Federal
Home and Community Based Rules
Arizona's Systemic Assessment
and Transition Plan

October 2015

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INTRODUCTION

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

While the Arizona Health Care Cost Containment System (AHCCCS) HCBS program is operated under section 1115 of the Act, CMS is requiring compliance with those regulations for all long term care home and community based settings. To that end, AHCCCS has established a plan for meeting those standards on a timeline consistent with its 1115 Waiver renewal submission (effective October 2016). All HCBS residential and non-residential settings must come into compliance by the end of a five-year transition period with the HCBS Rules. CMS provided official notice to Arizona on May 20, 2015 (Appendix A) regarding required compliance with the Rules and submission of Arizona's Statewide Transition Plan with is 1115 Waiver renewal submission.

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

<u>Residential</u>

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

<u>Non-Residential</u>

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

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

AHCCCS recognizes the importance of public input and feedback and routinely engages stakeholders on various agency initiatives to understand and consider impacts to members, providers, stakeholders and the system as a whole. AHCCCS engaged various stakeholders in the assessment process and in the development of the transition plan. To seek public comment, AHCCCS published the draft Systemic Assessment of Arizona's HCBS settings and the draft Transition Plan for coming into compliance by the end of the five year transition period in October 2021. AHCCCS enacted an official public comment period from August 1 – 31, 2015. In addition, AHCCCS hosted eight public forums throughout the state.

After review and consideration of all public comment, AHCCCS finalized the assessment and transition plan in order to submit to CMS for approval. AHCCCS will have five years to come into compliance with the Rules

under the Transition Plan. AHCCCS has committed to ongoing stakeholder engagement throughout the transition process. During the five-year transition period, AHCCCS will work with a variety of multi-stakeholder workgroups to implement the plan as well as focus groups at the onset of each transition plan year to learn about progress made and provide input regarding action for the upcoming year. Additionally, AHCCCS will work collaboratively with the MCOs to ensure HCBS providers are adequately oriented and trained on their respective roles and responsibilities in ensuring members have full access to the benefits of community living.

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

Task	**Timeline**
Conducted assessment and drafted transition plan	November 2014 – May 2015
Convened stakeholder meetings ▪ Revised assessment and draft transition plan based upon input received	June – July 2015
Public comment period ▪ Hosted 8 statewide public forums and Tribal Consultation ▪ Received public comments (email and written correspondence)	August 2015
Finalize assessment and transition plan ▪ Evaluate and incorporate public comments	September 2015
Submit Assessment and Transition Plan to CMS	October 2015
Form and convene Transition Plan Workgroups	October 2015 – January 2016
Disseminate, receive and analyze member and provider surveys	December 2015 – March 2016
Receive approval from CMS and initiate implementation of Transition Plan	October 2016
All residential and non-residential settings are compliant	September 2021

THE MEDICAID PROGRAM

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

- **Member-Centered Case Management**
  The member is the primary focus of the ALTCS program. The member, and family/significant others, as appropriate, are active participants in the planning for and the evaluation of services provided to them. Services are mutually selected to assist the member in attaining his/her goal(s) for achieving or maintaining their highest level of self-sufficiency. Information and education about the ALTCS program, their choices of options and mix of services should be accurate and readily available to them.

- **Member-Directed Options**
  To the maximum extent possible, members should be afforded the opportunity to exercise responsibilities in managing their personal health and development by making decisions about how best to have their needs met including who will provide the service, and when and how the services will be provided.

- **Consistency of Services**
  Service systems are developed to ensure a member can rely on services being provided as agreed to by the member and the MCO.

- **Accessibility of Network**
  Access to services is maximized when services are developed to meet the needs of the members. Service provider restrictions, limitations or assignment criteria are clearly identified to the member and family/significant others. Service networks are developed by the MCOs to meet members' needs which are not limited to normal business hours.

- **Collaboration with Stakeholders**
  The appropriate mix of services will continue to change. Resources should be aligned with identified member needs and preferences. Efforts are made to include members/families, service providers and related community resources, to assess and review the change of the service spectrum. Changes to the service system are planned, implemented and evaluated for continuous improvement.

