



Arizona's Systemic Assessment and Transition Plan

August 2015



TABLE OF CONTENTS

INTRODUCTION	Page 2
THE MEDICAID PROGRAM	Page 4
THE RULES	Page 6
THE ASSESSMENT	Page 8
THE TRANSITION PLAN	Page 14
PERSON CENTERED PLANNING	Page 19
ACRONYMS AND DEFINITIONS	Page 22
SETTING TYPE ASSESSMENTS AND TRANSITION PLANS	
Assisted Living Facilities	Page 23
Group Homes	Page 46
Adult and Child Development Homes	Page 77
Behavioral Health Residential Facilities	Page 109
Adult Day Health Programs	Page 112
Day Treatment and Training Programs	Page 134
Center-Based Employment Programs	Page 159
Group-Supported Employment Programs	Page 187

INTRODUCTION

On January 16, 2014, the Centers for Medicare and Medicaid Services (CMS) released final rules regarding requirements for home and community based services (HCBS) operated under section 1915 of the Social Security Act (HCBS Rules). The HCBS Rules mandate certain requirements for residential and non-residential settings where Medicaid members receive long term care services and supports. Specifically, the HCBS Rules establish requirements for settings to ensure that individuals receiving services are integrated into their communities and have full access to the benefits of community living.

While the Arizona Health Care Cost Containment System (AHCCCS) HCBS program is operated under section 1115 of the Act, CMS is requiring compliance with those regulations for all long-term care home and community based settings. To that end, AHCCCS has established a plan for meeting those standards on a timeline consistent with its 1115 Waiver renewal submission (effective October 2016). All HCBS residential and non-residential settings must come into compliance by the end of a five-year transition period with the HCBS Rules. Currently, the five-year transition period is projected to be October 2016 – September 2021.

In Arizona, these requirements impact the Arizona Long Term Care Services (ALTCS) program members receiving services in the following residential and non-residential settings:

Residential

- Assisted Living Facilities
- Group Homes
- Adult and Child Development Homes
- Behavioral Health Residential Facilities

Non-Residential

- Adult Day Health Programs
- Day Treatment and Training Programs
- Center-Based Employment Programs
- Group-Supported Employment Program

AHCCCS conducted a systemic assessment of Arizona's HCBS settings to determine its current level of compliance, provide recommendations for identified variances, and outline a process for continuous monitoring. The systemic assessment process included a review of Arizona Revised Statutes, Arizona Administrative Code (licensing Rules) and AHCCCS and Managed Care Organization (MCO) policies and contracts.

To seek public comment, AHCCCS is publishing the draft systemic assessment of Arizona's HCBS settings and the draft transition plan for coming into compliance by the end of the transition period in October 2021. The public comment period will be for the month of August (August 1 – 31, 2015). AHCCCS will host a round of public forums throughout the state. Lastly, as part of the public comment period, AHCCCS will disseminate surveys to randomly selected members and providers to further assess a baseline of the State's compliance and how the HCBS Rules might currently be employed in practice.

After consideration of public comment, AHCCCS will submit its final assessment and transition plan to CMS for approval. AHCCCS will have five years to come into compliance with the HCBS Rules under the transition plan. During the five-year transition period, AHCCCS will work with a variety of stakeholders to implement the plan. Additionally, AHCCCS will work collaboratively with the MCOs to ensure HCBS

providers are adequately oriented and trained on their respective roles and responsibilities in ensuring members have full access to the benefits of community living.

The following is a general overview of Arizona's process to come into compliance with the HCBS Rules from start to finish.

Task	Timeline
Conducted assessment and drafted transition plan	November 2014 – May 2015
Convened stakeholder meetings <ul style="list-style-type: none">Revised assessment and draft transition plan based upon input received	June – July 2015
Public comment period <ul style="list-style-type: none">Host statewide public forums and Tribal ConsultationReceive public comments (email and written correspondence)Disseminate member and provider surveys	August 2015
Finalize assessment and transition plan <ul style="list-style-type: none">Evaluate and incorporate public commentsReceive and analyze member and provider surveys	September 2015
Submit assessment and transition plan to CMS	October 2015
Receive approval from CMS and execute transition plan	October 2016
All residential and non-residential settings are compliant	September 2021

THE MEDICAID PROGRAM

Arizona's Medicaid Program, AHCCCS, operates under the authority of section 1115 of the Social Security Act or an "1115 Waiver". In addition to the uniqueness of operating the entire Medicaid program under an 1115 Waiver, Arizona has utilized a managed care model to serve members. Since the inception of the ALTCS HCBS program in 1988, AHCCCS sought to promote the values of choice, independence, dignity, self-determination, and individuality for its membership. Furthermore, AHCCCS has designed the service system to ensure members live in and are served in the least restrictive setting. Members are afforded the choice to remain in their own home or choose an alternative residential setting versus receiving services in a Skilled Nursing Facility. In addition to serving members in the most integrated setting, the ALTCS program development, management and oversight is governed by the following guiding principles:

- **Member-Centered Case Management.** The member is the primary focus of the ALTCS program. The member, and family/significant others, as appropriate, are active participants in the planning for and the evaluation of services provided to them. Services are mutually selected to assist the member in attaining his/her goal(s) for achieving or maintaining their highest level of self-sufficiency. Information and education about the ALTCS program, their choices of options and mix of services should be accurate and readily available to them.
- **Member-Directed Options.** To the maximum extent possible, members should be afforded the opportunity to exercise responsibilities in managing their personal health and development by making decisions about how best to have their needs met including who will provide the service and when and how the services will be provided.
- **Consistency of Services.** Service systems are developed to ensure a member can rely on services being provided as agreed to by the member and the MCO.
- **Accessibility of Network.** Access to services is maximized when services are developed to meet the needs of the members. Service provider restrictions, limitations or assignment criteria are clearly identified to the member and family/significant others. Service networks are developed by the MCOs to meet members' needs which are not limited to normal business hours.
- **Collaboration with Stakeholders.** The appropriate mix of services will continue to change. Resources should be aligned with identified member needs and preferences. Efforts are made to include members/families, service providers and related community resources, to assess and review the change of the service spectrum. Changes to the service system are planned, implemented and evaluated for continuous improvement.

As of June 2015, there are a total of 57,628 individuals served by the ALTCS program. The following is an outline of where the current ALTCS membership resides. A total of 86% of the ALTCS membership reside in a HCBS setting. Conversely, 14% of the ALTCS membership either resides in an institutional setting or the placement data is not currently available at this point in time. Since 2011, the placement rate ratios have remained static and consistent with the aforementioned data. It is important to note a reason why Arizona has maintained high HCBS placement rates is because the provider community has created specialized service

settings to meet the growing diverse needs of the ALTCS membership particularly in the realm of individuals with high acuity medical needs and individuals that require ongoing behavioral health supportive services to manage behavioral health needs.

Setting	Number of Members	Percentage of Members
Own Home	39,362	68%
Assisted Living Facility <ul style="list-style-type: none"> -Assisted Living Home -Assisted Living Center -Adult Foster Care 	6,028	11%
Group Home	2,832	5%
Developmental Home <ul style="list-style-type: none"> -Child Developmental Home -Adult Developmental Home 	1,333	2%
Total of HCBS Placements	49,555	86%
Skilled Nursing Facility	7,247	13%
Other ¹	602	1%
Intermediate Care Facility for Individuals with Intellectual Disabilities	129	.2%
Behavioral Health Residential Facility	95	.2%
Total of Institutional Placements	8,073	14%
Total	57,628	100%
<i>Source: June 2015 Placement Report</i>		

¹ This category includes the number of members for which placement data is not available at this point in time. Additionally, the category includes the number of members placed in Behavioral Health Inpatient Facilities and Institutions for Mental Disease. The number of individuals residing in the latter settings was too low to report data while ensuring and maintaining health care information privacy protections.

THE RULES

The HCBS Rules² are purposed to enhance the quality of HCBS, provide protections to members and assure members have full access to the benefits of community living. This means that the HCBS Rules are established to assist Medicaid programs in supporting members to receive services in the most integrated setting and, furthermore, receive services to the same degree of individuals not receiving Medicaid HCBS. AHCCCS views the HCBS Rules as the equivalent of basic rights afforded to the ALTCS membership. The HCBS Rules will continue to reinforce Arizona's priority to support members to live and receive services in the most integrated setting. The opportunity for Arizona, under the HCBS Rules, is to focus attention on ensuring that members are actively engaged and participating in their communities to the same degree as any other Arizonan through employment, education, volunteer and social and recreational activities.

The HCBS Rules stipulate that HCBS residential and non-residential settings must have the following qualities defined at §441.301(c)(4) and §441.710 respectively.

1. The setting is integrated in and supports full access to the greater community, including opportunities to
 - a. seek employment and work in competitive integrated settings,
 - b. engage in community life,
 - c. control personal resources, and
 - d. receive services in the community to the same degree of access as individuals not receiving Medicaid HCB services.
2. The setting is selected by the individual from among setting options including
 - a. non-disability specific settings, and
 - b. an option for a private unit in a residential setting.
3. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint
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
6. Facilitates individual choice regarding services and supports and who provides them.
7. In a provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:
 - a. The individual has a lease or other legally enforceable agreement providing similar protections;
 - b. The individual has privacy in their sleeping or living unit including:

² [Department of Health and Human Services, 79 Fed. Reg. 2948 \(January 16, 2014\) \(codified at 42 CFR 431.301 and 441.710\)](#)

- Lockable doors by the individual with only appropriate staff having keys to the doors
 - Individual sharing units have a choice of roommates in that setting
 - Freedom to furnish or decorate the unit within the lease or agreement
- c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time
- d. The individual can have visitors at any time; and
- e. The setting is physically accessible.

For more information on the HCBS Rules and the requirements for State Medicaid Programs, please visit [CMS' website](#)

THE ASSESSMENT

In October 2014, AHCCCS formed an HCBS Rules Workgroup comprised of AHCCCS personnel and representatives from each of the MCOs. The AHCCCS and MCO personnel participating in the workgroup were subject matter experts in the areas of case management, behavioral health, quality, medical management, policy and management and oversight of contracts with the MCOs. The main charge of the workgroup was to conduct the preliminary assessment of the State's compliance with the HCBS Rules and draft a transition plan to come into compliance.

Prior to conducting the assessment, the workgroup identified the residential and non-residential setting types that must comply with the HCBS Rules and, thereby, be assessed including identifying the number of setting sites and the number of members served in those setting. The residential and non-residential setting types identified by the workgroup include:

Residential

- Assisted Living Facilities
- Group Homes
- Adult and Child Development Homes
- Behavioral Health Residential Facilities

Non-Residential

- Adult Day Health Programs
- Day Treatment and Training Programs
- Center-Based Employment Programs
- Group-Supported Employment Program

Once the setting types were identified, the workgroup evaluated and decided to conduct a state systemic assessment versus conducting setting type and site-specific setting assessments. A systemic assessment is a review and evaluation of standards and requirements for setting types that are outlined in Arizona Revised Statutes, Arizona Administrative Code, AHCCCS and MCO policy, AHCCCS contracts with MCOs and MCOs contracts with providers. The State chose the systemic assessment model because all services are provided under the 1115 Waiver authority. Furthermore, Arizona has a robust licensing system and set of licensing rules outlined in the Arizona Administrative Code that outline uniform standards across settings. The workgroup participants have a working knowledge and understanding of the operations of each setting type. Lastly, the workgroup felt strongly about assessing the "system's" compliance with the HCBS Rules, not just the roles and responsibilities of providers. For example, the workgroup examined evidence including the role of the case manager in policy when assessing compliance with the HCBS Rules for each setting type.

It is important to note that site-specific setting self- assessments are incorporated into the transition plan to provide training, technical assistance and support all settings to come into compliance by September 2021. It is also recognized that some site-specific settings may already be in compliance, at varying levels, with the HCBS Rules in practice. Therefore, subsequent to the September 2021 deadline, and ongoing, the site-specific setting assessments will be incorporated into the MCOs annual provider monitoring process and tools.

The workgroup developed a process to facilitate and tools to document the assessment outcomes. Given the purpose of the HCBS Rules, to assure the membership's full access of the benefits to community living, the

underlining principle of the workgroup deliberations and decision making was the concept and question of “What is culturally normative for individuals not receiving Medicaid HCBS?” In that vein, the workgroup considered the exploratory questions provided by CMS for [residential](#) and [non-residential](#) settings. The workgroup categorized the exploratory questions by their applicability to each rule requirement. It was noted that some of the residential questions could cross over into and be utilized in the non-residential context. Therefore, some residential exploratory questions were incorporated into the non-residential assessment deliberations.

The following is a summary of the workgroup meetings with an outline of the schedule and agenda items. It is important to note, in addition to conducting the assessment, the workgroup advised on the methodology and questions for the member and provider surveys.

Meeting Date	Setting Assessment	Other Items
10/27/2014		<ul style="list-style-type: none"> Overview and orientation to the HCBS Rules and the assessment process Develop assessment tool for residential settings
11/13/2014	Assisted Living Facilities	
11/24/2014	Assisted Living Facilities	
01/07/2015	<ul style="list-style-type: none"> Behavioral Health Residential Facilities Group Homes 	Strategy planning for member and provider surveys
01/23/2015	Group Homes	
02/02/2015	Adult and Child Developmental Homes	
02/20/2015		<ul style="list-style-type: none"> Review member and provider survey methodology, process and residential survey questions Developed assessment tool for non-residential settings
03/02/2015	Adult Day Health Facilities	
03/10/2015	Adult Day Health Facilities	
03/17/2015	Day Treatment and Training Programs	
03/24/2015	Day Treatment and Training Programs	
05/12/2015	Center Based Employment Programs	<ul style="list-style-type: none"> Reviewed assisted living training requirements crosswalk with the HCBS Rules Reviewed timeline for stakeholder meetings, public comment period and the draft assessment and transition plan
05/24/2015	Group Supported Employment Programs	<ul style="list-style-type: none"> Review of non-residential setting member and provider survey questions Discussion of Behavioral Health Residential Facilities
06/08/2015	Person Centered Planning Assessment	
06/19/2015		Review summary of final key decision points and considerations for the draft assessment and transition plan

Meeting Date	Setting Assessment	Other Items
		prior to convening community stakeholder meetings

The workgroup assessed each specific rule requirement for each setting type and, in turn, assigned a compliance level for each rule requirement. There are a total of 15 rule requirements for residential settings and a total of nine rule requirements for non-residential settings. All of the setting types, with two exceptions noted below, do not currently meet *all* of the HCBS rules and, therefore, require remediation strategies to come into compliance.

- **A total of five groups homes are co-located on the campus of the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) in Coolidge, Arizona.** The preliminary assessment determined the setting meets two criteria of the presumption that the setting is institutional in nature. The group homes are co-located on the grounds of the ICF/ID and they have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. Please reference the Group Homes' assessment and transition plan for more information on how AHCCCS plans to address this setting.
- **Behavioral Health Residential Facilities.** The workgroup concluded that Behavioral Health Residential Facilities should be de-classified as a home and community-based service, alternative residential facility in Arizona's 1115 Waiver because the service provided is clinical and transitional in nature. The benefit provided in this setting will continue as a behavioral health treatment service available in the array of covered benefits for ALTCS members, but not as an alternative residential home and community based setting for long term placement. Please reference the Behavioral Health Residential Facilities' assessment and transition plan for more information on how AHCCCS plans to address this setting.

Arizona's systemic assessment resulted in the findings noted in the chart below. Residential setting types are 62% in compliance with the rule requirements and non-residential setting types are 47% in compliance. In total, all setting types are 55% in compliance. The compliance outcomes are defined as follows.

- **Compliant** – The minimum standards of the rule requirements have been met.
- **Compliant with Recommendations** – The minimum standards of the rule have been met and, in addition, it was determined that a remediation strategy was in order to exceed the standard and meet the intent of the rule requirements.
- **Partial Compliance** – Some of the minimum standards of the rule requirements were met.
- **Not Compliant** – The minimum standards of the rule requirements were not met.

Setting	Compliant	Compliant with Recommendations	Partial Compliance	Not Compliant	Totals
Residential Settings					
Assisted Living Facilities	5	3	6	1	15
Group Homes ³	5	5	5		15
Adult and Child Developmental Homes	6	4	5		15
Behavioral Health Residential Facilities ⁴					
Residential Total	16 (36%)	12 (26%)	16 (36%)	1 (2%)	45
Non-Residential Settings					
Adult Day Health Facilities	1		4	4	9
Day Treatment and Training Programs	2	2	4	1	9
Center-Based Employment Programs	2	1	4	2	9
Group-Supported Employment Programs	7	2			9
Non-Residential Total	12 (33%)	5 (14%)	12 (33%)	7 (20%)	36
Grand Totals	28 (35%)	17 (20%)	28 (35%)	8 (10%)	81

Once the assessment and transition plan were drafted, AHCCCS hosted a series of eight targeted community stakeholder meetings in the months of June and July 2015. Two additional meetings have been scheduled in the month of August for two stakeholder groups that were underrepresented in the initial meetings (Adult Day Health Facility providers and Assisted Living Home providers). The purposes of the meetings were to dialogue with and solicit input from stakeholders about the preliminary assessment findings and draft recommendations to ensure compliance with the HCBS Rules. AHCCCS made revisions to the assessment and transition plan based upon the input received. The meetings also served as an orientation for stakeholders and a strategy to support stakeholders in providing informed public comment in August 2015. The following is a chart outlining the dates, the targeted groups invited for each meeting and the organizations or individuals that participated in the meetings.

Meeting Date	Targeted Group	Participants
June 24, 2015	Assisted Living Provider Associations	<ul style="list-style-type: none"> Arizona Health Care Association Assisted Living Homes Association Assisted Living Federation of America
June 26, 2015	Aging and Disability Community	<ul style="list-style-type: none"> Division of Aging and Adult Services Governor's Council on Aging Area Agencies on Aging Independent Living Centers Governor's Council on Spinal Cord and Head Injury Arizona Center for Disability Law

³ The group homes on the campus of Intermediate Care Facilities for Individuals with Intellectual Disabilities in Coolidge, Arizona, are not included in the compliance level summary. Reference the Group Homes' assessment and transition plan for more information.

⁴ The assessment concluded that the Behavioral Health Residential Facilities should be de-classified as a home and community-based service, alternative residential facility in Arizona's 1115 Waiver because it is a clinical setting and transitional in nature. Therefore, the assessment process did not include a full assessment of the setting type's compliance with the HCBS Rules and not included in the compliance summary. Reference the Behavioral Health Residential Facilities' assessment and transition plan for more information.

Meeting Date	Targeted Group	Participants
July 1, 2015	Employment Service Providers	<ul style="list-style-type: none"> Valley Life Scottsdale Training and Rehabilitation Services Gompers Beacon Group The Centers for Habilitation
July 8, 2015	Arizona Board of Examiners Nursing Care Institution Administrators and Assisted Living Facility Managers	<ul style="list-style-type: none"> Executive Director
July 9, 2015	ALTCS Advisory Council	<ul style="list-style-type: none"> ALTCS Members ALTCS Providers AHCCCS personnel MCO personnel
July 10, 2015	Arizona Association of Providers for Persons with Disabilities	<ul style="list-style-type: none"> Providers who are members of the Association
July 11, 2015	Arizona Training Program at Coolidge	<ul style="list-style-type: none"> Members Guardians Family members Staff
July 13, 2015	Developmental Disability Community	<ul style="list-style-type: none"> Arizona Developmental Disabilities Planning Council Raising Special Kids Arc of Arizona Developmental Disabilities Advisory Council Sonoran University Centers of Excellence in Developmental Disabilities Division of Developmental Disabilities, Human Rights Committee
August 10, 2015	Assisted Living Home Provider Associations	<i>To be determined</i>
August 14, 2014	Adult Day Health Facilities	<i>To be determined</i>

Assessment Introduction

- **Setting Overview.** The assessments begin with a description of the setting type, the number of sites and the number of members served in those settings.
- **References.** The assessment lists all of the references that were used to provide evidence for the compliance level determination. Each reference type is linked to the document online and a specific reference location is provided to locate the section noted as evidence in the assessment.

How to Read the Assessment

- **Rule column.** The HCBS Rule requirement.
- **Considerations column.** A summary of the exploratory questions that were used as considerations to evaluate the evidence for the compliance determination.

- **Evidence column.** Highlights the references from the Arizona Revised Statutes, Arizona Administrative Code, AHCCCS and MCO policy, AHCCCS contracts with MCOs and MCOs contracts with providers that are the basis for the compliance level determination. Each reference type is linked to the document online and a specific reference location is provided to locate the section noted as evidence in the assessment.
- **Compliance Level column.** The compliance level determination.
- **Remediation Strategies column.** The recommended actions to make systemic changes (i.e. policy and contract revisions) to ensure the State's compliance with the HCBS Rules by the projected deadline date of September 2021. The remediation strategies, if appropriate, include a reference link to documents proposed to be amended.

