

Figure. Table titled, Transition Plan Revision Crosswalk, September 2017, September 2018, Preliminary CMS Approval

#	Topic	CMS Comment, September 2017	A H C C C S Response, May 2018	CMS Response , July 2018	A H C C C S Response, September 2018
	Conduct Site Specific Assessments	Complete comprehensive site-specific assessments of all home and community-based settings, implement necessary strategies for validating the assessment results, and include the outcomes of these activities within the STP	The State elected to utilize the allowable systemic assessment approach to determine its current level of compliance including a review of Arizona Revised Statutes, Arizona Administrative Code (licensing Rules) and A H C C C and Managed Care Organization (MCO) policies and contracts. Site specific assessments are incorporated into the Transition Plan beginning with Phase Four. Reference revisions on page 46 that outline the process the State will use to report findings of the first round of site specific assessments in Phase Four. A notation was added to state that CMS will approve Arizona's Systemic Assessment and Transition Plan after the first round of site specific assessments have been completed and the States reports to CMS are satisfactory.	Please clarify if the state will be able to report compliance findings of settings following Phase 2 when MCO's will be completing validation of provider self-assessments. CMS would like to further discuss this with the state. Please note to reach final approval the state must complete their validation of settings compliance and post for public comment.	Reference page 45 the Phase Three timeline for the completion of the first round of site specific assessments in June 2020. The implementation and reporting process for site-specific assessments are the same for Phases Three, Four and Five. Reference notations have been added to each section respectively (pages 45, 46 and 49). Reference revisions to Appendix AD "HCBS Rules Compliance Macro and Micro Level Monitoring Summary" to reflect the Phase Three site-specific assessment timeline references.
2	Remediation Strategies	Draft remediation strategies and a corresponding timeline that will resolve issues that the site-specific settings assessment process and subsequent validation strategies identified by the end of the home and community-based settings rule transition period (March 17, 2022)	The Systemic Assessment for each setting includes remediation strategies for any rule requirement that was assessed to be compliant with recommendations, partial compliant or not compliant. The strategies are noted in the fifth column (page 17). Similarly, the remediation strategies are outlined in Transition Plan that immediately follow each setting's Systemic Assessment (page 36) and includes a notation on the lead organization and timeline for coming into compliance. Reference revisions to Phases Four and Five of the Transition Plan beginning on page 46	Please describe how the AHCCCS will provide oversight of the CAPS when MCO's issue them to settings who are out of compliance. Please also describe by when settings will be notified of the use of a CAP to ensure enough time to come into compliance by the end of the transition period.	Reference revisions on page 38 outlining MCO's contractual obligations and roles in all phases of the Transition Plan, including monitoring site-specific setting compliance and reporting compliance outcomes to AHCCCS. Reference revisions on page 41 that provide detail on the timing of the focused and triennial audits in which the State will use to conduct randomized audits of the site-specific assessments to ensure fidelity to the standardized monitoring tools and processes.

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			<p>that describe the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS.</p> <p>Reference revisions to Phase Two of the Transition Plan on page 40 that outline the tiered monitoring process that includes AHCCCS monitoring of the MCOs, the MCOs monitoring of site-specific settings and processes to monitor compliance at the individual member level including validation strategies.</p>		<p>The Transition Plan (Phases Three, Four and Five), specify that providers will have three opportunities for an assessment and Corrective Action Plan to ensure compliance by March 2022.</p> <p>Reference revisions on page 43 that outline the MCO collaborative monitoring process and escalation processes should the provider disagree with the findings of the assessment.</p>
2a.	Aggregation of Final Validation Results	<p>Please update the initial findings of setting compliance across the respective waivers with final results once all validation activities are completed. In this analysis, make sure to clearly delineate the compliance results across categories of settings for all waivers in a manner that is easy for the public to review and understand. Examples for how other states are effectively organizing and compiling setting assessment and validation results are available upon request. At a minimum, please make sure to confirm the number of settings in each category of HCBS that the state found to be:</p> <ul style="list-style-type: none"> ▪ Fully compliant with the 	<p>Reference revisions to Phases Four and Five of the Transition Plan on page 46 that describe the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS.</p>	<p>CMS notes that the state plans to complete and resubmit with this information for final approval.</p>	<p>This information is noted on page 46 under Phase Three of the Transition Plan.</p>

