



**Protocol for Assessment of Beneficiary Eligibility and
Needs, Infrastructure Planning, and Provider
Qualifications for H2O Services**

Due 180 Days After Approval - April 12, 2023

Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications for H2O Services

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List of Health Related Social Needs (HRSN) Services and Associated Descriptions

Covered H2O services and housing-related supportive wrap-around services include:

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

Service description, frequency, duration, setting and provider requirements, and minimum eligibility criteria are described in [Exhibit 1](#).

Eligible provider types for each service are indicated in [Exhibit 2](#).

Services under the H2O benefit will be furnished to individuals who reside and receive services in their home or in the community, not in an institution.

H2O Third Party Administrator

AHCCCS plans to procure a Third Party Administrator (TPA) to assist the State in administering the H2O benefit. AHCCCS has issued a Request for Information (RFI) to assess potential partners, and anticipates the H2O TPA being responsible for the following activities related to the administration of H2O services:

- Recruitment, onboarding and training on Medicaid enrollment for Community Based Organizations addressing H2O-related Health Related Social Needs (H2O providers),
- Establishing and verifying member eligibility for H2O services, following AHCCCS guidelines,
- Coordinating services between MCOs and H2O providers,
- Developing a streamlined process for H2O providers to bill AHCCCS,
- Monitoring and tracking the trajectory of member access and utilization of H2O services,
- Track H2O service utilization and monitor applicable H2O service limitations, and
- Provide Technical Assistance to H2O Providers.

If procured as envisioned, the TPA would provide initial and ongoing H2O provider technical assistance and training related to the H2O benefit, including H2O provider onboarding, Evidence Based Practice. They would assist with the ongoing collection and analysis of data and report on activities related to the H2O project objectives. Additionally, the TPA would act as a clearinghouse that H2O-providers will utilize to submit claims to AHCCCS for H2O services delivered to qualifying members.

Additionally, the TPA would act as the single statewide entity responsible for evaluation and determination of member eligibility for H2O services using AHCCCS parameters and data. They would also be responsible for verifying the member's living situation to confirm they meet the homeless definition as defined in Table 1, and ensuring the appropriate Z-code and other necessary documentation in the member's medical record is reflected appropriately. The TPA would make a determination of member eligibility for H2O services, coordinate to add the eligibility category to the member's medical record, and connect members to H2O service providers who will initiate services.

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Lastly, the TPA would serve as the single point of contact for all enrolled H2O providers. They would provide outreach, education and customized technical assistance to meet the needs of providers and community based organizations involved in the H2O program. At the member level, they would ensure appropriate coordination with the member’s clinical team and enrolled health plan to help ensure member care coordination.

At this time AHCCCS is still reviewing the TPA RFI responses and will make a determination soon on whether to release a Request for Proposal (RFP). AHCCCS has estimated \$13.5 million per year for the H2O administrative budget but has not outlined specifics of the TPA budget yet. General implementation timeline for the H2O system is described below:

- November 2022 - October 2023 - Stakeholder Feedback, Overall H2O System Design, Review RFI on TPA Option, and Make Determination of TPA RFP.
- November 2023 - January 2024 - Post RFP, Evaluate, Select Vendor
- March 2024 - August 2024 - TPA Award and Contract Signed
- May 2023 - October 2023 - Finalize and Submit Implementation Plan
- October 2023 - August 2024 - System Development
- September 2024 - September 2024 - System Testing
- October 1, 2024 - H2O Go-Live

Establishing Eligibility and Medical Necessity for H2O Services

H2O Eligibility

Title XIX or Title XXI eligibility is a mandatory prerequisite for ongoing participation in H2O services covered under this waiver. Members must meet one of the State’s identified State Plan or 1115 Waiver eligibility categories and be currently enrolled in Medicaid to participate in H2O services. Select Outreach and Education Services may be provided during initial engagement to potential beneficiaries who are in the process of enrolling in Medicaid or other state and federal benefits programs, including efforts to identify, enroll (or re-enroll) eligible (or potentially eligible) members in Medicaid, and connect them to covered services.

In addition to Medicaid eligibility, members must also meet both homeless and SMI eligibility criteria specific clinical and social risk factors in order to participate in H2O services as defined within Table 1: Eligibility Criteria below.

Table 1: Eligibility Criteria Categories

| | Eligibility Criteria Category | Age | Clinical and Social Risk Criteria Definition |
|-----|-------------------------------|-----|--|
| 1.1 | Homeless | 18+ | <ul style="list-style-type: none"> ● Beneficiaries must be experiencing homelessness or at risk of homelessness, as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5 ● Beneficiary may meet any of the 4 categories of homelessness as defined by HUD <ul style="list-style-type: none"> ○ Literally Homeless ○ Imminent Risk of Homelessness ○ Homeless Under Other Federal Regulations ○ Fleeing/Attempting to Flee Domestic Violence |

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| 1.2 | SMI | 18+ | <ul style="list-style-type: none"> ● Beneficiaries with a Serious Mental Illness Designation and a chronic health condition*. ● Beneficiaries with a Serious Mental Illness Designation and currently in a correctional health facility with a scheduled release date. ● SMI is a designation as defined in A.R.S. § 36-550 and determined in an individual 18 years of age or older, a process further defined in AMPM Policy 320-P. The list of qualifying diagnoses can be found in AMPM Policy 320-P Attachment B. ● For eligibility purposes, chronic health conditions are secondary to an individual being designated as having an SMI and/or transitioning from an institutional setting. <p>*Contingent on CMS approval, AHCCCS reserves the right to update the list of chronic health conditions based on receipt of additional data/information and is in the process of defining these chronic conditions in policy.</p> |
|-----|-----|-----|---|

Table 1 reflects the populations that will have access to receive H2O Services in the initial phase-in of the H2O program. AHCCCS will continue to evaluate additional populations which may benefit from H2O Services and will communicate with CMS when additional populations need to be considered. AHCCCS is in the process of defining chronic health conditions in policy and is identifying chronic health conditions that contribute to increased inpatient admissions, higher costs of care specifically for individuals who are experiencing homelessness, and premature death. Historically, AHCCCS has required that health plans utilize a standardized definition of high needs/high cost, defined by 4+ hospital admissions within a 6 month period, 4+ ED visits within a 6 month period, 2+ readmissions within a 6 month period, or \$50,000+ in total cost over a 6 month period.