Following is an excerpt of the substantive portion of the assessment for reference:

Assisted Living 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:	<ul style="list-style-type: none"> ▪ The setting is located around private residences and businesses ▪ Individuals interact with and/or have relationships with persons not receiving Medicaid services (i.e. neighbors, friends, family, etc.) 	<p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [Chapter 1200 Overview] <p>AHCCCS Contractor Operations Manual</p> <ul style="list-style-type: none"> ▪ Assisted Living Homes and Adult Foster Care Homes are located in neighborhoods. ALTCS Contractors are required to develop and maintain a sufficient provider network. [Chapter 436] <p>Arizona Administrative Code</p> <ul style="list-style-type: none"> ▪ Assisted Living Centers are located within communities. Some Assisted Living Centers are co-located on the 	Compliant with Recommendations	<p>1) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co-located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another.</p> <p>2) Incorporate language AHCCCS Contractor Operations Manual (Chapter 436) that requires review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to AHCCCS.</p>

THE TRANSITION PLAN

The transition plan is what the State will use to ensure the entire system comes into compliance at the end of the five-year transition period in September 2021. The transition plan is comprised of two major components including setting type specific plans and a general plan applicable to all settings. Both components are critical to ensuring both systemic and site specific initial and ongoing compliance.

The transition plan for each specific setting type is included at the end of the assessment for that setting type.

How to Read the Setting Type Specific Transition Plan

- **Number Column.** The number of the remediation strategy.
- **Rule column.** The HCBS rule requirement that coincides with the remediation strategy.
- **Remediation Strategy column.** The recommended actions to make systemic changes (i.e. policy and contract revisions) to ensure the State's compliance with the HCBS Rules by the projected deadline date of September 2021. The remediation strategies, if appropriate, include a reference link to documents proposed to be amended.
- **Lead Organizations column.** The entity or entities responsible for implementing the remediation strategy.
- **Target Date column.** The timeline for completion of the remediation strategy. The target date coincides with the general transition plan for all settings.
- **Ongoing Monitoring column.** The strategy for monitoring ongoing compliance with the HCBS Rules subsequent to September 2021 when the transition plan has been completed.

Beginning on the next page, is an excerpt of substantive portion of the transition plan for reference.

Residential Setting Type - Assisted Living Facilities - Microsoft Word

Assisted Living 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	1) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) and that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co-located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another. 2) Incorporate language AHCCCS Contractor Operations Manual (Chapter 436) that requires review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to AHCCCS.	AHCCCS	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
2	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	AHCCCS	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)

Page: 22 of 27 Words: 4,461

General Transition Plan Introduction

The transition plan applicable to all settings is annualized and focused on a specific area for the five – year transition period. AHCCCS has a three-pronged approach to ensuring the transition plan is implemented within the specified timelines (i.e. policy and contract changes are made in year two).

- **Workgroups and Project Plans.** Setting type workgroups will be formed, comprised of internal and external community stakeholders, to advise AHCCCS personnel charged with implementing the transition plan. The workgroups will develop annual project plans including milestones and quarterly progress timelines to oversee the implementation of the setting type transition plan.
- **Public Transparency and Accountability.** In an effort to be transparent and accountable to the general public for the implementation of the transition plan, AHCCCS will post reports on the website (www.azahcccs.gov/hcbs) on the progress with quarterly and annualized milestones. Additionally, AHCCCS will continue to solicit, receive and incorporate public input regarding progress made on the implementation of the transition plan.

- **Reports.** AHCCCS will develop reports and reporting processes and timelines for MCOs to report compliance for the HCBS Rules for each site-specific setting throughout the five-year implementation of the transition plan.

YEAR ONE – ORIENTATION

Year One – [October 2016 – September 2017]	
1.	Facilitate tours of each setting type for the workgroup members
2.	Develop and implement communication plan for members and providers
2a.	Develop and disseminate member and family member educational materials
2b.	Develop and implement setting type provider training
2c.	Develop website with information for all stakeholders

The HCBS Rules Workgroup will oversee the development and implementation of the communication plan. The workgroup will utilize a peer-to-peer strategy to develop and implement the communication plan. For example, AHCCCS will work with industry leaders and associations for provider setting types to help construct the provider training including a provider compliance self-assessment tool. The training will also include best practices in the specific industry for supporting members to have full access to the benefits of community living. Likewise, the workgroup will consult with member and family member advocacy organizations to support the development of educational materials for members and their families.

YEAR TWO – POLICY AND CONTRACT REVISIONS

Year Two – [October 2017 – September 2018]	
1.	Implement policy changes to AHCCCS policy
1a.	Implement policy changes outlined in setting type transition plans
1b.	Develop and implement general language in policy regarding HCBS Rule compliance including adding the HCBS Rules as basic rights afforded to all members.
2.	Implement changes to DES/DDD policy outlined in setting type transition plans
3.	Amend the AHCCCS provider participation agreements to include a requirement for providers to be compliant with the HCBS Rules
4.	Amend DES/DDD contracts per the contract revision remediation strategies outlined in the setting type transition plans
5.	Amend MCO contracts to institute a requirement that prior to contracting with an HCBS provider, the provider must be in compliance with the HCBS Rules

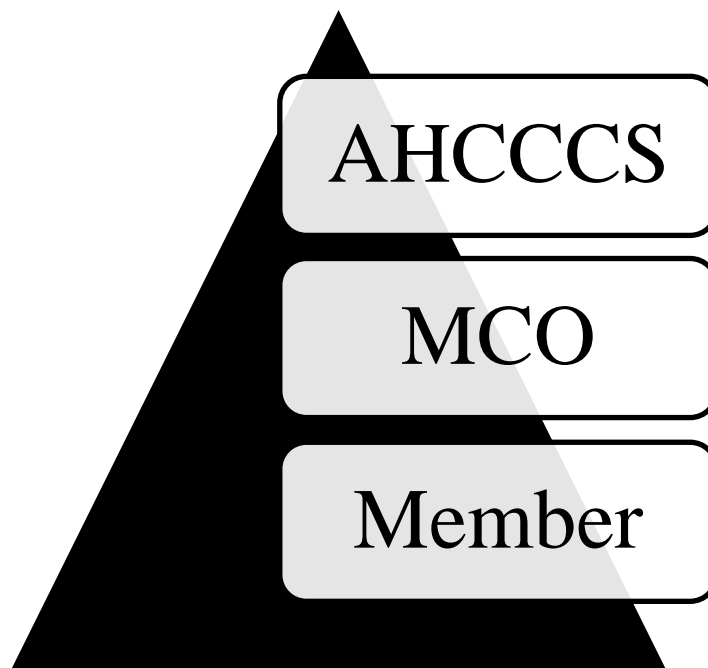
The focus in year two will be to ensure the system is compliant with the HCBS Rules through policy and contracting agreements including those between AHCCCS and the MCOs and the MCOs and their respective

provider network. The HCBS Rules Workgroup will oversee the AHCCCS policy, provider participation agreement and MCO contracts revisions. The Arizona Department of Economic Security, Division of Developmental Disabilities will facilitate a collaborative process with their respective provider network to amend scopes of work for HCBS providers in response to the remediation strategies outlined in setting type transition plans.

YEAR THREE – MONITORING TOOLS AND PROCESSES

Year Three – [October 2018 – September 2019]	
1.	Institute HCBS Rules standards into the operational review audits of the MCOs
2.	Develop provider setting type compliance self- assessment tool
3.	Revise current MCO monitoring tools for providers
4.	Develop reports and reporting processes for MCOs to report site-specific setting compliance with the HCBS Rules
5.	Develop processes for disseminating and analyzing member experience surveys

Year three focuses on developing tools and strategies for ensuring maintenance and the ongoing State’s compliance with the HCBS Rules. This includes monitoring ongoing compliance with areas in which the State rendered determinations of compliance or compliance with recommendations. AHCCCS has instituted a three tiered ongoing monitoring process.



- **AHCCCS Monitoring of the MCO.** AHCCCS will incorporate compliance standards for the HCBS Rules into the operational review audits of the MCOs. The standards will be incorporated into both the annual focus audits and the triannual Operational Review audits. Lastly, AHCCCS will develop reports

and reporting processes and timelines for MCOs to report ongoing compliance for HCBS Rules for each site-specific setting.

- **MCO Monitoring of the Providers.** AHCCCS will work in partnership with MCOs and providers to revise current monitoring tools to identify and rectify compliance deficiencies during the five-year transition period as well as ensure ongoing compliance with the HCBS Rules once the compliance standards are met by September 2021. The revised monitoring tool and process will include a provider self-assessment specific to the setting type.
- **The Member Experience.** AHCCCS will continue to periodically disseminate member surveys to capture the member experience in the aggregate with the ALTCS program and using the HCBS Rules as the standards for measurement. In respect to individual member experiences, the case manager will play a critical role in assessing and addressing barriers to members accessing the benefits to community living. The case manager training that will be developed in year one of the transition plan will include training on strategies and tools to assess HCBS Rule compliance in the context of individual members. MCO's will also assess the member experience through member interviews conducted as a part of annual quality monitoring of the settings.

YEAR FOUR – TECHNICAL ASSISTANCE

Year Four – [October 2019 – September 2020]	
1.	MCOs monitor all HCBS providers and provide technical assistance for noted deficiencies to HCBS Rules' compliance
2.	MCOs report site-specific setting compliance with the HCBS Rules

In year four, the MCOs will utilize the revised monitoring tools and processes to monitor HCBS providers for HCBS Rule compliance. Technical assistance will be provided for assessed deficiencies. The MCOs will report site-specific monitoring findings to AHCCCS.

YEAR FIVE - COMPLIANCE

Year Five – [October 2020 – September 2021]	
1.	MCOs monitor all HCBS providers and issue corrective action plans for noted deficiencies to HCBS Rules' compliance
2.	MCOs report site-specific setting compliance with the HCBS Rules

In year five, the MCOs will utilize the revised monitoring tools and processes to monitor HCBS providers for HCBS Rule compliance. Corrective action plans will be issued for any assessed deficiencies. The MCOs will report site-specific monitoring findings to AHCCCS.

PERSON CENTERED PLANNING ASSESSMENT AND TRANSITION PLAN

AHCCCS made a decision not to address the HCBS Rule requirement for Person Centered Plans (PCPs) within the context of each residential and non-residential setting. Due to the significance of the role of the PCP to ensure and support members to assure full access to the benefits of community living, AHCCCS chose to conduct a separate and distinct process to assess and develop a transition plan to come into compliance with the PCP requirements.

The HCBS Rules highlight the role of the Person Centered Plan (PCP) in a member's selection of a residential or non-residential service setting. The rule states in §441.301(c)(4) and §441.710 respectively, "The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board."⁵

The HCBS Rules afford members basic rights in the provision of long-term care services and supports (LTSS). The PCP is the vehicle to limit access to those rights in the event that any right may jeopardize the health and safety of the member and/or others. The Rules stipulate in §441.301(c)(4) and §441.710 respectively that in order for the rights to be limited, the following steps must be taken and documented as part of the PCP process:

- Identify a specific and individualized assessed need
- Document the positive interventions and supports used prior to any modifications to the person-centered plan
- Document less intrusive methods of meeting the need that have been tried but did not work
- Include clear description of the condition that is directly proportionate to the specific assessed need
- Include regular communication and review of data to measure the ongoing effectiveness of the modification
- Include the established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
- Include the informed consent of the individual
- Include an assurance that interventions and supports will cause no harm to the individual⁶

Therefore, AHCCCS wanted to include an assessment of the PCP process, forms and implementation as part of the State's process to assess compliance with the HCBS Rules. The goals of the PCP assessment were to:

- Develop safeguards against unjustified restrictions of member rights
- Ensure members have the information and supports to maximize self-direction and determination in both the PCP and service provision process

⁵ [Department of Health and Human Services, 79 Fed. Reg. 2948 \(January 16, 2014\) \(codified at 42 CFR 431.301 and 441.710\)](#)

⁶ [Department of Health and Human Services, 79 Fed. Reg. 2948 \(January 16, 2014\) \(codified at 42 CFR 431.301 and 441.710\)](#)

- Create alignment across MCOs in order to monitor implementation and member progress toward personal goals

AHCCCS utilized the [technical guidance](#) provided by the Administration on Community Living to assess compliance with requirements set forth in Section 2402 (a) of the Affordable Care Act. The HCBS Rules also mirror the same requirements in §441.301⁷. The outcome of the assessment presented the following general findings on weaknesses of the current PCP requirements and practices. Some examples of each finding are outlined below.

- 1) Many of the requirements are implemented in practice, but not formally outlined as required practices in the [AHCCCS Medical Policy Manual, Chapter 1600](#).
 - Identifying and documenting a member's strengths and desired outcomes
 - Encouraging and assisting a member to explore/consider various paths and construct/articulate a vision for the future
 - Developing a written plan to include personal goals and preferences around work, school, recreation, friendships, family relationships, etc.
- 2) MCOs utilize different strategies to implement the process and different methods to document the information.
 - AHCCCS requires standardized forms to determine levels of care and document the services (both Medicaid and Non-Medicaid) provided to the member. The functional assessment and personal goal development processes and forms vary across MCOs.
- 4) There are new elements to the PCP preparation, process, forms, implementation and monitoring that need to be instituted.
 - Establishing competency-based PCP training Case Managers
 - Establishing an external cadre of certified PCP facilitators that members can use for transition points in their lives (i.e. moving from a Skilled Nursing Facility to their own home, transitioning out of high school into adult life, etc.).
 - Documenting in a member's PCP any efforts to limit the rights of a member
 - Monitoring PCP implementation including member choice and progress toward personal goals

⁷ [Department of Health and Human Services, 79 Fed. Reg. 2948 \(January 16, 2014\) \(codified at 42 CFR 431.301\)](#)

Transition Plan: Person Centered Plans				
#	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1.	Develop uniform policy and forms	AHCCCS and MCOs	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
2.	Develop a model (infrastructure and procedures) to sustain a cadre of volunteer certified PCP facilitators for members to utilize	AHCCCS and MCOs	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
3.	Develop methods to monitor and evaluate implementation and progress of PCPs, specifically member choice and progress in meeting personal goals	AHCCCS and MCOs	September 2019 (Year 3)	AHCCCS monitoring of MCO (annually)
4.	Develop and pilot implementation of competency-based training for Case Managers	AHCCCS and MCOs	September 2019 (Year 3)	AHCCCS monitoring of MCO (annually)
5.	Implement competency-based training for existing and new Case Managers	AHCCCS and MCOs	September 2020 (Year 4)	AHCCCS monitoring of the MCO (annually)
6.	Train and certify cadre of PCP facilitators	AHCCCS and MCOs	September 2020 (Year 4)	AHCCCS monitoring of MCO (annually)
7.	Create cadre of certified PCP facilitators and implement procedures for members to access PCP facilitators	AHCCCS and MCOs	September 2021 (Year 5)	AHCCCS monitoring of MCO (annually)
8.	Implement methods to monitor and evaluate implementation and progress of PCPs, specifically member choice and progress in meeting personal goals	AHCCCS and MCOs	September 2021 (Year 5)	AHCCCS monitoring of MCO (annually)

ACRONYMS AND DEFINITIONS

AHCCCS	Arizona Health Care Cost Containment System – Arizona’s State Medicaid Program
ALTCS	Arizona Long Term Care System – A Medicaid program for individuals who have developmental or physical disabilities and individuals who are aging that need ongoing services at the nursing facility level of care
CMS	Centers for Medicare and Medicaid Services – Part of the United States Department of Health and Human Services and administers the Medicaid program.
DES/DDD	Arizona Department of Economic Security, Division of Developmental Disabilities – The Managed Care Organization that serves individuals with developmental disabilities
HCBS	Home and Community Based Services – Services provided in the home or community of a member versus services provided in an institutional setting
HCBS Rules	Home and Community Based Services Rules – Rules released by the Centers for Medicare and Medicaid Services regarding requirements for home and community based services
ICF/ID	Intermediate Care Facility for Individuals with Intellectual Disabilities – A health care institution that provides room, board, and a continuous active treatment program of health and rehabilitation services to individuals with intellectual disabilities.
MCO	Managed Care Organization – AHCCCS Contractors that service individuals in the Arizona Long Term Care System.
Member	Member - The individual receiving Medicaid services
PCP	Person Centered Plan – The plan identifies the member’s strengths, goals, preferences, needs, and desired outcomes.

Residential Setting Type	Assisted Living Facilities – A residential care institution, including an adult foster care home, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuous basis.	
Residential Setting Sub-Type	Assisted Living Center	
Description	The facility provides resident rooms or residential units and services to 11 or more residents.	
Number of Settings	120 <i>(Source: June 2015 Provider Affiliation Transmission)</i>	
Number of Members Served	3,443 <i>(Source: June 2015 Placement Report)</i>	
Residential Setting Sub-Type	Assisted Living Home	
Description	The facility provides resident rooms and services to ten or fewer residents.	
Number of Settings	692 <i>(Source: June 2015 Provider Affiliation Transmission)</i>	
Number of Members Served	2,285 <i>(Source: June 2015 Placement Report)</i>	
Residential Setting Sub-Type	Adult Foster Care Home	
Description	The facility providers services for at least one or no more than four adult residents.	
Number of Settings	76 <i>(Source: June 2015 Provider Affiliation Transmission)</i>	
Number of Members Served	155 <i>(Source: June 2015 Placement Report)</i>	
References	Location	Description
Arizona Revised Statute	36-401	Assisted Living Facilities - Definitions
Arizona Administrative Code	R4-33-602	Assisted Living Manager - Training Programs
Arizona Administrative Code	R9-10-803	Assisted Living Facilities - Administration
Arizona Administrative Code	R9-10-808	Assisted Living Facilities – Service Plans
Arizona Administrative Code	R9-10-810	Assisted Living Facilities – Resident Rights
Arizona Administrative Code	R9-10-820	Assisted Living 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 1230 - A	Assisted Living Facilities Service Description
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 Standards
AHCCCS Medical Policy Manual	Section 1620 - D	Case Management Standards - Placement/Service Planning Standard
AHCCCS Medical Policy Manual	Exhibit 1620 - 15	Assisted Living Facility Residency Agreement
AHCCCS ALTCS Contract	Section 41	Mainstreaming of ALTCS Members
AHCCCS Contractor Operations Manual	Chapter 436	Network Standards

Assisted Living 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:	<ul style="list-style-type: none"> ▪ The setting is located around private residences and businesses ▪ Individuals interact with and/or have relationships with persons not receiving Medicaid services (i.e. neighbors, friends, family, etc.) 	<p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home <i>[Chapter 1200 Overview]</i> <p>AHCCCS Contractor Operations Manual</p> <ul style="list-style-type: none"> ▪ Assisted Living Homes and Adult Foster Care Homes are located in neighborhoods. ALTCS Contractors are required to develop and maintain a sufficient provider network. <i>[Chapter 436]</i> <p>Arizona Administrative Code</p> <ul style="list-style-type: none"> ▪ Assisted Living Centers are located within communities. Some Assisted Living Centers are co-located on the grounds of private 	Compliant with Recommendations	<p>1) Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1230-A</i>) that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co-located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another.</p> <p>2) Incorporate language AHCCCS Contractor Operations Manual (<i>Chapter 436</i>) that requires review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to AHCCCS.</p>

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		skilled nursing facilities. They operate separate and apart from the skilled nursing facilities and have unique licensure requirements. <i>[Title 9. Chapter 10. Article 8]</i>		
1a. Seek employment and work in competitive integrated settings,	<ul style="list-style-type: none"> ▪ Individuals living, and interested in working, in the setting have jobs (paid or volunteer) in the community ▪ Individuals have supports to prepare for and obtain employment/volunteer activities ▪ Individuals have transportation to and from work/volunteer activities 	<p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ 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 <i>[Section 1620.1.o.][Contract Section D 16]</i> ▪ 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 	Partial Compliance	<p>3) Create an employment services section in the AHCCCS Medical Policy Manual (<i>Chapter 1200</i>) to include an array of employment support services including options to support members to volunteer in the community.</p> <ul style="list-style-type: none"> ▪ Habilitation ▪ Pre-Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment <p>4) Require ALTCS Contractors in the AHCCCS Contractors Operations Manual (<i>Chapter 436</i>) to build a network for the provision of an array of employment support services.</p> <p>5) Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1230-A</i>) that outlines an Assisted Living Facility must</p>

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>independent living options <i>[Section 1630.5]</i></p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Supported employment is noted within the service scope of habilitation services. This type of service is only utilized by the Department of Economic Security, Division of Developmental Disabilities ALTCS Contractor. Therefore, access to employment support services is not consistently available for ALTCS Members across the program. <i>[Section 1240-E]</i> <p>ALTCS Contract</p> <ul style="list-style-type: none"> Case Managers must facilitate access to non-ALTCS services available throughout the community and assist members to 		<p>refer the member to his/her case manager if he/she expresses a desire and/or demonstrate work-related skills in the facility.</p>

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>identify their independent living goals; and provide members with information about local resources that may help them transition to greater self-sufficiency in areas of housing, education and employment. <i>[Section D 16]</i></p>		
1b. Engage in community life,	<ul style="list-style-type: none"> Individuals have experiential learning opportunities and general information to know about events and activities in the community Individuals access the community to purchase goods or services Individuals participate in activities in integrated settings (religious, social, recreational, etc.) Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care) 	<p>R9-10-808</p> <ul style="list-style-type: none"> Assisted Living Facility Managers are required to ensure that activities are planned, posted and accessible for residents to participate. <i>[E]</i> <p>R9-10-810</p> <ul style="list-style-type: none"> Members have the right to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities <i>[C.5]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers provide 	Partial Compliance	<p>6) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) that outlines requirements for Assisted Living Facilities to support residents to engage in community life outside of the facility including support:</p> <ul style="list-style-type: none"> To learn about events and activities in the community To participate in activities in integrated settings (e.g. facilitating transportation and personal care assistance).

