



Home and Community Based Settings (HCBS) Rules

Public Forums

March 2019

Housekeeping Items

- Restroom location
- Sign in Sheet
- Informational handout
 - Presentation available on our website www.azahcccs.gov/hcbs
- Format for Today's Presentation
 - HCBS Rule Presentation - AHCCCS
 - Comment Slips – *note slide number*
 - Written comments will be made publically available
 - Request to Speak

Purpose of the Session

- Re-engage stakeholders on the HCBS Rules
- Provide information to stakeholders on updates to the Transition Plan
- Solicit public comment that will be used to help inform the implementation of the Transition Plan

Agenda

- Arizona's Medicaid Program
- HCBS Rules Orientation
- Systemic Assessment
- Transition Plan
 - Heightened Scrutiny
 - Member Relocation
 - Residential Settings
 - Non-Residential Settings
 - Residential Settings Requiring Special Consideration
 - Person-Centered Planning
- Public Comment

Summary of Changes

- Clarifications
 - Updated data
 - Incorporated target completion dates
- Significant Changes/Additions
 - Identification of non-licensed settings
 - Role of the Person Centered Service Plan
 - Arizona Training Program at Coolidge – Group Home Transition Plan
 - Other AHCCCS initiatives supporting community integration
- Process
 - Identification of new settings
 - Heightened Scrutiny
 - Member relocation

Arizona's Medicaid Program

Arizona's Medicaid Program

- 1115 Waiver
- Managed Care Organization (MCO) Model
- Arizona Long Term Care System (ALTCS)
 - Least restrictive setting
 - Guiding and governing principles
 - Placement rates
 - Specialized settings

Placement Rates – June 2018

Setting	Members	% of Membership
Own Home	37,757	67%
Assisted Living Facility	6,647	12%
Group Home	3,046	5%
Developmental Home	1,281	2%
Total of HCBS Placements	48,731	86%
Skilled Nursing Facility	6,348	11%
Other	846	1.5%
ICF/ID	120	.2%
Behavioral Health Residential Facility	257	.4%
Total of Institutional Placements	7,571	13%
Total	56,302	100%

Intent of the HCBS Rules

- Purpose

- Enhance the quality of HCBS
- Provide protections to participants
- Assure full access to benefits of community living
 - Receive services in the most integrated setting
 - Receive services to the same degree of access as individuals not receiving HCBS

- Scope

- Licensed settings
- Residential and Non-Residential

Arizona's Opportunity

- New standard set of basic rights afforded to all members
- Reinforce priority of serving members in the least restrictive setting
- Formalize new priority to ensure members are actively engaged and participating in their communities

HCBS Rules

Settings that are not Home and Community Based

- A nursing facility
- An institution for mental disease
- An Intermediate Care Facility for individuals with intellectual disabilities
- A hospital
- Any other locations that have the qualities of a institutional setting, as determined by the Secretary

Assessed Settings

- Residential Setting:
 - Assisted Living Facilities (Home, Center, Adult Foster Care)
 - DDD Group Homes
 - DDD Adult & Child Developmental Homes
 - Behavioral Health Residential Facilities
- Non-Residential Settings
 - Adult Day Health
 - DDD Day Treatment and Training Programs
 - DDD Center - Based Employment Programs
 - DDD Group - Supported Employment Programs

Settings that are Presumed to have Qualities of an Institution

- Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
- Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution
- Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

Rules

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.

Rules

2. The setting is selected by the individual from among setting options including
 - a. non-disability specific settings
 - 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 individuals 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.

Rules Continued

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:
 - 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.

Person-Centered Planning

Rights *may be* limited, on a case-by-case basis, if they jeopardize the health and safety of the member and/or others.

The following requirements must be documented in the person-centered plan:

- 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.

