

# Housing and Health Opportunities (H2O) Operation Manual

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# 1. Introduction

## 1A. 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 a member's 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.

## 1B. Service Types

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 (PTTS) services.

## 1C. Key Partners and Roles

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 H2O 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.

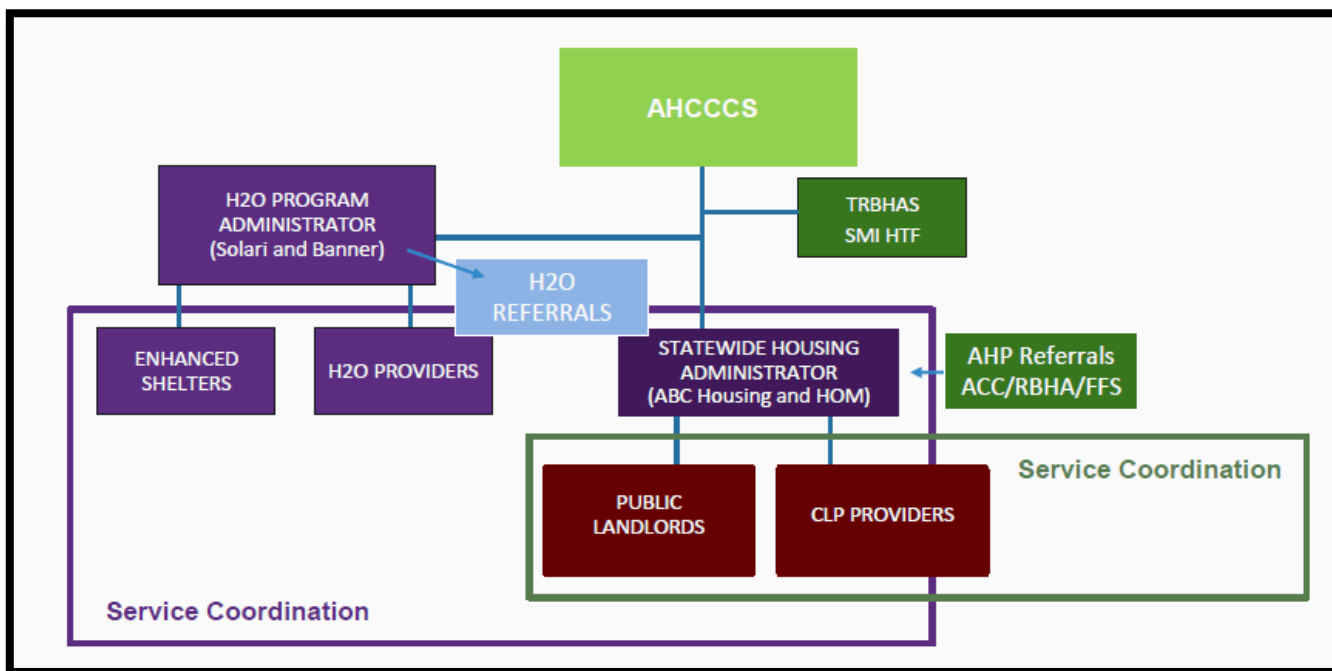
**Solari, inc. (Solari):** Operates as the H2O Program Administrator.

**Banner Plans & Networks (Banner):** Operates as the sub-contractor of Solari for administrative services of the H2O Program Administrator.

**Arizona Behavioral Health Corporation (ABC):** Operates as the Statewide Housing Administrator.

**HOM Inc.:** Operates as a sub-contractor of ABC administrating housing functions and payments of the Statewide Housing Administrator.

H2O Administrative Partners:



## 2. Eligibility & Member Engagement

### 2A. Eligibility Criteria

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

The criteria are defined as:

- 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. **AND**
- Beneficiaries with a Serious Mental Illness Designation and a chronic health condition. **OR**
- 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.

### 2B. Determination Process

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](mailto: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 member's 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.

## 2C. Member Choice & Assignment

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 within 7 business days, Solari will identify an appropriate H2O Provider based on the member's needs. Solari will ensure the H2O Provider has the capacity to serve the member at a 1:15 ratio prior to assisting a member with a referral to the provider. 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 receive and acknowledge the referral in the Unite Us platform.

The assigned provider shall initiate contact with the member, within 7 days . The assigned dedicated PTTS staff shall have in-person contact with the assigned member daily or as needed, and at a minimum have four contacts weekly with the member with at least one in-person contact, while ensuring service mix is highly flexible and can adapt type, location, intensity and frequency based on member's changing needs and preferences, per Substance Abuse and Mental Health Services Administration (SAMHSA) PSH EBP Fidelity Requirements, and in accordance with AMPM 1720-2. The provider should offer targeted support and determine progress or assistance needed towards the member's 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 (HRSN), implementing the services defined in the [H2O Protocol for Assessment of Beneficiary, Eligibility and Needs, Infrastructure Planning and Provider Qualifications](#).

The member's Health Home and enrolled Health Plan will continue to be responsible for the members overall care, 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.

## 2D. HRSN Assessment

All H2O participants must complete a Health-Related Social Needs assessment. H2O Enhanced Shelter Providers shall complete a HRSN assessment with the member within 48 hours of member admission to the Enhanced Shelter and PTTS Providers shall complete a HRSN assessment with the member at intake, and in accordance with AMPM 1720-2. Initial assessment will occur using the Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE) tool (which can be completed within the CommunityCares platform), Accountable Health Communities (AHC) tool, or other appropriate HRSN assessment tool and determine the individual's willingness to participate in ongoing services. The PRAPARE and AHC assessment tools are linked below. The PRAPARE assessment tool was chosen because it is the default tool within the statewide Closed-Loop Referral System (CLRS), CommunityCares, and is an industry best practice. Providers are able to use any HRSN assessment 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 assessment and referral tools to initiate and conduct referrals for HRSN and can be integrated into standard clinic flow during member intake. Once the HRSN assessment has been completed, H2O Providers must record the HRSN completion date in HMIS.

### **Assessment 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 Assessment Status and HRSN Assessment completion date and will rely on provider coordination, communication and reporting from HMIS.

## 2E. Housing Care Plan

In order to establish medical necessity and appropriateness, H2O Providers must complete a housing specific Housing Care Plan, which must be shared and coordinated with the member's Health Home within 48 hours of completion to be included in the member's medical record.

H2O Providers will be trained in onboarding on Housing Care Plan requirements, in accordance with AHCCCS guidelines. The HRSN assessment completed with the member shall be utilized to inform the Housing Care Plan development. H2O Enhanced Shelter Providers shall work in partnership with the member in developing a Housing Care Plan within 48 hours of member admission to the Enhanced Shelter and will ensure the Housing Care Plan is documented in HMIS within 48 hours of completion. H2O PTTS Providers shall work in partnership with the member in developing a Housing Care Plan at intake and will ensure the Housing Care Plan is documented in HMIS within 48 hours of intake, and in accordance with AMPM 1720-2. 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 within 48 hours 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.

Housing Care Plans shall include a goal and identified strategy for permanent housing placement and shall identify all necessary HRSN services or wraparound supports to help members attain their goals, and in accordance with AMPM 1720-2. Housing stability must be included as a goal in the member's Housing Care Plan, agreed to by the member and the provider and correlated to the assessed level of support the member requires.

