Housing and Health Opportunities (H2O) Operation Manual

Effective October 1, 2024

Solari | Banner Plans & Networks

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1. Introduction

a. H2O Goals and Program Overview

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

The H2O demonstration is designed to complement AHCCCS' existing housing program, funded with State General Fund dollars, which provides rent subsidies to individuals experiencing homelessness.
Under this demonstration, AHCCCS 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.

H2O services are designed to meet the unique housing needs of eligible members. Services span across the various areas in which there are identified gaps in care for members who are experiencing homelessness. H2O services are designed to be brief and meet the health-related social needs of members to assist with housing stabilization and re-engagement with existing provider network and Medicaid covered services. Services Include:

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

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. This manual will provide guidelines for administering the Outreach and Education Services, Transitional Housing (Enhanced Shelter), and Housing Pre-Tenancy and Tenancy services.

AHCCCS Housing Program:
Guidelines on Transitional Housing- Rental Assistance, One-time moving costs, and Home Accessibility Modifications can be found in the AHCCCS Housing Program Guidebook located here.

H2O Administrative Partners:
As a part of the H2O program AHCCCS outlined roles and responsibilities for key stakeholders. For details please reference the following documents: Protocol for Assessment of Beneficiary Eligibility and Needs and Provider Qualifications for H20 Services and Housing and Health Opportunities (H2O) Implementation Plan.
See visual below to see an overview of the key partners related to the H2O effort.
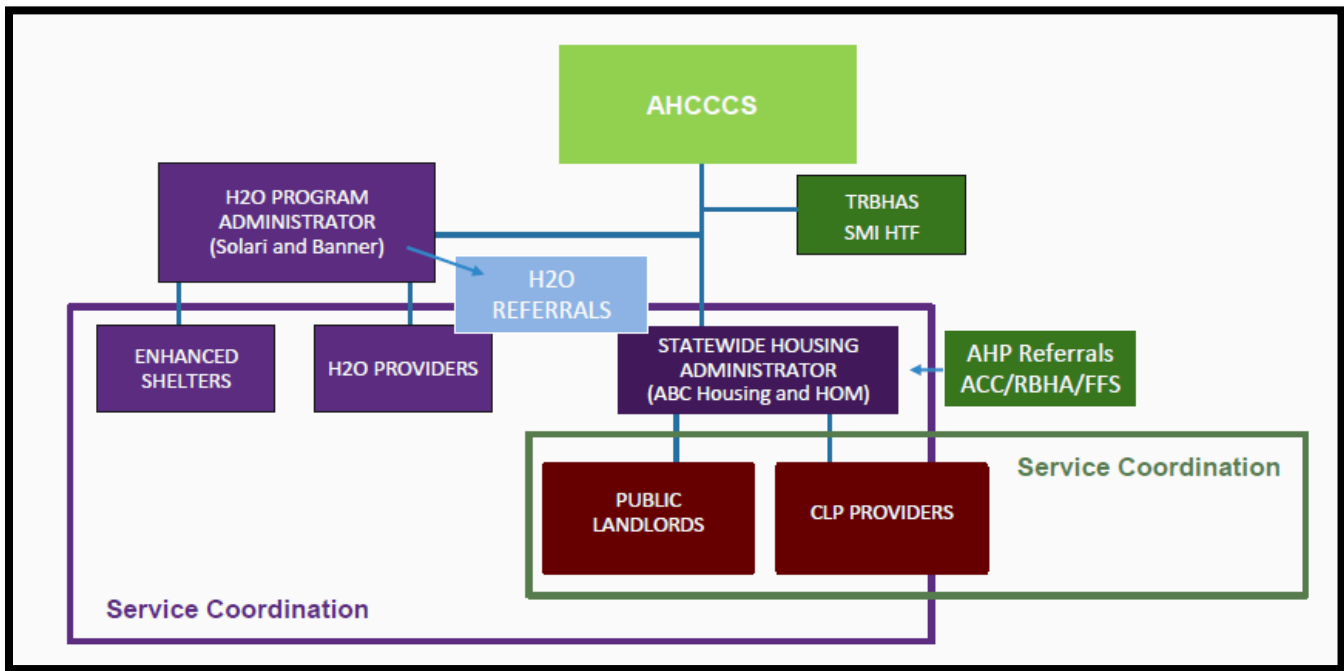
2. Provider & Network Information

a. How to apply to participate in the network

To join the H2O provider network, please visit the Solari H2O Website. Each provider applicant needs to complete the following:

1. A H2O Provider Participation Application must be filled out for **each** location. Please complete the form in its entirety and read the directions carefully. Please send the completed documents to the following email address: H2OProviderNetwork@bannerhealth.com.
   a. NOTE: It is the Provider's responsibility to ensure a complete and accurate application to ensure timely processing
2. Provider Service Attestation for each service type being offered by the provider. Please send the completed documents to the following email address: H2OProviderNetwork@bannerhealth.com.
   a. Enhanced Shelter Attestation
   b. Outreach and Education Attestation
   c. Pre-Tenancy & Tenancy Attestation
3. After the H2O-PA reviews the application and issues an approval letter to participate in the H2O program, complete AHCCCS registration (See instructions in section below titled Registering with AHCCCS as a Provider). The AHCCCS enrollment may not be completed without the H2O approval notification issued by the H2O-PA.
4. Complete HMIS and Community Cares onboarding before rendering services.

b. Provider Application Review

Each Provider location will need to have an initial onsite visit as part of the application process. This will be initiated upon receipt of a completed initial application packet.

Following review of the provider application, the H2O Program Administrator shall:

- a. Approval:
    - i. Render an approval notice or denial decision in writing to the applicant within 30 days of a completed and accurate application packet.
    - ii. The Provider shall upload a copy of the H2O approval notice to the AHCCCS/DMPS Provider Enrollment application, to complete the AHCCCS APEP registration process.
- b. Denial:
    - i. The H2O Program Administrator's denial decision may include an invitation for the applicant to develop and implement a Corrective Action Plan (CAP) with an outline of information that is missing or inaccurate and shall be submitted by the applicant within a specified timeframe for the H2O Program Administrator to render a final decision.

c. Registering with AHCCCS as a Provider

After the H2O Application is approved, The H2O Providers shall register with AHCCCS/Provider Enrollment as the appropriate provider type before billing for Title XIX reimbursable services. H2O Providers shall enroll using the AHCCCS Provider Enrollment Portal (APEP) found at https://azahcccs.gov/APEP.

