



APPENDIX D

WAIVER AMENDMENT PUBLIC COMMENT LETTERS

May 3, 2021

Dear AHCCCS Administrators:

Thank you for the opportunity to provide comment on the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment. We took this occasion to convene members of the Terros Health Leadership and Clinical teams to review and comment on enhancing and expanding housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

We would like to express our unconditional support for the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment. It is in line with the Terros Health vision of seeking exceptional outcomes for individuals and families and promoting life-changing results to create healthy communities. As a direct service provider for over 55,000 Arizonans annually, we understand that housing is critical to maintaining physical and mental health, recovering from a substance use disorder, and addressing basic social determinant of health needs of unhoused and at risk AHCCCS members.

Housing Issues

In reviewing the draft document, we agree wholeheartedly that “Arizona is in the midst of an affordable housing crisis”, p. 9. The primary concern that surfaced was the current lack of available affordable housing options across the state. The shortage of apartment and other housing/rental units available in the market does not directly correspond with the plan to expand voucher eligibility. What is unclear is whether there is a plan to supplant housing resources or incentivize property managers to accept housing vouchers for our homeless members, or those imminently at risk of becoming homeless. Many property owners or lessors will not rent to individuals with vouchers due to the relatively low market value they hold.

Currently, the housing vouchers available to members with an SMI designation have a cap that is not in line with the market cost of housing in the State. If the member is unable to demonstrate ability to cover the balance rental amount over the value of the voucher, they are not able to obtain the voucher. Rent costs have significantly increased, but the voucher amounts have not increased to help fill the gap. This leads to individuals with a serious mental illness being unable to move into safe, affordable housing, further placing an already stigmatized and vulnerable population in areas that do not promote health and safety. Without an increase in the value of the vouchers, those seeking housing with General Mental Health and/or Substance Use (GMH/SU) conditions and others identified in the amendment as target populations, would face the same obstacles.

Staffing for Expansion

Expanding services to Medicaid members who are not designated with a serious mental illness, i.e., GMH/SU patients, may result in similar housing access issues, but would most certainly be difficult without adequate funding for behavioral health homes to hire staff who can specialize in obtaining housing and PSH resources for their members. When considering the level and intensity of quality wraparound housing services needed to achieve the goal of reducing health care costs, we need to ensure these service positions are funded to cover the actual cost of delivering the services with qualified staff to promote the stated goals of increasing positive health and wellbeing, reduce the cost of care for individuals, and reduce homelessness while improving skills to maintain housing stability.

Planning Considerations

The Terros Health review team identified the following considerations and questions regarding the AHCCCS H2O Draft Waiver Amendment:

- In working with an SMI population of over 5,370 individuals, our Terros Health teams are acutely aware that our existing infrastructure lacks sufficient housing placements for this population. We would encourage continuing and specific planning to address the housing needs of the additional target populations, too, in this challenging housing market environment.
- With the expansion of housing opportunities for the AHCCCS membership, including GMHSU members, we encourage continued strategy development to ensure additional resources for other social determinant of health needs for the homeless population.
- Will there be information forthcoming on the total amount of funding that will be available for this project statewide? What is the methodology for funding allocation to meet the goals of the waiver amendment?
- Currently the AHCCCS definition does not align with the HUD definition. The definition of HUD homelessness identified in the footnote on page 4 of the waiver document “HUD defines individuals with chronic homelessness as those with: 1) a continuous homeless episode of at least one year or more, or four or more episodes of homelessness in the past three years with total time homeless of a year or more; and 2) who have one or more disabling conditions. A disabling condition may include SMI, SUD, a chronic physical health condition, or physical disability”, is the definition for *chronic homelessness*. The full HUD definition of homelessness includes additional criteria below:
 - Literally Homeless: People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
 - Imminent Risk of Homelessness: People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing.
 - Homeless under other Federal statutes: Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.
 - Fleeing/Attempting to Flee Domestic Violence: People who are fleeing or attempting to flee domestic violence, have no other residence and lack the resources or support networks to obtain other permanent housing.

Is the intent of the project to address chronic homelessness only, or will it be expanded to meet the broader definitions above?

- The *American Rescue Plan Act of 2021* provides funding for the following services, amongst others:
 - Emergency rental assistance
 - Emergency housing vouchers
 - Homelessness assistance and supportive services program
 - Housing assistance and supportive services programs for Native Americans
 - Emergency assistance for rural housing

Will these areas be addressed either singularly through the waiver or in collaboration with other state entities?

Thank you again for the opportunity to share our comments with you. We would like to reiterate our support for the AHCCCS H2O waiver amendment and our willingness to partner with you in any way possible, including ongoing project and strategy development. We look forward to participating in the success of the change process and improving outcomes for the community members we serve.

Best Regards,



Peggy J. Chase
President and CEO



Jennifer Nye
Chief Integration Officer

Board of Directors
Susi Morales – Chair
Matt Kennedy – Vice Chair
David Tierney - Treasurer
Sue Gilbertson - Secretary



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April 30, 2021

Jami Snyder
Director
Arizona Health Care Cost Containment System
801 E. Jefferson St.
Phoenix, Arizona 85034

Director Snyder:

On behalf of the Arizona Health Cost Containment System (AHCCCS) we are pleased to provide this letter of support for the AHCCCS Housing and Health Opportunities (H2O) Demonstration to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless. Arizona Behavioral Health Corporation (ABC) has provided permanent supportive housing to persons with behavioral health needs receiving AHCCCS funded services for over 23 years.

ABC regularly collects stakeholder feedback and works with other community leaders to identify community needs and best practices for addressing homelessness in Arizona. The three strategies proposed by the H2O Demonstration address crucial needs among the AHCCCS member population and it's housing needs to support a health and well-being.

Strategy 1: Strengthening homeless outreach and service engagement, addresses the largest need for persons experiencing homelessness to have support in accessing services and housing. This is one of the most challenging aspects of housing and homelessness, as during this initial period of engagement, many people are in the midst of trauma and likely unable to navigate resources available to them independently.

Strategy 2: Securing housing funding for members who are homeless or at-risk of homelessness, is a person-centered approach to addressing housing need. It will expand the opportunity for a member with an identified housing need to receive an appropriate level housing intervention and to receive those services as quickly as possible. Every night a person experiences homelessness is a danger and threat to their health.

Strategy 3: Enhancing wraparound services and supports to ensure housing stability for improved health outcomes, reduced recidivism, and reduced decompensation, is crucial to the success of permanent supportive housing programs. With higher levels of wraparound services, we see our housing participants reduce the number of days without housing, increase their levels of income, and increase their housing stability.

We also wish to extend our thanks and support for your leadership in addressing the unmet needs of homeless individuals with behavioral health disorders residing in Arizona. We stand ready to support the successful implementation of this initiative.

If you have any questions, feel free to contact me at [REDACTED]

Sincerely,

[REDACTED]
Charles Sullivan
President/CEO

AHCCCS Comments:

H2O Comments

- Banner continues to see a significant increase of referrals for housing needs especially for populations – pregnant women and ALTCS members able to live independently.
- Unclear as to the forensic population services – are there considerations for this population? Is it included with the institutionalized population?
- Questions regarding funding – will it be managed like flex funds and/or providers able to bill for services not traditionally paid for by AHCCCS plans (ex. ID's, home modification, move in costs). Will it be managed by the Housing Administrator ABC/Hom Inc? Or would providers be given grant money and/or able to bill AHCCCS plans?
- Would like information to expand more on the “at risk of homeless” population as most referrals received are GMH/SU, working poor, receiving eviction or aware of losing current housing in near future.
- Overall, the strategies for enhancing services and providing wraparound services are supported by Banner. Many of the housing dollars are prioritized for chronically ill, SMI populations. Banner has primarily been outreaching and assisting GMH populations, members who have emergent housing needs that need rapid rehousing or stable transitional housing, in which there continues to be few resources or supports.

T12 Concept Paper Comments:

- Overall, from the TIP dashboard presentations, there appeared good outcomes on quality performance with the incentivization of ensuring follow up and meeting HEDIS measures.
- It is difficult to correlate results during the COVID pandemic year, especially with restrictions made as part of meeting HEDIS measures. Continued assessment of the ASU CHiR will be reviewed.
- The Whole Person Care Initiatives, combined with the 1115 waiver continues to be supported by Banner.
- The importance of improved care coordination and the fully integrated POC system is efficient and can improve on member engagement and overall improved health outcomes.
- Banner would support the T12 expansion and would assist with adding to algorithm of auto assignments if needed.



April 29, 2021

AHCCCS

c/o Division of Community Advocacy and Intergovernmental Relations

801 E. Jefferson Street, MD 4200

Phoenix, AZ 85034

Via waiverpublicinput@azahcccs.gov

On behalf of the Arizona Housing Coalition's Board of Directors and statewide members, I write in support of the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment. The Arizona Housing Coalition is a statewide collaborative association working to end homelessness by advocating for affordable homes for all Arizonans. We monitor legislative and regulatory policies being adopted at the federal, state, and local level. As such, we appreciate the opportunity to provide public comments to AHCCCS in support of the H2O waiver proposal.

Being responsive to the changing healthcare needs of Arizonans, including in the midst of a global pandemic, is a signature benefit of Medicaid programs. Yet key to the evolving needs of people in our state is the importance that housing plays in response to not only social determinants of health, the response to the COVID-19 pandemic, but also in response to the racial reckoning that our country is in the midst of. As such, we recognize and concur with AHCCCS's desire to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

Health and homelessness are inextricably linked. Health problems can cause a person's homelessness as well as be exacerbated by the experience.

According to the 2020 Point In Time street and shelter count, pre-pandemic, approximately 10,979 Arizonans are living on the streets or in temporary shelter on any given night. According to the U.S. Department of Housing and Urban Development, people living in shelter are more than twice as likely to have a disability compared to the general population. Conditions such as diabetes, heart disease, and HIV/AIDS are found at high rates among the homeless population, sometimes three to six times higher than that of the general population. People who have mental health and substance use disorders and who are homeless are more likely to have immediate, life-threatening physical illnesses and live in dangerous conditions. Also, more than 10 percent of people who seek substance abuse or mental health treatment in our public health system are homeless.

Treatment and preventive care can be difficult to access for people who are experiencing homelessness. This is often because they lack insurance or have difficulty engaging health care providers in the community. That's why AHCCCS's H2O demonstration will be targeted towards individuals who are experiencing homelessness or at risk of homelessness and who have at least one or more of the following conditions or circumstances:

- Individuals with a Serious Mental Illness (SMI) designation or in need of behavioral health and/or substance use treatment,
- Individuals determined high risk or high cost based on service utilization or health history,
- Individuals with repeated avoidable emergency department visits or crisis utilization,
- Individuals who are pregnant,



- Individuals with chronic health conditions and/or co-morbid conditions (e.g., end-stage renal disease, cirrhosis of the liver, HIV/AIDS, co-occurring mental health conditions, physical health conditions, and/or substance use disorder),
- Individuals at high risk of experiencing homelessness upon release from an institutional setting (e.g., Institutions for Mental Disease/IMDs, psychiatric inpatient hospitals, correctional facility),
- Young adults ages 18 through 24 who have aged out of the foster care system. **SUGGESTION:** We would like to suggest that the H2O program should be made available to former foster youth from age 18 to 26, rather than just age 24, to support their successful launch to adulthood. This coincides with their Medicaid eligibility to age 26.
- Individuals in the Arizona Long Term Care System (ALTCs) who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting.

Housing as the Solution

When housing is a platform, people with a substance abuse disorder who are experiencing homelessness have the opportunity to engage in treatment fully without the additional stress of living on the streets. Housing stability is a key contributor to long-term recovery and reduces relapse for people who are homeless. For chronically homeless people, the intervention of permanent supportive housing provides stable housing coupled with supportive services as needed – a cost-effective solution to homelessness for those with the most severe health, mental health, and substance abuse challenges. By providing access to housing with individualized, quality, wraparound services for individuals who are experiencing homelessness, has consistently shown in studies to increase housing stability, reduce or end homeless episodes or recidivism, improve substance use treatment compliance and outcomes, improve recovery trajectories for persons struggling with mental health, and stabilize or improve physical health conditions. These changes often result in a shift away from reliance on crisis-centered, inpatient, and/or emergency department services, and an increased use of primary and preventative health or community based social services and natural supports. This housing related shift ultimately generates significant cost savings and cost avoidance over the long term. Housing individuals who are homeless has similarly been shown to substantially reduce the service and cost impacts on other institutional systems, including homeless shelters, police and crisis services, and the criminal justice system.

Yet, affordable housing as the solution is difficult to come by, pre-, and undoubtedly, post-pandemic. Arizona was already in the midst of a housing crisis, defined by increasing rents, high eviction rates, increased homelessness and a severe shortage of affordable housing. Phoenix, for example, was ranked as the fastest growing rental market nationally, with an 8.1% increase in average rent, double the national average in 2019. Research by the National Low-Income Housing Coalition ranks Arizona as one of the states where extremely low income (ELI) renters face the greatest challenge in finding affordable housing, with only 26 affordable units for every 100 extremely low-income households. To add context, 204,164 households in Arizona are considered ELI, representing approximately 10% of all households in the State. Furthermore, 78% of these households are considered extremely rent-burdened, meaning they spend at least 50% of their income on rent. For any household to afford a modest two-bedroom unit in Arizona, they need to earn at least \$21.10 per hour or be working a 70-hour week at the State minimum wage of \$12 per hour.



The COVID-19 pandemic has added an additional layer of insecurity to lower income households who have been most impacted by the pandemic in regard to income loss. While State and federal moratoriums have placed much needed protections in place to slow evictions for those unable to make rent payments during the pandemic, these protections do not ensure long-term housing security once these short-term interventions are lifted. Households already experiencing cost-burdens are most at risk of housing loss once we reach the end of the eviction moratorium. Further, the COVID-19 pandemic has highlighted the socioeconomic costs of the affordable housing crisis, as those without a safe and stable place to call home are at a higher risk of contracting COVID-19 and other chronic illnesses. Increasing and preserving affordable housing supply within Arizona is even more of a priority than it was prior to the pandemic.

Support for Waiver proposal

The Arizona Housing Coalition fully supports and commends AHCCCS in seeking waiver and expenditure authority to improve health care delivery and health outcomes for AHCCCS members who are homeless or at risk of becoming homeless using strategies designed to fill identified gaps, expand existing evidence-based practices, and reduce barriers to housing. This proposal will ensure targeted members experiencing homelessness or chronic housing instability attain safe housing and integrated services in order to end their housing crises and achieve improved health outcomes. The AHCCCS H2O demonstration focuses on three critical strategies:

1. Strengthening homeless outreach strategies to make sure that current members and prospectively eligible members of the target populations are identified and connected to housing interventions and integrated care services,
2. Securing funding for housing to ensure members can attain and maintain housing stability, and
3. Enhancing and expanding individualized wraparound housing services and supports to ensure housing stability becomes a platform to leverage improved health outcomes and reduce recidivism for a broader population of homeless or at-risk populations that require permanent supportive housing.

Items for further consideration

While we applaud the thoughtful and holistic approach put forth by AHCCCS staff and administration, we'd encourage the waiver to be broadened to address:

- **Transportation:** There is limited public transportation options in our urban areas and nearly no services in our largely rural state. Transportation is needed not only for medical and behavioral health appointments, but also for employment, access to quality food, taking children to childcare, and much more.
- **Support services:** Arizonans need both shelter and transitional housing program expansion as well as the addition of wraparound services while in these programs. Transition to permanent supportive housing with services and/or community based subsidized housing will go a long way to create housing stability and reduce health care costs. Case management and emergency assistance services will continue to be needed to ensure smooth transition to employment and financial stability. It is not enough to get a person into housing, we must also help them maintain that housing through tenant support programs.
- **Community Based Organizations:** We are encouraged by AHCCCS' determination to explore ways to build relationships between traditional medical providers and community-based organizations (CBOs). To ensure proper compensation across these relationships, AHCCCS may



Arizona Housing Coalition

Speaking Up for Home and Hope

consider utilizing a per diem or episodic payment model to incentivize CBOs to increase member access to social services. Additionally, many housing providers may not be familiar with billing for Medicaid services, pay-for-performance models, or have the capacity to negotiate with health plans for payment rates. Due to the increased compliance burdens that often accompany recognition as an AHCCCS provider (e.g., new licensing requirements for housing providers who also provide behavioral health services), there are concerns that CBOs will be forced to transform into healthcare delivery providers. Should CBOs continue to be required to establish themselves as AHCCCS providers, we would urge AHCCCS to convene CBOs to garner their feedback on potential payment and service delivery models. AHCCCS would also benefit from nurturing its relationships with CBOs that may not traditionally be set up as AHCCCS providers. For example, certain CBOs may be particularly equipped to serve former foster youth but lack the capacity or infrastructure to develop formal connections with AHCCCS and its medical providers. By providing resources that support such CBOs in building their capacity, AHCCCS can help ensure the development of health networks between medical and non-medical providers.

