorporating a "Housing First" philosophy in the administration of public or subsidized housing.
- 4.3.3 Describe Respondent's experience in coordinating with behavioral health and other service providers to promote housing stability and accommodate the needs of residents with behavioral or other special needs.
- 4.3.4 Describe Respondent's experience and understanding of administering housing as a Social Determinant of Health in promoting overall integrated behavioral and physical health and well-being of members.
- 4.3.5 Describe any pilots, evidence-based practices, collaborations or other innovative projects, policies, or activities Respondent has participated in to improve housing

REQUEST FOR INFORMATION

stability or address housing needs of special population or community needs (ex: homelessness, ex-offender/re-entry).

- 4.3.6 Describe Respondent's experience or strategies for working with property management, landlords, or other stakeholders to develop and maintain affordable housing options for program participants.
- 4.3.7 Has Respondent participated in planning or development process for affordable and/or special needs housing. Please include any experience with construction, rehabilitation, financing, or other aspects of housing development.

4.4 Geographic Coverage

4.4.1 Describe Respondent's geographic presence in Arizona. Please describe any current geographic presence or services currently provided in Arizona.

4.4.2 If Respondent was required to provide standardized housing services statewide in Arizona, describe how respondent would ensure full geographic coverage and standardization of service delivery including physical presence, technical solutions, partnerships or other strategies. Describe the estimated time to implement geographic coverage.

4.4.3 Describe any specialized experience in providing services in rural or tribal geographies or populations.

4.5 Other Information

4.5.1 Based on Respondent's experience, what challenges would be anticipated in providing services to AHCCCS, the target populations, and/or the Arizona market? What strategies might be used to address these challenges?

4.5.2 Does your organization have any unique or innovative services, products, or strategies that would enhance the standard housing authority management services (ex: proprietary software, reporting tools, housing management resources, and knowledge/training).

4.5.3 The Respondent should provide potential benefits of implementing housing administration services in Arizona or any other supporting information that may assist in evaluating improved health outcomes and associated financial impacts. (Return on Investment, positive outcomes for members, cost avoidance)

4.5.4 Is there any additional information from Respondent that was not incorporated into the above responses.

5 CONTENTS OF YOUR RESPONSE

If you are interested in responding to any or all of the areas identified above, AHCCCS is requesting the following

- 5.1 **Detailed Written Response** to any/all areas listed above. Response to questions should be limited to thirty (30) pages. Respondent may include attachments or

REQUEST FOR INFORMATION

documentation in support of their response. Attachments will not count toward the page limit.

- 5.2 **A completed Attachment A**, Respondent's Information, which includes contact information, including name, title, mailing address, email address, authorized signature, and phone number of the contact person for questions relating to the RFI.

6 HOW TO RESPOND

- 6.1 Submit one (1) electronic copy of the RFI response via e-mail attachment to the procurement officer listed on the front page of this RFI.
- 6.2 Submit your response no later than the time indicated on the front page of the RFI. Please take into consideration the Arizona time zone.

7 CONFIDENTIAL/PROPRIETARY INFORMATION:

- 7.1 To the extent allowed by law, the information contained in a response to a request for information shall be considered confidential until a formal procurement process is concluded or for two (2) years, whichever occurs first. This RFI and responses to the RFI are subject to the Arizona Public Records law and as such, are open to public inspection after this time.
- 7.2 Detailed Legal Analysis: If a Respondent believes that a specific portion of its response contains information that should be withheld from public inspection due to confidentiality, the Respondent shall submit to the Procurement officer a detailed legal analysis, prepared by legal counsel, which sets forth the bases for the requested non-disclosure and the specific harm or prejudice which may arise if disclosed. The analysis shall be presented to the Procurement Officer at the same time as the bid, proposal, offer, specification or protest.
- 7.3 Redacted Version of Response: If any pieces of your response are being requested to be kept confidential, and withheld from public viewing, please submit an additional redacted copy of the proposal ON A SEPARATE CD. This will ensure that our office is crystal clear on which version of your response is acceptable for public viewing as opposed to the version that contains confidential information for AHCCCS viewing only.
 - 7.3.1 An entire response shall not be identified as confidential; only those very limited and distinct portions which are considered by the Offeror as confidential may be identified as such.
 - 7.3.2 In the event that AHCCCS receives a request for disclosure of the information, AHCCCS shall disclose the information in accordance with law. Prior to disclosure, AHCCCS will inform the Offeror of such request and provide the Offeror a period of time to take action it deems appropriate to support non-disclosure. The Offeror shall be responsible for any and all costs associated with the nondisclosure of the information.

REQUEST FOR INFORMATION

8 REIMBURSEMENT:

AHCCCS will not reimburse any respondent for the cost of preparing and submitting a response to the RFI.

9 NO AWARD OF CONTRACT:

This is a Request for Information (“RFI”) only and as such will NOT result in any award of contract. AHCCCS is in the information gathering stage and no decisions have been made concerning the agency’s intent to issue a formal Request for Proposal. Responding to this RFI is appreciated and will NOT prohibit the respondents from responding to any future procurements.

Attachment A: Respondent's Contact Information

Company Name
Address
Federal Employer ID Number

For Clarification of this Response Contact:

Name
Title
Phone
Email

Signature of Authorized Person
Name
Title
Date

END OF DOCUMENT

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