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		<p>federal HCBS requirements;</p> <ul style="list-style-type: none"> ▪ Could come into full compliance with modifications; ▪ Cannot comply with the federal HCBS requirements; or ▪ Are presumptively institutional in nature. 			
2b.	Reverse Integration	<p>CMS wishes to remind the state that states cannot comply with the home and community-based settings criteria simply by bringing individuals without disabilities from the community into a setting; compliance requires a plan to integrate beneficiaries into the broader community. Reverse integration, or a model of intentionally inviting individuals not receiving HCBS into a facility-based setting to participate in activities with HCBS beneficiaries, in and of itself is not a sufficient strategy for settings to meet the integration requirements outlined in the settings criteria. All settings must assure that individuals have the opportunity to interact with the broader community of non-HCBS</p>	<p>Setting specific responses are provided in sections 2c. for Adult Day Health Facilities and 2d. for Center-Based Employment Programs.</p>	<p>CMS had no further comment.</p>	<p>Not applicable.</p>

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		<p>recipients and provide opportunities to participate in activities that are not solely designed for people with disabilities or HCBS beneficiaries that are aging but rather for the broader community.</p>			
2c.	Adult Day Health Care Facilities	<p>The state should ensure that an adult day health care facility (described on pg. 239) is integrated in the community. Under the remediation strategies, the state suggests that bringing individuals from the public without disabilities inside the day program to provide information on services/activities in the community is a viable strategy for complying with this component of the rule. However a setting cannot be considered integrated into the community solely based on bringing community members into it.</p>	<p>The remediation strategies outlined beginning on page 203 are not limited to “reverse integration” strategies. There are a total of 14 remediation strategies for Adult Day Health Care Facilities. A remediation strategy referenced on page 205 states the following and references to community integration are underlined.</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 <u>internal and external</u> 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. <u>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</u></p>	CMS had no further comment.	Not applicable.

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			<u>levels.</u>		
2d.	Center-Based Employment Programs & Reverse Integration	As CMS has previously noted, states cannot comply with the rule simply by bringing individuals without disabilities from the community into a setting; compliance requires a plan to integrate beneficiaries into the broader community. Reverse integration or a model of intentionally inviting individuals not receiving HCBS into a facility-based setting to participate in activities with HCBS beneficiaries in the facility-based setting, by itself: is not considered by CMS to be a sufficient strategy for complying with the community integration requirements outlined in the HCBS settings rule.	<p>The remediation strategies outlined beginning on page 241 are not limited to “reverse integration” strategies. There are a total of 13 remediation strategies for Center-Based Employment Programs. A remediation strategy referenced on page 243 states the following and references to community integration are underlined.</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:</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). 	CMS had no further comment.	Not applicable.