All Housing Care Plans must, at a minimum:

- Be individualized for each member,
- Demonstrate that the member has an informed choice of providers.
- 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 assessment tool,
- Developed using an individualized, person-centered planning process,
- Be reviewed, and revised as the member progresses towards meeting goals, when the individual's circumstances or needs change significantly, at the request of the individual, and review and revision is required, at minimum, every six months,
- Include non-medical transportation services, specifying the associated HRSN services that transportation is need for,
- Include goals, specific H2O service that will be utilized to assist in achieving goal, barriers to achieving goals, action steps and responsible parties for completing action steps, progress toward goal achievement, target completion date, and outcomes for the following items based on items identified in HRSN assessment and the client's needs:
  - Long-term Housing
  - Income and/or employment
  - Mental Health
  - Physical Health
  - Other goals may focus on areas such as substance use, non-cash benefits, Identification and legal documents, education, legal or justice involvement, life skills
- The plan should include the member's identified strengths, resources and support systems to create Specific, Measurable, Achievable, Relevant and time-bound (SMART) goals.

### 3. Provider Onboarding and Requirements

#### 3A. Application and Approval Process

To join the H2O Provider network, please visit the [Solari H2O Website](#). Each provider applicant needs to complete the following:

- 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.
  - *NOTE: It is the Provider's responsibility to ensure a complete and accurate application to ensure timely processing*
- 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.
  - Enhanced Shelter Attestation
  - Outreach and Education Attestation
  - Pre-Tenancy & Tenancy Attestation
- After the H2O Program Administrator (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.
- Complete HMIS and Community Cares onboarding before rendering services.
- 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:

- Approval:
  - Render an approval notice or denial decision in writing to the applicant within 30 days of a completed and accurate application packet.
  - 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.
- Denial:
  - 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.

#### 3B. AHCCCS Registration

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 manual and AHCCCS Medical Policy Manual (AMPM) H2O related policies including but not limited to Exhibits 1720-1, 1720-2 and 1720-3, 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 [BUHPPProviderInquiries@bannerhealth.com](mailto:BUHPPProviderInquiries@bannerhealth.com).

### 3C. Provider Training Requirements

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 PTTTS Services. The details of required trainings can be found in 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.

### 3D. Technical Assistance and Support

#### 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 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](mailto:H2Oprovidersupport@solari-inc.org)

## 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.

## 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:

- H2O Provider Operations Manual
- Provider Directory
- Key contacts list
- Program expectations
- Medicaid training
- Service delivery training
- Provider Training requirements and expectations
- Claims and reimbursement training

## 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, staffing levels and opportunities to improve.

## 4. Service Delivery by H2O Providers

Eligible services are defined in the AMPM 1720. This section will outline details of service delivery for each Eligible Service.

### **General Workflow Overview for H2O Provider Service Types (Enhanced Shelter, Outreach and PTTS)**

1. AHCCCS provides a list of potentially eligible members to Solari.
2. Solari H2O staff either add or locate the eligible member in the CommunityCares platform.
3. Solari H2O staff add relevant information to the eligible member's face sheet and mark the member as requiring action.
4. The H2O Provider locates the member requiring action in the CommunityCares platform, reviews the member's face sheet for relevant service delivery notes, creates an internal case for the member, and assigns the member to a staff person.
5. The H2O Provider collects member consent required by the CommunityCares platform and completes an HRSN assessment (PRAPARE) with the member. The H2O Provider records the HRSN completion date in HMIS.
6. The H2O Provider provides H2O services to the member and documents the services provided within both HMIS and the CommunityCares platform according to the timelines and documentation standards outlined in the HMIS and CommunityCares agreements and associated service delivery policies.
7. The H2O Provider creates and submits an invoice to either Solari (Outreach and Education) outside of the CommunityCares platform or Banner (PTTS, Enhanced Shelter) within the CommunityCares platform.
8. Upon approval of the invoice, either Solari or Banner pays the H2O Provider outside of the CommunityCares platform.
9. Banner marks the invoice (PTTS, Enhanced Shelter) as accepted and paid on the CommunityCares platform.
10. The H2O Provider closes the member's case.

## 4A. Outreach and Education

### Service Overview

#### **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)

#### **Service Overview:**

- High level goal: Engage and connect member to Health Home and H2O services
- Locate and engage referred members
- Connect/reconnect member to Health Home and needed services
- Coordinate care with Health Home including verifying homelessness
- Warm handoff to PTTS support services
- Community assisting to enroll in mainstream benefits
- Complete SDOH assessment with members

### Staffing Ratios

Dedicated FTE Staff to Member ratio: 1:25

### Contact Requirements

Frequency of contact:

- For members residing in unsheltered situations,
  - Daily in-person contact with the member
- For members residing in sheltered situations,
  - Weekly in-person contact, until the member is connected, through a warm hand off, and engaged with the assigned Provider or Pre-Tenancy/Tenancy Services.

## Workflow

1. If a member's Health Home does not have active contact with the member, Solari H2O staff either add or locate the member in the CommunityCares platform.
2. Solari H2O staff add relevant information to the member's face sheet and mark the member as requiring action.
3. The Outreach Provider locates the member needing action in the CommunityCares platform, reviews the member's face sheet for relevant service delivery notes, creates an internal case for the member, and assigns the member to a staff person.
4. 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](#).
5. At minimum, the following actions must be completed before closing the case 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 in-person outreach attempts in areas identified through the outreach plan and research as defined in the requirements section above.
  - f. If all outreach attempts have been unsuccessful, the H2O Provider will coordinate with the Health Home to identify any additional actions that could be taken to engage the client before closing the case.
6. Before making contact with the member, the Outreach Provider records each contact attempt as a case note within the internal case that was created in the CommunityCares platform. The Outreach Provider also records a case note once contact is established with the member.
  - a. The HMIS workflow for outreach begins once contact is established with the member.
7. Once contact is established with the member, the Outreach Provider collects member consent required by the CommunityCares platform.
8. The Outreach Provider 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.
9. After making contact with the member, the Outreach Provider documents the services provided within their local HMIS according to the timelines and documentation standards outlined in the HMIS and associated service delivery policies. .
10. Solari H2O staff verify the HVL H2O eligibility determination.
11. The H2O Outreach Provider coordinates with Solari and the member's Health Home to warm handoff the approved member to a PTTS service provider.
12. Once the member has completed their intake with the PTTS service provider and services have begun, the Outreach Provider will exit the client from services in HMIS and close the internal case for the member in the Community Cares Platform.

## Reimbursement Details

- Reimbursement: Per dedicated FTE per month = \$5,380.00
- Detailed process for reimbursement is outlined in Section 7- Administrative Processes.

## Priority Populations and Additional Requirements (if applicable)

### 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

## 4B. Pre-Tenancy and Tenancy Sustaining Services (PTTS)

### Service Overview

#### Overall Focus:

1. Coordinate with the SMI Care team to identify any H2O service intervention needs, and if needed, implement a Housing Care Plan and connect to services based on the member's HSRN.
2. Work with the member to move them into permanent housing and improve social determinants of health.
3. Make a warm handoff to other long term care systems such as RBHA PSH or other permanent support services.