- **Equity:** We urge AHCCCS to place an emphasis on, and make public, disaggregated sociodemographic data about the populations served by H2O. This will help ensure that an equity lens can be applied to explicitly address the needs of historically disadvantaged populations.

The Arizona Housing Coalition appreciates the opportunity to provide these comments, support, and opportunities for further consideration.

Sincerely,



Joan Serviss, Executive Director
Arizona Housing Coalition



The Arizona Health Care Cost Containment System (AHCCCS) has acknowledged that Social Determinants of Health are critically important issues that need to be addressed in order to create a recovery oriented system. AHCCCS has initiated a Whole Health program that recognized this need and is developing supports for providers to address these need thru a contract with Health Current our Arizona HIE and Now Pow. This will provide a digital connection to our community resources which are critical in meeting many of the needs of the Medicaid population. In my role as the Director of Population Health for a nonprofit agency we have found that housing is a fundamental need for the individuals we serve in the Medicaid system. In my position we track the health care needs and utilization for over the 9000 individuals we serve who have a serious mental illness many of whom also have a substance use disorder. One specific focus that we have are individuals identified as High Need/ High Cost. One factor that we have discovered is that over half of this group have either housing instability or homelessness as an ongoing basis. Many others have intermittent housing instability. When we examined the reason for admissions to emergency rooms or hospitals we often discover that many of these admissions were avoidable and unnecessary and primarily due to issues with housing and other social determinants of health. Many individuals are using these high cost facilities for shelter, a meal, a change in clothing, a shower, escaping stressful conditions and other basic needs. Many of the individuals use catch phrases such as "I am thinking of harming myself" with no plan or method and without any history or risk factors. Since emergency rooms and hospitals must follow EMTALA regulations they are unable to redirect the person to other more appropriate resources. Many of these individuals leave these settings AMA as soon as their basic needs are met. The emergency rooms and hospitals know these individuals very well but do not have ability to circumvent their admissions. When teams try to assist these individuals in finding housing the wait list is extensive and does not solve the person's immediate needs. When they are referred for temporary housing to Shelters, many report that they don't feel safe in those settings. The lack of housing options has resulted in an increase in service costs that can be significantly reduced by tapping resources in the community to address this issue.

AHCCCS has also taken the initiative to have one agency in charge of housing versus the five that currently deal with this issue. Having one agency should improve coordination which has been challenging. The single provider will assume their role in October. Unfortunately this will not immediately relieve the issue of lack of affordable housing. In Maricopa County there is currently a wait list for housing that is 2000 units long. As rental costs rise they are now higher than individuals receive from SSI income. The average cost of an efficiency apartment is \$933/month. A one bedroom is \$1032/Month. Currently SSI income, which is the only income that many Medicaid participants receive, is approximately \$800/Month. With these conditions, the housing supply for individuals with serious mental illness is in critical condition. The AHCCCS initiatives proposed in the CMS Waiver provide the leadership that the system needs to connect these resources and overcome these obstacles.

Michael Franczak, Ph.D.

Director Of Population Health

May 16, 2021



Jami Snyder
Director,
Arizona Health Care Cost Containment System
801 E Jefferson St
Phoenix, AZ 85034
Pima County Health Department

Dear Director Snyder,

The Arizona Public Health Association expresses our unqualified support of AHCCCS' Draft Housing and Health Opportunities Waiver and Expenditure Authority. We believe the initiative, as written, will improve population and public health. The draft is well-crafted and is based on evidence based best practices.

The initiative focuses on a core social determinant of health, access to affordable housing. Housing is critical to maintaining physical and mental health, recovering from a substance use disorder, and addressing basic safety needs of AHCCCS members.

Being homeless exacerbates existing mental health and substance use disorder conditions, and results in a host of poor health outcomes including depression, anxiety, using substances to cope, and other mental and physical health concerns. Homelessness contributes to need for both physical and behavioral health services for adults and children.

We believe that the draft, as written, will increase positive health and wellbeing outcomes for AHCCCS members while reducing the cost of providing needed preventative and rehabilitative health care services.

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We commend you and your leadership team for embracing new opportunities to improve the health of your members. The agency's previous leadership was often skeptical or even hostile toward developing creative solutions like this.

We are delighted that, under your leadership, you have turned the page and are embracing creative evidence-based practices like this draft waiver request.

Thank you for your leadership and for crafting and proposing the Draft Housing and Health Opportunities Waiver and Expenditure Authority!

Sincerely,



Will Humble, MPH
Executive Director,
Arizona Public Health Association
700 E JEFFERSON ST, SUITE 100 | PHOENIX, AZ 8503



1870 W. Rio Salado Pkwy
Tempe, AZ 85281

April 30, 2021

Via email: waiverpublicinput@azahcccs.gov

Division of Community Advocacy and Intergovernmental Relations
AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

To Whom It May Concern:

I write on behalf of Arizona Complete Health-Complete Care Plan (AzCH-CCP) in support of the amendment to the 1115 Waiver allowing the Arizona Health Care Cost Containment System (AHCCCS), Arizona's single state Medicaid agency, to implement the Housing and Health Opportunities (H2O) demonstration and the Targeted Investment Program 2.0 demonstration. Our Medicaid health plan is now providing healthcare to more than 274,000 Arizonans and through the upcoming integration with our WellCare partner plan, Care1st, will soon serve approximately 500,000 Arizonans enrolled in AHCCCS.

H2O Demonstration

We have been a direct partner with AHCCCS for the administration of housing assistance to Medicaid members since 2015. We are also one of the first MCOs in the nation to join HUD Homeless Management Information Systems and Continuums of Care to coordinate directly with local, broader housing resource providers. As such, we have overseen the rent assistance and support services provided to approximately 800 individuals and families. With this insight, we have been able to monitor the impact on our members' health and can attest that AHCCCS's commitment to housing has yielded notable outcomes (2019 pre- and post-housing trend data).

48% reduction in emergency department visits

58% reduction in crisis services utilization

29% reduction in overall medical cost

78% increase in PCP Well visits

Through active engagement and public-private partnerships, Arizona has proven that our small investment of state-only dollars can have life-changing impacts on the health, well-being and quality of life for Medicaid members, as well as offer significant cost savings for the program. The possibilities presented by the H2O Demonstration of expanding our efforts to reach more people is exhilarating. Time is of the essence to approve H2O and, with the support of our Federal partners, allow us to build on our success. Approving Arizona's H2O Waiver aligns precisely with furthering the cause and purpose of the Medicaid program.

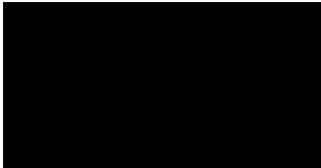
Targeted Investment 2.0

We have also been a partner with AHCCCS in the implementation of the Targeted Investment Program. We agree that real progress toward integrated care has been accomplished through the initiative, improving care for members by engaging providers in adult behavioral and primary care, pediatric behavioral and primary care, hospitals, and new integrated clinics serving justice-system involved members.

As noted in the Waiver request, it will be critical to both extend the initiative for the first cohort of providers and to expand participation by allowing for an additional cohort. The healthcare outcome improvements resulting from fully integrated care have been well researched and documented. We also appreciate AHCCCS's recognition and action on the social determinants of health as a driving element of the initiative. By bridging primary and behavioral healthcare as well as tools and action to address social determinants, the Targeted Investment 2.0 Demonstration holds the promise of lasting and sustainable improvements in the care delivery and health outcomes for Medicaid members.

Thank you for this opportunity to submit public comments. We applaud your leadership on the new Medicaid 1115 H2O and Targeted Investment 2.0 Waiver requests and are hopeful the federal government will step up affirmatively and expeditiously to give your full proposal the support it deserves.

Sincerely,



James V. Stover
Medicaid Plan President



Arizona Association of Health Plans
2375 East Camelback Road, Suite 600
Phoenix, AZ 85016
602-680-7680

April 26, 2021

Via email: waiverpublicinput@azahcccs.gov

Division of Community Advocacy and Intergovernmental Relations, AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

To Whom it May Concern:

I write on behalf of the member companies of the Arizona Association of Health Plans (AzAHP) in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration. Our health plans are now providing healthcare to more than 2.2 million Arizonans, and proudly serve as the private half of the public-private partnership that makes the Arizona Health Care Cost Containment System (AHCCCS) so successful.

Our collaborative focus on housing is one of the most impactful results of our partnership. Using the State's existing general funds, we have implemented a strategy for addressing and improving the health of people experiencing homelessness who have a serious mental illness, physical health conditions and substance use disorders. To date we have found permanent and supportive homes for 3,040 people, saved the State an average \$5,563 dollars per member per month for members receiving this housing support, for an annual reduction in the cost of care of \$82.5 million dollars. Remarkably, we have witnessed a 31% reduction in emergency department visits; a 44% reduction in inpatient admissions; an 89% reduction in behavioral health residential facility admissions; and a 45% reduction in the cost of care for individuals who were living perilously. Most importantly, we have improved the quality of life for those individuals we have served through our housing programs.

We have proven that housing is good health care; beyond a roof and walls, a home can help Arizonans improve their long-term health outcomes. This is why this waiver amendment is so important; it will allow us to enhance and expand housing and services for our members who are homeless or at risk of becoming homeless. As noted in the application, under the demonstration proposal the State seeks to:

- Increase positive health and wellbeing outcomes for target populations including the stabilization of members' mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, and increased member satisfaction;

- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization; and
- Reduce homelessness and improve skills to maintain housing stability.

We agree with the State's decision to limit the populations served by the H2O Waiver to our most vulnerable members. Among the target populations are: persons with a serious mental illness; individuals in need of substance use treatment; pregnant women; individuals with a health history that demonstrates high/complex-needs or results in high-cost; people who repeatedly present in the emergency departments; former foster youth ages 18-24; members with chronic conditions; and the elderly who are able to move out of an institutional setting.

We have already proven the enormous impact that housing has on the health and well-being of our members using only state dollars. Imagine how much more we can do with the support of our Federal partners. Approving Arizona's H2O Waiver aligns precisely with furthering the cause and purpose of the Medicaid program.

We applaud your leadership on the new Medicaid 1115 H2O Waiver request and are hopeful the federal government will step up affirmatively and expeditiously to give your proposal the support it deserves.

Yours in partnership,



Deb Gullett
Executive Director
Arizona Association of Health Plans

CC: Christina Corieri, Senior Policy Advisor, Office of the Arizona Governor
CCorieri@az.gov

Jami Snyder, Director, AHCCCS
Jami.Snyder@azahcccs.gov



*Ending and
Preventing
Homelessness*

May 18, 2021

To Whom It May Concern:

Below are comments on the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment.

Coalition for Compassion and Justice would like to express our overwhelming support for the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver and Expenditure Authority. It will improve health care delivery and health outcomes using evidence-based practices. Housing is critical to maintaining physical and mental health, recovering from a substance use disorder, and addressing basic safety needs of AHCCCS members.

CCJ is a nonprofit missioned in *Ending and Preventing Homelessness*. We work through housing first solutions to permanently place and support individuals transitioning out of homelessness. We have placed over 100 people in the past 3 years, decreased our shelter need by 80%, and created 26 units of creative and affordable housing in the Prescott area.

HOUSING ISSUES: We believe that the H2O program will increase positive health and wellbeing outcomes for AHCCCS members, while reducing the cost of providing needed preventative and rehabilitative health care services. Being homeless not only exacerbates existing mental health and substance use disorder conditions, but the trauma of living on the streets may result in depression, anxiety, using substances to cope, and other mental and physical health concerns. Therefore, homelessness contributes to need for both physical and behavioral health services for adults and children.

Arizona is anticipating an upsurge of homelessness when the COVID-19 eviction moratorium ends. This will be in addition to an already high number of sheltered and unsheltered individuals and families. There is not adequate shelter and transitional housing “beds” available now. Not only have housing prices have skyrocketed in AZ, but we also have a housing shortage and affordable housing options are severely limited due to massive growth in the luxury apartment industry and gentrification. Rental subsidy and eviction prevention programs are underfunded and not sufficient to meet the current and future needs.

The Morrison Institute for Public Policy at Arizona State University recently completed two white papers on housing and homelessness issues. The first one is “One Crisis Away: Rethinking Housing Stability for Arizonans on the Margin” (https://morrisoninstitute.asu.edu/sites/default/files/one_crisis_away.pdf) and the second is “Building Arizona: Constructing a Rental Market that Meets Demand and Serves all Arizonans” (https://morrisoninstitute.asu.edu/sites/default/files/building_az_2021.pdf). Both detail the desperate need for safe, affordable housing throughout the state for low-income families.

Tax ID
47-0851633

Housing and Urban Development (HUD) Fair Market Rent data for our metropolitan areas:

Final FY2021 Arizona FMR Metropolitan Area Summary						
Metropolitan Area Name	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom	FMR Percentile
Flagstaff, AZ MSA	\$1,026	\$1,062	\$1,315	\$1,712	\$2,058	40
Lake Havasu City-Kingman, AZ MSA	\$645	\$725	\$905	\$1,295	\$1,427	40
Phoenix-Mesa-Scottsdale, AZ MSA	\$933	\$1,032	\$1,251	\$1,765	\$2,010	40
Prescott, AZ MSA	\$698	\$822	\$1,051	\$1,458	\$1,583	40
Sierra Vista-Douglas, AZ MSA	\$663	\$667	\$874	\$1,251	\$1,513	40
Tucson, AZ MSA	\$633	\$728	\$959	\$1,372	\$1,627	40
Yuma, AZ MSA	\$665	\$705	\$927	\$1,321	\$1,605	40

POPULATIONS SERVED: We support the identified populations to be served by this program, including those with SMI and General Mental Health/Substance Use Disorder (GMH/SUD) diagnoses. While we currently have some housing available for those transitioning out of homelessness, we find that we are seeing an increase in those with diagnosis and need of the supports provided by a program like the proposed H2O waiver. The existing wait list of approximately 2,800 for housing services required under the Arnold vs Sarn lawsuit settlement indicates a need for additional funding and resources for the SMI population as well.

Linking those released from correctional facilities (jail or prison) with physical and mental health services AND housing prior to release is critical to preventing recidivism. Housing for pregnant women with supportive services, especially for women who use alcohol or drugs during their pregnancy, will reduce not only health care costs and adverse birth outcomes, but costs associated with involvement in the Child Welfare system postpartum. Subsidized, quality early childhood education and childcare will be a critical need for these families.

SERVICES NEEDED: In addition to affordable housing, food security, and adequate income there is need for transportation, which is not mentioned in this waiver. There are limited public transportation options in our urban areas and nearly no services in our largely rural state. Transportation is needed not only for medical and behavioral health appointments, but also for employment, access to quality food, taking children to childcare, and much more.

There is a need for both shelter and transitional housing program expansion as well as the addition of wraparound services while in these programs. Transition to permanent supportive housing with services and/or community based subsidized housing will go a long way to create housing stability and reduce health care costs. Case management and emergency assistance services will continue to be needed to ensure smooth transition to employment and financial stability. It is not enough to get a person into housing, we must also help them maintain that housing through tenant support programs.

When considering the level and intensity of quality wraparound housing services needed to achieve the goal of reducing health care costs, we need to ensure these services are funded to cover the actual cost of delivering

the services with qualified staff to promote quality and efficacy of these services. Underfunding this program will result in negative outcomes for AHCCCS members and the Medicaid program.

We would like to reiterate our support for the AHCCCS H2O waiver amendment. We are available to answer any questions you have.

In partnership,

Sincerely,



Jessi Hans
Executive Director



ARIZONA COUNCIL

OF HUMAN SERVICE PROVIDERS

April 23, 2021

To Whom It May Concern:

Below are comments on the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment

The Arizona Council of Human Service Providers would like to express our overwhelming support for the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver and Expenditure Authority. It will improve health care delivery and health outcomes using evidence-based practices. Housing is critical to maintaining physical and mental health, recovering from a substance use disorder, and addressing basic safety needs of AHCCCS members.