Documentation submitted to AHCCCS/Provider Enrollment shall be consistent with information provided on the application submitted to the H2O Program Administrator to avoid unnecessary delays in obtaining an AHCCCS provider identification number. Providers must also upload the on-site audit tool, the attestation for each H2O provider type and the application approval letter from the H2O Program Administrator (H2O-PA).

The H2O Provider shall determine which provider type they seek to provide services under and shall complete the associated application.

Direct service staff members of the H2O Provider shall meet all AHCCCS, and H2O Program requirements as specified in this Policy and AMPM Exhibits 1720-1, 1720-2 and 1720-3, such as competency requirements, before providing services.

The H2O Providers establishing more than one H2O location shall submit a separate provider enrollment application/packet for each physical location.

Providers must register for a single sign on (SSO) to access the APEP system. All users within a provider's organization who require access to information within APEP must obtain a user ID and password. The APEP system allows providers to easily update their information at any time or submit a new provider enrollment application. Provider data changes include but are not limited to:

- Changes in service address, correspondence address or provider pay-to address.
- Changes in ownership or managing employees.
- Changes in current population groups served.

For more information you may contact Provider Relations at BUHPProviderInquiries@bannerhealth.com.

d. Provider Relations and Technical Assistance

Overview

Solari's H2O Provider Support Services team provides initial and ongoing H2O Service Provider technical assistance and training related to the H2O benefit, including provider onboarding and implementation of Evidence Based Practice.

The Provider Support Services team serves as the single point of contact for all enrolled H2O Service Providers, providing outreach, education, and customized technical assistance to meet the needs of providers and community-based organizations involved in the H2O program.

The Provider Support Services team provides standard training for all H2O Service Providers and ensures consistency and the sharing of best practices across the state of Arizona. The team leverages AHCCCS policies to determine the appropriate training method and adjusts based on the needs of the provider and provides timely and accurate responses to H2O Service Providers related to H2O services and implementation.

The Provider Support Services team also identifies new providers to onboard who are not currently Medicaid providers and confirms they meet the identified H2O provider qualifications. The team ensures that service delivery is culturally responsive and/or trauma-informed, and, if applicable, will assist providers with onboarding as Medicaid providers, including CBOs. The team ensures statewide standardization in the onboarding process for new H2O providers and monitors HRSN network capacity.

The Provider Support Services team utilizes data to identify providers struggling to meet performance measures and implements relevant technical assistance and oversight.

Support for H2O Service Providers

The Provider Support Services team collaborates with health homes, health plans, and other community-based organizations for the support of members and the H2O system.

- Phone: Toll Free 1-855-814-4673
- Local: 480-546-7135
- Email: H2Oprovidersupport@solari-inc.org

Support with Provider Onboarding

Solari assigns members of its Provider Support Services staff to meet with providers and community-based organizations and explain the benefits, requirements, and mechanics of the H2O program. Providers going through the application process above can email the Provider Support team with any questions as they go through the process. Once a partner has an executed contract, they will be assigned a Provider Support Specialist at Solari that will work with them through the entire onboarding process. Solari's Provider Support Services team is responsible for ensuring the provider gets trained on:

1. H2O Provider Operations Manual
2. Provider Directory
3. Key contacts list
4. Program expectations
5. Medicaid training
6. Service delivery training
7. Provider Training requirements and expectations
8. Claims and reimbursement training

e. H2O Call Center

Overview

Solari's H2O Support Line provides support for:

- **Community members:** Community members can contact Solari's H2O team regarding their eligibility determination, referrals to providers, or other questions about the H2O program.
- **H2O providers:** H2O providers can contact Solari's H2O team regarding training, collaboration, technical support, or assistance with claims or payments.
- **H2O system partners:** Health homes, health plans, and other community-based organizations can contact Solari's H2O team regarding the support of members and the H2O system.

Hours of Operation

Solari's H2O Support Line operates Monday - Friday from 8:00 AM to 4:00 PM MST. The line does not operate on federal holidays or holidays designated by AHCCCS. Callers can leave a voicemail outside of business hours.

Call Flow

The H2O support line offers one centralized Toll-Free Number (and local number) that utilizes an Integrated Voice Response (IVR) menu. Menu options include support for 1.) members, 2.) system partners, 3.) H2O providers, and 4.) callers who may not know their need but wish to speak to an agent.

Regulations & Privacy

Solari and the H2O Operations team adhere to industry standards surrounding regulations and privacy. Solari has an experienced Quality Management & Compliance team that oversees Solari programs to ensure that the program is aligned with approved regulations and privacy standards.

Accessibility

If a caller speaks Spanish, or another language spoken by a staff person on duty, the caller will be warm transferred to the Spanish or other language speaking person. If there is not an appropriate bilingual staff available, the call will be taken by a staff person using an interpretation service.
If a caller is hearing impaired, the staff person will use the relay services to complete the call.

Escalation Protocol

In the H2O program, the Member Services and Provider Services teams run the contact center. If an issue with a member, provider, community partner, or other stakeholder requires escalation, staff follow an established line of escalation, following Solari's org chart.