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3	Heightened Scrutiny	Outline a detailed plan for identifying settings that are presumed to have institutional characteristics, including qualities that isolate HCBS beneficiaries, as well as the proposed process for evaluating these settings and preparing for submission to CMS for review under Heightened Scrutiny	Reference revisions to Phases Four and Five of the Transition Plan on page 46 that describes the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS.	<p>Please describe how the state identified settings that fall into each category of the following:</p> <p>Settings in a publicly or privately-owned facility that provide inpatient treatment.</p> <ul style="list-style-type: none"> ▪ Settings on the grounds of, or immediately adjacent to, a public institution. ▪ Settings that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. 	<p>Per CMS guidance, page 2 of the “Statewide Transition Plan Toolkit for Alignment with the Home and Community-Based Services Final Regulation’s Setting Requirements, States were afforded an option to conduct a systemic assessment to determine the State’s compliance to inform the development of a Transition Plan. The findings of the systemic assessment did not indicate any of the setting types to meet the presumption of institutionalization. However, as evidenced by the examples below, the systemic assessment did support the identification of settings that may be suspect of one of the three categorical options of institutional presumption.</p> <ul style="list-style-type: none"> ▪ Settings in a publicly or privately-owned facility that provide inpatient treatment. <p>AHCCCS did not identify any settings during the Systemic Assessment that meet this criteria. The Acute Behavioral Health Treatment Facilities, per the Transition Plan beginning on page 234, will be re-classified as solely acute care behavioral health services versus also being classified as a home and community-based, alternative residential facilities in the 1115 Waiver.</p>

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					<ul style="list-style-type: none"> ▪ Settings on the grounds of, or immediately adjacent to, a public institution. <p>AHCCCS identified the Arizona Training Program at Coolidge facility as meeting this criteria during the Systemic Assessment. The Transition Plan for this setting begins on page 50.</p> <p>Settings that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</p> <p>AHCCCS identified two settings during the Systemic Assessment that were suspect of this institutional presumption, Memory Care Units/Communities and Farmstead Communities.</p> <p>AHCCCS conducted On-Site Reviews (outlined on pages 26-34) to gather more information. The findings noted the settings are not found to be presumed institutional, but must implement prescribed remediation strategies (outlined on pages 85 and 147) to come into compliance.</p> <p>As noted on page 47, AHCCCS will utilize the site-specific assessment and monitoring process to identify whether or not a site-specific setting is presumptively institutional in</p>

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					nature and a Heightened Security review is warranted.
3a.	Settings Presumed Institutional	<ul style="list-style-type: none"> ▪ The STP should also explain whether the two types of settings identified as presumed to have the qualities of an institution constitute all settings believed to be presumptively institutional in the state, or whether the state expects to identify other settings presumed to have the qualities of an institution. ▪ The STP should also explain whether the two settings found not to be able to comply with the requirements are all the settings in the state that fall into that category 	<p>The State asserts the memory care units/communities and the farmstead community are the only two settings that are presumed to have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. Therefore, the State has determined on-site reviews were warranted to determine whether or not the institutional presumption should stand and whether or not the settings are in a position to comply with the HCBS Rules by the end of the Transition Period (pages 26).</p> <p>Reference revisions to Phases Four and Five of the Transition Plan on page 46 that describes the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS. The process will utilized to determine additional settings presumed to be institutional.</p> <p>The Arizona Training Program at Coolidge has been determined not compliance nor in a position to become compliance with the HCBS Rules by the end of the Transition Period (page 20).</p>	CMS had no further comment.	Not applicable.

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			<p>The State asserts the Center-Based Employment service setting is institutional in nature and, therefore, proactively developed a transition plan to come into compliance beginning on page 241, with accompanying summary beginning on page 61.</p>		
3b.	Settings Presumed Institutional: Identification Process	<p>The state indicates that the identification process to identify settings that are presumed to have the qualities of an institution took place as part of the systemic assessment followed by additional information gathered during the public comment process, but this is not clearly described. CMS requests that the state describe in more detail the process and criteria the state used to identify settings presumed to have the qualities of an institution across all setting types. Relying on public comment to identify these settings is not sufficient.</p>	<p>Reference clarification revisions made by page 26 to outline the multiple points of input that helped to identify the two settings presumed to be institutional.</p> <p>Reference revisions to Phases Four and Five of the Transition Plan on page 46 that describes the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS. The process will utilized to determine additional settings presumed to be institutional.</p> <p>Reference revisions on page 24 that outline the State's process for identifying and assessing settings, including individual private residences, that may not meet the HCBS Rules compliance standards and therefore impede a member's opportunities to integrate into their community of choice.</p>	CMS had no further comment.	Not applicable.