The Arizona Council is a member-based advocacy association representing the interests of our 100+ members who provide behavioral health and child welfare services throughout the state. Our members operate over 900 facilities, employ over 30,000 staff, and serve over 1 million children, adults, and families every year. They see every day the importance of safe, affordable housing for the individuals and families that they serve.

HOUSING ISSUES: We believe that the H2O program will increase positive health and wellbeing outcomes for AHCCCS members, while reducing the cost of providing needed preventative and rehabilitative health care services. Being homeless not only exacerbates existing mental health and substance use disorder conditions, but the trauma of living on the streets may result in depression, anxiety, using substances to cope, and other mental and physical health concerns. Therefore, homelessness contributes to need for both physical and behavioral health services for adults and children.

Arizona is anticipating an upsurge of homelessness when the COVID-19 eviction moratorium ends. This will be in addition to an already high number of sheltered and unsheltered individuals and families. There is not adequate shelter and transitional housing “beds” available now. Not only have housing prices have skyrocketed in AZ, but we also have a housing shortage and affordable housing options are severely limited due to massive growth in the luxury apartment industry and gentrification. Rental subsidy and eviction prevention programs are underfunded and not sufficient to meet the current and future needs.

The Morrison Institute for Public Policy at Arizona State University recently completed two white papers on housing and homelessness issues. The first one is “One Crisis

2100 N Central Ave. Suite 225, Phoenix, AZ 85004

602-252-9363

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Away: Rethinking Housing Stability for Arizonans on the Margin” (https://morrisoninstitute.asu.edu/sites/default/files/one_crisis_away.pdf) and the second is “Building Arizona: Constructing a Rental Market that Meets Demand and Serves all Arizonans (https://morrisoninstitute.asu.edu/sites/default/files/building_az_2021.pdf). Both detail the desperate need for safe, affordable housing throughout the state for low-income families.

Housing and Urban Development (HUD) Fair Market Rent data for Arizona urban areas for our three “urban” areas is below.

Maricopa County (Phoenix, Scottsdale, Mesa, etc)					
Final FY 2021 & Final FY 2020 FMRs By Unit Bedrooms					
Year	<u>Efficiency</u>	<u>One-Bedroom</u>	Two-Bedroom	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FY 2021 FMR	\$933	\$1,032	\$1,251	\$1,765	\$2,010
<u>FY 2020 FMR</u>	\$847	\$958	\$1,173	\$1,676	\$1,916
Coconino County (Flagstaff, northern AZ)					
Year	<u>Efficiency</u>	<u>One-Bedroom</u>	Two-Bedroom	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FY 2021 FMR	\$1,026	\$1,062	\$1,315	\$1,712	\$2,058
<u>FY 2020 FMR</u>	\$964	\$1,024	\$1,266	\$1,653	\$2,003
Pima County (Tucson)					
Year	<u>Efficiency</u>	<u>One-Bedroom</u>	Two-Bedroom	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FY 2021 FMR	\$633	\$728	\$959	\$1,372	\$1,627
<u>FY 2020 FMR</u>	\$618	\$721	\$949	\$1,369	\$1,618

POPULATIONS SERVED: We support the identified populations to be served by this program, including those with SMI and General Mental Health/Substance Use Disorder (GMH/SUD) diagnoses. While we currently have some housing available for those with SMI diagnoses, we find that we are seeing an increase in those with GMH/SUD diagnoses who are often ill and need the supports provided by a program like the proposed H2O waiver. The existing wait list of approximately 2,800 for housing services required under the Arnold vs Sarn lawsuit settlement indicates a need for additional funding and resources for the SMI population as well.

Linking those released from correctional facilities (jail or prison) with physical and mental health services **AND** housing prior to release is critical to preventing recidivism. Housing for pregnant women with supportive services, especially for women who use alcohol or drugs during their pregnancy, will reduce not only health care costs and adverse birth outcomes, but costs associated with involvement in the Child Welfare system postpartum. Subsidized, quality early childhood education and childcare will be a critical need for these families.

We would like to suggest that the H2O program should be made available to former foster youth from age 18 to 26, rather than just age 24, to support their successful launch to adulthood. This coincides with their Medicaid eligibility to age 26.

SERVICES NEEDED: In addition to affordable housing, food security, and adequate income there is need for transportation, which is not mentioned in this waiver. There are limited public transportation options in our urban areas and nearly no services in our largely rural state. Transportation is needed not only for medical and behavioral health appointments, but also for employment, access to quality food, taking children to childcare, and much more.

There is a need for both shelter and transitional housing program expansion as well as the addition of wraparound services while in these programs. Transition to permanent supportive housing with services and/or community based subsidized housing will go a long way to create housing stability and reduce health care costs. Case management and emergency assistance services will continue to be needed to ensure smooth transition to employment and financial stability. It is not enough to get a person into housing, we must also help them maintain that housing through tenant support programs.

When considering the level and intensity of quality wraparound housing services needed to achieve the goal of reducing health care costs, we need to ensure these services are funded to cover the actual cost of delivering the services with qualified staff to promote quality and efficacy of these services. Underfunding this program will result in negative outcomes for AHCCCS members and the Medicaid program.

We would like to reiterate our support for the AHCCCS H2O waiver amendment. We are available to answer any questions you have.

In partnership,



Bahney Dedolph
Deputy Director
bdedolph@azcouncil.com



Candy Espino
President & CEO
cespino@azcouncil.com

Monday, May 3, 2021

Arizona Health Care Cost Containment System (AHCCCS)
c/o Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

RE: Comments to AHCCCS's Housing and Health Opportunities Demonstration

Dear Director Snyder,

The Arizona Advisory Council on Indian Health Care (AACIHC) is pleased to provide these written comments on AHCCCS's Housing and Health Opportunities (H2O) Section 1115 Waiver amendment. If approved, the H2O demonstration has the potential to impact tribal communities positively, but it must consider the multiple policies and infrastructure concerns that Tribes navigate, that can pose barriers to its implementation. With lack of access to safe and affordable stable housing and to clean and safe water and sanitation systems, these infrastructure matters may negatively contribute to the health of individuals and the stress they experience.

The goal of the AHCCCS H2O demonstration is to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

Targeted Population

The AHCCCS proposal states that it will target AHCCCS members who are homeless or at risk of becoming homeless. The AACIHC recommends that AHCCCS also consider individuals that may meet the additional following criteria:

- those who do not possess housing but rather couch surf between the home of relatives, friends, shelters or cheap motels;
- those who live in substandard and unsafe housing
- individuals who live in overcrowded households

The AHCCCS's proposed conditions and circumstances, includes young adults ages 18 through 24 who have aged out of foster care systems. The AACIHC recommends AHCCCS to also consider individuals who aged out of tribal foster care systems. In addition, AACIHC recommends to AHCCCS to consider tribal institutional settings. Incarcerated Native Americans when released, may remain on reservations but some go off reservation and need transitional support. These types of systems are separate from the state system and would require working closely with Tribes, the Bureau of Indian Affairs and the Indian Health Service to track where the targeted populations receive their health care and social services support to provide case management services.

Strategy 1: Strengthening Homeless Outreach and Service Engagement

Identification and outreach to homeless individuals in tribal communities may require a different approach. Due to the rural and vast space of tribal reservations, outreach should include trusted staff. These strategies could

include the Tribe's Community Health Representatives, Social Services and Housing Departments, and others who reach into the community and have a basic understanding of homeless populations. These providers interact with the targeted population more often than health care providers who may not be aware of a patient's housing status. This would also pertain to urban Indian communities.

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

Housing infrastructure and policies on tribal land vary from non tribal systems. In addition, housing availability is limited and waiting lists are years long. Some housing may be in parts of reservations that may be geographically distant from health care and other social services/wrap around programs and services, i.e. grocery stores, employment and educational opportunities, etc.

The AACIHC recommends AHCCCS work closely with Tribes to develop the most appropriate strategies to secure funding that takes into consideration infrastructure and the various sources of funding they receive. Blending sources of housing funding is the key and may be necessary to build housing or make repairs to substandard units. AHCCCS needs to consider tribal perspectives when securing funding for housing. For example, some Tribal homes do not look like the traditional 4-walled house. Traditional housing structures still remain and are utilized not only for day to day living but for healing purposes and ceremonial use. In close consultation with Tribes, AHCCCS should discuss tribal housing as a larger component of health and healing specific to each Tribe's cultural practices.

Strategy 3: Enhancing Wraparound Services and Supports to Ensure Housing Stability for Improved Health Outcomes, Reduced Recidivism, and Reduced Decompensation

AHCCCS strategies for incentivizing or engaging community based organizations (CBOs) to increase access to social service resources will aid to connect community supports outside of the traditional health care system to impact targeted members health. The AACIHC recommends outreaching to tribal programs and CBOs to develop new models that support the whole person.

The AACIHC applauds the innovative AHCCCS waiver submission and their efforts to address the whole health and whole person of its targeted members. The COVID-19 pandemic has exposed longstanding infrastructure deficits in tribal communities and the H2O waiver can truly impact other social determinants/indicators of health and to break down silos between all social services and programs.

If you have any questions, you may contact me at Kim.Russell@aacihc.az.gov or at 602-542-5725. Thank you.

Sincerely,

Kim Russell

Kim Russell, Executive Director



1855 W. Baseline Rd., Ste. 101, Mesa, AZ 85202

████████████████████
TTY: 480-962-7711

May 3, 2021

Jami Snyder
Director
AHCCCS
801 E. Jefferson Street
Phoenix, AZ 85034

RE: Community Bridges Support of Arizona's 1115 waiver application

Dear Director Snyder:

Community Bridges Inc. (CBI) is an Arizona-based fully integrated medical and behavioral health non-profit, that provides Medicaid covered services to persons experiencing homelessness along with complex behavioral and medical needs. Additionally, CBI manages more than 50 grant funded projects designed to address social determinants of health. Activities include street outreach, shelter services, transitional housing, rapid rehousing, and permanent supportive housing programs. In our experience street outreach is a powerful tool for identifying and engaging some of the most vulnerable Medicaid eligible individuals into more traditional Medicaid covered services such as preventative care, addressing chronic health conditions and providing behavioral health support. There is a strong correlation between access to shelter and safe, affordable housing and positive health outcomes. Through our shelter and housing programs we have direct experience with the challenges of ensuring there is long term stable funding in place for shelter and housing services and are hopeful that this waiver application can help address some of these gaps.

Community Bridges is in strong support of the AHCCCS 1115 waiver application. If granted, this waiver will allow Arizona to build out treatment for social determinants of health within the Medicaid system. CBI is a strong advocate for the housing health care model, recognizing it is vitally important for us to be able to outreach and house Medicaid members to prevent hospitalization and increase their opportunity for access to preventative services and an improved positive health and wellbeing outcomes.

Please do not hesitate to contact me with any questions.

Sincerely,

████████████████████
John Hogeboom
President/CEO
Community Bridges, Inc.
jhogeboom@cbridges.com

May 12, 2021

Via email: waiverpublicinput@azahcccs.gov

Division of Community Advocacy and Intergovernmental Relations, AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

To Whom It May Concern:

Care1st Health Plan Arizona writes in full support of the AHCCCS amendment to the 1115 Research and Demonstration Waiver seeking waiver and expenditure authority to implement the AHCCCS Housing and Health Opportunities (H2O) Demonstration.

With support from federal partners, the H2O Demonstration would put within reach the goal of housing stability for many more AHCCCS members who are homeless or at-risk. This Demonstration has the potential to reach a broad population to improve quality of life, achieve better health outcomes and lower the cost of care. Some of the target populations include: persons with a serious mental illness; individuals in need of substance use treatment; pregnant women; individuals with a health history that demonstrate high/complex-needs; people with a history of emergency department use; and former foster youth ages 18-24.

Care1st Health Plan Arizona has been able to see a positive impact when placing members in stable housing through the reduction in emergency department visits, hospital admissions, and/or overall reductions in cost of care. All of this, however, has been proven at a very small scale by utilizing the State's existing funding structures. This Demonstration presents an incredible opportunity at a critical time to prove at a broader scale that housing plays a critical role in positive health outcomes. With the impacts of the public health pandemic continuing to linger, this waiver request is not only timely but will most assuredly support efforts that strengthen the health of our communities and improve the overall quality of life of those we are dedicated to serving.

We applaud AHCCCS under Director Snyder's leadership in making this a collaborative and critical focal point of the Waiver. The positive impact it will most certainly have for our most vulnerable populations cannot be understated, and it is our sincere hope that the Centers for Medicare and Medicaid Services will give serious consideration in approving this amendment as part of Arizona's overall Waiver request.

Sincerely,



Scott Cummings
Plan President
Care1st Health Plan Arizona

May 13, 2021

AHCCCS
c/o Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
Via waiverpublicinput@azahcccs.gov



On behalf of the Arizona Peer and Family Coalition (APFC) we appreciate the opportunity to comment on the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment. The APFC is in support of this waiver and would like to provide a few items for your consideration.

The APFC, which began in 2009, is dedicated to extending statewide peer and family leadership into all aspects of Arizona's behavioral health care. Our mission is to advocate for, connect, promote, and develop leadership by peers and family members throughout our state.

Health and homelessness are closely linked and we know health problems can cause a person's homelessness. In turn, we also know that homelessness can directly impact one's health. The two do go hand in hand.

AHCCCS's H2O demonstration will be targeted towards individuals who are experiencing homelessness or at risk of homeless and who have at least one or more of the following circumstances:

- Individuals with a Serious Mental Illness (SMI) designation or in need of behavioral health and/or substance use treatment
- Individuals determined high risk or high cost based on service utilization or health history
- Individuals with repeated avoidable emergency department visits or crisis utilization
- Individuals with chronic health conditions and/or co-morbid conditions (e.g., end-stage renal disease, cirrhosis of the liver, HIV/AIDS, co-occurring mental health conditions, physical health conditions, and/or substance use disorder)
- Individuals at high risk of experiencing homelessness upon release from an institutional setting (e.g., Institutions for Mental Disease/IMDs, psychiatric inpatient hospitals, correctional facility)
- Young adults ages 18 through 24 who have aged out of the foster care system
- Individuals in the Arizona Long Term Care System (ALTCS) who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting.
- Individuals determined high risk or high cost based on service utilization or health history
- Individuals with repeated avoidable emergency department visits or crisis utilization
- Individuals who are pregnant

Items to consider adding:

1. Expand the eligible population to include former foster youth from age 18 to 26, not just to through the age 24. We must be able to support these youth successful launch to adulthood, which also coincides with their Medicaid eligibility to age 26.
2. Consider special approaches to address those who are not treatment compliant ending up homelessness. Secure housing options should only be considered as a last resort.
3. As those with Serious Mental Illness get older, the system needs to provide community housing that are responsive to the needs for supportive services pre-ALTCS eligibility by using Aging & Adult home & community based services which are federally funded. We ask that you consider adding to these federal funds any Medicaid funds and state funds to assure ability to stay in community settings.
4. Consider transportation needs that are not medically focused and are not an emergency. For example, how does one get to the grocery store or other essential, non-medical services. This should include education on how to use the public transportation system. Help to provide tenant support services when members run into problems, similar to the work of an ACT team who can assist when things go wrong thus avoiding loss of housing or other or other costly services.
5. Strengthen the ties between AHCCCS plans and the community providers of housing, transportation, home-community based services, etc. Educate the health plan case managers on the full portfolio of resources available in our state that can be used to solve problems.
6. Collect data about the members to highlight where problems can creep up. Then, evaluate it and report back to the community on what works and what needs to be improved.
7. Ensure we have internet broadband service and provision of devices as needed for all in the demonstration project along with training, if needed on how to use computers, etc.
8. Consider wellness services that include the disease model of care.
9. Require a tighter integration of medical services and behavioral services focused on optimization of health, whole health and/or whole person health. It is a huge challenge to get members on the optimal track when providers are not providing whole health as a deliverable service.
10. Lastly, we need money for housing. This is a great concept that may fall short of there aren't options available.

We support this H20 waiver and appreciate the continued partnership.

Sincerely,

The Arizona Peer and Family Coalition



May 3, 2021

Via email: waiverpublicinput@azahcccs.gov

Division of Community Advocacy and Intergovernmental Relations, AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

To Whom it May Concern:

On behalf of the member companies and business leaders in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration. Our health plans are now providing healthcare to more than 2.2 million Arizonans, and proudly serve as the private half of the public-private partnership that makes the Arizona Health Care Cost Containment System (AHCCCS) so successful.

