Johnson, Dara

Email 101

From: Caregiver School <llecaregiverschool@gmail.com>
Sent: Friday, August 28, 2015 8:34 PM
To: HCBS
Subject: Comments and Suggestions
Attachments: Comments and Suggestions by UALG.pdf

Please find our comments and suggestions for your review

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"Let's work together to find a solution for a better change" NhorL

Nhor Latinovich, Executive Director
480-332-2422 or 480-969-5305
Physical Address: 1133 S. Dobson Rd #106, Mesa AZ 85202
(NW corner of Southern/Dobson)

www.leisure-living.net
www.azcaregiverschool.com

Proverbs 22:1 "*A good name is to be chosen rather than great riches, and favor is better than silver or gold.*"

Email 101

UALG -United Assisted Living Group
1133 S. Dobson Rd., #106, Mesa, AZ 85202

1.	**Nhor Latinovich**	**480-332-2422**
2.	**Christine Ellis**	**480- 332-5449**
3.	**Jeanette Zerelli**	**480-688-4920**
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5.	**Gaile Dixon**	**602-410-6671**
6.	**Jamie Kimmel**	**602-803-5642**
7.	**Melissa Noriega**	**602-643-5932**
8.	**Fred Krafczyk**	**602-571-6429**
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Theme: "Let's work together to find a solution for a better change" NhorL.

ALTCS REIMBURSEMENT FOR ASSISTED LIVING HOMES

DEFINITIONS: For definition purposes, an Assisted Living Home provides 24 hour care for 10 or fewer residents. An Assisted Living Center provides 24 hour care for 11 or more residents. Together, Homes and Centers are referred to as Assisted Living Facilities. AHCCCS is the Arizona Health Care Cost Containment System, and ALTCS is the Arizona Long Term Care System. AHCCCS is the parent program to ALTCS. AHCCCS and ALTCS may be used interchangeably in this discussion. Program Providers, including Bridgeway, Evercare, and Mercy Care receive funding from ALTCS which receives funding from AHCCCS.

PURPOSE: AHCCCS provides basic health care funding for those who cannot afford assisted living care (behavioral care and developmentally disabled care are also AHCCCS programs not included in this discussion), and who otherwise would be without resources and thus without care. AHCCCS for our compromised population is a life line. However, payment for AHCCCS services is not applied uniformly among providers. We would like to change that.

PROBLEM:
Sample reimbursement for an Assisted Living Home:
$2.35 per hour $56.40 per day $1,692 per month
Sample reimbursement rate for developmentally disabled:
$3.33 per hour $79.92 per day $2,398 per month
Sample reimbursement for an Assisted Living Center:
$4.16 per hour $99.84 per day $3000 per month

Assisted Living Homes are uniquely suited to care for the personal and directed needs of AHCCCS members. Yet Assisted Living Homes are routinely reimbursed 77 percent less than an Assisted Living Center.
Specifically Assisted Living Homes:

- Are owner managed v. corporate managed (pride of ownership)
- Are smaller, more personal environment (better for residents)
- Have a higher ratio of caregivers to residents (better for residents)
- Are residential as opposed to an institutional environment (better for residents)
- Are able to keep members out of the hospital (better for residents and providers and Homes)

However, because of high rate of hospitalizations primarily in small Assisted Living Homes, and because individual assisted living homes do not have negotiation or lobby power, Homes are reimbursed at a much lower rate than Centers. We firmly believe that Assisted Living Homes are, and will be in the future, the most conducive environment for caring for the higher personal needs of AHCCCS members. The caveat is that we must demonstrate we can provide medical continuity of care, consistent care, thereby reduce emergency room visits, hospital admissions and readmissions, and thereby improving the quality and longevity of our residents/members lives.
This process may require redesigning the way we, in assisted living, do business, however will ultimately benefit the entire assisted living industry in Arizona.

In Arizona, there are approximately 28,000 ALTCS members, 14,000 in Maricopa County. Of these members 18% - 20% reside in Assisted Living.
The position being advocated today is one of mutual benefit to participating Assisted Living Homes and the State of Arizona. Assisted Living Home Members participating in this program will need to prove to the chosen Program Providers, or Health Plan(s), that members can reduce the cost to the Health Plans by reducing 1) Hospitalizations, 2) Hospital Readmissions, and 3) Emergency room visits. By demonstrating to the Plan(s) that we can reduce services that cost the plan, we in Assisted Living Homes can benefit through increased reimbursement rates and, an actual percentage sharing in the savings.
Below is a brief SWOT analysis: In this SWOT analysis, a comparison is made between the strengths and weaknesses, and the opportunities and threats, of the proposal to partner with one or more AHCCCS (ALTC) providers to provide enhanced services and revenues for both organizations.

ITEM	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
REIMBURSEMENT RATE	ALH'S ARE THE LOWEST EXPENSE PROVIDERS FOR ALTCS	TOO MANY LOW SERVICE ALH PROVIDERS ACCEPTING ALTCS: QUALITY OF CARE ISSUES	UPGRADE REIMBURSEMENT RATES WITH INCENTIVES, TRAINING AND ACCOUNTABILITY	PROVIDERS DO NOT SEE BENEFIT
RETAIN GREATER ALH MEMBERSHIP	THERE ARE LARGE NUMBERS OF ALH PROVIDERS	ALTCS IS TOO POWERFUL	HAVE MORE ALTCS IN ASSISTED LIVING HOMES	ALH HOME COALITION IS FRAGMANTED
BENEFITS OF FORMING A COALITION	COALITION INVOLVEMENT WILL STRENGTHEN ALH POSITION	HOMES ARE NOT WELL ENOUGH ORGANIZED MEMBERSHIP IS FRAGMENTED	PARTICIPATE IN COST-SAVINGS WITH PROVIDERS	TRANSIENT CAREGIVERS INTERRUPT PROCESS
BENEFITS OF FORMING ACOALITION	NEED FOR COALATION	NEED FOR COALITION WITH ALFA	IMPROVE CAREGIVER KNOWLEDGE	RETURN ON INVESTMENT NOT WORTH PROCESS
INCREASING HOMES MEMBERSHIP	NEED FOR PROVIDERS TO INCREASE MEMBERSHIP	LACK OF HOMES RESOURCES (TIME/ $ TO DEVOTE)	GREATER HOMES ALLIANCE	ECONOMIC CONDITIONS
HOMES INCREASED ACCOUNTABILITY	HOMES BETTER EQUIPPED TO HANDLE EMERGENCIES	CAREGIVER LACK OF MEDICAL KNOWLEDGE	SAVINGS TO STATE COMPTETITVE REIMBURSEMENT RATES	

ASSISTED LIVING HOMES

PROBLEM: Daily Rate Reimbursement

MEDICADE:
Rate Per Diem , Minimum Contracted Rate Per Diem $56.00 per day and Hourly $2.33 for 24hr care.

PRIVATE PAY:
PRIVATE: minimum rate per diem $100.00 per day - hourly $4.16 for 24hr care.

Assisted Living Homes Overall Business Expenses for a home base ON 5 residents:

Mortgage monthly $2000.00
Food monthly $1000.00
Licensing per year $705.00
Liability insurance per month $353.33
Marketing $500.00
Workers comp insurance $230.00
Social security $
Certified Manager $500.00

Utilities monthly $1000.00
Miscellaneous monthly $500.00
Continuing education hours per year $40.00
Maintenance $300.00
Caregiver wages $3200.00
Unemployment insurance $100.00
Medicare $
Fire inspection per year $200.00

Memo:
Assisted Living Centers and Assisted Living Homes provide the same level of care to residents.

Solutions:
Minimum Wage or Equal Rates and protection under 1195 waiver.

Note:
Assisted living homes are excessively under paid and with the current wages it is becoming increasingly hard to keep our doors open and provide a living wage for employees.

EDUCATING PROVIDERS		MANAGED CARE SYSTEM IS FRAGMENTED	OFFER A PRODUCT THAT IMPROVES QUALITY OF LIVES	
EDUCATING PROVIDERS		PROVIDERS WHO CHOOSE QUANTITY OF ENROLEES OVER QUALITY OF SERVICE	UNITY AMONG ASSISTED LIVING HOMES	

The preliminary SWOT analysis shows that while there are weaknesses in the proposal, the opportunities are substantial as well. The opportunities for successfully implementing this program far outweigh the weaknesses which can be overcome.

OTHER EXTENUATING FACTORS

1. Assisted Living Homes must absorb the cost each Care Plan or Service Plan.
2. Assisted Living Homes must absorb the cost of Pre-Admission Screening
3. Although Homes are allowed to bill for gloves and wipes, they are routinely not paid for by the resident families
4. If a medication is not paid by AHCCCS, medications are routinely not paid for by the resident families
5. Tuberculosis screening is routinely not paid for by the resident families
6. Homes must give notice of Termination of Residency. Residents may move without notice and demand a refund
7. Homes are not allowed to pay a placement fee for an AHCCCS resident, but Placement Agencies continuously charge an "admission fee" of $500, which is a different name for the same fee. It is illegal, but a common practice among placement agencies.

CLOSING: Nearly 18 percent of all AHCCCS/ALTCS members reside in Assisted Living Homes. Assisted Living Homes accepting AHCCCS residents are performing the highest level of community service, yet the reimbursement rate is below poverty level. There is no incentive for the higher quality Assisted Living Homes to accept AHCCCS residents at this rate level. We must create that incentive for the benefit of the member/residents, the Homes, and the State. We propose that through training, incentives and outcome based performance reviews, we can raise the level of service, along with the level of reimbursement. As a result, we will collectively save the State of Arizona millions of dollars in reduction of emergency room visits, hospital admissions and readmissions. At the same time Assisted Living Homes will be reimbursed at a rate that will allow the Homes to perform the assisted living services, providing the member/resident the greatest value in care, at a reimbursement rate that will provide substantial savings to the State and AHCCCS.

Email 102

Johnson, Dara

From: Alho Arizona <alhoofarizona@gmail.com>
Sent: Friday, August 28, 2015 8:48 PM
To: HCBS
Subject: ALTCS Problem

Hello,
Please kindly consider to have a dialog with different health plan providers to hear the concerns of contracted group home owners about the challenges and difficulties they are facing financially.

Thank you

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"Let's work together to find a solution for a better change" NhorL
Meeting Address: ALTS - Assisted Living Training School
By: Leisure Living for the Elderly, Inc.
1133 S. Dobson Rd Ste. #106, Mesa 85202
(across from Mesa Community College)

Assisted Living Homes Organization
" making a difference in your community "
http://azalho.com
Email: alhoofarizona@gmail.com

Mission Statement: ALHO offers an opportunity for personal involvement in the leadership and improvement of an assisted living facilities. As a member of ALHO we can achieve to work together as one. ALHO is founded and created on the idea that this group can be more useful and productive to lead and assist care home facilitiy operators by helping each other to educate and bring awareness.

Mailing Address: 1909 E. Ray Road # 9-50, Chandler AZ 85225

If you received this email by mistake, simply delete it

Email 103

Johnson, Dara

From: Keith Buell <keith@rmr.org>
Sent: Sunday, August 30, 2015 6:24 AM
To: HCBS
Subject: HCBS Final Rule Comment

Thank you for the opportunity to assert comments. Please inform me if in my response there is evidence that I have neglected attention to an included aspect of the State's plan and further I would be grateful if I could be referred to the section of the plan which would correct my oversight.

I found a void where the State's plan addresses the employment of professionals and paraprofessionals to perform the individualized assessment of a need that would necessitate a rights restriction to be noted in the person centered planning document. Currently the ISP team discusses and notes in Health, Rights, and Safeguards as well as in the risk assessment if there exists a concern which may prompt a limitation on rights. Will this be the continued process and if not who is responsible for such assessment? Are there funds in place for such assessments including nutritional assessment if an individual presents a health risk to himself and/or others when allowed unfettered access to food and food preparation areas.

I found no guidance for a vendor's protocol regarding the scheduling of staff for participants when they choose an alternate schedule daily. Especially my confusion and label of clarity stems from individuals whose support needs require one to one staffing. How are staff to be scheduled if the individual chooses to disregard an agreed upon schedule from day to day? Week providers be advised on trusting staff who can and are willing to travel back and forth to the program site per the individual's whim?

Additionally, being a representative of a program fitting the description of a farmstead and thusly subject to heightened scrutiny, I question the non-inclusion of agriculturally-based activities as substantive to meet the criteria of employment or employment related skills. Since agricultural settings form the base of any non-nomadic society, a program designed in that likeness should most assuredly satisfy the criteria for employment skills training for individuals that we serve

Thank you in advance for your time and attention.

Keith Buell, Program Coordinator, Rusty's Morningstar Ranch

Email 164

Johnson, Dara

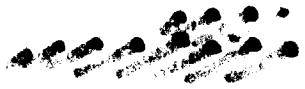
From: [redacted]>
Sent: Sunday, August 30, 2015 8:36 AM
To: HCBS
Subject: MARC Center work shops

To whom it may concern,
My son is a resident in the MARC system, and works in the East Valley work shop which is the best option for him. He is not a candidate for community employment as he requires much closer supervision than what a main stream employer can possibly provide. We have tried community placement through Marc in the past, however, even with the supervision of the Marc employees, he was not able to stay on the tasks required of him. At one time he was able to cash his check, and go to a nearby fast food restaurant and spend it all on lunch. His speech is not clear, he has limited reading abilities, and is not good at decision making, so he would not be employable in any other community employment. However, he is intelligent enough to know that he is working a job and being productive.

My son has always wanted to have a job since he was a small child. The sheltered environment provided in the Marc work shop gives him the opportunity to feel productive as well as having socialization with other co-workers. At one point, he was going to the "day program" one day a week which lasted for a couple months. Within that time, his speech regressed even further and his productivity in the workshop did not increase.

If the Marc workshops were to close, there are no other viable options for my son and many other individuals in his situation. They are all people and deserve to feel like productive citizens

[redacted]



Email 105

Johnson, Dara

From: Servin, Mary <mservin@fsl.org>
Sent: Sunday, August 30, 2015 3:47 PM
To: HCBS
Cc: 'dara.johnoson@azahcccs.gov'
Subject: Comments on Arizona's Systemic Assessment and Transition Plan to Comply with HCBS Rules - Adult Day Health Services
Attachments: Adult Day Services Comments -HCBS Rules.docx

Dear Dara and those reviewing the comments on the Arizona's Systemic Assessment and Transition Plan,

Attached is a word document with the actual document and then my comments in orange type in the compliance level column for each rule that I am providing comments related to the adult day health services.

Thank you for the opportunity to attend two of the forums that you provided – the one of August 5th and the other that was specific to adult day health services on August 14th. Both were very informative and well presented.

As more of the implementation of the plan unfolds, I would be very interested in being a part of the transition plan in any community forums or round table discussions that may involve adult day health services. I have been a part of adult day health services for over 20 years.

If you have any questions on my comments or need further clarity, please contact me at the information provided below. Again, my comments for adult day health services are in the actual plan, in orange type, in the compliance column of the rule to which they refer.

Thank you for this opportunity to share input related to the rules and their impact on our adult day health services programs.

Mary Servin, RN, BC
Program Director
Adult Day Health Services
Foundation for Senior Living
1201 E. Thomas Road
Phoenix, Arizona 85014
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mservin@fsl.org

Office Location:
Phoenix Adult Day Health Services Center
3620 N. 4th Avenue
Phoenix, AZ 85013

FSL

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Non-Residential Setting Type	Adult Day Health Care Facilities	
Description	Provider services for members who are elderly and/or have physical disabilities who need supervision, assistance in taking medication, recreation and socialization or personal living skills training.	
Number of Settings	**62** *(Source: June 2015 Provider Affiliation Transmission)*	
Number of Members Served	**426** *(Source: May 2015 ALTCS Contractor Reports)*	
References	**Location**	**Description**
Arizona Administrative Code	R9-10-1102	Adult Day Health Care Facilities - Administration
Arizona Administrative Code	R9-10-1103	Adult Day Health Care Facilities – Quality Management
Arizona Administrative Code	R9-10-1107	Adult Day Health Care Facilities – Care Plan
Arizona Administrative Code	R9-10-1109	Adult Day Health Care Facilities – Participant Rights
Arizona Administrative Code	R9-10-1112	Adult Day Health Care Facilities – Adult Day Health Services
Arizona Administrative Code	R9-10-1116	Adult Day Health Care Facilities – Physical Plant Standards
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1240-B	Adult Day Health Care Services
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620-A	Case Management Standards – Initial Contact/Visit Standard
AHCCCS Medical Policy Manual	Section 1620-B	Case Management Standards – Needs Assessment/Care Planning Standard
AHCCCS Medical Policy Manual	Section 1620-D	Case Management Standards – Placement/Service Planning Standard
AHCCCS ALTCS Contract	Section 41	Mainstreaming of ALTCS Members
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located in the general community where people access services or go to work ▪ Individuals interact with the general public either through visitation to the program and/or activities in the general community ▪ The setting is generally physically accessible and adapted for individualized needed accommodations ▪ Working individuals interact with members of the community (i.e. providing training to prepare for work; customers purchasing goods and services, etc.)	Arizona Administrative Code ▪ Adult Day Health Care Facilities are generally located within communities. Some Adult Day Health Care Facilities are co-located on the grounds of private Assisted Living Facilities and/or Skilled Nursing Facilities. In that event, the facilities operate separate and apart from one another and have unique licensure requirements. *[Title 9, Chapter 10, Article 11]* R9-10-1116 ▪ The Adult Day Health Care Facility Administrator is required to ensure that the premises and equipment are sufficient to accommodate the services provided and the individuals served in the Facility *[B.1 and*	Partial Compliance FSL Adult Day Health Services Centers provide choices for participants through a range of offerings of therapeutic recreational activities, community outings, building skills to assist with re-entry into the community and integration of participants with the community. One of the goals in person-centered care adult day health services is to assist each individual to remain as active in the community as possible focusing on their strengths, while recognizing their need for accommodations to meet their individual goal of remaining an active member in the community. The term active member is based on each individual, with their caregiver/guardian, providing input as to their definition of active member in the community through individualized person – centered care.	1) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines an Adult Day Health Care Facility must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community. The language must stipulate that facilities, co-located with Assisted Living Facilities and or Skilled Nursing Facilities must be licensed separate and apart from one another. 2) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility is to foster interaction with the general community internal and external to the setting. Examples of fostering interaction with the general community internal to the setting may include peers without disabilities visiting the setting to provide information, instruction, training, support and/or to participate in activities.