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>assistance to members to access non-ALTCS services available in the community <i>[Sections 1610.2 and 1620-B.1.g.]</i></p> <ul style="list-style-type: none"> Case Managers assist members to develop meaningful and measureable goals <i>[Section 1620-B.5]</i> 		
1c. Control personal resources, and	<ul style="list-style-type: none"> Individuals have accounts or other means to control their finances Individuals have access and discretion to spend earned and unearned money 	<p>R9-10-803</p> <ul style="list-style-type: none"> Assisted Living Facility Managers are required to have policies and procedures pertaining to the management of personal funds accounts for members <i>[C.1.k]</i> Assisted Living Facility Managers have specific requirements around the management of personal funds account for members <i>[G]</i> <p>R9-10-810</p> <ul style="list-style-type: none"> Residents are afforded rights to privacy in financial and personal affairs <i>[C.3.c]</i> 	Compliant	

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	<ul style="list-style-type: none"> Individuals have access to the same services and activities as individuals not receiving HCB services (i.e. live in the same area of the setting where individuals who privately pay live) Individuals participate in activities in the community comparable to peers (i.e. people of similar age; people without disabilities, etc.). 	<p>Arizona Administrative Code</p> <ul style="list-style-type: none"> Assisted Living Facility by definition does not specify a payor source. They serve both Medicaid beneficiaries and individuals privately paying for services. [AAC. Title 9, Ch.10 Article 8] <p>ALTCS Contract</p> <ul style="list-style-type: none"> ALTCS Contractors are required to take affirmative action to ensure that members are provided covered 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] 	Partial Compliance	Reference remediation strategy #4
2. The setting is selected by the individual from among setting options including:				

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
2a. Non-Disability specific settings	<ul style="list-style-type: none"> Individuals have a choice of available options regarding where they want to live and receive services Individuals have the option to visit other settings prior to making a decision on where to live and receive services 	<p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home <i>[Chapter 1200 Overview]</i> <p>AHCCCS Contractors Operations Manual</p> <ul style="list-style-type: none"> ALTCS Contractors are required to develop and maintain a provider network sufficient to provide covered services to members including Assisted Living Facilities <i>[Chapter 436 Overview]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Member choice is the primary consideration for making informed decisions on placement options <i>[Section 1620-D.2.a.]</i> 	Compliant with Recommendations	7) Incorporate into the AHCCCS Medical Policy Manual (<i>Section 1620-D</i>) a requirement for Case Managers to ensure that members have access to transportation and support for the purpose of visiting Assisted Living Facilities prior to making a decision on where to live.

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
2b. An option for a private unit in a residential setting	<ul style="list-style-type: none"> Individuals have the option to have a private unit/bedroom 	AHCCCS Medical Policy Manual <ul style="list-style-type: none"> Members have the option for a private room/unit. There may be an additional cost for a private room/unit [<i>Exhibit 1620-15, Residency Agreement, #11</i>] AHCCCS Medical Policy Manual <ul style="list-style-type: none"> By definition, members living in an Assisted Living Center must be provided the choice of living in a single occupancy room/unit [<i>1230-A, Description</i>] 	Compliant	
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	<ul style="list-style-type: none"> 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 Individuals are free from coercion and restraint by 	AHCCCS Medical Policy Manual <ul style="list-style-type: none"> Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [<i>Section 930</i>] AHCCCS Medical Policy Manual <ul style="list-style-type: none"> Case Manager explains rights and 	Compliant	

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>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</p> <ul style="list-style-type: none"> 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. 	<p>responsibilities to members and provides each member a Member Handbook <i>[Section 1620-A.3]</i></p> <p>ALTCS Contract</p> <ul style="list-style-type: none"> Members have the right to file a grievance to the MCO and AHCCCS. <i>[Section D 22]</i> <p>R9-10-803</p> <ul style="list-style-type: none"> Assisted Living Facility Managers are required to have policies and procedures pertaining to resident rights and procedures for residents to file a complaint and the facility to respond to a resident complaint <i>[C.1.g; C.1.l]</i> Assisted Living Facility Managers are required to post resident rights and resources for residents to access including Adult Protective Services, the long-term care Ombudsman and the Arizona Center for 		

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>Disability Law [D] R9-10-810</p> <ul style="list-style-type: none"> Assisted Living Facility Managers are required to provide a written copy of rights to members at the time of admission [A] Residents are afforded rights including dignity, respect and consideration; protections from abuse, neglect and exploitation; choice and the option to receive assistance from other individuals to ensure understanding, protecting, or exercising their rights. [A, B, C.] 		
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	<ul style="list-style-type: none"> Individuals in the same setting have alternate schedules for services and activities Individuals can schedule activities at their own convenience Individuals have full access to typical facilities in a home environment at any time (i.e. kitchen, dining area, laundry, and seating 	<p>R9-10-808</p> <ul style="list-style-type: none"> Assisted Living Facility Managers are required to ensure that activities are planned, posted and accessible for residents to participate. [E] <p>R9-10-810</p> <ul style="list-style-type: none"> Members have the right to receive services that support and respect 	Partial Compliance	8) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) the Assisted Living Manager is required to exercise strategies for providing and facilitating social and recreational 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

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>in shared areas).</p> <ul style="list-style-type: none"> ▪ Individuals interact or engage in activities with people of their own choosing and in the areas of their own choosing. ▪ Individuals having access to accessible transportation including information and training on how to use public transportation 	<p>their individuality, choices, strengths, and abilities [C.2]</p> <ul style="list-style-type: none"> ▪ Members have the right to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities [C.5] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ Case Managers support the member to have a meaningful role in planning and directing their own care [Section 1620-B.1b.] 		<p>whom to interact. Examples may include strategies for facilitating alternate schedules for members and to ensure individuals have full access to the home environment at all times.</p>
6. Facilitates individual choice regarding services and supports, and who provides them	<ul style="list-style-type: none"> ▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer 	<p>R9-10-803</p> <ul style="list-style-type: none"> ▪ Assisted Living Managers are required to have policies that cover the provision of services including obtaining resident preferences for the provision of the assisted living services. [C. 1.h.(iii)] <p>R9-10-808</p> <ul style="list-style-type: none"> ▪ Caregivers provide 	Compliant with Recommendations	<p>9) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) the Assisted Living Facility service plan can be updated upon request of the Member.</p> <p>10) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) requiring Assisted Living Facility Managers to institute practices to engage customer satisfaction with residents including satisfaction</p>

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	satisfaction exercises to ensure the staff are supporting individuals to meet their goals	<p>residents with assistance in activities of daily living and, if applicable, suggest techniques the resident may use to maintain or improve independence. Caregivers also encourage residents to participate in social, recreational and rehabilitative activities. [C, E]</p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ 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 		with the caregiver providing services.

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		visits <i>[Section 1620-B.1d]</i> R9-10-810 <ul style="list-style-type: none"> Residents have the right to change the placement if the facility is unable to provide the services they need <i>[C.7]</i> Residents have the right to access services from a health care provider, health care institution, or pharmacy that is not associated with the Assisted Living Facility <i>[C.8]</i> 		
7. In a provider - owned or controlled home and community-based residential settings, the following additional requirements must be met:				
7a. The individual has a lease or other legally enforceable agreement providing similar protections;	<ul style="list-style-type: none"> Individuals have a lease or written residency agreement Individuals understand their rights regarding housing Individuals can relocate and request new housing 	R9-10-803 <ul style="list-style-type: none"> Assisted Living Facility Managers are responsible to incorporate termination of residency in the policies and procedures <i>[1.C.g]</i> R9-10-807	Complaint	

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<ul style="list-style-type: none"> Assisted Living Facility Managers are responsible to ensure that the residency agreement includes terms of occupancy including procedures for termination by either party <i>[D]</i> <p>R9-10-810</p> <ul style="list-style-type: none"> Members have the right to request or consent to relocation within the Assisted Living Facility <i>[B3.d]</i> Residents have the right to change the placement if the facility is unable to provide the services they need <i>[C.7]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> AHCCCS policy requires standardized Assisted Living Facility Residency Agreements <i>[Exhibit 1620-15]</i> 		
7b. The individual has privacy in their sleeping or living unit including: <ul style="list-style-type: none"> Lockable doors by the 	<ul style="list-style-type: none"> Individuals have a choice to live alone or with a roommate and the choice of a particular roommate 	<p>R9-10-820</p> <ul style="list-style-type: none"> Residential units have a keyed entry door <i>[D.6.b.]</i> 	Partial Compliance	11) Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1230-A</i>) and Residency Agreement <i>[Exhibit 1620-15]</i> the

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
<p>individual with only appropriate staff having keys to doors</p> <ul style="list-style-type: none"> Individual sharing units have choice of roommates in that setting Freedom to furnish or decorate the unit within the lease or agreement 	<ul style="list-style-type: none"> Individuals have the freedom to furnish, arrange and decorate the unit/room Individuals have locks on their unit/bedroom and bathroom doors Individuals have privacy respected by staff and other residents (i.e. staff can only use a key to enter private areas under limited circumstances) 	<p>R9-10-820</p> <ul style="list-style-type: none"> The key to the door of a lockable bathroom, bedroom or residential unit is available to a manager, caregiver, and assistant caregiver [B.7] If a bedroom or residential unit is not furnished by the resident, the rule outlines the basic furnishings that will be provided to residents [D.7] When residents share a bedroom/residential unit, residents are afforded a minimum amount of space in the bedroom/unit [E] 		<p>Assisted Living Facility must:</p> <ul style="list-style-type: none"> Have lockable doors for bedrooms in addition to residential units Afford residents the freedom to furnish or decorate their bedrooms/residential units Afford residents the option to choose roommates for shared bedrooms/residential units Afford residents the options to have a key or key code to the front door or provide measures for residents to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)
7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	<ul style="list-style-type: none"> Individuals can come and go from the setting at any time Individuals have a choice of meals/snacks and at the time and place of their choosing 	<p>R9-10-803</p> <ul style="list-style-type: none"> Assisted Living Managers are required to have policies that cover the provision of services including obtaining resident preferences for food. 	Not Compliant	<p><i>Reference remediation strategy #9</i></p> <p>12) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) and Residency Agreement [Exhibit 1620-15] the Assisted Living Facility must</p>

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p><i>[C. 1. h. (iii)]</i></p> <p>R9-10-817</p> <ul style="list-style-type: none"> Residents are provided with a food menu prepared at least one week in advance, including a meal substitution option. Both meals and snacks are served in accordance with posted menus <i>[A1. b and d and A2.]</i> 		afford individuals the option for access to meals and snacks at the time of their choosing.
7d. The individual can have visitors at any time; and	<ul style="list-style-type: none"> Individuals may have visitors at any time Individuals have access to comfortable and private areas to visit 	<p>R9-10-810</p> <ul style="list-style-type: none"> Residents have the right of privacy in visitation <i>[C.3.b.]</i> <p>R9-10-820</p> <ul style="list-style-type: none"> The Assisted Living Manager is required to provide common areas with sufficient space and furnishings to accommodate the recreational and socialization needs of residents, including dining areas <i>[B.2 and 3]</i> 	Partial Compliance	13) Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1230-A</i>) and Residency Agreement [Exhibit 1620-15] the Assisted Living Facility must afford individuals the option to have visitors at any time.

Assisted Living Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
7e. The setting is physically accessible	<ul style="list-style-type: none"> Individuals can enter and exit all areas of the setting Individuals can safely move about the setting free from obstructions that may limit mobility Individuals have access to individualized environmental accommodations (i.e. grab bars in the shower) Individuals have physical access to all appliances and furnishings 	R9-10-820 <ul style="list-style-type: none"> Assisted Living Managers are required to ensure the premises (inside and outside) and equipment are sufficient to accommodate residents. [A, B] 	Compliant	

Assisted Living 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 1230-A) and that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co-located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another.	AHCCCS	September 2018 (Year2)	AHCCCS monitoring of MCO (annually)

Assisted Living Facilities –Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
2.	1. The setting is integrated in and supports full access to the greater community	Incorporate language AHCCCS Contractor Operations Manual (<i>Chapter 436</i>) that requires review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to AHCCCS.	AHCCCS	September 2018 (<i>Year 2</i>)	AHCCCS monitoring of MCO (annually)
3.	1a. Seek employment and work in competitive integrated settings,	Create an employment services section in the AHCCCS Medical Policy Manual (<i>Chapter 1200</i>) to include an array of employment support services including options to support Members to volunteer in the community. <ul style="list-style-type: none"> ▪ Habilitation ▪ Pre-Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment 	AHCCCS	September 2018 (<i>Year 2</i>)	AHCCCS monitoring of MCO (annually)
4.	1a. Seek employment and work in competitive integrated settings,	Require ALTCS Contractors in the AHCCCS Contractors Operations Manual (<i>Chapter 436</i>) to build a network for the provision of an array of employment support services.	MCOs	September 2019 (<i>Year 3</i>)	AHCCCS monitoring of MCO (annually)
5.	1a. Seek employment and work in competitive	Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1230-A</i>) that	AHCCCS	September 2018 (<i>Year 2</i>)	AHCCCS monitoring of MCO (annually)

Assisted Living Facilities –Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	integrated settings,	outlines an Assisted Living Facility must refer the member to his/her case manager if he/she expresses a desire and/or demonstrate work-related skills in the facility.			
6.	1b. Engage in community life,	<p>Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) that outlines requirements for Assisted Living Facilities to support residents to engage in community life outside of the facility including support:</p> <ul style="list-style-type: none"> ▪ To learn about events and activities in the community ▪ To participate in activities in integrated settings (e.g. facilitating transportation and personal care assistance). 	AHCCCS	September (Year 2)	MCO monitoring of Provider (annually)
7.	2a. Non-Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual (Section 1620-D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Assisted Living Facilities prior to making a decision on where to live.	AHCCCS	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)

Assisted Living Facilities –Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
8.	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	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) the Assisted Living Manager is required to exercise strategies for providing and facilitating social and recreational 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 and to ensure individuals have full access to the home environment at all times.	AHCCCS	September 2018 (Year 2)	MCO monitoring of Provider (annually)
9.	6. Facilitates individual choice regarding services and supports, and who provides them	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) the Assisted Living Facility service plan can be updated upon request of the member.	AHCCCS	September 2018 (Year 2)	MCO monitoring of Provider (annually)
10.	6. Facilitates individual choice regarding services and supports, and who provides them	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) requiring Assisted Living Facility Managers to institute practices to engage customer satisfaction with residents	AHCCCS	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Assisted Living Facilities –Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		including satisfaction with the caregiver providing services.			
11.	<p>7b. The individual has privacy in their sleeping or living unit including:</p> <ul style="list-style-type: none"> ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement 	<p>Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) and Residency Agreement [Exhibit 1620-15] the Assisted Living Facility must:</p> <ul style="list-style-type: none"> ▪ Have lockable doors for bedrooms in addition to residential units ▪ Afford residents the freedom to furnish or decorate their bedrooms/residential units ▪ Afford residents the option to choose roommates for shared bedrooms/residential units ▪ Afford residents the options to have a key or key code to the front door or provide measures for residents to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night) 	AHCCCS	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Assisted Living Facilities –Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
12.	7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) and Residency Agreement [Exhibit 1620-15] the Assisted Living Facility must afford individuals the option for access to meals and snacks at the time of their choosing.	AHCCCS	September 2018 (Year 2)	MCO monitoring of Provider (annually)
13.	7d. The individual can have visitors at any time; and	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230-A) and Residency Agreement [Exhibit 1620-15] the Assisted Living Facility must afford individuals the option to have visitors at any time.	AHCCCS	September 2018 (Year 2)	MCO monitoring of Provider (annually)
#	General Strategies				
1.	Not Applicable	Survey assisted living training programs to evaluate whether or not current training curriculums incorporate elements of the HCBS Rules.	AHCCCS and the Arizona Board of Nursing Care Institution Administrators and Assisted Living Facility Managers	September 2017 (Year 1)	
2.	Not Applicable	Identify and incorporate HCBS Rules specific training competencies for assisted living facility managers and caregivers.	AHCCCS and the Arizona Board of Nursing Care Institution Administrators and Assisted Living Facility Managers	September 2019 (Year 3)	

Residential Setting Type	Group Homes	
Description	A residential facility for no more than six residents	
Number of Settings	1,032 (Source: April 2015 Provider Registration)	
Number of Members Served	2,832 (Source: June 2015 Placement Report)	
Residential Setting Sub-Type	Group Homes Co-Located with ICF/ID	
Description	A group home co-located on the grounds of the state operated Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID)	
Number of Settings	5 (Source: DES/DDD Verbal Report)	
Number of Members Served	23 (Source: DES/DDD Verbal Report)	
References	Location	Description
Arizona Revised Statutes	36-551.01	State Department of Developmental Disabilities - Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	36-582	State Department of Developmental Disabilities – Residential Facilities Zoning
Arizona Revised Statutes	41-3-801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6-6-102	Department of Economic Security (Division of Developmental Disabilities) – Rights of Individuals with Disabilities
Arizona Administrative Code	R6-6-602	Department of Economic Security (Division of Developmental Disabilities) – Individual Service and Program Plan
Arizona Administrative Code	R6-6-804	Department of Economic Security (Division of Developmental Disabilities) – Rights of Clients
Arizona Administrative Code	R6-6-902	Department of Economic Security (Division of Developmental Disabilities) – Prohibitions
Arizona Administrative Code	R6-6-1518	Department of Economic Security (Division of Developmental Disabilities) – Rights of Clients
Arizona Administrative Code	R6-6-2107	Department of Economic Security (Division of Developmental Disabilities) – Selecting a Provider
Arizona Administrative Code	R6-6-2108	Department of Economic Security (Division of Developmental Disabilities) – Emergency Procurement
Arizona Administrative Code	R6-6-2109	Department of Economic Security (Division of Developmental Disabilities) – Consumer Choice
Arizona Administrative Code	R6-6-2110	Department of Economic Security (Division of Developmental Disabilities) – Authorization to Provide Services
Arizona Administrative Code	R9-33-203	Group Homes for Individuals with a Developmental Disability – Physical Plant Requirements
Arizona Administrative Code	R9-33-204	Group Homes for Individuals with a Developmental Disability – Environmental Requirements

References	Location	Description
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302	Basic Human and Disability Related Rights
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.2	Rights of Persons with Developmental Disabilities Living in Residential Settings
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.3	Responsibilities of Individuals Applying for and/or Receiving Supports and Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.4	Procedures
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.5	District Human Rights Committees
Service Specification		Room and Board
Service Specification		Group Home
Individual Service Plan	DDD-1472B, Section 11	Spending Plan
Contract Scope of Work	5.8.2.3	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
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 1230-C	Community Residential Settings
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 – Initial Contact/Visit Standard
AHCCCS Medical Policy Manual	Section 1620-D	Case Management Standards – Placement/Service Planning Standard
AHCCCS Medical Policy Manual	Exhibit 1620-15	Assisted Living Facility Residency Agreement
AHCCCS ALTCS Contract	Section 41	Mainstreaming of ALTCS Members
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Group Homes - 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:	<ul style="list-style-type: none"> ▪ The setting is located around private residences and businesses ▪ Individuals interact with and/or have relationships with persons not receiving Medicaid services (i.e. neighbors, friends, family, etc.) 	<p>A.R.S 36-551.01</p> <ul style="list-style-type: none"> ▪ Every person provided residential care has the right to live in the least restrictive setting. <i>[C]</i> <p>A.R.S. 36-582</p> <ul style="list-style-type: none"> ▪ Residents and operators of a group home shall be considered a family for the purposes of any law or zoning ordinance <i>[B]</i> ▪ No other residential facility can be established within 1,200 foot radius of an existing residential facility <i>[H]</i> <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> ▪ A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination <i>[H]</i> <p>AHCCCS Medical Policy Manual</p>	Compliant	

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<ul style="list-style-type: none"> Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [<i>Chapter 1200 Overview</i>] 		
1a. Seek employment and work in competitive integrated settings,	<ul style="list-style-type: none"> Individuals living, and interested in working, in the setting have jobs (paid or volunteer) in the community Individuals have supports to prepare for and obtain employment/volunteer activities Individuals have transportation to and from work/volunteer activities 	<p>A.R.S 551.01</p> <ul style="list-style-type: none"> Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor [<i>E and I</i>] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> 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 	Compliant with Recommendations	1) Incorporate a Service Objective in the Service Specification that states if a member desires and/or demonstrates work-related skills, the Group Home shall refer the member to his/her planning team to consider adding an employment service.