Our collaborative focus on housing is one of the most impactful results of our partnership. Using the State's existing general funds, we have implemented a strategy for addressing and improving the health of people experiencing homelessness who have a serious mental illness, physical health conditions and substance use disorders. To date we have found permanent and supportive homes for 3,040 people, saved the State an average \$5,563 dollars per member per month for members receiving this housing support, for an annual reduction in the cost of care of \$82.5 million dollars. Remarkably, we have witnessed a 31% reduction in emergency department visits; a 44% reduction in inpatient admissions; an 89% reduction in behavioral health residential facility admissions; and a 45% reduction in the cost of care for individuals who were living perilously. Most importantly, we have improved the quality of life for those individuals we have served through our housing programs.

We have proven that housing is good health care; beyond a roof and walls, a home can help Arizonans improve their long-term health outcomes. This is why this waiver amendment is so important; it will allow us to enhance and expand housing and services for our members who are homeless or at risk of becoming homeless. As noted in the application, under the demonstration proposal the State seeks to:

- Increase positive health and wellbeing outcomes for target populations including the stabilization of members' mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, and increased member satisfaction;
- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization; and

- Reduce homelessness and improve skills to maintain housing stability.

We agree with the State's decision to limit the populations served by the H2O Waiver to our most vulnerable members. Among the target populations are: persons with a serious mental illness; individuals in need of substance use treatment; pregnant women; individuals with a health history that demonstrates high/complex-needs or results in high-cost; people who repeatedly present in the emergency departments; former foster youth ages 18-24; members with chronic conditions; and the elderly who are able to move out of an institutional setting.

We have already proven the enormous impact that housing has on the health and well-being of our members using only state dollars. Imagine how much more we can do with the support of our Federal partners. Approving Arizona's H2O Waiver aligns precisely with furthering the cause and purpose of the Medicaid program.

We applaud your leadership on the new Medicaid 1115 H2O Waiver request and are hopeful the federal government will step up affirmatively and expeditiously to give your proposal the support it deserves.

Yours in partnership,



Heather Carter
Executive Vice President
Greater Phoenix Leadership

CC: Christina Corieri, Senior Policy Advisor, Office of the Arizona Governor
CCorieri@az.gov

Jami Snyder, Director, AHCCCS
Jami.Snyder@azahcccs.gov



To Whom It May Concern:

Below are comments on the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver Amendment.

Lifewell would like to express our complete support for the AHCCCS Housing and Health Opportunities (H2O) Draft Waiver and Expenditure Authority. All components of the AHCCCS waiver request will benefit the Medicaid clients served by Lifewell and the community as a whole. It will significantly improve health care delivery and health outcomes using evidence-based practices. Housing is essential for addressing the needs of AHCCCS members served by Lifewell. It is critical for maintaining physical and mental health, recovering from a substance use disorder, and addressing basic safety needs of AHCCCS members.

Lifewell is a non-profit integrated healthcare agency providing treatment services and support for low-income clients diagnosed with serious mental illness (SMI), general mental health issues, and substance abuse disorders. Lifewell has multiple service and housing locations throughout Maricopa County in Arizona. Our aim is to provide hope and recovery through our person-centered residential, outpatient, housing and community living programs. We also offer primary care services for our Medicaid members with serious mental illness.

AHCCCS HOUSING DEMONSTRATION GOAL: Based on our own experience with caring for individuals with challenging behavioral health conditions, including provision of housing services, we can fully endorse the AHCCCS goal of expanding housing services and interventions. We believe the expansion components will have a high probability of achieving the aims outlined by AHCCCS for increasing positive health and wellbeing, reducing the cost of care by decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization, and overall reduction of homelessness by improving skills to maintain housing stability. AHCCCS is correct in assessing that the target populations identified require an expanded view and approach to addressing their behavioral and medical needs. Being homeless not only exacerbates existing mental health and substance use disorder conditions, but the trauma of living on the streets may result in depression, anxiety, using substances to cope, and other mental and physical health concerns. Homelessness contributes to the need for both physical and behavioral health services for adults and children, as well as creation of barriers to accessing and utilizing the care available.

TARGET POPULATIONS SERVED: We support all the identified populations to be served by this program. Given our extensive experience and expertise in serving individuals with Serious Mental Illness and General Mental Health/Substance Use Disorder we believe it is very appropriate to include them in the target group. Housing issues are a daily challenge faced by our organization in assisting these individuals with their behavioral and medical needs.

WAIVER AMENDMENT PROPOSAL DETAILS: Arizona has long been a leader nationally in our Medicaid program and also a leader in the development and use of Housing programs and services. The benefit changes and strategies proposed in this waiver request reflect a deep understanding by AHCCCS of what it will take to bring our Medicaid delivery system to the next

level for effectively meeting the healthcare needs of the proposed target populations served by the Medicaid program.

Strategy 1: Strengthening Homeless Outreach and Service Engagement

AHCCCS proposed enhancements to outreach and service engagement for homeless individuals in the target population is well thought out and will improve the provider communities' ability to effectively identify and engage homeless individuals. Current outreach and engagement resources are inadequate and we are also expecting an upsurge of homelessness when the COVID-19 eviction moratorium ends. AHCCCS has also identified a number of enhancements to screening and discharge coordination that will have a positive impact on effectively identifying and coordinating care for the target population. These include linking individuals released from correctional facilities with physical and mental health service and housing prior to release and housing with supportive services for pregnant women, especially those who use drugs or alcohol during their pregnancy.

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

Community Reintegration and Immediate Post Homeless Housing Services, Community Transitional Services, and Eviction Prevention Services are all key components to assisting individuals once they are identified and engaged. Securing and maintaining stable housing for the target population is complex and requires the multi-faceted approach identified by AHCCCS. Short-term options for immediate needs are critical as well as the ability to prevent evictions long term. Lifewell can attest that the existing system is not adequately resourced in capacity and options to meet the current demands. Expansion of transitional shelter beds, the ability to cover non-recurring expenses to facilitate move-in, and eviction prevention components, such as payment of back rent, are key examples of the comprehensive approach AHCCCS has proposed.

Strategy 3: Enhancing Wraparound Services and Supports to Ensure Housing Stability for Improved Health Outcomes, Reduced Recidivism, and Reduced Decomensation

Home modification and remediation services, and increased access to social service resources would enhance the ability of Lifewell to meet the needs of our Medicaid clients. We would welcome the opportunity to more effectively address the needs of all individuals receiving services from Lifewell.

RECOMMENDATION

Lifewell is pleased to offer our support for the AHCCCS Housing and Health Opportunities Waiver Amendment. We believe the changes requested by AHCCCS are well defined and create a new vision for the future of healthcare with special populations. Lifewell looks forward to assisting AHCCCS with implementation of the proposed changes and are available to answer any questions.

Sincerely,


Doris Vaught
President and CEO



ARIZONA PARTNERSHIP FOR HEALTHY COMMUNITIES

May 3, 2021

Arizona Health Care Cost Containment System
Director Jami Snyder
c/o Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Via waiverpublicinput@azahcccs.gov

Dear Director Snyder:

On behalf of the Arizona Partnership for Healthy Communities, we appreciate the opportunity to provide comments on the AHCCCS Housing and Health Opportunities (H2O) and the Targeted Investments Program 2.0 (TI 2.0) draft waiver demonstration projects. The Arizona Partnership for Healthy Communities is a statewide collaboration of more than 30 entities focusing on the social determinants of health. Our vision is an Arizona where all communities are healthy places to live.

Medicaid impacts the lives and health of many Arizonans. We commend AHCCCS for its understanding that well-being is not only determined by one's medical care, but also by the underlying conditions where a person lives.

H2O Waiver Demonstration Project

Having a safe, stable, affordable place to call home is a critical component for living a healthy life. We believe the proposal to provide housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless will result in positive health outcomes for the target populations. We support the stated aims of the draft waiver demonstration:

- Reduce homelessness and improve members' skills to maintain stable housing,
- Increase positive health and wellbeing outcomes for target populations, including the stabilization of members' mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, and increased member satisfaction, and
- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization.

Prior to the global pandemic, many of Arizona's communities already faced a lack of affordable housing and struggled to end homelessness. COVID-19 has exposed and intensified housing insecurity as job losses and economic pressures have left too many Arizonans unable to pay rent and at risk of eviction. Both the pandemic and housing crises are disproportionately impacting populations and communities that were already marginalized, including communities of color, older adults, and low-income families.

The Arizona Partnership for Healthy Communities supports AHCCCS' approach of focusing its housing supports toward populations experiencing the greatest need, especially considering that health and housing disparities in communities of color are significantly higher. The proposed changes should have

positive impact outcomes on underserved populations. We urge AHCCCS to place an emphasis on, and make public, disaggregated sociodemographic data about the populations served by H2O. This will help ensure that an equity lens can be applied to explicitly address the needs of historically disadvantaged populations.

Targeted Investments 2.0: Partnering with Community-Based Organizations

We are encouraged by AHCCCS' determination to explore ways to build relationships between traditional medical providers and community-based organizations (CBOs) in TI 2.0. To ensure proper compensation across these relationships, AHCCCS may consider utilizing a per diem or episodic payment model to incentivize CBOs to increase member access to social services.

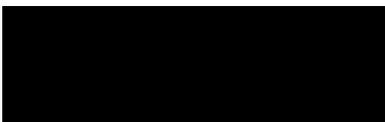
Additionally, many CBOs (e.g. housing providers) may not be familiar with pay-for-performance models or have the capacity to negotiate with health plans for payment rates. Due to the increased compliance burdens that often accompany recognition as an AHCCCS provider (e.g. new licensing requirements for housing providers who also provide behavioral health services), there are concerns that CBOs will be forced to transform into healthcare delivery providers. Should CBOs continue to be required to establish themselves as AHCCCS providers, we would urge AHCCCS to convene CBOs to garner their feedback on potential payment and service delivery models.

AHCCCS would also benefit from nurturing its relationships with CBOs that may not traditionally be set up as AHCCCS providers. For example, certain CBOs may be particularly equipped to serve former foster youth but lack the capacity or infrastructure to develop formal connections with AHCCCS and its medical providers. By providing resources that support such CBOs in building their capacity, AHCCCS can help ensure the development of health networks between medical and non-medical providers.

The Arizona Partnership for Healthy Communities supports AHCCCS in seeking waiver and expenditure authority to improve health care delivery and health outcomes for AHCCCS members who are homeless or at risk of becoming homeless using strategies designed to fill identified gaps, expand existing evidence-based practices, and reduce barriers to housing. We commend AHCCCS' commitment to partnering with community-based organizations. If we want to improve overall health and well-being for Arizonans, we must address our housing crisis. Ensuring all Arizonans have access to a safe, stable, and affordable home will lead to better physical and mental health outcomes for our state.

Thank you for this opportunity to provide comments on the proposed H2O and TI 2.0 demonstration waiver projects.

Sincerely,



Serena Unrein, Director
Arizona Partnership for Healthy Communities



April 30, 2021

Division of Community Advocacy and Intergovernmental Relations, AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034
Submitted via email: waiverpublicinput@azahcccs.gov

RE: AHCCCS Housing and Health Opportunities (H2O) Demonstration

To Whom it May Concern:

UnitedHealthcare Community Plan of Arizona appreciates the opportunity to provide feedback on the proposed amendment to the 1115 Research and Demonstration Waiver to implement the Housing and Health Opportunities (H2O) demonstration. We support the State's efforts to enhance and expand housing services and interventions for AHCCCS members as it will have a positive impact on individuals experiencing homelessness or who are at risk of becoming homeless. With the continued impact of the COVID-19 pandemic and the significant increase of homelessness in our community, the proposed enhancement and expansion of housing services and interventions comes at a critical time. UnitedHealthcare has valued our collaborative relationship with AHCCCS regarding housing to date and looks forward to continuing to this partnership with the H2O Demonstration.

Due to the influx of members becoming homeless, there is currently a shortage of shelter beds, resulting in an increase in unsheltered persons. Unsheltered members are at a higher risk of various health complications, which leads to overall higher utilization costs. Currently the State's existing general funds are being used to address and improve the health of people experiencing homelessness who have a serious mental illness, physical health condition and substance use disorder. We look forward to the proposed changes as it would broaden the scope to additional vulnerable populations who would also be supported through the inclusion of this benefit. These individuals would include members with repeated avoidable ED visits or crisis utilization, individuals at high risk of homelessness upon being released from institutions, individuals with chronic health conditions and co-morbid conditions, individuals who are pregnant, young adults who have aged out of the foster care system, and individuals with (ALTCS) who are medically able to reside in their own home and require affordable housing to make that transition.

Additionally, housing rates in Arizona continue to increase at a much faster rate than the standard monthly income of someone on SSI. One of the most significant challenges faced by complex populations eligible for Medicaid is the availability of stable and affordable housing. Stable housing is an important element to reducing health system costs for individuals with behavioral health conditions and/ or chronic illness. An increase in permanent subsidized housing would create further accessibility and stability.



UnitedHealthcare Community & State

There is a positive impact on health outcomes when members can maintain stable housing. With stable housing, members are better able to care for both their behavioral and physical health needs, shifting their focus to their overall health with outpatient services and preventative care. The H2O waiver will expand and enhance housing services for individuals who are homeless or at risk of becoming homeless, allowing them the opportunity to improve their health outcomes. We look forward to the overall positive health outcomes and quality of life this will bring to our members.

We applaud your leadership and commitment to reducing homelessness and improving the health and wellbeing of Arizonans with the H2O Demonstration. We welcome the opportunity to collaborate with AHCCCS to implement the H2O Demonstration.

Thank you,



Jean Kalbacher
Chief Executive Officer
UnitedHealthcare Community Plan of Arizona

May 13, 2021

Arizona Healthcare Cost Containment System (AHCCCS)
C/O Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., Suite 4200
Phoenix, AZ 85034

RE: **Molina Complete Care of Arizona**

To Whom it May Concern:

As CEO and Plan President of Molina Complete Care of Arizona, I am writing in support of the waiver request filed by the AHCCCS administration to support the 1115 Research and Demonstration Waiver to implement the AHCCCS Housing and Health Opportunities (H2O) demonstration. Molina Complete Care of Arizona is a Medicaid managed care plan contracted with AHCCCS to provide services to currently 45,000 Medicaid beneficiaries in Maricopa County.

Molina Healthcare has been a Medicaid provider serving some of the most vulnerable populations within our states for over 40 years. To date, Molina Healthcare remains one of a few plans that exclusively provides government sponsored programs now serving individuals in Medicaid, Medicare, and/or Marketplace programs within eighteen states across the country. Through this firsthand experience, Molina has developed a sound understanding of the Medicaid population and the multiple healthcare and social determinants of health challenges that are faced by beneficiaries— including homelessness and housing insecurity.

Reliable and safe housing remains a key challenge for the Medicaid population and an issue that has arguably been exacerbated by the pandemic's economic impact. To meet this significant challenge, Arizona AHCCCS has developed the H2O waiver request. This waiver, if granted, will improve and increase housing services as well as other positive interventions for this population. The housing and other services covered in the waiver request have the potential to reduce crisis and emergency care costs associated with homelessness.

Molina Healthcare joins with AHCCCS and Arizona's Medicaid plans in support of the H2O waiver. Please let us know if you have any questions.

Respectfully,



Minnie Andrade
Plan President, CEO



April 30, 2021

Jami Snyder
Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Re: 1115 Research and Demonstration Waiver for the AHCCCS Housing and Health Opportunities (H2O) Demonstration

Dear Director Snyder:

On behalf of HOM, Inc., I am writing to indicate our support of the AHCCCS Housing and Health Opportunities (H2O) Demonstration and request for amendment to the 1115 Research and Demonstration waiver.

HOM, Inc. operates permanent supportive housing, rapid rehousing, and other permanent housing programs for approximately 3,500 individual and family households experiencing homelessness and housing instability in Central and Southern Arizona. These households are primarily comprised of AHCCCS members with some of the most severe health and housing needs in our communities; specifically, the target population for the AHCCCS Housing and Health Opportunities (H2O) Demonstration.

Permanent housing with tailored, client-centered supportive services is the platform for improved health and wellness outcomes for everyone. The proposed expansion of housing and services for the target population will further our communities' efforts to stabilize members' mental health conditions, reduce substance use, and improve utilization of primary care and prevention services. Interventions like housing-focused outreach, bridge housing, permanent supportive housing, rapid rehousing, eviction prevention, and others proposed in the amendment request have repeatedly shown reductions in cost of care through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization.