Person-Centered Planning Continued

- Include regular collection and review of data to measure the ongoing effectiveness of the modification
- Include 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 individual

Summary

- Rules are basic rights afforded to all members
- Its not just about the location of where the services are provided, but its about the individual's experience and outcomes
- All residential and non-residential settings must be compliant or come into compliance by March 2022
- Rights may be limited, on a case-by-case basis, if they jeopardize the health and safety of the member and/or others
 - Must be documented in the service plan
 - Strategies developed and monitored to restore rights

Timeline

Task	Timeline
Conducted assessment and drafted transition plan	November 2014-June 2015
Convened Stakeholder Meetings	June – July 2015
Public Comment Period	August 2015
Finalized assessment and transition plan	September 2015
Submitted Assessment and Transition Plan to CMS	October 2015
Received Approval of the Systemic Assessment from CMS	September 2017
Received Preliminary Approval of Transition Plan from CMS	February 2019
All residential and non-residential settings are compliant	March 2022

Systemic Assessment and Transition Plan

System Assessment

- Review and evaluation of standards and requirements for setting types
 - Arizona Revised Statutes
 - Arizona Administrative Code
 - AHCCCS and MCO Policy
 - AHCCCS Contracts with MCOs
 - MCO contracts with providers
- Assessed each specific rule requirement for each setting type. Utilized exploratory questions provided by CMS
- Answered the question “What is culturally normative for individuals not receiving Medicaid HCBS?”

Systemic Assessment - Process

- Only captures what is outlined on paper
- The HCBS Rules may be implemented in practice
- Site specific assessments will be implemented as part of the Transition Plan
- Includes policies that are not specific to the setting type (i.e. role of the Case Manager)

Systemic Assessment Findings

- All setting types currently do not comply with all of the HCBS Rules and, therefore, require remediation strategies to come into compliance with two exceptions
- The Systemic Assessment for each setting type includes:
 - Summary data on the number of settings and members served
 - Summary and links of references
 - An assessment for each rule including:
 - Considerations – exploratory questions that were used as considerations to evaluate the evidence for a compliance determination
 - Evidence – references that are the basis for the compliance level determination
 - Assessed compliance level
 - Remediation strategies – recommended actions to make systemic changes

Transition Plan

General Transition Plan – All Setting Types

- Three-pronged approach to ensuring the transition plan is implemented within the specified timeframes

Plans

Public

Reports

General Transition Plan – All Setting Types

- Plans
 - Each phase is focused on a specific area
 - All phases have been updated to provide more detail on tasks and include a timeline for each task
 - Setting-type workgroups will provide input and oversee the implementation of the plan
- Public
 - Conduct forums at the onset of each phase
 - Ongoing public input is welcome
 - Progress reports will be made available on the website

General Transition Plan – All Setting Types

- Reports

- Site Specific Assessments and remediation strategies and milestones for compliance
- Submission of settings for heightened scrutiny including pre-submission processes such as evidentiary assessments and information gathering activities for settings that cannot comply with the HCBS Rules or are found to be presumptively institutional in nature
- Relocation of members from non-compliant to compliant settings
- Ongoing Monitoring after March 2022 to ensure current settings remain compliant and new settings are assessed for compliance

Phase One – Orientation

Current – June 2019

#	Task	Timeline
1.	Establish the HCBS Rules Steering Committee	Nov 2018
2.	Determine and establish workgroup types to include representatives from the MCOs, providers, stakeholders and members/families	Nov 2018
3.	Disseminate and analyze the member and provider survey results	Feb 2019
4.	Facilitate tours of each setting type for the workgroup members	Dec 2018
5.	Enhance current website with information for all stakeholders to prepare for the development and implementation of the communication plan	Dec 2018
6.	Develop and implement communication plans for members, family members, providers and community partners (i.e. Arizona Dept. of Health Services)	Feb 2019

Phase One – Orientation

Continued

#	Task	Timeline
6a.	Develop and disseminate member and family member educational materials including establishing ongoing member and family member education and outreach strategies	March 2019
7.	Develop and implement setting type provider training including establishing requirements for MCOs to replicate and/or conduct refresher training on an ongoing basis	June 2019
7a.	Develop and implement Case Management training including establishing requirements for MCOs to replicate and/or conduct refresher training an on ongoing basis	June 2019
8.	Initiate the development of two toolkits, one for members/families and advocates and the other for the provider community	June 2019

