

Transcriber's note. E text - Appendix AA On-Site Review - Facility Orientation. AHCCCS , Arizona Health Care Containment System.

Note. Bullets and sub bullets were retained for this document.

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Assessment Team Training

September 2016

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Housekeeping

- Please mute your phones, *6
- Question and answer sessions will be held at designated times throughout the presentation
- Use the chat function to write your question. Please include the slide number or page number.
AHCCCS staff will call upon you

Agenda

- HCBS Rules Overview
- Systemic Assessment Process
- Heightened Scrutiny
 - Sub bullet.** Memory Care Units or Communities
 - Sub bullet.** Farmstead Communities
 - Sub bullet.** Assessment Process
 - Sub bullet.** Assessment Tools

Intent of the HCBS Rules

- Purpose
 - Sub bullet.** Enhance the quality of HCBS
 - Sub bullet.** Provide protections to participants
 - Sub bullet.** Assure full access to benefits of community living
- Receive services in the most integrated and least restrictive setting possible
- Receive services to the same degree of access as individuals not receiving HCBS
- Scope
 - Sub bullet.** 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 most integrated and least restrictive setting
- Formalize new priority to ensure members are actively engaged and participating in their communities

Figure. Table. Placement, December 2015

Setting	Members	percent of Membership
Own Home	39,587	68 percent
Assisted Living Facility	6,120	11 percent
Group Home	2,838	5 percent
Developmental Home	1,346	2 percent
Total of HCBS Placements	49,891	86 percent
Skilled Nursing Facility	7,202	12.5 percent
Other	760	1 percent
I C F, I D	130	.3 percent
Behavioral Health Residential Facility	108	.2 percent
Total of Institutional Placements	8,200	14 percent
Total	58,091	100 percent

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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

Settings

- Residential Settings
 - Sub bullet.** Assisted Living Facilities, Home, Center, Adult Foster Care
 - Sub bullet.** DDD Group Homes
 - Sub bullet.** DDD Adult & Child Developmental Homes
 - Sub bullet.** Behavioral Health Residential Facilities
 - Non Residential Settings
 - Sub bullet.** Adult Day Health
 - Sub bullet.** DDD Day Treatment and Training Programs
 - Sub bullet.** 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 HCBS 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

Rules

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

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.

Sub bullet. Lockable doors by the individual with only appropriate staff having keys to the doors

Sub bullet. Individual sharing units have a choice of roommates in that setting

Sub bullet. Freedom to furnish or decorate the unit within the lease or agreement

c. The individual has freedom and support to control his or 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 the end of the transition period
- Rights may be limited, on a case by case basis, if they jeopardize the health and safety of the member and or others

Sub bullet. Must be documented in the service plan

Sub bullet. Strategies developed and monitored to restore rights

Systemic Assessment

- Review and evaluation of standards and requirements for setting types
 - Sub bullet.** Arizona Revised Statutes
 - Sub bullet.** Arizona Administrative Code
 - Sub bullet.** AHCCCS and M C O Policy
 - Sub bullet.** AHCCCS Contracts with M C Os
 - Sub bullet.** M C O contracts with providers

Why a Systemic Assessment?

- All services are provided under the 1115 Waiver authority
- Licensing rules create uniform standards across settings
- Working knowledge and understanding of the operations for each setting type
- Important to assess the "system" and not just providers

Systemic Assessment Process

- Assessed each specific rule requirement for each setting type
- Answered the question "What is culturally normative for individuals not receiving Medicaid HCBS ?"
- Utilized exploratory questions provided by C M S

Systemic Assessment Process

- Only captures what is outlined on paper
- Includes policies that are not specific to the setting type, i. e. role of the Case Manager
- The HCBS Rules may be implemented in practice and that will be evaluated as part of the on site visit

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

Systemic Assessment Findings

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 standards and meet the intent of the rule

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

Figure. Table. Systemic Assessment Findings**Residential Settings**

Setting	Compliant	Compliant with Recommendations	Partial Compliance	Not Compliant	Totals
Assisted Living Facilities	5	3	6	1	15
Group Homes	5	5	5		15
Adult and Child Developmental Homes	5	5	5		15
Behavioral Health Residential Facilities					
Residential Total	15, 34 percent	13, 28 percent	16, 36 percent	1, 2 percent	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 percent	5, 14 percent	12, 33 percent	7, 20 percent	36
Grand Totals	27, 33 percent	18, 22 percent	28, 35 percent	8, 10 percent	81

What is Heightened Scrutiny?