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>employment <i>[Section 1620.1.o.]</i></p> <ul style="list-style-type: none"> 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 <i>[Section 1630.5]</i> <p>ALTCS Contract</p> <ul style="list-style-type: none"> Case Managers must facilitate access to non-ALTCS services available throughout the community and assist members to identify their independent living goals; and provide members with information about local resources that may help them transition to greater self-sufficiency in areas of housing, education and employment. <i>[Section</i> 		

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p><i>D 16]</i></p> <p>Group Home Service Specifications</p> <ul style="list-style-type: none"> Group Home is required to provide transportation to employment services and provide an array of services including mobility training <i>[Service Requirements and Limitations, #5 and Service Objectives, #2.5 and #6]</i> Group Home is required to provide opportunities for members to participate in community activities and facilitate utilization of community resources <i>[Service Goals #5]</i> Group Home is required to assist the member in achieving and maintaining quality of life that promotes the member's vision for the future and priorities <i>[Service Goals #6]</i> 		

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1b. Engage in community life,	<ul style="list-style-type: none"> Individuals have experiential learning opportunities and general information to know about events and activities in the community Individuals access the community to purchase goods or services Individuals participate in activities in integrated settings (religious, social, recreational, etc.) Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care) 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to associate with people they want [4] Members have the right to participate in social, religious, educational, cultural, and community activities [5] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> 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] <p>Group Home Service Specifications</p> <ul style="list-style-type: none"> Group Home is required to enable the member to acquire knowledge and skills and participate in his/her community 	Compliant	

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>based on his/her choices [<i>Service Goals #2</i>]</p> <ul style="list-style-type: none"> ▪ Group Home is required to provide opportunity for members to interact with others in the community [<i>Service Goals #5</i>] ▪ Group Home is required to provide opportunities for training and/or practice in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills [<i>Service Objectives #2.7</i>] ▪ Group Home is required to provide assistance to members in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions 		

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p><i>[Service Objectives #4]</i></p> <ul style="list-style-type: none"> Group Home is required to provide opportunities for members to participate in community activities and facilitate utilization of community resources <p><i>[Service Objectives #5]</i></p> <ul style="list-style-type: none"> Group Home staff are required to be trained on and possess skills necessary to identify the member's most effective learning style <p><i>[Direct Services Staff Qualifications, #4.4]</i></p>		
1c. Control personal resources, and	<ul style="list-style-type: none"> Individuals have accounts or other means to control their finances Individuals have access and discretion to spend earned and unearned money 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to be free from personal and financial exploitation <i>[1]</i> Members have the right to manage personal financial affairs and to be taught to do so <i>[6]</i> <p>Group Home Service Specifications</p> <ul style="list-style-type: none"> Group Home is required to provide opportunities to members training and/or practice in basic 	Compliant	

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>life skills such as shopping, banking and money management <i>[Service Objectives #2.7]</i></p> <ul style="list-style-type: none"> Group Home is required to maintain a ledger and documentation (i.e. receipts) that account for the expenditures of all member funds used and submit monthly accounting of expenditures to the member's representative payee <i>[Recordkeeping and Reporting Requirements, #8]</i> <p>Individual Service Plan</p> <ul style="list-style-type: none"> As part of the annual service planning process, members and their team outline a spending plan <i>[Section 11 – Spending Plan]</i> 		
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	<ul style="list-style-type: none"> Individuals have access to the same services and activities as individuals not receiving HCB services (i.e. live in the same area of 	<p>R6-6-602</p> <ul style="list-style-type: none"> An intent of the Individual Service Plan is to maximize the member's independent 	Compliant	

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>the setting were individuals who privately pay live)</p> <ul style="list-style-type: none"> Individuals participate in activities in the community comparable to peers (i.e. people of similar age; people without disabilities, etc.). 	<p>living [B3.c]</p> <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 302.3] <p>ALTCS Contract</p> <ul style="list-style-type: none"> ALTCS Contractors are required to take affirmative action to ensure that members are provided covered 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] 		
2. The setting is selected by the individual from among setting options including:				

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
2a. Non-Disability specific settings	<ul style="list-style-type: none"> Individuals have a choice of available options regarding where they want to live and receive services Individuals have the option to visit other settings prior to making a decision on where to live and receive services 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to be provided choices and to express preferences which will be respected and accepted <i>[11]</i> <p>R6-6-2107</p> <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member <i>[M]</i> <p>R6-6-2109</p> <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers <i>[B and C]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home <i>[Chapter 1200 Overview]</i> 	Compliant with Recommendations	2) Incorporate into the AHCCCS Medical Policy Manual (<i>Section 1620-D</i>) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Group Homes prior to making a decision on where to live.

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		AHCCCS Contractors Operations Manual <ul style="list-style-type: none"> ALTCS Contractors are required to develop and maintain a provider network sufficient to provide covered services to members including Group Homes <i>[Chapter 436 Overview]</i> AHCCCS Medical Policy Manual <ul style="list-style-type: none"> Member choice is the primary consideration for making informed decisions on placement options <i>[Section 1620-D.2.a.]</i> DES/DDD Contract Scope of Work <ul style="list-style-type: none"> Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member <i>[5.6.4.2]</i> 		

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
2b. An option for a private unit in a residential setting	<ul style="list-style-type: none"> Individuals have the option to have a private unit/bedroom 	<ul style="list-style-type: none"> Members residing in Group Homes have a private room unless there are extenuating circumstances. Individuals are afforded the opportunity to share a room with a chosen roommate. <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are afforded the right to share a room with a husband/wife <i>[Section 302.2, L]</i> 	Complaint with Recommendations	3) Incorporate language in DES/DDD policy (Section 302.2) pertaining to rights of individuals residing in residential facilities to have both an option for a private bedroom and an option to share a bedroom with person of their choice.
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	<ul style="list-style-type: none"> 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 Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed 	<p>A.R.S. 36-551.01</p> <ul style="list-style-type: none"> Members are afforded rights to be free from mistreatment, neglect and abuse by service providers <i>[N]</i> Members are afforded the right to be free from unnecessary and excessive medication <i>[O]</i> Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court 	Compliant with Recommendations	4) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to post rights and resources for members to access in the event they feel their rights are being violated.

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>on an individual case by case basis versus broad application to all individuals in the setting</p> <ul style="list-style-type: none"> ▪ 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. 	<p>[S]</p> <p>A.R.S. 41-3801</p> <ul style="list-style-type: none"> ▪ The Human Rights Committee is established to promote and protect the rights of members <p>R6-6-804</p> <ul style="list-style-type: none"> ▪ Members are afforded rights including right to privacy during the provision of personal care, communication and visitations [8] <p>R6-6-902</p> <ul style="list-style-type: none"> ▪ Seclusion and physical and medication restraints are prohibited ▪ Members have individualized behavior treatment plans as part of the Individual Service Plan [C] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> ▪ Members living in residential settings are afforded specific rights [Section 302.2] ▪ Members have the right to file grievances with 		

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>DES/DDD and AHCCCS [Section 302.2.S]</p> <ul style="list-style-type: none"> Among other protections for members, the Human Rights Committee is charged with review any suspected violations of the a Member's rights [Section 302.5] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [Section 930] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers explain rights and responsibilities to members and provide them a Member Handbook [Section 1620-A.3] 		

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
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	<ul style="list-style-type: none"> Individuals in the same setting have alternate schedules for services and activities Individuals can schedule activities at their own convenience Individuals have full access to typical facilities in a home environment at any time (i.e. kitchen, dining area, laundry, and seating in shared areas). Individuals interact or engage in activities with people of their own choosing and in the areas of their own choosing. Individuals having access to accessible transportation including information and training on how to use public transportation 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members are afforded rights to associate with persons of their own choosing [4] Members are afforded rights to be provided choices and to express preferences which will be respected and accepted [10] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and are afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 302.3] <p>Group Home Service Specifications</p> <ul style="list-style-type: none"> Group Homes are required to provide transportation including mobility training and access to community transportation resources [Service Objectives, 	Partial Compliance	5) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to implement strategies for providing and facilitating social and recreational 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 residents and to ensure residents have full access to the home environment at all times.

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>#2.7 and 6]</p> <ul style="list-style-type: none"> Group Homes are required to assist members in developing and maintaining friendships of his/her choice [Service Objectives, #4] Group Homes are required to develop, at a minimum, a monthly onsite/community integrated schedule of events of daily activities and document the member's direct input into the schedule [Service Objectives, #7] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing his/her own care [Section 1620-B.1b.] 		
6. Facilitates individual choice regarding services and supports, and who provides them	<ul style="list-style-type: none"> Individuals are provided choice of service providers and processes for requesting a change of service providers 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to have their personal care needs provided by direct care staff of the 	Compliant with Recommendations	6) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to institute practices to engage customer

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> Staff members regularly 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 	<p>same gender [9]</p> <ul style="list-style-type: none"> Members have the right to be provided choices and to express preferences which will be respected and accepted [11] <p>R6-6-2107</p> <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] <p>R6-6-2109</p> <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are afforded the rights to select supports and services; participate in decision making and to a review of the Individual Service Plan [B.C.E.] Members are afforded 		<p>satisfaction with residents including satisfaction with the direct care staff providing personal care services.</p>

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>the right to communicate with staff [Section 302.2.D.]</p> <ul style="list-style-type: none"> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and are afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 302.3] <p>Group Home Service Specifications</p> <ul style="list-style-type: none"> Group Homes are required to develop habilitation-related outcomes that will support the member to achieve his/her long term vision for the future and priorities [Service Objectives, #1.1] <p>General Contract Scope of Work</p> <ul style="list-style-type: none"> Providers must incorporate measures to solicit input on member satisfaction for the 		

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>quality management plan [5.8.2.3]</p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing his/her 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] 		
7. In a provider - owned or controlled home and community-based residential settings, the following additional requirements must be met:				
7a. The individual has a lease or other legally	<ul style="list-style-type: none"> Individuals have a lease or written residency 	<p>R6-6-2107</p> <ul style="list-style-type: none"> Members are supported 	Partial Compliance	7) Require DES/DDD to develop a residency agreement for

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
enforceable agreement providing similar protections;	agreement <ul style="list-style-type: none"> Individuals understand their rights regarding housing Individuals can relocate and request new housing 	to find a provider that can meet their specific needs. <i>[A –D]</i> R6-6-2109 <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers <i>[B and C]</i> R6-6-2107 <ul style="list-style-type: none"> Once the member resides in the Group Home, the provider must undertake a comprehensive process with the Division of Developmental Disabilities in order to refuse to serve the member <i>[O and P]</i> 		members served in Group Homes. 8) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to utilize a written residency agreement.
7b. The individual has privacy in their sleeping or living unit including: <ul style="list-style-type: none"> Lockable doors by the individual with only appropriate staff having keys to doors Individual sharing units have choice of roommates in that setting Freedom to furnish or 	<ul style="list-style-type: none"> Individuals have a choice to live alone or with a roommate and the choice of a particular roommate Individuals have the freedom to furnish, arrange and decorate the unit/room Individuals have locks on their unit/bedroom and bathroom doors Individuals have privacy 	DES/DDD Service Specifications <ul style="list-style-type: none"> Group Homes are required to provide physical and private accommodations for members to perform daily personal hygiene <i>[Service Requirements and Limitations, #2.4]</i> Groups Homes are required to afford 	Partial Compliance	Reference Remediation Strategies #3 and #7. 9) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to: <ul style="list-style-type: none"> Have lockable doors for bedrooms Afford residents the options to have a key or key code to the front door or provide

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
decorate the unit within the lease or agreement	respected by staff and other residents (i.e. staff can only use a key to enter private areas under limited circumstances)	<p>members privacy [<i>Service Requirements and Limitations, #2.8</i>]</p> <ul style="list-style-type: none"> Group Homes are required to involve the member in the furnishings/décor of the group home and the member's personal space [<i>Service Objectives, #1</i>] Group Homes must provide an environment that meets the physical and emotional needs of the member and available to the member on a 24 hour basis [<i>Services Objectives, #2</i>] Groups Homes explain the residential responsibilities to Member prior to residency [<i>Service Objectives, #6</i>] 		<p>measures for Members to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)</p> <p>10) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that provides for the option for residents to have a key or key code to the front door of the setting. For residents not choosing to have a key or key code to the front door, the agreement must stipulate that the facility would provide measures for residents to come and go, to and from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)</p>

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	<ul style="list-style-type: none"> Individuals can come and go from the setting at any time Individuals have a choice of meals/snacks and at the time and place of their choosing 	DES/DDD Service Specifications <ul style="list-style-type: none"> Meals and snacks are planned, prepared and provided in accordance with the member's needs and preferences. <i>[Service Objectives, #3]</i> 	Partial Compliance	<i>Reference Remediation Strategy #10</i> 11) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford residents access to meals and snacks at the time of their choosing.
7d. The individual can have visitors at any time; and	<ul style="list-style-type: none"> Individuals may have visitors at any time Individuals have access to comfortable and private areas to visit 	A.R.S. 551-01.01 <ul style="list-style-type: none"> Members are afforded the right to visits <i>[O]</i> DES/DDD Policy 302 <ul style="list-style-type: none"> Members are afforded privacy with regard to visitors. <i>[K]</i> 	Partial Compliance	12) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford residents the option to have visitors at any time.
7e. The setting is physically accessible	<ul style="list-style-type: none"> Individuals can enter and exit all areas of the setting Individuals can safely move about the setting free from obstructions that may limit mobility Individuals have access to individualized environmental accommodations (i.e. grab bars in the shower) Individuals have physical access to all appliances and furnishings 	R9-33-203 <ul style="list-style-type: none"> The Group Home must meet basic accessibility standards including individual modifications for persons' mobility, sensory and physical impairments. <i>[A.2.]</i> DES/DDD Service Specifications <ul style="list-style-type: none"> The Group Home must ensure physical accommodations are sufficient to afford a 	Compliant	

Group Homes - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>comfortable and safe environment for all activities of daily living in the home <i>[Service Requirements and Limitations, #2.7]</i></p> <p>Contract – Special Terms and Conditions</p> <ul style="list-style-type: none"> Group Homes are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity <i>[6.3.2.1 and 6.3.2.3]</i> 		

Group Homes – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1.	1a. Seek employment and work in competitive integrated settings,	1) Incorporate a Service Objective in the Service Specification that states if a member desires and/or demonstrates work-related skills, the Group Home shall refer the member to his/her planning team to consider	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Group Homes – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		adding an employment service.			
2.	2. The setting is selected by the individual from among setting options including:	Incorporate into the AHCCCS Medical Policy Manual (Section 1620-D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Group Homes prior to making a decision on where to live.	AHCCCS	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
3.	2b. An option for a private unit in a residential setting	Incorporate language in DES/DDD policy (Section 302.2) pertaining to rights of individuals residing in residential facilities to have both an option for a private bedroom and an option to share a bedroom with person of their choice.	DES/DDD	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
4.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to post rights and resources for members to access in the event they feel their rights are being violated.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
5.	5. Optimizes, but does not regiment, individual initiative, autonomy and	Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Group Homes – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	implement strategies for providing and facilitating social and recreational 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 residents and to ensure residents have full access to the home environment at all times.			
6.	6. Facilitates individual choice regarding services and supports, and who provides them	Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to institute practices to engage customer satisfaction with residents including satisfaction with the direct care staff providing personal care services.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
7.	7a. The individual has a lease or other legally enforceable agreement providing similar protections;	Require DES/DDD to develop a residency agreement for members served in Group Homes.	DES/DDD	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
8.	7a. The individual has a lease or other	Incorporate a Service Requirement and Limitation	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider

Group Homes – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	legally enforceable agreement providing similar protections;	in the Service Specification that requires Group Homes to utilize a written residency agreement.			(annually)
9.	<p>7b. The individual has privacy in their sleeping or living unit including:</p> <ul style="list-style-type: none"> ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting <p>Freedom to furnish or decorate the unit within the lease or agreement</p>	<p>Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to:</p> <ul style="list-style-type: none"> ▪ Have lockable doors for bedrooms ▪ Afford residents the options to have a key or key code to the front door or provide measures for Members to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night) 	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
10.	<p>7b. The individual has privacy in their sleeping or living unit including:</p> <ul style="list-style-type: none"> ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice 	<p>10) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that provides for the option for residents to have a key or key code to the front door of the setting. For residents not choosing to have a key or key code to the front door, the agreement must stipulate the facility would provide measures for</p>	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Group Homes – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	of roommates in that setting Freedom to furnish or decorate the unit within the lease or agreement	residents to come and go, to and from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)			
11.	7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) the Group Home must afford individuals access to meals and snacks at the time of their choosing.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
12.	7d. The individual can have visitors at any time; and	Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford individuals the option to have visitors at any time.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Special notation regarding the five group homes co-located on the campus of the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) in Coolidge, Arizona.

ASSESSMENT

The HCBS Rules stipulate in §441.301(c)(4) and §441.710⁸ that settings are presumed to be institutional in nature and, therefore, do not have the qualities of home and community-based settings. The preliminary assessment determined the setting meets two criteria of the presumption that the setting is institutional in nature. The group homes are co-located on the grounds of the ICF/ID and they have the effect of isolating individuals

⁸ [Department of Health and Human Services, 79 Fed. Reg. 2948 \(January 16, 2014\) \(codified at 42 CFR 431.301\)](#)

receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. For example in addition to the co-location with the ICF/ID, the following characteristics apply:

- The groups homes and ICF/ID are operationally related
 - The staff from the ICF/ID may provide staffing support to the group homes and vice versa
- The setting is designed to provide people with disabilities multiple services and activities on-site
 - Individuals receive care from physicians and other medical staff on campus
 - Individuals attend the day program in the ICF/ID
- Interaction with the broader community is limited
 - Individuals primarily engage in activities with others on the campus versus members of the general community

Therefore, the preliminary assessment finding is that the group homes on the ICF/ID campus are not in position to meet the federal requirements and will require relocation of the 23 members living in the group homes.

ACTION PLAN

On July 11, 2105, AHCCCS and DES/DDD held a meeting with the guardians, families and staff members of the members living in the group homes. The guardians and family members noted the following implications of the HCBS Rule compliance on the members living in the group homes.

- **Members would not adjust in a community.** For example, they have formed family units with the other residents and staff in the group homes. In fact, they don't even want to visit with their natural families too long because they miss their housemates and staff.
- **Members cannot be successful in group homes in the community and a move to the community could limit the independence they have now.** For example, residents have the freedom to come and go around campus to go to work and socialize with others. They would not be able to do that in the community. Residents are able to interact with her neighbors on the campus, but would not have that independence to interact with neighbors in the community.
- **Members would not be safe in group homes in the community.** For example, residents don't understand or have fear of "stranger-danger."
- **Members do get interaction with the general community.** They have work and recreational activities. For example, church services on the campus that include members of the general community. They also frequently visit with their guardians and families off campus.

- **Most of the members are seniors and have lived on the campus for 40-60 years.** They were former residents of the ICF.
- **Members get good quality of care in the group homes.** Group homes in the community have frequent staff turnover. The staff working in these homes has either worked in the homes or in the ICF for many years.

The guardians and family members stated the members should be allowed to live in the group homes for the rest of their lives. They requested AHCCCS apply for an exemption of the group homes to comply with the HCBS Rules. Therefore, AHCCCS has not yet developed a transition plan for the setting to come into compliance. AHCCCS will meet with the guardians and families again in August 2015 in direct response to their feedback in order to review next steps as follows:

- Evaluate the requirements for [heightened scrutiny](#) and determine if it is a viable option to pursue
- Evaluate the requirements for certifying the group homes as ICF/IDs
- Evaluate the overall viability of the Coolidge campus given the infrastructure needs and the compliance requirements of the HCBS rules which may necessitate the development of an appropriate alternative including relocation to an HCBS Rules compliant setting.