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		2] ▪ The Adult Day Health Care Facility Administrator is required to ensure minimum requirements for indoor and outdoor space to accommodate participants *[C and D]* ▪ The Adult Day Health Care Facility Administrator is required to ensure dining areas are furnished with dining tables and chairs large enough to accommodate participants *[E.5]*	Staff members ensure prior to an outing that the setting is accessible for the participants. If it is not, staff members contact the setting for the community outing and work with the setting to ensure that all participants can be accommodated as part of the integration of adult day health services participants into the general community setting. Many venues are not accessible to meet the needs of the community, and are not even aware that they are not accessible. FSL adult day services has worked with many settings to assist in providing the accommodations necessary so that all members of the community can be engaged in the community settings of their choice.	Examples of fostering interaction with the general community external to the setting may include facilitating activities outside of the setting whereby members are directly engaged in activities with peers without disabilities and individuals of varying age levels.
1a. Seek employment and work in competitive integrated settings,	▪ Individuals have supports to prepare for and obtain employment/volunteer activities including options for experiential learning to learn about opportunities in the community ▪ Working individuals (including paid and volunteer work) have benefits to the same extent as individuals not receiving Medicaid funded HCBS	AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self-sufficiency in the areas of housing, education and employment *[Section*	Not Compliant Life skills are a part of the therapeutic recreational activities at the centers. Safety would be a major factor in the determination of an individual participating in a work setting. There would need to be job coaches for the safety of the participant and for the success of the participant, especially if they have not worked prior or are returning to the workforce	3) Create an employment services section in the AHCCCS Medical Policy Manual *(Chapter 1200)* to include an array of employment support services including options to support members to volunteer in the community. ▪ Habilitation ▪ Pre-Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	○ Negotiating work schedules ○ Breaks and lunch ○ Vacation and medical leave ○ Medical benefits ▪ Individuals attending the program, and interested in working, have jobs (paid or volunteer) in the community ▪ Individuals have transportation to and from work/volunteer activities	*1620.1.o.]* ▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions about their independent living options *[Section 1630.5]*	after a traumatic event. Adult Day Centers do not have the funding for job coaches should this become a requirement for participants. Centers can provide life learning skills that will assist with employment/volunteer opportunities, and provide volunteer opportunities at the centers (which centers do now by providing participants who choose to volunteer with assistance in co-leading an activity, assisting with preparation of supplies for an activity, etc.) However, if a work program is part of the adult day services requirement, for the safety and success of the participants, funding for a job coach program would need to be provided and separate funding for and training for job coach would need to be provided from an outside funding source.	4) Require ALTCS Contractors in the AHCCCS Contractors Operations Manual *(Chapter 436)* to build a network for the provision of an array of employment support services. 5) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to incorporate training and practice for skill building (i.e. soft skills) that may be transferrable in a volunteer or paid work environment. 6) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to refer members to their Case Manager for an employment service if they express a desire and/or demonstrate work-related skills.
1b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information about events and activities in the community ▪ Individuals have access to	R9-10-1107 ▪ The Adult Day Health Care Facility Administrator is required to ensure the development of a care plan for each	Not Compliant	7) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to include opportunities to receive information and learn about

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	transportation made available through the providers and public transportation including transportation training ▪ Individuals have support to learn new skills or instruction for skill development ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care)	participating including: o Services o Time-limited and measureable goals and objectives o Interventions to achieve objectives *[4.b.c.d.]* AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non-ALTCS services available in the community *[Sections 1610.2 and 1620-B.1.g.]* ▪ Case Managers assist members to develop meaningful and measureable goals *[Section 1620-B.5]*	Adult Day Health Services participants assist in the planning of events and activities in the community through participant council monthly meetings in which all participants are invited and encouraged to attend, at care plan time the community events and activities are discussed with the participant and care team and suggestions are encouraged and participants are encouraged to bring an idea/suggestion to the recreation team members that they have recently heard about. Health and Safety issues are a main factor in participants not having access to public transportation, such as city bus. For some of the members with cognitive impairment, this would be unsafe and they would not be able to comprehend all of the procedures involved in taking a city bus. This would be documented in their care plan. Other transportation arrangements, such as through funder, bus from center or if able to utilize community Dial A Ride services.	events and activities in the community in an effort to make informed decisions about the schedule of activities for the program. 8) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to facilitate access to community resources and activities. For example, this may include: ▪ Assisting members in utilizing community transportation resources including mobility and transportation training ▪ Assisting members to arrange for personal care to support engagement in community activities 9) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to expand the scope of the care plan to include the development of skills that lead to meaningful days, valued community roles, and promotes the member's vision of

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
				the future and priorities. Skill development may include: ▪ Social ▪ Communication ▪ Basic life skills (shopping, banking, etc.) ▪ Independent functioning skills
1c. Control personal resources, and	▪ Individuals have access to money management habilitation or skill building training ▪ Individuals have access and discretion to spend earned and unearned money (during breaks, lunch, outings, activities, etc.) ▪ Pay is rendered for work to the individual or their representative	R9-10-1109 ▪ The Adult Day Health Care Facility Administrator must ensure participants are not subjected to misappropriation of personal or private property *[B.2.k]*	Not Compliant Dependent upon ability of person's ability to make choices regarding their discretion as to how to spend their finances. Those members with cognitive impairment in understanding money management and inability to retain money management skills are at high safety risk if complete access of funds. Center leadership monitors that participants are able to attend outing/activity of their choice, and further discussions with caregiver/guardian/case manager are done to ensure that participant has funds for outings or funds provided by donations to the center.	)) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to institute policies and procedures pertaining to the management and documentation of personal funds accounts for participants including practices to support participants to access and have discretion to spend money during outings, activities and breaks. To ensure participants can manage money to the greatest extent possible, skill building for money management should be incorporated for participants who may need money management support.
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	▪ Individuals have access to the same services and activities as individuals not receiving HCB services ▪ Individuals are learning and engaging in activities	ALTCS Contract ▪ ALTCS Contractors are required to take affirmative action to ensure that members are provided covered	Partial Compliance	*Reference remediation strategy #2*

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	in the community comparable to peers (i.e. people of similar age; people without disabilities, etc). ▪ Working individuals have access to all of the areas of a workplace to the same extent as their non-disabled peers ▪ Working individuals have a job (and associated tasks) that a non-disabled peer would perform for pay ▪ Working individuals engage in company activities (potlucks, parties, professional development	services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. *[Section 41]* Arizona Administrative Code ▪ Adult Day Health Care Facilities serve both Medicaid beneficiaries and individuals privately paying for services. Adult Day Health by definition does not specify a payor source.	All participants receive access to all of the same services and activities. Civil Rights Training is required of all staff as part of the participation in the Child and Adult Food Program. This is required to ensure all adult day health services staff have understanding and knowledge of civil rights related to laws, regulations and procedures. This training is required annually.	
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	▪ Individuals have the option to choose a variety of day services including the combination of employment and/or day services ▪ Individuals have the option to visit other settings prior	AHCCCS Medical Policy Manual ▪ Members are supported to receive services in the most integrated setting appropriate for their needs *[Chapter 1200*	Partial Compliance	11) Incorporate into the AHCCCS Medical Policy Manual *(Section 1620-D)* a requirement for Case Managers to make sure members have access to transportation and support for the purpose of visiting Adult Day Health Care Facilities prior to making a decision on

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	to making a decision on where to receive services ▪ Individuals have employment opportunities and day activities/outings including non-disability settings	*Overview]* AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on placement options *[Section 1620-D.2.a.]* AHCCCS Contractors Operations Manual ▪ ALTCS Contractors are required to develop and maintain a provider network sufficient to provide all covered services to members *[Chapter 436 Overview]*	All members have the option to choose their scheduled day of attendance. If participant chooses to utilize bus service provided by the center, the hours are based upon the times that the bus picks up and drops off clients in the respective catchment areas. The Centers would be unable to provide individual bus transportation for each individual's specific time frame. Caregivers providing transportation or funding sources providing transportation for individual members, can provide partial or full day attendance for the participant depending upon the participant and caregiver choice for hours of attendance. Should the center be at full licensed capacity on the participant's choice day, they have the option of choosing another day and being placed on a wait list and be contacted immediately when the center has an opening for that day.	where to receive services. 12) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines members have the option to choose the schedule of attendance at Adult Day Health Care Facilities including partial week/day attendance. *Reference Remediation Strategy #2*
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to HIPPA privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called	AHCCCS Medical Policy Manual ▪ Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program *[Section 930]* AHCCCS Medical Policy Manual	Compliant	

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods (posted information, information when services were initiated, etc.) and processes for filing complaints including anonymous complaints	▪ Case Manager explains rights and responsibilities to members and provides them a Member Handbook *[Section 1620-A.3]* R9-10-1102 ▪ The Adult Day Health Care Facility Administrator must ensure policies and procedures incorporate strategies for supporting participants to understand their rights *[C. f]* ▪ The Adult Day Health Care Facility Administrator must ensure policies and procedures incorporate processes for participants to file a compliant and the Facility to respond and resolve a compliant *[C.g]* R9-10-1109 ▪ The Adult Day Health Care Facility	Participant Rights are provided to all participants at enrollment. Copies of participant rights are displayed at the centers and are available to participants/families/community. At each monthly Participant Council meeting, the participant rights are reviewed and discussed.	

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		Administrator must ensure that participant rights are conspicuously posted on the premises *[A.1]* ▪ The Adult Day Health Care Facility Administrator must ensure that participants are provided a written copy of their rights and that the policies and procedures outline how and when a participant is informed of their rights *[A2 and A3.a]* ▪ The Adult Day Health Care Facility Administrator must ensure that participants are not subjected to abuse, neglect, exploitation, seclusion, restraint, etc. *[B.2]* ▪ The Adult Day Health Care Facility Administrator must ensure that participants are treated with dignity, respect and		

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		consideration *[B.1]* ▪ Participants may refuse or withdraw consent to treatment *[B.3.b]* ▪ Participants are afforded the rights to privacy in treatment of personal care needs; communication and association with others. *[C.2; C.3; C.4 and C.6]* ▪ Participants are afforded the right to receive assistance in understanding, protecting or exercising their rights *[C.11]* ▪ The Adult Day Health Care Facility Administrator must ensure that participants are not subjected to retaliation for submitting a compliant *[B.j]* R9-10-1110 ▪ The Adult Day Health Care Facility Administrator must		

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		ensure that the participant's medical record is secure and information only released upon consent of the participant or other reasons as permitted by law *[A.6]*		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals having access to accessible transportation including information and training on how to use public transportation ▪ Individuals have access to entrances and exits to the setting and any and all areas within the setting ▪ Individuals can engage in work and non-work activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with people of their own choosing and in areas of	R9-10-1109 ▪ Participants are afforded rights to receive treatment that supports and respects their individuality, choices, strengths and abilities *[C.2]* ▪ Participants are afforded rights to communicate, and associate, and meeting privately with individuals of their choice [C.3] R9-10-1102 ▪ The Adult Day Health Care Facility Administrator must ensure that the monthly calendar of planned activities is posted before the beginning of the month *[D.2]*	Not Compliant There are multiple therapeutic recreational activities throughout the day for the participants to choose from. There are variety of choices of group and individual activities, as well as choices of rest and discussions with social worker or nurses. Participants choose their groups and with whom they choose to interact throughout the day. If participants request a special meal, such as if a medical appointment will take them away from center during lunch serving, accommodations are always provided. However, due to regulations by the Arizona Department of Education Child and Adult Food Program, which provides federal funding to supplement the cost of meals provided to the participants, there are specific time frames in which reimbursement will be authorized. This is called	13) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* the Adult Day Health Care Facility Administrator is required to exercise strategies for providing and facilitating social, recreational, skill building and community-based activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members ▪ Ensuring individuals have full access to the environment at all times ▪ Ensuring individuals have access to meal and snacks at the time of their

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	their own choosing (indoor and outdoor space) ▪ Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch.	R9-10-1111 ▪ The Adult Day Health Care Facility has a "Participant's Council" that provides input on planning activities and policies of the Facility R9-10-1113 ▪ The Adult Day Health Care Facility Food Supervisor must ensure participants are provided a food/snack menu prepared at least one week in advance, including a meal substitution option. AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care *[Section 1620-B.1b.]*	Point of Service Meal Count. As part of the contract requirements, there are specific meal time requirements for snack and lunch. For example, snacks can be provided from 9:30 am – 10:00 am and lunch from noon- 1 pm. Meals and snacks can be served outside of these times, and centers provide accommodations to those participants who arrive later than those times and request a snack or lunch, however, no funding is provided when it is outside of the time zones. Centers depend upon the funding to provide nutritious and lunches that provide their specific dietary orders from their physicians. For many lunch provided by the center is their main meal of the day. Centers must continue to be able to receive funding from the Child and Adult Food Program, which is part of the USDA. Arizona Department of Education is approved by the USDA to administer the CACFP program.	choosing *Reference Remediation Strategy #8*
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly	R9-10-1102 ▪ The Adult Day Health Care Facility Administrator must ensure that policies and procedures include a	Partial Compliance All services provided to members at the adult day centers are listed as part of the participant's individualized person centered plan of care.	14) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that the Adult Day Health Care member's service plan can be updated upon request of the member.

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	method to ensure participants receive the appropriate services *[C.e]* R9-10-1103 ▪ The Adult Day Health Care Facility Administrator must ensure that there are methods to collect data and evaluate services provided to participants *[1.b]* R9-10-1107 ▪ The care plan is reviewed and updated at least every six months and whenever there is a change in the participant's condition *[5]* R9-10-1109 ▪ Participants are afforded the right to receive a referral to another facility if the facility is unable to provide adult day health services for the participant *[C.8]* ▪ Participants are afforded the right to	Those services which require specific monitoring and procedures are listed as separate person centered care plan goals and ways to assist the participant in attaining the goals. Participant, caregiver, case management and center interdisciplinary team are all part of the discussions related to the goals the participant chooses to achieve and the procedures to assist the participant in being successful in the goal. Care plans are reviewed with participant, caregiver, case manager and interdisciplinary team at designated care plan scheduled times, at any other times requested by the participant/caregiver and when there is a change in the participant's condition. The communication when there is a new case manager lacks customer satisfaction for the participant and the center. Many times calls are made to case manager on file, and when no response is received, a supervisor is contacted. Center and family/member are informed there is a new case manager. Communication when there is a change in case management needs to be provided to all team members so that all are supporting the member in their goals.	

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		participate in the development of, or decisions concerning, treatment *[C.9]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care *[Section 1620-B.1b]* ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices *[Section 1620-B.1c]* ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits *[Section 1620-B.1d]* AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on		

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		placement options *[Section 1620-D.2.a.]*		

	Adult Day Health Care Facilities – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
1.	1. The setting is integrated in and supports full access to the greater community	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines an Adult Day Health Care Facility must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community. The language must stipulate facilities, co-located with Assisted Living Facilities and or Skilled Nursing Facilities, must be licensed separate and apart from one another.	AHCCCS	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually)
2.	1. The setting is integrated in and supports full access to the greater community	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility is to foster interaction with the general community internal and external to the setting. Examples of fostering interaction with the general community internal to	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Adult Day Health Care Facilities – Tra nsition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		the setting may include peers without disabilities visiting the setting to provide information, instruction, training, support and/or to participate in activities. Examples of fostering interaction with the general community external to the setting may include facilitating activities outside of the setting whereby members are directly engaged in activities with peers without disabilities individuals of varying age levels.			
3.	1a. Seek employment and work in competitive integrated settings,	Create an employment services section in the AHCCCS Medical Policy Manual *(Chapter 1200)* to include an array of employment support services including options to support members to volunteer in the community. ▪ Habilitation ▪ Pre-Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment	AHCCCS	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually)

	Adult Day Health Care Facilities – Tra nsition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
4.	1a. Seek employment and work in competitive integrated settings,	Require ALTCS Contractors in the AHCCCS Contractors Operations Manual *(Chapter 436)* to build a network for the provision of an array of employment support services.	ALTCS Contractors	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually)
5.	1a. Seek employment and work in competitive integrated settings,	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to incorporate training and practice for skill building (i.e. soft skills) that may be transferrable in a volunteer or paid work environment.	AHCCCS	September 2018 *(Year 2)*	Annual ALTCS Contractor Monitoring
6.	1a. Seek employment and work in competitive integrated settings,	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to refer members to their Case Manager for an employment service if they express a desire and/or demonstrate work-related skills.	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)
7.	1b. Engage in community life,	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to include	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Adult Day Health Care Facilities – Tra nsition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		opportunities to receive information and learn about events and activities in the community in an effort to make informed decisions about the schedule of activities for the program.			
8.	1b. Engage in community life,	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to facilitate access to community resources and activities. For example, this may include: ▪ Assisting members in utilizing community transportation resources including mobility and transportation training ▪ Assisting members to arrange for personal care to support engagement in community activities	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)
9.	1b. Engage in community life,	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to expand the scope of the care plan to include the	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Adult Day Health Care Facilities – Tra nsition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		development of skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities. Skill development may include: ▪ Social ▪ Communication ▪ Basic life skills (shopping, banking, etc.) ▪ Independent functioning skills			
10.	1c. Control personal resources, and	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to institute policies and procedures pertaining to the management and documentation of personal funds accounts for participants including practices to support participants to access and have discretion to spend money during outings, activities and breaks. To ensure participants can manage money to the greatest extent possible, skill building for money management	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Adult Day Health Care Facilities – Tra nsition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		should be incorporated for participants who may need money management support.			
11.	2a. Non-Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual *(Section 1620-D)* a requirement for Case Managers to make ensure members have access to transportation and support for the purpose of visiting Adult Day Health Care Facilities prior to making a decision on where to receive services.	AHCCCS	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually)
12.	2a. Non-Disability specific settings	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines members have the option to choose the schedule of attendance at Adult Day Health Care Facilities including partial week/day attendance.	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)
13.	Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that the Adult Day Health Care Facility Administrator is required to exercise strategies for providing and facilitating social, recreational, skill building and community-based activities that do not regiment, individual initiative,	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Adult Day Health Care Facilities – Tra nsition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
	interact	autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members ▪ Ensuring individuals have full access to the environment at all times ▪ Ensuring individuals have access to meal and snacks at the time of their choosing			
14.	Facilitates individual choice regarding services and supports, and who provides them	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that the Adult Day Health Care member's service plan can be updated upon request of the member.	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

Exhibit 166

Johnson, Dara

From: JAMES E HAMANT <hamant2@msn.com>
Sent: Sunday, August 30, 2015 8:25 PM
To: HCBS
Subject: more transition plan comments

There was a flyer for a webinar for information on centered based employment and the transition plan. I was very disappointed that after an hour of going over other issues, AHCCCS finally got to the centered based employment piece. They did not elaborate much on that topic, except to answer questions.

