Proposal: The "Bridge to Care" Integrated Housing Pilot (BCHIP)

Project Lead: Voices For The Rare

Target Region: Pinal, Pima, and Maricopa County Corridor

Framework: HUD Section 811 PRA & Medicaid IAP Alignment

Lead Advocate: Holly Martinez, Founder & CEO

1. Executive Summary

The "Bridge to Care" Pilot (BCHIP) addresses the critical gap between Arizona's Medicaid Long-Term Care (ALTCS) services and available federal housing resources (Section 811 PRA). Currently, "Extremely Low Income" (ELI) individuals with complex medical needs are falling through administrative gaps, forced to commute **100+ miles round-trip** for life-sustaining care (e.g., Oncology/Maxillofacial surgery at Banner University). This pilot proposes a "Fast-Track" housing placement model that bypasses traditional shelter referrals for medically fragile AHCCCS members.

2. The Problem: The "Accountability Gap"

- **Medical Displacement:** Patients are forced to live in rural regions (e.g., San Tan Valley/Eloy) far from specialized providers (Maricopa/Pima), leading to surgical complications and life-threatening delays.
- **Fiscal Inefficiency:** The state currently incurs massive costs for Non-Emergency Medical Transportation (NEMT) and emergency ambulance services to ferry rural patients to urban medical hubs.
- **Environmental Risk:** Vulnerable residents are often referred to rural housing with compromised infrastructure (e.g., water supplies with **nitrate levels > 10 mg/L**), which is clinically contraindicated for immunocompromised patients.
- **The 504 Violation:** Current "gatekeeping" and reliance on non-ADA compliant, third-party for-profit websites create barriers that effectively deny disabled individuals access to federal HUD resources.

3. Proposed Collaborative Structure

This pilot utilizes the Medicaid IAP Toolkit to force synergy between the following agencies:

Agency	Role in Pilot
AZ Dept. of Housing (ADOH)	Allocate 50-100 Section 811 PRA units specifically for the "Medically Fragile" list.
AHCCCS / ALTCS	Provide "Housing Transition Services" as a billable Medicaid expense.
County Health Depts.	Coordinate "Medical Priority" letters to bypass traditional housing waitlists based on environmental safety.
Academic Partners (ASU/CAC)	Provide research on "Cost of Care" reduction when patients live near treatment.
Voices For The Rare	Act as Lead Patient Navigator to ensure no "dropped" case files and 504 compliance.

4. Strategic Objectives & Civil Rights Integration

- **Proximity-Based Placement:** Prioritize housing for ELI/Disabled individuals within a 10-mile radius of their primary specialized medical facility (e.g., Banner University Medical Center).
- **SB 1080 Integration:** Utilize the "Unused Public Space" provisions of SB 1080 to create "Step-Down" housing—safe, clean, private environments for those recovering from major surgeries who cannot return to a shelter.

- **Environmental Medical Compliance:** Ensure all placements undergo a "Clinical Safety Audit" (checking for water quality, air filtration, and proximity to emergency services).
- **Live-In Aide Protection (24 CFR § 5.609):** Strictly enforce the exclusion of live-in aide income to ensure medically fragile families are not "priced out" of care.

5. Call to Action: From Burden to Asset

We are not asking for new federal money; we are asking for the efficient utilization of existing Federal HUD and Medicaid funds. By aligning these resources, we transform a patient in crisis into a contributing member of the community.

Stabilizing a medically fragile resident near their care team is not just a housing solution; it is a fiscal and moral imperative that allows citizens to remain assets to society rather than becoming burdens on the emergency medical system.

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