Residential Setting Type	Developmental Homes	
Residential Setting Sub-Type	Child Developmental Home	
Description	An alternative residential setting for no more than three members who are under the age of 18	
Residential Setting Sub-Type	Adult Developmental Homes	
Description	An alternative residential setting for no more than three members who are 18 or older	
Number of Settings	979 (Source: February 2015 DES/DDD Report)	
Number of Members Served	1,333 (Source: June 2015 Placement Report)	
References	Location	Description
Arizona Revised Statutes	36-551.01	State Department of Developmental Disabilities - Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	41-3801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6-6-602	Department of Economic Security (Division of Developmental Disabilities) – Individual Service and Program Plan
Arizona Administrative Code	R6-6-902	Department of Economic Security (Division of Developmental Disabilities) – Prohibitions
Arizona Administrative Code	R6-6-1004.03	Department of Economic Security (Division of Developmental Disabilities) – Child Developmental Home – Contents of Application Package
Arizona Administrative Code	R6-6-1006	Department of Economic Security (Division of Developmental Disabilities) – Child Developmental Home – Foster Parent Responsibilities
Arizona Administrative Code	R6-6-1008	Department of Economic Security (Division of Developmental Disabilities) – Child Developmental Home - Sleeping Arrangements
Arizona Administrative Code	R6-6-1014	Department of Economic Security (Division of Developmental Disabilities) – Child Developmental Homes – Client Rights
Arizona Administrative Code	R6-6-1104.03	Department of Economic Security (Division of Developmental Disabilities) – Adult Developmental Home – Contents of Application Package
Arizona Administrative Code	R6-6-1106	Department of Economic Security (Division of Developmental Disabilities) – Adult Developmental Home – Licensee Responsibilities
Arizona Administrative Code	R6-6-1108	Department of Economic Security (Division of Developmental Disabilities) – Adult Developmental Home - Sleeping Arrangements
Arizona Administrative Code	R6-6-1114	Department of Economic Security (Division of Developmental Disabilities) – Adult Developmental Home – Client Rights
Arizona Administrative Code	R6-6-2107	Department of Economic Security (Division of Developmental Disabilities) – Selecting a Provider
Arizona Administrative Code	R6-6-2108	Department of Economic Security (Division of Developmental Disabilities) – Emergency Procurement

References	Location	Description
Arizona Administrative Code	R6-6-2109	Department of Economic Security (Division of Developmental Disabilities) – Consumer Choice
Arizona Administrative Code	R6-6-2110	Department of Economic Security (Division of Developmental Disabilities) – Authorization to Provide Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302	Basic Human and Disability Related Rights
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.2	Rights of Persons with Developmental Disabilities Living in Residential Settings
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.3	Responsibilities of Individuals Applying for and/or Receiving Supports and Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.4	Procedures
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.5	District Human Rights Committees
Service Specification		Room and Board
Service Specification		Adult and Child Developmental Home
Individual Service Plan	DDD-1472 B, Section 11	Spending Plan
Contract Scope of Work	5.8.2.3	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
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 1230-C	Community Residential Settings
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 – Initial Contact/Visit 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
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Developmental Homes (Child and Adult) - 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:	<ul style="list-style-type: none"> ▪ The setting is located around private residences and businesses ▪ Individuals interact with and/or have relationships with persons not receiving Medicaid services (i.e. neighbors, friends, family, etc.) 	<p>A.R.S 36-551.01</p> <ul style="list-style-type: none"> ▪ Every person provided residential care has the right to live in the least restrictive setting. <i>[C]</i> <p>R6-6-1004.03</p> <ul style="list-style-type: none"> ▪ <u>Child</u> developmental homes are family homes in neighborhoods <i>[1.e]</i> <p>R6-6-1104.03</p> <ul style="list-style-type: none"> ▪ <u>Adult</u> developmental homes are family homes in neighborhoods <i>[1.e]</i> <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> ▪ A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination <i>[H]</i> 	Compliant	

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		AHCCCS Medical Policy Manual <ul style="list-style-type: none"> Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [<i>Chapter 1200 Overview</i>] 		
1a. Seek employment and work in competitive integrated settings,	<ul style="list-style-type: none"> Individuals living, and interested in working, in the setting have jobs (paid or volunteer) in the community Individuals have supports to prepare for and obtain employment/volunteer activities Individuals have transportation to and from work/volunteer activities 	A.R.S 551.01 <ul style="list-style-type: none"> Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor [<i>E and I</i>] AHCCCS Medical Policy Manual ALTCS Contract <ul style="list-style-type: none"> Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater 	Compliant with Recommendations	1) Incorporate a Service Objective in the Service Specification that states if a member desires and/or demonstrates work-related skills, the Group Home shall refer the member to his/her planning team to consider adding an employment service.

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>self-sufficiency in the areas of housing, education and employment <i>[Section 1620.1.o.] [Contract Section D 16]</i></p> <ul style="list-style-type: none"> 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 <i>[Section 1630.5]</i> <p>Developmental Home Service Specifications</p> <ul style="list-style-type: none"> Developmental Home is required to provide transportation to employment services and provide an array of services including mobility training <i>[Service Requirements and Limitations, #10 and Service Objectives, #2.5 and #6]</i> 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<ul style="list-style-type: none"> Developmental Home is required to provide opportunities for members to participate in community activities and facilitate utilization of community resources [Service Goals #5] Developmental Home is required to assist the member in achieving and maintaining quality of life that promotes the Member's vision for the future and priorities [Service Goals and Objectives #6] 		
1b. Engage in community life,	<ul style="list-style-type: none"> Individuals have experiential learning opportunities and general information to know about events and activities in the community Individuals access the community to purchase goods or services Individuals participate in activities in integrated settings (religious, social, recreational, etc.) Individuals have support to engage in activities including arranging for and 	R6-6-1014 and R6-6-1114 <ul style="list-style-type: none"> Members have the right to associate with people they want [5] Members have the right to participate in social, religious, educational, cultural, and community activities [6] R6-6-1006 <ul style="list-style-type: none"> Child Developmental Homes are responsible for assisting the child in developing and 	Compliant	

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>accompanying individuals to activities (i.e. assistance with personal care)</p>	<p>fostering personal relationships; providing opportunities for social and physical development and to provide opportunities for the child to pursue their own religious beliefs <i>[A.6 and C,D]</i></p> <p>R6-6-1106</p> <ul style="list-style-type: none"> ▪ <u>Adult</u> Developmental Homes are responsible for assisting the adult in developing and fostering personal relationships; providing opportunities for social and physical development and to provide opportunities for the child to pursue their own religious beliefs <i>[A.6 and C,D]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ Case Managers provide assistance to members to access non-ALTCS services available in the community <i>[Sections 1610.2 and 1620-B.1.g.]</i> 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<ul style="list-style-type: none"> Case Managers assist members to develop meaningful and measureable goals <i>[Section 1620-B.5]</i> <p>Development Home Service Specifications</p> <ul style="list-style-type: none"> Developmental Homes are required to enable the member to acquire knowledge and skills and participate in his/her community based on his/her choices <i>[Service Goals #2]</i> Developmental Homes are required to provide training and supervision for the member to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community <i>[Service Goals #3]</i> Developmental Homes are required to provide opportunities for members to interact with others in the 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>community [<i>Service Goals #5</i>]</p> <ul style="list-style-type: none"> Developmental Homes are required to provide opportunities for training and/or practice in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills [<i>Service Objectives #2.7</i>] Developmental Homes are required to provide assistance to members in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions [<i>Service Objectives #4</i>] Developmental Homes are required to provide opportunities for members to participate in community activities and facilitate utilization of community resources 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<i>[Service Objectives #5]</i>		
1c. Control personal resources, and	<ul style="list-style-type: none"> Individuals have accounts or other means to control their finances Individuals have access and discretion to spend earned and unearned money 	<p>R6-6-1014 and R6-6-1114</p> <ul style="list-style-type: none"> Members have the right to be free from personal and financial exploitation [2] Members have the right to manage personal financial affairs/spending money and to be taught to do so [7] <p>R6-6-1006</p> <ul style="list-style-type: none"> Child Developmental Home is responsible for ensuring the money designated for child is only used for the specific purpose intended and for the benefit of the child [K] <p>R6-6-1106</p> <ul style="list-style-type: none"> Adult Developmental Home is responsible for ensuring the money designated for and/or earned by the member is used for the specific purposes intended and for the benefit of the member consistent with the spending plan [K] 	Compliant	

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<ul style="list-style-type: none"> Adult Developmental Homes are responsible for ensuring the member is provided opportunities to make choices regarding their spending money <i>[L]</i> <p>Developmental Home Service Specifications</p> <ul style="list-style-type: none"> Developmental Home is required to provide opportunities to members training and/or practice in basic life skills such as shopping, banking and money management <i>[Service Objectives #2.7]</i> Developmental Home is required to maintain a ledger and documentation (i.e. receipts) that account for the expenditures of all member funds used and submit monthly accounting of expenditures to the member's representative payee <i>[Recordkeeping and Reporting]</i> 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p><i>Requirements, #8]</i></p> <p>Individual Service Plan</p> <ul style="list-style-type: none"> As part of the annual service planning process, members and their team outline a spending plan <i>[Section 11 – Spending Plan]</i> 		
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	<ul style="list-style-type: none"> Individuals have access to the same services and activities as individuals not receiving HCB services (i.e. live in the same area of the setting where individuals who privately pay live) Individuals participate in activities in the community comparable to peers (i.e. people of similar age; people without disabilities, etc). 	<p>R6-6-602</p> <ul style="list-style-type: none"> An intent of the Individual Service Plan is to maximize the Member’s independent living <i>[B3.c]</i> <p>R6-6-1006 and R6-6-1106</p> <ul style="list-style-type: none"> Members are part of the family unit and contribute to household chores <i>[E]</i> <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services <i>[Section 302.3]</i> 	Compliant	

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		ALTCS Contract <ul style="list-style-type: none"> ALTCS Contractors are required to take affirmative action to ensure that members are provided covered 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. <i>[Section 41]</i> 		
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	<ul style="list-style-type: none"> Individuals have a choice of available options regarding where they want to live and receive services Individuals have the option to visit other settings prior to making a decision on where to live and receive services 	R6-6-1014 and R6-6-1114 <ul style="list-style-type: none"> Members have the right to be provided choices and to express preferences which will be respected and accepted <i>[1]</i> R6-6-2107 <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs. This process can include a meeting 	Compliant with Recommendations	2) Incorporate into the AHCCCS Medical Policy Manual (<i>Section 1620-D</i>) a requirement for Case Managers to make sure members have access to transportation and support for the purpose of visiting Developmental Homes prior to making a decision on where to live.

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>with the provider and the member <i>[M]</i></p> <p>R6-6-2109</p> <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers <i>[B and C]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home <i>[Chapter 1200 Overview]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Member choice is the primary consideration for making informed decisions on placement options <i>[Section 1620-D.2.a.]</i> <p>AHCCCS Contractors Operations Manual</p> <ul style="list-style-type: none"> ALTCS Contractors are required to develop 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>and maintain a provider network sufficient to provide covered services to members including Developmental Homes [Chapter 436 Overview]</p> <p>DES/DDD Contract Scope of Work</p> <ul style="list-style-type: none"> Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member [5.6.4.2] 		
2b. An option for a private unit in a residential setting	<ul style="list-style-type: none"> Individuals have the option to have a private unit/bedroom 	<p>R6-6-1008</p> <ul style="list-style-type: none"> <u>Children</u> living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for children living in a family home. [1, 2] <p>R6-6-1108</p> <ul style="list-style-type: none"> <u>Adults</u> living in Developmental Homes have sleeping arrangements comparable to what is 	Complaint	

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		culturally normative for adults living in a family home. <i>[I-5]</i>		
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	<ul style="list-style-type: none"> ▪ 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 ▪ 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 	<p>A.R.S. 36-551.01</p> <ul style="list-style-type: none"> ▪ Members are afforded rights to be free from mistreatment, neglect and abuse by service providers <i>[N]</i> ▪ Members are afforded the right to be free from unnecessary and excessive medication <i>[O]</i> ▪ Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court <i>[S]</i> <p>A.R.S. 41-3801</p> <ul style="list-style-type: none"> ▪ The Human Rights Committee is established to promote and protect the rights of members. <p>R6-6-902</p> <ul style="list-style-type: none"> ▪ Seclusion and physical and medication restraints are prohibited. <i>[A]</i> 	Compliant with Recommendations	3) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to post rights and resources for members to access in the event they feel their rights are being violated. For children living in Developmental Homes, the information must be made available to parents and guardians.

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	when services were initiated, etc.) and processes for filing complaints including anonymous complaints.	<ul style="list-style-type: none"> Members have individualized behavior treatment plans as part of the Individual Service Plan [C] <p>R6-6-1014 and R6-6-1114</p> <ul style="list-style-type: none"> Children and adult members are afforded the same rights in a Developmental Home. <p>R6-6-1017 and R6-6-1117</p> <ul style="list-style-type: none"> DES/DDD has a process in place for anyone to file a complaint regarding a Developmental Home. The information on the complainant remains confidential unless they consent to the release of the information in writing. DES/DDD reports investigation outcomes to the complainant. <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members living in residential settings are afforded specific rights [Section 302.2] Members have the right 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>to final grievances with DES/DDD and AHCCCS <i>[Section 302.2.S]</i></p> <ul style="list-style-type: none"> Among other protections for members, the Human Rights Committee is charged to review any suspected violations of member's rights <i>[Section 302.5]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program <i>[Section 930]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers explain rights and responsibilities to members and provide them a member Handbook <i>[Section 1620-A.3]</i> 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
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	<ul style="list-style-type: none"> Individuals in the same setting have alternate schedules for services and activities Individuals can schedule activities at their own convenience Individuals have full access to typical facilities in a home environment at any time (i.e. kitchen, dining area, laundry, and seating in shared areas). Individuals interact or engage in activities with people of their own choosing and in the areas of their own choosing. Individuals having access to accessible transportation including information and training on how to use public transportation 	<ul style="list-style-type: none"> 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. <p>R6-6-1014 and R6-6-1114</p> <ul style="list-style-type: none"> Members are afforded rights to associate with persons of their own choosing [5] Members are afforded rights to be provided choices and to express preferences which will be respected and accepted [1] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 	Compliant	4) Incorporate a Service Requirement and Limitation in the Service Specification that states Developmental Homes are required ensure individuals have full access to the home environment at all times.

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>302.3]</p> <p>Developmental Home Service Specifications</p> <ul style="list-style-type: none"> ▪ Developmental Homes are required to provide transportation including mobility training and access to community transportation resources [Service Objectives, #2.5 and 6] ▪ Developmental Homes are required to assist members in developing and maintaining friendships of his/her choice [Service Objectives, #4] ▪ Developmental Homes are required to enable the member to acquire knowledge and skills and be a member of his/her community based on his/her own choices [Service Goals #2] ▪ Developmental Homes are required to provide training and supervision for the member to increase or maintain his/her self-help, 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>socialization, and adaptive skills to reside and participate successfully in his/her own community <i>[Service Goals #3]</i></p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing their own care <i>[Section 1620-B.1b.]</i> 		
6. Facilitates individual choice regarding services and supports, and who provides them	<ul style="list-style-type: none"> Individuals are provided choice of service providers and processes for requesting a change of service providers Staff members regularly 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 	<p>R6-6-1014 and R6-6-1114</p> <ul style="list-style-type: none"> Members have the right to be provided choices and to express preferences which will be respected and accepted <i>[1]</i> Members have the right to have their personal care needs provided by direct care staff of the same gender <i>[10]</i> <p>R6-6-2107</p> <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs. This process 	Compliant with Recommendations	5) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to institute practices to engage customer satisfaction with members.

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>can include a meeting with the provider and the member <i>[M]</i></p> <p>R6-6-2109</p> <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers <i>[B and C]</i> <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are afforded the rights to select supports and services; participate in decision making and to a review of the Individual Service Plan <i>[B.C.E.]</i> Members are afforded the right to communicate with staff <i>[Section 302.2.D.]</i> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services <i>[Section 302.3]</i> 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>Developmental Home Service Specifications</p> <ul style="list-style-type: none"> Group Homes are required to develop habilitation-related outcomes that will support the member to achieve his/her long term vision for the future and priorities <i>[Service Objectives, #1.1]</i> <p>General Contract Scope of Work</p> <ul style="list-style-type: none"> Providers must incorporate measures to solicit input on member satisfaction for the quality management plan <i>[5.8.2.3]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing their own care <i>[Section 1620-B.1b]</i> Case Managers provide information and teaching to assist the 		

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>member in making informed decisions and choices [Section 1620-B.1c]</p> <ul style="list-style-type: none"> Case Managers are available to answer questions and address issues outside of the regularly scheduled visits [Section 1620-B.1d] 		
7. In a provider - owned or controlled home and community-based residential settings, the following additional requirements must be met:				
7a. The individual has a lease or other legally enforceable agreement providing similar protections;	<ul style="list-style-type: none"> Individuals have a lease or written residency agreement Individuals understand their rights regarding housing Individuals can relocate and request new housing 	<p>R6-6-2107</p> <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs. <p>R6-6-2109</p> <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] <p>R6-6-2107</p> <ul style="list-style-type: none"> Once the Member resides in the 	Partial Compliance	<p>6) Require DES/DDD develop a residency agreement for members served in Developmental Homes.</p> <p>7) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to utilize a written residency agreement.</p>

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		Developmental Home, the provider must undertake a comprehensive process with the Division of Developmental Disabilities in order to refuse to serve the member <i>[O and P]</i>		
<p>7b. The individual has privacy in their sleeping or living unit including:</p> <ul style="list-style-type: none"> ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement 	<ul style="list-style-type: none"> ▪ Individuals have a choice to live alone or with a roommate and the choice of a particular roommate ▪ Individuals have the freedom to furnish, arrange and decorate the unit/room ▪ Individuals have locks on their unit/bedroom and bathroom doors ▪ Individuals have privacy respected by staff and other residents (i.e. staff can only use a key to enter private areas under limited circumstances) 	<p>R6-6-1008</p> <ul style="list-style-type: none"> ▪ <u>Children</u> living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for children living in a family home. <i>[1-5]</i> <p>R6-6-1108</p> <ul style="list-style-type: none"> ▪ <u>Adults</u> living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for adults living in a family home. <i>[1-5]</i> <p>Service Specifications</p> <ul style="list-style-type: none"> ▪ Developmental Homes are required involve the member in the furnishings/décor of the 	Partial Compliance	<p><i>Reference Remediation Strategy #7.</i></p> <p>8) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to:</p> <ul style="list-style-type: none"> ▪ Provide physical and private accommodations for the members to perform daily personal hygiene ▪ Have lockable doors for bedrooms ▪ Afford residents the options to have a key or key code to the front door or provide measures for members to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night) ▪ Explain residential responsibilities to the member

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>member's personal space. Additionally, they are required to support modifications necessary to optimize the independence and personal preferences of Members [<i>Service Objectives, #1</i>]</p> <ul style="list-style-type: none"> Developmental Homes must provide an environment that meets the physical and emotional needs of the member and available to the member on a 24 hour basis [<i>Service Objectives, #2</i>] 		<p>prior to service delivery</p> <p>9) Incorporate language in the Residency Agreement outlined in remediation strategy # 8. The option for members to have a key or key code to the front door of the setting. For members not choosing to have a key or key code to the front door, the agreement must stipulate that the facility would provide measures for members to come and go, to and from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)</p>
7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	<ul style="list-style-type: none"> Individuals can come and go from the setting at any time Individuals have a choice of meals/snacks and at the time and place of their choosing 	<p><u>Service Specifications</u></p> <ul style="list-style-type: none"> Meals and snacks are planned, prepared and provided in accordance with the member's needs and preferences [<i>Service Objectives #3</i>] 	Partial Compliance	<p><i>Reference Remediation Strategy #9</i></p> <p>10) Incorporate language in the Residency Agreement that the Developmental Home must afford individuals access to meals and snacks at the time of their choosing.</p>

Developmental Homes (Child and Adult) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
7d. The individual can have visitors at any time; and	<ul style="list-style-type: none"> Individuals may have visitors at any time Individuals have access to comfortable and private areas to visit 	A.R.S. 551-01.01 <ul style="list-style-type: none"> Members are afforded the right to visits [O] DES/DDD Policy 302 <ul style="list-style-type: none"> Members are afforded privacy with regard to visitors. [K] 	Partial Compliance	11) Incorporate language in the Residency Agreement (<i>reference remediation strategy # 9</i>) that the Developmental Home must afford individuals the option to have visitors at any time.
7e. The setting is physically accessible	<ul style="list-style-type: none"> Individuals can enter and exit all areas of the setting Individuals can safely move about the setting free from obstructions that may limit mobility Individuals have access to individualized environmental accommodations (i.e. grab bars in the shower) Individuals have physical access to all appliances and furnishings 	R6-6-2107 <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs, including individualized accommodations. Contract – Special Terms and Conditions <ul style="list-style-type: none"> Group Homes are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity [6.3.2.1 and 6.3.2.3] 	Partial Compliance	12) 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.

Developmental Homes – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1.	1a. Seek employment and work in competitive integrated settings,	Incorporate a Service Objective in the Service Specification that states if a member desires and/or demonstrates work-related skills, the Developmental Home shall refer the member to their planning team to consider adding an employment service.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
2.	2. The setting is selected by the individual from among setting options including:	Incorporate into the AHCCCS Medical Policy Manual (Section 1620-D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Developmental Homes prior to making a decision on where to live.	AHCCCS	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
3.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that states Developmental Homes are required to post rights and resources for members to access in the event they feel their rights are being violated. For children living in Developmental Homes, the information must	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Developmental Homes – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		be made available to parents and guardians.			
4.	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	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to ensure individuals have full access to the home environment at all times.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
5.	6. Facilitates individual choice regarding services and supports, and who provides them	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to institute practices to engage customer satisfaction with members.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
6.	7a. The individual has a lease or other legally enforceable agreement providing similar protections;	Require DES/DDD develop a residency agreement for members served in Developmental Homes.	DES/DDD	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
7.	7a. The individual has a lease or other legally enforceable agreement providing similar protections;	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to utilize a written residency agreement.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Developmental Homes – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
8.	<p>7b. The individual has privacy in their sleeping or living unit including:</p> <ul style="list-style-type: none"> ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting <p>Freedom to furnish or decorate the unit within the lease or agreement</p>	<p>Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to:</p> <ul style="list-style-type: none"> ▪ Provide physical and private accommodations for the members to perform daily personal hygiene ▪ Have lockable doors for bedrooms ▪ Afford members the options to have a key or key code to the front door or provide measures for members to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night) ▪ Explain residential responsibilities to the member prior to service delivery 	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
9.	<p>7b. The individual has privacy in their sleeping or living unit including:</p> <ul style="list-style-type: none"> ▪ Lockable doors by the individual with only 	<p>Incorporate language in the Residency Agreement outlined in Remediation Strategy # 8. The option for members to have a key or key code to the front door of the setting. For members not</p>	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Developmental Homes – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	<p>appropriate staff having keys to doors</p> <ul style="list-style-type: none"> Individual sharing units have choice of roommates in that setting <p>Freedom to furnish or decorate the unit within the lease or agreement</p>	choosing to have a key or key code to the front door, the agreement must stipulate the facility would provide measures for members to come and go, to and from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)			
10.	7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	Incorporate language in the Residency Agreement that the Developmental Home must afford individuals access to meals and snacks at the time of their choosing.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
11.	7d. The individual can have visitors at any time; and	Incorporate language in the Residency Agreement (reference Remediation Strategy # 9) that the Developmental Home must afford individuals the option to have visitors at any time.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
12.	7e. The setting is physically accessible	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	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Developmental Homes – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		environment for all activities of daily living in the home.			