Phase Two- Monitoring Tools & Processes

January 2019 – June 2019

#	Task	Timeline
1.	Institute HCBS Rules standards into the operational review tools for audits of the MCOs	June 2019
2.	Finalize the development of two toolkits, one for members/families and advocates and the other for the provider community	June 2019
3.	Revise current MCO monitoring tools for providers to incorporate HCBS Rules requirements	June 2019
4.	Develop reports and incorporate into reporting processes for MCOs to report site-specific setting compliance with the HCBS Rules	June 2019
5.	Develop processes for disseminating and analyzing systemic member experience surveys	June 2019
6.	Develop standardized tools MCO Case Manager will use during 90-day person centered planning reviews to ensure member integration experience and progress with personal goals	January 2019

Phase Two – Monitoring Tools & Processes

- AHCCCS Monitoring of the MCOs
 - Focused audit to review site-specific assessment findings, documentation and process
 - Incorporate new compliance standards into operational reviews
 - MCOs will report site-specific setting compliance to AHCCCS

Phase Two – Monitoring Tools & Processes

- MCO Monitoring of the Providers
 - MCO collaborative monitoring process
 - Revise current monitoring tool
 - Incorporate new elements to the tool
 - Provider Self-Assessment
 - Member Interview and File Review
 - Observation
 - Community Member Interview
- The Member Experience
 - Member surveys
 - Case management/Person - Centered Service Planning
 - Member interviews become part of the monitoring process

Phase Three- Policy and Contract Revisions & TA

July 2019 – June 2020

#	Tasks	Timeline
1.	Implement policy changes to AHCCCS policy	June 2020
1a.	Implement policy changes outlined in setting type transition plans	June 2020
1b.	Develop and implement general language in policy regarding HCBS Rule compliance including adding the HCBS Rules as basic rights afforded to all members.	June 2020
2.	Implement changes to DES/DDD policy outlined in setting type transition plans	June 2020
3.	Amend the AHCCCS provider participation agreements to include a requirement for providers to be compliant with the HCBS Rules	October 2019
4.	Amend DES/DDD contracts per the contract revision remediation strategies outlined in the setting type transition plans	June 2020

Phase Three- Policy and Contract Revisions & TA

Continued

#	Tasks	Timeline
5.	Amend MCO contracts and Tribal ALTCS Intergovernmental Agreements as applicable to incorporate the HCBS Rule and to institute a requirement that prior to contracting with an HCBS provider, the provider must be in compliance with the HCBS Rules	October 2019
6.	MCOs assess and monitor all site-specific settings for all HCBS providers and provide technical assistance for noted deficiencies to HCBS Rule compliance noted in the Corrective Action Plans following the regularly scheduled annual monitoring cycles	June 2020
7.	MCOs report quarterly site-specific setting compliance with the HCBS Rules	October 2019 January 2020 April 2020 July 2020
8.	Prepare Heightened Scrutiny evidentiary packets (May 2020), convene public comment period (June 2020) and submit package to CMS to review (July 2020).	May 2020 June 2020 July 2020

Phase Four- Technical Assistance

July 2020 – June 2021

#	Tasks	Timeline
1.	MCOs monitor all HCBS providers and provide technical assistance for noted deficiencies to HCBS Rules' compliance following regularly scheduled annual monitoring cycles	June 2021
2.	MCOs report quarterly site-specific setting compliance with the HCBS Rules	October 2010 January 2021 April 2021 July 2021
3.	Finalize any and all decisions requiring the relocation of members to the least restrictive settings	June 2021
4.	Prepare Heightened Scrutiny evidentiary packets (May 2020), convene public comment period (June 2021) and submit package to CMS to review (July 2021)	May 2021 June 2021 July 2021