Thank you for your recognition that housing is critical in addressing the health and wellbeing of persons with Serious Mental Illness (SMI) or other acute behavioral health needs or risk factors. We are committed to working with you to meet the housing and service needs of the target population in the Housing and Health Opportunities (H2O) Demonstration.

If you have any questions, feel free to contact me at [REDACTED] Thank you.

Sincerely,

[REDACTED]

Michael Shore
President / CEO





May 3, 2021

To Whom it May Concern:

The City of Bisbee has established a Work Force Affordable Housing Initiative which is a recruitment and retention tool for essential community workers (firefighters, law enforcement, teachers, hospital employees, government workers and others). This program refurbishes abandoned, dilapidated homes and fills them with productive, stable community members who pay taxes while revitalizing blighted neighborhoods. Our strategic partners, Step Up Bisbee/Naco, function as an all-volunteer board with a volunteer community skilled worker base (100+). If funding for affordable housing is decreased, it will have a detrimental impact on our programs.

There is no more critical issue than housing affordability in our community which directly impacts our workforce. The lack of affordable housing is inhibiting our small businesses from being successful and resilient. This is true throughout rural Arizona. Lack of affordable housing also impacts tourism revenue substantially in Bisbee, where the hospitality workforce has largely been displaced.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

If I can answer any of your questions regarding our Affordable Housing Initiative, I will be happy to do so. Please contact me at [REDACTED]

Respectfully,

Stephen J. Pauken, City Manager

May 17, 2021

To Whom It May Concern:

Solari Crisis and Human Services is pleased to write in support of the Arizona Health Care Cost Containment System (AHCCCS) request to amend the 1115 Research and Demonstration Waiver to seek waiver and expenditure authority to implement the AHCCCS Housing and Health Opportunities (H2O) demonstration aimed to reduce housing disparities in the state of Arizona. We strongly support this request to improve health care delivery and health outcomes for AHCCCS members who are homeless or at risk of becoming homeless by utilizing strategies designed to fill identified gaps, expand existing evidence-based practices, and reduce barriers to housing.

Solari, as an organization, is dedicated to empowering people to transform from hope to health by making services accessible to those in need. The 2-1-1 Arizona information and referral services program helps individuals and families find resources that are available to them locally, throughout the state, and provide connections to critical services that can improve – and save – lives. Since June of 2020, 2-1-1 Arizona has received over 36,000 calls from individuals seeking housing and shelter support including requests for rental/mortgage assistance and eviction prevention support. The proposed AHCCCS Housing and Health Opportunities (H2O) waiver request will increase positive health and wellbeing, reduce the cost of care for individuals housed and reduce homelessness by improving skills to maintain housing stability.

We strongly support this request to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless.

If you need to contact me for further information, I can be reached at [REDACTED] or via e-mail at [REDACTED].

Sincerely,

[REDACTED]

Justin N. Chase, LMSW, CPHQ, FACHE
President & CEO



To Whom it May Concern:

05/03/21

Step Up Bisbee/Naco (SUBN) is dedicated to keeping low-income, elderly and/or disabled homeowners living in our community in warmth, safety, independence, dignity and decency through home repairs and rehabilitation. Our programs have improved the overall health, wellbeing, environments and security of low-income seniors, families, children, veterans and disabled people, positively impacting their quality of life.

SUBN is also partnered with the City of Bisbee in a Work Force Affordable Housing Initiative, a recruitment and retention tool for essential community workers (firefighters, law enforcement, teachers, hospital employees and government workers). This program refurbishes abandoned, dilapidated homes and fills them with productive, stable community members who pay taxes while revitalizing blighted neighborhoods.

There is no more critical issue than housing affordability in our community which directly impacts our workforce. Unaffordability is inhibiting our small businesses from being successful and resilient. This is true throughout rural Arizona. Lack of affordable housing also impacts tourism revenue substantially in Bisbee, where the hospitality workforce has largely been displaced.

SUBN functions as an all-volunteer board with a volunteer community skilled worker base (100+). If funding for affordable housing is decreased, it will have a detrimental impact on our programs.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Please contact me at [REDACTED] should you have any questions.

Grady Meadows
President SUBN

April 22, 2021

Director Jami Snyder
AHCCCS
c/o Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Dear Director Snyder,

HonorHealth is committed to improving the health and well-being of those we serve, and we applaud AHCCCS for continually being on the forefront of innovation in responding to the needs of medically needy and vulnerable adults. We appreciate your efforts in partnering with healthcare providers and community-based organizations through targeted waiver demonstrations like Targeted Investments Program 2.0 and AHCCCS Housing and Health Opportunities. Given the success of these programs in improving patient health outcomes, while reducing costs, HonorHealth supports the AHCCCS waiver and expenditure authority request to the Centers for Medicare and Medicaid Services (CMS) for two waiver demonstration projects, Targeted Investments Program 2.0 and AHCCCS Housing and Health Opportunities.

Now more than ever before, as healthcare transitions from focusing on volume to focusing on value, HonorHealth is resolute in creating a sustainable future by providing high-quality, safe, and compassionate patient care across the continuum. Efforts around care coordination and addressing the social determinants of health have shown promising improvement in health outcomes for some of our most vulnerable patients.

The Targeted Investments Program has been an important and successful program that HonorHealth has participated in since 2016 to provide intensive care coordination for seriously mentally ill patients. As a result of focused protocols, a dedicated social worker and support from the transitional care nursing team, HonorHealth has seen reduced readmissions and better outcomes for this patient population. Several of our sites have met goals for follow up treatment, demonstrating a well-coordinated care approach for seriously mentally ill patients. For these reasons, HonorHealth strongly supports the renewal of the Targeted Investments Program for another five years.

Housing and homelessness are continually identified as community health needs amongst many of our hospitals. Additionally, our hospital emergency departments are often the default point-of-care for patients experiencing homelessness or individuals significantly at risk for homelessness that do not access primary care as a routine. Since 2019, HonorHealth has had a partnership with Circle the City, a federally qualified community health center (FQHC), to provide a dedicated patient navigator in our John C. Lincoln Medical Center Emergency Department to develop individualized plans for patients experiencing homelessness that include assessment, monitoring and resource referrals.

The vast majority of patients served by this program are AHCCCS members. Additional AHCCCS resources to help reduce homelessness and improve members' skills to maintain stable housing are imperative.

As a current participant in the Targeted Investments Program, HonorHealth supports the proposed extension and expansion to sustain the successes achieved to date with integrated and coordinated care. Thank you for your continued leadership to address gaps in the housing delivery system and to provide AHCCCS members' accessibility to services and whole person care. HonorHealth supports the AHCCCS waiver and expenditure authority request to the Centers for Medicare and Medicaid Services (CMS) for both waiver demonstration projects, Targeted Investments Program 2.0 and AHCCCS Housing and Health Opportunities.

Sincerely,



Michelle Pabis
Vice President, Government & Community Affairs



April 21, 2021

Jami Snyder
Medicaid Director
AHCCCS
c/o Division of Community Advocacy and Intergovernmental Relations (DCAIR)
801 E. Jefferson Street, MD 4200,
Phoenix, AZ 85034
via email to: waiverpublicinput@azahcccs.gov

Re: Arizona's Medicaid 1115 Demonstration Waiver - AHCCCS Housing and Health Opportunities (H2O) Demonstration

Dear Director Snyder,

ViiV Healthcare Company (ViiV), offers the following comments on the proposed Arizona Health Care Cost Containment System (AHCCCS) Housing and Health Opportunities (H2O) Demonstration.¹

ViiV is the only independent, global specialist company devoted exclusively to delivering advancements in human immunodeficiency virus (HIV) treatment and prevention to support the needs of people with HIV. From its inception in 2009, ViiV has had a singular focus to improve the health and quality of life of people affected by this disease and has worked to address significant gaps and unmet needs in HIV care. In collaboration with the HIV community, ViiV remains committed to developing meaningful treatment advances, improving access to its HIV medicines, and supporting the HIV community to facilitate enhanced care and treatment.

As an exclusive manufacturer of HIV medicines, ViiV is proud of the scientific advances in the treatment of this disease. These advances have transformed HIV from a terminal illness to a manageable chronic condition. Effective HIV treatment can help people with HIV live longer, healthier lives, and has been shown to reduce HIV-related morbidity and mortality at all stages of HIV infection.^{2,3} Furthermore, effective HIV treatment can also prevent the transmission of the disease.⁴

¹ Arizona Administrative Register, March 19, 2021 | Published by the Arizona Secretary of State | Vol. 27, Issue 12; "NOTICE OF PUBLIC INFORMATION: The Arizona Health Care Cost Containment System (AHCCCS) 1115 Research and Demonstration Waiver Amendment Request," [M21-16], (Page 461) https://apps.azsos.gov/public_services/register/2021/12/contents.pdf Accessed April 2, 2021.

² Severe P, Juste MA, Ambrose A, et al. Early versus standard antiretroviral therapy for HIV-infected adults in Haiti. *N Engl J Med*. Jul 15 2010;363(3):257-265. Available at

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=20647201.

³ Kitahata MM, Gange SJ, Abraham AG, et al. Effect of early versus deferred antiretroviral therapy for HIV on survival. *N Engl J Med*. Apr 30 2009;360(18):1815-1826. Available at

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=19339714.

⁴ Rodger et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *The Lancet*. Published Online May 2, 2019 [https://dx.doi.org/10.1016/S0140-6736\(19\)30418-0](https://dx.doi.org/10.1016/S0140-6736(19)30418-0).

Since the earliest days of the epidemic, Medicaid has played a critical role in HIV care. Medicaid is the largest source of coverage for people with HIV.⁵ In fact, more than 42 percent of PLWH who are engaged in medical care have incomes at or below the federal poverty level.⁶

In 2019, the U.S. Department of Health and Human Services (DHHS) announced a goal to end the HIV epidemic in the U.S. within 10 years and released the “Ending the HIV Epidemic: A Plan for America” (EHE).⁷ Seven states and 48 counties with high rates of transmission are targeted by the EHE initiative, including Maricopa county in Arizona.⁸ In 2016, the Arizona Department of Health Services released its “2017 to 2021 Integrated HIV Prevention and Care Plan for Arizona” aptly subtitled “Arizona’s audacious plan to end the local HIV epidemic,”⁹ which also contained state and local goals to work towards an end to the epidemic in the state. In order to promote the state and federal goal to end the HIV epidemic, it is imperative that state Medicaid programs participate in local and national efforts and promote policies that contribute to HIV public health goals.

The proposed AHCCCS Housing and Health Opportunities (H2O) Demonstration,¹⁰ (“H2O Demonstration”) represents another bold plan by the state to make new progress in health outcomes for vulnerable populations. We offer the following comments on the proposal:

- **Challenges With Treating HIV Can Be Reduced With Stable Housing**

We applaud the state for including people with HIV or AIDS as a target population of the demonstration along with other individuals who have a chronic condition, and/or co-morbid conditions in an effort to provide stable housing and improve health outcomes.

According to the National AIDS Housing Coalition, “It is clear that housing improves health outcomes of those living with HIV disease and reduces the number of new HIV infections. The end of HIV/AIDS critically depends on an end to poverty, stigma, housing instability, and homelessness.”¹¹ Medical challenges for people with HIV also include an increased risk for, and prevalence of, comorbidities that require additional drug treatment such as depression and substance use disorders, as well as cardiovascular disease, hepatic and renal disease, osteoporosis, metabolic disorders, and several non-

⁵ Kaiser Family Foundation. Medicaid and HIV, <http://www.kff.org/hivaids/fact-sheet/medicaid-and-hiv/>

⁶ Centers for Disease Control and Prevention. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2016 Cycle (June 2016–May 2017). HIV Surveillance Special Report 21. Revised edition. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published June 2019. Accessed February 2021.

<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-special-report-number-21.pdf>

⁷ HIV.gov “Ending the HIV Epidemic” <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview> Accessed July, 15, 2019.

⁸Ending the HIV Epidemic Counties and Territories, <https://files.hiv.gov/s3fs-public/Ending-the-HIV-Epidemic-Counties-and-Territories.pdf> Accessed March 12, 2020.

⁹ “The 2017 to 2021 Integrated HIV Prevention and Care Plan for Arizona” 2016 <https://www.maricopa.gov/Archive/ViewFile/Item/2864> (accessed April 19, 2021)

¹⁰ Arizona Administrative Register, March 19, 2021 | Published by the Arizona Secretary of State | Vol. 27, Issue 12; “NOTICE OF PUBLIC INFORMATION: The Arizona Health Care Cost Containment System (AHCCCS) 1115 Research and Demonstration Waiver Amendment Request,” [M21-16], (Page 461) https://apps.azsos.gov/public_services/register/2021/12/contents.pdf Accessed April 2, 2021.

¹¹ The National AIDS Housing Coalition <http://nationalaidshousing.org/>

AIDS-defining cancers.^{12,13,14,15} The most common non-infectious co-morbidities of HIV are hypertension, hyperlipidemia, and endocrine disease.¹⁶ Individuals aging with HIV also experience non-HIV related comorbidities¹⁷ that require polypharmacy, which creates a higher risk of drug-drug interactions between antiretroviral drugs and concomitant medications. Clinically significant drug interactions have been reported in 27 to 40 percent of HIV patients taking antiretroviral therapy requiring regimen changes or dose modifications.^{18, 19}

In addition, people with HIV often face a variety of medical challenges that impede access to, engagement in, and adherence to HIV care and treatment. Homelessness and housing instability remain obstacles to effective HIV treatment. Access to stable housing can be a key intervention in stabilizing medical care for many vulnerable populations. According to the National AIDS Housing Coalition,

“For people living with HIV, housing is one of the strongest predictors of their access to treatment, their health outcomes, and how long they will live. To obtain and benefit from life-saving HIV treatments, people living with HIV must have safe, stable housing.

People with HIV/AIDS who are homeless or unstably housed:

- Are more likely to enter HIV care late
- Have lower CD4 counts and higher viral loads
- Are less likely to receive and adhere to antiretroviral therapy
- Are more likely to be hospitalized and use emergency rooms
- Experience higher rates of premature death

Housing status has more impact on health outcomes than demographics, drug and alcohol use, mental health status or receipt of social services.”²⁰

The National Center for Innovations in HIV Care also notes, “housing is unique as a social determinant of health shaping our daily lives – but also manifestation of broader, antecedent, structural processes of inequality and marginalization that are fundamental drivers of HIV vulnerability and poor outcomes among the infected.”²¹ A systematic literature review found that 94 percent of studies associated worse HIV medical care outcomes among those who were homeless, unstable, inadequately housed compared to “housed” people with HIV, and 93 percent found worse rates of adherence to antiretroviral treatment

¹² CDC. Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection. Medical Monitoring Project United States, 2013 Cycle (June 2013–May 2014). HIV Surveillance Report 16.

¹³ Joel Gallant, Priscilla Y Hsue, Sanatan Shreay, Nicole Meyer; Comorbidities Among US Patients With Prevalent HIV Infection—A Trend Analysis, *The Journal of Infectious Diseases*, Volume 216, Issue 12, 19 December 2017, Pages 1525–1533, <https://doi.org/10.1093/infdis/jix518>.

¹⁴ Rodriguez-Penney, Alan T. et al. “Co-Morbidities in Persons Infected with HIV: Increased Burden with Older Age and Negative Effects on Health-Related Quality of Life.” *AIDS Patient Care and STDs* 27.1 (2013): 5–16. PMC. Web. 21 June 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3545369/>.

¹⁵ Joint HHS, CMCS, HRSA, and CDC Informational Bulletin, Opportunities to Improve HIV Prevention and Care Delivery to Medicaid and CHIP Beneficiaries, p. 9 (December 1, 2016), <https://www.medicaid.gov/federal-policy-guidance/downloads/cib120116.pdf>. Accessed October 13, 2017.

¹⁶ Joel Gallant, Priscilla Y Hsue, Sanatan Shreay, Nicole Meyer; Comorbidities Among US Patients With Prevalent HIV Infection—A Trend Analysis, *The Journal of Infectious Diseases*, Volume 216, Issue 12, 19 December 2017, Pages 1525–1533, <https://doi.org/10.1093/infdis/jix518>.

¹⁷ Schouten J, et al. *Clin Infect Dis*. 2014 Dec 15;59(12):1787-97.

¹⁸ Evans-Jones JG et al. *Clin Infect Dis* 2010;50:1419–1421;

¹⁹ Marzolini C et al. *Antivir Ther* 2010;15:413–423.