Of the 86% in Arizona who use HCBS, there are 68% who live in their own home. No where in AHCCCS system assessment which was paper only did they mention how many of the 68% go to DTA and how many go to centered based settings. The rule talks about the person centered plan PCP which includes seeking employment which should be competitive and in an integrated setting. Arizona's transition plan does not implement PCP until several years out and only by those in transition. AHCCCS did not think everyone should have a real PCP. Why can't everyone who receives HCBS not have a PCP to address employment that is competitive and in an integrated settings? Why should integrated employment be access only through a sheltered workshop setting?? How can you have a PCP be self-determined and yet there is no placement that is inclusive?

I am concerned about how AHCCCS is caving to centered based employment agencies by grandfathering in individuals in sheltered workshops. There is no goal to seek employment or volunteer jobs required. If there is no PCP, AHCCCS does not have to worry about self-determination as listed on a paper.

Things need to change in Arizona, but change will not occur if the funding source still goes to sheltered workshops or as AHCCCS likes to call them centered based employment programs. They are still not integrated settings.

I sit on DES/DDD district central HRC and PRC. AHCCCS paper assessment is not a reality. How can members pick a setting, when choice is through a vendor call which is the agencies choice? I do not believe members have the right to pick staff they want to have work with them, as not having this choice leads to behaviors and IR's.
How many people have to ride along in the van because they can't be left at home? How many times do the group homes not have a van or a driver who can drive the van?

We may have HCBS, but group homes and DTA's, and centered based employment are institutionalized in Arizona.

It turns out it was 2004 when Olmstead talked about community placement. AHCCCS and DDD created those group homes on Coolidge since parents did not want their adult child out in the community. Now CMS says they are not group homes but an institution with all the benefits of therapies and dental coverage. AHCCCS wants another exception.

Eva Hamant, second comment after listening to the comments on centered based employment and how access to employment is only through sheltered workshops.

Johnson, Dara

Email 107

From: [redacted]
Sent: Sunday, August 30, 2015 10:39 PM
To: HCBS
Subject: HCBS Assessment and Transition Plan--Employment Services

RE: HCBS Assessment and Transition Plan—Employment Services

To Whom it May Concern:

My name is [redacted] and my 22-year-old adult daughter has autism, cognitive impairment, and non-verbal language delay. Because of behaviors consistent with her autism and developmental delays, [redacted] has limitations that often make it difficult for her to be successfully employed in the general community. As a result, her employment at and through the Hozhoni Foundation has been crucial to both her self-worth and the development of more appropriate job-based skills and behaviors.

As [redacted]'s parent, guardian, and advocate, I am quite concerned that this assessment and transition plan will create changes in employment opportunities for her that will not serve her best interests or even allow her to continue working. It is unclear to me if possible changes implemented will mean that there will no longer be options for center-based employment. My daughter, who is not always able to be or work in general public settings, thrives when working and I am worried that center-based employment may no longer be available to her. As well, what exactly is meant by a "facility-based pre-employment service" and how will this affect my daughter's ability to work? Will she continue to earn a paycheck (something that has become very important to her)?

Up until a few years ago and due to some very challenging behaviors, I was unsure that my daughter would ever be able to work consistently or earn a paycheck. However, Hozhoni has worked diligently to provide my daughter with the best possible employment opportunities that best fit her strengths and needs; I would hate to see the supports they've provided and all of the progress [redacted] has made be for naught.

I certainly hope that AHCCCS will ensure that all employment options remain available to individuals like my daughter.

If you have any questions for me, please feel free to contact me at [redacted]

Sincerely,

[redacted]

Johnson, Dara

Email 108

From: Melissa Noriega <sanjudasgrouphome2@yahoo.com>
Sent: Monday, August 31, 2015 9:11 AM
To: HCBS
Subject: San Judas Assisted Living (Comment)
Attachments: ahcccs letter.rtf

Email 108

PROBLEM:

MEDICAID:

Minimum contracted rate per diem $56.00 per day - hourly $2.33 for 24hr care.

PRIVATE:

Minimum rate per diem $100.00 per day - hourly $4.16 for 24hr care.

MEMO:

Assisted Living Homes provide a home based environment that provides accessibility to all mobile medical services a resident needs without leaving home.

Assisted Living Homes and Assisted Living Centers provide the same level of care to residents except that we do not have an equal per diem rate.

Assisted Living Homes face a big challange, anymore rules or regulations will really inpact Assisted Living Homes to continue to provide quality home based care for our Residents.

Assisted living homes are excessively under paid, with the current wages it is becoming increasingly hard to keep our doors open and provide a decent living wage for employees, as you can see we are in the NEGATIVE.

Assisted Living Homes continue to be the number one choice for families that want a more private home based enviornment for their loved ones but do not have the resources at home to provide this service.

SOLUTIONS:

Minimum Wage or Equal Rates and protection under 1115 waiver.

NOTE:

There's a massive up coming flow of baby boomers or, as we call it (The Silver Tsunami) the home based type of environment will be in high demand in the not to distant future.

ASSISTED LIVING HOMES

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Overall Business Expenses for a Home of 5 Residents:

Mortgage monthly $2000.00

Water, light, cable, telephone monthly $1100.00

Food monthly $1000.00

Landscape, pest control monthly $120.00

Licensing per year $705.00

Continuing education hours per year $40.00

Liability insurance monthly $475.00

Maintanance monthly $300.00

Marketing monthly $500.00

Caregiver wages monthly $3200.00

Workers comp insurance monthly $230.00

Unemployment insurance monthly $100.00

Social security / medicare monthly $243.20

Certified Manager monthly $500.00

Fire inspection per year $200.00

Johnson, Dara

Eml 109

From: Alycia Elfstrom <alycia.elfstrom@mosaicinfo.org>
Sent: Monday, August 31, 2015 11:01 AM
To: HCBS
Subject: Public Comments
Attachments: HCBSrulechangecomments.pdf

Please see the attached public comments.

Alycia Elfstrom | Community Relations Manager
Mosaic in Arizona
2226 W. Northern Ave, C-140 | Phoenix, AZ 85021
O: 602.864.6030 x 105 | F: 602.864.1513
alycia.elfstrom@mosaicinfo.org | www.mosaicinarizona.org

"Gratitude is a universal language!"

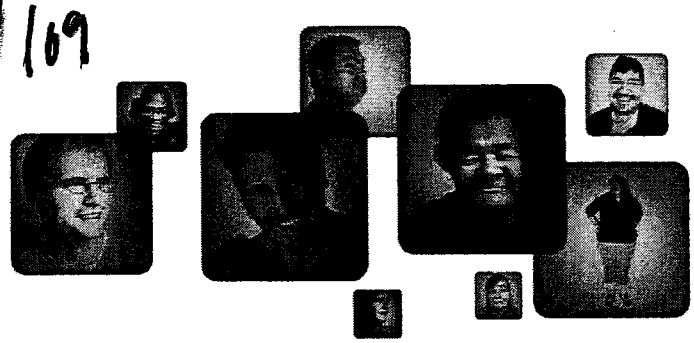
You are invited to attend one of our monthly ***Discover the Possibilities*** events. These small events provide community members the opportunity to learn how Mosaic partners with people with intellectual disabilities to create a meaningful life. Please contact me for more information or to register for upcoming event.

This e-mail and any included files are confidential. If you have received this message in error, please notify the sender immediately and delete this e-mail without sharing the information or included files in any manner.

Exhibit 109

MOSAIC®

A life of possibilities for people with intellectual disabilities.



August 17, 2015

To Whom It May Concern:

I am the Executive Director for Mosaic in Arizona. We provide ADH/CDH and Group Home services. I understand that the purpose of Arizona's Systematic Assessment and Transition Plan, regarding the HCBS Rules, is to establish cultural normalcy and inclusiveness for people with disabilities. However, the rules and recommendations as written do not appear to do this effectively. As a provider we strive to meet the needs of the people we serve in the safest and most appropriate setting possible. There are several areas specifically that bring up many questions on implementation and impact on the people we serve. We have outlined those items and made comment in the attached document. All feedback is respectfully submitted and doesn't represent all possible concerns or questions regarding implementation.

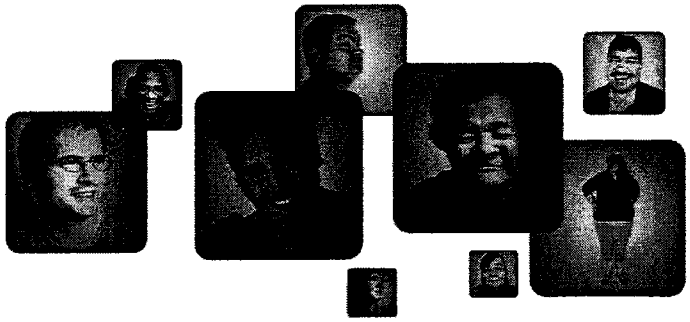
Sincerely,

Shelly Thayer

Shelly Thayer
Mosaic in Arizona| Executive Director
2226 W Northern Ave, C140 | Phoenix, AZ 85021
602.864.6030 | shelly.thayer@mosaicinfo.org

MOSAIC

A life of possibilities for people with intellectual disabilities.



Comments on Group Home Rule Changes:

Pg. 49; Remediation Strategy 1: If the responsibility of the referral rests on the "Group Home" where does the referral for employment skills get documented and how does it get documented? When do these meetings with individual(s) and their team take place, at the 90 day review or annual ISP? Special meetings, historically, are very difficult to schedule (even at the request of the individual) in a timely manner or if at all. Just because someone displays a certain set of employable skills doesn't mean they would be interested in that type of work (i.e. they take out the trash, mop the floor, etc. doesn't necessarily mean they want to be a janitor). Shouldn't we ask the individual if they want a job and what they would like to do and then work towards helping them to acquire the skills essential to their desired job?

Pg. 59; Remediation Strategy 3: The concern rests in the language ***person of choice***—does this mean a person who isn't supported by DDD or a choice of roommate already in the home? If it were a person of choice (meaning anyone in the community) then the concerns revolve around safety for all members of the home. We are required to run criminal backgrounds checks, reference checks, MVD checks, APS/CPS checks, drug tests, and fingerprint clearance on staff so the same would need to apply for anyone living in the home that isn't a DDD member. Additionally, it impacts the range of the home and the number of DDD members we could serve. In order to make up for the change in range we would need rate increase or to charge rent. Finally, what role does staff play in the care of the person of choice if it is not someone supported by DDD? Though this may not be the intent of the remediation strategy, the use of ***person of choice*** can be looked at as anyone an individual chooses to live with.

Pg. 59; Remediation Strategy 4: The aim of group homes is to provide individuals with the most typical living environment manageable. Posting rights information on the wall of a home is not typical. Perhaps it would be better to provide this information in their welcome packet or in a right's book distributed to them at the time of move-in.

Pg. 62; Remediation Strategy 5: How do you create structure around the lives of individuals without creating a schedule so agencies can ensure adequate staff within the home's range? Unless, we see changes in rate structure to support agencies in providing one-on-one staff for every person living in the home—it seems impossible without using/taking of individual's alone time to cover lack of staffing (assuming they have alone time). What is an ***alternate schedule to ensure full access to the home environment***? If all 4 of the

individuals living in a group home have jobs or attend a DTA/work program—they typically have a 7am-3pm or 8am-4pm schedule (operational hours which group homes don't control). These similarities in schedule are actually quite "culturally normative" and sharing space in a home, whether in a family structure or with roommates, before and/or after work is typical.

Pg. 63-64; Remediation Strategy 6: What is ***customer satisfaction*** beyond the provided evidence? Does this include participation in employee reviews? If so, who develops that survey or review process and how does it impact a direct care workers ability to be employed in this field?

Pg. 68; Remediation Strategy 7: Is providing a key/code to the front door safe for other members of the home? If a person cannot have a key then it would need to be documented in the Health and Safety forms as well as the ISP, creating another rights restriction that would need to be approved through the HRC committee and monitored by the agency—creating more rights restrictions than have been historically recorded in regard to this issue.

Comments on ADH/CDH Rule Changes:

Pg. 80; Remediation Strategy 1: First, it says group home and not "ADH/CDH." If the responsibility of the referral rests on the "ADH/CDH" where does the referral for employment skills get documented and how does it get documented? When do these meetings with individual(s) and their team take place, at the 90 day review or annual ISP? Special meetings, historically, are very difficult to schedule (even at the request of the individual) in a timely manner or if at all. Just because someone displays a certain set of employable skills doesn't mean they would be interested in that type of work (i.e. they take out the trash, mop the floor, etc. doesn't necessarily mean they want to be a janitor). Shouldn't we ask the individual if they want a job and what they would like to do and then work towards helping them to acquire the skills essential to their desired job?

Pg. 92; Remediation Strategy 3: The aim of an ADH/CDH is to provide individuals with the most typical living environment manageable and to teach individuals how to live in a family structure. Posting rights information on the wall of a home is not typical. Perhaps it would be better to provide this information in their welcome packet or in a right's book distributed to them at the time of move-in.

Pg. 95; Remediation Strategy 4: Please use the language outlined in the considerations "i.e.

kitchen, dining area, laundry and seating in shared areas" so as not to create semantics issues with individuals and parents/guardians.

Pg. 97; Remediation Strategy 5: What is ***customer satisfaction*** beyond the provided evidence? Does this include participation in ADH/CDH reviews? If so, who develops that survey or review process and how does it impact the provider's ability to be employed in this field? If an ADH/CDH is directly contracted through DDD and doesn't work through a qualified vendor how is that going to be monitored? How do we create standards of quality in the feedback?

Pg. 101; Remediation Strategy 8—Bullet 2: It is not typical to lock your bedroom door when you leave your family home. An ADH/CDH wants help people learn to live in a family environment.

Pg. 102; Remediation Strategy 9: Is providing a key/code to the front door safe for other members of the home? If a person cannot have a key then it would need to be documented in the Health and Safety forms as well as the ISP, creating another rights restriction that would need to be approved through the HRC committee and monitored by the agency—creating more rights restrictions than have been historically recorded in regard to this issue.

Pg. 102; Remediation Strategy 10: It is not typical to eat whenever you choose, especially in relation to dinner; in a family environment. An ADH/CDH wants help people learn to live in a family environment. House rules can be varied depending on family structure and the home's culture.

Pg. 103; Remediation Strategy 11: It is not culturally normative to have guests at any time in a family home. It becomes a matter of safety and health for the member and the family they are living with. If we restrict guests those are limitations that will need to be documented in an ISP—creating more rights restrictions. Plus, there is serious concern that rules like this will negatively impact people's desire to be ADH/CDH providers because of the potential disruption to the family environment.

Email 110

Johnson, Dara

From: Jon Meyers <jon@arcarizona.org>
Sent: Monday, August 31, 2015 11:31 AM
To: HCBS
Subject: Response to Draft HCBS Plan
Attachments: Response to HCBS Draft Plan 8-31-15.pdf

Director Betlach –

Attached please find The Arc of Arizona's formal comments on AHCCCS's Draft "Systemic Assessment and Transition Plan" for compliance with new CMS rules regarding home and community based services. We appreciate the opportunity to provide input on this Plan and to work with AHCCCS as a final version is prepared for submission to CMS.

Best regards,

Jon Meyers

Jon Meyers
Executive Director
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Email 110

The Arc.
Arizona

For people with intellectual and developmental disabilities

31 August 2015

Tom Betlach, Director
Arizona Health Care Cost Containment System
801 E. Jefferson Street, Mail Drop 4200
Phoenix, AZ 85034

Via Email: *HCBS@azahcccs.gov*

Re: Comments on Arizona's Draft Systemic Assessment and Transition Plan

Dear Director Betlach:

The Arc of Arizona, a statewide advocacy organization dedicated to improving the lives of persons with intellectual and development disabilities (I/DD) and their families, thanks you for the opportunity to comment on Arizona's Systemic Assessment and Transition Plan (August 2015) ("Plan"). This Plan is AHCCCS's response to CMS's final rules regarding requirements for home and community based services (HCBS) which were released in January 2014. The Arc of Arizona's long-standing mission and advocacy are based upon the same principles of personal choice and community integration which are embodied in the HCBS rules. We therefore urge Arizona to embark on an aggressive transition toward full compliance so that Arizonan's with I/DD may have the benefit of full inclusion and community involvement.

The Arc of Arizona appreciates the effort that was undertaken to identify the types of HCBS settings, number of settings per type and the number of members enrolled by setting type. We also appreciate that AHCCCS identified certain settings that will be subject to heightened scrutiny. We are also pleased to see that AHCCCS states that it intends to have an active community outreach and education component and communication plan. Finally, we applaud the fact that AHCCCS intends to use member experience surveys in its assessment process. All of this will be critical to successful implementation of the HCBS rules.

This being said, however, The Arc of Arizona wishes to convey a number of concerns regarding the Plan which it hopes will be addressed by AHCCCS as it continues work on this transition.

The Stakeholder Process and Timeline Associated with the Plan is Flawed

The timeline and process for the Plan is flawed. The HCBS rules were

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Jon Meyers
Executive Director

Achieve with us.

released In January 2014, yet Arizona's Plan does not contemplate full compliance until 2021. AHCCCS did not begin any assessment process until November 2014. In November 2014, AHCCCS convened a workgroup to conduct a paper review of the various residential and non-residential services at issue. The workgroup was comprised only of AHCCCS personnel and representatives from the managed care organizations, and it did not include input from members, advocacy organizations or providers. This review and assessment based upon statutes, rules, regulations, policy manuals and contact provisions was not complete until June 2015. Beginning in late June and continuing into July, AHCCCS held a series of stakeholder meetings. However, there was no draft plan provided to stakeholders at those meetings, so there was no opportunity for meaningful input on that plan. The meeting our representatives attended was largely a review of the HCBS rules and what AHCCCS had been doing to create its draft plan. The actual Plan was not released until August 1. AHCCCS contends that it made changes based upon the meetings held before August 1, but there is no indication of what changes were made. A single opportunity to comment on a draft plan created by a paper assessment only is insufficient, and points to a lack of transparency in AHCCCS's approach to the assessment process. This is a worrisome sign in light of the fundamental need for transparency to ensure effective design and implementation of the State's plan.