Phase Five- Compliance

July 2021 – March 2022

#	Tasks	Timeline
1.	MCOs monitor all HCBS providers and issue corrective action plans for noted deficiencies to HCBS Rules' compliance following the regularly scheduled annual monitoring cycles	March 2022
2.	MCOs report quarterly site-specific setting compliance with the HCBS Rules	October 2021 January 2022 March 2022
3.	Prepare Heightened Scrutiny evidentiary packets (October 2021), convene public comment period (November 2021), and submit package to CMS to review (December 2021).	October 2021 November 2021 December 2021

Heightened Scrutiny

- Monitoring tool will include threshold criteria to determine whether or not a setting meets the institutional presumption
 - Is the setting already compliant with the HCBS Rules?
 - Is the setting in a position to become compliance through a Corrective Action Plan?

Heightened Scrutiny, *continued*

- Process
 - Notify providers and members
 - Prepare evidentiary packet for public comment
 - Qualities of the setting and how it is integrated in and supports the full access of individuals receiving home and community-based services into the greater community
 - Remediation strategies the setting has implemented to rectify and fully overcome its former institutional qualities or characteristics that isolate individuals from the broader community
 - Implement public comment period and modify the evidentiary packet per input received
 - Submit evidentiary packet to CMS

Relocation

- All relocation decisions must be made by June 2021 to ensure members are receiving services in compliant settings by March 2022

Process	Timeline
Notice	30 days of relocation decision
Person Centered Planning Meeting	45 days of relocation decision
Network Development and Management	30 days from PCP meeting
Critical Services and Supports	Outlined in PCP

Residential Settings

Assisted Living Facilities – What will be different?

- Employment services and supports
- External engagement in community life
 - Experiential learning opportunities
 - Access to transportation and/or transportation training
- Maximizing Independence and Choices
 - Flexibility of alternate schedules
 - Full access to all areas of the setting at any time
- Updates to the Facility Service Plan
- Customer satisfaction practices

Assisted Living Facilities – What will be different?

- Lockable doors (bedrooms and units)
- Freedom to furnish
- Choice in roommates
- Freedom to come and go at any time
 - Key to the front door
 - Key code to the front door
 - Other measures to allow people to come and go at any time
- Access to meals and snacks at any time
- Option to have visitors at any time

Assisted Living Facilities Memory Care On-Site Reviews

- Institutional presumption identified during the August 2015 public comment period
- 2016
 - Established workgroup
 - Identified settings to review
 - Developed evaluation criteria and tools
 - Compiled review teams
 - Conducted assessments

Assisted Living Facilities Memory Care On-Site Reviews

- Assessment and finding details are outlined in the Transition Plan
- Findings (28 Total Standards)
 - Compliant – 21%
 - Compliant with Recommendations – 43%
 - Partial Compliance – 29%
 - Not Compliant – 7%
- Site specific assessments will determine if/when any of these settings need Heightened Scrutiny Review – the same process for all setting types

Assisted Living Facilities – Memory Care

What will be different?

- Environmental Design Strategies
 - Signage is consistent with industry norms
 - Accommodate member's risks for wandering and exit-seeking behavior to maximize individual initiative, autonomy and independence
- Integration Activity Strategies
 - Identify natural supports to help with volunteer activities both inside and outside of the facility

Assisted Living Facilities – Memory Care

What will be different?

- Person Centered Planning Strategies
 - Joint planning meetings with Facility and MCO
 - Incorporate detailed interest and preference inventories
 - Personal goal development and assessment of need to work on the goals, including support options
 - Ensure memory unit member representation on member councils
 - Use plan to inform decisions on placement and accommodating the member's needs in the least restrictive manner
 - Restrictions should be individualized

Assisted Living Facilities – Memory Care

What will be different?