As of June 2015, there are a total of 57,628 individuals served by the ALTCS program. The following is an outline of where the current ALTCS membership resides. A total of 86% of the ALTCS membership reside in a HCBS setting. Conversely, 14% of the ALTCS membership either resides in an institutional setting or the

placement data is not currently available at this time. Since 2011, the placement rate ratios have remained static and consistent with the aforementioned data. It is important to note a reason why Arizona has maintained high HCBS placement rates is because the provider community has created specialized service settings to meet the growing diverse needs of the ALTCS membership particularly in the realm of individuals with high acuity medical needs and individuals that require ongoing behavioral health supportive services to manage behavioral health needs.

Setting	**Number of Members**	**Percentage of Members**
Own Home	39,362	68%
Assisted Living Facility -Assisted Living Home -Assisted Living Center -Adult Foster Care	6,028	11%
Group Home	2,832	5%
Developmental Home -Child Developmental Home -Adult Developmental Home	1,333	2%
Total of HCBS Placements	**49,555**	**86%**
Skilled Nursing Facility	7,247	13%
Other[1]	602	1%
Intermediate Care Facility for Individuals with Intellectual Disabilities	129	.2%
Behavioral Health Residential Facility	95	.2%
Total of Institutional Placements	**8,073**	**14%**
Total *Source: June 2015 Placement Report*	**57,628**	**100%**

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

THE RULES

The HCBS Rules[2] are purposed to enhance the quality of HCBS, provide protections to members and assure full access to the benefits of community living. This means that the Rules are established to strengthen Medicaid programs to support members to receive services in the most integrated setting and, furthermore, receive services to the same degree of individuals not receiving Medicaid HCBS. AHCCCS views the HCBS Rules as the equivalent of basic rights afforded to the ALTCS membership. The HCBS Rules will continue to reinforce Arizona's priority to support members to live and receive services in the most integrated setting. The opportunity for Arizona, under the HCBS Rules, is to focus attention on ensuring that members are actively engaged and participating in their communities to the same degree as any other Arizonan through employment, education, volunteer and social and recreational activities.

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

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

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

- Lockable doors by the individual with only appropriate staff having keys to the doors
- Individual sharing units have a choice of roommates in that setting
- Freedom to furnish or decorate the unit within the lease or agreement

c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time

d. The individual can have visitors at any time; and

e. The setting is physically accessible.

For more information on the HCBS Rules and the requirements for State Medicaid Programs, please visit CMS' website

THE ASSESSMENT

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

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

<u>Residential</u>

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

<u>Non-Residential</u>

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

Once the settings were identified, the Workgroup discussed assessment processes and decided to conduct a state systemic assessment versus conducting site-specific setting assessments for each setting type. A systemic assessment is a review and evaluation of standards and requirements for setting types that are outlined in Arizona Revised Statutes, Arizona Administrative Code, AHCCCS and MCO policy, AHCCCS contracts with MCOs and MCOs contracts with providers. All services are provided under the 1115 Waiver authority, therefore, the State chose the systemic assessment model. Furthermore, Arizona has a robust licensing system and set of licensing rules outlined in the Arizona Administrative Code that outline uniform standards across settings. The Workgroup participants have a working knowledge and understanding of the operations of each setting type. Lastly, the workgroup felt strongly about also assessing the "system's" compliance with the HCBS Rules, as well as the roles and responsibilities of providers. For example, the Workgroup examined evidence including the role of the case manager and how that role is described in policy when assessing compliance with the HCBS Rules for each setting type.

It is important to note that site-specific setting self-assessments are incorporated as part of the Transition Plan in order to assist with assessing the need for training, technical assistance and support needs for all settings to meet compliance by September 2021. It is also recognized that some site-specific settings may already be in compliance, at varying levels, with the HCBS Rules in practice. Therefore, as detailed in the Transition Plan

and subsequent to the September 2021 deadline, and ongoing, the site-specific setting assessments will be incorporated into the MCOs current annual provider monitoring process.