We also take issue with the length of time that Arizona proposes to come into compliance. In fact, the Plan does not even contemplate beginning a transition until October 2016. Year One of the proposed transition appears to contemplate assessment, training and education work that could and should begin immediately. Year Two of the Plan appears to focus only on "paper" compliance by altering policies and contracts. Again, we believe much of this work should be done prior to October 2017. The proposed steps are known to be necessary and do not rely upon CMS approval to be undertaken. There is no reasonable explanation for delay. Further, any attention to monitoring and site-specific compliance does not appear to begin until Year Three (October 2018), with site-specific corrective action plans not contemplated until Year five (October 2021). This timeframe is not acceptable. Because the plan to identify and develop fixes occurs so very late in the process, we are unlikely to see full compliance, even by 2021.

The Arc of Arizona respectfully requests that a second draft transition plan be created, based on a more robust assessment. We further request that the second draft plan include a more aggressive timeframe for compliance. Finally, another significant public comment period should be provided so that members and family members may have a more meaningful opportunity to participate in this process.

The Assessment and Remediation Strategies in the Plan are Insufficient

We appreciate the thorough review of Arizona statute, rules, regulations, policy manuals and contract provisions to determine Arizona's state of compliance, but there is no discussion or consideration of *actual* compliance with these legal and contractual provisions. The Plan lacks any site-specific setting reviews and fails to include any methodology for identifying settings that have the effect of isolating individuals. An adequate transition plan cannot be developed without a full account of how the current system is operating as it relates to community inclusion

and freedom of choice. This analysis necessarily must include a review of not only location of facilities, but facility operations, access to transportation, etc.

Moreover, any meaningful review must include feedback from persons involved in and experiencing Arizona's home and community based system. AHCCCS states that it will be randomly surveying providers and members regarding the compliance,[1] but the stakeholder community at large has not seen or had an input into the survey and AHCCCS has not shared any survey methodology. We understand that AHCCCS will utilize provider self-assessments. There should be a reliable validation process to substantiate the provider information as well as incentives to ensure integrity in the self-assessment process. Members and family members must be a part of an assessment process in order to accurately determine the state of Arizona's HCBS services. Integration is about individual experiences. Member self-assessments should be used, at a minimum, to the same extent as provider self-assessments. We encourage AHCCCS to have a more robust process for member involvement, including individual and group interviews and focus groups. AHCCCS should also have a plan for performing on-site evaluations across all settings. On-site evaluation teams should include an objective member representative or a member advocacy organization representative. Finally, we encourage AHCCCS to engage an independent third party to oversee and validate the assessment process. The Arc of Arizona, as an independent advocacy organization, should be heavily involved in all tool design, evaluation and assessment processes.

We are also concerned that the remediation strategies in the Plan primarily involve only "paper" changes to be made in Year Two (by September 2018). Few other remediation strategies are suggested. In the Center-Based Employment Transition Plan (pages 182-183) and the Group Supported Employment Transition Plan (pages 211-212), AHCCCS states that, in Year One, a process will be undertaken to evaluate and redesign the continuum of employment supports and services. AHCCS identifies itself, DDD and the provider association (AAPPD) as the lead organizations for this effort. The Arc of Arizona would like to see many more specifics about how these settings will come into compliance with the HCBS rules, including a timeframe for full compliance and details on how compliance will be determined, and it believes that Employment First principals should be implemented throughout the HCBS system. Moreover, we believe AHCCCS must include other "non-provider" representatives, such as The Arc of Arizona, as lead organizations in this important effort.

The Transition Plan for Person Centered Planning Is Disappointing

Person Centered Planning (PCP) is at the very heart of any meaningful evaluation of HCBS settings and services. PCP should already be in use, but unfortunately it is not. AHCCCS is proposing a separate and distinct transition process for PCP (pages 19-21). AHCCCS's assessment of the current PCP process again appears to be "paper" based, rather than an assessment of actual practice. Moreover, the transition plan for PCP compliance is far too delayed. It does not contemplate training or piloting with case managers until Year Three, beginning October 2018. It does not provide for member access to PCP facilitators until Year

[1] It is not clear from the Plan whether the provider self-assessments are to be used as a monitoring tool, an assessment tool, or both.

Five. Moreover, the Plan is grossly lacking in details regarding who will be responsible and what resources will be available for PCPs. The Arc of Arizona does not believe there can be system compliance until a meaningful PCP process is implemented. PCP compliance needs to be expedited and made a first priority to ensure that system compliance can be achieved within five years. Finally, the Plan is silent on the level of stakeholder engagement in the PCP transition processes, including the development of forms, processes and monitoring tools. We respectfully request an opportunity to participate in and comment on the PCP transition.

The Plan does not Include Sufficient Details Regarding Monitoring and Accountability

The Plan does not adequately address the issue of monitoring and accountability. Successful implementation of the HCBS rules will require that a meaningful monitoring system be in place. The Plan appears to only contemplate annual monitoring, which will likely be insufficient to affect change within a reasonable timeframe. We ask that all sources of standards for providers must be evaluated to enforce compliance. Providers should be required to demonstrate their compliance, including direct care staff training on the rules, as a condition of being granted or maintaining qualified vendor status. Members, family members and advocacy organizations should have a role in designing the monitoring tools. In addition, members must be able to submit complaints and appeals regarding settings and services and have those complaints adequately investigated in a timely fashion. We urge AHCCCS to engage an independent expert to develop monitoring tools and to solicit input from stakeholders in that development. We also believe that robust monitoring and oversight activities must be performed with more frequency, by independent entities, and even beyond the transition period.

Finally, we note that the Plan sets no clear timeline for providers to come into compliance, and mentions nothing about protections for members or developing new settings when relocation is necessary.

There Must be Transparency and Stakeholder Engagement in the Site-Specific Setting Assessments and All Transition Plan Activities

As noted, the Plan identifies the compliance level of residential setting classifications, but does not determine the compliance level of specific facilities. The results of any facility-specific assessments and transition plan should be transparent so that members and family members can have meaningful input and make meaningful choices. In addition, stakeholders should have an opportunity to contest findings of compliance/non-compliance, and provide input on corrective action plans. Participants and their families/friends as well as advocates have crucial information about whether a setting should be considered community.

As the transition process evolves, there will need to be changes to rules, policies, procedures and processes. We urge the state to be transparent about the changes and to invite input and involvement from stakeholders. We believe that a stakeholder advisory committee, with strong representation from self-advocates, family members and friends, should be created to provide input on and monitor the implementation of all transition activities as AHCCCS moves forward. It is critical that all stakeholder groups and opportunities for input be balanced to

ensure a reflection of the experience of members, as opposed to only providers who have a different interest and perspective. Any changes made to the transition plan should also be subject to this stakeholder input and public comment.

The Training, Education and Communication Plan Should be More Detailed and Expedited

The Plan contemplates member and provider education in Year One (page 16), but no details are provided and the case manager training is not specifically referenced. The role that DDD support coordinators play is critical for successful implementation of the HCBS rules. These individuals need to be trained (and paid appropriately) to achieve these outcomes. The Plan does not identify specific measures that will be taken to improve the case management process as it related to personal choice and integration. There should be an active campaign to educate members about their rights. Like Person Centered Planning, strategies in this area need to be implemented in Year One.

The Plan does not appear to contemplate coordination with the Department of Health Services, the Department of Education, or any other Arizona agency that serves members. We believe that there must be an effort to include other agencies that have involvement with members or the HCBS system in transition plan implementation, especially as it relates to training, education and communication.

The state should also have a *continuing* plan to educate members, participants, family members, providers, and community members so that they understand the transition process, what is changing, and the opportunities for involvement. Although education is important in the early stages, the state should also inform members near the end of the transition process so that they understand the new policies developed about their rights and enforcement mechanisms, such as how they may file a complaint, so that the HCBS programs continue to promote community integration.

In addition, we wish to emphasize the important role that self-advocacy groups can play in the state's communication plan. We encourage strong self-advocacy engagement in all education and outreach activities.

The State Should Conduct a Thorough Review of its Rates, Resources and Capacity

An important factor in achieving system compliance will be the resources and rates paid for HCBS services. Services must be sufficiently funded to achieve rule compliance and the funding structure, including any incentives, should be evaluated. Access to and funding of transportation, especially in rural areas, should be evaluated. Access to transportation is a crucial piece of meaningful community participation for people with disabilities and needs to be part of any evaluation of HCBS programs.

The Plan does not address the need to build capacity in the system to support individuals with I/DD in more individualized, integrated community settings. The state should develop a

system for documenting a description of services requested by members, but not delivered due to insufficient resources.

Other Concerns/Suggestions

- *Adult Day Centers and Day Treatment Programs:* In far too many cases, these settings are the type that isolate. We believe that substantial remediation, beyond that identified in the plan, is necessary to bring these settings into compliance.

- *Center-Based Employment:* The plan states that it is AHCCCS's intention to transition center-based employment to "facility based pre-vocational service." We question whether this is a meaningful change.

- *Coolidge Group Homes:* The Plan notes that it does not address the group homes co-located at ATPC (pages 74-76), that there would be meetings with guardians and family members of residents of those group homes. As AHCCCS develops its transition plan for these homes, we urge it to allow for input and participation from other stakeholders. The Plan should include appropriate protections for persons who may have to be relocated.

- *Services provided in an Individual's or a Family Home:* The Plan fails to address services provided in an individual's or family home. While it may be presumed that such services are community-based, there are instances where they may not be. This should be considered.

Thank you for your consideration of these comments. The Arc of Arizona looks forward to working with you on the transition toward full implementation of the HCBS rules.

Sincerely,

Jon Meyers
Executive Director

Email 111

Johnson, Dara

From: [redacted]
Sent: Monday, August 31, 2015 12:22 PM
To: HCBS
Subject: center-based employment

I am the parent and legal guardian of a 28 year old man with physical and cognitive disabilities. My son currently lives at home and works during the day at a center-based employment (CBE) program. He is an ALTCS member.

I was very recently informed that AHCCCS is considering restricting or eliminating CBE programs. I hope this isn't true!

Because of behavioral issues, CBE is the right placement for my son at this time. Someday he may be able to transition to community employment, but that would only be because of the training and support that he currently receives at his CBE program.

If CBE were restricted/eliminated, my only option would be to place my son in a more restrictive DTA environment , which would most likely cause his behavior to regress. This happened in the past, when his previous CBE program lost work contracts during the recession. Without the routine of work tasks, my son's behavior deteriorated.

In addition, the paycheck that he receives is a tangible reward that he looks forward to and plans activities around.

CMS has specified that service planning for participants in Medicaid HCBS programs must be developed through a person-centered planning process that reflects individual preferences and goals. CBE is a very important part of the continuum of services that will make true person-centered planning possible. Our disabled population will benefit from more options, NOT less!

Thank you,

[redacted]

Email 112

Johnson, Dara

From: Joyce Millard Hoie <joycem@raisingspecialkids.org>
Sent: Monday, August 31, 2015 12:25 PM
To: Johnson, Dara
Subject: AZ Systemic Assessment and Transition Plan
Attachments: AHCCCS Systemic Assessment and Transition Plan.docx

Importance: High

Hello Dara: I hope I'm not too late. I was on the AHCCCS site today but couldn't find any button to comment on the Transition Plan. I know the deadline was the end of August, right? If it is still possible to provide comment, see the attached document. But, if I need to direct this somewhere else, please advise. Thank you, Joyce

Joyce Millard Hoie, MPA
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Email 112

AHCCCS Systemic Assessment and Transition Plan

August 31, 2015

Thank you for the opportunity to comment on Arizona's Strategic Assessment and Transition Plan.

Collaboration with Stakeholders: We want to acknowledge the significant efforts being made by AHCCCS to provide numerous opportunities for stakeholder engagement on HCBS rules and requirements. While stakeholder engagement is important at the beginning of the process, we feel it would strengthen the plan to specify stakeholder engagement activities in each year and throughout the transition plan. Stakeholder engagement will be needed to re-assess and recalibrate transition activities as the plan moves toward implementation. The value of ongoing stakeholder engagement is that the tone and content may begin to shift from a recitation of weaknesses and problems toward systems improvement and quality outcomes. This type of dynamic stakeholder engagement moves systems beyond compliance toward results-driven accountability, transparency, and more appropriate services for its members.

Member-Directed Options and Person Centered Planning: The HCBS rules address the importance of individual needs, encouraging choice, and ensuring informed consent which is balanced with the PCP as the vehicle to limit access to those rights. While the plan encourages choice, one of the means to limit choice is the determination of a safety concern. The plan includes the use of positive interventions and support, but it also raises the question of *dignity of risk* – how will this be measured and what directions to providers will be provided as a best practice standard?

Member Experience: Case managers play a critical role in addressing barriers to access services and benefits in community settings. Case manager training will become a key factor in how skillfully and effectively individual members engage in meaningful choices, express their needs and preferences, and provide consent. Families frequently report concerns over the level of case manager training and experience, and currently play an important role in the education of professionals in health, education, and social services. Raising Special Kids would be pleased to offer its experience in this area by assisting in the development of training for case managers.

Families of members with guardianship have expressed the following concerns: If members living in a residential setting are under guardianship, will the guardian have the same rights of choice, visitation, providing food, assessment of risk, building and key access?

Families also acknowledge the significant shift in thinking that contractors, providers, guardians, and policy makers will need to make in order to realize true community integration and providing authentic opportunities for choice. Raising Special Kids is committed to encouraging, assisting, and advocating for this shared vision.

Monitoring of the Providers: We appreciate the considerable attention and effort focused on adequate assessment methods and appropriate tools to measure the quality of HCBS providers. We believe the transition plan would be strengthened by the addition of an external assessment process where stakeholders review data, and conduct and participate in additional assessments that provide AHCCCS with information about the family perspective and the member's experience. The value of external assessment would be to ensure a comprehensive quality assurance review that validates provider self-assessments.

Non-Residential Settings, DDD Day Treatment and Training: Is there a plan to ensure adequate HCBS provider availability to cover the full range of support needs? Families currently experience a lack of provider options for members with significant support needs. As provider capacity begins to expand for members with significant support needs, how will day treatment and training programs achieve compliance with the rules, while including opportunities for skill building in the community and inclusion? Have new models and approaches been developed and tested that Arizona providers could reference as promising practices?

DDD Center-Based Employment: Using the standard of what is culturally normative for individuals not receiving HCBS, the current center-based employment model appears to lack alignment on a number of points; individually-designed employment goals and options, to decline participation in group activities, to earn wages based on individual skills and experience, and more. We believe the proposed plan has set appropriate, time-limited steps for addressing the deficiencies of center-based employment. While strongly endorsing the development of integrated employment options as more appropriate and desirable, we recognize that center-based employment is a long-standing model of service chosen by some individuals and their families. We encourage AHCCCS to consider ways that a limited number of sites remain available to avoid a drastic disruption in the lives of members and families, while at the same time funding a significant expansion of integrated employment options that provide a continuum of support.

Residential Settings: Arizona takes justifiable pride in its very low rates of institutional placements for individuals with developmental disabilities. In recognizing the strengths of this system, we encourage AHCCCS to acknowledge the forecasts, data, and evidence that future demand for residential services will be considerable and costly. Arizona must also consider that families of its members will require increased support if they are to continue as the primary providers of residential services. The needs of aging caregivers have been well documented in research, with caregivers experiencing greater risk of depression, anxiety, declining health, and financial stress. Implementing a robust system of family supports will help to address the needs of families and members across the lifespan. The default position should not be the total burnout of care-givers who see no other option for their family members than out of home placements. Improving the system of residential settings will hinge on whether Arizona builds sufficient capacity to support aging and long-term family caregivers.

In considering residential options, it is not just the location where services are provided, but more importantly about the individual's experience and outcomes. *How will the quality of experiences be measured? What outcomes will show success? How is choice measured and substantiated?*

Residential services will benefit from considering new options, such as relationship-based living settings in which family members can stay involved, or housing models with privately-owned residences integrated within an "intentional community". Are there plans to review and address these newer possibilities? *The support and involvement of family members will be essential for monitoring and ensuring the quality of residential services, whether in-home or provided in other settings.*

Raising Special Kids would be pleased to offer its assistance in developing policies to ensure adequate family and caregiver involvement and support in residential services.

Email 113

Johnson, Dara

From: Sarah Skidd <sarah.skidd@cox.net>
Sent: Monday, August 31, 2015 12:57 PM
To: HCBS
Subject: Center Based Employment Comment

Hi,

I am opposed to the AHCCCS interpretation of the new statute which recommends that center based employment centers become pre-employment services. The rule states that participants must have the opportunity to seek employment and work in competitive integrated settings. The goal to integrate participants into typical work settings is well intentioned but participants will already work in a competitive integrated setting, especially as non-disabled citizens will now be allowed access to the CBE under the new law. The inclusion of employment opportunity workshops in which interested parties may choose to be presented with additional employment opportunities would bring CBE into compliance as willing members will also be able to seek employment.

Thank you,

Sarah Skidd

Johnson, Dara

Email 114

From: [redacted]
Sent: Monday, August 31, 2015 2:07 PM
To: HCBS
Subject: preservation of CBE

To whom it may concern,

Changes that restrict or eliminate CBE will directly affect my family. My sister is an adult with Down's Syndrome and has been working at the MARC Center for many years. My sister would no be able to work in the community otherwise. I believe her work there is the single most significant factor in her life that has contributed to her self esteem. She is so proud every week to get a paycheck with her name on it. It means so much to her to go to a place every day where she gets social and professional stimulation. It gives her life meaning and purpose. Please don't take that away from her!

Sincerely,

[redacted]

EMC 115

Johnson, Dara

From: [redacted]
Sent: Monday, August 31, 2015 2:20 PM
To: HCBS
Subject: Elimination of Paid Work Activities

I was most upset to get the notice that the State is considering the elimination of paid work activities. This would be the worst thing that could happen to our children, relatives and others who have disabilities. My daughter was in the STARS (Scottsdale Training and Rehabilitation Services) program for more than 8 years and has now been with Arizona Foundation for the Handicapped (Perry Center) for almost two years.