#### Service Overview:

- High level goal: Providing supportive services that are highly flexible, adaptable, individualized, in the member's natural setting and/or preference, with a heavy focus on relationship building, to support the member's goals and ever-changing needs and preferences and complete HRSN assessment with the member
- Coordinate with member's Health Home
- Develop and execute Housing Care Plan
- Housing readiness: applications, documents needed for housing, attending briefings, etc.

### Staffing Ratios

Dedicated FTE Staff to Member ratio: 1:15

### Contact Requirements

Frequency of contact: In-person contact daily or as needed, and at a minimum have four contacts weekly with the member with at least one in-person contact, while ensuring service mix is highly flexible and can adapt to type, location, intensity and frequency based on member's changing needs and preferences, in alignment with the SAMHSA PSH EBP Fidelity Requirements.

### Workflow

As part of the eligibility process, Solari will complete the following steps to initiate PTTS services:

1. When a member is determined eligible for PTTS, Solari coordinates with the member's Health Home, RBHA, or directly with the member to initiate a PTTS Provider referral.
2. The member is prompted to select a provider with capacity within 7 days. If the member does not select a provider within 7 days, Solari staff auto-assign a PTTS Provider to the member based on the member's geographic service area.
3. Solari H2O staff either add or locate the eligible member in the CommunityCares platform.
4. Solari H2O staff add relevant information to the eligible member's face sheet and mark the member as requiring action.

Once a PTTS referral has been initiated for the member, H2O Provider completes the following workflow:

1. The PTTS Provider locates the member needing action in the CommunityCares platform, reviews the member's face sheet for relevant service delivery notes, creates an internal case for the member, and assigns the member to a Dedicated FTE staff.
2. At minimum, the following actions must be completed before closing the case due to non-contact:
  - a. Coordinate with the Health Home
  - 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 in-person outreach attempts, per PTTS frequency requirements
  - f. If all contact attempts have been unsuccessful, the provider will coordinate with Solari's Provider Support team and the Health Home to identify any additional actions that could be taken to engage the client before closing the case.

3. Before making contact with the member, the PTTS Provider records each contact attempt as a case note within the internal case that was created in the CommunityCares platform. The PTTS Provider also records a case note once contact is established with the member.
  - a. The HMIS workflow for PTTS begins once contact is established with the member.
4. The PTTS Provider collects member consent required by the CommunityCares platform and completes an HRSN assessment (PRAPARE) for the member at intake. The PTTS Provider records the HRSN completion date in HMIS within 48 hours of completion. Intake should be completed within 15 days of receiving the referral from Solari.
5. The PTTS Provider creates or updates the Housing Care Plan (HCP) at intake for the member and documents the HCP in HMIS within 48 hours of completion.
6. The PTTS Provider coordinates with the member's Health Home, Statewide Housing Administrator/AHCCCS Housing Program, and any relevant community-based organizations (CBOs) to connect the member to housing services.
7. The PTTS Provider documents services provided in HMIS within 48 hours of service delivery, which is used by Solari for utilization and performance reporting.
8. The PTTS Provider submits a monthly contracted service for the member within the CommunityCares platform.
9. The PTTS Provider designates an administrator who reviews and submits monthly invoices to Banner in the CommunityCares platform. Banner converts the invoices into claims to process reimbursement.
10. Services end when the member is transitioned to longer-term care systems or is no longer in need of this level of services.

## Reimbursement Details

**Providers must submit authorization requests through UniteUs in order to receive payment at either the Partial Rate or Provisional Rate for a PTTS claim.**

- **Full Rate (Dedicated FTE)** - \$844 Per Member, Per Month
  - Member Contact Requirements: Minimum of four contacts with the member per week with at least one in-person contact
- **Partial Rate (Dedicated FTE)** - \$422 Per Member, Per Month
  - Member Contact Requirements: Minimum of four contacts with the member per week with at least one in-person contact, however Member has less than 15 days of enrollment within a month with the H2O Provider
- **Provisional Rate (Supervisor)** - \$200 Per Member, Per Month
  - Member Contact Requirements: Minimum contacts per week not completed due to members incarceration or inpatient status and re-entry/discharge date is 90-120 days out. Minimum of one weekly contact with the hospital team/correctional facility/re-entry team or the member to get weekly updates. Minimum of one weekly contact with the Health Home to coordinate care.

## Priority Populations and Additional Requirements (if applicable)

### Priority Populations

There is no specifically defined priority population for the PTTS service. All members eligible for H2O services will be assigned an H2O Provider for PTTS services, except those engage in specific services listed in [Section 5b](#). Additional considerations for members that are inpatient or incarcerated are outlined below

### Inpatient

The H2O Provider must conduct daily contact to reach the hospital social worker, outpatient team, and member to coordinate care until they are successful in scheduling ongoing weekly staffings with the inpatient, Health Home, and the member. Staffings shall include discharge planning to ensure a successful transition into the community setting. A minimum of weekly staffings shall occur until discharge. An increase in staffings per week shall occur based on the member's needs. If the member is unable to join due to current hospitalization status, the H2O Provider shall schedule professional staffing with the inpatient and outpatient teams even if the member is not available to join. At minimum, the H2O Provider staff must meet with the client in-person once per week.

If the discharge date is between 90-120 days, the member must be placed on **Provisional status** with the H2O Provider. The H2O Provider must assign the case to a supervisor to hold the case until the member is less than 90 days out from discharge. This allows the opportunity for the direct care staff to accept a new referral by opening their caseload capacity. While the supervisor is holding the Provisional case, they must continue to conduct weekly contact with the inpatient team or the member to get weekly updates on the member's status to ensure the transition to active status occurs when the member reaches 90 days or less until discharge. At this time, a direct support staff must be reassigned to the case. The H2O Provider must have professional staffings with the Health Home weekly to coordinate care for the member.

When to discharge services:

- Members are provided with H2O service details and benefits of the program and declined services.
- Member's discharge date is to be determined or more than 120 days out.
- Member's plan for discharge does not include a housing need.

### **Justice Involved**

The H2O Provider will conduct daily contact with the Department of Corrections/Re-entry team until ongoing weekly visits with the member are scheduled. Once established, H2O Provider must maintain contact requirements with the member weekly until re-entry. Visits with the member shall include re-entry planning to ensure a successful transition into the community setting. An increase in visits should occur based on the member's needs. The H2O Provider must have professional staffings with the Health Homes and behavioral health team weekly to coordinate care for the member and to ensure all member's court appearances are coordinated. If the H2O Provider experiences challenges coordinating for any aspects noted above with the Department of Corrections/Re-entry, Health Home, and/or the member, they shall notify the assigned Health Plan's justice dept./liaison, as found [here](#). If still unsuccessful, the H2O Provider shall notify Solari member support team to escalate coordination efforts.