The Workgroup developed a process to facilitate and tools to document the assessment outcomes. Given the purpose of the HCBS Rules, to assure the membership's full access of the benefits to community living, the underlining principle of the Workgroup deliberations and decision making was the concept and question of "What is culturally normative for individuals not receiving Medicaid HCBS?" In that vein, the Workgroup considered the exploratory questions provided by CMS for residential and non-residential settings. The Workgroup categorized the exploratory questions by their applicability to each rule requirement. It was noted that some of the residential questions could cross over into and be utilized in the non-residential context. Therefore, some residential exploratory questions were incorporated into the non-residential assessment deliberations.

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

Meeting Date	Setting Assessment	Other Items
10/27/2014		▪ Overview and orientation to the HCBS Rules and the assessment process ▪ Develop assessment tool for residential settings
11/13/2014	Assisted Living Facilities	
11/24/2014	Assisted Living Facilities	
01/07/2015	▪ Behavioral Health Residential Facilities ▪ Group Homes	Strategy planning for member and provider surveys
01/23/2015	Group Homes	
02/02/2015	Developmental Homes	
02/20/2015		▪ Review member and provider survey methodology, process and residential survey questions ▪ Developed assessment tool for non-residential settings
03/02/2015	Adult Day Health Facilities	
03/10/2015	Adult Day Health Facilities	
03/17/2015	Day Treatment and Training Programs	
03/24/2015	Day Treatment and Training Programs	
05/12/2015	Center Based Employment Programs	▪ Reviewed assisted living training requirements crosswalk with the HCBS Rules ▪ Reviewed timeline for stakeholder meetings, public comment period and the draft assessment and transition plan
05/24/2015	Group Supported Employment Programs	▪ Review of non-residential setting member and provider survey questions

Meeting Date	Setting Assessment	Other Items
		▪ Discussion of Behavioral Health Residential Facilities
06/08/2015	Person Centered Planning Assessment	
06/19/2015		Review summary of final key decision points and considerations for the draft assessment and transition plan prior to convening community stakeholder meetings
09/16/2015	Review, draft responses to, and determine changes to draft assessment and transition plan based on public comments received	
09/22/2015	Review, draft responses to, and determine changes to draft assessment and transition plan based on public comments received	

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

The compliance levels are defined as follows:

- **Compliant –** The minimum standards of the rule requirements are met.

- **Compliant with Recommendations –** The minimum standards of the rule are met but in addition, it was determined that a remediation strategy was in order to exceed the standard and meet the intent of the rule requirements.

- **Partial Compliance –** Some of the minimum standards of the rule requirements are met and a remediation strategy is noted in order to meet the standard and the intent of the rule requirements.

- **Not Compliant –** The minimum standards of the rule requirements are not met and a remediation strategy is noted in order to meet the standard and the intent of the rule requirements.

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

Setting	Compliant	Compliant with Recommendations	Partial Compliance	Not Compliant	Totals
Residential Settings					
Assisted Living Facilities	5	3	6	1	15
Group Homes[3]	5	5	5		15
Adult and Child Developmental Homes	5	5	5		15
Behavioral Health Residential Facilities[4]					
Residential Total	**15 (34%)**	**13 (28%)**	**16 (36%)**	**1 (2%)**	**45**
Non-Residential Settings					
Adult Day Health Facilities	1		4	4	9
Day Treatment and Training Programs	2	2	4	1	9
Center-Based Employment Programs	2	1	4	2	9
Group-Supported Employment Programs	7	2			9
Non-Residential Total	**12 (33%)**	**5 (14%)**	**12 (33%)**	**7 (20%)**	**36**
Grand Totals	**27 (33%)**	**18 (22%)**	**28 (35%)**	**8 (10%)**	**81**

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

[3] The group homes on the campus of Intermediate Care Facilities for Individuals with Intellectual Disabilities in Coolidge, Arizona, are not included in the compliance level summary. Reference the Group Homes assessment and transition plan for more information.
[4] The assessment concluded that the Behavioral Health Residential Facilities should be de-classified as a home and community-based service, alternative residential facility in Arizona's 1115 Waiver because it is a clinical setting and transitional in nature. Therefore, the assessment process did not include a full assessment of the setting type's compliance with the HCBS Rules. Reference the Behavioral Health Residential Facilities assessment and transition plan for more information.