Residential Setting Type	Behavioral Health Residential Facility	
Description	Provide treatment to an individual experiencing a behavioral health issue that limits the individual's ability to be independent, or causes the individual to require treatment to maintain or enhance independence.	
Number of Settings	385 ⁹ (Source: June 2015 Arizona Department of Health Services)	
Number of Member's Served	95 (Source: June 2015 Placement Report)	
References	Location	Description
Arizona Administrative Code	R9-10-101	Definitions
Arizona Administrative Code	R9-10-701 - 722	Behavioral Health Residential Facilities
Arizona Administrative Code	R9-10-715	Behavioral Health Residential Facilities – Physical Health Services
Arizona Administrative Code	R9-10-801 - 820	Assisted Living Facilities
Arizona Administrative Code	R9-10-801	Assisted Living Facilities - Definitions
Arizona Administrative Code	R9-10-812	Assisted Living Facilities - Behavioral Health Care
Arizona Administrative Code	R9-10-813	Assisted Living Facilities - Behavioral Health Services
Arizona Administrative Code	R9-10-814	Assisted Living Facilities - Personal Care Services
AHCCCS Medical Policy Manual	Section 1230-B	Behavioral Health Residential Facilities

Evidence

1) Licensed Behavioral Health Residential Facilities are not intended or designed to manage primary physical health needs. The setting provides time-limited services through clinical interventions to treat a member's behavioral health issues. The key element in the definition of licensed Behavioral Health Residential Facility is the need for and the provision of *treatment* of the behavioral health condition.

- The primary focus of a licensed Behavioral Health Residential Facility is to provide clinical interventions with minimal personal care supports, to treat a behavioral health issue(s) while promoting resident independence to transition into their own housing. [[Arizona Administrative Code](#), R9-10-701 – 722]
- A behavioral health issue is defined as “...an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.” [[Arizona Administrative Code](#), R9-10-101, #22]
- Licensed Behavioral Health Residential Facilities can provide personal care services as a secondary support service [[Arizona Administrative Code](#), R9-10-715 and R9-10-814]

2) Licensed Assisted Living Facilities are intended and designed to manage primary physical health and/or behavioral health needs.

- The primary focus of an Assisted Living Facility is to provide supervisory, personal and directed care services [[Arizona Administrative Code](#), R9-10-801 – 822]

⁹ The number of settings is reflective of the total number of licensed settings versus the number of settings serving AHCCCS/ALTCS members.

- An assisted living service “means supervisory care services, personal care services, directed care services, behavioral health services, or ancillary services provided to a resident by or on behalf of an assisted living facility.” [[Arizona Administrative Code](#), R9-10-801, #3]
- As of July 1, 2014, Assisted Living Facilities can add behavioral care and behavioral health services to the array of services that can be provided to meet a member’s behavioral health support needs [[Arizona Administrative Code](#), R9-10-812 and 813]
- Behavioral health services are defined as “medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s behavioral health issue.” [[Arizona Administrative Code](#), R9-10-101, #27]
- Behavioral care is defined as:
 - “Assistance with a resident’s psychosocial interactions to manage the resident’s behavior that can be performed by an individual without professional skills that may include direction provided by a behavioral health professional and medication ordered by a medical practitioner or behavioral health professional; or
 - Behavioral health services provided by a behavioral health professional on an intermittent basis to address a resident’s significant psychological or behavioral response to an identifiable stressor or stressors.” [[Arizona Administrative Code](#), R9-10-401, #2]

Assessment

Licensed Behavioral Health Residential Facilities should be de-classified as a home and community-based service, alternative residential facility in Arizona’s 1115 Waiver because the service provided is clinical and transitional in nature. The benefit provided in this setting will continue as a behavioral health treatment service available in the array of covered benefits for ALTCS members, but not as an alternative residential home and community based setting for long term placement.

Transition Plan

Behavioral Health Residential Facilities – Transition Plan				
#	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1.	Educate current Behavioral Health Residential Facility providers on state licensure and HCBS rule requirements to determine provider interest in changing licensure status from Behavioral Health Residential to Assisted Living with Behavioral Health Care or Services	AHCCCS and MCOs	September 2017 (Year One)	Not applicable
2.	Assess each member currently residing in a licensed Behavioral Health Residential Facility to determine if the service is appropriate. Considerations will include: <ul style="list-style-type: none"> ▪ The member needs clinical interventions to treat a behavioral health issue ▪ The members needs behavioral health services to support the management of a 	MCOs	September 2017 (Year One)	AHCCCS monitoring of MCO (annually)

Behavioral Health Residential Facilities – Transition Plan				
#	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	behavioral health support need <ul style="list-style-type: none"> The member has primary diagnosis of an AXIS I or AXIS II mental health disorder. 			
2.	Build a network of Assisted Living Facilities that are licensed and equipped to provide behavioral health services, to persons who have a primary diagnosis other than a mental health disorder, but require behavioral health supports. The facility shall be in compliance with the HCBS Rules	ALTCS Contractors	September 2017 - 2018 (<i>Year One & Two</i>)	AHCCCS monitoring of MCO (annually)
3.	Invoke the person-centered planning process for the identified members that need to be relocated from a licensed Behavioral Health Residential Facility to Assisted Living Facilities that are licensed to provide behavioral health services. The process will include: <ul style="list-style-type: none"> An assessment of the members support needs that must be met in the new setting Identification of the member's preferences when looking for a new setting The option for members to visit and choose among different setting options A timeline for relocation not to exceed September 2021 (<i>the 5 year compliance timeline for the state to come into compliance with the HCBS Rules</i>) 	ALTCS Contractors	September 2010 (<i>Year Three</i>)	AHCCCS monitoring of MCO
4.	Relocation of members (if current setting continues to be licensed as a Behavioral Health Residential Facility) based upon the prescribed timeline in the person centered service plan	ALTCS Contractors	September 2021 (<i>Year 5</i>)	AHCCCS monitoring of MCO

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:	<ul style="list-style-type: none"> ▪ 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.) 	<p>Arizona Administrative Code</p> <ul style="list-style-type: none"> ▪ 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. <i>[Title 9, Chapter 10, Article 11]</i> <p>R9-10-1116</p> <ul style="list-style-type: none"> ▪ 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 <i>[B.1 and</i> 	Partial Compliance	<p>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.</p> <p>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.</p>

Adult Day Health Care Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>2]</p> <ul style="list-style-type: none"> ▪ 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] 		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,	<ul style="list-style-type: none"> ▪ 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 	<p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ 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	<p>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.</p> <ul style="list-style-type: none"> ▪ Habilitation ▪ Pre-Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment

Adult Day Health Care Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> ○ 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 	<p><i>1620.1.o.]</i></p> <ul style="list-style-type: none"> ▪ 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 <i>[Section 1630.5]</i> 		<p>4) Require ALTCS Contractors in the AHCCCS Contractors Operations Manual (<i>Chapter 436</i>) to build a network for the provision of an array of employment support services.</p> <p>5) Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1240-B</i>) 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.</p> <p>6) Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1240-B</i>) 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.</p>
1b. Engage in community life,	<ul style="list-style-type: none"> ▪ Individuals have experiential learning opportunities and general information about events and activities in the community ▪ Individuals have access to 	<p>R9-10-1107</p> <ul style="list-style-type: none"> ▪ The Adult Day Health Care Facility Administrator is required to ensure the development of a care plan for each 	Not Compliant	<p>7) Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1240-B</i>) that outlines a requirement of the Adult Day Health Care Facility to include opportunities to receive information and learn about</p>

Adult Day Health Care Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>transportation made available through the providers and public transportation including transportation training</p> <ul style="list-style-type: none"> ▪ 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) 	<p>participating including:</p> <ul style="list-style-type: none"> ○ Services ○ Time-limited and measureable goals and objectives ○ Interventions to achieve objectives [4.b.c.d.] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ 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] 		<p>events and activities in the community in an effort to make informed decisions about the schedule of activities for the program.</p> <p>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:</p> <ul style="list-style-type: none"> ▪ 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 <p>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</p>

Adult Day Health Care Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
				<p>the future and priorities. Skill development may include:</p> <ul style="list-style-type: none"> ▪ Social ▪ Communication ▪ Basic life skills (shopping, banking, etc.) ▪ Independent functioning skills
1c. Control personal resources, and	<ul style="list-style-type: none"> ▪ 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 	<p>R9-10-1109</p> <ul style="list-style-type: none"> ▪ 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	<p>10) 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.</p>
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	<ul style="list-style-type: none"> ▪ Individuals have access to the same services and activities as individuals not receiving HCB services ▪ Individuals are learning and engaging in activities 	<p>ALTCS Contract</p> <ul style="list-style-type: none"> ▪ ALTCS Contractors are required to take affirmative action to ensure that members are provided covered 	Partial Compliance	<p><i>Reference remediation strategy #2</i></p>

Adult Day Health Care Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>in the community comparable to peers (i.e. people of similar age; people without disabilities, etc).</p> <ul style="list-style-type: none"> 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 	<p>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. <i>[Section 41]</i></p> <p>Arizona Administrative Code</p> <ul style="list-style-type: none"> 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. 		
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	<ul style="list-style-type: none"> 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 	<p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Members are supported to receive services in the most integrated setting appropriate for their needs <i>[Chapter 1200</i> 	Partial Compliance	11) Incorporate into the AHCCCS Medical Policy Manual (<i>Section 1620-D</i>) 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
	<p>to making a decision on where to receive services</p> <ul style="list-style-type: none"> Individuals have employment opportunities and day activities/outings including non-disability settings 	<p><i>Overview]</i></p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Member choice is the primary consideration for making informed decisions on placement options <i>[Section 1620-D.2.a.]</i> <p>AHCCCS Contractors Operations Manual</p> <ul style="list-style-type: none"> ALTCS Contractors are required to develop and maintain a provider network sufficient to provide all covered services to members <i>[Chapter 436 Overview]</i> 		<p>where to receive services.</p> <p>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.</p> <p><i>Reference Remediation Strategy #2</i></p>
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	<ul style="list-style-type: none"> 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 	<p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program <i>[Section 930]</i> <p>AHCCCS Medical Policy Manual</p>	Compliant	

Adult Day Health Care Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Case Manager explains rights and responsibilities to members and provides them a Member Handbook <i>[Section 1620-A.3]</i> <p>R9-10-1102</p> <ul style="list-style-type: none"> The Adult Day Health Care Facility Administrator must ensure policies and procedures incorporate strategies for supporting participants to understand their rights <i>[C. f]</i> 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 <i>[C.g]</i> <p>R9-10-1109</p> <ul style="list-style-type: none"> The Adult Day Health Care Facility 		

Adult Day Health Care Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>Administrator must ensure that participant rights are conspicuously posted on the premises <i>[A.1]</i></p> <ul style="list-style-type: none"> ▪ 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 <i>[A2 and A3.a]</i> ▪ The Adult Day Health Care Facility Administrator must ensure that participants are not subjected to abuse, neglect, exploitation, seclusion, restraint, etc. <i>[B.2]</i> ▪ 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
		<p>consideration [B.1]</p> <ul style="list-style-type: none"> 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 complaint [B.j] <p>R9-10-1110</p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<p>R9-10-1109</p> <ul style="list-style-type: none"> 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] <p>R9-10-1102</p> <ul style="list-style-type: none"> 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	<p>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:</p> <ul style="list-style-type: none"> 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
	<p>their own choosing (indoor and outdoor space)</p> <ul style="list-style-type: none"> Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch. 	<p>R9-10-1111</p> <ul style="list-style-type: none"> The Adult Day Health Care Facility has a “Participant’s Council” that provides input on planning activities and policies of the Facility <p>R9-10-1113</p> <ul style="list-style-type: none"> 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. <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing their own care [Section 1620-B.1b.] 		<p>choosing</p> <p><i>Reference Remediation Strategy #8</i></p>
6. Facilitates individual choice regarding services and supports, and who provides them	<ul style="list-style-type: none"> Individuals are provided choice of service providers and processes for requesting a change of service providers Staff members regularly 	<p>R9-10-1102</p> <ul style="list-style-type: none"> The Adult Day Health Care Facility Administrator must ensure that policies and procedures include a 	Partial Compliance	<p>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.</p>

Adult Day Health Care Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making</p> <ul style="list-style-type: none"> ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals 	<p>method to ensure participants receive the appropriate services <i>[C.e]</i></p> <p>R9-10-1103</p> <ul style="list-style-type: none"> ▪ The Adult Day Health Care Facility Administrator must ensure that there are methods to collect data and evaluate services provided to participants <i>[1.b]</i> <p>R9-10-1107</p> <ul style="list-style-type: none"> ▪ The care plan is reviewed and updated at least every six months and whenever there is a change in the participant's condition <i>[5]</i> <p>R9-10-1109</p> <ul style="list-style-type: none"> ▪ 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 <i>[C.8]</i> ▪ Participants are afforded the right to 		

Adult Day Health Care Facilities - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>participate in the development of, or decisions concerning, treatment [C.9]</p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> 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] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> 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 – Transition 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,	<p>Create an employment services section in the AHCCCS Medical Policy Manual (<i>Chapter 1200</i>) to include an array of employment support services including options to support members to volunteer in the community.</p> <ul style="list-style-type: none"> ▪ Habilitation ▪ Pre-Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment 	AHCCCS	September 2018 (<i>Year 2</i>)	AHCCCS monitoring of MCO (annually)

Adult Day Health Care Facilities – Transition 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 (<i>Chapter 436</i>) to build a network for the provision of an array of employment support services.	ALTCS Contractors	September 2018 (<i>Year 2</i>)	AHCCCS monitoring of MCO (annually)
5.	1a. Seek employment and work in competitive integrated settings,	Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1240-B</i>) 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 (<i>Year 2</i>)	Annual ALTCS Contractor Monitoring
6.	1a. Seek employment and work in competitive integrated settings,	Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1240-B</i>) 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 (<i>Year 2</i>)	MCO monitoring of Provider (annually)
7.	1b. Engage in community life,	Incorporate language in the AHCCCS Medical Policy Manual (<i>Section 1240-B</i>) that outlines a requirement of the Adult Day Health Care Facility to include	AHCCCS	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)

Adult Day Health Care Facilities – Transition 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,	<p>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:</p> <ul style="list-style-type: none"> ▪ 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,	<p>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</p>	AHCCCS	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Adult Day Health Care Facilities – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		<p>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:</p> <ul style="list-style-type: none"> ▪ Social ▪ Communication ▪ Basic life skills (shopping, banking, etc.) ▪ Independent functioning skills 			
10.	1c. Control personal resources, and	<p>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</p>	AHCCCS	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Adult Day Health Care Facilities – Transition 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 – Transition 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: <ul style="list-style-type: none"> ▪ 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 (<i>Section 1240-B</i>) that the Adult Day Health Care member's service plan can be updated upon request of the member.	AHCCCS	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)

Non-Residential Setting Type	Day Treatment and Training Programs	
Non-Residential Setting Sub-Type	Day Treatment and Training, Adult	
Description	A service that specializes sensory-motor, cognitive, communicative, social interaction and behavioral training to promote skill development for some portion of a day (maximum of 8 hours per day)	
Non-Residential Setting Sub-Type	Day Treatment and Training, Child (Summer)	
Description	A service that specializes sensory-motor, cognitive, communicative, social interaction and behavioral training to promote skill development for some portion of a day (maximum of 4 hours per day)	
Non-Residential Setting Sub-Type	Day Treatment and Training, Child (After School)	
Description	A service that specializes sensory-motor, cognitive, communicative, social interaction and behavioral training to promote skill development for some portion of a day (maximum of 4 hours per day)	
Number of Settings	391 (Source: April 2015 DES/DDD Report)	
Number of Members Served	7,324 (Source: May 2015 DES/DDD Report)	
References	Location	Description
Arizona Revised Statutes	36-551.01	State Department of Developmental Disabilities - Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	41-3801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6-6-602	Department of Economic Security (Division of Developmental Disabilities) – Individual Service and Program Plan
Arizona Administrative Code	R6-6-804	Department of Economic Security (Division of Developmental Disabilities) – Rights of Clients
Arizona Administrative Code	R6-6-902	Department of Economic Security (Division of Developmental Disabilities) – Prohibitions
Arizona Administrative Code	R6-6-2107	Department of Economic Security (Division of Developmental Disabilities) – Selecting a Provider
Arizona Administrative Code	R6-6-2108	Department of Economic Security (Division of Developmental Disabilities) – Emergency Procurement
Arizona Administrative Code	R6-6-2109	Department of Economic Security (Division of Developmental Disabilities) – Consumer Choice
Arizona Administrative Code	R6-6-2110	Department of Economic Security (Division of Developmental Disabilities) – Authorization to Provide Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302	Basic Human and Disability Related Rights
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.2	Rights of Persons with Developmental Disabilities Living in Residential Settings

References	Location	Description
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.3	Responsibilities of Individuals Applying for and/or Receiving Supports and Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.4	Procedures
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.5	District Human Rights Committees
Service Specification		Day Treatment and Training, Adult
Service Specification		Day Treatment and Training Child (Summer)
Service Specification		Day Treatment and Training Child (After School)
Individual Service Plan	DDD-1472B, Section 11	Spending Plan
Contract Scope of Work	5.4.4 and 5.6.4.2	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
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 1230-C	Community Residential Settings
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

Day Treatment and Training Programs (Adult, Summer and After School) - 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:	<ul style="list-style-type: none"> ▪ 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.) 	<p>R6-6-804</p> <ul style="list-style-type: none"> ▪ Members have the right to associate with people they want [4] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> ▪ A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination [H] <p>Service Specifications</p> <ul style="list-style-type: none"> ▪ Day Programs are required to provide opportunities to interact with friends and others in the community [Service Goals, #2] <p>Contract – Special Terms and Conditions</p> <ul style="list-style-type: none"> ▪ Day Programs are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in 	Partial Compliance	<p>1) Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff.</p> <p>2) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction with the general community internal and external to the setting. For example, this may include peers or members of the community without disabilities visiting the setting to provide information, instruction, training, support and/or to participate in activities. Additionally, it may include facilitating activities outside of the setting whereby members are directly engaged in activities with peer and community members without disabilities.</p> <p>3) Incorporate a Service Requirement in the Service Specifications to stipulate the setting must be located in the community among other</p>

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		a program, service or activity [6.3.2.1 and 6.3.2.3]		residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community.
1a. Seek employment and work in competitive integrated settings,	<ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ○ 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 	<p>A.R.S 551.01</p> <ul style="list-style-type: none"> ▪ Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor [E and I] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ 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 1620.1.o.] ▪ ALTCS Contractors 	Partial Compliance	4) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include opportunities to learn about volunteer work in the community including support to prepare for and obtain volunteer work.

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions. <i>[Section 1630.5]</i></p> <p>Service Specifications</p> <ul style="list-style-type: none"> ▪ Day Programs are required to refer members to their planning team for an employment service if the member expresses a desire and/or demonstrate work-related skills <i>[Service Objectives, #9]</i> ▪ Day Programs are required to support members to receive training and practice skill building (i.e. soft skills) that may be transferrable in a volunteer or paid work environment <i>[Services Objectives, 2.7, 3 and 4]</i> 		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1b. Engage in community life,	<ul style="list-style-type: none"> Individuals have experiential learning opportunities and general information about events and activities in the community Individuals have access to 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) 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to participate in social, religious, educational, cultural, and community activities [5] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> 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] <p>Service Specifications</p> <ul style="list-style-type: none"> Day Programs are required to provide training and supervision for the member to increase or maintain his/her socialization and adaptive skills to live and participate in the community [Service Goals, #1] 	Compliant with Recommendations	5) Expand the scope of the Service Goals and Service Objectives in the Service Specifications 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.