If the re-entry date is between 90-120 days, the member must be placed on Provisional status with the H2O Provider. The H2O Provider must assign the case to a supervisor to hold, until the member is 90 days or less until their re-entry date. This allows the opportunity for direct care staff to accept a new referral by opening up their caseload capacity. While the supervisor is holding the Provisional case, they must continue to conduct weekly contact with the Department of Correction/Re-entry team or the member to get weekly updates on the member's status to ensure the transition to active status occurs when the member reaches 90 days or less to re-entry. At this time, a direct support staff will be reassigned to the case. When reassignment occurs, staff must follow the protocols outlined in the section above to ensure continuity of care.

When to discharge from services:

- Members are provided with H2O service details and benefits of the program and declined services.
- Member's re-entry date is to be determined or more than 120 days out.
- Member's plan for re-entry does not include a housing need.

### **Transportation Requirements**

To meet the service expectations outlined in AMPM 1720-1 and maintain a high level of fidelity to SAMSHA PSH EBP model, PTTS Service Providers shall ensure staff have access to vehicles to provide members non-medical transportation (NMT) to/from allowable HRSN services to ensure successful implementation of PTTS sustaining services as described in the demonstration, Transportation to include but not limited to, transporting to housing briefings, lease-signings, housing searching, vital records pickups, and move-ins.

The non-medical transportation services and the allowable HRSN services must be indicated in the member's Housing Care Plan.

## 4C. Enhanced Shelter

### Service Overview

#### Overall Focus:

1. Provide 24/7 shelter for eligible referred members.
2. Coordinate with PTTS Provider to implement Housing Care Plan and connect to services based on HSRN.

#### Service Overview:

- High level goal: Provide shelter services to eligible members for up to 6 months
- 24/7 accessible space
- Complete HRSN assessment on members within 48 hours of admission
- Develop Housing Care Plan within 48 hours of admission
- Connect the member to needed and appropriate services, including substance use treatment
- Assist in applying for mainstream benefits

### Staffing Ratios

Staff to member ratio: 1:25 7a-7p; 1:40 7p-7a

### Contact Requirements

Frequency of contact: The assigned staff person shall meet with each assigned member, in-person, weekly to address barriers, support member progress toward goals indicated on the Housing Care Plan and ensure updates to the Housing Care Plan, based on the member's needs and current circumstances, are completed and documented in HMIS. Between the hours of 7pm to 7am, a staff person will complete an in-person face-to-face contact in the member's room or at their bed. The time of the contact shall be reasonable and understanding of the member's needs.

### Workflow

1. H2O Service Providers (Outreach or PTTS Services) identify members needing Enhanced Shelter due to vulnerability. Statewide Housing Authority (SHA) identifies members needing Enhanced Shelter for bridging purposes. Both notify Solari that the member needs a referral for Enhanced Shelter.
2. The member is prompted to select a provider with capacity within 7 days. If the member does not select a provider within 7 days, Solari staff auto-assign an Enhanced Shelter Provider to the member based on the member's geographic service area.
3. Solari H2O staff either add or locate the eligible member in the CommunityCares platform.
4. Solari H2O staff add relevant information to the eligible member's face sheet and mark the member as requiring action.
5. The Enhanced Shelter Provider locates the member requiring action in the CommunityCares platform, reviews the member's face sheet for relevant service delivery notes, creates an internal case for the member, and assigns the member to a staff person.
6. The Enhanced Shelter Provider collects member consent required by the CommunityCares platform and completes or updates an HRSN assessment (PRAPARE) and Housing Care Plan with the member within 48 hours of admission. The Enhanced Shelter Provider records the HRSN assessment completion date in HMIS and documents the Housing Care Plan in HMIS within 48 hours of completion.
7. The Enhanced Shelter Provider coordinates implementation of the Housing Care Plan with the PTTS Provider.
8. The Enhanced Shelter Provider connects the member to the appropriate H2O or other permanent housing services in coordination with Solari.
9. The Enhanced Shelter Provider documents services provided in HMIS within 48 hours of service delivery, which is used by Solari for utilization and performance reporting.
10. The Enhanced Shelter Provider submits a contracted service for the member at a regular interval within the CommunityCares platform.
11. The Enhanced Shelter Provider designates an administrator who reviews and submits invoices to Banner in the CommunityCares platform. Banner converts the invoices into claims to process reimbursement.

## Reimbursement Details

- Reimbursement: Per member per night = \$96.26

## Priority Populations and Additional Requirements (if applicable)

### Priority Populations

H2O/SHA Case Conferencing Solari will make note of beds available prior to each Case Conferencing and share with the group. As cases are discussed, the group will help identify whether Enhanced Shelter is an appropriate option for members as a Bridge Shelter option until they are able to move in.

### ***Prior Approval for Enhanced Shelter services when a permanent housing solution is identified outside of the SHA.***

- The H2O eligible member, H2O Provider, SMI care team, and Solari shall receive written notification that the member has been identified for a Permanent Supportive Housing Program through the SHA
- For permanent housing programs administered outside of the SHA, Solari-H2O must be provided with written notification of approval for a permanent housing program that meets SAMSHA's PSH EBP Fidelity/Quality Standards. Solari may collaborate with the SHA to review whether a housing program meets these criteria.

### Member Absence from Enhanced Shelter

Individualized coordination shall occur on a case-by-case basis for each member who is absent from their assigned Enhanced Shelter bed.

Within 24 hours of member's absence, the Enhanced Shelter Provider will initiate member status notification to member's SMI care team, Health Home, and assigned PTTS Provider.

Bed holds may be appropriate under the following circumstances according to the following guidelines:

- **Unscheduled Absences** – Providers will be reimbursed a per diem rate up to maximum of 48 consecutive hours for an unscheduled absence.
- **Scheduled Absences** – Provider will be reimbursed a per diem rate up to a maximum of 4 consecutive days, unless the scheduled absence is due to hospitalization. Scheduled absences must be pre-planned and consistent to support the member's Housing Care Plan goals.
- **Hospitalization** – Provider will be paid per diem rate up to maximum of 7 consecutive days of hospitalization and member absence. Enhanced Shelter must contact the hospital staff to determine if the length of hospitalization is anticipated to be greater than 7 days. If the hospital staff indicates the date is anticipated to be greater than 7 days, the Enhanced Shelter staff must follow the guidelines below to discharge the member from the Enhanced Shelter immediately.

For provider to be paid per diem rate during the duration of the bed hold they must ensure the following occur:

- Provider must conduct daily contact with the member in efforts to locate the member and engage or reengage.
- Provider must conduct daily contact with the PTTS team in efforts to coordinate care for the member and gather information about the member's current status.
- If member is hospitalized, Provider must conduct daily contact to the member's hospital team to maintain current information about the member's status. When a member will be discharged from Enhanced Shelter due to long term hospital stay, Enhanced Shelter Provider must alert the PTTS Provider and confirm the PTTS team will work with the member's Health Home and hospital to confirm the bed will not be on hold. The PTTS team can work with the Enhanced Shelter Provider to identify whether a bed is available at the time of discharge but will need to work with the hospital staff to ensure transition from the hospital will occur for the member.
- Bed must not be released or filled during this time period and must be held for the member.
- If Enhanced Shelter bed is no longer on hold for a member, the Enhanced Shelter Provider shall issue a notification to Solari H2O Provider Services inbox, PTTS Provider, and assigned Health Home with the date the member has been discharged from the ES bed.

Notification shall occur on the same day or within 1 day of discharge.