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3c.	Settings Presumed Institutional: Documentation	Once the state has implemented a robust approach to identifying all settings within the state that are presumptively institutional, the state should include the number of each type of setting that falls under each of the three prongs of heightened scrutiny that the state is reviewing to determine whether to submit to CMS for review.	Reference revisions to Phases Four and Five of the Transition Plan on page 46 that describe the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS.	CMS had no further comment.	Not applicable.
3d.	Submission to CMS	We request the state clearly articulate how the final decision will be made on whether or not to move a setting to CMS for HS review. Please clarify the threshold and determining factors that bring the state to a yes or no for moving the packet forward. Additionally please describe the steps the state will take to develop a robust evidentiary package on each setting.	Reference revisions beginning on page 26 pertaining to the On-Site Review process. The revisions outline the purpose, process, timeline and findings of the on-site revise process. Reference revisions to Phases Four and Five of the Transition Plan on page 46 that describe the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS. This section also outlines for the process for preparing and submitting evidentiary packages for Heightened Scrutiny review.	Please include further details about the criteria or deciding factors that will be used consistently across reviewers to make a final determination regarding whether or not to move a setting forward to CMS for heightened scrutiny review.	Reference page 41 for a clarification statement denoting design of the cross validation of all the components of the site-specific assessment tools to also incorporate standardized threshold criteria for determining an institutional presumption. Reference page 45 for a description of when Heightened Scrutiny is warranted. The timelines for Phases Three (page 43), Four (page 44) and Five (page 47) have been updated to include milestones for the preparation of the heightened scrutiny evidentiary packets, public comment period and submission to CMS on an annual basis.

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3e.	Statistically Significant Sample	The state plans to assess a statistically significant sample of memory care assisted living facilities and farmstead group homes to prepare evidence to submit to CMS for heightened scrutiny. Please clarify whether this means a statistically significant sample of individuals in these settings by provider.	<p>Reference revisions beginning on page 26 pertaining to the On-Site Review process. The revisions outline the purpose, process, timeline and findings of the on-site revise process.</p> <p>The statistically significant sample was based upon the number of settings that serve Medicaid members, not on the number of members served within each setting (page 31).</p>	CMS had no further comment.	Not applicable.
3f.	Center-Based Employment and Facility-Based Day Programs	CMS requests that the state provide more information on the state's center-based employment programs and facility-based day programs and whether they may have qualities that isolate individuals with disabilities from the broader community.	<p>The State asserts the Center-Based Employment service setting is institutional in nature and, therefore, proactively developed a transition plan to come into compliance beginning on page 241.</p> <p>Reference revisions on page 62 that clarify the role of person-centered planning in supporting members utilizing a pre-vocational service with interventions and monitoring progress of interventions to transition into competitive and integrated employment.</p> <p>Reference revisions on page 63 to clarify members and their families will continually be provided information on the continuum of employment support services and supports to make informed decisions about progressive employment moves.</p>	CMS had no further comment.	Not applicable.