²⁰ The National AIDS Housing Coalition <http://nationalaidshousing.org/housing-and-health/>

²¹ The National Center for Innovations in HIV Care, “Housing as a Determinant of HIV Health Outcomes: Results from a Systematic Review of Research 1996-2014 & Implications for Policy and Program,” <https://targethiv.org/sites/default/files/supporting-files/Housing%20and%20HIV%20Health%20Outcomes%20Final.pdf>

among those who were homeless or unstably housed.²² Of the 13 studies that examined emergency room (ER) and inpatient visits among people with HIV, all found higher rates of ER visit or inpatient stays among those who were homeless or unstably housed.²³

Additionally, among homeless people with AIDS who received supportive housing, there was an 80 percent reduction in mortality.²⁴ This is not surprising given that people with HIV and stable housing are much more likely to access health services, attend primary care visits, receive ongoing care and receive care that meets clinical practical standards.

Two large-scale intervention studies examined the impact of housing on health care utilization and outcomes among homeless/unstably housed people with HIV and other chronic medical conditions. The Chicago Housing for Health Partnership followed 407 chronically ill homeless persons over 18 months following discharge from hospitals. The Housing and Health (H&H) study examined the impact of housing on HIV risk behaviors and medical care among 630 homeless/unstably housed people with HIV. Both studies found that investments in housing are cost effective.²⁵

- **Social Determinants of Health and Racial Disparities Significantly Impact People with HIV**

HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities, and gay and bisexual men. Populations disproportionately affected by HIV are also often affected by stigma due to, among other things, their gender, sexual orientation, gender identity, race/ethnicity, drug use, or sex work.²⁶

In 2020, the DHHS released The HIV National Strategic Plan (HIV Plan),²⁷ which includes a focus on the role of social determinants of health (SDOH) in ending the HIV epidemic, and lists housing as a SDOH. The HIV Plan notes that housing instability or homelessness represents a significant barrier to health care access, and states that: “Inequities in the social determinants of health are significant contributors to health disparities and highlight the need to focus not only on HIV prevention and care efforts, but also on how programs, practices, and policies affect communities of color and other populations that experience HIV disparities.”²⁸

- **Stable Housing Can Improve Viral Load Suppression Rates**

When a person with HIV receives and maintains effective HIV treatment and receives quality medical care they can reach viral suppression. Viral suppression means that the virus has been reduced to an

²² The National Center for Innovations in HIV Care, “Housing as a Determinant of HIV Health Outcomes: Results from a Systematic Review of Research 1996-2014 & Implications for Policy and Program,” <https://targethiv.org/sites/default/files/supporting-files/Housing%20and%20HIV%20Health%20Outcomes%20Final.pdf>

²³ Id.

²⁴ The National AIDS Housing Coalition <http://nationalaidshousing.org/housing-and-health/>

²⁵ The National Center for Innovations in HIV Care, “Housing as a Determinant of HIV Health Outcomes: Results from a Systematic Review of Research 1996-2014 & Implications for Policy and Program,” <https://targethiv.org/sites/default/files/supporting-files/Housing%20and%20HIV%20Health%20Outcomes%20Final.pdf>

²⁶ HIV.gov “Standing Up to Stigma” <https://www.hiv.gov/hiv-basics/overview/making-a-difference/standing-up-to-stigma> Accessed August 10, 2020

²⁷ National Strategic Plan A Roadmap to End the Epidemic for the United States | 2021–2025 <https://files.hiv.gov/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf>

²⁸ Id.

undetectable level in the body with standard tests.²⁹ Viral suppression results in reduced mortality and morbidity and leads to fewer costly medical interventions.³⁰

Viral suppression also helps to prevent new transmissions of the virus. When successful treatment with an antiretroviral regimen results in virologic suppression, secondary HIV transmission to others is effectively eliminated.^{31, 32} Multiple studies have shown that people with HIV on ART who had undetectable HIV levels in their blood, had no risk of passing the virus on to their HIV-negative partners sexually.^{33, 34, 35} As a result, the CDC estimates viral suppression effectiveness in preventing HIV transmission at 100 percent.³⁶

U=U reinforces the message that viral suppression can help end the HIV epidemic.³⁷ The NIH, CDC and health authorities in many other countries have endorsed the U=U message.^{38,39} Over twenty states and many more regional health departments have endorsed U=U in a variety of capacities.⁴⁰ We applaud the Arizona Department of Health Services for joining this effort, and spreading the message of U=U within the state.⁴¹ We urge AHCCCS to partner with the Arizona Department of Health Services (ADHS) to provide information to H2O program participants about the U=U message.

The federal HIV Plan notes that people with HIV experiencing unstable housing or homelessness have lower rates of viral suppression, and therefore require services to support engagement in care and viral suppression.⁴²

We encourage the state to consider how people with HIV in the H2O program can be informed about the scientific innovations of viral suppression, treatment as prevention, and U=U. We urge AHCCCS to provide information to H2O program participants about the individual health benefits of viral suppression, and to report on viral suppression rates within this population in order to measure the success of the program.

²⁹ National Institutes of Health (NIH) "Ten things to Know about HIV Suppression" <https://www.niaid.nih.gov/diseases-conditions/10-things-know-about-hiv-suppression>

³⁰ "Retention in Care and Adherence to ART are Critical Elements of HIV Care Interventions," Stricker, et al, AIDS and Behavior, October 2014, Volume 18, Supplement 5, pp 465–47.; <https://link.springer.com/article/10.1007/s10461-013-0598-6>

³¹ Rodger et al. Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. The Lancet. Published Online May 2, 2019 [http://dx.doi.org/10.1016/S0140-6736\(19\)30418-0](http://dx.doi.org/10.1016/S0140-6736(19)30418-0) .

³² NIAID, "The Science Is Clear—With HIV, Undetectable Equals Untransmittable | NIH: National Institute of Allergy and Infectious Diseases" <https://www.niaid.nih.gov/news-events/science-clear-hiv-undetectable-equals-untransmittable> (Accessed 4/20/2021)

³³ Bavinton, et al. The Opposites Attract Study of viral load, HIV treatment and HIV transmission in serodiscordant homosexual male couples: design and methods. *BMC Public Health*. 2014; 14: 917. doi: [10.1186/1471-2458-14-917](https://doi.org/10.1186/1471-2458-14-917).

³⁴ Cohen, et al. Antiretroviral Therapy for the Prevention of HIV-1 Transmission. September 1, 2016. *N Engl J Med* 2016; 375:830-839. DOI: 10.1056/NEJMoa1600693.

³⁵ "HIV Undetectable=Untransmittable (U=U), or Treatment as Prevention" National Institute of Allergy and Infectious Diseases <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>.

³⁶ Centers for Disease Control and Prevention (CDC) "Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV" <https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html> Accessed November 23, 2020

³⁷ HIV.gov "Science Validates Undetectable = Untransmittable HIV Prevention Message" NIAID Now, July 22, 2018 <https://www.hiv.gov/blog/science-validates-undetectable-untransmittable-hiv-prevention-message> (Accessed 4/20/2021)

³⁸ "Effectiveness of Prevention Strategies to Reduce the Risk of Acquiring or Transmitting HIV," CDC, <https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html>

³⁹ "For HIV, Treatment is Prevention" Dr. Francis Collins, NIH Director's Blog, posted January 22nd, 2019 <https://directorsblog.nih.gov/2019/01/22/for-hiv-treatment-is-prevention/>

⁴⁰ "UNDETECTABLE = UNTRANSMITTABLE: HEALTH DEPARTMENT ENGAGEMENT MAP" NASTAD, <https://www.nastad.org/maps/undetectable-untransmittable-health-department-engagement-map>

⁴¹ Arizona Department of Health Services "World AIDS Day Recognizes Progress Made to End the Epidemic," <https://directorsblog.health.azdhs.gov/world-aids-day-recognizes-progress-made-to-end-the-epidemic/>

⁴² National Strategic Plan A Roadmap to End the Epidemic for the United States | 2021–2025 <https://files.hiv.gov/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf>

- **Coordination with HIV Services and Programs**

We urge the state, as part of this initiative, to coordinate housing services and wrap around services with a number of its active programs designed for people with HIV.

Ideally, the state could coordinate the H2O program with the Federal Ending the HIV Epidemic (EHE) efforts throughout Arizona. The federal EHE initiative⁴³ awarded millions of dollars in funding to state and local health departments, community health centers, and Ryan White programs in recent years.⁴⁴ In 2020, Maricopa County in Arizona received \$2.24 million in funding to the health department,⁴⁵ \$834,667 in funding to three primary care provider organizations,⁴⁶ and \$1,667,000 to the Ryan White program.⁴⁷ We urge the state to seek consultations and cooperation with the ADHS, and these other entities as part of this initiative.

The Housing Opportunities for Persons with AIDS (HOPWA) program was created in 1992 to address the housing needs of people with HIV. The program is coordinated by the Office of Community Planning and Development in the U.S. Department of Housing and Urban Development (HUD). The Arizona Department of Housing serves as the lead agency for coordinating the HOPWA program grants in Arizona.⁴⁸ We see the two programs as complimentary, and encourage the state to reach out to local HOPWA program officials and seek coordination and best practices between their efforts and the H2O initiative.

- **HIV Drug Coverage Policies Should Support Housing Proposal**

We would be remiss if we didn't mention the importance of policies that ensure open access to life-saving treatment for people with HIV, including newer STRs, and continued access to prevention medications without utilization management for vulnerable populations in both FFS and Medicaid Managed Care.

Studies show that restricting access to drugs through restrictive formularies results in non-adherence or poor adherence to prescribed medication regimens, worsened health outcomes, and higher, long-run costs, both to Medicaid and other state and local programs.^{49, 50}

Health care providers work closely with patients to select HIV treatment options with great specificity for each patient. Effective treatment of HIV is highly individualized and accounts for a patient's size, gender, treatment history, viral resistance, coexisting illnesses, drug interactions, immune status, and side effects. In fact, the DHHS clinical treatment guidelines⁵¹ state that, "Regimens should be tailored for the individual patient to enhance adherence and support long-term treatment success." The guidelines also recognize that "[s]election of a regimen should be individualized based on virologic efficacy, potential

⁴³ Ending the HIV Epidemic Counties and Territories, <https://files.hiv.gov/s3fs-public/Ending-the-HIV-Epidemic-Counties-and-Territories.pdf> Accessed March 12, 2020.

⁴⁴ CDC.gov, Press Release Friday, July 31, 2020 "CDC Awards \$109 Million to Local Areas and States for Federal Initiative to End the HIV Epidemic in the U.S.," <https://www.cdc.gov/nchhstp/newsroom/2020/EHE-initiative-press-release.html>

⁴⁵ CDC.gov https://www.cdc.gov/nchhstp/newsroom/docs/CDC-EHE-2020-Funding-Table_508.pdf

⁴⁶ HRSA.gov, "FY 2020 Ending the HIV Epidemic-Primary Care HIV Prevention (PCHP) Awards," <https://bphc.hrsa.gov/program-opportunities/primary-care-hiv-prevention/fy2020-awards#arizona>

⁴⁷ HRSA.gov "FY 2021 Ending the HIV Epidemic Awards Ryan White HIV/AIDS Program"

<https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/fy2021-ending-hiv-epidemic-awards>

⁴⁸ The Arizona Department of Housing, "Homeless / Special Needs" <https://housing.az.gov/housing-partners/special-needs-hp>

⁴⁹ Happe LE, Clark D, Holliday E, Young T. A systematic literature review assessing the directional impact of managed care formulary restrictions on medication adherence, clinical outcomes, economic outcomes, and health care resource utilization. J Manag Care Spec Pharm. 2014;20(7):677-84.

⁵⁰ Zullig, LL, Bosworth, H, Engaging patients to optimize medication adherence. NEJM Catalyst, May 14, 2017.

⁵¹ DHHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV, <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines>

adverse effects, childbearing potential and use of effective contraception, pill burden, dosing frequency, drug-drug interaction potential, comorbid conditions, cost, access, and resistance test results.” Patients often respond differently to the same drug. Drugs in the same class can have different side-effect profiles, with patients often best suited to one particular drug.

Thus, broad access to the full array of available treatment options is vital in HIV treatment. People with HIV must have access to a robust formulary that provides physicians with the ability to prescribe the right treatments at the right time for their patients.

The success of the H2O initiative, and the state’s drug coverage policies are ultimately intertwined in terms of improving the health outcomes of people with HIV. ViiV supports coverage policies that ensure open access to HIV treatment and prevention.

Conclusion

Thank you for your consideration of these comments. ViiV Healthcare applauds the state for this initiative to ensure housing for people with HIV in the AHCCCS program, as a means of improving health outcomes and wellbeing.

Please feel free to contact me at [REDACTED] with any questions.

Sincerely,

[REDACTED]

Kristen Tjaden
Government Relations Director
ViiV Healthcare



April 27, 2021

Arizona Health Care Cost Containment System
Director Jami Snyder
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Submitted via email: waiverpublicinput@azahcccs.gov

Dear Director Snyder:

On behalf of Vitalyst Health Foundation, thank you for the opportunity to provide comments on AHCCCS' draft waiver demonstration projects: Housing and Health Opportunities (H2O) and the Targeted Investments Program 2.0 (TI 2.0). Given Medicaid's reach and impact across Arizona, we are committed to working with the AHCCCS team and community stakeholders to ensure that all Arizonans have access to quality, affordable coverage and care.

Vitalyst Health Foundation commends the AHCCCS team for the work they have undertaken to improve care coordination, reduce costs and ensure the managed care system operates in an efficient manner. The program's recent efforts to address the social risk factors, particularly housing insecurity, that undergird health provide further evidence of AHCCCS' innovation and status as a national leader among state Medicaid programs. We are confident this 1115 waiver has the potential to continue building on AHCCCS' historical successes while providing new opportunities to advance the program.

Housing and Health Opportunities

In reaching out to community partners to garner on-the-ground insights about this proposal, Vitalyst received overwhelmingly positive community feedback, and we firmly believe this proposal would move Arizona in the right direction to help address the state's affordable housing crisis. Arizona has the fourth worst affordable housing shortage in the country for households with extremely low incomes. As of 2020, there are more than 10,000 individuals experiencing homelessness across the state. Furthermore, 75% of extremely low-income renter households are severely cost burdened. In addition, more than 500 people experiencing homelessness in the metropolitan Phoenix area died in the first nine months of 2020, only four of which were attributable to COVID-19. The housing crisis was not created by the pandemic, but it clearly has been exacerbated by it.

Among the many policy proposals in the draft waiver, Vitalyst Health Foundation is most supportive of AHCCCS' intent to focus its housing supports toward populations experiencing the greatest need, including but not limited to those living with mental illness, addiction and other chronic conditions. Further, Vitalyst is supportive of AHCCCS identifying the opportunity to stabilize housing among additional population groups, including pregnant women; individuals with a health history that demonstrates high-complex-needs or results in high-cost; people who repeatedly present in the emergency departments; former foster youth ages 18-24; and the elderly who are able to move out of



A CATALYST FOR COMMUNITY HEALTH

an institutional setting. This commendable approach underscores the importance of equitable resource allocation to ensure that the populations with the greatest need are prioritized during program implementation. To that end, we urge AHCCCS to place an emphasis on, and make public, disaggregated sociodemographic data about the populations served by H2O. This will help ensure that an equity lens can be applied to explicitly address the needs of historically disadvantaged populations.

Targeted Investments 2.0: Partnering with Community-Based Organizations

Vitalyst is also encouraged by AHCCCS' determination to explore ways to build relationships between traditional medical providers and community-based organizations (CBOs) in TI 2.0. To ensure proper compensation across these relationships, AHCCCS may consider utilizing a per diem or episodic payment model to incentivize CBOs to increase member access to social services.

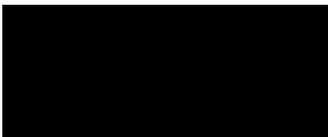
In speaking with CBOs, Vitalyst learned that many organizations (e.g., housing providers) may not be familiar with pay-for-performance models or have the capacity to negotiate with health plans for payment rates. Due to the increased compliance burdens that often accompany recognition as an AHCCCS provider (e.g., new licensing requirements for housing providers who also provide behavioral health services), there are concerns that CBOs will be forced to transform into healthcare delivery providers. Should CBOs continue to be required to establish themselves as AHCCCS providers, we would urge AHCCCS to convene CBOs to garner their feedback on potential payment and service delivery models.