Process for Identifying Medical Necessity for H2O Services

As currently envisioned, eligibility for H2O-funded services is intended to be established by the contracted Third Party Administrator (TPA). Under this proposed partnership, AHCCCS would provide the eligibility parameters and relevant data to the contracted TPA. The TPA will be responsible for:

- Provider outreach and engagement to identify and expand the provider network in order to meet the health related social needs of eligible members.
- Determining member eligibility and communicating member eligibility to H2O providers, members' clinical team, and Managed Care Organizations (MCOs).
- Assist with tracking member utilization of H2O services in order to prevent duplication of benefits and ensure the member receives no more than 6 months of temporary housing assistance whether in an Enhanced Shelter or through temporary Rental Assistance.
- Identifying H2O providers who have the capacity to meet the needs of eligible members and authorize referrals for HRSN interventions.

Individuals may be initially engaged by a street outreach team, their enrolled health plan, or through an existing AHCCCS registered provider who will conduct initial screening using the Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE) tool, Accountable Health Communities (AHC) tool, or other appropriate HRSN screening tool and determine the individual's willingness to

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participate in ongoing services. The PRAPARE screening tool was chosen because it is the default tool within the statewide Closed-Loop Referral System (CLRS) and is an industry best practice. Providers are able to use any HRSN screening tool as long as it covers homelessness/housing instability, food insecurity, transportation assistance, employment instability, utility assistance, interpersonal safety, justice/legal involvement, and social isolation/social support. The free state-wide CLRS, CommunityCares, contains screening and referral tools to initiate and conduct referrals for HRSN and can be integrated into standard clinic flow during member intake.

The process for identifying medical appropriateness primarily occurs during the process of designating a person as having an SMI in the State of Arizona which is built into the eligibility criteria for H2O services. In addition, the H2O eligibility criteria requires a person to also have a chronic health condition or be in a correctional health facility and currently experiencing homelessness or likely to experience homelessness following release. Once the individual has been determined to meet the eligibility criteria, the provider will be able to identify which health related social needs services to which the member should be referred to.

Upon the member's agreement to receive services, an eligibility determination packet may be submitted to the TPA. Once H2O eligibility is determined, the proposed TPA would identify an appropriate H2O provider based on the member's needs. Members will continue to have a voice and choice in the services they receive and the providers they receive the services from. The H2O service provider will work with the member to evaluate their needs, develop housing specific goals, match those goals with services, and offer necessary support to achieve the member's goals. The H2O service provider will work with the member to address health related social needs, implementing the services defined in the H2O waiver. The member's clinical team and enrolled health plan will continue to be responsible for the members overall care, including ensuring member access to integrated behavioral and physical health services. The H2O service provider will be responsible for participating in ongoing coordination with the member's clinical team and enrolled health plan, to include related information and documentation within the member's medical record to ensure seamless coordination of care and to assist the member with transitioning to alternative supports when H2O services are no longer necessary. Additionally, providers can utilize the CLRS or Community Resource Guide to refer individuals to other services. The Community Resource Guide serves as a supplement to the CLRS for members who are not actively engaged with health care providers who utilize the CLRS.

Upon H2O service initiation, contact with the member by the H2O provider must be made as frequently as necessary, but at a minimum weekly, to offer targeted support and determine progress or assistance needed towards the member's goals as stated in their plan of care. Housing stability must be included as a goal in the member's care plan, agreed to by the member and the provider and correlated to the assessed level of support the member requires.

All individuals receiving H2O funded services will receive a comprehensive behavioral health assessment annually, at minimum. In order to ensure services continue to meet the changing physical and behavioral health needs for individuals who continue to receive behavioral health services, the assessment will be reviewed and updated as needed, every 6 months or based on clinical needs and/or upon significant life events, including but not limited to:

- Moving,
- Death of a family member or friend,
- Change in family structure (e.g., divorce, separation, adoption, placement disruption),
- Hospitalization,
- Major illness of individual or family member,
- Incarceration, and

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- Any event that may cause a disruption of normal life activities, based on a member's identified perspective and need.

Clinical Criteria Considerations

AHCCCS seeks to minimize administrative requirements placed on providers and Community Based Organizations (CBOs) when implementing H2O services. AHCCCS will provide data to the proposed TPA to identify members who meet the clinical criteria for H2O eligibility as defined in Table 1. AHCCCS will use claims, diagnosis information, and correctional health data to identify members eligible for H2O services.

The TPA would be the single point of contact that providers will work with when validating H2O eligibility, and will communicate verified member eligibility with physical and behavioral health providers, Managed Care Organizations (MCOs), and H2O providers. The member's eligibility will be flagged in the internal AHCCCS PMMIS system. Members that meet this criteria will be considered eligible for all medically necessary H2O service interventions as resources are available.

AHCCCS requires that all MCOs implement and maintain policies and procedures to ensure that subcontracted providers have the information required to monitor effective and continuous physical and/or behavioral health care for members through accurate medical record documentation. This requirement also includes the need to maintain how that care is culturally responsive and/or trauma informed. AHCCCS measures the effectiveness through the Behavioral Health Clinical Chart Audit, which is conducted annually for all providers delivering behavioral health services to Medicaid members in Arizona. Medical record documentation is gathered via:

- Onsite or electronic quality review,
- Initial and on-going monitoring of medical records,
- Review of health status, changes in health status, health care needs, and services provided, and
- Review of coordination of care activities.