Continuous Quality Improvement

Solari is committed to Continuous Quality Improvement. The Solari H2O Contact Center support team meets on a regular frequency to review operations of the program, identify bugs, or desired enhancements. If you have any feedback, please contact your assigned Provider Support Specialist.

f. Relevant Policies, Resources and Links

AHCCCS Housing and Health Opportunities (H2O) documentation – notable sections below:
- CMS Approval Letter Protocol for Assessment of Beneficiary Eligibility and Needs and Provider Qualifications for H20 Services
- Housing and Health Opportunities (H2O) Implementation Plan
- Protocol for Assessment of Beneficiary Eligibility and Needs and Provider Qualifications for H20 Services
- Chronic Health Conditions for H2O Eligibility

AHCCCS Housing Policies and Housing Program
- AHCCCS Housing Manual- Review specific sections:
  o AMPM Exhibit 1720- Provider Enrollment
  o AMPM Exhibit 1720-1- H2O Interventions
  o AMPM Exhibit 1720-2- Caseload and Contract Requirements
  o AMPM Exhibit 1720-3- H2O Provider Training
- AHCCCS Housing Program Guidebook

Fee-For Service Provider Billing Manual
- AHCCCS Fee-For-Service Billing Manual

Health Plan Requirements
- Health Plan Information and Member Handbooks
- 20-O - Behavioral Health Assessments, Service, and Treatment Planning

3. Member Eligibility

a. H2O Eligibility

Title XIX eligibility is a mandatory prerequisite for ongoing participation in H2O services covered under the waiver. Members must meet one of the State's identified State Plan or 1115 Demonstration eligibility categories and be currently enrolled in Medicaid to participate in H2O services. See an overview of eligibility below:

- Member Experiencing Homelessness
- Member has an SMI Designation
- One of the following:
  - Diagnosed with a chronic health condition.
  - Currently in correctional facility with a release date scheduled within 90 days or released from a correctional facility within the last 90 days.

The criteria are defined within the table below.

	Eligibility Criteria Category	Age	Clinical and Social Risk Criteria Definition
1.1	Homeless	18+	• 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.
1.2	SMI	18+	• Beneficiaries with a Serious Mental Illness Designation and a chronic health condition.* • Beneficiaries with a Serious Mental Illness (SMI) Designation and currently incarcerated in a correctional health facility with a release date scheduled within 90 days or released from a correctional facility within the last 90 days. • 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. *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.

In addition to an SMI designation and a homelessness or at-risk for homelessness indicator, eligible individuals must also have an identified chronic health condition. AHCCCS has identified chronic health conditions for H2O eligibility and included the diagnosis codes and has those posted online at H2O Chronic Health Conditions.

b. Process for Determining Eligibility

Solari will be the single point of contact that providers will work with when validating H2O eligibility. Solari receives a file from AHCCCS that includes members who meet the clinical risk factors for H2O eligibility. Upon receipt of the potential eligible member file from AHCCCS, Solari's H2O staff prioritize members for engagement in the eligibility process. To assist in eligibility determinations, Solari will engage with members, physical and behavioral health providers, Managed Care Organizations (MCOs), H2O providers, justice systems and any other party deemed appropriate to help certify a member's eligibility.

There are several ways Solari may engage members and the community to help certify H2O eligibility. In many instances, Solari will be engaging with the members assigned Health Home to obtain eligibility documentation. In instances where Health Homes or other parties experience challenges connecting or certifying eligibility, the Solari H2O team will assign an H2O Outreach Provider to conduct further outreach with the goal of engaging the member for services and certifying eligibility.

Obtaining a Housing Verification Letter is a critical component to certifying member eligibility. H2O Providers will be briefed on the Housing Verification Letter, and instructions, upon onboarding. All H2O Housing Verification Letters must be sent to H2Omembersupport@solari-inc.org. Housing Verification Letters will be reviewed by Solari within 48 business hours from receipt of a completed H2O Housing Verification Letter. Once received, Solari H2O staff will review H2O Housing Verification Letters for accuracy and completion. Upon review of the submission, H2O staff will assign a status of **accepted or pending** and notify the submitting party of the status and reason via email.

If **accepted**, H2O staff will notify the submitter. H2O staff will record and maintain the letter in the members' file and the member will be issued a decision letter via mail. Accepted Housing Verification Letters will be considered active or valid for 30 days from the date of signed certification. If a member is determined eligible, the member's eligibility will be flagged in the internal AHCCCS PMMIS system. Members determined eligible will be considered eligible for all medically necessary H2O service interventions as resources are available.

If the letter has been reviewed but needs further information or action, the submitter will be notified as status of **pending** until the needed information is obtained. The H2O staff will work with the submitter to coordinate and get the information needed to approve as accepted status.

If ultimately the member does not appear to be eligible given the information provided, the H2O staff will issue relevant member notifications and a determination letter via mail. This letter will contain information regarding a member's rights concerning the decision.

Members and providers may contact the H2O Member Support team for assistance in certifying member eligibility.

c. H2O Services Connection

Upon approved eligibility determination, the member will be prompted to select a provider of their choice within 7 business days. If the member does not select a provider, Solari 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 assignment and referral will be recorded in the Unite Us platform by Solari. The H2O service provider will be able to receive and acknowledge the referral in the Unite Us platform.

The assigned provider shall initiate contact with the member. 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 members' goals as stated in their Housing Care Plan. The assigned provider will work with their assigned member(s) 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 members to address health related social needs, implementing the services defined in the H2O Protocol for Assessment of Beneficiary, Eligibility and Needs, Infrastructure Planning and Provider Qualifications.

The members' health home 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 Health Home 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 Closed Loop Referral System (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.

All members receiving H2O funded services will receive, or may have already received, a comprehensive behavioral health assessment annually, at minimum, completed by their assigned Health Home. To ensure services continue to meet the changing physical and behavioral health needs for members who continue to receive behavioral health services, the assessment will be reviewed and updated as needed, 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
- Any event that may cause a disruption of normal life activities, based on a member's identified perspective and need.

d. Health Related Social Needs (HRSN) Screening requirements for H2O Services

All H2O participants must complete a Health-Related Social Needs assessment. H2O providers will collaborate with health homes and members to conduct an HRSN assessment. Initial screening will occur 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 participate in ongoing services. The PRAPARE and AHC screening tools are linked below. 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, 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.

Screening Tools:

PRAPARE Screening Tool:
https://prapare.org/wp-content/uploads/2021/10/PRAPARE-English.pdf

Accountable Health Communities Screening Tool:
https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf

Solari will track HRSN Screening Status and HRSN Screening completion date and will rely on provider coordination and communication.

e. Housing Care Plan

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

H2O providers will be trained in onboarding on Housing Care Plan requirements, in accordance with AHCCCS guidelines. All member Housing Care Plans will be completed by the H2O provider, in collaboration with the member, and updated by the provider in HMIS. Upon an H2O member Housing Services Referral, Solari H2O team will be triggered to monitor individual Housing Care Plan status. Solari H2O team will review HMIS to ensure that an eligible member's Housing Care Plan is completed and saved in HMIS. An important component to member care is the coordination that will occur between the H2O Provider and the member's health home. In order to support these care coordination needs the H2O Provider must remain in regular contact with the member's health home and provide the health home with the Housing Care Plan following an update. Solari H2O team can help address barriers if challenges arise in communication between providers. Eligible and referred members will remain on a Solari H2O staff caseload until essential elements have been completed in a satisfactory manner.