## 4D. SHA Services

The services provided by the Statewide Housing Administrator for the H2O Program are briefly described below. The full details and processes are found in the [AHCCCS Housing Program Guidebook](#).

### Service Overview

#### **Overall Focus:**

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

#### **One-Time Payment for Security Deposit and Utilities, or Eviction Prevention**

Only members who received H2O short term rental assistance may be eligible to receive eviction prevention funds. The SHA will implement eviction prevention protocols to confirm member eligibility. Once approved the SHA will receive documentation that verifies the amounts and submit it to the H2O Program Administrator to receive reimbursement. This is a one-time financial assistance to assist members in attaining or maintaining housing or to mitigate housing crises that could result in loss of housing or homelessness. Assistance can include payment of rental arrears, utility arrears, and move-in assistance.

Providers may submit requests directly to ABC for these identified member service needs and should bear in mind the following guidelines and limitations for use:

For policies and procedures regarding eviction prevention procedures including, (1) eligibility criteria, (2) eligible activities and (3) application processes, please see the AHCCCS Housing Program Guidebook section: *Eviction Prevention and Move-in Assistance*

The SHA will receive verification of the security deposit amount from the landlord and verify it is within allowed amounts. The SHA will receive documentation that verifies the utility deposit and/or utility arrears payments and verify it within allowed amounts. The SHA will submit documentation to the H2O Program Administrator to receive reimbursement for security deposits and utility payments supporting members with accessing housing. The SHA will adhere to protocols for managing refundable security deposits to ensure the funds are returned to the program and used on authorized expenses.

#### **H2O Short-Term Rental Assistance and One-time Transition Moving Costs**

The Statewide Housing Administrator is responsible for providing the STRA and one-time transition and moving costs. These costs are paid for a housing unit of the member's choice upon execution of a lease. H2O eligible members receiving this service may not exceed a 6-month time period for transitional housing through Enhanced Shelter and STRA combined (Enhanced Shelter is an H2O service provided through the H2O Program Administrator and its contracted providers where members may utilize transitional housing in a shelter setting with on-site support). One-time transition and moving costs, including utility costs such as activation expenses and back payments to secure utilities, may not exceed allowable amounts as indicated in the AHCCCS Fee-For-Service Provider Billing Manual, Chapter 29, Housing and Health Opportunities (H2O) Services. The goal of this service is to quickly house H2O enrolled members and transition the subsidy to a long-term housing provider (LTHP) in coordination with the H2O service provider.

If an H2O eligible member is able to independently secure housing they may be eligible for move-in assistance to include security deposits, utility deposits and first month of rental assistance. To be eligible for this service the H2O member must meet all of the following criteria and work with their H2O Pre-Tenancy/Tenancy Support (PTTS) Service Provider to apply.

**Home Accessibility Modifications:** The program will assist with 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.

## Staffing Ratios

- Not Applicable

## Contact Requirements

- Not Applicable

## Workflow

### **The SHA will follow the following 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.

### **H2O Providers will follow the following workflow when connecting members with SHA Services:**

The H2O PTTS Provider must submit the H2O Move in Assistance Form to the SHA along with all requested supporting documentation. Incomplete submissions or submissions missing supporting documentation will not be considered for approval. SHA will accept applications as funding is available.

Requested Supporting Documents may include:

- Member Identification document: State-issued ID, or one of the following:
  - A birth certificate or delayed birth certificate issued in any state, territory, or possession of the United States,
  - A United States certificate of birth abroad,
  - A United States passport,
  - A foreign passport with a United States visa,
  - An I-94 form with a photograph,
  - A United States citizenship and immigration services employment authorization document or refugee travel document,
  - A United States Certificate of Naturalization,
  - A United States Certificate of Citizenship,
  - A Certificate of Degree of Indian Blood, or
  - A tribal or Bureau of Indian Affairs Affidavit of Birth.
- Documentation based on need:
  - Eviction prevention (rental) - include copy of eviction notice with application,
  - Utility shut-off (utility) - include copy of disconnect notice with application,
  - Move-in assistance (rental security & utility deposits),
    - Copy of lease or proposed lease,
    - Move-in cost sheet,
    - Verification from the utility company that clearly states the total deposit due, and
    - member's current income verification,
      - Social Security Income (SSI, SSD, etc.),
      - Verification letter of Employment,
      - Last two pay stubs,
      - Other income verification.

**The following is a guide to complete the SHA application process:**

1. H2O PTTS completes the electronic assistance application: [H2O Move in Assistance Form](#)
2. Email supporting documentation to [H2O@hominc.com](mailto:H2O@hominc.com)
3. SHA will confirm receipt of application within one (1) business day.
4. SHA will review the application and either provide a decision or request additional documentation via email within two (2) business days of receipt:
  - a. If approved, SHA will email the H2O PTTS Provider and the Solari H2O Provider Services and Member Services inboxes of decision and next steps.
    - i. SHA will send Payment Release Request Form along with Landlord W-9 and Direct Deposit Authorization to HOM to process payment(s) no later than five (5) business days from notification, provided all payment information needed is received and confirmed.
      - HOM will follow AHCCCS guidelines to process the claim for payment.
    - ii. Solari will document decision in member's electronic health record.
  - b. If denied, SHA will email the H2O PTTS Provider and the Solari H2O Provider Services inbox of decision and reason for denial.
    - i. Solari will document decision in members electronic health record.

## Reimbursement Details

**One-Time Payment for Security Deposit and Utilities, or Eviction Prevention:** A member may receive up to \$7,000 in services listed below per Federal Fiscal Year (FFY) (October 1 – September 30) if they need to access all of these interventions within the FFY and meet the rest of the eligibility criteria.

- Utility Arrears - pay up to two months utility arrears not to exceed \$1,000 per member. (do not exceed \$1000 per FFY)
- Move-in Assistance - pay move-in costs including required fees and deposits, security deposits, utility deposits, not to exceed \$3,000 per member. (not to exceed \$3,000 per FFY)
- Eviction Prevention - pay up to 2 months rental arrears not to exceed \$3,000. (not to exceed \$3,000 per FFY)

**H2O Short-Term Rental Assistance and One-time Transition Moving Costs:** A member may receive up to 6 months of rental assistance up to 110% of area Fair Market Rent.

**Home Accessibility Modifications:** A member may receive up to \$5,000 in eligible home accessibility modifications throughout the lifetime of the demonstration.

## Priority Populations and Additional Requirements (if applicable)

### Priority Populations

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

**H2O eligible applicants must meet ALL the following criteria to transition into non-subsidized housing.**

1. Meet the HUD Standard of Moderate Housing Cost Burden: no more than 40% of gross monthly household income spent on total housing costs (monthly rent including tax and anticipated utility costs)
2. Total Move-in Costs including required and/or non-refundable fees and deposits, security deposits, utility deposits, and first month's rent not to exceed program maximum amounts:
  - Utility Arrears - pay up to two months utility arrears not to exceed \$1,000 per member. (do not exceed \$1000 per FFY)
  - Move-in Assistance - pay move-in costs including required fees and deposits, security deposits, utility deposits, not to exceed \$3,000 per member. (do not exceed \$3,000 per FFY)

- Rental Arrears- pay up to 2 months rental arrears not to exceed \$3,000. (do not exceed \$3,000 per FFY)
- H2O will not pay pet deposits, parking fees or renter's insurance costs.
- Assistance for each service intervention may be accessed once per member, per year Federal fiscal year (October 1 through September 30). A member may receive up to \$7,000 in the services listed above per Federal Fiscal Year if they need to access all of these interventions within the Federal Fiscal Year and meet the rest of the eligibility criteria.