- States use this process to preserve settings that are presumed to have institutional qualities and presumed not be compliant with HCBS Rules
- Process created for states to gather and submit evidence for settings to C M S to make a determination
- C M S determines whether or not the evidence supports the setting is or can become compliance by the end of the transition period
- If C M S determines the setting does not or cannot meeting the compliance standards, Medicaid funds cannot be used.

Memory, Dementia Care Settings

Assisted Living Facilities that are licensed as Assisted Living Centers but include a unit within the setting which provides care to individuals with memory care needs and is licensed at directed care Foot note *

Begin foot note. *, Directed Care Services according to A R S Subsection 36.401. A.15 "means programs and services, including supervisory and personal care services, that are provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions."

Memory, Dementia Care Settings

- Nature of the Facilities
 - Sub bullet.** Secure perimeter and delayed egress
 - Sub bullet.** Interactions with the general community are typically limited to activities at the facility
- Settings
 - Sub bullet.** 79 Memory Care Units or Communities
 - Sub bullet.** 1002 members receiving services

Farmstead Communities

- Nature of the Settings
 - Sub bullet.** Rural areas on large parcels of land
 - Sub bullet.** Interaction limited to other individuals with disabilities and or staff and onsite activities
- Settings
 - Sub bullet.** 1 Farmstead Community
 - Sub bullet.** 8 Members receiving group home and day program services

Overview

- Statistically significant number of settings were randomly selected
- On site assessments were created by a multi stakeholder multi disciplinary workgroup

Figure. Table. On Site Assessments

Team number	number of Sites	Locations	Assigned Organizational Lead
1	2	Lakeside, Navajo County, and Vernon, Apache County	UnitedHealthCare
2	3	Flagstaff, Coconino County, Cottonwood and Prescott, Yavapai County	UnitedHealthCare
3	3	Lake Havasu City, Mohave County	UnitedHealthCare
4	3	Kingman and Bullhead City, Mohave County	AHCCCS
5	2	Tucson and Green Valley, Pima County	Mercy Care Plan
6	2	Tucson, Pima County	Mercy Care Plan
7	4	Phoenix, Maricopa County	UnitedHealthCare
8	3	Mesa, Maricopa County, and Apache Junction, Pinal County	Bridgeway Health Solutions
9	4	Mesa, Maricopa County	Bridgeway Health Solutions
10	3	Chandler and Gilbert, Maricopa County	Mercy Care Plan
11	3	Glendale and Youngtown, Maricopa County	Mercy Care Plan
12	4	Surprise, Sun City West and Peoria, Maricopa County	Mercy Care Plan
13	4	Phoenix, Maricopa County	UnitedHealthCare
14	3	Scottsdale and Carefree, Maricopa County	Bridgeway Health Solutions
15	3	Tucson, Pima County, and Chandler, Maricopa County	AHCCCS
16	4	Mesa and Glendale, Maricopa County	AHCCCS

On Site Assessments

- Not,
Sub bullet. Intended to assess compliance of individual settings.
Sub bullet. A licensing or monitoring review
- Process created for states to gather and submit evidence for settings to C M S to make a determination
- C M S determines whether or not the evidence supports the setting is or can become compliance by the end of the transition period
- If C M S determines the setting does not or cannot meeting the compliance standards, Medicaid funds cannot be used.