Meeting Date	Targeted Group	Participants
June 24, 2015	Assisted Living Provider Associations	▪ Arizona Health Care Association ▪ Assisted Living Homes Association ▪ Assisted Living Federation of America
June 26, 2015	Aging and Disability Community	▪ Division of Aging and Adult Services ▪ Governor's Council on Aging ▪ Area Agencies on Aging ▪ Independent Living Centers ▪ Governor's Council on Spinal Cord and Head Injury ▪ Arizona Center for Disability Law
July 1, 2015	Employment Service Providers	▪ Valley Life ▪ Scottsdale Training and Rehabilitation Services ▪ Gompers ▪ Beacon Group ▪ The Centers for Habilitation
July 8, 2015	Arizona Board of Examiners Nursing Care Institution Administrators and Assisted Living Facility Managers	▪ Executive Director
July 9, 2015	ALTCS Advisory Council	▪ ALTCS Members ▪ ALTCS Providers ▪ AHCCCS personnel ▪ MCO personnel
July 10, 2015	Arizona Association of Providers for Persons with Disabilities	▪ Providers who are members of the Association
July 11, 2015	Arizona Training Program at Coolidge	▪ Members ▪ Guardians ▪ Family members ▪ Staff
July 13, 2015	Developmental Disability Community	▪ Arizona Developmental Disabilities Planning Council ▪ Raising Special Kids ▪ Arc of Arizona ▪ Developmental Disabilities Advisory Council ▪ Sonoran University Centers of Excellence in Developmental Disabilities ▪ Division of Developmental Disabilities, Human Rights Committee
August 10, 2015	Assisted Living Home Associations	▪ Foundation for Senior Living ▪ Eldersense.com ▪ Assisted Living Homes Organization ▪ Arizona Assisted Living Homes Association ▪ Arizona Coalition for Assisted Living
August 14, 2014	Adult Day Health Facilities	▪ Arbor Rose Day Healthcare ▪ Area Agency on Aging, Region One ▪ Foundation for Senior Living ▪ Benevilla ▪ Sun Tree Center

AHCCCS documented the input received from each community stakeholder meeting. The documentation includes specific input on the drafted assessment and transition plan. Furthermore, AHCCCS documented more generalized input not specific to the drafted assessment or transition plan, but related to the HCBS Rules. In addition to noting the input received from the participants at the meeting, AHCCCS provided a response to each comment stipulating the actions that would be taken as a result of the input. Some of those actions included

revisions to the draft Assessment and Transition Plan or noted information that may be more appropriate for considerations during the implementation phases of the five year Transition Plan. The Appendix includes documents recording the input from the community stakeholder meetings.

Assessment Outline:

- The assessment of each setting type begins with a description of the setting type, the number of sites and the number of members served in those settings.

  Following is an outline of all of the references that were used to provide evidence for the compliance level determination. Each reference type is linked to the document online and a specific reference location is provided to locate the section noted as evidence in the assessment.

How to Read the Assessment:

- **First column** – Rule - The HCBS Rule requirement

- **Second column** – Considerations - A summary of the exploratory questions that were used as considerations to evaluate the evidence for a compliance determination

- **Third column** – Evidence - The evidence column highlights the references from the Arizona Revised Statutes, Arizona Administrative Code, AHCCCS and MCO policy, AHCCCS contracts with MCOs and MCOs contracts with providers that are the basis for the compliance level determination.