Each Housing Care Plan must contain a goal related to housing permanency and stability and will identify all necessary HRSN services or wraparound supports that will help the member attain that goal. 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. The Housing Care Plan will be developed by the H2O Provider and documented in HMIS but must be coordinated and included within the member's medical record with their Behavioral Health Home. All care plans must, at a minimum:

- Be individualized for each member,
- Demonstrate the members' 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.

4. Services

a. Regular Program Meetings

- H2O Provider will be required to host regular Case Conferencing with Solari Provider Support staff showcasing the status for each member that is actively enrolled in the H2O program and assigned to them.
- Regular program design meetings between H2O Provider and Solari to discuss program implementation, performance, and opportunities to improve.

b. H2O Provider Coordination with MCO and RBHA

H2O Provider Coordination with the Member's SMI Care Team
H2O Provider coordination with a member's SMI care team will be critical to member success in their journey through H2O services. H2O Provider and SMI care team coordination should begin as soon as possible. Solari begins coordination once a member has been prioritized for eligibility determination by

Solari. This will help establish the member's connectivity to their care team prior to and throughout H2O intervention.

Health Plan Connectivity – The following information may be collected by a Solari staff member. This information may be collected directly from a member or an H2O outreach provider. This information may also be requested directly from a member's health plan. H2O providers may also want to track and coordinate the following information.

- Health Plan POC Name – this can be an assigned Case Manager, an Intensive Care Manager, Housing Administrator/Specialist, Justice Liaison, or any other employee relevant to the member's care
- Health Plan POC Phone
- Health Plan POC Email
- Is Health Plan in Active Communication with the Member
- Last Communication with Health Plan POC

Health Home Connectivity – The following information will seek to be collected by a Solari staff member. This information may be collected directly from a member or an H2O outreach provider. This information may also be requested directly from a member's Health Plan or Health Home.

- Is Health Home in Active Communication with Member
- Date of Last Communication with Health Plan POC
- Health Home POC Name
- Health Home POC Phone
- Health Home POC Email

This will establish and document if a member needs connection to a party of their care team. Should an eligible member not be in contact with their health plan or health home, a member may be referred for Outreach and Engagement to assist in reconnection to their care team.

Other HMIS Data Fields
H2O providers to complete the following fields, relevant to Health Home coordination.

- Date of initial H2O Provider communication with Health Home
- Date Comprehensive Assessment received by H2O provider from Health Home
- Date Housing Care Plan completed
- Date Housing Care Plan shared with Health Home
- Date HRSN screening completed

Outreach and Engagement Providers' success of connection to SMI care team will be tracked by Solari via the completion of the BPS Comprehensive Assessment Date field in HMIS.

Part E/Comprehensive Assessment
Once eligibility has been established, H2O providers are responsible for obtaining only the date of a member's most recent Part E/Comprehensive Assessment completion for billing purposes.

- H2O provider to coordinate care directly with Health Homes to obtain the most recent date of assessment as soon as possible, or no later than 30 days of enrollment.
  - Solari will actively engage in proper escalation if the comprehensive assessment is not completed within this timeframe. This may include contacting health home leadership, RBHA leadership and/or appropriate AHCCCS complaints departments.

- Once a H2O provider obtains the most recent date of Part E/Comprehensive Assessment, they will record this date in HMIS under the member's Housing Care Plan section.
  - Solari will have the ability to view, obtain, and verify this data.
- If H2O eligible member's assessment is out-of-date or will be soon, the assigned H2O provider will coordinate with the Health Home to get completed as soon as possible.
- If H2O provider is unable to obtain this information or schedule a visit, they must escalate correspondence to a member of the Health Home leadership.
- If H2O provider is unable to obtain this information or schedule a visit within 24 hours of their request, the H2O provider can include the Member's RBHA Health Plan and H2O staff member or H2Omembersupport@solari-inc.org on the correspondence. The H2O provider may also call 480-546-7135 or 855-814-4673 so they may assist.

Ongoing Coordination

It is expected the H2O Provider will make contact with an SMI Care Team as soon as possible and meet as frequently as required, according to the member's Housing Care Plan. Solari will track member referral progress to ensure contact with the SMI Care team has occurred within at least 7 business days of "accepted referral," if it has not already occurred. H2O providers will capture health home "date of Health Home contact" in a custom field built in HMIS. Solari staff will monitor this field in HMIS and follow-up with the H2O provider to ensure contact has been made in the appropriate timeframe. If contact has not been made within the appropriate timeframe, Solari staff will intervene and collaborate with relevant parties of the Care Team as needed to ensure continuity of care. This could include, but is not limited to, Health Plan outreach via email or a direct request to a Provider or Health Home for staffing. Solari may also host a staffing if it appears that is required to ensure proper member care. Solari's H2O team may be contacted to assist in resolving any communication barriers that may exist through a member's journey as an H2O participant.