Assessment Teams

- Led by AHCCCS or M C O
 - Representatives include.
 - Sub bullet.** Case Management
 - Sub bullet.** Quality Management
 - Sub bullet.** Provider Relations
 - Sub bullet.** Community Members Foot note *
- Begin foot note. *Must sign a confidentiality agreement

Assessment Teams Responsibilities

- Team Lead
 - Sub bullet.** Schedule assessments
- Serve as point of contact for the facility on the day of the on site assessment
- Provide overview of the process and expectations to the setting Executive Director or Manager on the day of the on site assessment
- Complete assessments
- Participate in post assessment meeting to facilitate the completion of a summary of on site assessments
- Submit all completed assessments and summary to AHCCCS

On Site Assessment Schedule, 3 to 4 hours

- Meet and Greet with Facility Executive Director or Manager
- Facility Tour
- Team Meeting, Review of roles and responsibilities for each Team Member
- Conduct Assessments
- Debrief

Facility Responsibilities

- Designate point of contact for assessment teams
- Provide private space
 - Sub bullet.** Team meeting
 - Sub bullet.** Documentation review
 - Sub bullet.** Interviews
- Facility tour
- Documents will need to be available onsite, i.e. policies, procedures, member files
- Access to photocopier for best practices

Timeline

Task	Timeline
Conduct training for assessment teams and orientation for facilities Confirm schedule of assessment visits	September 2016
Conduct assessments	October, December 2016
Draft report and solicit input from Workgroup Members	January 2017
Solicit public comment	February 2017
Finalize report and submit to C M S	March 2017

Facility Assessment & Document Review

- The, purpose, of component is to gather information directly from the facility on the extent to which the facility may or may not be currently applying practices consistent with the HCBS Rules.
- The designated, Facility Interviewee, will complete the self assessment and indicate whether or not the, practices are documented in written form, prior to the on site assessment.
- The, Team Member, will be reviewing the self assessment with the facility contact and reviewing documentation that outlines practices in member information, policies and procedures and or staff information and website.

Facility Responsibilities

- Identify someone "Facility Interviewee" to complete the self assessment prior to the scheduled assessment
 - Sub bullet.** Oversees day to day operations onsite at the facility
 - Sub bullet.** Is in a management position
 - Sub bullet.** Regularly onsite interaction with staff and members
- Ensure Facility Interviewee meets with Team Member and provides access to documentation

Member Interviews and File Review

- The, purpose, of this component is to gather information directly from the members, or their representatives, regarding the member experience in the facility which may or may not be consistent with the HCBS Rules.
- The, Team Member, will be.

Sub bullet. Contacting members, or their representatives, and completing a survey.

Sub bullet. Reviewing case files for members to gain an understanding of how and if the facility documents 1, member preferences to support limited decision making ability and or 2, individualized health and safety limitations that restrict community integration.

Sub bullet. Observing member and staff interactions and members as they are engaged in individual or group activities.
Side note. In an effort to secure member protected health information, Community Members are not permitted to conduct this assessment

Facility Responsibilities

- Schedule interviews, phone or on site, with members or representatives on the day of the on site assessment
Sub bullet. AHCCCS will provide a script to use when talking with the members or representatives
- Ensure member files are accessible for review

Observation and Community Interviews

- The, purpose, of this component is to gather information by observing the location, environment and community engagement of the facility to identify characteristics that may or not be consistent with the HCBS Rules.
- The, Team Member, will be responsible for.
Sub bullet. Providing a description of the facility environment and the proximity to the community, i.e. transportation, businesses, churches, et cetera.
Sub bullet. Talking with community members, who have an association with the facility, to gather information about their level of interaction with members in the facility and the strategies the facility employs to maximize community engagement.

Facility Responsibilities

- Identify and schedule interviews, phone or on site, with community members on the day of the on site assessment
AHCCCS will provide a script to use when talking with the community members

Post Assessment Meeting and Summary

- General observations and trends
 - Sub bullet.** Strengths and replicable best practices
 - Sub bullet.** Weaknesses and proposed solutions for compliance
 - Sub bullet.** Outlier issues and proposed solutions for compliance

Next Steps

- Team Lead, work with Team Members to create schedule of assessments and report schedule to AHCCCS
- AHCCCS , send notice to facilities of the scheduled dates
- AHCCCS , post training on website (www.azahcccs.gov/hcbs)

Thank You

End of material.