The H2O provider will be able to initiate H2O HRSN services focused on housing stability and income stability immediately upon receipt of a referral through the TPA. The H2O provider will work in partnership with the member and their clinical team to encourage the member to complete any other assessments that may be necessary to determine additional clinical services the member may need.

Individuals Performing Evaluation/Reevaluation shall meet the requirements specified [AHCCCS Medical Policy Manual Chapter 320-Q](#). Roles and responsibilities related to provider qualifications and their operational and administrative functions can be found in Exhibit 2 and [Exhibit 3](#).

All of the above requirements will be built into managed care contracts, as well as the State's AHCCCS Medical Policy Manual (AMPM). As part of the AMPM publishing process, all policies are published for a 45-day public comment and tribal consultation period, and are posted to the AHCCCS website once finalized. At which point, the policies will be maintained on the website for public use and can be updated as community needs are identified as warranted to offer clarification or updates to the Protocols or Implementation Plans.

H2O Housing Care Plan Development

Once medical appropriateness is established, H2O Providers must establish a housing specific care plan, which must be shared and coordinated with the member's clinical team, and included in the member's medical record.

Each Care Plan must contain a goal related to housing permanency and stability, and will identify all

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necessary HRSN services or wraparound supports that will help the member attain that goal. The Care Plan may be an HMIS care plan, developed by the H2O Provider, but must be coordinated and included within the member's medical record with their clinical team. Provider qualifications related to persons responsible for the development of the Care Plan are detailed in Exhibit 2. All care plans must, at a minimum:

- Be individualized for each member.,
- Demonstrate the member's personal vision, strengths, and choice for how to meet their needs,
- Be congruent with the PRAPARE or other AHCCCS approved HRSN screening tool,
- developed using an individualized, person-centered planning process,
- Be reviewed, and revised upon reassessment of need at least every six months, when the individual's circumstances or needs change significantly, and at the request of the individual,
- Include a housing permanency goal, and
- Demonstrate that the member has an informed choice of providers.

H2O Infrastructure

As part of the approved H2O infrastructure funds, AHCCCS is seeking to contract with a Third Party Administrator (TPA) to assist with implementation and administration of H2O services. As identified above, the proposed TPA would be responsible for establishing member eligibility, contracting with H2O Providers, conducting outreach to Community Based Organizations (CBOs) throughout the state to identify potential H2O Providers, providing Technical Assistance for provider enrollment, and assisting with transferring invoices into claims.

In the State's stakeholder engagement thus far, the need for technical assistance was by far identified as the most critical need for new and existing providers. Once the State is able to establish the system parameters and protocols necessary to stand up the H2O program, community partners identified that they will need iterative, program-specific technical assistance to ensure they are implementing the program in alignment with agency protocol and guidelines and to ensure the competency of the staff directly providing the services to members. Accordingly, AHCCCS plans to work in tandem with the proposed TPA to provide initial and ongoing technical assistance related to billing, service delivery, policy implementation, appropriate coordination with community partners (utility providers, etc.) and other benefit programs, data collection, reporting, staff competency evaluation, provider qualifications, and enrollment. The vendor will also assist with collecting ongoing granular technical assistance needs in the community, including providers and members, through educational materials, member forums, and other ways to support individuals experiencing challenges with housing. Successful technical assistance will be an essential part of the initial planning and ultimate success of the H2O program and AHCCCS plans to use utilization and outcome data obtained by the proposed TPA and AHCCCS to inform provider training and technical assistance needs.

As an auxiliary support to help enhance the program described above, a portion of the approved infrastructure dollars will be utilized to amplify Arizona's homeless outreach system. Qualified provider organizations, including CBOs onboarding to become H2O Outreach Providers, will be able to access this funding to execute outreach activities as defined in Exhibit 1 for members who present as potentially eligible for the H2O program. Outreach will have the explicit goal of engaging a member or potential member and identifying a need for H2O or other covered services, linking the individual to those services or other state and federal benefits programs, benefit program application assistance, and assistance with benefit program applications. As applicable, outreach workers shall coordinate with the member's health plan of enrollment and any care team members that have been identified, if applicable. Additional provider qualifications for Outreach activities are defined in Exhibit 2.

In addition to the proposed TPA and outreach services, a portion of the approved infrastructure funds

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will be leveraged to support H2O provider technology needs. While the State is still in preliminary stages of engaging the community to assess existing data system needs, infrastructure activities are anticipated to address needs related to billing, funding for data reporting systems and/or protocols, enhancing current systems such as HMIS, technical assistance for providers, credentialing, data exchanges between housing and health providers, establishing HIPAA protected client record maintenance systems, or data sharing between the statewide Closed-Loop Referral System (CLRS), HIE or other referral platform, as applicable. This includes improvements necessary to better utilize existing HMIS data and various continuum of care priorities to align priority populations eligible for H2O services who may not be currently accessing Medicaid covered services but are eligible. AHCCCS seeks to utilize infrastructure dollars to build upon community partnerships, supporting a data warehouse, and conducting data analytics around effectiveness of housing interventions.

AHCCCS providers are able to use the state-wide CLRS, CommunityCares, which contains screening and referral tools to initiate and conduct referrals for health-related social needs. The state-wide CLRS is free of cost for providers to use and can be integrated into their standard clinic flow during member intake. The vendor for the statewide CLRS provides training to clinic staff on how to use the CLRS to conduct screenings and effectively provide referrals. Technical assistance and provider support are also available if providers have questions or need troubleshooting technical support. AHCCCS' health plans are required to encourage provider utilization of the CLRS to screen and refer members for HRSN.

Additionally, some facilities will need additional support to implement training protocols in order to comply with all of the provider requirements detailed in Exhibit 1 and Exhibit 2. These activities can include actions to meet required licensing and certification guidelines, safety and/or accessibility requirements or program capacity needs related to H2O initiatives and services. The State is still in the process of identifying comprehensive community needs related to these activities, but some specific examples currently identified include the development of a Learning Management System or expanded access to existing learning management tools where enhanced shelter providers can access staff training modules to receive the required training. AHCCCS' health plans are required to encourage provider utilization of the CLRS to screen and refer members for HRSN. Additionally, Care Management staff at each health plan will be required to use the CLRS to screen and refer members on their caseload annually at a minimum.