Housing Stabilization and Transition to ongoing RBHA Permanent Supportive Housing Services providers

The ultimate goal of H2O services is to assist members in obtaining permanent housing stability. To this end, H2O Pre-tenancy/Tenancy Service Providers should assist members to transition ongoing tenancy services to a RBHA contracted Permanent Supportive Housing Services Provider. As a part of the members' care team, the H2O provider should be collaborating with the members' assigned Health Home. Once a member has moved into permanent housing or another permanent living situation of their choice, an H2O Provider should be evaluating the member's appropriateness for transitioning to RBHA contracted Permanent Supportive Housing Services Provider throughout their journey through H2O services. H2O providers should also ensure referrals to RBHA contracted Permanent Supportive Housing Services Providers are explored, offered, and referred at appropriate times, in collaboration with the members' assigned Health Home. The H2O provider should ensure coordination and warm handoff to the selected RBHA PSH Services Provider occurs in a timely manner.

c. Eligible Activities

Eligible activities are defined and can be found in the AMPM 1720 located in section 2.f in this document.

d. Program Requirements Process for Referrals and Service Delivery

CommunityCares Workflow - Overview

1. AHCCCS provides a list of potentially eligible members to Solari.
2. Solari either adds or locates the eligible member in the CommunityCares platform and ensures any additional required documentation is completed before enrolling the member in an H2O program.
3. Solari initiates a member referral to an H2O provider.
4. The H2O provider receives and accepts the referral.
5. The H2O provider provides H2O services to the member and documents the services provided within HMIS and/or the CommunityCares platform, which generates an invoice.
6. The H2O provider reviews and submits the invoice to Solari for final approval or denial.
7. Upon approval, Solari sends the invoice file to Banner.
8. Banner pays the H2O provider outside of the CommunityCares platform.
9. Solari marks the invoice as accepted and paid in the CommunityCares platform.
10. The H2O provider closes the referral.

H2O Outreach

Priority Populations

- Members determined by AHCCCS as potentially eligible but not connected with their health home
- Members that Solari was unable to contact for eligibility determination

Overall Focus

1. Provider to make a concerted effort to engage with the client utilizing Street Outreach best practice standards
2. Connection to needed services (e.g., shelter, basic needs, identification, workforce, etc.) and to health home
3. Complete the Homeless Verification Letter (HVL)

Workflow

1. If a member's health home does not have active contact with the member, Solari H2O staff create a referral to an H2O Outreach Provider in the CommunityCares platform.
2. The Outreach provider accepts the referral and works to connect the member back to their Health Home and to complete the Homeless Verification Letter while providing a standard level of outreach services.
   a. The Outreach provider documents outreach services in HMIS.
3. Outreach providers must provide outreach services according to best practice standards to make a concerted effort to engage with members. Best practice standards are outlined through training material hosted by the Department for Housing and Urban Development at the following location Street Outreach Webinar Series.
4. At minimum, the following actions must be completed before closing the referral due to non-contact:
   a. Coordinate with Health Home to create a member specific community-based outreach plan
   b. Research locations the member may be located using all available resources
   c. 2 Phone calls within one week not to be done on the same day
   d. 1 email after the first phone call
   e. complete multiple outreach in areas identified through the outreach plan and research
   f. If all outreach attempts have been unsuccessful the provider will coordinate with the Health Home to identify any additional actions that could be taken to engage the client before closing the case.
5. Solari H2O staff verify the HVL H2O eligibility determination.
6. The H2O Outreach Provider coordinates with Solari and the member's Health Home to apply for H2O services.
7. Solari approves or denies the application.

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8. The H2O Outreach Provider coordinates with Solari and the members Health Home to warm handoff the approved member to a pre-tenancy service provider.
9. Monthly Invoicing
   a. The Outreach Provider generates an invoice within the CommunityCares platform and emails the invoice to Solari's H2O Provider Support Services team.
   b. A Provider Support Specialist validates the invoice and emails the invoice to Solari's Finance team.
   c. Solari finance team consolidates and submits invoices to AHCCCS.
   d. AHCCCS makes a payment to Solari.
   e. Solari's Finance team makes payments to the Outreach provider.

H2O Pre-Tenancy and Tenancy Sustaining Services

Priority Populations

- All members determined eligible for H2O are assigned a provider that will provide this service.

Overall Focus

1. Coordinate with the SMI Care team to identify any H2O service intervention needs, and if needed, implement a housing plan and connect to services based on HSRN.
2. Work with the member to move them into permanent housing and improve Social Determinants of Health.
3. Make a warm hand off to other long term care systems such as RBHA PSH.

Workflow

1. When a member is determined eligible for an H2O benefit, Solari coordinates with the member's health home, RBHA, or directly with the member to initiate an H2O provider referral.
2. The member is prompted to select a provider within 7 days. If the member does not select a provider within 7 days, Solari staff auto-assign an H2O Service Provider to the member based on the member's geographic service area.
3. Solari staff create a housing services referral to the H2O Service Provider on the CommunityCares platform.
4. The H2O Service Provider accepts the referral, completes an HRSN screening for the member, and outreaches the member to connect them to care.
5. The H2O provider creates or updates the Housing Care Plan (HCP) for the member and documents the HCP in HMIS.
6. The H2O provider coordinates with the members' Health Home and any relevant CBOs to connect the member to housing services.
7. The H2O provider documents services provided in HMIS, which is used by Solari for utilization and performance reporting.
8. The H2O provider designates an administrator who creates an invoice on the CommunityCares platform, which is used by Banner to process claims for reimbursement.
9. Services end when the member is transitioned to longer-term care systems or is no longer in need of this level of services.

Member Supportive Services Provider Transition
- H2O Providers monitor member readiness for transition to RBHA PSH Services, in accordance with their Housing Care Plan.
- When a member is ready to transition to another service provider, the current H2O provider will notify the member's SMI Care Team, including their assigned Health Home.
- Member's assigned health home will coordinate with the H2O provider and member to select a new provider, of the member's choice, and obtain any consent or forms needed for referral submission.
- Member's assigned Health Home is responsible for submitting the RBHA PSH Services provider request to the selected provider.

- Member's current H2O provider will continue providing services until an intake and warm handoff has occurred with the new service provider.
- The H2O provider will notify Solari, and SHA, if applicable, who the new service provider is and close services

H2O Transitional Housing (Enhanced Shelter)

Priority Populations

- Members whose health is determined particularly vulnerable due to their housing insecurity
- Unsheltered members whose housing search would benefit from Transitional Housing

Overall Focus

1. Provide 24/7 shelter for eligible referred members.
2. Coordinate with Pre-Tenancy/Tenancy Provider to implement housing plan and connect to services based on HSRN.

