DWEL ARIZONA

ORGANIZATION ONBOARDING APPLICATION

All healthcare, housing, community-based program, and state entities, aka 'organizations,' are expected to complete the Organization Onboarding Application and a Terms of Use Agreement to onboard and access the DWEL-AZ data warehouse or 'data warehouse'.

All organizations are expected to assign at least one Agency Liaison and a proxy.

All organizations seeking access to the DWEL data warehouse, regardless of Medicaid enrollment status (Medicaid-registered and non-Medicaid providers) s are subject to a review through AHCCCS Office of Inspector General to ensure the organization is not on an exclusionary list. Acceptance and approval for agency onboarding is determined by the DWEL-AZ 'Collaborative' (DWEL's governing and advising body). The Collaborative makes recommendations to approve or deny granting access privileges to the data warehouse. The Collaborative will base recommendations on the intended use of the data warehouse and its alignment with DWEL-AZ goals and policies.

Approved organizations will be onboarded by the DWEL-AZ Administrative Operator 'Operator' (Solari-Inc.). We strive to review and approve applications within 45-60 calendar days.

For questions or to request more information for your organization please complete the Organization Onboarding Query and Technical Assistance Request form located on the dwel-az.org/support webpage.

When your organization has been approved by the DWEL-AZ Collaborative, the Terms of Service will be sent via email as a 'docu sign' to the identified signer in this application. Individual users are onboarded following the completion of the Terns of Service Agreement with the organization. Each user will have required training to access the data warehouse.

ORGANIZATION INFORMATION

1. Organization Legal Name: _____

2. Organization Type: Select all that apply
   - ☐ Continua of Care (CoC)
   - ☐ Homeless Service Provider
   - ☐ Healthcare/Behavioral Healthcare Provider
   - ☐ Health Plan
   - ☐ State Agency
   - ☐ Social Services
   - ☐ H2O Provider
   - ☐ Justice System
   - ☐ Other: _____

3. Primary Address(s)

4. Is your organization already onboarded with any of the three Arizona Homeless Management Information System (HMIS)?
   - ☐ Yes
   - ☐ No

5. Is your organization part of a Continuum of Care? Select all that apply.
   - ☐ Balance of State (BOS)
   - ☐ Maricopa Regional (MAR)
   - ☐ Tucson Pima Collaboration to End Homelessness (TPCH)
   - ☐ Not a part of a Continuum

6. Counties where staff will be accessing the data warehouse. Select all that apply.
   - ☐ Apache County
   - ☐ Cochise County
   - ☐ Coconino County
   - ☐ Gila County
   - ☐ Graham County
   - ☐ Greenlee County
   - ☐ La Paz County
   - ☐ Maricopa County
   - ☐ Mohave County
   - ☐ Pima County
   - ☐ Santa Cruz County
   - ☐ Yavapai County
   - ☐ Yuma County

7. Is your organization subject to compliance with the Health Insurance Portability and Accountability Act of 1996?
   - ☐ Yes
   - ☐ No

8. Does your organization have computer access protocols and data privacy and security policies?
   - ☐ Yes
   - ☐ No
   - ☐ Maybe

9. Does your organization have a data sharing/Use agreement or business agreement with DWEL-AZ?
   - ☐ Yes
   - ☐ No
   - ☐ Not sure

AGENCY LIAISON INFORMATION

At least one liaison and a proxy are required.

The Agency Liaison serves as the primary point of contact between DWEL and their organization. Liaisons oversee user training and compliance workflows, in collaboration with the DWEL Operator to manage user onboarding and offboarding. A major component of the Agency Liaison is to identify and add individual DWEL data warehouse users within their organization. Agency Liaisons and users are responsible for completing all DWEL required data privacy and security training.

For the purposes of this application please list below a primary and secondary point of contact for DWEL services. For organizations with multiple site locations and programs, additional liaisons may be listed in the Agency Liaison Contact Sheet. Please submit the contact sheet with this application.

10. Primary Agency Liaison Information.
    Please list: Legal name, title, email address, phone number, location name and address.

11. Secondary (proxy) Agency Liaison Information.
    Please list: Legal name, title, email address, phone number, location name and address.

DESCRIPTION OF USE

Please provide detailed information

12. Select the general user types that match up with your intended use of the DWEL system. Select all that apply.

- ☐ Program Level Staff/Care Coordinator - A healthcare, housing, or community-based agency working directly with individual clients and client records. Client detail access. No reporting access.
- ☐ Program Managers/Supervisors - Health plan, program manager/supervisor or designated DWEL Agency Liaison. Ability to run limited client detailed reports.
- ☐ Aggregate Reporter - Entities which scope of work is based on system learning and strategic planning statewide or across multiple CoCs. Ability to run aggregate reports only.

13. Requests for Program Level Staff / Care Coordinator access, please describe:

Who: The positions or roles in your agency that will use this access (e.g., outreach workers, care coordinators, case managers).
What: The types of client-level data or information they will access (e.g., eligibility, outreach, benefit application, case notes).
Why: The purposes for which they will access this information (e.g., to coordinate care, support service delivery, verify enrollment, complete applications).

14. Requests for Program Manager / Supervisor access, please describe:
    Who: The positions or roles in your agency that will use this access.
    What: The types of reports or data they will access (e.g., program-level reports, limited client detail reports).
    Why: The purposes for which they will access this information (e.g., to monitor program performance, oversee service delivery, support compliance or quality assurance).

15. Requests for Aggregate Reporter access, please describe:
    Who: The positions or roles in your agency that will use this access (e.g., analysts, planners, evaluators).
    What: The types of reports or information they will access (e.g., aggregate reports by program, region, or statewide).
    Why: The purposes for which they will access this information (e.g., strategic planning, system performance measurement, community reporting).

16. Please estimate the total number of users (of any user type) that may be requested to access the DWEL data warehouse.

17. Is there any other information you'd like DWEL-AZ to consider in your application?

18. Would you allow us to share your agencies contact info with other providers looking to coordinate?

- ☐ Yes
- ☐ No

If so, please provide the best programmatic contact person for the DWEL Care Coordination Directory.

When your organization has been approved by the DWEL-AZ Collaborative, the Terms of Service will be sent via email as a 'docu sign' to the identified signer in this application. When the Terms of Use is signed and submitted, the DWEL Operator will contact the Agency Liaison to begin the onboarding process of users.

Enter the name and email address of individual(s) responsible for signing the DWEL Organization Terms of Service.

By writing your full name below, I acknowledge that I have read and followed the instructions outlined in this application.

Date: _____

Please type your full name: _____

SUBMIT THIS REQUEST

1. Save this request for your records.
2. Email request to **dwel-az@solari-inc.org**
3. Please **include the title of your Organization** in the content or subject line of your email submission.
4. Please **include any supporting documentation**.
5. Amendments can be submitted to the dwel-az@solari-inc.org email inbox anytime.

ADMINISTRATIVE OPERATOR REPONSE SECTION

To be completed by the Administrator Operator

Date of Initial Application Review: _____

Reviewer Name: _____

Compliance and alignment with DWEL program goals, policies and procedures:

- ☐ DWEL-AZ program goals
- ☐ DWEL- AZ Privacy Notice and Practices
- ☐ DWEL- AZ Data Security Policy

AHCCCS OIG and Federal Exclusion List Compliance Check(s):

Date compliance checks concluded _____

Result:

- ☐ Organization Passed
- ☐ Organization Failed

Notes, if applicable: _____

DWEL-AZ Collaborative Response Results:

- ☐ Approved Onboarding Date_____
- ☐ Denied Onboarding Date_____

Reason for Denial _____