Lastly, a small portion of the approved infrastructure funds (no more than 10%) will be utilized for agency capacity needs related to the successful implementation of H2O. This includes activities related to hiring AHCCCS staff and auxiliary staffing support to assist with H2O implementation, evaluation and reporting beyond what current agency staffing levels can absorb.

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Exhibit 1:

| Outreach and Education Services | | | | |
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| Description/Definition | Frequency (if applicable) | Duration (if applicable) | Detailed Setting/Provider Requirements | Minimum Eligibility Criteria |
| <p>Outreach and education services are provided for purposes of beneficiary engagement, linkages to other state and federal benefits programs, benefit program application assistance, and assistance with benefit program applications fees. This includes efforts to identify, engage, and enroll (or re-enroll) eligible (or potentially eligible) members in Medicaid and connect them to covered services. Outreach and engagement include both street outreach to persons experiencing sheltered or unsheltered homelessness and inreach to members in institutions or inpatient settings. Outreach and education services will be provided in a manner that is responsive to the cultural, educational/vocational, linguistic, and health needs of individuals experiencing homelessness. H2O Outreach services will be initially targeted to members who meet or could potentially meet the priority population criteria detailed in Section 3.</p> <p>Activities can include:</p> <ul style="list-style-type: none"> ● Initial location, identification, and sustained engagement of members on street, in institutions, or other homeless or at risk situations (can include pre-release reach in for justice involved individuals, discharge planning and coordination for individuals in an inpatient setting, and coordination for transition aged youth aging out of the foster care system). ● Locating and identifying members who are in danger of termination of Medicaid due to homelessness, release from institutional settings, loss of housing or lack of contact. ● Apply for and coordinate with mainstream HRSN and housing services to expedite shelter, re-housing or other more stable housing setting for ongoing engagement. ● Providing basic needs (such as water, hygiene kits, access to clothing) or connection to emergency medical or behavioral health services including Persistently or Acutely Disabled (PAD) and Court Ordered Treatment (COT) coordination for presenting issues. ● Determining and prioritizing immediate needs, to ensure they are | <p>Individualized based upon individual needs, may occur daily.</p> | <p>Individualized based upon individual assessed needs.</p> | <ul style="list-style-type: none"> ● Dedicated staff/team with 1:25 Outreach staff -to-members ratios, per community best practices, ● Demonstrated skills and capacity to work with the focused populations as defined in the service description. ● Skilled and trained in PRAPARE or other AHCCCS approved HRSN assessment tool, ● Must follow community best practice standards for outreach as established and updated through local Continuums of Care (CoC), ● Must attend CoC Outreach Collaborative and local Case Conference meetings, as required by CMS and HUD (Federal Department of Housing and Urban Development) ● Must utilize the Homeless Management Information System (HMIS) as well as CE/Shelter protocols, ● Must participate in local CoC BnL and/or case conferencing protocols. ● Must comply with HMIS data Standards. ● Must enroll as a Community Assistor | <ul style="list-style-type: none"> ● Individuals who meet or could potentially meet the H2O eligibility criteria, defined in Table 1, who are in need of outreach services. |

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| <p>not currently a danger to themselves or others, or an acute medical or mental health issue (actively psychotic, disoriented) that needs to be addressed immediately. Outreach team will follow existing emergent/urgent petitioning policies to address immediate needs. This includes contacting a crisis team for a crisis team to respond.</p> <ul style="list-style-type: none"> ● Gathering identification, legal documentation, or completing other eligibility processes. ● Enrolling or re-connecting individual in MCO and/or provider. ● Gather any information related to an SMI designation or evaluation. ● Confirmation of designation or referral for an SMI evaluation. ● Connecting members to a provider for ongoing delivery of services if the member is in agreement to receive additional services. ● Conducting screening that identifies preferences and barriers related to successful tenancy. This may include collecting information on potential housing transition barriers, and identification of housing retention barriers. ● Non-emergency transportation to/from wraparound health care services authorized under the state plan. ● Warm handoff to pre-tenancy or tenancy support services. ● Coordination with police, emergency services, HRSN providers and other community based organizations and programs necessary to coordinate above services (including participation in local CoC activities including HMIS). | | | <p>Training:</p> <ul style="list-style-type: none"> ● New Employee Trainings (i.e., AHCCCS 101) ● CPR/First Aid (including Narcan administration) ● Crisis Prevention Intervention (CPI) ● Health Care for the Homeless 101 ● High Priority Clinical Issues including <ul style="list-style-type: none"> ○ Managing Substance Abuse, Mental Health Disorders and Cognitive Impairments ○ Managing Complex Multiple Morbidities ● Developing Relevant, Patient-Centered Treatment Plans ● Outreach ● Self Care ● Motivational Interviewing ● Principles of Care Coordination ● Court Ordered Evaluation (COE) ● Continuing Education as determined by TA provider and AHCCCS | |
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| Transitional Housing | | | | |
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| Description/Definition | Frequency (if applicable) | Duration (if applicable) | Detailed Setting/Provider Requirements | Minimum Eligibility Criteria |
| <p>Reimbursement for room (without board) for a short-term period, not to exceed six total months within a five year period. An individual member may not exceed six months in the five year period for transitional housing and enhanced shelter or temporary rental assistance combined. Housing will provide members with a safe space to recuperate and perform activities of daily living while receiving ongoing medical care as needed and may be in a private or shared setting. The setting will promote independent living and transition to a permanent housing solution.</p> <p>Allowable units for short-term housing must provide the following for members:</p> <ul style="list-style-type: none"> • Access to a clean, healthy environment that allows members to perform activities of daily living. • Access to a private or semi-private, independent room with a personal bed for the entire day. • Ability to receive onsite or easily accessible medical and case management services, as needed. <p>Transitional housing may look different depending on the member’s needs and the community’s resources. Below are allowable settings where this benefit may be carried out:</p> | Once per member per 5 year period | | <ul style="list-style-type: none"> • Must utilize the Homeless Management Information System (HMIS). • Must comply with HMIS data Standards. • Must enroll as a Community Assistor. | <ul style="list-style-type: none"> • Individuals who meet the H2O eligibility criteria in Table 1. |
| <p>Transitional Living and Enhanced Shelter:</p> <ul style="list-style-type: none"> • Community reintegration transitional or bridge settings may include transitional/bridge shelter facilities with additional on-site support, Hotel/motel rooms, block leased apartments, and houses repurposed to provide congregate housing. • Transitional Living Placement and Enhanced Shelters will be open 24 hours a day, 7 days a week. • Members will not be required to leave during the day, however, they will be able to voluntarily come and go from the facility with the exception of an established curfew. • Setting will have a low staff to member ratio, not to exceed 1 staff per every 25 members on site from 7am to 7pm, daily. | | Maximum of 6 months in a 5 year period. | <ul style="list-style-type: none"> • Congregate setting with no more than 100 beds at the physical location. • Non-congregate setting with individual rooms and no limit to the number of rooms at one physical location (e.g., Hotel). • Must follow the Housing First and Harm Reduction approach. • Initial inspection of physical location must confirm meeting the minimum standards for | <ul style="list-style-type: none"> • Head of household must meet the H2O eligibility criteria in Table 1. • Participating members must have an active plan of care with an identified housing permanency goal. |