Workflow

1. H2O Service Providers (Outreach or Pre-Tenancy Services) will identify members needing Enhanced Shelter due to vulnerability. SHA will identify members needing Enhanced Shelter for bridging purposes. Both will notify Solari that the member needs a referral for Enhanced Shelter.
2. Solari staff create an Enhanced Shelter referral to the H2O Service Provider on the CommunityCares platform.
3. The H2O Service Provider accepts the referral and completes or updates a HRSN screening and housing plan.
4. The H2O provider coordinates implementation of the housing plan with the Pre-Tenancy Provider.
5. The H2O provider connects the member to the appropriate H2O or other permanent housing services in coordination with Solari.
6. The H2O provider documents services provided in HMIS, which is used by Solari for utilization and performance reporting.
7. The H2O provider designates an administrator who creates an invoice on the CommunityCares platform, which is used by Banner to process claims for reimbursement.

Within the CommunityCares platform, H2O Service Providers are to accept referrals from Solari and update the referral status for each client. For additional information on the CommunityCares platform and training material, please email Solari's Provider Support Services team at H2Oprovidersupport@solari-inc.org.

SHA Housing Services (Rental Assistance, Move-In Costs, Home Modifications)

Priority Populations

- Members who have obtained a permanent Housing Voucher with move-in date within 6 months

Overall Focus

1. Provide fast placement into housing through process development and coordination with permanent housing providers such as Public Housing Authorities and Continuums of Care.

Workflow

1. Ensure all H2O members are on the AHCCCS Housing Program wait list.
2. SHA will outreach members when a permanent housing voucher is available.

3. If the member obtains a permanent housing option outside of the SHA's available vouchers, contact Solari Member Services for a referral for these services.

e. Caseload and contact requirements - AMPM Exhibit 1720-2:
- Outreach and Education Maximum Assigned Provider Staff to Member Ratio: 1:25
- Enhanced Shelter Assigned Provider Staff to Member Ratio: 1:25
- Pre-Tenancy/Tenancy Support Assigned Provider Staff to Member Ratio: 1:15

Please refer to **AMPM Exhibit 1720-2** for additional information.

f. Outcome and Measurement Criteria

Outreach and Education
# of persons experiencing homelessness who were contacted
# of persons experiencing homelessness who became engaged
# of persons who became engaged who received a comprehensive assessment
# of persons who completed an assessment who established a housing care plan.
# of persons engaged who receive one or more core services.
# of persons engaged whose housing condition is upgraded during the past month
person who exit to positive destinations (Outreach includes shelter)
of persons engaged who were permanently housed during the past month
# of persons engaged who were connected to Pre-Tenancy/Tenancy Support Provider
# of persons engaged who reported earnings during engagement
# of persons engaged who increased earnings during past month
# of persons engaged who reported employment during engagement.
# of persons engaged who increased employment during past month
# of persons engaged who reported a substance use problem who experienced improvement on BARC-10
# of persons whose assessment reflected a physical health concern who have been referred to a primary care physician
# of persons whose assessment reflected a physical health concern who have a claim/encounter for physical health services following date of engagement.
# of persons who experienced improvement with Mental Health status following date of engagement.
% of accepted referrals (Should indicate # of all referrals, # of accepted)
Response time (in days) for all referrals

Housing Pre-tenancy/ Tenancy
# of H2O Eligible Members referred to Enhanced Shelter
# of H2O Members referred who completed an intake (Entry?) and stayed at least one night in the Enhanced Shelter
# of H2O Members who completed an intake who slept in a place not meant for human habitation the night prior to project entry
# of H2O members who completed an intake and completed a PRAPARE or HRSN Screening Tool
# of persons who completed an assessment who established a housing care plan.

# of persons engaged who receive one or more core services.
# of persons engaged who reported earnings during engagement
# of persons engaged who increased earnings during past month
# of persons engaged who reported employment during engagement.
# of persons engaged who increased employment during past month
# of persons engaged who reported a substance use problem who experienced improvement on BARC-10
# of persons whose assessment reflected a physical health concern who have been referred to a primary care physician
# of persons whose assessment reflected a physical health concern who have a claim/encounter for physical health services following date of engagement.
# of persons who experienced improvement with Mental Health status following date of engagement.
Reduce length of time in shelter to 97 days
Increase successful exits of positive housing outcome
Increase successful exits to permanent housing destinations
Reduce returns to homelessness
% of accepted referrals (Should indicate # of all referrals, # of accepted)
Response time (in days) for all referrals

Enhanced Shelter Services

Enhanced Shelter Services
# of H2O Eligible Members referred to H2O Provider
Of the # of H2O Eligible members referred to H2O Provider, # of members who completed an intake with H2O Provider
# of H2O Eligible Members who completed an intake # of members who received a service within 7 days of enrollment
# of Members enrolled who attended an appointment with their Health Home within 30 days of enrollment.
# of Members enrolled who completed a housing care plan
# of persons engaged whose housing condition is upgraded during the past month
# of persons engaged who were permanently housed during the past month
# of persons housed who retained housing
# of persons engaged who were connected to RBHA PSH provider for ongoing supportive services
# of members who connect to SUD/Recovery Services
# of persons engaged who reported earnings during engagement
# of persons engaged who increased earnings during past month
# of persons engaged who reported employment during engagement.
# of persons engaged who increased employment during past month
# of persons engaged who reported a substance use problem who experienced improvement on BARC-10
# of persons whose assessment reflected a physical health concern who have been referred to a primary care physician
# of persons whose assessment reflected a physical health concern who have a claim/encounter for physical health services following date of engagement.

# of persons who experienced improvement with Mental Health status following date of engagement.
% of accepted referrals (Should indicate # of all referrals, # of accepted)
Response time (in days) for all referrals

5. Provider Training Requirements - AMPM Exhibit 1720-3

The H2O required trainings outlined are provided by designated provider types including H2O Provider, H2O provider Outreach and Education, Enhanced Shelter, Statewide Housing Administrator, and H2O Pre-Tenancy/Tenancy Services. The details of required trainings can be found in the AMPM 1720-3 located in section 2.f in this document. Further details will be provided by the Solari Provider Support Team upon contract execution.