- **Fourth column** – Compliance Level - The assessed compliance level

- **Fifth column** - Remediation Strategies - The recommended actions to make systemic changes (e.g. policy and contract revisions) to ensure the State's compliance with the HCBS Rules by the projected deadline date of September 2021

The following is an excerpt of a portion of the assessment for reference:

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located around private residences and businesses ▪ Individuals interact with and/or have relationships with persons not receiving Medicaid services (i.e. neighbors, friends, family, etc.)	AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home *[Chapter 1200 Overview]* AHCCCS Contractor Operations Manual ▪ Assisted Living Homes and Adult Foster Care Homes are located in neighborhoods. ALTCS Contractors are required to develop and maintain a sufficient provider network. *[Chapter 436]* Arizona Administrative Code ▪ Assisted Living Centers are located within communities. Some Assisted Living Centers are co-located on the	Compliant with Recommendations	1) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co-located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another. 2) Incorporate language AHCCCS Contractor Operations Manual *(Chapter 436)* that requires review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to AHCCCS.

2

SETTINGS THAT REQUIRE SPECIAL CONSIDERATIONS

This section of the Assessment addresses four unique settings that will not be able to comply with the HCBS Rules or that will require Heightened Scrutiny. Heightened Scrutiny is a review process that CMS will conduct of settings submitted by states that are presumed not to be Home and Community Based.

- **Non-Compliant Settings**

Group Homes Coolidge, Arizona - A total of five groups homes are co-located on the campus of the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) in Coolidge, Arizona.

The preliminary assessment determined the setting meets two criteria of the presumption that the setting is institutional in nature. The group homes are co-located on the grounds of the ICF/ID and have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

In addition to the co-location with the ICF/ID, the following characteristics apply:

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

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

On July 11, 2015, AHCCCS and the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) held a meeting with the guardians, families and staff members of the members living in the group homes. The guardians and family members unanimously stated the members should be allowed to live in the group homes for the rest of their lives. The guardians and family members noted the following implications of the HCBS Rule compliance on the members living in the group homes:

- **Members would not adjust in a community**. For example, they have formed family units with the other residents and staff in the group homes. In fact, they don't even want to visit with their natural families too long because they miss their housemates and staff.

- **Members cannot be successful in group homes in the community and a move to the community could limit the independence they have now.** For example, residents have the freedom to come and go around campus to go to work and socialize with others. They would not be able to do that in the community. Residents are able to interact with her neighbors on the campus, but would not have that independence to interact with neighbors in the community.

- **Members would not be safe in group homes in the community**. For example, residents don't understand or have fear of "stranger-danger."

- **Members do get interaction with the general community.** They have work and recreational activities. For example, church services on the campus that include members of the general community. They also frequently visit with their guardians and families off campus.

- **Most of the members are seniors and have lived on the campus for 40-60 years.** They were former residents of the ICF.

- **Members get good quality of care in the group homes.** Group homes in the community have frequent staff turnover. The staff working in these homes has either worked in the homes or in the ICF for many years.

At the conclusion of the meeting, attendees agreed to reconvene in August 2015 to discuss next steps. In lieu of AHCCCS conducting the follow up meeting with guardians and families to discuss next steps, DES/DDD decided to undertake a process to evaluate the overall viability of the Coolidge campus given the HCBS Rule requirements and many other factors associated with the aging campus facilities and infrastructure needs. These factors may necessitate the development of an appropriate alternative including relocation of members to an HCBS Rule compliant setting. DES/DDD will be meeting with guardians and families of members currently residing in the group homes to discuss the future of the Coolidge campus and a transition to HCBS settings. As a follow up to the July 2015 meeting, AHCCCS sent letters (Appendix C) in early September 2015, to the guardians providing notification that DES/DDD would provide follow up individually to plan for next steps.

AHCCCS recognizes that a comprehensive transition plan is required by CMS for members residing in settings that will not comply with the HCBS Rules. Therefore, AHCCCS is working in tandem with DES/DDD to develop a plan that will be submitted to CMS as an addendum to this document no later than December 31, 2015.

Please reference the Group Homes' Assessment and Transition Plan (page 46) for more detailed information regarding this setting.