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| <ul style="list-style-type: none"> ● Each member will have an assigned staff person. Staff are required to have biweekly training or in-service for all staff on site, led by a clinician with behavioral health experience. ● The staff person will be responsible for connecting the member to necessary interventions including medical, psychiatric, substance use treatment, employment services, and connection to mainstream benefits. ● Services provided at the location are focused on Housing Stability and Income Stability. Shelter staff are not providing any type of Clinical Services, but must have the ability to refer to an appropriate provider for clinical services. ● The staff member assigned will be responsible for assisting the member with developing a housing plan within 48 hours of admission. Housing plans will include an identified strategy for a permanent housing placement. ● The staff member assigned will be responsible for meeting with the member on a weekly basis to update the housing plan and ensure goals are being completed in order to assist the member with moving into permanent housing. ● Enhanced Shelter providers will be responsible for utilizing the statewide Closed-Loop Referral System, as appropriate ● Assisting with securing income that may include employment, vocational activities, and/or applying for and securing eligible benefits (e.g., SSI/SSDI Outreach, Access, and Recover [SOAR]) ● For all settings and services, providers will not deny service (housing) to members based on the use of prescribed medications including medications used for the treatment of substance use disorders (MAT). | | | <p>safety, sanitation, and privacy provided in 24 CFR § 576.403.</p> <ul style="list-style-type: none"> ● Must comply with local city ordinance for zoning. ● Provider submission of ongoing inspection of physical location. ● ADHS Inspection according to existing policies around ongoing inspection of licensed location. ● Fingerprint clearance per statute or background check requirements as defined by AHCCCS. <p>Training:</p> <ul style="list-style-type: none"> ● New Employee Trainings, (i.e., AHCCCS 101) ● CPR/First Aid ● CPI, SOAR Certified ● NHCHC's Core Competencies as recommended by SAMHSA ● Crisis De-escalation SOAR Certified ● Housing First and Harm Reduction ● Understanding of Community Standards developed by the local continuum of care ● Patient Rights ● Motivational Interviewing ● Trauma Informed Care ● Harm Reduction ● Housing First ● Narcan Administration ● Continuing Education as determined by TA provider or AHCCCS | |
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| <p>Temporary Housing (Rental Assistance):</p> <ul style="list-style-type: none"> ● In addition to the requirements above, AHCCCS will pay for up to 6 months of rent for participating H2O members in an approved housing environment (e.g., apartment, townhome, etc). ● Eligible members will be pulled from the waitlist as soon as possible and assisted with moving into a housing unit. ● Manage bridge to permanency subsidy agreements with Public Housing Authority and Continuum of Care subsidy programs. ● Manage wait list and voucher utilization for partnership subsidy programs. ● Track members time in housing under H2O HRSN Rental Assistance to ensure transition to permanent subsidy within 6 months. ● Provide program participant and occupancy services. ● Complete Verification of Eligibility. ● Complete HQS Inspections. ● Establish unit and payment standards. ● Establish a system for determining rent reasonableness. ● Landlord relations and Increasing Housing Opportunities ● Ensure cultural competency. ● As a condition of participation in transitional housing, members are required to engage in tenancy sustaining services as identified as medically appropriate through their Care Plan for the duration of participation in transitional housing. ● The Housing Administrator will be responsible for coordinating with the members assigned health plan to verify continued program eligibility. ● The Housing Administrator will develop policies to ensure members do not lose eligibility status for certain PSH programs due to being housed temporarily under these resources. This includes the member maintaining their chronic homeless status if this was their status prior to moving into their unit under an H2O temporary rental assistance structure. | | | <ul style="list-style-type: none"> ● Statewide Housing Administrator ● Provide program participant and occupancy services. ● Complete Verification of Eligibility. ● Complete Housing Quality Standards (HQS) Inspections prior to move-in. ● Establish unit and payment standards. ● Establish a system for determining rent reasonableness. ● Maintains a satisfactory dwelling for the member throughout the duration of the lease. ● Develop policies to ensure legal compliance and Financial Management. ● Must meet required Data Tracking and Reporting requirements. ● Must engage in Service Coordination. ● Ensure cultural competency. ● Compliance with Fair Housing standards. ● Compliance with the Landlord Tenant Act . ● Utilization of the Homeless Management Information System (HMIS). ● Comply with HMIS Data Standards | <ul style="list-style-type: none"> ● Participating members must be on an approved community housing waitlist and be identified as meeting H2O eligibility criteria in Table 1. ● Must have established eligibility by the Third Party Administrator. All members on approved community housing waitlists will be assessed by the proposed TPA for H2O Eligibility. ● This service is provided only to the extent that the member is unable to meet such expenses or when the services cannot be obtained from other sources. ● Members are not currently receiving duplicative support through other services. ● Members are not currently receiving duplicative support through other federal, state, or locally-funded programs. ● Participating members must have an active plan of care with an identified housing permanency goal. |
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Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications for H2O Services