- Staff Training and Demonstrated Competency
 - Underlying conditions that lead to wandering/exit-seeking behavior
 - Identifying the root causes for wandering/exit-seeking behavior
 - Employing less restrictive interventions
 - Assessment of and accommodating an individual's communication style

Group Homes – What will be different?

- Maximizing independence and choices
 - Flexibility of alternate schedules
 - Full access to all areas of the setting at any time
- Residency Agreements
- Lockable bedroom
- Freedom to come and go at any time
 - Key to front door
 - Key code to front door
 - Other measures to allow people to come and go at any time

Group Homes – What will be different?

- Access to meals and snacks at any time
- Options to have visitors at any time

Farmstead Communities

On-Site Reviews

- Institutional presumption identified during the August 2015 public comment period
- 2016
 - Established workgroup
 - Identified settings to review
 - Developed evaluation criteria and tools
 - Compiled review teams
 - Conducted assessments

Farmstead Communities

On-Site Reviews

- Assessment and finding details are outlined in the Transition Plan
- Findings (26 Total Standards)
 - Compliant – 65%
 - Compliant with Recommendations – 15%
 - Partial Compliance – 12%
 - Not Compliant – 8%
- Site specific assessments will determine if/when any of these settings need Heightened Scrutiny Review – the same process for all setting types

Farmstead Communities

What will be different?

- Environmental Design Strategies
 - Signage is consistent with industry norms
- Person - Centered Planning Strategies
 - Discuss options for employment/volunteer support, including supports from the group home as well as agencies outside of the group home.
 - Assess individual's skills and supports needed and develop personal goals related to
 - Personal resources
 - Private communications (including personal devices)
 - Transportation
 - Restrictions should be individualized (i.e. lockable doors)

Developmental Homes – What will be different?

- Residency Agreements
- Lockable bedroom
- Freedom to come and go at any time
 - Key to front door
 - Key code to front door
 - Other measures to allow people to come and go at any time
- Access to meals and snacks at any time
- Options to have visitors at any time

Adult Day Health – What will be different?

- Engagement with the broader community
 - People visiting to provide information, instruction, training, support and/or to participate in activities
 - Participating in non-disability specific related activities in the community with peers without disabilities and individuals of varying age levels
- Employment services and supports
 - Skill building/maintenance for paid or volunteer work
 - Referrals for supports to obtain and maintain volunteer work
- Engagement in community life
 - Experiential learning opportunities
 - Access to community resources (i.e. transportation) and activities
 - Skill development/maintenance

Adult Day Health – What will be different?

- Control of personal resources
- Maximizing Independence and choices
 - Flexibility of alternate schedules
 - Full access to all areas of the setting at any time
 - Access to meals and snacks at any time
- Updates to Facility Service Plan

Day Programs – What will be different?

- Engagement with the broader community
 - People visiting to provide information, instruction, training, support and/or to participate in activities
 - Experiential learning opportunities
 - Participating in non-disability specific related activities in the community with peers without disabilities

Day Programs – What will be different?

- Volunteer work
 - Learning about volunteer opportunities
 - Skill building to prepare for volunteer opportunities
 - Referrals to Support Coordinators for habilitation services and/or supports to participate in volunteer employment
- Maximizing Independence and Choices
 - Facilitating alternate schedules for members
 - Ensuring full access to the environment at all times
 - Ensuing access to meals and snacks at any time