6. Administration

a. Audit Requirements/Site visit requirements

Each H2O provider requesting to become an H2O provider type will require an onsite visit, at each location they will be providing H2O services at, prior to the execution of a contract. After the provider submits an application to become a H2O provider to Banner an onsite visit will be scheduled to review the requirements of each H2O provider type the provider is seeking. Once the onsite visit is complete and the provider receives approval on their site visit and the provider application the provider will be required to complete the provider registration on the AHCCCS Provider Enrollment Portal and submit both the onsite visit tool, provider attestation form and the provider approval letter provided to them from Banner.

Annually the H2O providers will receive notice of an annual review no less than 60 days from the date of contract execution. The notice will include documentation requirements, information on how to prepare for the monitoring visit, and instructions for the day of the audit. The annual audit will include a site visit (every year for enhanced shelter and every 4 years for other services types) to ensure policies/procedures are being followed including but not limited to, any updates to the fire inspection documentation as well as member chart reviews to ensure program requirements are met. Providers who pass the annual audit will receive a letter of audit approval within 30 calendar days from the date of the onsite review. The audit approval letter will also be sent to AHCCCS/DBHH, Statewide Housing Authority, AHCCCS Provider Enrollment and all other applicable H2O contractors. If the provider receives a denial based on findings from the annual audit review the denial letter will outline areas of concern giving the provider, the opportunity to develop a Corrective Action Plan (CAP) with specified timeframes the CAP will be completed. It is up to the discretion of the H2O Program Administrator to allow for the development of a CAP and/or allowing the provider to continue to serve H2O members while on a CAP.

H2O providers will be re-evaluated on either an annual or a four-year cycle depending upon Provider Type. All contracted Enhanced Shelters will be re-evaluated annually. All other contracted providers will be re-evaluated every four years.

Certification Requirements

CARF accreditation is required for Enhanced Shelters. If an Enhanced Shelter does not have CARF accreditation at the time of initial evaluation, the Enhanced Shelter will have the first year to obtain the CARF accreditation. If the accreditation is not completed within the first year, the Enhanced Shelter will be denied re-evaluating at the time of annual review.

b. Prior Authorization Requirements

The H2O-Program Administrator is responsible for confirming the member's eligibility for H2O benefits and submitting a request for Prior Authorization (PA) to the DFSM team via the AHCCCS Online Provider Portal for any Fee For Service (FFS) American Indian Health Plan (AIHP) members. Providers will need to work with Solari to provide additional necessary information to complete the Prior Authorization. Prior Authorization Requirements are outlined in Chapter 29 of the AHCCCS Fee-For-Service Billing Manual.

c. Claims, Invoice & Billing Information

Banners claims processing is intended to support the flexible, timely and accurate adjudication of claims for H2O services. The Banner claims system serves as the invoice clearinghouse for all H2O Service Providers and services, providing the ability to accept H2O invoices based on provider submissions/entry in the Unite Us CommunityCares platform or submission by the State Housing Administration.

H2O Outreach Providers generate invoices within the CommunityCares platform. Instead of sending the invoice to Solari within the platform, the Outreach provider emails the invoice to Solari's H2O Provider Support Services team for validation. Once the invoice is validated, a Provider Support Specialist emails the invoice to AHCCCS and Solari's Finance team. AHCCCS then makes payment to Solari, and Solari's Finance team makes the payment to the Outreach provider.

H2O Service Providers may contact Solari's H2O Provider Support Services team at H2Oprovidersupport@solari-inc.org for additional training, technical support, assistance with submitting invoices, or any other concerns related to the Unite Us CommunityCares platform.

d. HCPC Codes by provider type

Claims will be flagged as H2O eligible services, using HCPC codes that will only be made available to H2O Providers. AHCCCS will require validation of service received and submission of claims in order to track utilization and member receipt of the service. H2O Providers will verify that a member is eligible for H2O using AHCCCS Online. H2O Providers will submit claims to the H2O Program Administrator.

Provider Type	HCPC Codes
PT-ES Enhanced Shelter	H0043, T2024
PT-HO H2O Housing and Health Opportunities Provider	T2023, T2024
PT-HA Statewide Housing Administrator	H0044, T2029, T2028

Please refer to the AHCCCS Fee-For-Service Manual, Chapter 29, Housing and Health Opportunities (H2O) Services, Billing Information for the most current billing guidelines.

General AHCCCS Claims Submission Requirements and Rules:

Claim Submission Time Frames:
In accordance with ARS §36-2904 (G), an initial claim for services provided to an AHCCCS member must be received by AHCCCS no later than 6 months after the date of service, unless the claim involves retro-eligibility. In the case of retro-eligibility, a claim must be submitted no later than 6 months from the date that eligibility is posted. Claims initially received beyond the 6-month time frame, except claims involving retro eligibility, will be denied.
If a claim is originally received within the 6-month time frame, the provider has up to 12 months from the date of service to correctly resubmit the claim in order to achieve clean claim status or to adjust a previously processed claim, unless the claim involves retro-eligibility. If a claim does not achieve clean claim status or is not adjusted correctly within 12 months, AHCCCS is not liable for payment.

As defined by ARS §36-2904 (G)(1) a "clean claim" is: A claim that may be processed without obtaining additional information from the subcontracted provider of care, from a non-contracting provider, or from a third party, but does not include claims under investigation for fraud or abuse or claims under review for medical necessity.

Billing AHCCCS Members:
Arizona Revised Statute §36-2903.01(K) prohibits providers from billing AHCCCS members, including QMB Only members, for AHCCCS-covered services.

Upon oral or written notice from the patient, that the patient believes the claims to be covered by the system [AHCCCS], a provider or non-provider of health and medical services prescribed in §36-2907 shall not do either of the following unless the provider or non-provider has verified through the Administration that the person has been determined ineligible, has not yet been determined eligible, or was not, at the time services were rendered, eligible or enrolled:

1. Charge, submit a claim to, and/or demand or otherwise collect payment from a member or person who has been determined eligible, unless specifically authorized by this article or rules adopted pursuant to this article.

2. Refer or report a member or person, who has been determined eligible, to a collection agency or credit reporting agency for the failure of the member or person, who has been determined eligible, to pay charges for system covered care or services, unless specifically authorized by this article or rules adopted pursuant to this article.

Replacements:
Claims will be denied if errors are identified during the editing process. These errors will be reported to the H2O provider on the Remittance Advice. You should correct claim errors and resubmit/replace claims for processing within the 12-month clean claim time frame noted under Submission Timeframes.