Behavioral Health Residential Facilities

The Assessment determined that the service provided in a Behavioral Health Residential Facility is clinical and transitional in nature. Licensed Behavioral Health Residential Facilities are not intended or designed to provide or services for members with primary physical health needs. Therefore, the Workgroup concluded that the setting should be de-classified as a home and community-based, alternative residential facility in Arizona's

1115 Waiver. However, the benefit provided in this setting will continue as a behavioral health treatment service available in the array of covered benefits for ALTCS members, but not as an alternative residential home and community based setting for long term placement.

Please reference the Behavioral Health Residential Facilities' Assessment and Transition Plan (page 135) for more information on how AHCCCS plans to address this setting.

- **Settings Requiring Heightened Scrutiny**

CMS has provided guidance regarding settings that are presumed to be institutional including settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. As a result of Arizona's public comment period two sub-setting types were identified as potentially having these characteristics. The first is a sub-setting type of Assisted Living Facilities Centers that are licensed as Assisted Living Centers but which include a unit within the setting which provides care to individuals with memory care needs and is licensed at directed care. Directed Care services according to ARS §36.401.A.14 "*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."*

The second sub-setting type is an individual setting licensed as a Group Home which serve individuals with intellectual disabilities in a farmstead/agricultural/homestead community. To date, only one such setting has been identified.

The Workgroup reviewed the public feedback and determined that these sub-setting types require Heightened Scrutiny. The following provides additional details regarding these settings and an overview of the next steps AHCCCS will take to conduct the Heightened Scrutiny evaluation process.

Assisted Living Facilities with Memory Care Units

As a result of feedback through the public forums, AHCCCS conducted a stakeholder focused meeting on August 27, 2015, regarding Memory Care units. Participants included individual providers of Memory Care Units, representatives from MCOs and representation from the Arizona Health Care Association (AHCA) that represents both Skilled Nursing Facilities and Assisted Living Centers. Based on the discussion during the meeting and the public comments received, it is evident that Memory Care units may have the effect of isolating individuals receiving Medicaid HCBS from the broader community. That said, Memory Care Units provide a least restrictive setting to Skilled Nursing Facilities that allow individuals with Alzheimer's or related Dementia to maximize independence within a setting with a secure perimeter. Public comment regarding this setting indicated the following:

> *[Excerpt from public comment reference number Email 97]*
>
> "My comments center on the state plan review of settings, which includes assisted living facilities, but does not specifically address a segment of assisted living; "directed care" which is defined in statute at ARS §36.401.A.14, and addressed in rule at R9-10-815. Directed Care services according to ARS §36.401.A.14 "*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." The residents in directed care/memory care facilities are almost always in the mid to late stages of Alzheimer's disease or other types of dementia and the overall goals of their care at this level is not to integrate them back into the community but to provide them a safe environment where they can live at their highest potential. These residents will not, and cannot be rehabilitated. They have progressive diseases that will eventually end their lives.

I believe it is important for AHCCCS to address directed care and specifically directed care that is provided to residents with dementia (often referred to as "memory care") because by rule, these facilities must have secured perimeters and most have delayed egress. These elements have been an issue that CMS has viewed as potentially having the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. I believe the following points describe the care provided in these assisted living communities.

1. Arizona facilities have been successfully managing this level of care in these secure settings for many years.
2. These settings provide a cost-effective quality alternative to otherwise more restrictive skilled nursing settings.
3. In most cases community activities, services and resources are brought to the assisted living community to enhance the individualized care provided.
4. In most cases residents live and interact within a secure environment because it provides needed structure and safety to enhance their independence.
5. These memory care facilities have outside areas for walking, socializing, often gardening, having picnics or other outdoor activities.
6. These memory care facilities seek to preserve life skills by providing activities that help residents feel a sense of purpose such as helping distribute mail, sort clothes, fold laundry, water plants, and care for pets.
7. Residents achieve their highest well-being and individualized care in assisted living memory care settings through programs that are smaller and have predictable and structured schedules.
8. Some residents are able to attend outside events with family such as family outings, restaurant meals or church services, but this is the exception rather than the norm as most residents with this level of dementia become overwhelmed and agitated in the community at large.
9. Resident service plans are individualized and have goals to help each resident function at his/her highest level of well-being."