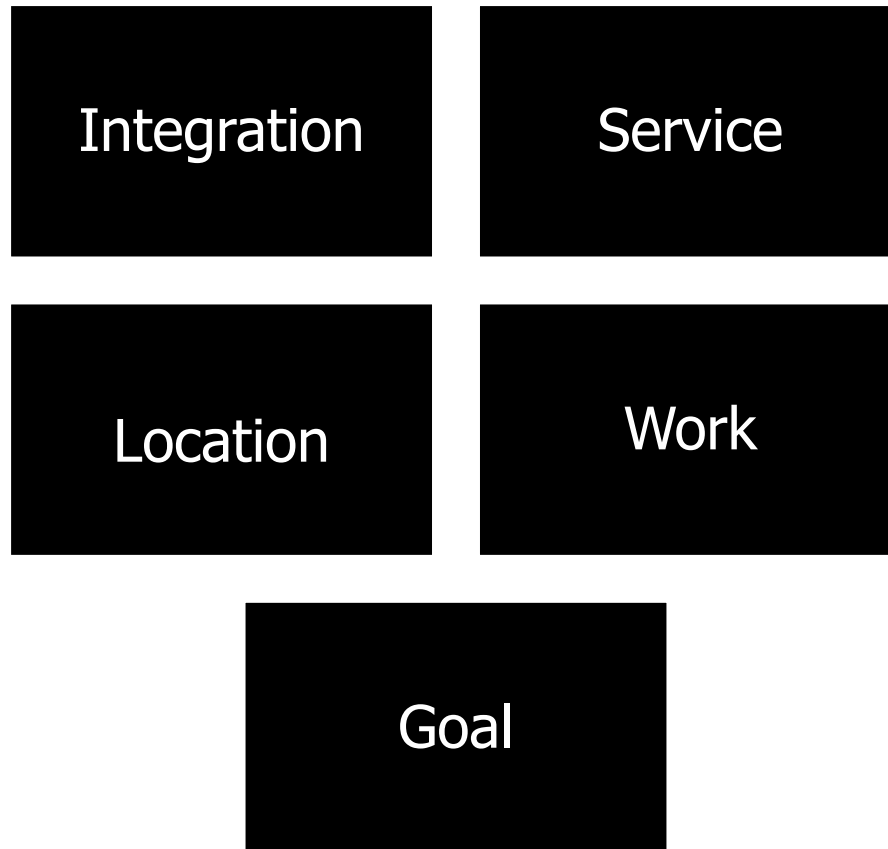
Center-Based Employment

What will be different?

Pre-Vocational Facility-Based Service

- Provision of individualized services and supports
- Purpose is to prepare individuals to transition into an integrated work environment (i.e. group or individual services and supports)

Pre-Vocational Facility-Based Service



Pre-Vocational Facility-Based Service: Goal

- Members must have an employment goal for community-based employment (group or individual supported)
- At a minimum, annual readiness assessment conducted for community-based employment.
 - If the member is not ready for the next step, goals are developed to address barriers.
- The duration of the service is defined by the PCP team
- Specific outcomes are outlined to be achieved

Pre-Vocational Facility-Based Service: Location

- The setting is located in the community among other private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community.

Pre-Vocational Facility-Based Service: Work

- Paid or volunteer work becomes the medium for work skill development

Pre-Vocational Facility-Based Service: Integration

- Members are interacting and working alongside individuals without disabilities
 - Incorporation of peers without disabilities in the pre-vocational setting
 - Career exploration/planning and/or support to participate in volunteer positions
 - Inviting in subject matters experts in the community to teach members 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 facility, but sold or provided out in the general community (i.e. selling baked goods at a farmer's market).

Pre-Vocational Facility-Based Service: Expanded Service Scope

- Experiential learning and career exploration
- Support to learn about, prepare for and obtain volunteer work as a medium for skill development
- Transportation and mobility training
- DB101 and Work Incentive Consultation

Integrated Center-Based Employment Settings

- Only available to members currently receiving CBE as of March 2022
- Provider must adopt all of the compliance strategies for the pre-vocational (facility-based settings) with one exception.
- Members are not required to have a vocational goal for integrated employment or utilize services such as career exploration
- Person-centered planning will be utilized to continue to provide members and their families with information on the continuum of employment support services and supports to make informed decisions about progressive employment moves

Group - Supported Employment – What will be different?