Misc. Rules:
• Billing must follow the completion of service delivery. A claim may cover a time span over which the service was provided, but the last date of service billed must be prior to or the same date that the claim is signed.

• Billing Multiple Units: If the same procedure is provided multiple times on the same date of service, the procedure code must be entered only once on the claim form. The unit's field is used to specify the number of times the procedure was performed on the date of service. The total billed charge is the unit charge multiplied by the number of units.

• Frequency-Based Service Limitations: AHCCCS imposes some limitations on services based on the number of units that can be provided to a member during a given time span. AHCCCS may revise these limits as appropriate.

• Changes in Member Eligibility: If the member is ineligible for any portion of a service span, those periods should not be billed.

• All providers must be registered with AHCCCS in order to be reimbursed for covered services provided to AHCCCS members. If a provider is not enrolled with AHCCCS as a valid and/or active provider, claims will deny.

Please refer to Chapter 4, General Billing Rules, of the Fee-For-Service Provider Billing Manual for information related to the AHCCCS billing rules and claim submission requirements.

e. Grievance & Appeals

Grievance & Appeals

Solari, Inc., in partnership with Banner Plans & Networks (collectively H2O Administrator), will administer a Grievance and Appeals process for participating Health and Housing Opportunity (H2O) providers and beneficiaries in compliance with all state and federal rules and regulations including 42 CFR 438, Subpart F, Section 1557 of the Affordable Care Act (Section 1557), Arizona Revised Statutes (A.R.S.) Title 38, Chapter 5, and Arizona Administrative Code Title 9, Chapters 21 and 34. The H2O Grievance and Appeals procedures are also maintained in compliance with AHCCCS Contractor Operations Manual (ACOM) 414 (Requirements for Service Authorization Decisions and Notices), ACOM 444 (Notice of Appeal Requirements), ACOM 445 (Submission for Request for Hearing), and ACOM 446 (Grievances and Investigations Concerning Persons with Serious Mental Illness).

H2O Providers shall assist in the grievance and appeals process in accordance with Arizona Administrative Code **§ 9-21-401 & R9-21-403** and in alignment with the relevant H2O Policies. The following Solari policies will be provided to the H2O Provider at time of onboarding:

- H2O Appeal Policy
- H2O Grievance Policy
- H2O Provider Claim Dispute Policy

Provider Claim Disputes

Providers do have the right to immediately appeal a claim decision, but we suggest attempting the resubmission process first. If after the resubmission process the claim issue is still not resolved, then the Appeals Department will handle unresolved claim disputes for providers.

A Provider Claim Dispute is a dispute involving the payment or nonpayment of a claim. You may challenge Banner Plan Administration adjudication of a claim by filing a claim dispute, in writing, with the Grievance and Appeals Department. The claim dispute should include the following for faster processing:

1. A cover letter or appeal letter on appropriate letterhead indicating your reason for filing the claim dispute. Please include the following information in your letter:
   A. Date of request;
   B. Claim number(s);
   C. The factual and legal basis for the claim dispute and your expected resolution;
   D. The enrollee's AHCCCS ID number, full name, date of service, and date of birth; and
   E. Writer's name, address, telephone number and/or email address.

2. Supporting documentation, including:
   A. A copy of the EOB or RA from Banner Plan Administration;
   B. A copy of the original claim(s); c. Corrected claim(s), if applicable;

Please submit the claim dispute letter and supporting documentation to:
Banner Plan Administration – H20
Attn: Grievance & Appeals Department
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711 Fax: (866) 465-8340

Provider Claim Dispute Submission Timeframes
Unless otherwise stated in your contract, a claim dispute for claims payment issue must be received within 12 months from the date of service. Banner Plan Administration ensures that no punitive action will be taken against a provider who requests a claim dispute or supports a member's appeal. All claim disputes are adjudicated in Arizona, including those claim disputes arising from claims processed through an administrative services subcontractor.

Provider Claim Dispute Acknowledgement and Resolution
We will send you an acknowledgement letter within 5 business days of receipt of your claim dispute. Within 30 calendar days, we will mail you a Notice of Decision. The Notice of Decision will explain our resolution of the dispute, and the factual and legal basis for our resolution. If our decision is to approve your dispute, we will reprocess and pay your claim within 15 days of the Notice of Decision. If our decision is not in your favor, we will explain your right to request a State Fair Hearing.

Timeframes for Requesting an Administrative Hearing
The provider's request for a hearing must be filed in writing and received by Banner Plan Administration no later than 30 calendar days of the date of receipt of the H20 decision, absent an extension of time, or in the event no decision is rendered, within 30 days of the date of filing the claim dispute, absent an extension.

Scheduling of an Administrative Hearing
Pursuant to A.R.S. § 41-1092.03, upon receipt of a request for an administrative hearing, an administrative hearing will be scheduled pursuant to A.R.S. § 41-1092.05.

AHCCCS Office of the General Counsel (OGC) shall accept a written request for withdrawal from the filing party if the request is received prior to AHCCCS scheduling and mailing of a Notice of Hearing. Otherwise, a filing party who wishes to withdraw must send a written request (motion) for withdrawal to the Office of Administrative Hearings consistent with AAC R2-19-106(A)(3).

If The Health Plan's decision regarding a claim dispute is reversed through the claim dispute or hearing process, The Health Plan will reprocess and pay the claim(s) with interest, when applicable, in a manner consistent with the decision within 15 business days of the date of the decision unless a different timeframe is specified.

Member Grievances & Appeals

H2O providers should have an agency policy on how to handle member complaints or issues that are brought forth to their agency. Providers should seek resolution to any member issues in accordance with their established agency policy. Providers shall also inform the member of their right to submit a formal grievance or appeal to Solari. The provider will direct or assist the member, if requested, to submit their concern to https://community.solari-inc.org/h2o-appeal-form/ or contact the Support Line.

If a member has a grievance or appeal regarding Solari-H2O program or H2O services, their current provider shall direct or assist the member, if requested, to submit their concern to https://community.solari-inc.org/h2o-appeal-form/ or contact the Support Line.