AHCCCS would also benefit from nurturing its relationships with CBOs that may not traditionally be set up as AHCCCS providers. For example, certain CBOs may be particularly equipped to serve former foster youth but lack the capacity or infrastructure to develop formal connections with AHCCCS and its medical providers. By providing resources that support such CBOs in building their capacity, AHCCCS can help ensure the development of health networks between medical and non-medical providers. This approach proved successful in the implementation of North Carolina's latest 1115 waiver, and we encourage AHCCCS to consider applying similar resources to support Arizona's CBOs.

Finally, AHCCCS should consider providing personal care services (PCS) to help beneficiaries remain in their homes whenever possible. PCS are categorized as a range of human assistance provided to individuals with disabilities and chronic conditions to enable them to accomplish activities of daily living or instrumental activities of daily living. There is potential for CBOs to offer PCS, so long as adequate compensation models are enacted.

Thank you again for this opportunity to provide comments on these promising demonstration waiver amendments. Vitalyst Health Foundation is available to provide further support as needed.

Sincerely,



Suzanne Pfister
President and CEO
Vitalyst Health Foundation

April 30, 2021

Division of Community Advocacy and Intergovernmental Relations
Arizona Health Care Cost Containment System (AHCCCS)
801 East Jefferson Street, MD 4200
Phoenix, Arizona 85034

RE: waiverpublicinput@azahcccs.gov

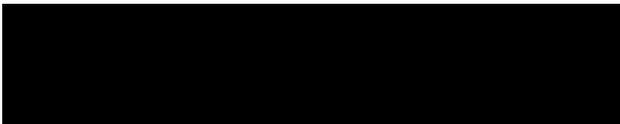
To Whom It May Concern:

CVS Health would like to express our support of the amendment to the 1115 Waiver to allow the State of Arizona Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

CVS Health recognizes that access to stable, safe, and supportive housing has a significant positive impact on health outcomes of individuals, particularly for individuals with chronic health conditions. Investing in affordable housing allows homes to be provided for people who may be experiencing homelessness, affected by chronic illness, victims of domestic violence or individuals in need of behavioral health and addiction treatment and is scientifically linked to improving health outcomes.

CVS Health is committed to investing in affordable housing and ongoing collaborations with community groups to support those individuals that need it the most and help improve their health and well-being. CVS Health invested over \$114M in affordable housing across the country in 2020, with \$30 million in Arizona. In July of 2020, Aetna, a CVS Health Business, provided funding to the Home Matters Arizona Fund committing \$15 million of the \$35 million in debt financing to fund community development and affordable housing projects across Arizona. Due to our strong belief in access to affordable housing, we strongly support Arizona's efforts to allow the implementation of the Housing and Health Opportunities demonstration.

Sincerely,



Melissa Schulman
Senior Vice President, Government and Public Affairs

CC:

Christina Corieri, Senior Policy Advisor, Office of the Arizona Governor (CCorieri@az.gov)

Jami Snyder, Director, AHCCCS (jami.snyder@azahcccs.gov)



To Whom it May Concern:

05/03/21

Women and Children's Hope Foundation (WCHF) works to assist communities by enhancing people's lives through education, environmental improvement, economic development and entrepreneurship.

WCHF is partnered with the City of Bisbee and Step-Up Bisbee Naco in a Work Force Affordable Housing Initiative, a recruitment and retention tool for essential community workers (firefighters, law enforcement, teachers, hospital employees and government workers). This program refurbishes abandoned, dilapidated homes and fills them with productive, stable community members who pay taxes while revitalizing blighted neighborhoods.

There is no more critical issue than housing affordability in our community which directly impacts our workforce. Unaffordability is inhibiting our small businesses from being successful and resilient. This is true throughout rural Arizona. Lack of affordable housing also impacts tourism revenue substantially in Bisbee (one of our main revenue streams), where the hospitality workforce has largely been displaced.

If funding for affordable housing is decreased, it will have a detrimental impact on our program.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Please contact me at [REDACTED] should you have any questions.

Danielle Boochever
President WCHF

4755 S. 44th Place
Phoenix, AZ 85040



Division of Community Advocacy and Intergovernmental Relations, AHCCCS
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

April 27, 2021

Re: waiverpublicinput@azahcccs.gov

To Whom it May Concern:

On behalf of Mercy Care I would like to express support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Mercy Care is an Arizona-based, non-profit corporation leading transformation in Medicaid and Medicare managed care delivery, caring for specialty populations, and delivering excellence in quality and service since 1985. As a managed care organization (MCO), we offer a unique combination of knowledge and experience in not only addressing the housing needs of individuals and families, but also the Arizona Health Care Cost Containment System (AHCCCS) eligible populations.

We know that Housing is Health Care and because of this Mercy Care has identified housing as a comprehensive health focus area to guide program development, resources, and community investments to improve outcomes. Mercy Care provides 1,965 supportive housing units in the central region and once members are housed, 98.5% housing retention rate among members. We have seen an annual cost savings of \$19.2 million through our work with a 20% reduction in psychiatric hospitalizations, 24% reduction in cost of care per quarter and \$5,000 per member per quarter savings, primarily due to reductions in behavioral health costs.

We agree access to safe, quality, affordable housing, and the ability to maintain housing, are among the most critical drivers of health. Because of this, Mercy Care supports the new Medicaid 1115 H2O Waiver request.

Thank you,

A black rectangular redaction box covering the signature of Lorry Bottrill.

1:46 PDT

Lorry Bottrill
President and Chief Executive Officer
Mercy Care

CC: Christina Corieri, Senior Policy Advisor, Office of the Arizona Governor
CCorieri@az.gov

Jami Snyder, Director, AHCCCS
Jami.Snyder@azahcccs.gov

www.MercyCareAZ.org

1115 Waiver

----- Forwarded message -----

From: Danielle Leoni

<[REDACTED]> Date: Monday, May 3, 2021 at 9:56:28 AM UTC-7 Subject: 1115 Waiver

To: Waiver <waiverpublicinput@azahcccs.gov>

To Whom it May Concern:

As the owner of two small businesses in downtown Phoenix - [REDACTED], I write to you today to share my perspective about the affordability crisis unfolding across Arizona.

There is no more critical issue than affordability which is directly impacting our workforce and inhibiting our small businesses from being successful or recovering in a timely manner. This will also impact tourism revenue substantially in places such as Sedona and Bisbee, where the hospitality workforce has largely been displaced due to affordability. We now see this happening across Greater Phoenix as well.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Please contact me at [REDACTED] should you have any questions.

Sincerely,

[REDACTED]

[REDACTED]

AHCCCS H20 1115 Waiver Expansion Proposal

----- Forwarded message -----

From: Shana Ellis <Shana.Ellis@asu.edu>

Date: Monday, May 17, 2021 at 2:44:27 PM UTC-7

Subject: AHCCCS H20 1115 Waiver Expansion Proposal

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Dear Director Snyder:

On behalf of the Arizona State University (ASU) Action Nexus on Homelessness, thank you for the opportunity to show our support for the amendment to the AHCCCS 1115 Waiver in order to implement the Housing and Health Opportunities (H2O) demonstration.

The ASU Action Nexus on Homelessness connects existing efforts, identifies opportunities for system alignment, identifies opportunities for new solutions, and engages ASU in research and applied solutions. We have worked closely with the AHCCCS team as they have worked to make the managed care system more efficient. The team continues propose changes, improve coordination and efficiency, and reduce costs. We are confident that this expansion of funding, via Medicaid reimbursement for housing and related supports, is essential to provide additional services for some of our most vulnerable residents.

The ASU Action Nexus helped to found the Regional Collaborative on Homelessness (along with the Arizona Housing Coalition, the Maricopa Association of Governments, Maricopa County, Vitalyst and United Way) in order to identify a set of shared strategies that could meaningfully address the growing crisis of homelessness in our region. Through this process, we have developed a portfolio of impactful immediate, medium- and long-term actions to address homelessness. We have engaged over 1,600 stakeholders in community forums, where 14 strategies have emerged for immediate action. These strategies align with the 1115 Demonstration Waiver Proposal, in many areas. Some of the strategies include “coordinate and expand regional homeless prevention efforts”, “coordinate and expand regional homelessness diversion efforts”, and “build and coordinate cross-sector relationships with other systems”.

The number of unhoused individuals in our state continues to increase. Rising rents coupled with the lack of affordable housing, will cause additional people to lose their housing. The dedicated resources, as outlined in the Waiver such as deposit and move-in assistance, eviction prevention, outreach to persons exiting hospitals and prisons, and expanding the eligible population to include high cost need members will prevent many from becoming homeless. It is essential we continue to pursue new ideas and opportunities in order to prevent the looming homeless crisis.

Thank you again for the opportunity to offer support for the AHCCCS H20 1115 Waiver Proposal. Please contact me if you have any additional questions.

Shana Ellis

Action Nexus Executive Director



AHCCCS H2O Waiver Comments

----- Forwarded message -----

From: John Moore <john.moore@copahealth.org>

Date: Sunday, May 16, 2021 at 3:14:59 PM UTC-7

Subject: AHCCCS H2O Waiver Comments

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

[REDACTED]

Dear AHCCCS:

As the CFO of one of the largest supported housing operators for individuals with SMI in Maricopa County for the last 20 years and on behalf of my organization, Copa Health and the 13,000+ members we serve, I applaud the H2O Waiver amendment and the related expansion of housing support dollars. The most recent white paper from the Morrison Institute, [link to videos and white paper below](#), clearly demonstrates that supportive housing saves taxpayers 30% in addition to better recovery outcomes for members. There are many housing related investments that are essential, including but not limited to more permanent supportive housing inventory, subsidized rents, service dollars for supported housing, crisis and other transitional housing capacity. When supported housing is delivered properly, like the "Lighthouse Model" discussed in the Morrison Institute study, the lives of members and their families are dramatically changed forever, a phenomenon we are privileged to have witnessed over and over again. The investment in additional housing capacity will pay off in terms of return on taxpayer investment and we are very excited about partnering with AHCCCS and the RBHA to deploy additional housing resources in a way that reduces costs, improves outcomes and enhances the members experience!

Sincerely,

John Moore

Chief Financial Officer

John.Moore@CopaHealth.org

[REDACTED]

Company: 480-969-3800

[REDACTED]

924 N. Country Club Drive

Mesa, AZ 85201

#YesWeCan



Division of Community Advocacy and Intergovernmental Relations, AHCCCS

----- Forwarded message -----

From: Thomas Barr <thomas@localfirstaz.com>

Date: Monday, May 3, 2021 at 9:04:37 AM UTC-7

Subject: Division of Community Advocacy and Intergovernmental Relations, AHCCCS

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

To Whom it May Concern:

As the Vice President of the largest locally owned business coalition in the country, I write to you today to share my perspective about the affordability crisis unfolding across Arizona.

There is no more critical issue than affordability which is directly impacting our workforce and inhibiting our small businesses from being successful or recovering in a timely manner. This will also impact tourism revenue substantially in places such as Sedona and Bisbee, where the hospitality workforce has largely been displaced due to affordability. We now see this happening across Greater Phoenix as well.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Thank you for your consideration.

Sincerely,

--



THOMAS BARR

Vice President of Business Development

Pronouns: HE - HIM - HIS

thomas@localfirstaz.com



localfirstaz.com    

Fwd: AHCCCS H2O Demonstration

----- Forwarded message -----

From: Kiti Ton <kton@lifewell.us>
 Date: Monday, April 5, 2021 at 8:48:04 AM UTC-7
 Subject: AHCCCS H2O Demonstration
 To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Hello,

I'm truly glad to know that AHCCCS is focusing more on the Social Determinants of Health, especially in the SMI population.

People with SMI often will need the help of Wraparound Services, as categorized in the slide below, and often, through the support of Case Management Teams.

I have personally observed continued high rates of homelessness in the SMI population, due to the lack of Case Managers and Housing Specialists to help the person with much of the Wraparound Services.

At our organization, we have very high turnover of Case Managers, and also very high Case Manager, Rehab Specialist, Housing Specialist vacancy rates.

We hear that our very high turnover and vacancy rates are also experienced by the other Provider Organizations that serve people with SMI.

I believe more funding should, like with the Targeted Investments funds, be allocated to improving the rates of people with SMI getting housed and maintaining housing, with the Provider Organizations working to show baseline rates, and improved rates, in these Outcomes.

Thank you.

AHCCCS Wraparound Housing Services

Kiti Ton, MD



Medicaid Wraparound Housing Services		
Medicaid Covered Behavioral Health Services	Related Pre-Housing Activities (Attain Housing)	Related Activities In Housing (Sustain Housing)
<ul style="list-style-type: none"> • Case Management and Coordination of Care • Group Counseling • Pre-Employment Training • Supportive Employment • Individual & Family Peer Support • Group Peer Support • Health Promotion • Medication Assistance • Substance Use Counseling • Skills Training and Development 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

Kiti Ton, MD
 Chief Medical Officer
 202 E. Earll Dr., Ste. #200
 Phoenix, AZ 85012
 e: kton@lifewell.us

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Fwd: Comments on the H2O plan

----- Forwarded message -----

From: [REDACTED]
Date: Wed, Mar 31, 2021 at 4:16 PM
Subject: Comments on the H2O plan
To: [REDACTED]

Hi [REDACTED]

I apologize, I had to leave the meeting early. My husband's caregiver had a flat tire and needed a ride...

Just for reference regarding the focus of the comments. My husband is an ALTCS member, with Parkinson's, spinal cord injury, Lewy Body Dementia, Bi-polar, etc. He uses a power wheelchair.

I have profound hearing loss and severe arthritis. I also am the founder of Behold Charities International, Inc., a nonprofit whose mission is to facilitate independence, universal design and inclusion in housing.

The recommendations below in red may facilitate more inclusion of people who have communication related disabilities and those who use mobility devices.

The mental health resources for people who have hearing loss / deafness are scarce. There are few Deaf counselors who can provide services directly in ASL. Additionally, the "accommodation" process in many agencies, especially in the housing arena, is not efficient. Physical accessibility for eligible individuals who use power-wheelchairs and other devices is not consistent. Many inpatient facilities do not allow a person in a power-wheelchair, stating security reasons, untrained staff to help with transfers, or the like. This is not acceptable.

Regarding housing accessibility there is a huge shortage of accessible housing and this gap should to be prioritized in the plan, as much as possible.

These are my comments / recommendations:

1. **Regarding the Proposed Eligibility Requirements for individuals who are eligible:**

There are additional conditions and circumstances that have been **traditionally underserved or overlooked** and should be included:

- a. **Deaf/Deaf-Blind/Hard of Hearing.** Traditional services require additional communication accommodations and technology added, including text chat capacity, ASL Interpreters, plain language documents.

The circumstances that should be included in this proposal should include

“Individuals who are at risk of homelessness and have the following conditions or circumstance: Deaf/Deaf-Blind/Hard of Hearing.”

- b. **Individuals requiring power-wheelchairs and other mobility devices due to health conditions.** Traditionally, facilities and agencies serving people with mental health conditions do not allow or have no accessibility, or trained staff, to facilitate individuals using mobility and other required devices. The circumstances that should be included in this proposal should include **“Individuals who are at risk of homelessness and have the following conditions or circumstance: use mobility and other related devices requiring accessible facilities and amenities.”**

1. **Regarding the Proposed Benefit Coverage under the Demonstration.** There are additional benefit coverages, housing services and interventions that should be included (see bold language):

- a. Increase positive health and wellbeing outcomes for target populations including the stabilization of mental health conditions, reduction in substance use, improvement in the utilization of primary care and prevention services, **improvement in the utilization of hearing, sensory and mobility devices, aids and services**, and increased member satisfaction.
- b. Support state efforts to reduce homelessness, **provide inclusive additional accessible affordable housing**, and improve ongoing housing stability.

2. **Regarding Strategy 1: Strengthen homeless outreach and service engagement.**

- a. Offer **accessible communication in all** outreach and engagement services, allowing Medicaid providers to provide dedicated outreach staff with behavioral health qualifications and experience to identify and successfully connect all eligible or potentially eligible members experiencing homelessness to available **accessible** services and supports, including transitional living arrangements and rental subsidies.
- b. Strengthen the coordination between the community, governmental agencies, **disability agencies**, and providers when an individual leaves an institutional setting and connect the individual to available housing supports and services. Such activities would also include “inreach” or co-location of outreach or housing navigation within key access or transition points in the behavioral and health care system, **disability agencies**, or other mainstream settings including emergency rooms, inpatient behavioral health facilities, **mobile and outpatient health facilities**, jails, or other crisis facilities.
- c. Enhance and support data collection and administrative coordination with other systems of care including homeless programs, justice and correctional systems, **disability agencies**, and other state agency programs to foster informed care coordination and the maximization of available resources.