| Community Re-Integration (Move-In Supports) | | | | |
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| Description/Definition | Frequency (if applicable) | Duration (if applicable) | Detailed Setting/Provider Requirements | Minimum Eligibility Criteria |
| <p>One-time transition and moving costs, including utility costs such as activation expenses and back payments to secure utilities (not to exceed a total of 6 months in utility back payments and prospective utility payments), (in accordance with ACOM 448 and the AHCCCS Housing Program Guidebook.) Funding can provide limited support for other housing related expenses beyond Permanent Supportive Housing rental subsidies.</p> <p>Key activities may include:</p> <ul style="list-style-type: none"> ● Emergency rent assistance or eviction prevention, ● Housing move-in kits, ● Reimbursement to landlords for member caused damages, ● Landlord recruitment efforts, and ● Move-in and/or utility deposits. <p>Eviction Prevention or financial assistance may be used to cover the following expenses:</p> <ul style="list-style-type: none"> ● Utility Arrears - pay up to two months utility arrears not to exceed \$1,000 per member, and ● Move-in Assistance - pay move-in costs including required fees and deposits, security deposits, utility deposits, and first month's rent not to exceed \$3,000 per member. <ul style="list-style-type: none"> ○ Move-in assistance is only available to members not already receiving a type of subsidy from another program or agency (any permanent housing assistance, including permanent supportive housing ○ and rapid rehousing, from programs like AHP, CoC, HCV, SSVF, etc.). | <p>Members may receive this service at any point at which they meet service minimum eligibility criteria and have not reached the identified cap.</p> | <p>N/A</p> | <ul style="list-style-type: none"> ● Statewide Housing Administrator | <ul style="list-style-type: none"> ● Individuals who meet the H2O eligibility criteria in Table 1. ● Limited to H2O eligible members who are receiving Rental Assistance. members receiving rent/temporary housing. ● Members must require service either when moving into a new residence or because essential home utilities have been discontinued or were never activated at move-in and will adversely impact occupants' health if not restored. ● Members must demonstrate a reasonable plan, created in coordination with care manager or case manager, to cover future, ongoing payments for utilities. ● This service is furnished only to the extent the member is unable to meet such expenses or when the services cannot be obtained from other sources. ● Eligible program applicants must meet ALL the following criteria with service provider verification: <ul style="list-style-type: none"> ○ The applicant household is at or below 80 percent Area Median Income, ○ The applicant is at risk of eviction and/or homelessness, and The applicant is referred by their clinical team or H2O Service Provider. ● Awards are one-time per member, per year State fiscal year of July 1 through |

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| | | | | <p>June 30 (for details on caps see the Description section, which is in alignment with AHCCCS' Housing Guidebook)</p> <ul style="list-style-type: none"> Members are not currently receiving duplicative support through other federal, state, or locally-funded programs. |
| <p>Medically necessary home accessibility modifications and remediation services. (in accordance with AMPM 1240-I)</p> <ul style="list-style-type: none"> Medically necessary home accessibility modifications: Home modifications shall have a specific adaptive purpose aimed at increasing the member's ability to function with greater independence in their own Home. Services require a provider order, assessment of how the lack of modifications impedes their ability to function independently, and an assessment by a qualified professional (OT, PT or Certified Environmental Access Consultant). <ul style="list-style-type: none"> H2O Home modifications are items that go beyond what is state plan-coverable. Remediation Services: Funding for home remediation services can provide biohazard clean up, pest control services, and removal of excessive items when all other funding avenues have been attempted and the condition of the home is adversely affecting the member's health and safety or placing them at risk of eviction. | <p>Members may receive home remediation services at any point at which they meet minimum service eligibility criteria and have not reached the cap.</p> | <p>N/A</p> | <ul style="list-style-type: none"> Providers registered with AHCCCS and enrolled as Environmental (LTC) Providers (PT 44) may provide medically necessary home modification and remediation services to members that meet criteria for the H2O program. Statewide Housing Administrator | <ul style="list-style-type: none"> Members must reside in a housing unit that is adversely affecting his/her health or safety. The housing unit may be owned by the member (so long as it is their primary place of residence) or rented. Landlords must agree to and provide signed consent for approved home remediation services prior to service delivery (if applicable). Landlords must agree to and provide signed consent to keep rent at current rate for the duration of the member's residency. Services are authorized in accordance with care plan authorization policies, such as but not limited to service being indicated in the member's care plan. Members are not currently receiving duplicative support through other federal, state, or locally-funded programs. The modifications cannot supplant a Landlord's obligation to provide reasonable accommodations under the ADA. |

Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications for H2O Services

| Housing Pre-Tenancy Intensive Case Management Services | | | | |
|---|------------------------------------|---|--|--|
| Description/Definition | Frequency (if applicable) | Duration (if applicable) | Detailed Setting/Provider Requirements | Minimum Eligibility Criteria |
| <ul style="list-style-type: none"> ● Providers contracted through the Third Party Administrator will co-locate support staff at the field offices of the Statewide Housing Administrator. Staff will be available to assist the members through the briefing process and begin apartment searching following the issuance of the voucher. ● Screening and housing assessments to identify the member's choice in a housing setting and amenities as well as potential barriers to housing stability. ● Coordination for purposes of member transition to housing. ● Assisting the member to develop a housing stability plan and support for the follow-through and achievement of the goals defined in the plan, including assistance applying to related programs to ensure safe and stable housing, with continued modification of the plan to reflect individualized needs. ● Searching for housing and presenting housing options. ● Assistance with identification or other legal documents (e.g., Social Security card, birth certificate, prior rental history). ● Assistance with access to legal services to remove barriers to housing (i.e., expungement of criminal records). ● Completion of housing applications or requests for housing subsidies for affordability including mainstream programs. ● Assisting members with finding solutions to pay fees and expenses related to leasing or move-in (e.g., document fees, application fees, move-in deposits, furniture and household needs, adaptive devices, utility deposits or arrearages). ● Coordinating or providing transportation to facilitate housing processes prior to move in and to assist with transition. ● Assisting the member with completing additional or new reasonable accommodation requests or assisting with | <p>As needed, prior to move-in</p> | <p>Services will generally be delivered during the 3 months prior to members transitioning to tenancy support services.</p> <p>Pre-tenancy activities can sometimes take longer depending on member situation, in which case service duration would persist until services are no longer medically appropriate.</p> | <ul style="list-style-type: none"> ● Follow SAMHSA Fidelity for Permanent Supportive Housing ● Low staff to member ratios 1:15, no more than 1:25 ● Skilled and trained in PRAPARE or other AHCCCS approved SDOH assessment tool ● Utilization of the Homeless Management Information System (HMIS) ● Comply with HMIS Data Standards <p>Training:</p> <ul style="list-style-type: none"> ● New Employee Training, (i.e., AHCCCS 101) ● CPR/First Aid ● CPI ● Housing First model ● NHCHC's Core Competencies as recommended by SAMHSA ● Patient Rights ● Motivational Interviewing ● Trauma Informed Care ● Harm Reduction ● Narcan Administration ● Community Reinforcement Approach ● Continued Education as determined by TA provider and AHCCCS | <ul style="list-style-type: none"> ● Individuals who meet the eligibility criteria in Table 1. ● Services are authorized in accordance with care plan authorization policies. ● Statewide Housing Administrator can submit a direct referral for members who are in need of outreach and housing search assistance. ● Members can not receive duplicative support through other services. ● Members are not currently receiving duplicative support through other federal, state, or locally-funded programs. |

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| <p>paperwork to ensure environmental modifications necessary for accessibility or barrier removal.</p> <ul style="list-style-type: none"> ● Attending or preparing members for housing briefings, landlord meetings, or other meetings to ensure members understand their legal and lease rights, obligations, and duties related to housing, ● Ensuring units or living settings are safe and appropriate. ● Communicating with facility administration, landlords, and members to coordinate move-in. ● Education on tenants' rights, responsibilities, financial literacy, budgeting, benefits advocacy, and making key relationships with the goal of fostering successful tenancy. ● Education on effective ways to communicate and advocate for themselves with landlords. ● Working with clients to establish crisis plans or other strategies for prevention or intervention when housing stability may be jeopardized. ● Assisting with budgeting and financial planning for housing stability. This may include identifying a payee or other fiduciary, as necessary. | | | | |
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| Housing Tenancy Intensive Case Management Services | | | | |
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| Description/Definition | Frequency (if applicable) | Duration (if applicable) | Detailed Setting/Provider Requirements | Minimum Eligibility Criteria |
| <p>Providers contracted through the Third Party Administrator will be responsible for:</p> <ul style="list-style-type: none"> ● Identification and intervention for behaviors that may jeopardize housing stability or tenancy (e.g., hoarding, lease violations). ● Continuing education and assistance around members understanding and following legal rights, roles, and responsibilities of Arizona Residential Landlord Tenant Act (ARLTA) and lease. ● Coaching and assistance with landlord/property managers to maintain relationships and dispute resolution. ● Connecting members to community supports, social determinants of health, and other mainstream resources to support member service plans and housing goals. This may include family and peer connections consistent with service and housing plans. ● "Assisting with securing income that may include employment, vocational activities, and/or applying for and securing eligible benefits (e.g., SSI/SSDI Outreach, Access, and Recover [SOAR]). ● Assisting with preparing for any necessary annual recertification, inspections, or other housing processes. ● Assisting in reducing risk of eviction with conflict resolution skills. ● Supporting the development of independent living skills including personal hygiene, budgeting, household maintenance, and social connection. ● Ongoing monitoring for safety and wellness. ● Assisting with the annual housing recertification process. ● Coordinating with an individual's behavioral health or other health care providers. ● Providing prevention and intervention strategies including ongoing maintenance or updating crisis plans. ● In the event of a possible eviction or housing termination, working with clients on re-housing options and minimizing legal impacts or barriers resulting from termination (i.e., mutual rescission). | As needed | <p>On average, individuals require 6-18 months of services to become stably housed. Individual needs will vary and may continue beyond the 18 month timeframe.</p> <p>Service duration would persist until services are no longer deemed medically appropriate, as determined in an individual's care plan, contingent on determination of continued eligibility.</p> | <ul style="list-style-type: none"> ● Follow SAMHSA Fidelity for Permanent Supportive Housing ● Low staff to member ratios 1:15, no more than 1:25 ● Skilled and trained in PRAPARE or other AHCCCS approved SDOH assessment tool ● Utilization of the Homeless Management Information System (HMIS) ● Comply with HMIS Data Standards ● Eligible for performance based contract <p>Training:</p> <ul style="list-style-type: none"> ● CPR/First Aid, ● CPI, SOAR Certified ● NHCHC's Core Competencies as recommended by SAMHSA ● Patient Rights ● Motivational Interviewing ● Trauma Informed Care ● Harm Reduction ● Housing First ● Narcan Administration | <ul style="list-style-type: none"> ● Individuals who meet the eligibility criteria in Table 1. ● Services are authorized in accordance with care plan authorization policies. ● Members are not currently receiving duplicative support through other federal, state, or locally-funded programs. |