- Expanded scope of service
 - Vocational/job related discovery or assessment
 - Work Incentive Consultation
 - Career advancement services
 - Transportation training and planning

Residential Settings that Require Special Considerations

Intentional Communities

Characteristics

- Privately funded and operated residential complexes designed to support member with both residential (housing, room and board) and non-residential services (education, skills and social recreation)
- Considered provider-owned and controlled settings
- Will need to be assessed for compliance with the HCBS Rules

Individual Private Residences

Characteristics

- Privately owned/rented homes or apartments resides in a normative community environment with neighbors who do not receive LTC Medicaid services
- Setting does not have any financial affiliation with an organization or operational functions (i.e. staffing support)
- Presumed to comply with the HCBS Rules
- Not a provider-owned and controlled setting

Individually Designed Living Arrangements Characteristics

- Homes or apartments owned or leased by members who either live alone or with other roommates also receiving Medicaid-funded habilitation services.
- Members jointly choose the staff and agency to provide their services
- If setting does have any financial affiliation with an organization or operational functions (i.e. 24 hour staffing support), is considered to be provider owned and controlled setting.
 - Will need to be assessed for compliance with the HCBS Rules

AZ Training Program in Coolidge (ICF/ID) Group Homes

- DDD continues to review options to maintain the viability of the ICF/ID campus
- Plans remain to close the group homes on the campus – cannot meet the HCBS Rules compliance criteria
- Transition Plan and Timeline Update
 - Members that meet the medical criteria for the ICF/ID and with guardian approval – transition to ICF/ID on the same property
 - Other members will be supported to find a community-based placement
 - All members will have a 3rd Party facilitate meetings and help develop a person-centered plan
 - June 2020 estimated final transition date for members in the group homes

Acute Behavioral Health Treatment Facilities

- Two Facility Types
 - Behavioral Health Residential Facility
 - Rural Substance Abuse Transitional Facility
- The settings are a clinical setting and transitional in nature
- De-classify as a home and community-based service in the 1115 Waiver
- The services will continue as a covered benefit, but not as an alternative residential home and community based setting for long-term placement

Acute Behavioral Health Treatment Facilities

- Transition Plan

- Educate providers on licensure and HCBS Rules requirements for Assisted Living settings that provide Behavioral Care or Services
- Assess each member currently residing in the facilities
- Build a network of HCBS Rules compliant settings that are licensed and equipped to provide behavioral health services
- Use the person-centered planning process to support members to relocate

Settings Not Otherwise Identified

- New process to identify:
 - Setting types not currently identified that may need to comply
 - Site-specific settings that may be out of compliance
- Information can be submitted to the AHCCCS Clinical Resolution Team by anyone
- AHCCCS will work in partnership with the MCOs to research further and may elect to perform an assessment to determine the compliance of the setting

Person – Centered Planning (PCP)

- Plays a key role to ensure and support members to have full access to the benefits of community living
- Current separate and distinct process to enhance the State's mandated PCP standards
 - 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
 - Create alignment across MCOs in order to monitor implementation and member progress toward personal goals

Person – Centered Planning (PCP)

- Support a discussion with the member regarding key indicators that help assess an individual's integration experience
 - Making choices regarding the living situation, individual providers, meals/snacks and daily activities
 - Opportunities to interact with the broader community such as ability to go out into the community and have visitors at anytime
 - Privacy in bedrooms and bathrooms and private communication access
 - Access to any and all areas within the home or facility
- Help to identify health and safety risks that necessitate restrictions and a risk management plan to meets criteria in the HCBS Rules
- Identifying personal goal setting opportunities to support integration

Public Comment Period

- Statewide public forums
- Transition Plan will be uploaded to website for a 45-Day public comment period
- Check the AHCCCS website regularly for updates on the timeline and steps for submitting public comment
 - www.azahcccs.gov/HCBS
- Stakeholders are welcome to contact AHCCCS with questions or comments at any time.

Document Review Instructions

- Review the page entitled “Instructions on How to Review the Document.”
- Revisions are noted with footnote
- Footnotes contain references to communication crosswalks between CMS and AHCCCS

AHCCCS Contact Information

- Email: HCBS@azahcccs.gov
- Mail:
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Thank You