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3g.	Timeline	The dates associated with the site visits to be conducted as part of the heightened scrutiny assessment process may be inaccurate (the start date is later than the end date and the date the state plans to submit evidence to CMS). Please clarify and adjust the timeline accordingly.	Reference revisions beginning on page 26 pertaining to the On-Site Review process. The revisions outline the purpose, process, timeline and findings of the on-site revise process.	Please lay out a specific timeline for when the state plans to complete reviews for heightened scrutiny and when the state plans to submit those to CMS.	<p>The timelines for Phases Three (page 45), Four (page 46) and Five (page 49) have been updated to include milestones for the preparation of the heightened scrutiny evidentiary packets, public comment period and submission to CMS on an annual basis. It is important to note that the timelines for Phase One and Phase Two overlap.</p> <p>Reference revisions of the timeline for each phase of the transition Plan pages (39, 40, 45,46 and 49) for miletone dates for each activity.</p>
4	Member Transitions	If the state determines it will not submit information for settings meeting the scenarios described in the regulation, the institutional presumption will stand and the state must describe the process for informing and transitioning the individuals involved. Develop a process for communicating with beneficiaries that are currently receiving services in settings that the state has determined cannot or will not come into compliance with the home and community-based settings rule by March 17, 2022	Reference revisions to Phases Four and Five of the Transition Plan on page 46 that describe the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS. This section also outlines for the process supporting members to relocate to an alternative, compliant, setting.	Please provide timelines associated with individuals living in settings that cannot comply, specifically laying out a timeline in which individuals and teams will be provided enough time to transition to a new setting or find alternative funding streams before the conclusion of the transition period.	<p>Reference revisions in the timeline for Phase Four (page 46) that outline the last date to recommend relocation of members to compliant least restrictive settings.</p> <p>Reference revisions on page 48 pertaining to general timeline parameters for each activity required for the relocation of members to a compliant least restrictive setting.</p>

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4a.	Assistance to Beneficiaries	<p>CMS requests that the state include a comprehensive transition plan with a timeline and milestones to provide assistance to members residing in settings that will not comply with HCBS rules by the end of the transition period. The STP notes this plan is currently being constructed by the state to be submitted to CMS as an addendum to the STP by December 31, 2015. The state should provide reasonable notice and due process to beneficiaries and ensure beneficiaries have proper support to make an informed choice of an alternate setting that aligns, or will align, with the regulation and beneficiaries will receive the critical services that they need in advance of their transition. CMS asks the state to provide this type of information for any setting that is found not to be compliant close to the end of the transition period. Although the state does not yet know which settings will not be able to come into compliance, it should outline its proposed plan in the STP.</p>	<p>Reference revisions to Phases Four and Five of the Transition Plan on page 46 that describe the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS. This section also outlines for the process supporting members to relocate to an alternative, compliant, setting.</p> <p>AHCCCS sent CMS the addendum to the Arizona Systemic Assessment and Transition Plan entitled the “Transition Plan for Group Homes Co-Located on the Arizona Training Program at Coolidge” on October 1, 2015. The document and associated attachments were also subsequently submitted to the CMS SharePoint Site on December 30, 2015. Reference page 21 for information and document references to the 2015 addendum submission.</p> <p>Reference revisions beginning on page 20 that provide an update relocation plan for the Arizona Training Program at Coolidge (ATPC) campus in general and transition plans for the group homes co-located on the campus.</p>	<p>Please provide more specific timelines associated with milestones much like the timeline provided for the ATPC in appendix I.</p>	<p>Reference revisions in the timeline for Phase Four (page 46) that outline the last date to recommend relocation of members to compliant least restrictive settings.</p> <p>Reference revisions on page 48 pertaining to general timeline parameters for each activity required for the relocation of members to a compliant least restrictive setting.</p>

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4b.	Assistance to Beneficiaries: AZ Training Program at Coolidge	CMS requests that the state provide further information regarding the follow-up with the 23 individuals in the group homes in Coolidge who will need to find an alternative setting (pg. 17 of the STP states that the state planned to follow up with individuals to plan for next steps).	<p>AHCCCS sent CMS the addendum to the Arizona Systemic Assessment and Transition Plan entitled the “Transition Plan for Group Homes Co-Located on the Arizona Training Program at Coolidge” on October 1, 2015. The document and associated attachments were also subsequently submitted to the CMS SharePoint Site on December 30, 2015. Reference page 21 for information and document references to the 2015 addendum submission.</p> <p>Reference revisions beginning on page 20 that provide an update relocation plan for the Arizona Training Program at Coolidge (ATPC) campus in general and transition plans for the group homes co-located on the campus.</p>	CMS had no further comment.	Not applicable.
5	Compliance Monitoring	Establish ongoing monitoring and quality assurance processes that will ensure all settings providing HCBS continue to remain fully compliant with the rule in the future	General CMS comments. Responses to various topics pertaining to compliance monitoring are provided in sections 5a. , 5f.	CMS had no further comment.	Not applicable.