My daughter has learning disabilities due to meningitis when 5 months old, and also has epileptic seizures as well as PNES -- psychogenic non-epileptic seizures (which started about 10 years ago). Because of the PNES, she was fired from her job as a tore bagger and cannot get work in the general workplace. STARS was a life saver for us. Also at the Perry Center she has some added responsibilities and the pride in this work, the little money she makes have given her such confidence. I see this in most who are in these programs. To stop this would be disastrous.

With my daughter's non-epileptic seizures, her caregiver has noticed that boredom seems to bring them on. She LOVES her job, keeping busy and the thought of not having a goal every day would be a tragedy.

Please consider all the letters you have received supporting paid work activities very carefully. I am wondering how many people involved in this decision happen to have children or relatives with disabilities.

Thank you very much.

[redacted]

Email 116

Johnson, Dara

From: Sean Mockbee <Smockbee@sunshinevillageaz.com>
Sent: Monday, August 31, 2015 2:23 PM
To: HCBS
Subject: CMS HCBS

AHCCCS Administration:

I appreciate the opportunity to comment on Arizona's plan to comply with and implementation of CMS final rule regarding HCBS. Below are some of my comments and concerns regarding the "Directed care/Memory care" portion of the plan.

As an owner/operator of a memory care facility, the people who choose to live here are doing so, first and foremost for safety. They have been unsafe in another setting but still want to reside in the least restrictive setting, while also having person centered care and the freedom to live their day to day routines. To be able for them to achieve this, the perimeter of the 6.22 acres is secured.

Memory Care programs allow freedom of movement and quality of life that would not have been achieved in a skilled nursing dementia unit. Memory care settings will continue to be an vital option for all private pay individuals and by removing this setting from the HCBS category, the effect will be segregating ALTCS recipients and limiting freedom of choice. All current ALTCS individuals that reside in Memory Care settings will need to be moved from their current home of choice to a skilled nursing institution resulting in an increase in cost to the state and a loss of that person's freedom to choose and loss of person centered care.

It is encouraging to see that the care and means do exist in Memory care settings to serve the diminished effects of memory disease and empower the individual to maintain a dignified quality of life. Please do not take this innovative setting away from Medicaid recipients.

Thank you,

Sean Mockbee – Executive Director
Sunshine Village | 2606 E. Greenway Parkway |Phoenix, AZ 85032
Main (602) 765.7400 | Fax (602) 765.0599
smockbee@sunshinevillageaz.com

Email 117

Johnson, Dara

From: [redacted]
Sent: Monday, August 31, 2015 3:04 PM
To: HCBS
Subject: Restricting/eliminating center-based employment programs (CBEs) funding

Dear Sir,

I am writing this letter to protest the restriction and or elimination of CBEs funding. My son and ward [redacted], has been a client at the Mesa Association for Retarded Citizens (MARC) Center work program for the last 5+ years. I am quite angry to hear that ACCCHS is threatening to pull or reduce funding for these CBEs! During his years at the MARC Center, [redacted] has participated in many different job opportunities- both in the community and on site at the center. He has cleaned Mesa city buses, stocked shelves at Bashas, worked as the center janitor, in the machine shop shrink wrapping products, and on the docks assisting in getting products ready for transport.

Prior to starting at the MARC Center, my son was diagnosed with BiPolar Disorder and is also Moderately Mentally Disabled, with an IQ of 50-55. Due to his mental disability, we were unable to find companies who would hire him. He will never be able to drive and depends on Dial A Ride for all transportation. The variability of drop off times with DAR makes it difficult for him to start on time. He is very vulnerable financially and emotionally to predatory and exploitative people. He would give away all his money and food if it would make someone like him. With his bipolar disorder, [redacted] gets very angry very quickly, especially if someone younger than himself is telling him what to do. He can become violent. That's why we were excited to hear about the MARC Center.

The MARC Center gives my son a job to go to every day, and a pay check. He works hard, and whenever he gets upset, there are trained people there to assist him in calming down. He can accomplish something every day vocationally - and at the same time he is safe and the risk is low that he will have an outburst. He is involved in a social group, bowls with his coworkers at Special Olympics Bowling, goes to camp with coworkers. He feels a sense of accomplishment and enjoys being a part of society. He really loves seeing products in the stores that he knows he helped wrap or make. My son is too high functioning to be in a day program. I have very real concerns though, about inclusion into "typical" job situations. Those concerns are listed above.

If he did not have the extra paycheck from the Center, [redacted] would only get enough money from SSI to cover his room and board at the ADH. He has 2 brothers, other family members and friends that he gets tickled about buying gifts for. It has taken [redacted] a long time but he finally feels like he fits in at the MARC Center. He's currently trying out Bashas Grocery store again through the MARC Center and is excelling in his abilities with the new staff member who is responsible for that group. He is proud of himself like he never was before. Please don't "mess with a good thing"!

Sincerely,

[redacted], RN, WCC
Clinical Manager

Sent from my iPad

Email 118

Johnson, Dara

From: Kreiselmeier, Kelly <kelly_kreiselmeier@uhc.com>
Sent: Monday, August 31, 2015 3:18 PM
To: HCBS
Cc: Saelens, Karen A; Eller, Jesse; Pechnik, Francine; Villagomez, Leticia G
Subject: FW: LTC 1115 Waiver comments
Attachments: HCBS rule. ALTCSHealthPlanContractsPresent.pptx; HCBS Rule AssessmentTransitionPlan_Draft.pdf

Hello,
Thank you for the opportunity to review. UnitedHealthcare Community Plan, would like to provide the following comments/request for clarification based on review of the materials and our attendance at the HCBS Rules Forums this month.

- In general, there are several areas that require Case Managers and providers to ensure members have access to NEMT transportation for activities such as work and volunteer activities. (Document examples include: page 25 remediation #4, page 27 remediation#6, page 113 remediation #2, page 114, remediation #2, page 118 remediation #11, page 146 remediation #6).
  In particular, to the selection of a residential or non-residential service setting (page 30, remediation #7, page 170, remediation #9). As the current transportation for LTC member is for NEMT, we'd like to know more specifically how case managers and provider are to ensure access for all members regardless of geographic location. Additionally, if escort is necessary it may increase unitization of HCBS services.

- There are several references to new requirements for provider-owned or controlled home and community based residential settings(page 6, #7). We would like clarification that these are requirements at the point of Registration with AHCCCS and not a MCO requirement for monitoring new providers to ensure they have met the AHCCCS requirement.

- There are several Adult Day Health Care facility remediation's that have new requirements for ADH Centers. We would like to clarify that these will be required by the provider to register with AHCCCS. For the ADH Centers the remediation strategies don't seem to be feasible with the current AHCCCS FFS rates for this provider type. Rule 1 will increase transportation expenses for this provider type. AHCCCS was conducting a focused meeting with ADH Centers We would like to see the input from the Adult Day Health Care Facilities and their response during that meeting.

- It would also be good to be specific wherever the member's service plan is referenced. Throughout the document the members' care plan and service plan are referenced. Please clarify is it the care plan in the PCP's file, care plan written and maintained in the Assisted Living Facility or the care plan the case manager maintains in health plan record. Today care plans in Assisted Living Facilities are dictated by licensure. Is ADHS going to work with AHCCCS to develop a required care plan for the Assisted Living Facility record?

- **Specific feedback regarding Behavioral Health Residential Facilities.**
  - In the document it defines the Behavioral Health Residential Facilities as providing time limited services. We cannot find a definition of time limited in the licensure regulations of the facilities, please provide a definition.
  - The licensure category of Behavioral Health Residential Facility could be used to provide either acute or alternative HCBS long term care services. It would require two service codes as we had in the past, one for short term services and one for long term services. The homes would not be able to mix RBHA acute

members with LTC members and each home would be for a specific service. This would allow us to continue on the path of getting these providers licensed as Behavioral Health Residential Facilities. We see nowhere in the licensure category that this is a short term service, only. The issue is that there is now only one service code and that is for short term services but our current contract has the licensure category as an alternative HCBS setting. The license category is broad enough to accommodate both short term acute services and long term services. The long term service could be specifically for ALTCS members.

- The ALTC system has used behavioral health residential facilities successfully for over 25 years. The initial set of Arizona State Hospital residents that were living in the nursing home on the grounds of the hospital that were placed in the community were placed in behavioral health group homes and many have remained there for years. The MCO - long term care plans requested that personal care services be added to the licensure category so that more residents could age in place and it was.
- While we are still looking at all of the options available under assisted living with behavioral health supports, we believe that most of the providers that can handle members with complex needs in the assisted living arena will be assisted living centers and not individual homes. If we do not have the behavioral health residential facility category available as an alternative HCBS setting any of the new providers will most likely be ALF centers which will reduce the number of home like settings we can offer our younger residents. We would like to request that behavioral health residential facility category continue to be available as an alternative HCBS setting.
  Of significant concern is that using the ALF licensure category and adding an undetermined set behavioral health supports for this complex subset of members requires that all three health plans contract and agree on what those behavioral health supports are. With a new bid coming , there is the potential for a change of program contractors and it would be ever increasingly more difficult to coordinate. Since there is already a licensure category that we can use and have worked to now include personal care, we feel that this is the option that best protects the health and safety of our members.
- In addition, we see the potential for ADHS licensure to be concerned if the assisted living facilities we were to develop to meet this need had so many behavioral health techs working there and or ongoing behavioral health supports that it might step over the line of being considered behavioral health supports and that the assisted living facilities would be seen as operating as a behavioral health residential facility.
- There has been discussion about what is the member's primary diagnosis to be in a behavioral health residential facility. Again, we do not see any language in the rules that states it as such. The definition is fairly broad. We are finding that the term, primary diagnosis, when dealing with members with complex medical and behavioral health needs to be difficult to define. As ALTCS has been doing integrated care since its inception, it has been able to deal with the person as a whole and determine the best set of services to meet a member's complex set of needs.
- The Behavioral Health Residential Facility licensure category also allows a home like settings for ALTCS members who are on court ordered treatment, with the assurance that there are staff present and knowledgeable in the skills needed for safety responses.
- There are times when we do need to move members who can no longer live in a behavioral health residential facility to an assisted living setting with directed care or a skilled nursing facility but we hope that we can continue to serve this younger and/or more active population in a home like setting in behavioral health residential facilities.

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Email 119

Johnson, Dara

From: Monica Attridge <MAttridge@hozhoni.com>
Sent: Monday, August 31, 2015 3:42 PM
To: HCBS
Subject: HCBS Assessment and Transition Plan Comments for Group Homes, Day Programs and Employment Programs

To Whom It May Concern:

As the CEO of a medium-sized provider of services for individuals with developmental disabilities in Arizona, a long-time advocate, and family member (guardian of my adult brother), I have serious concerns with some of the details of the AHCCCS Assessment and Transition Plan.

In the group homes, we are concerned about compromising the health and safety of clients if they or their roommates are able to come and go as they please, have visitors at any time or to eat whenever they want. Also, many of our clients may not have the cognitive capability to know that giving a house key to someone else may not be a good decision. My brother would not know what to do with a key and has actually left his group home and wandered away. There is a bell installed on the front door of his group home to alert the staff if he opens the door. Determinations about whether an individual has the capability to come and go as they please need to be individualized to health and safety needs. The same reasoning holds true with regard to access to food. Many clients are incapable of making nutritious choices, leading to health concerns such as hyperglycemia, leading to diabetes. As a guardian, I have concerns about visitors being allowed in the group home at any time. My brother is nonverbal, so I always worry about his vulnerability. There needs to be clarification of how long visitors can stay, if they have to be constantly monitored (and how are providers to fund that?), if they have to have background checks (again, how funded, and what happens if the visitor doesn't pass the check?) and if the group home is required to feed visitors (funding?). We support individuals' exercise of their rights, when appropriate, but there are many details that need to worked out.

In the Day Programs, we are concerned with the ability to staff the program with the changes identified. When a client is given choices in activities, can that choice be limited to two or three activities (including "no" activity) to try to ensure we have at least 3 to 4 clients at each activity? What happens if we have 1:2 clients, and one client in this ratio wants to go to one activity and the other client desires to attend another activity? Staffing ratios may need to be increased to allow for the kind of integration that is described and to ensure safety of the clients. There will be additional transportation costs. All this means a funding increase. Also, we will need additional clarification of the background checks required for outside individuals who come into the day program to assist, read, teach, etc., as well as for visitors to group homes.

In regard to Employment Services, we request that Center-Based Employment not be eliminated. It is a necessary component in the continuum of employment services. There is already a time-limited pre-vocational service, Transition to Employment. We understand that policymakers are concerned about the number of individuals working in segregated settings, but eliminating a choice that may actually be the only realistic opportunity a client has for earning paycheck is not the correct solution. The planning process should be assessing the appropriateness of the employment services setting and changing the authorized service if needed. Please fix this process rather than create a hole in the spectrum that will relegate clients to day programs or volunteer work (which many consider work without pay).

We hope that AHCCCS will consider flexibility in these new requirements. For individuals with intellectual and developmental disabilities; full autonomy is not always the safest decision for individuals. We also encourage AHCCCS to develop a process that does not require evidence and documentation of failure in the capability to handle rights responsibly every year, unless it is fully funded

There will be significant costs or loss of revenue with these new rules. With a rate system that is currently only funded at 78% of actuarially determined benchmark reimbursement rates, we can ill afford to take on more responsibility without a corresponding increase in funding. Please do not implement any of these rules without this additional funding.

Thank you for allowing me to comment on behalf of Hozoni Foundation. If you have any questions for me, I may be reached at mattridge@hozhoni.com.

Sincerely,

Monica Attridge
CEO
Hozhoni Foundation
2133 N. Walgreen St.
Flagstaff, AZ 86004
(928) 526-7944
Cell: (928) 853-2932

Join us for

"Swing to Support"

October 5, 2015

at Forest Highlands

Help support adults with disabilities by joining in a day of golf, fun, prizes and more!
Sponsors and golfers needed. Call me for details!

HOZHONI

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Email 120

Johnson, Dara

From: [redacted]
Sent: Monday, August 31, 2015 4:53 PM
To: HCBS
Subject: All Day Program & Employment Progam
Attachments: Day program and employment.pdf

Thank you for accepting my input.

"Life without God is like an unsharpened pencil - it has no point."

Email 120

Dear Sir, August 29, 2015

I have just found out about this cut back on the all Day Program and Employment programs at the Marc centers. I respectful ask the this be seriously reconsiders.

My son has been going there three years now and it has been eminence helped him. In some arias he does very well. In other arias because of his disability it take some time. The program has helped him in several ways.

1) He looks foreword to earning a pay check, regardless of the amount. Just like those around him.
2) Helped him develop skills for employment in his future. Looking at other places that he might be able to work. Using what he has learned.
3) It has given him something to look foreword to every day knowing he will be learning something new.
4) He has learned to ask for help when needed. Or more work when done with the present task. In a building that he is familiar with and has little change in the floor plane.
5) It has provided a stable work place with may arias to advance and add different skill.
6) It has helped him feel good about himself and building self confidence. It only adds to the reassuring words of "you can do it".

Now please allow me to add another, my daughter (his twin sister) was just moved to a new group home in the east valley. Is going to attend the Marc. Ctr in AJ. She is blind and has some emotional issues. The majority of her focus has been on.

1) Learning at be independent and responsible enough to not, again I say NOT, need a one on one care giver.
2) She wants to be able to work and earn a check like her brother.
3) She needed a medical exam and has gotten a little impatient because the results are not back yet.
4) She has never had the desire or drive to do something like this.

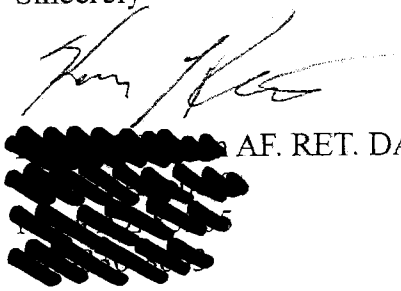
What ever my kids show a desire in I will help them to achieve there goal. I have shared this with you because I trust the Marc Ctr' CBE. I know that at the Marc Ctr my children are safe, not taken advantage of, and have a good work environment. Surrounded by staff that looks out for them and helps them do there best.

1) I have seen how change effects my kids. (now 23) I have seen years of progress suddenly setting them back to almost "0". All because the system THOUGHT it would be better. Better for WHO? The client sure was not keep in mind.
2) Doing this would be would devastate everything [redacted] worked for. He has come out of his shell, feels accepted and part of the teem. He has pride that he is able to encourage his sister to work also. And that it is at another Marc Ctr has give him deep since of pride. Even his looking ahead and thinking about some collage classes.

3) It totally devastate[redacted]. Being blind and just learning a new place, having that ripped a way. Yes, Ripped, that's exactly what it feels like so someone bind with emotional issues. It is hard enough for her to build relationships, trusting others and making friends.
4) The people that make decisions like this do not see the trauma it leaves behind. All they know is it looks good on paper, leave it for the class room. Look at the real world.

This program needs to continue, for the benefit of those that come and have been able to move on and become self supporting adults. Like my two that have hope for tomorrow and develop skill to help them be independent people. They are all people and they should be denied the same skills and abilities we all strive for, Pride independents and sense of self accomplishment.
I thank you for your time.

Sincerely



[redacted] AF. RET. DAV

[redacted]

Johnson, Dara

Email 121

From: Chad Cooper Peters <chadcpeters@ymail.com>
Sent: Monday, August 31, 2015 5:18 PM
To: HCBS
Subject: All day programs and employment programs at marc center

To whom it may concern,

I am a family friend of a 25 year old young man who works at the Marc's Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves.

Thank you,
C. Peters

Email 122

Johnson, Dara

From: Chad Peters <chadp@eandcservices.org>
Sent: Monday, August 31, 2015 5:19 PM
To: HCBS
Subject: All day programs and employment programs at marc center

To whom it may concern,

I am a family friend of a 25 year old young man who works at the Marc's Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves.

Thank you,

C. Peters

Johnson, Dara

Email 123

From: Abby Peters <abster.jo@gmail.com>
Sent: Monday, August 31, 2015 5:27 PM
To: HCBS
Subject: All day programs and employment programs at marc center

To whom it may concern,

I am a family friend of a 25 year old young man who works at the Marc's Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves.

Thank you,

A. Peters

Email 124

Johnson, Dara

From: TJ Searle <tj@tsearle.com>
Sent: Monday, August 31, 2015 5:32 PM
To: HCBS
Subject: All day programs and employment programs at marc center

To whom it may concern,

I am a family friend of a 25 year old young man who works at the Marc's Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves.