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Exhibit 2:

| Service | Eligible Provider Type/Setting | License (as applicable) | Certification | Other Standard (if applicable) |
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| <p>Outreach and Education Services</p> | <p>The following provider types and workforce classifications are able to deliver outreach and education services within their respective scopes of practice as defined in State law and agency policy to members who qualify for H2O services:</p> <ul style="list-style-type: none"> ● Community Service Agency (CSA) ● Behavioral Health Outpatient Clinic ● Peer Recovery Support Specialists ● Certified Community Health Workers/Representatives ● Crisis Services Provider ● Behavioral Health Professional (as defined in A.A.C.R9-10-101) ● Behavioral Health Paraprofessional (as defined in R9-10-115) ● Behavioral Health Technician (as defined in R9-10-115) | <p>Must be in good standing with their licensing body, as applicable.</p> | <p>Must be in good standing with their certifying or credentialing body, as applicable.</p> | <ul style="list-style-type: none"> ● When available, completing the Closed Loop Referral System (CLRS) Scope of Work; Demonstrating workflow systems that effectively incorporate the CLRS, including EHR system interface or single-sign on, as determined by AHCCCS. ● Enrollment as a Community Assistor |
| <p>Transitional Housing-Apartment or Rental Unit</p> | <ul style="list-style-type: none"> ● Statewide Housing Administrator will coordinate this service. <ul style="list-style-type: none"> ○ Settings can include apartment units, townhomes, single family homes, or any other dwelling suitable for habitability with an active lease and landlord/tenant relationship. | <p>N/A</p> | <p>Housing Quality Standard (HQS) Certification</p> | |

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| <p>Transitional Housing- Transitional Living and Enhanced Shelter</p> | <ul style="list-style-type: none"> ● Enhanced Shelter providers will have a standalone provider type. <ul style="list-style-type: none"> ○ AHCCCS is in the process of establishing this new provider type. ○ Settings can include transitional/bridge shelter facilities with additional on-site support, hotel/motel rooms, block leased apartments, and houses repurposed to provide congregate housing. | <ul style="list-style-type: none"> ● ADHS License Under Review (Other for implementation while State develops new licensure type) | <p>CARF Accreditation for Community Housing and Shelter</p> | <ul style="list-style-type: none"> ● When available, completing the CLRS Scope of Work; Demonstrating workflow systems that effectively incorporate the CLRS, including EHR system interface or single-sign on, as determined by AHCCCS. |
| <p>One-time Transition and Moving Costs</p> | <ul style="list-style-type: none"> ● Statewide Housing Administrator will coordinate these services. | <ul style="list-style-type: none"> ● N/A | <ul style="list-style-type: none"> ● N/A | |
| <p>Home Accessibility Modifications and Remediation</p> | <ul style="list-style-type: none"> ● Managed Care Organization (MCO) will coordinate this benefit with a referral to a Provider registered with AHCCCS and enrolled as an Environmental (LTC) provider (PT 44) and the Statewide Housing Administrator. ● Peer Recovery Support Specialists ● Certified Community Health Workers/Representatives ● Behavioral Health Professional (as defined in A.A.C.R9-10-101) ● Behavioral Health Paraprofessional (as defined in R9-10-115) ● Behavioral Health Technician (as=defined in R9-10-115) | <ul style="list-style-type: none"> ● Active status and in good-standing with the Registrar of Contractors | <ul style="list-style-type: none"> ● N/A | |

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| <p>Housing Tenancy Services</p> | <p>The following provider types and workforce classifications are able to deliver pre-tenancy housing services within their respective scopes of practice as defined in State law and agency policy to members who qualify for H2O services:</p> <ul style="list-style-type: none"> ● Community Service Agency (CSA) ● Behavioral Health Outpatient Clinic ● FQHC ● RHC ● Peer Recovery Support Specialists ● Certified community Health Workers/Representatives ● Behavioral Health Professional (as defined in A.A.C.R9-10-101) ● Behavioral Health Paraprofessional (as defined in R9-10-115) ● Behavioral Health Technician (as defined in R9-10-115) | <ul style="list-style-type: none"> ● Must be in good standing with their licensing body, as applicable. | <ul style="list-style-type: none"> ● Must be in good standing with their certifying or credentialing body, as applicable. | <ul style="list-style-type: none"> ● Enrollment as a Community Assistors ● When available, completing the CLRS Scope of Work; Demonstrating workflow systems that effectively incorporate the CLRS, including EHR system interface or single-sign on, as determined by AHCCCS. |
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Exhibit 3:

Distribution of Operational and Administrative Functions

| Function | AHCCCS | Housing Administrator | Health Plan | H2O Provider | TPA |
|--|---------------------------|-----------------------|----------------------|----------------------|----------------------|
| HRSN Screening | | | ✓ | ✓ | |
| Eligibility Evaluation | ✓ Medicaid Eligibility | | ✓ H2O Eligibility | ✓ H2O Eligibility | ✓ H2O Eligibility |
| Establishing Housing Service Plan | | | | ✓ | |
| Review of H2O Care Plan | ✓ Audits | | | ✓ | ✓ Audits |
| Prior Authorization Review (if applicable) | ✓ | | | | ✓ |
| Utilization Management | ✓ | ✓ | ✓ | | ✓ |
| Qualified Provider Enrollment | ✓ | | ✓ | | ✓ |
| Execution of Medicaid Provider Agreement | ✓ | | | ✓ | ✓ |
| Establishment of a Consistent Rate Methodology for Each Service | ✓ | ✓ | | | ✓ |
| Development of Rules, Policies, Procedures, and Information Development Governing H2O Services | ✓ | ✓ | ✓ | ✓ | ✓ |
| Quality Assurance and Quality Improvement Activities | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fair Hearings and Appeals | ✓ | ✓ | ✓ | ✓ | ✓ |