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5a.	Assessment and Validation Activities	<p>The state describes several assessment and monitoring activities in the STP which reflect a robust approach to determining setting compliance (pg. 9 and 22-20). However, it is somewhat confusing and difficult to determine how many separate assessment and validation activities the state is undertaking for each type of setting and whether each activity is being applied across all settings in a specific category or just a sample. Validation of the provider self-assessments and MCO assessments is a critical element of success in the implementation of the HCBS rule. CMS requests the state clarify which site-specific assessments (self-assessments and MCO monitoring) will be conducted for each setting type, how results will be reported (site-specific results vs. "macro level" results not linked to a specific site), the actual sample size for activities that are not being conducted across all settings, and a timeline associated with each activity.</p>	<p>Reference revisions on page 44 for a summary of the macro-level (AHCCCS) compliance monitoring and the micro-level (MCO) monitoring activities.</p> <p>Reference revisions on page 38 for information on reporting requirements and content for macro-level systemic provider self-assessment and member experience surveys.</p> <p>Reference revisions on page 42 under Phase Two for information specific to the MCO monitoring of the providers including an outline of the tools included in the MCO monitoring tool package.</p>	CMS had no further comment.	Not applicable.

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5b.	Macro-Level Compliance Activities	The state describes anonymous surveys of providers and members to assess the state's overall compliance from a macro-level perspective, which will be collected during the preparation phase (October 2015 - September 2016) and in years three and five (p. 26-27). The state should report on the outcomes of these assessments in an amended STP when they have been completed.	Reference revisions on page 38 for information on reporting requirements and content for systemic provider self-assessment and member experience surveys. The report will be posted online and milestone report to CMS will be posted online that will include how the analysis will be used to inform the successful implementation of the Transition Plan. As noted on page 37 stakeholders will have ongoing opportunities to provide input via telephone, email or mail at any time.	CMS had no further comment.	Not applicable.
5c.	MCO Monitoring	The state should provide more detail on how the MCOs will monitor providers annually (pg. 29-30). Will the case managers visit all settings where individuals receive services aside from the private home?	Reference revisions on page 43 for clarification on the role of the case manager in compliance monitoring of the member experience. Case Managers visit all members, regardless of the type of setting in which they reside or receive services, every 90-days. The provider monitoring is the role of the MCOs quality management division as noted on page 42.	Please assure the monitoring for compliance with the HCBS criteria will continue ongoing beyond the end of the transition period. Please also verify that in the process laid out by the state for monitoring, all settings where HCBS is provided, including private homes, will be monitored.	Reference #7 for specifics regarding the monitoring of private homes. The individual, setting specific Transition Plan summaries incorporate a column in the matrix pertaining to ongoing monitoring including the timeline and responsible parties (MCO versus AHCCCS). Appendix AB (HCBS Rules Compliance Macro and Micro Level Monitoring Summary) outlines the post-transition period processes for compliance monitoring. Where applicable, timeline additions have been

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					added to the matrix.
5d.	Member Surveys	CMS appreciates that the state included oversight of the MCO in its monitoring plan and that the state is addressing the member experience. However, member experience surveys must be linked to specific sites so the state can address any issues directly with the site. Please provide additional details about the number of member experience surveys that will be completed for each setting, and how the state plans to connect the results of member experience surveys to each individual setting. Also, please explain in detail what the process will be for addressing disparities between member experience surveys and results from provider self-assessments and/or corresponding MCO survey responses.	Reference revisions on page 42 under Phase Two for information specific to the MCO monitoring of the providers including an outline of the tools included in the MCO monitoring tool package. This includes an explanation of how the tools will be designed to cross validation and assess a compliance level for the setting.	CMS had no further comment.	Not applicable.
5e.	Corrective Action Plans	The state mentions Corrective Action Plans, which will be submitted by any provider not in compliance during year five, as a site-specific remediation strategy. Please add more detail about the site-specific remediation process and milestones/timelines associated with	Reference revisions to Phases Four and Five of the Transition Plan on page 46 that describes the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS.	CMS had no further comment.	Not applicable.