Thank you,

T. Searle

Email 125

Johnson, Dara

From: Michael Peters <michaelrpeters@ymail.com>
Sent: Monday, August 31, 2015 5:33 PM
To: HCBS
Subject: All day programs and employment programs at marc center

To whom it may concern,

I am a family friend of a 25 year old young man who works at the Marc's Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves.

Thank you,
M. Peters

Email 126

Johnson, Dara

From: [redacted]
Sent: Monday, August 31, 2015 5:54 PM
To: HCBS
Subject: Employment program at Maarc Center of Mesa
Attachments: August 31 marc.docx

Email 126

August 31, 2015

AHCCCS
C/O Office of Intergovernmental Relations

Re: Proposal to eliminate or restrict CBE

As the mother of a person who currently participates in paid work activities at Marc Center in Mesa, I am asking to please continue this program.

My son has been working at Marc center for several years. Previously, he had been placed in community employment on several occasions. He did not do well. Even with a job coach available, he was judged for not being fast enough, not talking to customers, not staying on the project. It turned out that working out in the community made him so nervous he was not able to complete duties or there were too many duties for him to concentrate on the job.

When he went to Marc all that changed. Marc has worked with him through illnesses, taught him work manners, and encouraged good work and a sense of achievement. He definitely feels like he is in a friendly environment and strives to do his best every day. This would not happen in a community based situation. My son takes pride in the fact that he can work and earn a paycheck. This is what being an adult means to him.

Losing CBE would be detrimental to my son. He is now in a work environment that strives to boost his self-worth. My son is high functioning enough to know that he is not like most people and that his handicap prevents him from doing many things, so the value of working at Marc center cannot be put into dollars, it is in achievement and accomplishment.

I sincerely ask again that this program and others like be allowed to continue to help all individuals who need it and my son.

Sincerely

[redacted]

Johnson, Dara

Email 127

From: [redacted]
Sent: Monday, August 31, 2015 5:57 PM
To: HCBS
Subject: Day Program and Employment Program Funding

HCBS @azahccs

Please add my name to the growing list you must have acquired regarding any potential challenge to funding for our Special Needs family members in center-based paid work acctivities. I have a Special Needs daughter who is a perfect fit for the program she has been enrolled in at MARC for years. As a parent and guardian who has spent countless years navigating the shallow & obscure waters of funding for my daughter, I am outraged that a challenge to Lisa's growth & well-being is being proposed. The loss of center-based employment would significantly hamper my daughter's well-being & cause her great anxiety. She is currently very proud of her productivity, her pay-check, & the skills she continues to learn thru her workshop daily experience. My daughter is not equipped, and never shall be, to engage in any form of community employment, due to her various physical challenges On the other hand, she is too active & alert & capable of learning & being a productive member of her society to be relegated to a more restrictive day program.
I cannot state too strongly how cutting any center-based paid work activities would diminished the quality of life for my daughter & all of her friends. For those of us who have so very few resources available to our loved family members with disabilities I entreat you not to make a political or financial statement by cutting aid to these participants and their family members. We really don't have any other options open to us.
Please be compassionate & thoughtful when considering this urgent matter.

Thank you for your attention,

[redacted]

Johnson, Dara

Email 128

From: [redacted]
Sent: Monday, August 31, 2015 8:11 PM
To: HCBS
Subject: All day programs and employment programs.

To whom this may concern;

As a parent of a disabled adult and the the grandmother of a disabled child I can see no reason for the closure of any of these programs, they mean so much to my daughter and granddaughter. They have learned so many useful things such as self worth,accomplishment.especially when they see one of their own products they have worked on in the stores,of which there are many products.Pride in being able to go to work and earn there own money and accomplish there self worth, being a part of the community. These programs are vital to their health and welfare
The disabled people are always the first to be let go and the last hired and never given competitive wages,and are taken advantage of because of their disabilities.Losing these programs would be a devastating loss for my daughter because there are no other programs for her and her piers,leaving them no opportunities to better themselves.

Thank you
[redacted]

Email 129

Johnson, Dara

From: Lawrence Sifert <larrysifert@cox.net>
Sent: Monday, August 31, 2015 9:11 PM
To: HCBS
Subject: Please continue to fum=nd CBE for our Down's Syndrome friends

Email 130

Johnson, Dara

From: [redacted]
Sent: Monday, August 31, 2015 10:10 PM
To: HCBS
Cc: lauragiordano1@cox.net
Subject: Protest Regarding Elimination of Paid Work Activities

Importance: High

To Whom It May Concern:

This message is intended to serve as a protest to the proposed cuts that AHCCCS is considering making to Center Based Employment (CBE) for the developmentally disabled. I am utterly dismayed that such budget cuts are being considered to such a vulnerable population group who rely on the state of Arizona to protect their welfare and well-being as citizens of this state.

I have a family member who is participating in paid work activities at AFH, and the elimination of this program would have a devastating impact on her emotional well-being. The sense of purpose and value that this program provides on a daily basis cannot be replaced for the individuals who struggle to overcome so many life challenges every single day of their lives. These individuals deserve the opportunity to be productive and contributing members of the work force in an environment that is safe, secure and supportive of their emotional and physical special needs with trained staff in attendance. There is no acceptable substitute for this program and I strongly urge reconsideration of any proposed cuts to any services at any time for the developmentally disabled.

Respectfully submitted,

[redacted]

Johnson, Dara

EMAIL 131

From: [redacted]
Sent: Monday, August 31, 2015 10:21 PM
To: HCBS
Subject: All Day Programs and Employment Programs at Marc Center

To whom it may concern,

I am a family member of a 25 year old young man who works at the Marc Center, and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart, he still needs supervision in a work setting. He will always give 100% at the Marc Center, but for his own growth he needs the social atmosphere that makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones. It also helps him with his habilitation money goals.

There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him, and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation, and for them to have to drive him around to various jobs would cause a huge hardship his immediate and extended family.

I am asking you to please not shut down the program at the Marc Center. These special kids need to have a place to go where they are accepted and loved, and are able to feel accomplished and proud of themselves.

Thank you,
[redacted]

[redacted]

[redacted]

Johnson, Dara

Email 132

From: Beth Fuller <beth@bogutzandgordon.com>
Sent: Tuesday, September 01, 2015 9:49 AM
To: HCBS
Subject: HCBS comments

Hello, Ginny and Dara,
Thank you for your time and efforts providing public forums regarding the CMS HCBS Rules.

I attended both the forum at Casino Del Sol on 8/26/15 and the video conference Friday at ATPT.

A few comments:

1. You mentioned that there currently are no work related services through the elderly and disabled side of ALTCS. Does compliance mean that those services will be offered at some point in the future?

2. How can DDD group homes be considered compliant when they are (developmental) disability specific? I know of no DDD group homes that have any non- DDD consumers as residents. Perhaps I am mistaken and there are homes where all familiy members could all get servcies. I've had clients for whom there have been restricted placement issues:

-Aging parents with a developmentally disabled adult child who has always lived at home. The parents need assistance, must move to an assisted living, and want to keep the family together. To my knowledge, there is no option for the family to move together to an assisted living home with the adult disabled child (and possibly one or more of the parents) using their ALTCS eligibility. When I have asked about a DDD consumer's option to move into a non-DDD ALTCS home, I have been told by DDD that they can move into any ALTCS home they want- IF the home contracts with DDD, and that homes don't want to go through all the requirements to become contracted with DDD. My understanding from (non-DDD) homes is that DDD hasn't wanted to contract for one or two beds. I have been aware of families paying privately for their adult disabled (ALTCS eliigible) child's placement, because the consumer and family chose a private adult care home or assisted living over a DDD group home.
It would be beneficial for aging families to have the option of moving together to homes offering ALTCS (DDD and non DDD) beds. The entire family could get the assistance they need, without adding separation trauma at an already stressful time of transition. The adult child could get established in a setting with a staff that they know and trust, with the parents present. The parents could then age in place, with supportive staff helping the adult disabled child adjust when the parents die. I realize that independence for DDD consumers is a priority and that remaining at home with parents is not for everyone. However, it is the choice of some families.

-A legally responsible party for an older DDD consumer may think that an ALTCS (elderly and disabled) home is a better fit than a DDD group home, but currently does not have that as an option. The DDD population is aging and the staff of the residential settings for elderly and disabled seem much more in tune with signs and symptoms of conditions that are common in older adults.

As a long time care manager for developmentally disabled, mentally ill, elderly and disabled, I've spent much time in different residential settings for all of those populations. The differences in service and cost just does not make sense to me.

Again, thank you for the public forums.

Beth Fuller, B.S.W., C.M.C.
Care Manager
Bogutz and Gordon, P.C.
Phone:520-321-9700
Fax: 520-321-9797
beth@bogutzandgordon.com

Johnson, Dara

Email 133

From: [redacted]
Sent: Tuesday, September 01, 2015 11:51 AM
To: HCBS
Subject: FW: Center-based paid work activities

I am the sister of the women who sent you the email below. I could not state it any better - I agree with everything said. The program has been a huge help for my sister and I hope it will continue throughout her life.

Thank you,
[redacted]
Damascus, Oregon

---------- Forwarded message ----------
From: [redacted]
Date: Wed, Aug 19, 2015 at 7:47 PM
Subject: RE: Center-based paid work activities
To: HCBS@azahcccs.gov

To Whom it May Concern:
As a parent of a disabled adult, a sister of a disabled adult, and a teacher of special education, i am deeply concerned about the possible cut (or elimination) to center-based work activities. *This was NOT the intent of Employment First. This would be socially and emotionally devastating to my son, my sister, and thousands of other families and individuals for whom center-based employment is vital.*

Those who work through these centers certainly do NOT need more restrictive day programs!! If that was all they could handle, that's where they'd be going already! They also can NOT handle regular competitive employment, or again, don't you think they would be doing so? Believe me, we would love for them to be in the competitive workplace if they could. Indeed, both my son and my sister tried working in the competitive environment, but my son had to quit (the job WE found for him) after two weeks because it was too stressful and overwhelming, and he didn't get the support and repetitive training he needs. My sister was brought under DDD center-based employment due to struggles with social skills (very common in those with cognitive disabilities or autism). She needed someone to coach her, as MARC center did, on when she could talk, when she shouldn't, and how to handle conflict. A regular employer would have just fired her. *We come to these centers because that is where our loved ones fit best, and in fact it's the only place they fit!!*

In addition, Voc Rehab is not set up to help those with even mild to moderate disabilities. Our son is fairly high-functioning, yet for 9 months after his high-school graduation, they did next to nothing for him except provide some bus training, and help him fill out a few job applications (for jobs that were way too challenging for him). If a person has a physical disability only, they might be helpful; for those with even mild to moderate cognitive disabilities, or moderate autism, they are no help at all.

Here is another reason center-based employment should not be cut or eliminated: employers will NOT want to hire disabled adults and pay them minimum wage, when they can get non-disabled adults who will be more productive and have less issues with social skills.

And finally, the best reason: I have rad the law. It is NOT intended to be a means for budget cutting by state agencies, but only a way to get more individuals with disabilities out in the community, *IF they have the skills. Many if not most, don't.* Just like schools are required to offer a full spectrum of educational settings and services for students with disabilities, so the [redacted] should do the same. Cutting these center based programs means many, many individuals with disabilities would be stuck at home, unable to work at all, too high-functioning for a day program. It would be devastating and cruel.

Please, please, do not cut these programs. This was not the intent of Employment First!!!

[redacted]
Parent, Sister, Teacher of Disabled Individuals

[redacted]

[redacted]

Johnson, Dara

Email 134

From: Chad Peters <cha2166618@maricopa.edu>
Sent: Monday, August 31, 2015 5:28 PM
To: HCBS
Subject: All day programs and employment programs at marc center

To whom it may concern,

I am a family friend of a 25 year old young man who works at the Marc's Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves.

Thank you,

C. Peters

Johnson, Dara

Email 135

From: [redacted]
Sent: Tuesday, September 01, 2015 3:09 PM
To: HCBS
Cc: dickwintermantel@aol.com
Subject: Funding of Special Needs Programs

Please accept this one day late email, as I did not have the correct address yesterday, apparently.

Please add my name to the growing list you must have acquired regarding any potential challenge to funding for our Special Needs family members in center-based paid work acctivities. I have a Special Needs daughter who is a perfect fit for the program she has been enrolled in at MARC for years. As a parent and guardian who has spent countless years navigating the shallow & obscure waters of funding for my daughter, I am outraged that a challenge to [redacted]'s growth & well-being is being proposed. The loss of center-based employment would significantly hamper my daughter's well-being & cause her great anxiety. She is currently very proud of her productivity, her pay-check, & the skills she continues to learn thru her workshop daily experience. My daughter is not equipped, and never shall be, to engage in any form of community employment, due to her various physical challenges On the other hand, she is too active & alert & capable of learning & being a productive member of her society to be relegated to a more restrictive day program.
I cannot state too strongly how cutting any center-based paid work activities would diminished the quality of life for my daughter & all of her friends. For those of us who have so very few resources available to our loved family members with disabilities I entreat you not to make a political or financial statement by cutting aid to these participants and their family members. We really don't have any other options open to us.
Please be compassionate & thoughtful when considering this urgent matter.

[redacted]

Email 136

Johnson, Dara

From: Rrudin <rrudin@effecticomm.com>
Sent: Thursday, September 03, 2015 7:57 PM
To: HCBS
Subject: capping center based employment for DDD clients

To Whom It May Concern,
Having the option to stay within a center-based environment versus the goal of transitioning should always be considered. Many clients will be able to make the transition but for those that need a quiet, highly supervised environment that option should stand. The decision always relates to the needs of the client. Some clients will always need one on one support to function. That would require adding aids, support staff to supervise clients within an integrated setting. Even with that support the client may not be able to function due to sensory issues, safety issues, cognitive abilities and social skills. It is always appropriate to account for the needs of the client and allow for an option (center based versus integrative) that works best for the client. When we limit those opportunities it is not to the advantage of the client or their families.

Robin A. Rudin, MNS, CCC-SLP

My email has changed!!!! My new email address is **rrudin@effecticomm.com**. Please update your contact list.

www.effecticomm.com
Office: 480-922-9211
fax: 480-342-9247

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Email 137

Johnson, Dara

From: [redacted]
Sent: Thursday, September 03, 2015 8:34 PM
To: HCBS
Subject: Center base work

I am glad that access is keeping center based work. I don't know if my daughter will be able to work in the community hopefully she will. I think it should be individualized to the person with the disability as to how long or what program they need. I never like caps it is discriminatory. The goal should always be community work but I don't think a time limit should be placed on an individual's success

[redacted]
Sent from my iPhone

Johnson, Dara

Email 138

From: [redacted]
Sent: Thursday, September 03, 2015 9:38 PM
To: HCBS
Subject: DDD employment services

Ladies and Gentlemen,
My name is [redacted] My 24 year old son [redacted] has Autism, as well as borderline cognitive abilities. He is significant executive function dysfunction that can be mediated by medication, but is unable to be fully controlled by it. He further has significant sensory issues that cause him high levels of anxiety and impulsivity, poor memory and judgement; he is easily distracted and tends to require prompting and direction, even when in established routines. He recently received the services of an Occupational Therapist, who is assisting him in lowering his anxiety level and develop better core strength, among many other things.

He has worked at a center based employment program for about 4 years. A couple of years ago, I had him evaluated by Vocational Rehabilitation. They let me know that he was no where near ready to begin looking at competitive employment. He is at a point where his program has been able to take my son and another client to do some work, with a job coach, 3 hours a week, at a local IHop. He is very proud of this job! At times, he will want me to take him out to eat - at IHop, where he can greet and be greeted by his colleagues there. It is my hope that he will be able to continue to work for longer periods, and perhaps with less supervision at some point in the future.

My know that funding is always an issue, with any service organization, especially when working with vulnerable and/or high maintenance clients. I would respectfully request that the state of Arizona make every attempt to fully fund programs for our disabled children, youth and adults. Additionally, I understand that the program revisions include considering capping the number of years that a disabled adult can work in a sheltered environment. I would sincerely hope that this would not be implemented. Allowing disabled adults perform work at whatever level they are able gives them a sense of pride and a feeling that they are participating in life, in a "normal" way. It enhances their self-esteem and their determination to live actively, rather than passively being cared for and deteriorating physically and mentally. There are many disabled adults who will never be able to participate in more competitive environments. Yet, they should be encouraged to move as far as they can in learning work skills and abilities; rather than placed in a day care program, to languish. By capping the number of years a disabled adult can be in a sheltered work environment, the state would be punishing the disabled adult. The intent might be to encourage the work programs to "move the adults" through the levels of work toward competitive employment. I do support accountability for the programs that work with our most vulnerable citizens. But if you look at each client individually, there are some who will move very, very slowly up these levels. Some will never be able to progress beyond certain sheltered/assisted levels. Do not let the State of Arizona support a culture where people with disabilities are dehumanized and pushed into the darkness, because they cannot compete with their nondisabled peers. We have come too far to go backward.

Thank you for your ongoing support for our disabled children, youth, and adults.
Sincerely,
[redacted]

Email 139

Johnson, Dara

From: [redacted]>
Sent: Monday, September 07, 2015 6:57 PM
To: HCBS
Subject: HCBS Community Forum

Sent from my iPad
On behalf of our son [redacted] my husband and I attended the AHCCCS Community Forum. As previously stated in other emails on this subject we were concerned with the direction that was being proposed for the CBE program. Our son both lives in a Marc Center Group Home and attends the Marc Center East ER program (CBE program). We were very pleased to hear and hope it will be followed through on that Long Term Care Clients currently in a sheltered workshop would have some kind of "grandfathered" clause. Our son has enjoyed the benefits of the progress that has been made; I.e. Parkway in Mesa, integration into the Public School System and now programs through Marc Center, to name a few, since his birth in 1967. We would not want to see any improvements stop. However, it seems like the rules/information coming down from CMS or other advocates are not looking at the individuality of all the different levels of intellectual and developmental disabilities. Our son and others like him in the CBE program at the Marc Center have a perfect placement since the majority do not have the ability to work in a competitive job or the social skills to be employed outside the structure of their current CBE program.
I am appreciative of the fact that we as parents and advocates were listened to and hopefully our people will be able to retain their current structured jobs in the workshops that they love.

Thank you again for your patience and support.