3. **Regarding Strategy 2: Secure funding for housing for members who are homeless or at-risk of homelessness**

- a. Fund short-term, transitional housing (up to 18 months) for individuals leaving an institutional setting, allowing for the provision of Medicaid compensable intensive pre-housing wraparound services, **accessible amenities and services**, and stabilization in a temporary setting prior to moving into permanent **accessible** housing, **as needed**.

- b. Expand the agency’s ability to offer financial assistance for move-in costs, **disability accommodations**, or Community Transition Services beyond those members enrolled with the ALTCS program (e.g., deposits, fees, and furniture).
 - c. Fund **and communicate** the provision of eviction prevention services, **in an accessible manner**, to assist members in maintaining tenancies (e.g., payment for back rents, fees, or charges to avoid immediate eviction).
4. **Regarding Strategy 3: Enhance individualized wraparound housing services and supports to ensure housing stability as a platform to leverage improved health outcomes and reduce recidivism**
- a. Expand the agency’s ability to pay **for disability accommodations (e.g., for Deaf, Deaf-Blind, Hard of Hearing accommodations)**, home modification (e.g., installation of ramps and other home repairs or upgrades)

beyond members currently enrolled in ALTCS to prevent long term placement in an institutional setting.
 - b. Expand the agency’s ability to pay for **accessible** pre-tenancy and tenancy supportive services (e.g., housing navigation, **accommodations, advocacy**, and skills training to teach independent living skills) to individuals experiencing chronic homelessness.

Please let me know if you have questions,

Looking forward,

Michele Stokes, CEO

Behold Charities International

([REDACTED]

[REDACTED]

beholdci@cox.net

www.housingtobehold.org

“Housing to Behold – Facilitating Independence, Universal Design and Inclusion”

Fwd: FW: Combination of voucher and homelessness

From: [REDACTED]
Sent: Wednesday, March 24, 2021 5:11 PM
To: waiverpublicin-put@azahcccs.gov
Subject: Combination of voucher and homelessness

There are people who are on the "Waitlist" currently for the Voucher Program/ section 8. Who have been on the list for quite some time 5 yrs or slight list. How would this help those who are still waiting for housing and their name come up in the next few months or recently?

I have a young man in his early 30's and has been on the wait list since 2017. He was recently taken off the list because they deemed his application incomplete for the following reason(s):

- 1). He did not submit a picture ID of himself
- 2). He did not submit a SS card (although they he entered on the applications)
- 3). He didn't submitted income and SS numbers for everyone in his house hold.

All of these were supposed to be uploaded by computer. He completed the application on 05/11/2020 and received confirmation that it was received, deadline for him to get the documents in 05/22/2020. He received a letter on 03/03/2021 that he failed to get the above information on time. If he wanted to appeal than he could write a letter stating why he failed to get the documents in on time . He was still denied, the same individual who took him off the wait list reviewed his appeal.. (not a proper way to do an appeal process) I have worked with the voucher program in the past and SS cards , picture ID were brought in on Face to Face meeting when your voucher was to be administrated.

This is a young make who is SMI, he was in transitional housing, but could only stay for 30 days and is on disability, he is single with no children. He was able to rent a room, but other who lives in the house rent rooms as well and should not have any bearing on him. I believe the voucher program is discriminatory toward single men without dependents and find obscured reasons to get them off the program. I look forward to hearing from you.. I also have suggested for him to contact the Arizona Center for Disability Law.

Thanks Jeannine

[REDACTED]
Clinical Appeals Nurse

UnitedHealthcare Clinical Services, Appeals & Grievance- SouthWest Region

[REDACTED] [REDACTED]
[REDACTED]

Fwd: Public Comment Language for ALTCS members H20 initiative

----- Forwarded message -----

From: Megan Akens <makens@azdes.gov>

Date: Monday, May 3, 2021 at 8:22:10 AM UTC-7

Subject: Public Comment Language for ALTCS members H20 initiative

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Cc: [REDACTED]

I would like to suggest the language read:

- ALTCS members who are medically able to reside in their own home and require affordable housing in order to live in the community.

The concern is that the definition of "institutional setting" does not include DDD Group Homes or Developmental Homes.

Megan Akens
Affordable Housing Supervisor

Office of Individual and Family Affairs
Division of Developmental Disabilities



2200 N Central Ave Suite 200
Phoenix AZ, 85004
Mail Drop: 2HB5

des.az.gov



Fwd: Support for waiver

----- Forwarded message -----

From: Kimber Lanning <kimber@localfirstaz.com>

Date: Monday, May 3, 2021 at 8:20:27 AM UTC-7

Subject: Support for waiver

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

- Via email: waiverpublicinput@azahcccs.gov
- Division of Community Advocacy and Intergovernmental Relations, AHCCCS
- 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034

To Whom it May Concern:

As the CEO of the largest locally owned business coalition in the country, I write to you today to share my perspective about the affordability crisis unfolding across Arizona.

There is no more critical issue than affordability which is directly impacting our workforce and inhibiting our small businesses from being successful or recovering in a timely manner. This will also impact tourism revenue substantially in places such as Sedona, where the hospitality workforce has largely been displaced due to affordability. We now see this happening in Central Phoenix as well.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Please contact me at [REDACTED] should you have any questions.

Sincerely,

Kimber Lanning

Kimber Lanning

(she, her, hers)

CEO | Local First Arizona Foundation

localfirstazfoundation.org



H2O AHCCCS Waiver

----- Forwarded message -----

From: [REDACTED]
Date: Monday, May 3, 2021 at 4:58:10 PM UTC-7
Subject: H2O AHCCCS Waiver
To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

To Whom it May Concern:

As the owner of a locally owned restaurant business in Bisbee Arizona, I am writing this letter to share my perspective about the affordability crisis unfolding across Arizona. My wife and I support local efforts to assist the community and are now shifting most of our focusing on issues related to housing access, affordability and stability due to this issue becoming of increasing concern.

We have owned a downtown business in Bisbee for over 30 years and have seen housing issues and access to basic infrastructure to support the workforce become increasingly challenging. At the forefront is the access to affordable housing or for that matter rental housing for locals at all. At any given time, we have staff that are struggling to find and secure affordable housing and those who have needed to move quite a distance away from their place of work to add additional transportation challenges. These issues are exacerbated by no new affordable housing built for decades and large amounts of the aging housing stock being purchased up by part-time residents or for investment vacation rentals. There just doesn't seem to be support for the many issues related to housing affordability and access within many of our rural communities throughout the County.

This housing issue is quickly becoming a crisis and directly impacting our workforce and inhibiting many small businesses especially hospitality. With the addition of the challenges of the COVID epidemic this has added to businesses from being successful or recovering in a timely manner.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

We are happy to share individual examples and stories to support the need of these funds. Please contact myself, [REDACTED] should you have any questions.

Sincerely,

[REDACTED]

[REDACTED]

Housing waiver Please support the Housing Waiver

----- Forwarded message -----

From: Clarice Parham <clarice.parham@fsaphoenix.org>

Date: Monday, May 17, 2021 at 4:49:48 PM UTC-7

Subject: Housing waiver Please support the Housing Waiver

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

As you are aware housing is essential to the success for most of our patients to be successful in employment. The population we work with will not be able to achieve Mental Health with out a

Safe place to live. It will make it more likely that the AHCCCS population will have a positive outcome if they are in stable housing. Please support the H@O program.

Thank you,

Clarice Parham



Clarice Parham

President/CEO

Family Service Agency

2400 N Central Avenue

Suite 102

Phoenix AZ85004

[REDACTED]
[REDACTED]
[REDACTED]
clarice.parham@fsaphoenix.org

letter of support for AHCCCS H2O (Housing and Health Opportunities) 1115 Waiver Expansion Proposal

----- Forwarded message -----

From: Amy St Peter <AStPeter@azmag.gov>

Date: Thursday, May 13, 2021 at 6:53:36 PM UTC-7

Subject: letter of support for AHCCCS H2O (Housing and Health Opportunities) 1115 Waiver Expansion Proposal

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Good evening,

Please accept this as a letter of support for the AHCCCS H2O (Housing and Health Opportunities) 1115 Waiver Expansion Proposal. Significant efforts are underway to strengthen the regional response to homelessness through the Maricopa Association of Governments in partnership with a number of stakeholders such as the Maricopa Regional Continuum of Care. These efforts would be greatly aided by this waiver. AHCCCS is a valued partner in addressing homelessness and providing the care people need to stabilize and become stably housed. We are hopeful the request for this waiver will be received favorably.

If granted, this waiver would support a number of the regional strategies underway. The strategies have been organized into the categories of temporary housing solutions, permanent housing options, coordination, diversion/prevention, and services. The waiver would support strategies in each of these categories. The region is showing unprecedented support for reducing the numbers of homelessness through a coordinated, sustainable approach. The ability to work with AHCCCS to serve the most vulnerable among us would be an important factor in these efforts being successful. The cities, towns, and counties are working diligently to develop an implementation plan for these strategies. The waiver would empower AHCCCS to have a positive impact on the implementation of these strategies and in these regional efforts.

We are intently focused on working with diverse partners to unlock the full potential of their contributions in innovative, cost effective, and impactful ways. The waiver submitted by AHCCCS demonstrates nimble, proactive thinking. The expansion of outreach, housing assistance, and supportive services are sorely needed in the region. Working together, we can chart a new path for how homelessness will be addressed and resolved for people with high levels of need. We are excited to offer our support for this waiver and hope to provide additional support and partnership if the waiver is granted.

The regional efforts have included the diverse perspectives of more than 1,600 people through extensive outreach as well as significant research into the best local and national practices. For more information on these efforts, please visit [Regional Homelessness Strategies \(azmag.gov\)](https://www.maricopa.gov/Regional-Homelessness-Strategies) or feel free to contact me at [REDACTED].

Thank you for your consideration. We are fully supportive of the request for this waiver and would be happy to provide any additional information upon request.

Amy

Amy St. Peter

Deputy Executive Director

Maricopa Association of
Governments

[REDACTED]
MAG Office: 602.254.6300

302 N. 1st Ave., Ste. 300 |
Phoenix, AZ 85003

mag@azmag.gov

www.azmag.gov



Public Comment on TI Renewal

----- Forwarded message -----

From: [REDACTED]
Date: Sunday, May 2, 2021 at 11:50:35 PM UTC-7
Subject: Public Comment on TI Renewal
To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

My name is [REDACTED]. I live in Tucson, AZ and am the mother of a 35 year old woman with serious mental illness who is currently receiving Social Security Disability and is enrolled with Medicare and AHCCCS. She is fortunate to have the services of an ACT Team through Intermountain, and is currently living in a supported living apartment managed by Intermountain. Her former boyfriend has bipolar disorder, is also enrolled with AHCCCS, uses the emergency room as his primary healthcare provider, and is about to become homeless again. My daughter became addicted to meth with her current boyfriend who served 6 months in Pima County jail. I do not know if her current boyfriend is enrolled in AHCCCS, but he certainly should be and needs services. All three of them have been homeless. From my experience with these three, whole person care is desperately needed for those with long-term mental illness and addiction. I am a strong advocate for Housing First, and would recommend focusing on putting a roof over people's heads before you can effectively deal with their physical and behavioral health issues. As is noted in the Renewal Request, Arizona needs to address all the social determinants of health.

The renewal of the Targeted Investments Program for the 2021-2026 waiver period is critical to continue to improve outcomes for AHCCCS members.

Thank you, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

public comment

----- Forwarded message -----

From: Jessica Berg <JBerg@svdpaz.org>

Date: Tuesday, April 27, 2021 at 3:04:19 PM UTC-7

Subject: public comment

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Hello,

I'm writing to share that I'm in favor of AHCCCS's request for an amendment to the 1115 Research and Demonstration Waiver to seek waiver and expenditure authority to implement the AHCCCS Housing and Health Opportunities (H2O) demonstration.

Thank you for supporting this work to increase positive health and wellbeing outcomes for vulnerable populations.

-Jessica



Jessica Berg | Chief Program Officer

St. Vincent de Paul | Feed.Clothe.House.Heal.

O 602.850.6931 | JBerg@svdpaz.org

Re: AHCCCS Housing Proposal

On Fri, May 7, 2021 at 10:53 AM Penny Allee Taylor <palleetaylor@vsuw.org> wrote:

Dear Dana,

I know I've missed the comments period, but I wanted to share with you Valley of the Sun United Ways' (VSUW) support for the AHCCCS H2O Waiver for housing for qualified individuals.

- VSUW fully supports the Housing and Health Opportunities (H2O) Waiver Amendment that AHCCCS is requesting.
- This waiver can allow for expanded and enhanced services that improve health outcomes for those who experience homelessness, including those with serious mental illness and substance use disorders.
- Permanent Supportive Housing (PSH) with robust comprehensive healthcare is a best practice model with proven outcomes.
- Models such as this align with our new five-year Mighty Change 2026 plan that demonstrates the vital importance of layering housing and healthcare as a solution to move individuals back into stable housing.

Thank you for allowing VSUW to share our position on this very important issue for thousands of our Arizona residents and neighbors.

Healthy regards,

Penny

Penny Allee Taylor
Chief Public Policy Officer

VALLEY OF THE SUN UNITED WAY

3200 East Camelback Road, Suite 375

Phoenix, AZ 85018-2328


vsuw.org

Rethink Housing Support

----- Forwarded message -----

From: [REDACTED]
Date: Monday, May 3, 2021 at 8:28:26 AM UTC-7
Subject: Rethink Housing Support
To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Instead of pumping billions into property managers you should invest in tiny/shipping container house development programs and eventually assist paying leases for those affordable units that, as condition of the lease, lead to eventual ownership of those units by those renters.

Signed,

[REDACTED]

support for AHCCCS Housing and Health Opportunities H2O

----- Forwarded message -----

From: Wendy Bunn <Wendy.Bunn@copahealth.org>

Date: Monday, April 19, 2021 at 2:30:37 PM UTC-7

Subject: support for AHCCCS Housing and Health Opportunities H2O

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Good afternoon,

I want to throw my support behind the implementation the AHCCCS Housing and Health Opportunities (H2O) demonstration. Years ago, I had the opportunity to participate in meetings by MAG focused on improving housing resources and improving our community systems to end homelessness in our state. The goal of the AHCCCS H2O demonstration will significantly improve our odds of meeting the needs for AHCCCS members who are homeless or at risk of becoming homeless. The monies dedicated to expanding housing and targeted services will greatly enhance the community's ability to get people into safe environments where they can thrive. We at Copa believe in Housing Always.

Respectfully,

Wendy Bunn, Psy.D

VP Housing and Community Support Services

Copa Health

737 W. Guadalupe Rd.

Mesa, AZ 85210



support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities

----- Forwarded message -----

From: [REDACTED]
Date: Monday, May 3, 2021 at 10:26:36 AM UTC-7
Subject: support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities
To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

To Whom it May Concern:

As the owner of a number of local businesses here in Arizona, I write to you today to share my perspective about the affordability crisis unfolding across Arizona.

There is no more critical issue than affordability which is directly impacting our workforce and inhibiting our small businesses from being successful or recovering in a timely manner. This will also impact tourism revenue substantially in places such as Sedona and Bisbee, where the hospitality workforce has largely been displaced due to affordability. We now see this happening across Greater Phoenix as well.

I write in support of the amendment to the 1115 Waiver allowing the State of Arizona's Medicaid program to implement the Housing and Health Opportunities (H2O) demonstration.

Please contact me at [REDACTED] should you have any questions.

Sincerely,

#SAVEOURSTAGES

--

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

support the waiver

Thu, May 20, 2021 at 10:11 AM

----- Forwarded message -----

From: Susie Huhn <susieh@casadelosninos.org>

Date: Thursday, May 13, 2021 at 10:17:45 AM UTC-7

Subject: support the waiver

To: waiverpublicinput@azahcccs.gov <waiverpublicinput@azahcccs.gov>

Casa de los Ninos provides Mental Health services in Southern Arizona and support the new AHCCCS waiver. It is very comprehensive and demonstrates forward thinking.

Thank you

Susie

Susie Huhn

Chief Executive Officer

1120 N. 5th Avenue, Tucson, Arizona, 85705 | 

casadelosninos.org | facebook.com/casadelosninos

Pronouns: She/Her/Hers