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		the process. CMS asks the state to include details such as who will review and approve the Corrective Action Plans, and if it is the MCOs, how the state will oversee this process.			
5f.	Licensing & Certification Activities	The state's use of anonymous reporting by setting type will not identify the issues that individual sites must address. The state can assess the compliance of each setting through the licensing or certification agency.	<p>Reference revisions to Phases Four and Five of the Transition Plan on page 46 that describes the initial and ongoing site-specific setting monitoring and reporting processes that will be utilized by both MCOs and AHCCCS.</p> <p>Reference revisions on page 44 for a summary of the macro-level (AHCCCS) compliance monitoring and the micro-level (MCO) monitoring activities. Anonymous surveys will be utilized as part of the macro-level (AHCCCS) compliance monitoring. The micro-level (MCO) monitoring tool will also include a provider self-assessment and member experience survey.</p>	CMS had no further comment.	Not applicable.
6	Non-Disability Specific Settings	The STP should indicate the steps the state is taking to build capacity among providers to increase access to non-disability specific setting options across home and community-based services. Please provide clarity on the manner in which the state will ensure that beneficiaries have access to	MCO network development standards are directed to provide options for members to have a choice of settings that can meet their needs in the most integrated setting. AHCCCS minimum network standards are available in the AHCCCS Contractors Operations Manual, Policy 436 . Compliance with the network standards is monitored by AHCCCS by a review of the Network	CMS would like to understand beyond a person having choice of non-disability specific settings, what the state is doing to build capacity among non-disability specific settings. Examples can be provided to the state if needed.	Reference revisions beginning on page 67. The State added a new section to Arizona's Systemic Assessment and Transition Plan entitled, "Other AHCCCS Initiatives Supporting Community Integration," to outline initiatives, outside of the HCBS Rules, that have been implemented and serve as a complement to the HCBS Rules to

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		services in non-disability specific settings among their service options for both residential and non-residential services.	Development and Management Plan and associated deliverables per the AHCCCS Contractors Operations Manual, Policy 415 . Transition Plan for each setting type includes a remediation strategy mandating MCO support for members to visit settings before making informed choices on where to live or receive services. This currently occurs in practice, but it was decided to add it to the Transition Plan to further emphasize and ensure the provision of this support.		assure members have access to the full benefits of community life through placement options, self-direction, support directed at social determinants of health and community-based resources.”
7	Individual Private Homes	The state may make the presumption that privately owned or rented homes and apartments of people living with family members, friends, or roommates meet the HCBS settings criteria if they are integrated in typical community neighborhoods where people who do not receive HCBS also reside. A state will generally not be required to verify this presumption. However, as with all settings, if the setting in question meets any of the scenarios in which there is a presumption of being institutional in nature and the state determines that presumption is overcome, the state should submit to CMS necessary information for CMS to conduct a heightened scrutiny review to determine if the setting overcomes that presumption. Please note that	Reference revisions on page 18 that provide a description of Non-Licensed Settings including Individual Private Residences, Intentional Communities and Individually Designed Living Arrangements. Each of these settings are considered an individual’s private home, but each has separate and distinct characteristics that drive the compliance assessment strategies. Reference revisions on page 24 that outline the State’s process for identifying and assessing settings, including individual private residences, that may not meet the HCBS Rules compliance standards and therefore impede a member’s opportunities to integrate into their community of choice.	Please note when a member lives in a residence owned by an unrelated caregiver who is being paid to provide HCBS services to the member, this setting is considered provider owned or controlled and must be assessed for compliance with the settings criteria.	With respect to monitoring private homes for compliance that are not affiliate with organizations (financially nor operationally), to ensure all members have access to the benefits of community living regardless of the type of setting in which they reside, AHCCCS is modifying the Person Centered Plan to incorporate specifically designed questions and documentation to ascertain member integration experience and progress with personal goals. Reference page 18. Reference revisions on page 24 regarding reporting methods for members and stakeholders used to report settings (including their own home) that may not meet the settings requirements. In the event that there are reports of restrictions or limitations on autonomy and community inclusion in a participant’s living arrangement and/or in their personal experiences, the setting will be