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<ul style="list-style-type: none"> ▪ Day Programs are required to provide opportunities for members to interact with friends and others in the community, including providing information regarding and facilitating access to community resources <i>[Service Goals, #2]</i> ▪ Day Programs are required to provide opportunities for members to develop skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities <i>[Service Goals, #3]</i> ▪ Day Programs are required to assist in developing individual outcomes and implementing strategies to achieve his/her long term vision for the future and priorities <i>[Service Objectives, #1.1 and 1.2]</i> ▪ Day Programs are required to provide 		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>opportunities for members to receive training and practice basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills <i>[Service Objectives, #2.7]</i></p> <ul style="list-style-type: none"> ▪ Day Programs are required to support members to develop, maintain or enhance independent functioning skills and social and communication skills <i>[Service Objectives, #3 and 4]</i> ▪ Day Programs are required to assist members in utilizing community transportation resources including mobility training <i>[Service Objectives, #2.5 and 2.8]</i> <p>Contract – General Scope of Work</p> <ul style="list-style-type: none"> ▪ Day Programs shall 		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members [5.4.4]		
1c. Control personal resources, and	<ul style="list-style-type: none"> 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 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to be free from personal and financial exploitation [1] Members have the right to manage personal financial affairs/spending money and to be taught to do so [6] <p>Service Specifications</p> <ul style="list-style-type: none"> Day Programs are required to provide opportunities for members to receive training and/or practice in basic life skills such as shopping, banking and money management [Service Objectives #2.7] Day Programs are required to maintain a ledger and documentation (i.e. 	Compliant	

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>receipts) that account for all member funds paid or provided to the vendor <i>[Recordkeeping and Reporting Requirements, #9]</i></p> <p>Individual Service Plan</p> <ul style="list-style-type: none"> As part of the annual service planning process, members and their team outline a spending plan <i>[Section 11 – Spending Plan]</i> 		
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	<ul style="list-style-type: none"> Individuals have access to the same services and activities as individuals not receiving HCB services Individuals are learning and engaging in activities 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 	<p>There is no comparable type of service/support for individuals not receiving HCBS. The goal of the service/support is to provide members with the skills to maximize their daily activities to be consistent with individuals not receiving Medicaid HCBS.</p> <p>R6-6-602</p> <ul style="list-style-type: none"> An intent of the Individual Service Plan is to maximize the member's independent living <i>[B3.c]</i> <p>DES/DDD Policy 302</p>	Not Compliant	<p><i>Reference all remediation strategies. All remediation strategies are focused on ensuring the setting affords members the opportunity to maximize their daily activities to be consistent with individuals not receiving Medicaid HCBS.</i></p>

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> Working individuals engage in company activities (potlucks, parties, professional development) 	<ul style="list-style-type: none"> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 302.3] <p>Service Specifications – Child</p> <ul style="list-style-type: none"> Day Programs are not intended to provide day care relief to caregivers, but rather an opportunity for a member to participate in individualized habilitative activities [Service Requirements and Limitations, #4] Day Programs should not be the only consideration for children if there are other more integrated options such as a summer school program. The planning team should assess the 		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>most beneficial option for the member <i>[Service Requirements and Limitations, #6]</i></p> <p>Contract – General Scope of Work</p> <ul style="list-style-type: none"> Day Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members <i>[5.4.4]</i> <p>ALTCS Contract</p> <ul style="list-style-type: none"> ALTCS Contractors are required to take affirmative action to ensure that members are provided covered 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. <i>[Section 41]</i> 		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	<ul style="list-style-type: none"> Individuals have employment opportunities and day activities/outings including non-disability 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 to making a decision on where to receive services 	<p>R6-6-2107</p> <ul style="list-style-type: none"> Members are supported to find a provider that can meet his/her specific needs. This process can include a meeting with the provider and the member <i>[M]</i> <p>R6-6-2109</p> <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers <i>[B and C]</i> <p>Service Specifications</p> <ul style="list-style-type: none"> Members have options to participate in the program on a partial week/day basis <i>[Service Utilization, #2]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Members are supported to live in the most integrated setting appropriate for their 	Partial Compliance	<p>6) Incorporate into the AHCCCS Medical Policy Manual (<i>Section 1620-D</i>) a requirement for Case Managers to make sure Members have access to transportation and support for the purpose of visiting Day Treatment and Training Programs prior to making a decision on where to receive services.</p> <p><i>Reference Remediation Strategy #2</i></p>

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>needs including the option to live in their own home <i>[Chapter 1200 Overview]</i></p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Member choice is the primary consideration for making informed decisions on placement options <i>[Section 1620-D.2.a.]</i> <p>AHCCCS Contractors Operations Manual</p> <ul style="list-style-type: none"> ALTCS Contractors are required to develop and maintain a provider network sufficient to provide covered services to all members <i>[Chapter 436 Overview]</i> <p>DES/DDD Contract Scope of Work</p> <ul style="list-style-type: none"> Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member <i>[5.6.4.2]</i> 		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	<ul style="list-style-type: none"> ▪ 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 ▪ 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 	<p>A.R.S. 36-551.01</p> <ul style="list-style-type: none"> ▪ Members are afforded rights to be free from mistreatment, neglect and abuse by service providers <i>[N]</i> ▪ Members are afforded the right to be free from unnecessary and excessive medication <i>[O]</i> ▪ Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court <i>[S]</i> <p>A.R.S. 41-3801</p> <ul style="list-style-type: none"> ▪ The Human Rights Committee is established to promote and protect the rights of members <p>R6-6-804</p> <ul style="list-style-type: none"> ▪ Members are afforded rights including right to privacy during the provision of personal care, communication and visitations <i>[8]</i> 	Compliant with Recommendations	7) Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Treatment and Training Programs to post rights and resources for members to access in the event they feel their rights are being violated.

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	complaints including anonymous complaints	R6-6-902 <ul style="list-style-type: none"> Seclusion and physical and medication restraints are prohibited Members have individualized behavior treatment plans as part of the Individual Service Plan [C] AHCCCS Medical Policy Manual <ul style="list-style-type: none"> Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [Section 930] AHCCCS Medical Policy Manual <ul style="list-style-type: none"> Case Manager explain rights and responsibilities to members and provide them a Member Handbook [Section 1620-A.3] 		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making	<ul style="list-style-type: none"> Individuals in the same setting have alternate schedules for services and activities 	R6-6-804 <ul style="list-style-type: none"> Members are afforded rights to associate with persons of their own 	Partial Compliance	8) Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Programs to

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
life choices including but not limited to, daily activities, physical environment, and with whom to interact	<ul style="list-style-type: none"> 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 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. 	<p>choosing [4]</p> <ul style="list-style-type: none"> Members are afforded rights to be provided choices and to express preferences which will be respected and accepted [11] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 302.3] <p>Service Specifications</p> <ul style="list-style-type: none"> Day Programs are responsible for providing opportunities for members to develop skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities [Service Goals, #3] Day Programs are 		<p>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:</p> <ul style="list-style-type: none"> 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

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>responsible for providing opportunities for training and/or practices in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills [<i>Service Objectives, #2.7</i>]</p> <ul style="list-style-type: none"> ▪ Day Programs are required to provide transportation including mobility training and access to community transportation resources [<i>Service Objectives, #2.5, 2.8 and 6</i>] ▪ Day Programs are responsible for providing opportunities for members to participate in community activities and facility member utilization of community resources [<i>Service Objectives, #5</i>] ▪ Day Programs are responsible for developing a monthly 		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>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 <i>[Service Objectives, #7]</i></p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing hi/her own care <i>[Section 1620-B.1b.]</i> 		
6. Facilitates individual choice regarding services and supports, and who provides them	<ul style="list-style-type: none"> Individuals are provided choice of service providers and processes for requesting a change of service providers Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to have their personal care needs provided by direct care staff of the same gender <i>[9]</i> Members have the right to be provided choices and to express preferences which will be respected and accepted <i>[11]</i> 	Compliant	

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals 	<p>R6-6-2107</p> <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member <i>[M]</i> <p>R6-6-2109</p> <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers <i>[B and C]</i> <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are afforded the rights to select supports and services; participate in decision making and to a review of the Individual Service Plan <i>[B.C.E.]</i> Members are afforded the right to communicate with staff <i>[Section 302.2.D.]</i> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same 		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>opportunities enjoyed by individuals not receiving Medicaid services <i>[Section 302.3]</i></p> <p>Service Specifications</p> <ul style="list-style-type: none"> Day Programs are required to develop habilitation-related outcomes that will support the member to achieve his/her long term vision for the future and priorities <i>[Service Objectives, #1.1]</i> <p>General Contract Scope of Work</p> <ul style="list-style-type: none"> Providers must incorporate measures to solicit input on member satisfaction for the quality management plan <i>[5.8.2.3]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing his/her own care 		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p><i>[Section 1620-B.1b]</i></p> <ul style="list-style-type: none"> Case Managers provide information and teaching to assist the member in making informed decisions and choices <i>[Section 1620-B.1c]</i> Case Managers are available to answer questions and address issues outside of the regularly scheduled visits <i>[Section 1620-B.1d]</i> 		

Day Treatment and Training Programs – 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	Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff.	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)
2.	1. The setting is integrated in and supports full access to the greater community	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction with the general	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)

Day Treatment and Training Programs – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		community internal and external to the setting. For example, this may include peers or members of the community without disabilities visiting the setting to provide information, instruction, training, support and/or to participate in activities. Additionally, it may include facilitating activities outside of the setting whereby Members are directly engaged in activities with peer and community members without disabilities.			
3.	1. The setting is integrated in and supports full access to the greater community	Incorporate a Service Requirement in the Service Specifications to stipulate the setting 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.	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)
4.	1a. Seek employment and work in competitive integrated settings,	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include opportunities to learn about volunteer work in the community including support to prepare for and obtain	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)

Day Treatment and Training Programs – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		volunteer work.			
5.	1b. Engage in community life,	Expand the scope of the Service Goals and Service Objectives in the Service Specifications 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.	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)
6.	2a. Non-Disability specific settings	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 Day Treatment and Training Programs prior to making a decision on where to receive services	AHCCCS	September 2018 (<i>Year 2</i>)	AHCCCS monitoring of MCO (annually)
7.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Treatment and Training Programs to post rights and resources for members to access in the	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)

Day Treatment and Training Programs – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		event they feel their rights are being violated.			
8.	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	<p>Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Programs 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:</p> <ul style="list-style-type: none"> ▪ 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 	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)

Non-Residential Setting Type	Center-Based Employment	
Description	Provides controlled and protected work environment, additional supervision and other supports for individuals engaged in remunerative work either in a sheltered workshop or in the community.	
Number of Settings	33 (Source: February 2015 DES/DDD Report)	
Number of Members Served	1,773 (Source: February 2015 DES/DDD Report)	
References	Location	Description
Arizona Revised Statutes	36-551.01	State Department of Developmental Disabilities - Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	41-3801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6-6-602	Department of Economic Security (Division of Developmental Disabilities) – Individual Service and Program Plan
Arizona Administrative Code	R6-6-804	Department of Economic Security (Division of Developmental Disabilities) – Rights of Clients
Arizona Administrative Code	R6-6-902	Department of Economic Security (Division of Developmental Disabilities) – Prohibitions
Arizona Administrative Code	R6-6-2107	Department of Economic Security (Division of Developmental Disabilities) – Selecting a Provider
Arizona Administrative Code	R6-6-2108	Department of Economic Security (Division of Developmental Disabilities) – Emergency Procurement
Arizona Administrative Code	R6-6-2109	Department of Economic Security (Division of Developmental Disabilities) – Consumer Choice
Arizona Administrative Code	R6-6-2110	Department of Economic Security (Division of Developmental Disabilities) – Authorization to Provide Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302	Basic Human and Disability Related Rights
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.3	Responsibilities of Individuals Applying for and/or Receiving Supports and Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.4	Procedures
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.5	District Human Rights Committees
Service Specifications		Center-Based Employment

References	Location	Description
Individual Service Plan	DDD-1472B, Section 11	Spending Plan
Contract Scope of Work	5.4.4 and 5.6.4.2	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
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 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

Center-Based Employment - 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:	<ul style="list-style-type: none"> ▪ 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 	<p>R6-6-804</p> <ul style="list-style-type: none"> ▪ Members have the right to associate with people they want [4] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> ▪ A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination 	Not Compliant	<p>1) Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff.</p> <p>2) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction</p>

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> Working individuals interact with members of the community (i.e. providing training to prepare for work; customers purchasing goods and services, etc.) 	<p>[H]</p> <p>Service Specifications</p> <ul style="list-style-type: none"> The service is provided in a setting own/ leased by the provider where a majority of the individuals have disabilities and are supervised by paid provider staff [<i>Service Requirements and Limitations, #1</i>] <p>Contract – Special Terms and Conditions</p> <ul style="list-style-type: none"> Programs are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity [<i>6.3.2.1 and 6.3.2.3</i>] 		<p>with the general community internal and external to the setting. For example, this may include:</p> <ul style="list-style-type: none"> Incorporating peers without disabilities in the work environment Facilitating members of the general community to visit the setting and provide instruction on how to prepare for and be successful in the workplace (i.e. preparing for an interview, hygiene in the workplace, the use of natural supports, etc.) Developing products and services that are prepared in the facility, but sold or provided out in the general community (i.e. selling baked goods at a farmer’s market). <p>3) Incorporate a Service Requirement in the Service Specifications to stipulate the setting 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.</p>

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1a. Seek employment and work in competitive integrated settings,	<ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ○ 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 	<p>A.R.S 551.01</p> <ul style="list-style-type: none"> ▪ Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor <i>[E and I]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ 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 <i>[Section 1620.1.o.]</i> ▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in 	Partial Compliance	<p>4) Transition the center-based employment service to a facility-based pre-employment service. Revisions will need to be made to the Service Specifications to transition into a pre-vocational service where the focus is on developing general, non-job-task-specific strengths and skills with a goal of integrated employment in the community including group and individual supported working environments.</p> <p>5) Undertake a process to evaluate and re-design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community.</p> <p>6) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include career exploration/planning support including opportunities to learn about volunteer work in the</p>

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>supporting members in making informed decisions <i>[Section 1630.5]</i></p> <p>Service Specifications</p> <ul style="list-style-type: none"> Member authorized for the service must have work-related habilitation goals and objectives with an employment outcome <i>[Service Requirements and Limitations, #4]</i> Programs are required to provide members with gainful, productive, and paid work <i>[Service Goals, #1]</i> Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting <i>[Service Goals, #2]</i> Programs are required 		community including support to prepare for and obtain volunteer work.

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>to provide members with training related to generic work skills and appropriate work habits/ethics [<i>Service Objectives, #4</i>]</p> <ul style="list-style-type: none"> Programs are required to evaluate the member's performance of general job-related skills of each member and identify both strengths and barriers to success/progressive movement [<i>Service Objectives, #5</i>] Programs are required, in consultation with the member's planning team, to develop strategies to capitalize on strengths and remove or minimize barriers to success/progressive movement [<i>Service Objectives, #6</i>] Programs are required to provide each member with the opportunity to participate in a variety of work opportunities. This includes 		

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>introducing the member to integrated work environments to evaluate appropriateness for progressive moves [Service Objectives, #8]</p> <ul style="list-style-type: none"> Providers are required to participate in the member's planning team in making referrals to Vocational Rehabilitation for progressive moves [Service Objectives, #9] Members shall engage in paid work at least 75% of the time they are in attendance at the program. Alternate activities, when paid work is not available, shall focus on generic work skills and appropriate work habits/ethics, and accommodate all participants [Service Outcomes, #1] 		
1b. Engage in community life,	<ul style="list-style-type: none"> Individuals have experiential learning opportunities and general 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to participate in social, 	Partial Compliance	7) Expand the scope of the Service Goals and Service Objectives in the Service

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>information about events and activities in the community</p> <ul style="list-style-type: none"> ▪ Individuals have access to 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) 	<p>religious, educational, cultural, and community activities [5]</p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ 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] <p>Service Specifications</p> <ul style="list-style-type: none"> ▪ The service is considered habilitation [Service Requirements and Limitations, #3] ▪ Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their 		<p>Specifications to include support for transportation training and/or mobility training.</p>

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>transition into a more integrated employment setting [<i>Service Goals, #2</i>]</p> <ul style="list-style-type: none"> Programs are required to provide each member with the opportunity to participate in a variety of work opportunities. This includes introducing the member to integrated work environments to evaluate appropriateness for progressive moves [<i>Service Objectives, #8</i>] <p>Contract – General Scope of Work</p> <ul style="list-style-type: none"> Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members [<i>5.4.4</i>] 		

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1c. Control personal resources, and	<ul style="list-style-type: none"> ▪ 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 	<p>R6-6-804</p> <ul style="list-style-type: none"> ▪ Members have the right to be free from personal and financial exploitation [1] ▪ Members have the right to manage personal financial affairs/spending money and to be taught to do so [6] <p>Service Specifications</p> <ul style="list-style-type: none"> ▪ Programs are required to pay members in accordance with State and Federal law for work the members perform [Service Description] ▪ Programs are required to maintain documentation for member including hours spent performing paid work and time spent in alternative activities [Recordkeeping and Reporting Requirements, #1] <p>Individual Service Plan</p> <ul style="list-style-type: none"> ▪ As part of the annual service planning process, members and 	Compliant	

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		their team outline a spending plan [Section 11 – Spending Plan]		
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	<ul style="list-style-type: none"> Individuals have access to the same services and activities as individuals not receiving HCB services Individuals are learning and engaging in activities 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 	<p>R6-6-602</p> <ul style="list-style-type: none"> An intent of the Individual Service Plan is to maximize the member’s independent living [B3.c] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 302.3] <p>Contract – General Scope of Work</p> <ul style="list-style-type: none"> Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members [5.4.4] 	Not Compliant	8. Reference all remediation strategies. All remediation strategies are focused on ensuring the setting affords members the opportunity to maximize their employability in an integrated employment setting consistent with individuals not receiving Medicaid HCBS.

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		ALTCS Contract <ul style="list-style-type: none"> ALTCS Contractors are required to take affirmative action to ensure that members are provided covered 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] 		
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	<ul style="list-style-type: none"> Individuals have employment opportunities and day activities/outings including non-disability 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 to making a decision on 	R6-6-2107 <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] R6-6-2109 <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice 	Partial Compliance	9) Incorporate into the AHCCCS Medical Policy Manual (Section 1620-D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting pre-vocational training programs prior to making a decision on where to receive services. <i>Reference remediation strategy #4</i>

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	where to receive services	<p>in providers <i>[B and C]</i></p> <p>Service Specifications</p> <ul style="list-style-type: none"> Members have options to participate in the program on a partial week/day basis <i>[Service Utilization, #4]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home <i>[Chapter 1200 Overview]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Member choice is the primary consideration for making informed decisions on placement options <i>[Section 1620-D.2.a.]</i> <p>AHCCCS Contractors Operations Manual</p> <ul style="list-style-type: none"> ALTCS Contractors 		

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>are required to develop and maintain a provider network sufficient to provider covered services to members including Center-Based Employment programs [Chapter 436 Overview]</p> <p>DES/DDD Contract Scope of Work</p> <ul style="list-style-type: none"> Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member [5.6.4.2] 		
3. ¹⁰ The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board	<ul style="list-style-type: none"> Setting is consistent with the individuals' needs, preferences, skills and abilities Individuals (and others they invite) participate in service planning and make informed decisions about services and settings Individuals have access to their service plan in plain 			<p>10) Modify person centered planning Service Requirements and Limitations [#4] in the Service Specifications including the following:</p> <ul style="list-style-type: none"> Members must have an integrated employment goal (group or individual supported) At a minimum, an annual readiness assessment must be

¹⁰ The rule pertaining to person-centered service planning was incorporated in the center-based employment setting specific assessment and transition plan because specific remediation strategies for this setting apply to person-centered service planning. Reference the person-centered service planning section for the general assessment and transition plan relative to all settings.

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	language <ul style="list-style-type: none"> Service plan is updated when individuals express a desire to change the service type, frequency or provider of service 			conducted for community based employment. If a member is not ready for the next step, goals are developed to address barriers. <ul style="list-style-type: none"> The duration of the service is defined by the person-centered service plan team The person-centered service plan must outline the goals to be achieved DB101 and Work Incentive Consultation must be incorporated into the person-centered service planning process
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	<ul style="list-style-type: none"> 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 Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by 	A.R.S. 36-551.01 <ul style="list-style-type: none"> Members are afforded rights to be free from mistreatment, neglect and abuse by service providers <i>[N]</i> Members are afforded the right to be free from unnecessary and excessive medication <i>[O]</i> Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court <i>[S]</i> 	Compliant with Recommendations	11) Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to post rights and resources for members to access in the event they feel their rights are being violated.