3. Demonstrate a reasonable plan, created in coordination with the H2O PTTS to cover future, ongoing housing costs outlined in the Housing Care Plan

- The Housing Care Plan must describe how the member will be able to sustain the rent on their own after they have moved into the unit.
- Solari/SHA may collaborate to determine whether the Housing Care Plan adequately details how the member will sustain the rent on their own.

## 5. Coordination and Transitions

### 5A. Coordination with Health Homes, MCOs, RBHAs

#### **H2O Provider Coordination with the Member's SMI Care Team**

H2O Provider coordination with a member's SMI care team is critical to member success in their journey through H2O services. H2O Provider and SMI care team coordination shall begin immediately upon receipt of a referral through the H2O-PA. 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 is collected by a Solari staff member. This information may be collected directly from a member, an H2O Outreach Provider, or directly from a member's Health Plan. H2O Providers shall 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, an H2O Outreach Provider or 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 with their care team.

H2O Providers shall 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 assessment 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 the date of a member's most recent Part E/Comprehensive Assessment completion.

- H2O Provider shall coordinate care directly with Health Homes to obtain the most recent date of assessment immediately.
  - 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 view, obtain, and verify this data.
- If H2O eligible member's assessment is expired or will be soon, the assigned H2O Provider will coordinate with the Health Home to ensure updates or completion as soon as possible.
- If H2O Provider is unable to obtain this information or schedule a visit, the provider shall escalate correspondence to 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](mailto: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

The H2O Provider shall make contact with an SMI Care Team immediately and meet as frequently as required, to facilitate progress toward goals, indicated in 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 contact with the Health Home in a custom field built in HMIS "date of Health Home contact." Solari staff will monitor this field in HMIS and follow up with the H2O Provider to ensure contact has been made in an 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 host a staffing if it appears that it 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.

## 5B. ACT/FACT, CLP, PSH Protocols

### Members on Assertive Community Treatment (ACT) or FACT (forensic) Level of Care

- H2O eligible members assigned to an ACT or FACT (forensic) level of care will not be assigned an Outreach or PTTS Provider for the following reasons:
  - Service standards for members receiving ACT/FACT services reflect a higher-intensity level of care than those established for H2O and encompass clinical and housing services.
  - Members enrolled to/or receiving ACT/FACT services are assigned to a designated ACT/FACT team responsible for member care, in accordance AHCCCS requirements and SAMHSA EBP for ACT.
- Solari H2O staff will verify if the member is assigned to ACT/FACT level of care through direct outreach to the members Health Home Provider prior to the assigning an H2O Provider and will need to follow protocols to mitigate service duplication
- H2O eligible members on ACT/FACT level of care may still be eligible for other H2O benefits and services such as:
  - Move-in assistance/costs
  - Home accessibility modifications
  - Enhanced Shelter
  - Short-term rental assistance.
- Solari will coordinate H2O member services directly with the assigned ACT/FACT team

- If a member on ACT/FACT level of care is inadvertently referred to an H2O Provider, the receiving H2O Provider will notify Solari assigned provider support specialist or provider support inbox as soon as possible, but no later than 48 hours of identification ACT/FACT of assignment
  - Solari will notify the provider and Health Home/ACT/FACT team of necessary steps to close services
- If a member becomes ACT/FACT enrolled while receiving H2O Outreach/PTTS Services, the assigned H2O Provider will collaborate with the receiving ACT/FACT team to ensure a warm handoff of services with the member takes place.
- Prior to warm handoff of services, the H2O Provider will conduct the following:
  - a face-to-face meeting with the ACT/FACT team and member,
  - sharing of relevant housing documents/Housing Care Plan
  - and establishing a mutually agreed upon transition plan to meet the member's individual needs
- Transition plans should seek to transition member's supportive services within 30 days of being established, unless the member or ACT/FACT team identifies and recommends extend H2O services beyond 30 days. During the transition period of 30 days or the extended period of H2O services, the H2O Provider needs to ensure the ACT/FACT team is included in all service delivery until there is a successful warm hand-off. The details of this will be documented in the transition plan.
- Once warm hand-off with the member has occurred, H2O Provider will follow Solari's protocol to close the member's H2O services.

### **Members Entering Community Living Programs (CLP) with Services Attached**

- In general, H2O eligible members residing in a AHCCCS Housing Program CLP with services attached should not also receive H2O PTTS Services. Exceptions to this may be identified by the CLP or member's care team.
- If a member becomes placed in an AHCCCS Housing Program CLP while receiving PTTS Services, the assigned H2O Provider will collaborate with the receiving CLP care team service provider to ensure a warm handoff of services with the member takes place.
- Prior to warm handoff of services, the H2O Provider will conduct the following:
  - Face-to-face meeting with the CLP care team and the member
  - Share relevant housing documents/Housing Care Plan, and
  - Establish a mutually agreed upon transition plan to meet the members individual needs
- Transition plans should seek to transition member's supportive services within 30 days of move-in to CLP, unless the member or their CLP care team identifies and recommends extending H2O services beyond 30 days. During the transition period of 30 days or the extended period of H2O services, the H2O Provider needs to ensure the CLP care team is included in all service delivery until there is a successful warm hand-off. The details of this will be documented in the transition plan.
- Once a warm hand-off with the member has occurred, H2O Provider will follow Solari protocols to close the member's H2O services.

### **Members Currently Enrolled in RBHA Contracted Permanent Supportive Housing Services**

- If an assigned H2O PTTS Provider becomes aware a member is already receiving Permanent Supportive Housing (PSH) Services from a RBHA contracted PSH Services Provider, the member should remain with their dedicated PSH Provider and follow the same workflow as ACT..
  - The member shall not be steered toward one provider over the other and the decision should be founded in member choice and service needs
  - The member may change their decision at any time and notify Solari to transition services
  - The member's decision will have no bearing on their eligibility for other H2O services
  - H2O eligible members enrolled in RBHA contracted PSH Services may still be eligible for other H2O benefits and services such as:
    - Move-in assistance/costs
    - Home accessibility modifications
    - Enhanced Shelter
    - Short-term rental assistance.

- If the member chooses to remain enrolled in PSH services, the member, H2O Provider and/or Health Home shall notify Solari of this decision within 48 hours of decision being made
  - Solari will make note of this decision and coordinate all other H2O services through the SHA, PSH services provider, and member’s care team.