[redacted], parents and legal guardians of [redacted]

Email 140 (Duplicate of Email 139)

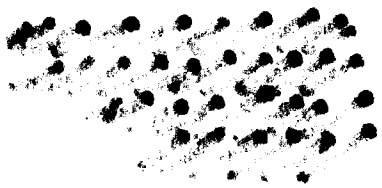
Johnson, Dara

From: [redacted]
Sent: Monday, September 07, 2015 6:05 PM
To: HCBS
Subject: HCBS

On behalf of our son [redacted] my husband and I attended the AHCCCS Community Forum. As previously stated in other emails on this subject we were very concerned with the direction that was being proposed for the CBE program. Our son both lives in a Marc Center Group Home and attends the Marc Center East ER program (CBE program).
We were pleased to hear and hope that it will be followed through on that Long Term Care Clients currently in a sheltered workshop would have some kind of "grandfathered" clause. Our son has enjoyed the benefits of the progress that has been made: i.e. Parkway in Mesa, integration into the Public School System and now programs through Marc Center since his birth in 1967 and we would not want to see any improvements stop. However, It seems like the rules/information coming down from CMS or other advocates are not looking at the individuality of all the different levels of intellectual and developmental disabilities. Our son and others like him in the CBE program at Marc Center have a perfect placement since they do not have the ability to work in a competitive job or the social skills to be employed outside the structure of their current CBE program.
I am appreciative of the fact that we as parents and advocates were listened to and hopefully our people will be able to retain their current structured jobs in the workshops they love.

Thank you again for your patience and support.

[redacted], parents and legal guardians of [redacted]



Email 141

Johnson, Dara

From: [redacted]
Sent: Tuesday, September 08, 2015 4:22 PM
To: HCBS
Cc: jim.adams@asu.edu
Subject: input on CMS HCBS changes

To Whom It May Concern,

Thank you for the opportunity to submit feedback regarding the proposed changes to the HCBS system.

As the parents and legal guardians of a young man diagnosed with severe autism, we are concerned about future plans for our son, [redacted]. [redacted] is almost 28 and has lived in a group homes for over eleven years already. We are intimately involved parents and still have experienced some very difficult situations with the group homes. It is clear that we must continue to advocate for our son's day to day living and work along with authorities to assure he has opportunities to become his very best and to be cared for in a safe environment.

Based on the AHCCCS meetings I have recently attended, I see both good and not so good things in the proposed changes. Of course, it is our hope that [redacted] and others like him will continue to make progress toward more independence and greater ability to integrate into "normal" society. The challenge we see is that there always seem to be some individuals who have a tough time with integration and we believe there will always be a need for those individuals to have an environment where they are not forced to integrate because it is traumatizing for them. Also, there is NO WAY to teach everyone in society about autism and how to interact with individuals who are severely affected so to put them in some situations puts everyone at risk, the special needs individual and the "typical" individuals around them.

We are aware of numerous wonderful communities around the country and the world where grassroots parents have worked hard to create a safe and productive environment for their special needs individuals (especially autism) to thrive. These wonderful programs could be at risk under the proposed changes. An excellent article entitled "Who Decides Where Autistic Adults Live?" http://www.theatlantic.com/health/archive/2015/05/who-decides-where-autistic-adults-live/393455/ was published in May of this year describing just such a situation. I hope you will take the time to click on the link and read the article.

The same issue applies to sheltered workshops around the country that provide a place for individuals who have "capped" in their ability to perform work at a certain level. These people have purpose in their daily lives by having a place to go and feel productive. To assume that they will be able to set a goal to increase their skills to the level of a "typical" employee and

move out of the sheltered workshop into a regular job is unrealistic for some of them. Of course, we encourage those who are able to always strive for greater independence!

The huge wave of autistic individuals who are moving into adulthood now and in the coming years will surely have a certain percentage of them who will be in the low functioning category and will be the ones most affected by the new CMS HCBS Rule.

We speak for many other parents and guardians who are so busy with survival every day that they are not able to take the time to attend meetings or to compose a response to you. From that perspective, we ask that you PLEASE consider the consequences of the "not so good" side of the new rules as noted earlier.

Thank you, again, for the opportunity to share our concerns. Please do not hesitate to contact us if you need any additional information.

Respectfully,

Johnson, Dara

Email 142

From: Brandy Petrone <brandy@goodmanschwartz.com>
Sent: Wednesday, September 09, 2015 9:44 AM
To: HCBS
Cc: Carol Carr; Rachelle Hadland
Subject: HCBS Comments - Employment

Hello,

The Arizona Association of Providers for People with Disabilities (AAPPD) would like to submit one additional comment regarding the employment section of the HCBS rules. This follows the additional discussion that was held on August 28th:

> Will the "new" CBE incorporate a screening or skill evaluation tool to assess whether an individual has a likelihood of integrated community employment prior to placement in a CBE Program? If this is the case, AAPPD is concerned that many people who greatly value and choose employment, may never get the opportunity to experience the value of employment because they will not or cannot have the goal of competitive employment. Will there be a way for someone to experience CBE (a trial run, so to speak) if necessary?

Thanks you, in advance, for the consideration.

Brandy Petrone
On behalf of AAPPD

Brandy Petrone
Goodman Schwartz Public Affairs

Office: 602-277-0911
Cell: 602-821-8318
Fax: 602-277-3506

300 West Clarendon, Suite 245
Phoenix, AZ 85013
brandy@goodmanschwartz.com

Johnson, Dara

Email 143

From: [redacted]
Sent: Wednesday, September 09, 2015 3:25 PM
To: HCBS
Cc: Johnson, Dara; LLove@azdes.gov
Subject: Comments on Arizona's draft and transition plan to CMS rules
Attachments: Gingers response to CMS rule.doc.docx

Director Betlach –

Attached is my response to the AHCCCS's Draft "Systemic Assessment and Transition Plan" for compliance with new CMS rules regarding home and community based services. I appreciate the opportunity to provide input on this Plan and would love to work with AHCCCS on the final version which will be submitted to CMS.

Sincerely,

[redacted]

--
Live Simply, Love Generously, Care Deeply, Speak Kindly _____
NOTICE: This e-mail (and any attachments) may contain PRIVILEGED OR CONFIDENTIAL information and is intended only for the use of the specific individual(s) to whom it is addressed. It may contain information that is privileged and confidential under state and federal law. This information may be used or disclosed only in accordance with law, and you may be subject to penalties under law for improper use or further disclosure of the information in this e-mail and its attachments. If you have received this e-mail in error, please immediately notify the person named above by reply e-mail, and then delete the original e-mail. Thank you.

Email 143

September 8, 2015

Tom Betlach, Director
Arizona Health Care Cost Containment System
801 E. Jefferson Street, Mail Drop 4200
Phoenix, AZ 85034

Via Email: *HCBS@azahcccs.gov*

Re: Comments on Arizona's Draft Systemic Assessment and Transition Plan

Dear Director Betlach:

First let me introduce myself. I am [redacted], mother of [redacted] who receives supports and services through the DES Division of Developmental Disabilities. Kandi and I have lived in Arizona for 17 years. Prior to moving to Arizona, we have lived in Kansas, Pennsylvania and Nebraska.

[redacted] was born 51 years ago with moderate mental retardation……now we would say moderate IDD. I have two daughters, [redacted] my oldest and her younger sister Kristi. I have always had very high expectations for my daughters. When I was told [redacted] had IDD, I was told to take her home and love her…..which I did. I should have also been told to take her home and make sure she has all the opportunities that other children have. But for some reason I knew that is what I needed to do.

I always said I wanted the best education possible for both my girls. Understanding their education would be different but still wanting the best public schools had. Both my girls graduated from high school in 1984 in Wichita, Kansas. Kristi left home to go to college, while [redacted] moved on to vocational education at KETCH Industries in Wichita. Kristi graduated from the University of Kansas and then continued on to receive her Master's from the University of Missouri Kansas City. I have always talked about the importance of education and employment with my girls. We talked about being independent and being able to support themselves. As you can figure out, this was achieved differently for each of my daughters but the expectations were the same….go out there, work hard, and do great things. Each have done just that, in their own way.

The State of Arizona has an opportunity with the new CMS rules to become a leader in innovated supports and services for children and adults with I/DD. I understand the review process AHCCCS used was a "systematic" review of the new CMS rules including Arizona laws, policies and regulations. But that will not move Arizona forward and into a leadership position for individuals with I/DD. We need to look at the services and supports that are provided in Arizona and make sure they meet the CMS rule. If AHCCCS' qualified vendors don't meet the CMS rules they need to provide AHCCCS with an action plan on how they intend to come into compliance. What we need in Arizona is community inclusion for all citizens with I/DD!

SC. 1102

In my opinion, how Arizona goes about changing for community inclusion for individuals with I/DD is through the Person Center Planning Process. All DDD support coordinators need to be educated on what Person Center Planning is for community inclusion. The support coordinators must guide families and their sons and daughters with I/DD into community inclusion. Support Coordinators need to be well paid and have a career path so they are invested in their career with DES/DDD. They need in-service education on what Person Centered Planning is and how to support individuals into community inclusion through the planning process.

Arizona needs to evaluate the present funding stream and make changes that supports community inclusion. Employment and community living should be the first option for individuals with I/DD. Families will be scared and I understand that, but once they see the success their sons and daughters will experience, they will be the biggest supporter of the CMS rules and Arizona's leadership in community inclusion for individuals with I/DD. Arizona cannot let this opportunity pass them by.

I have worked very hard all of my daughter's lives for them to have a full life and I am very proud of what they both have achieved. [redacted] lives in the community and is supported through DDD IDLA. She works at Fry's Food Store for almost 7 years with the support of Supported Employment, which she will need for all of her working life. Kristi, who has worked at Cigna HealthCare for over 20 years, and her family (her husband and two sons) live in Peoria and live a full life. My oldest grandson is a freshman at PVCC and my youngest grandson is a freshman in high school.

The State of Arizona and AHCCS cannot miss this opportunity to be an innovator. I worry that the bureaucracy of State Government will get in the way of doing great things for individuals with I/DD and their families. The transition plan needs to outline how Arizona is going to be a leader in the implementation of the CMS rule. I don't have time in my life to wait for this.....I have way more life behind me than I have in front of me. Please, let's work in the next year to move forward!

Sincerely,

[redacted]

Mom of [redacted] and Kristi

[redacted]

Email 144

Johnson, Dara

From: Gonzales, Theresa
Sent: Wednesday, September 09, 2015 5:11 PM
To: HCBS
Subject: FW: Comments to AHCCCS Draft Home and Community Based Services Assessment and Transition Plan-part of 1115 waiver request
Attachments: AHCCCS Office of Comments to AHCCCS Draft Home and Community Based Assessment and Transition Plan-part of 1115 waiver 9.9.15.pdf

This is part of your comments

From: ellen sue katz [mailto:eskatz@qwestoffice.net]
Sent: Wednesday, September 09, 2015 3:23 PM
To: Public Input
Subject: Comments to AHCCCS Draft Home and Community Based Services Assessment and Transition Plan-part of 1115 waiver request

Office of Intergovernmental Relations:

Attached are the comments submitted by the Arizona Center for Law in the Public Interest and the William E. Morris Institute for Justice to the AHCCCS draft section 1115 (1315) waiver request for the Home and Community Based Services Assessment and Transition Plan. This is part IV of the waiver request. Earlier today we submitted additional comments on the demonstration waiver request. We separated the comments into two letters because of the length of our initial comments.

Thank you for considering these comments.

Please let me know if you have any questions.

We have moved as of December 22, 2014!
Our phone, fax and e-mail all stay the same.

Ellen Katz
William E. Morris Institute for Justice
3707 North 7th Street, Suite 220
Phoenix, Arizona 85014
Phone: 602-252-3432
Fax: 602-257-8138

Email 144

William E. Morris Institute for Justice

3707 North Seventh Street, Suite 220, Phoenix, AZ 85014-5095

Phone 602-252-3432 **Fax 602-257-8138**

September 9, 2015

VIA EMAIL:
publicinput@azahcccs.gov

Arizona Health Care Cost
Containment System
801 East Jefferson Street
Mail Drop 4200
Phoenix, Arizona 85034

Attn: Office of Intergovernmental Relations

Re: Comments to AHCCCS Draft Home and Community Based Services Assessment and Transition Plan in Proposed 1115 (1315) Demonstration Waiver Request

Dear Office of Intergovernmental Relations:

The William E. Morris Institute for Justice ("Institute") and the Arizona Center for Law in the Public Interest ("Center") submit these comments to the Arizona Health Care Cost Containment System's ("AHCCCS") draft demonstration waiver request for Home and Community Based Services ("HCBS") Assessment and Transition Plan for the 5 year period beginning October 1, 2016. The HCBS waiver request is part of the overall waiver request. This response is separate from our other comments to the waiver request due to the length of the other comments. The Institute is a non-profit program that advocates on behalf of low-income Arizonans. As part of our work, we focus on public benefit programs, such as Medicaid. The Center is a public interest law firm that has a major focus on access to health care issues.

Arizona's HCBS Assessment and Transition Plan

The final federal regulations for HCBS were published in January 2014. Despite the promulgation of regulations, AHCCCS did not publish its proposed "assessment and transition plan" until August 1, 2015. A review of the assessment and transition plan shows the following concerns.

A. Major Shortcomings:

First, the timeline is seriously delayed. The plan does not even begin work until October 2016, fully 2.5 years after the regulations became effective. Our understanding is that no other state has proposed a schedule that extends beyond the regulatory requirement – March 17, 2019. Arizona proposes to be 30 months late in 2021. Significantly, the plan to identify and develop remedies for deficiencies occurs very late in this delayed process. The state offers no explanation or justification for such delayed implementation.

The plan posted for public comment has significant shortcomings and shows that Arizona is substantially behind other states in implementing the requirements of the regulation. As examples, the plan does not even contemplate beginning a transition until October 2016. Year One of the proposed transition appears to contemplate only assessment, training and education work that could and should begin immediately. Year Two of the Plan appears to focus only on "paper" compliance by altering policies and contracts, but these proposed steps are known to be necessary and could be taken without the Centers for Medicare and Medicaid Services ("CMS") approval. Further, any attention to monitoring and site-specific compliance does not appear to begin until Year Three (October 2018), with site-specific corrective action plans not contemplated until Year Five (October 2021). This timeframe is not acceptable. Because the plan to identify and develop fixes occurs so very late in the process, we are unlikely to see full compliance, even by 2021.

Second, the plan does not provide for and incorporate meaningful public input to the extent required by 42 U.S.C. § 1315 and the implementing regulations 42 C.F.R. §§ 431.400-427. It is our understanding that in November 2014 AHCCCS convened a workgroup to conduct a paper review of the residential and non-residential services at issue. The workgroup was limited to AHCCCS staff and managed care organizations. It did not include members, advocacy groups or providers. This review was only of statutes, regulations, rules, policy manuals and contract provisions. Subsequently in June

and July, AHCCCS held some stakeholder meetings but there was no draft plan presented and no meaningful opportunity for public input.

AHCCCS states it will conduct random surveys of providers and members. AHCCCS has not published the survey for public comment and provider assessments present significant conflict of interest concerns. We understand that Arizona must have in place a mechanism to review each individual setting that offers HCBS. This would include non-provider settings. In addition, if return of the survey is not mandatory, AHCCCS would need a method to evaluate providers who do not return the survey. None of these matters are addressed in the plan.

We are concerned that AHCCCS did not engage members and their families prior to the draft policy. Such public input is critical to understanding what barriers currently exist and what implementing changes are needed to become compliant with the federal regulations. Moreover, in order to obtain information from persons served, an outreach and education plan is required. AHCCCS' proposal is devoid of these elements. In addition, the plan does not allow for telephonic input. Many of those served may not want to submit comments by e-mail or written letter.

Third, CMS is expecting a site-specific review to ensure compliance at each HCBS setting. Our understanding is that most states have proposed some mix of on-site review, provider self-assessments and beneficiary surveys to accomplish this task. Arizona's plan appears to assume (without justification) that all current settings are in compliance with state policies or will be able to come into compliance with changes to state policy that must be made. In fact, the plan determined that 36% of residential settings and 33% of non-residential settings were already fully compliant without any supporting information. Very few settings meet all of the standards set forth in the regulations, so these numbers are suspect. The plan proposes a provider self-assessment tool and beneficiary surveys as part of ongoing monitoring, rather than initial compliance with the federal HCBS settings requirements. The plan describes no mechanism to validate the accuracy of provider self-assessments, nor any description of a sampling methodology for how that will work.

Fourth, the plan sets no clear deadline for providers to come into compliance, what the protections will be for HCBS participants who need to move, and whether there is enough time before the end of the transition for this to occur in an organized, stable way. This would include enough time to develop any new settings that are necessary when it becomes clear certain providers cannot come into compliance. This part of the plan

would also include beneficiary protections and assistance available to identify and transition to alternative settings.

Fifth, the creation of the assessment tools and educational materials is very segregated. There is no mention of participant/advocacy input on the provider assessment tools. There must be stakeholder input on all pieces of the plan to help ensure that they will be effective and accurately reflect the intent of the regulations.

Sixth, the plan allows a time period to come into compliance with the person centered planning requirements under the regulations. These requirements became effective March 17, 2014 and should be currently in use. Person centered planning is not supposed to be part of a transition plan. *See* CMS, HCBS Basic Element Review Tool for Statewide Transition Plans and HCBS Content Review Tool for Statewide Transition Plans, http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/hcbs-state wide-transition-plan.pdf. ("The Statewide Transition Plan focuses on the state's compliance with the home and community-based settings requirements, and does not include substantial extraneous information, such as information on the state's compliance with the person-centered planning process or person-centered service plan requirements.") Therefore, person centered planning must be enforced immediately.

Seventh, related to the site-specific review, the state has only identified remediations that amount to changing state policies and regulations. AHCCCS appears to assume that all settings are and will continue to be compliant with state policies. No attention was given to identifying which providers will need to implement specific changes, nor what kind of support and education the state will offer to help providers implement those changes, nor whether certain settings-types, such as sheltered work, will be phased out entirely.

Finally, Arizona's plan identifies several group homes that are co-located on the campus of an ICF-IID. These settings cannot be approved without heightened scrutiny. The evidence is not site-specific and suggests significant overlap or transition between the ICF residents and staff with the individuals residing in the group homes and suggests that group homes located off campus would be too dangerous for these residents. Such evidence has been cited as reasons to *not* approve such settings in North Dakota.