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>case basis versus broad application to all individuals in the setting</p> <ul style="list-style-type: none"> 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 	<p>A.R.S. 41-3801</p> <ul style="list-style-type: none"> The Human Rights Committee is established to promote and protect the rights of members <p>R6-6-804</p> <ul style="list-style-type: none"> Members are afforded rights including right to privacy during the provision of personal care, communication and visitations [8] <p>R6-6-902</p> <ul style="list-style-type: none"> Seclusion and physical and medication restraints are prohibited Members have individualized behavior treatment plans as part of the Individual Service Plan [C] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program 		

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p><i>[Section 930]</i></p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Manager explain rights and responsibilities to members and provide them a member Handbook <i>[Section 1620-A.3]</i> 		
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	<ul style="list-style-type: none"> 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 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members are afforded rights to associate with persons of their own choosing <i>[4]</i> Members are afforded rights to be provided choices and to express preferences which will be respected and accepted <i>[11]</i> <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services <i>[Section</i> 	Partial Compliance	<p>12) Incorporate a Service Requirement and Limitation in the Service Specification that requires Programs to exercise strategies for providing pre-vocational services and supports 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:</p> <ul style="list-style-type: none"> 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

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<p>people of their own choosing and in areas of their own choosing (indoor and outdoor space)</p> <ul style="list-style-type: none"> Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch. 	<p>302.3]</p> <p>Service Specifications</p> <ul style="list-style-type: none"> Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting [<i>Service Goals, #2</i>] Programs are required to provide members with training related to generic work skills and appropriate work habits/ethics [<i>Service Objectives, #4</i>] Programs are required to evaluate the member's performance of general job-related skills of each member and identify both strengths and barriers to success/progressive movement [<i>Service Objectives, #5</i>] Programs are required, 		

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>in consultation with the member's planning team, to develop strategies to capitalize on strengths and remove or minimize barriers to success/progressive movement [<i>Service Objectives, #6</i>]</p> <ul style="list-style-type: none"> Programs are required to provide each member with the opportunity to participate in a variety of work opportunities. This includes introducing the member to integrated work environments to evaluate appropriateness for progressive moves [<i>Service Objectives, #8</i>] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing his/her own care [<i>Section 1620-B.1b.</i>] 		

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
6. Facilitates individual choice regarding services and supports, and who provides them	<ul style="list-style-type: none"> Individuals are provided choice of service providers and processes for requesting a change of service providers Staff members regularly 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 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to have their personal care needs provided by direct care staff of the same gender [9] Members have the right to be provided choices and to express preferences which will be respected and accepted [11] <p>R6-6-2107</p> <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] <p>R6-6-2109</p> <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are afforded the rights to select supports and services; 	Compliant	

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>participate in decision making and to a review of the Individual Service Plan <i>[B.C.E.]</i></p> <ul style="list-style-type: none"> Members are afforded the right to communicate with staff <i>[Section 302.2.D.]</i> Members are supported to be self-determined in an efforts to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals no receiving Medicaid services <i>[Section 302.3]</i> <p>Service Specifications</p> <ul style="list-style-type: none"> Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting <i>[Service Goals, #2]</i> 		

Center-Based Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>General Contract Scope of Work</p> <ul style="list-style-type: none"> Providers must incorporate measures to solicit input on member satisfaction for the quality management plan [5.8.2.3] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing his/her 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] 		

Center-Based Employment – 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	Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff.	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)
2.	1. The setting is integrated in and supports full access to the greater community	<p>Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction with the general community internal and external to the setting. For example, this may include:</p> <ul style="list-style-type: none"> ▪ Incorporating peers without disabilities in the work environment ▪ Facilitating members of the general community to visit the setting and provide instruction on how to prepare for and be successful in the workplace (i.e. preparing for an interview, hygiene in the workplace, the use of natural supports, etc.) ▪ Developing products and services that are prepared in the 	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)

Center-Based Employment – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		facility, but sold or provided out in the general community (i.e. selling baked goods at a farmer's market).			
3.	1. The setting is integrated in and supports full access to the greater community	Incorporate a Service Requirement in the Service Specifications to stipulate that the setting 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.	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)
4.	1a. Seek employment and work in competitive integrated settings,	Transition the center-based employment service to a facility-based pre-employment service. Revisions will need to be made to the Service Specifications to transition into a pre-vocational service where the focus is on developing general, non-job-task-specific strengths and skills with a goal of integrated employment in the community including group and individual supported working environments.	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)
5.	1a. Seek employment and	Undertake a process to evaluate and re-design the	AHCCCS, DES/DDD and Arizona Association	September 2017 (<i>Year 1</i>)	AHCCCS monitoring of MCO (annually)

Center-Based Employment – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	work in competitive integrated settings,	current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community.	of Providers for Persons with Disabilities		
6.	1a. Seek employment and work in competitive integrated settings,	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include career exploration/planning support including opportunities to learn about volunteer work in the community including support to prepare for and obtain volunteer work.	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)
7.	1b. Engage in community life,	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include support for transportation training and/or mobility training.	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)

Center-Based Employment – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
8.	1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	<i>Reference all remediation strategies. All remediation strategies are focused on ensuring the setting affords members the opportunity to maximize their employability in an integrated employment setting consistent with individuals not receiving Medicaid HCBS.</i>			
9.	2a. Non-Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual (Section 1620-D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting pre-vocational training programs prior to making a decision on where to receive services	AHCCCS	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
10.	3. The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board.	Modify person centered planning Service Requirements and Limitations [#4] in the Service Specifications including the following: <ul style="list-style-type: none"> Members must have an integrated employment goal (group or individual supported) At a minimum, an annual readiness assessment must be conducted for 	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Center-Based Employment – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		<p>community based employment. If a member is not ready for the next step, goals are developed to address barriers.</p> <ul style="list-style-type: none"> ▪ The duration of the service is defined by the person-centered service plan team ▪ The person-centered service plan must outline the goals to be achieved ▪ DB101 and Work Incentive Consultation must be incorporated into the person-centered service planning process 			
11.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that states the Program is required to post rights and resources for members to access in the event they feel their rights are being violated.	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)
12.	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	Incorporate a Service Requirement and Limitation in the Service Specification that requires Programs to exercise strategies for providing pre-vocational services and supports that do not regiment, individual initiative, autonomy and independence in making life	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Provider (annually)

Center-Based Employment – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	with whom to interact	<p>choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for:</p> <ul style="list-style-type: none"> ▪ 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 			

Non-Residential Setting Type	Group Supported Employment	
Description	<i>A long-term, ongoing support service that provides on-site supervised work environment in a community employment setting</i>	
Number of Settings	71 (Source: April 2015 DES/DDD Report)	
Number of Members Served	1775 (Source: May 2015 DES/DDD Report)	
References	Location	Description
Arizona Revised Statutes	36-551.01	State Department of Developmental Disabilities - Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	41-3801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6-6-602	Department of Economic Security (Division of Developmental Disabilities) – Individual Service and Program Plan
Arizona Administrative Code	R6-6-804	Department of Economic Security (Division of Developmental Disabilities) – Rights of Clients
Arizona Administrative Code	R6-6-902	Department of Economic Security (Division of Developmental Disabilities) – Prohibitions
Arizona Administrative Code	R6-6-2107	Department of Economic Security (Division of Developmental Disabilities) – Selecting a Provider
Arizona Administrative Code	R6-6-2108	Department of Economic Security (Division of Developmental Disabilities) – Emergency Procurement
Arizona Administrative Code	R6-6-2109	Department of Economic Security (Division of Developmental Disabilities) – Consumer Choice
Arizona Administrative Code	R6-6-2110	Department of Economic Security (Division of Developmental Disabilities) – Authorization to Provide Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302	Basic Human and Disability Related Rights
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.3	Responsibilities of Individuals Applying for and/or Receiving Supports and Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.4	Procedures
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.5	District Human Rights Committees
Service Specifications		Group Supported Employment

References	Location	Description
Individual Service Plan	DDD -1472B, Section 11	Spending Plan
Contract Scope of Work	5.4.4 and 5.6.4.2	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
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 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

Group Supported Employment - 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:	<ul style="list-style-type: none"> ▪ 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 	<p>R6-6-804</p> <ul style="list-style-type: none"> ▪ Members have the right to associate with people they want [4] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> ▪ A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination 	Compliant	

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> Working individuals interact with members of the community (i.e. providing training to prepare for work; customers purchasing goods and services, etc.) 	<p>[H]</p> <p>Service Specifications</p> <ul style="list-style-type: none"> The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals without disabilities in comparable positions interact with other persons <i>[Service Requirements and Limitations, #1]</i> The service is designed to promote community integration with other members of the workforce and provide paid work <i>[Service Requirements and Limitations, #2]</i> 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<ul style="list-style-type: none"> Programs are required to provide members the opportunity to work in an environment that allows for maximum interaction among diverse populations <i>[Service Goals, #1]</i> Programs are required to help members become part of the informal culture of the workplace <i>[Service Goals, #4]</i> Programs are required to provide intervention and technical assistance to an employer as needed to support the success of the member <i>[Service Objectives, #6]</i> No more than one group shall be co-located in a physical location <i>[Service Utilization, #3]</i> <p>Contract – Special Terms and Conditions</p> <ul style="list-style-type: none"> Programs are required to abide by the Americans with Disabilities Act 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity [6.3.2.1 and 6.3.2.3]		
1a. Seek employment and work in competitive integrated settings,	<ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ○ 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 	<p>A.R.S 551.01</p> <ul style="list-style-type: none"> ▪ Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor [E and I] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ 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 	Compliant with Recommendations	<p>1) Make revisions to the Service Specifications to expand the scope of the group supported employment service to include the following:</p> <ul style="list-style-type: none"> ▪ Vocational/job related discovery or assessment ▪ Work incentive consultation ▪ Career advancement services ▪ Transportation training and planning <p>2) Undertake a process to evaluate and re-design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community.</p>

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	work/volunteer activities	<p>employment <i>[Section 1620.1.o.]</i></p> <ul style="list-style-type: none"> 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 <i>[Section 1630.5]</i> <p><u>Service Specifications</u></p> <ul style="list-style-type: none"> The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals without disabilities in comparable positions interact with other 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>persons [<i>Service Requirements and Limitations, #1</i>]</p> <ul style="list-style-type: none"> ▪ The service is designed to promote community integration with other members of the workforce and provide paid work [<i>Service Requirements and Limitations, #2</i>] ▪ The program is responsible for transportation within the member's scheduled workday from worksite to worksite [<i>Service Requirements and Limitations, #3</i>] ▪ Programs are required to provide members with gainful, productive, and paid work [<i>Service Goals, #2</i>] ▪ Programs are required to help members become part of the informal culture of the workplace [<i>Service Goals, #4</i>] ▪ Programs are required to participate in the 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>member's planning team in making referrals for progressive moves [<i>Service Objectives</i>, #2]</p> <ul style="list-style-type: none"> Programs are required, in consultation with the member's planning team, to identify strengths and barriers to success/progressive movement, develop and implement strategies to capitalize on strengths and remove or minimize barriers [<i>Service Objectives</i>, #8] 		
1b. Engage in community life,	<ul style="list-style-type: none"> Individuals have experiential learning opportunities and general information about events and activities in the community Individuals have access to transportation made available through the providers and public transportation including transportation training Individuals have support to learn new skills or instruction for skill development 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to participate in social, religious, educational, cultural, and community activities [5] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers provide assistance to members to access non-ALTCS services available in the community [<i>Sections 1610.2 and 1620-</i> 	Compliant	

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care) 	<p><i>B.1.g.]</i></p> <ul style="list-style-type: none"> Case Managers assist members to develop meaningful and measureable goals <i>[Section 1620-B.5]</i> <p><u>Service Specifications</u></p> <ul style="list-style-type: none"> Programs are required to support members in developing skills, abilities, and behaviors that will enable them to most fully realize their vocational aspirations including supporting their transition into a more independent employment setting <i>[Service Goals, #1]</i> Programs are required to help members maintain positive work habits, attitudes, skills, and work etiquette directly related to their specific employment <i>[Service Goals, #2]</i> Programs are required to provide each member with worksite orientation and training to assist him or her in acquiring the necessary 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>job skills [<i>Service Objectives, #4</i>]</p> <ul style="list-style-type: none"> Programs are required to provide intervention and technical assistance to an employer as needed to support the success of the member [<i>Service Objectives, #6</i>] Programs are required to assist the member in resolving training/work issues as well as any personal concerns that may interfere with his or her job performance [<i>Service Objectives, #7</i>] Employment Support Aide services may be provided in conjunction with Group Supported Employment Services to provide personal assistance and/or behavioral health support needs [<i>Service Utilization, #6 and #7</i>] <p>Contract – General Scope of Work</p> <ul style="list-style-type: none"> Programs shall ensure that materials, supplies, 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members [5.4.4]		
1c. Control personal resources, and	<ul style="list-style-type: none"> 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 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to be free from personal and financial exploitation [1] Members have the right to manage personal financial affairs/spending money and to be taught to do so [6] <p>Service Specifications</p> <ul style="list-style-type: none"> The service is designed to promote community integration with other members of the workforce and provide paid work [Service Requirements and Limitations, #2] Programs are required to ensure the ongoing availability of paid integrated work in an amount adequate to the number of members in the program [Service 	Compliant	

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p><i>Objectives, #9]</i></p> <ul style="list-style-type: none"> Programs are required to provide members with gainful, productive, and paid work [<i>Service Goals, #2]</i> Programs are required to maintain documentation for member including the number of hours worked [<i>Recordkeeping and Reporting Requirements, #3]</i> <p>Individual Service Plan</p> <ul style="list-style-type: none"> As part of the annual service planning process, members and their team outline a spending plan [<i>Section 11 – Spending Plan</i>] 		
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	<ul style="list-style-type: none"> Individuals have access to the same services and activities as individuals not receiving HCB services Individuals are learning and engaging in activities in the community comparable to peers (i.e. people of similar age; people without disabilities, etc). 	<p>R6-6-602</p> <ul style="list-style-type: none"> An intent of the Individual Service Plan is to maximize the member's independent living [<i>B3.c]</i> <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are supported to be self-determined in an effort to ensure they 	Compliant	

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	<ul style="list-style-type: none"> 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 	<p>exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [<i>Section 302.3</i>]</p> <p>Service Specifications</p> <ul style="list-style-type: none"> The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals without disabilities in comparable positions interact with other persons [<i>Service Requirements and Limitations, #1</i>] The service is designed 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>to promote community integration with other members of the workforce and provide paid work [<i>Service Requirements and Limitations, #2</i>]</p> <ul style="list-style-type: none"> Programs are required to help members become part of the informal culture of the workplace [<i>Service Goals, #4</i>] <p>Contract – General Scope of Work</p> <ul style="list-style-type: none"> Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members [<i>5.4.4</i>] <p>ALTCS Contract</p> <ul style="list-style-type: none"> ALTCS Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. <i>[Section 41]</i>		
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	<ul style="list-style-type: none"> Individuals have employment opportunities and day activities/outings including non-disability 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 to making a decision on where to receive services 	<p>R6-6-2107</p> <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member <i>[M]</i> <p>R6-6-2109</p> <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers <i>[B and C]</i> <p>Service Specifications</p> <ul style="list-style-type: none"> The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found 	Compliant	

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals without disabilities in comparable positions interact with other persons [<i>Service Requirements and Limitations, #1</i>]</p> <ul style="list-style-type: none"> ▪ The service is designed to promote community integration with other members of the workforce and provide paid work [<i>Service Requirements and Limitations, #2</i>] ▪ No more than one group shall be co-located in a physical location [<i>Service Utilization, #3</i>] <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> ▪ Members are 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>supported to live in the most integrated setting appropriate for their needs [<i>Chapter 1200 Overview</i>]</p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Member choice is the primary consideration for making informed decisions [<i>Section 1620-D.2.a.</i>] <p>AHCCCS Contractors Operations Manual</p> <ul style="list-style-type: none"> ALTCS Contractors are required to develop and maintain a provider network sufficient to provide all covered services to members [<i>Chapter 436 Overview</i>] <p>DES/DDD Contract Scope of Work</p> <ul style="list-style-type: none"> Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member [<i>5.6.4.2</i>] 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	<ul style="list-style-type: none"> ▪ 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 ▪ 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 	<p>A.R.S. 36-551.01</p> <ul style="list-style-type: none"> ▪ Members are afforded rights to be free from mistreatment, neglect and abuse by service providers <i>[N]</i> ▪ Members are afforded the right to be free from unnecessary and excessive medication <i>[O]</i> ▪ Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court <i>[S]</i> <p>A.R.S. 41-3801</p> <ul style="list-style-type: none"> ▪ The Human Rights Committee is established to promote and protect the rights of members <p>R6-6-804</p> <ul style="list-style-type: none"> ▪ Members are afforded rights including right to privacy during the provision of personal care, communication and visitations <i>[8]</i> 	Compliant with Recommendations	3) Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to post rights and resources for members to access in the event they feel their rights are being violated.

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	complaints including anonymous complaints	R6-6-902 <ul style="list-style-type: none"> Seclusion and physical and medication restraints are prohibited Members have individualized behavior treatment plans as part of the Individual Service Plan [C] AHCCCS Medical Policy Manual <ul style="list-style-type: none"> Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [Section 930] AHCCCS Medical Policy Manual <ul style="list-style-type: none"> Case Manager explain rights and responsibilities to members and provide them a Member Handbook [Section 1620-A.3] 		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but	<ul style="list-style-type: none"> Individuals in the same setting have alternate schedules for services and activities Individuals can schedule 	R6-6-804 <ul style="list-style-type: none"> Members are afforded rights to associate with persons of their own choosing [4] 	Compliant	

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
not limited to, daily activities, physical environment, and with whom to interact	<p>activities at their own convenience</p> <ul style="list-style-type: none"> 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 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. 	<ul style="list-style-type: none"> Members are afforded rights to be provided choices and to express preferences which will be respected and accepted [11] <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are supported to be self-determined in an efforts to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 302.3] <p>Service Specifications</p> <ul style="list-style-type: none"> The program is responsible for transportation within the member's scheduled workday from worksite to worksite [Service Requirements and Limitations, #3] Programs are required to support members in developing skills, abilities, and behaviors 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>that will enable them to most fully realize their vocational aspirations including supporting their transition into a more independent setting [<i>Service Goals, #3</i>]</p> <ul style="list-style-type: none"> Programs are required to participate with each member's planning team to develop and implement vocational outcomes in accordance with the member's vision of the future and priorities [<i>Service Objectives, #1</i>] Programs are required to ensure the worksite placement of each member is made with consideration of that member's capabilities and interests [<i>Service Objectives, #3</i>] Programs are required, in consultation with the member's planning team, to identify strengths and barriers to success/progressive movements, develop and implement 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>strategies to capitalize on strengths and remove or minimize barriers <i>[Service Objectives, #8]</i></p> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing his/her own care <i>[Section 1620-B.1b.]</i> 		
6. Facilitates individual choice regarding services and supports, and who provides them	<ul style="list-style-type: none"> Individuals are provided choice of service providers and processes for requesting a change of service providers Staff members regularly 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 	<p>R6-6-804</p> <ul style="list-style-type: none"> Members have the right to have their personal care needs provided by direct care staff of the same gender <i>[9]</i> Members have the right to be provided choices and to express preferences which will be respected and accepted <i>[11]</i> <p>R6-6-2107</p> <ul style="list-style-type: none"> Members are supported to find a provider that can meet their specific needs. This process can include a meeting 	Compliant	

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>with the provider and the member <i>[M]</i></p> <p>R6-6-2109</p> <ul style="list-style-type: none"> Members utilize the Individual Service Plan process to make decisions about choice in providers <i>[B and C]</i> <p>DES/DDD Policy 302</p> <ul style="list-style-type: none"> Members are afforded the rights to select supports and services; participate in decision making and to a review of the Individual Service Plan <i>[B.C.E.]</i> Members are afforded the right to communicate with staff <i>[Section 302.2.D.]</i> Members are supported to be self-determined in an efforts to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services <i>[Section 302.3]</i> 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>Service Specifications</p> <ul style="list-style-type: none"> Programs are required to support members in developing skills, abilities, and behaviors that will enable them to most fully realize their vocational aspirations including supporting their transition into a more independent employment setting <i>[Service Goals, #3]</i> <p>General Contract Scope of Work</p> <ul style="list-style-type: none"> Providers must incorporate measures to solicit input on member satisfaction for the quality management plan <i>[5.8.2.3]</i> <p>AHCCCS Medical Policy Manual</p> <ul style="list-style-type: none"> Case Managers support the member to have a meaningful role in planning and directing his/her own care <i>[Section 1620-B.1b]</i> Case Managers provide information and teaching to assist the 		

Group Supported Employment - Assessment				
Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		<p>member in making informed decisions and choices [Section 1620-B.1c]</p> <ul style="list-style-type: none"> Case Managers are available to answer questions and address issues outside of the regularly scheduled visits [Section 1620-B.1d] 		

Group Supported Employment – 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	<p>Make revisions to the Service Specifications to expand the scope of the group supported employment service to include the following:</p> <ul style="list-style-type: none"> Vocational/job related discovery or assessment Work incentive consultation Career advancement services Transportation training and planning 	DES/DDD	September 2018 (Year 2)	MCO monitoring of Providers (annually)
2.	1a. Seek employment and work in competitive integrated settings,	Undertake a process to evaluate and re-design the current continuum of employment supports and	AHCCCS, DES/DDD and Arizona Association of Providers for Persons with Disabilities	September 2017 (Year 1)	AHCCCS monitoring of MCO (annually)

Group Supported Employment – Transition Plan					
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community.			
3.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to post rights and resources for members to access in the event they feel their rights are being violated.	DES/DDD	September 2018 (<i>Year 2</i>)	MCO monitoring of Providers (annually)