**Housing Stabilization and Transition to ongoing RBHA Permanent Supportive Housing (PSH) Services Providers and Other Permanent Support Services**

The ultimate goal of H2O services is to assist members in obtaining permanent housing stability. To this end, H2O PTTS Service Providers shall assist members with transitioning ongoing tenancy services to a RBHA contracted PSH Provider or other permanent support services. As a part of the member’s care team, the H2O Provider shall collaborate with the member’s assigned Health Home. Once a member has moved into permanent housing or another permanent living situation of their choice, an H2O Provider shall evaluate the member’s appropriateness for transition to a RBHA contracted PSH Services Provider or other permanent support services throughout their journey through H2O services. H2O Providers shall ensure referrals to RBHA contracted PSH Services Providers or other permanent support services are explored, offered, and referred at appropriate times, in collaboration with the member’s assigned Health Home. The H2O Provider shall ensure coordination and warm handoff to the selected RBHA PSH Services Provider or other permanent support services occurs in a timely manner.

**5C. Coordination with State Housing Administrator (SHA)**

Solari and ABC (operating as the State Housing Administrator (SHA)) host a weekly Case Conferencing meeting to aid in coordination between H2O Providers and the SHA.

**Purpose:**

- Provide forum to discuss member-specific cases for H2O Providers and the Statewide Housing Administrator (SHA)
- Identify housing opportunities for H2O eligible members
- Identify next steps and/or barriers in member’s housing journey
- Address barriers; identify solutions

**Attendees:** AHCCCS, ABC, HOM, Solari, H2O Outreach, H2O PTTS Provider, Enhanced Shelter Provider (the members assigned and/or dedicated direct service provider shall be in attendance and serve as the main point of contact for the member)

**Frequency:** Once per week

**Meeting location:** Microsoft Teams

**Responsibilities:**

- AHCCCS: Regulator - Assist in policy level guidance and/or barrier removal as needed.
- ABC: Co-facilitator – Collaborate with Solari to set roster, complete/or assign to complete relevant fields on roster template, modify template or other meeting materials as needed, identify member next steps, provider/member communication of next steps. ABC is responsible for leading the efforts in identifying a resource for Long Term Rental Assistance (LTRA) to initiate a Housing Program referral
- HOM: Contributor – Inform relevant member updates related to the housing process (i.e., documents needed, briefing status, status of inspection, communication with the landlord), identify next steps or barriers, assist in provider/member communication as needed.
- Solari: Co-facilitator – Host virtual forum and set guidelines, serve as the H2O Program Administrator providing oversight, guidance, and expectations for H2O contracted providers, collaborate with ABC to set roster, document relevant updates/fields on roster template, modify template or other meeting materials as needed, identify member next steps, provider/member communication of next steps, email roster and action items.
- Case Conferencing Task Leaders: Group responsible for oversight, list management, and ongoing enhancement of Case Conferencing. It consists of at least one member from each of the following agencies: Solari, ABC, and HOM.

- H2O Providers: It is vital providers come prepared to provide updates, solutions, or raise challenges related to their members on the Case Conferencing roster. To make the most of the time and show support of others assisting in this statewide initiative, assigned H2O Provider Case Managers/Frontline staff must be in attendance at Case Conferencing and serve as the main point of contact for provider member updates and supporting members with completing determined action items.
- In general, SHA and Solari will set the roster for Case Conferencing. From time to time, Providers may identify a member currently/previously housed through SHA/H2O that needs additional input and problem-solving discussion from the SHA and case conferencing group. Providers shall identify these members ahead of time by notifying the Solari Member Services inbox no later than 1 business day prior to the meeting. Solari team will review the request and determine if appropriate for group conversation or an alternative action needs to be taken. Solari will notify the provider of the determination.

## 5D. Coordination with Continuums of Care

H2O Providers shall collaborate and coordinate with the Continuums of Care (CoCs) to support H2O members with access to CoC resources. Solari will provide administrator services to ensure the following occurs:

- **Monthly Meetings** – Each H2O Provider is assigned a Solari Provider Support Specialist who meets with the provider monthly to discuss program updates and provider performance. Provider participation in CoC Committees and Case Conferencing meetings will be a standing item at each monthly meeting.
- **Annual Report** – Each provider will be required to submit an annual report which tracks their participation in CoC committees or meetings. The provider will use an Excel template provided by Solari to self-report dedicated H2O staff role and attendance at CoC meetings and Case Conferencing forums within the geographic service area(s) (GSA(s)) they are providing H2O services. This annual report will be reviewed by the H2O-PA as a part of the Quality Assurance and Improvement Plan.

## 5C. Transition Planning

### Member Supportive Services Provider Transition

- H2O Providers monitor member readiness for transition to RBHA PSH services or other permanent support 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 occurred with the new service provider and the member.
- Prior to warm-handoff of services, the H2O Provider will conduct the following:
  - a face-to-face meeting with the new service provider and member,
  - sharing of relevant housing documents/Housing Care Plan,
  - and establishing a mutually agreed upon transition plan to meet the members individual needs
- The H2O Provider will notify Solari, and SHA, if applicable, who the new service provider is and close services.

## 6. Documentation and Reporting

### 6A. HMIS and CommunityCares Requirements

All H2O Providers are required to utilize both the Homeless Management Information System (HMIS) and the CommunityCares platform to ensure accurate and timely documentation of member services. HMIS serves as the primary system of record for housing-related service delivery, while CommunityCares supports closed-loop referrals, member consent tracking, and coordination across health and housing partners. Providers must complete onboarding for both systems prior to rendering services and must adhere to all data standards outlined in their respective user agreements. Documentation must reflect the full scope of services provided, including HRSN assessments, Housing Care Plans, service contacts, and referral outcomes. Solari will monitor provider compliance with HMIS and CommunityCares requirements and may initiate technical assistance or corrective actions if data integrity or reporting gaps are identified.

### 6B. Timelines for Data Entry

To maintain fidelity to the H2O model and ensure real-time coordination of care, all service delivery documentation must be entered into HMIS and CommunityCares within 48 hours of service provision. This includes but is not limited to: HRSN assessment completion dates, Housing Care Plan updates, member contacts, and service outcomes. Timely data entry supports Solari's ability to track utilization, monitor performance, and facilitate coordination with Health Homes, RBHAs, and the Statewide Housing Administrator. Providers are responsible for ensuring their staff are trained on data entry protocols and that internal workflows support compliance with the 48-hour documentation standard.

### 6C. Outcome Measures

Outcome measures for the H2O program are designed to evaluate the effectiveness of service delivery across Outreach and Education, Pre-Tenancy and Tenancy Sustaining Services (PTTS), and Enhanced Shelter interventions. Metrics include engagement rates, housing stability outcomes, health and behavioral health improvements, and service utilization benchmarks. Providers are expected to track and report data such as the number of members contacted, assessed, and housed; improvements in employment, income, and mental health status; and successful transitions to permanent housing. These measures support continuous quality improvement, inform program oversight, and ensure alignment with AHCCCS and federal performance standards.

The outcome measures for each service type are below:

<b>Outreach and Education</b>
# 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 PTTS 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

<b>Housing Pre-tenancy/ Tenancy</b>
# 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 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 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

<b>Enhanced Shelter Services</b>
# 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

## 7. Administrative Processes

### 7A. Audits and Site Visits

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 for all service 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.