Related to heightened scrutiny, the state has not proposed any mechanism (beyond location) to identify specific settings that have the effect of isolating individuals receiving

HCBS. The necessity to develop a clear mechanism has been cited in nearly every response letter CMS has sent back to states that have already submitted their plan. In short, simply looking at settings that are on the campus of an institution is necessary, but not sufficient to satisfy the requirements for reviewing settings that might be subject to heightened scrutiny.

B. Specific Issues/Questions with the Systemic Review

The proposed assessment and transition plan also raise additional concerns. First, the plan lacks any site-specific review or any methodology for identifying settings that have the effect of isolating individuals. A setting must be "integrated in and support full access to the greater community," but AHCCCS' erroneous interpretation of this rule provides this requirement can be met if a setting is "located in a neighborhood...near private residences and businesses." (at 13, at 48, at 80, at 113, elsewhere). The remediation proposal suggests that facilities co-located with institutions which are required to undergo heightened scrutiny can pass muster if the setting is separately licensed and operated. North Dakota Day center was separately licensed, but that was not sufficient for CMS approval as an HCBS setting. The proposed remediation is not compliant with the federal regulation, as integration is not just about location, but access more generally to the community. It must include a review of such matters as facility operations, access to transportation and ability to leave the facility. In addition, having "community" members visit a setting is not sufficient to ensure integration. Rather there should be evidence that participants are getting out/off the setting and interacting with the community.

Second, the regulation requires that individuals receiving HCBS have comparable access to the community as individuals not receiving HCBS. The plan uses the comparison group of other non-Medicaid residents in the same setting, rather than to individuals living in the community. This is a misreading of the regulation (at 29).

Third, the requirement that an individual must control his/her own schedule in the plan only addresses access to food (with no specifics addressing schedule autonomy). (at 38, at 102). The plan equates "freedom to furnish and decorate their room" to being "involved in furnishing decisions." These are not equivalent.

Finally, for the development homes, a "family" environment appears to justify not having full schedule autonomy ["a need to coordinate or negotiate schedules and

activities with others in the household" (at 95)] and not having access to a private room [based on what is "culturally normative" for a family (at 91)].

Our review of assessment and transition plan revealed the following specific issues with various facilities.

1. Assisted Living Facilities

- At 24: That Assisted Living Centers are co-located on the grounds of a private SNF means that they likely have the effect of isolating individuals receiving HCBS from the broader community, not that they are compliant with recommendations.[1]
- At 29: The comparison used is to non-Medicaid individuals in the same setting but should be individuals in the broader community who do not receive HCBS.
- At 30: That individuals have a choice of available options regarding where they live within an institution does not ensure they have a meaningful choice that includes a non-disability specific setting.
- At 31: The regulations state the setting must ensure the person's freedom from coercion and restraint not that they can control it by making informed choices. The plan instead sets out the incorrect standard that individuals are free from coercion and restraint by making informed choices. [2]
- At 33: Facilitating individual control over their daily activities may include access to food and other basic facilities at all times.

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[1] CMS, Guidance on Settings that have the Effect of Isolating Individuals Receiving HCBS from the Broader Community, http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/settings-that-isolate.pdf (providing example of multiple settings co-located and operationally related).

[2] In the preamble to the regulations, CMS was clear that they were not willing to delete this provision or put in an exception for when an individual has a documented history of risk of elopement or susceptibility to behavioral flare-ups that can only be controlled by temporary restrain. 79 FR 2948, 2977. This is an example of an instance where the state policy may not clearly contradict the regulations, but it also does not clearly support the regulations or their intent.

- At 38: Requirement to control his/her own schedule improperly is reduced to remediation about access to food (not scheduling).
- At 38: The key to the door of lockable bathroom, etc. is available to certain staff. The preamble to the regulations is clear that the regulation does not require individuals to provide keys to anyone and staff are only supposed to have keys as appropriate and as needed on a limited basis. 79 FR at 2963-64.
- At 38: No current choice of roommates in ALFs.
- At 39: Visitors at any time is not currently in state policy manual.
- At 41: ALF transition plan leaves responsibility for annual monitoring almost completely to the MCOs.
- At 41: Suggests that state policy manual will require a new range of employment opportunities, including supported employment.
- Generally, there is very little information that individuals in these settings actually are able to go out into the community (e.g., is there transportation provided, facility rules/policies that create a barrier to going out).

2. **Group Homes** – generally, there is no measure of how well group homes actually comply with the state policies, and the degree to which the homes are actually helping/training residents to fully engage in community life.

- At 48: "integrated in community:" Cites manual language that is not the same as what the regulation proposes. The question is not whether the residents interact with persons not receiving Medicaid [HCBS] but that they have full access to the community to the same degree as individuals not receiving Medicaid HCBS.
- At 57: Non-disability specific setting choices. This language sounds like nothing presents a barrier to choice, but there is no evidence the state is doing anything to ensure the individual has a set of options (building infrastructure, etc.)
- At 59: Posting member rights is a start, but there also should be an active program to educate members about their rights. There are no specifics that the state will require multiple methods of informing individuals about their rights.

- At 62: On controlling schedule, same issues as in ALFs with need to promote an individualized schedule. Access to home facilities at all times should be required, not just a possible example.
- At 66: It is not clear there is currently a written residency agreement.
- At 67: Having individual "involved in furnishing decisions" is different from "having freedom to furnish or decorate room within lease agreement." Also, there is the question about giving people the choice to have a lockable door and informed choice.
- At 69: Visitation provision is not compliant with federal regulation.

3. Group Homes on ICF campus: As noted above, these settings must have heightened scrutiny.

4. Child/Adult Development Homes

- At 79: There is the claim that they are "family homes in neighborhoods" but there is no evidence on daily activities and how often the persons leave those homes.
- At 80: On employment, there needs to be the requirement that case managers ask individuals if they would be interested in working.
- At 82: Discussion of fostering relationships but no evidence of what degree are people encouraged/enabled to get out into the community as opposed to building relationships within the home.
- At 91: Children do not seem to have an option to choose a private bedroom. There is no discussion of what is "culturally normative" for children and who decides that.
- At 95: "A Developmental Home fosters a family home environment for members. Therefore, members, just like other family members may need to coordinate or negotiate schedules and activities with others in the household." On schedule autonomy: No discussion of who decides how much compromise is required and who gets to play the role of parents. There is no regulation that says an HCBS-recipient has to create a family-style living situation.

- At 97: AHCCCS needs to add member satisfaction survey to measure degree of schedule autonomy and choice of provider/activities.
- At 99: There is no current written lease agreement for these homes.
- At 101: Freedom of choice: Same issue with "involved in furnishing" as opposed to "freedom to furnish." Also same issue as above with "culturally normative."
- At 102: On control of schedule, this again avoids addressing the issue by focusing only on access to snacks.
- At 103: There is a limitation on visitors at any time under current policies.
- At 104: For physical accessibility: Remediation "(2) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to ensure physical accommodations are sufficient to afford a comfortable and safe environment for all activities of daily living in the home" is not sufficient."

5. **Behavioral Health Treatment Facility:** These are no longer part of HCBS.

- Transition plan for individuals who require transfer is weak. Timing of transition also is unclear.

6. **Adult Day Centers**

- At 113: Integration standard of "located in neighborhoods" and, if co-located with institution that the staff and licensing is separate are not sufficient to meet HCBS rule requirements for "full access to community" (esp. re: heightened scrutiny). See above concern about this type of setting being of the type that is supposed to be considered a setting that isolates and therefore is considered institutional.
- At 114: Initial attempts to adjust policies to encourage supported employment, but this focuses on volunteering as opposed to competitive employment.

- At 115: Standard for engaging in community life seems to be limited to "establishing measurable goals and obtaining services in broader community."
- At 118: The standard for option to access non-disability specific setting seems to dodge the whole point. Instead of focusing on having a choice of different options, the primary option is to be there only part time.
- At 123: Recognizes current non-compliance with community engagement, no regimented schedule, and individual schedule autonomy but the proposed remediations are weak.

7. Day Treatment and Training Programs

- Setting Community Integration: Same problems as above, but this also acknowledges need to remove a current requirement that membership be majority people with disabilities. No clear indication of "isolating effects." Remediation implies that bringing outsiders in as visitors could be enough to make a setting integrated, but this alone would not be sufficient to ensure comparable access to the community as compared to individuals not receiving HCBS..
- At 139: Remediation for lack of engaging in community life improperly is limited to: "include opportunities to receive information and learn about events and activities in the community in an effort to make informed decisions about the schedule of activities for the Day Treatment and Training Program."
- At 145: There is mention of appropriate activities for age, cultural background, etc.
- At 152: Schedule autonomy: Current state manual only requires "monthly on-site and community integrated schedule of daily activities. The Program must document the member's direct input into the schedule and allow for reasonable choice in activity participation and offer alternative activities." This is not an individualized schedule and does not explain what is a reasonable choice.

Conclusion

The Institute and the Center appreciate the opportunity to comment on the draft HCBS assessment and transition plan. For all the above reasons, AHCCCS' HCBS assessment and transition plan are seriously delayed and insufficient.

If you have any questions concerning this letter, please contact Ellen Katz at (602) 252-3432 or at eskatz@qwestoffice.net.

Sincerely,

/s/

Ellen Sue Katz, on behalf of

Arizona Center for Law in the Public Interest

William E. Morris Institute for Justice

ESK

EMail 145

Johnson, Dara

From: Gina Griffiths <GGriffiths@starsaz.org>
Sent: Wednesday, September 09, 2015 5:18 PM
To: HCBS
Cc: Gina Griffiths
Subject: HCBS Assessment and Transition Plan - DTA

Hello,

I am respectfully submitting the following comments on behalf of Scottsdale Training and Rehabilitation Services or STARS. STARS has been providing services to individuals with developmental disabilities in Scottsdale and the surrounding communities for 42 years. We are appreciative of the opportunity to offer feedback on the Assessment and Transition Plan. Some of our comments are statements of support, some are areas of concern, and some are questions that we have regarding the plan.

Assessment
Rule 1 - We are absolutely agree with this rule! Everything we do, every day, is designed to help the individuals we serve to have increased access and opportunity to the greater community. We have some questions and concerns regarding the remediation strategies.

- We are concerned about the increased interaction with the general public. What requirements will there be in regards to fingerprinting and background checks for individuals visiting our centers and for individuals we are visiting in the community. Agencies will need additional resources to screen the entities we are interacting with, and we have to screen them to ensure the health and safety of our participants.
- We would like clarification as to what "located in the community among other residential buildings, private businesses, retail businesses, etc." means.
- Related to 1A, we are concerned with including a vocational goal for every individual. This seems to eliminate participant choice.
- We also have concerns with 1D. Theoretically, receiving services in the community to the same degree of access as individuals not receiving HCBS services is fantastic. However, peers to the adults we serve are usually in the workforce during the day. We struggle with understanding how to increase compliance specific to this.

Rule 5 – We also absolutely agree with participant choice and love Article 9 and the rights ensured to those we serve. We would really love to provide the flexibility in scheduling, activities, access and all other possibilities. We are prohibited from providing complete flexibility due to funding constraints. Our leadership team has developed really creative menus of activities (somewhat similar to the options on a cruise ship, with a variety of choices every day that our participants can opt in to our out of) but we have not been able to implement that type of programming. The primary reason we are not able is funding. We would need to increase staffing levels, increase the number of vehicles we have, increase space (to really do it right). We would LOVE to be able to provide that service, but our current reimbursement rates are less than the cost of the current program structure. We cannot increase the costs of the program structure without increased reimbursement. This type of programming requires increased staff and greater resources.

Transition
#2 – the remediation strategy concludes with " whereby Members are directly engaged in activities with peer and community members without disabilities." We are still concerned that the peers to our population are not just readily available and accessible in the community to spend time with us. Most of those peers are in the workforce.
#8 – we have the same concerns articulated in Rule 5 of the Assessment. Additionally, we are concerned about the health and safety of our members if they are able to access food and snacks at any time. It is culturally normative to eat at mealtimes and snack times with a group.

Thank you for opportunity to comment and offer feedback! It is greatly appreciated!

Gina Griffiths MSW| Program Director
STARS (Scottsdale Training & Rehabilitation Services)
11130 E. Cholla Street, Suite #H-110 | Scottsdale, AZ 85259 | www.starsaz.org
☎ Direct: 480.371.2340 Main: 480.607.1301 | 🖷: 480.607.1282 | ✉ ggriffiths@starsaz.org
Join the conversation!

Email 146

Johnson, Dara

From: Gina Griffiths <GGriffiths@starsaz.org>
Sent: Wednesday, September 09, 2015 5:18 PM
To: HCBS
Cc: Gina Griffiths
Subject: HCBS Assessment and Transition Plan - Employment Services

Hello,

I am respectfully submitting the following comments on behalf of Scottsdale Training and Rehabilitation Services or STARS. STARS has been providing services to individuals with developmental disabilities in Scottsdale and the surrounding communities for 42 years. We are appreciative of the opportunity to offer feedback on the Assessment and Transition Plan. Some of our comments are statements of support, some are areas of concern, and some are questions that we have regarding the plan.

We have some general comments related to the discussion of employment services. As providers, we have the expertise to accomplish these goals and we are motivated to do so. However our barriers are high, and we will need assistance to overcome them. We have a lack of community employment opportunities. Providers work together to address this (we even have several committees!) but it is not enough. More needs to be done on a policy level to support this goal. Additionally, we need increased funding. Vocational services are vastly subsidized in the provider community. We would love to expand them, be we need to be fairly compensated to do so. Individuals with high needs are capable of working, but they will likely need an increased level of support that currently doesn't exist.

Center Based Employment

Assessment

Rule 1 - We are absolutely agree with this rule! Everything we do, every day, is designed to help the individuals we serve to have increased access and opportunity to the greater community. We have some questions and concerns regarding the remediation strategies.

- In 1A, we support expanding the scope of CBE to include vocational/ job related assessment, work incentive consultation career advancement services, and transportation training and planning. We look forward to seeing the reimbursement rates increase to reflect the expansion.
- We are concerned with the emphasis on volunteer work. The Department of Labor does not support having individuals with disabilities work without pay. Providers are at great risk of inadvertently violating federal law if not careful.
- We appreciate the opportunity to continue operating CBEs without new admissions in order to safely and fairly support the individuals we are currently serving.
- We are thrilled to be included in the process to redesign employment services. Those of us that have been providing those services have some amazing ideas of how to improve the system for our participants.
- At STARS, we love to bring folks in to our CBE to share information about jobs in the "real world" and to take individuals out to volunteer and enhance their skills. We want to expand those opportunities and we are concerned about the increased interaction with the general public. What requirements will there be in regards to fingerprinting and background checks for individuals visiting our centers and for individuals we are visiting in the community. Agencies will need additional resources to screen the entities we are interacting with, and we have to screen them to ensure the health and safety of our participants.
- We also have concerns with 1D. Theoretically, receiving services in the community to the same degree of access as individuals not receiving HCBS services is fantastic. However, peers to the adults we serve usually have increased productivity and access to different jobs and benefits. We are also continually working to increase the employers who will employ the folks we serve. We need a great deal of support to engage employers to expand opportunities.

- Rule 5 – We also absolutely agree with participant choice and love Article 9 and the rights ensured to those we serve. We would really love to provide the flexibility in scheduling, activities, access and all other possibilities. We are prohibited from providing complete flexibility due to funding constraints. Our leadership team has developed really creative menus of activities (somewhat similar to the options on a cruise ship, with a variety of choices every day that our participants can opt in to our out of) but we have not been able to implement that type of programming. The primary reason we are not able is funding. We would need to increase staffing levels, increase the number of vehicles we have, increase space (to really do it right). This type of programming requires increased staff and greater resources. This type of programming is also not conducive to vocational training. This would not prepare an individual to work in the community.

Transition
#1 & 2 – we are concerned with the feasibility of brining in individuals without disabilities. What would the screening requirements be? Who will coordinate the schedules? This will require increased funding.
#4 – we will need assistance in developing our employer network and we will need financial support so that we can dedicate increased staff to that effort.
#5 – again, we appreciate being included in the process.
#12 – concerns about funding needed to support programming as well as dichotomy between choice and vocational training are listed above.

Group Supported Employment
Assessment
Rule 1 - We are absolutely agree with this rule! Everything we do, every day, is designed to help the individuals we serve to have increased access and opportunity to the greater community. We have some questions and concerns regarding the remediation strategies.

- In 1A, we support expanding the scope of GSE to include vocational/ job related assessment, work incentive consultation career advancement services, and transportation training and planning. We look forward to seeing the reimbursement rates increase to reflect the expansion.
- We are thrilled to be included in the process to redesign employment services. Those of us that have been providing those services have some amazing ideas of how to improve the system for our participants.
- We also have concerns with 1D. Theoretically, receiving services in the community to the same degree of access as individuals not receiving HCBS services is fantastic. However, peers to the adults we serve usually have increased productivity and access to different jobs and benefits. We are also continually working to increase the employers who will employ the folks we serve. We need a great deal of support to engage employers to expand opportunities.

Transition
#2 – again, we appreciate being included in the process.

Thank you for opportunity to comment and offer feedback! It is greatly appreciated!

Gina Griffiths MSW | Program Director
STARS (Scottsdale Training & Rehabilitation Services)
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☎ Direct: 480.371.2340 Main: 480.607.1301 | 🖷: 480.607.1282 | ✉ ggriffiths@starsaz.org
Join the conversation!

Johnson, Dara

Email 147

From: [redacted]
Sent: Tuesday, September 15, 2015 4:01 PM
To: HCBS
Subject: HCBS Assessment and Transition Plan -- Employment Services

My son is 34, on the autism spectrum (Fragile X Syndrome) and receives services from YEI in Prescott. He is currently participating in facility-based employment in the morning, and in the afternoon he is involved in the social activities program, which is extremely important for him, considering his problems in that area. He has a daily routine, and is ready and willing to go to YEI every morning, even after long (1 month) vacations. He earns a small paycheck, which we would like to keep small so he can keep getting Social Security.

We feel this is the best situation for our son. While he works very well within the confines of the facility, we feel that community-based employment would be stressful for him and lead to unwanted behaviors. Having moved from Maryland almost 4 years ago, from a situation that our son hated, YEI has proved to be the best possible program for him. He is thriving in this environment: language has improved, behaviors have improved and he is very happy.

[redacted]