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		settings where the beneficiary lives in a private residence owned by an unrelated caregiver (who is paid for providing HCBS services to the individual) are considered provider-owned or -controlled settings and should be evaluated as such.			referred to AHCCCS for evaluation against the HCBS criteria. Reference revisions on page 42 that outline the process a Case Manager, MCOs and AHCCCS undertake to address quality of care concerns.
8	Public Comment Period	It is anticipated that the State will need to go out for public comment once these changes are made and prior to resubmitting to CMS for final approval.	At the point in time CMS grants preliminary approval of the Arizona Systemic Assessment and Transition Plan, the State will entertain and facilitate a 30-day public comment period. Upon conclusion of the public comment period, the State will submit an updated version of the Arizona Systemic Assessment and Transition Plan to CMS in response to the public comment received. At a minimum, AHCCCS will ensure information on the opportunity for public comment includes: <ul style="list-style-type: none"> ▪ Public notices are both in electronic and non-electronic forms. ▪ Two statements of public notice and public input procedures ▪ The full Arizona Systemic Assessment and Transition Plan available for public comment 	CMS had no further comment.	Not applicable.
9	Milestones	CMS has sent to the state an updated milestone chart reflecting anticipated milestones for completing systemic remediation, settings assessment and remediation, heightened scrutiny,	It is important to note the State has modified the Transition Plan Phases and Timeline to accommodate the new compliance date of March 2022 (beginning on page 34). The State will update the milestone reports for CMS review once CMS has rendered a	CMS had no further comment.	Not applicable.

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		relocation and ongoing monitoring of compliance that have been gleaned from the STP. The state should review the milestone chart and return to CMS after completing any updates to the template.	preliminary approval decision on Arizona's Systemic Assessment and Transition Plan. Reference revisions on pages 45, 46 and 49 that denote milestone and quarterly progress reporting to CMS.		
10.	Person-Centered Planning			CMS requests the state remove the section discussing person-centered planning improvements found at pages 65 and 66 of the STP or explain in the STP how the person-centered planning changes are directly related to the implementation of the settings rule. Person-centered planning requirements were effective in March 2014 and should not be included in the state's transition plan.	During a conference call with CMS, on July 31, 2018, based on additional review found the current section on person-centered planning to be sufficient.
11.	508 Compliance			The state is encouraged to assure that all materials are 508 compliant before going out for public comment. Regardless of format, all Web content or communications materials produced are required to conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. We have reviewed your Statewide Transition Plan and found 508 compliance issues that	The State will ensure 508 compliance prior to posting documents and implementing the public comment period. The AHCCCS website will also have an email address and phone number for individuals to call to request documents in alternative formats.

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				<p>need to be fixed before the document can be posted onto the CMS Website. The following is a list indicating some, but may not be all, issues identified:</p> <ul style="list-style-type: none"> ▪ Check title for the documents ▪ Ensure documents contain bookmarks ▪ Any figures or images need alternate text to accurately describe the information ▪ Ensure all documents have properly tagged content ▪ Ensure all documents have a primary language set ▪ Headers need to be properly designated in the tag tree ▪ Table regularity failed in some documents - To be accessible, tables must contain the same number of columns in each row, and rows in each column <p>For additional information on how to ensure Section 508 compliance for your submissions, please refer to the general information on 508 available at NCRTM Accessibility Resources.</p>	

End of Material.