### 7B. 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.

### 7C. Claims and Billing

#### **General Claims Information**

Banner's 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 submit invoices to Solari's Finance team using a standard template. Once the invoice is validated, Solari's Finance team sends the invoice to Solari H2O Operations staff for approval. Solari H2O Operations staff email approval to Solari's Finance team and Solari's Finance team submits an invoice to AHCCCS. 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](mailto:H2Oprovidersupport@solari-inc.org) for additional training, technical support, assistance with submitting invoices, or any other concerns related to the Unite Us CommunityCares platform.

#### **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.

### **Duplication of Benefits**

Providers must ensure that funding received for H2O services are not duplicative of other funding the provider is receiving. A duplication of benefit exists when a provider receives funding from multiple sources for the same expense and the total assistance received exceeds the total need. Additional information on program Duplication of Benefits is outlined in the Department of Housing and Urban Development (HUD) documentation [HUD Duplication of Benefits](#). For the Enhanced shelter service, providers cannot generate profit from the enhanced shelter if they are receiving H2O payments. Funding should be used to increase services, not duplicate payment for existing services. Providers agree to provide documentation and justification as requested to show alignment with this statement.

Outreach Providers and PTTs Providers FTE staff should all be dedicated to the H2O Provider Type evidenced by Organization Charts provided by agencies and should not be working in other lines of business.

## 7D. Outreach and Education Invoicing Process

Outreach and Education Providers submit monthly invoicing for services following the process below:

1. Solari H2O Operations notifies the H2O Outreach Provider via email how many dedicated FTEs they are permitted to bill for. The email is sent by Solari’s Senior Director of Housing Solutions.
2. The Outreach Provider submits an invoice to Solari’s Finance team at [contractinvoices@solari-inc.org](mailto:contractinvoices@solari-inc.org) by the 8<sup>th</sup> of the month using a standard template. Provider must submit with invoice:
  - a. Timecard for each employee
    - i. Name of Employee
    - ii. Pay period covered on timecard
    - iii. Pay Date
    - iv. If the timecard is not system generated, it must be signed and have an attestation to the accuracy of the information completed by an agency employee.
    - v. Clear indication noted that employee worked on the H2O program exclusively and not on any other lines of business for the organization.
  - b. Payroll Register or pay stub
    - i. Name of Employee
    - ii. Pay period clearly noted
    - iii. Pay date
    - iv. Summary of hours for each employee that matches their timecard.
3. Solari’s Finance team verifies that the invoice is in line with the permitted amount of billable FTEs.
4. If the invoice amount is more than the approved number of FTEs, Solari’s Finance team contacts the Outreach Provider.
5. Solari’s Finance team sends the invoice to Solari H2O Operations staff for approval.
6. Solari H2O Operations staff compare the invoice to the services that were completed by the Outreach Provider.
7. Solari H2O Operations staff approve the invoice for Solari’s Finance team or will work with the Outreach Provider to address issues with their invoice.
8. Solari H2O Operations staff email approval to Solari’s Finance team within 2 business days of receiving the invoice.
9. Solari’s Finance team submits an invoice to AHCCCS by the 15<sup>th</sup> of the month.
10. AHCCCS pays the invoice for Outreach services.
11. Solari’s Finance team pays the Outreach Provider based on their invoiced, approved amounts within 10 business days of receiving payment from AHCCCS.

## 7D. HCPC Codes

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.

## 7E. Prior Authorization

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.

## 8. Grievance and Appeals

### 8A. Member Rights

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).

The following Solari policies will be provided to the H2O Provider at time of onboarding:

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

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.

Individuals determined to have a Serious Mental Illness (SMI) in Arizona have general rights and also rights contained in the Arizona Administrative Code at Title 9, Chapter 21 (R9-21-101 et seq.), commonly referred to as the “SMI Rules” at [https://apps.azsos.gov/public\\_services/Title\\_09/9-21.pdf](https://apps.azsos.gov/public_services/Title_09/9-21.pdf).

Because SMI determination is a requirement for H2O eligibility, members receiving H2O services are entitled to specific grievance and appeal processes managed by the H2O Program Administrator in addition to the standard grievance and appeal processes managed by the H2O Provider.

The H2O Provider shall review grievances and appeals of members receiving H2O services and determine if the issue must be escalated to the H2O program administrator or if the issue can be resolved via the organization’s standard process. All issues regarding a member’s SMI Rights **must** be referred to the H2O Program Administrator for resolution.

The policies and procedures specific to H2O service grievances and appeals are maintained by Solari and members are made aware of these rights at the time of H2O eligibility determination. The H2O Provider shall also notify the member of these additional rights prior to service provision.

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 by calling 1-855-814-4673 or 480-546-7135, or by completing this form: <https://community.solari-inc.org/h2o-appeal-form/>.

### 8B. Provider Dispute Process

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.

## 9. Appendices

### 9A. Links to Tools and Forms

[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 H2O Services](#)
- [Housing and Health Opportunities \(H2O\) Implementation Plan](#)
- [Protocol for Assessment of Beneficiary Eligibility and Needs and Provider Qualifications for H2O Services](#)
- [Chronic Health Conditions for H2O Eligibility](#)

AHCCCS Housing Policies and Housing Program

- [AHCCCS Medical Policy Manual \(AMPM\)](#) H2O Related Policies, including but not limited to:
  - AMPM Exhibit 1720- H2O Program Overview
  - AMPM Exhibit 1720-1- H2O Interventions
  - AMPM Exhibit 1720-2- Caseload and Contract Requirements
  - AMPM Exhibit 1720-3- H2O Provider Training
  - AMPM 1721 – H2O Provider Registration
- [AHCCCS Housing Program Guidebook](#)

Fee-For Service Provider Billing Manual

- [AHCCCS Fee-For-Service Billing Manual](#)
  - [Chapter 29: Housing and Health Opportunities \(H2O\) Services](#)

Health Plan Requirements

- [Health Plan Information and Member Handbooks](#)
- [AMPM 320-O - Behavioral Health Assessments, Service, and Treatment Planning](#)  
[20-O - Behavioral Health Assessments, Service, and Treatment Planning](#)

### 9C. Change History

Date	Summary of Changes
9/1/2025	<ol style="list-style-type: none"><li>1. Added process for assisting members that are H2O eligible that are receiving other Medicaid services (ACT, CLP, RBHA Contracted PSH Services).</li><li>2. Added services of the Statewide Housing Administrator</li><li>3. Added H2O Provider Participation with CoC requirements</li><li>4. Added process for managing member absences from Enhanced Shelter</li><li>5. Added process for H2O Providers providing services to members while Inpatient or Justice involved.</li><li>6. Revised H2O CommunityCares Referral workflow</li><li>7. Revised H2O Outreach and Education Service Overview, Provider Requirements, Workflow and invoice submission requirements.</li><li>8. Revised PTTS Sustain Services Service Overview, Provider Requirements and Workflow.</li><li>9. Added Transportation Requirements for PTTS Sustaining Services Overview.</li><li>10. Revised H2O Transitional Housing (Enhanced Shelter) Service Overview, Provider Requirements, Workflow and Priority Populations.</li><li>11. Added service information for One-Time Payment of Security Deposit and Utilities.</li><li>12. Added Duplication of Benefits and Funding requirement.</li><li>13. Revised Grievance and Appeal language</li><li>14. Reformatted sections for clarity, removing redundant information</li></ol>