[Excerpt from public comment reference number Email 116]

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

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

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

As a result AHCCCS will establish an Evaluation Team comprised of AHCCCS staff (e.g. medical management, clinical quality management) and stakeholder representatives to include representatives from the HCBS Workgroup, a provider representative and a representative from AHCA to conduct comprehensive assessments of the settings. The assessment results will be opened for public comment and AHCCCS will submit the final Assessment to CMS for Heightened Scrutiny review and approval.

Please reference the Assisted Living Facilities' Assessment and Transition Plan (page 46) for more detailed information on the number of settings with Memory Care Units and the number of members served within those units.

Farmstead/Agricultural or Homestead Communities

During the public comment period, AHCCCS received written correspondence (email and letters) identifying the existence of an agricultural/homestead community providing services to individuals with intellectual disabilities in Arizona. Based upon the comments received it is evident that while this community may have the effect of isolating individuals receiving Medicaid HCBS from the broader community, the setting may be operating in a culturally normative fashion consistent with working agricultural farms. Public comment regarding this setting indicated the following:

[Excerpt from public comment reference number Letter 34]

"I am writing this letter to express my concerns and opposition to changes in AHCCCS policy as it concerns HCBS waivers. If the goal of these changes are to offer more choices then it will fail. We cannot make all changes fit all people.

It appears that the argricultural or homestead programs will be impacted the most. Our son lives on a wonderful ranch in [City], AZ. When we initially visted with Jack Armstrong, co-founder, I was thrilled to learn that the ranchers live and work on the ranch. I thought what a perfect setting for my son to flourish. I must take a moment to share some of my son's wants and needs. He is very low functioning, is diagnosised with autism, mental retardation, OCD and pica. He suffered from spinal meningitis at five months of age and has brain damage as well. It is not safe for him to ride on public transportation. It is not safe for him to have employment in the town community. It is not safe for him to have access to food at all times and certainly not safe for him to prepare his own food. He has food allergies that msut be monitoried at all times. He has behavior issues that are not received well in the community. Thus making it not safe for him in that environment." "It is much safer for him in a rural setting as he does not understand dangerous situations or stranger danger." "He feels safe in the rural setting surrounded by the other ranchers, caregivers and familiar neighbors."

"Living in the ranch environment, within a rural community, our son reveies one to one staffing all day every day. He is allowed to assist with gardening, feed the chickens, curry the horses, take hikes and swim in warm weather. Now bear in mind he will tke a bite from the vegetable he has just picked. This would not bode well in a supermarket setting or restaurant. He is allowed to be himself and not suffer the stress that would accompany this is a city or town setting. We consider it our miracle that he has a

home on the [Farmstead Community Name] in [City], AZ. He enjoys a great quality of life and is treated with dignity and respect."

I feel that there should be programs for those that are independent. This can be accomplished as it should. Just please, don't deny these that are on the lower end of the spectrum what they deserve. Needless to say, I don't have a PHD in anything other than my son."

[Excerpt from public comment reference number Email 74]

"I strongly oppose this change in policy regarding the HCBS waivers. It appears that rural group home and/or farmstead settings, along with some other provider settings are going to be impacted in a most negative way." This purports to "provide choices" and "protect the rights of the disabled". Incentivizing the states to reduce the cost of Medicaid sounds great. However, if the price of doing those reductions is to affect the quality f life of the DDD population, particularly those at the lower end of the autism spectrum and/or those who have extremely difficult behaviros, that is a price too high."

"These CMS-targeted rural programs are incredibily important to a segment of the ASD spectrum. Even with scheduled meal times, activities and shared living spaces, they are not insstitutions by design, by intent or by any other measure. Forcing choices on some members, while refusing to place new ones in rural community settings, when it's applicable, has the potential to close these Providers down for lack of financial resources. That then, would actually reduce the choices availabe and ***take away the rights*** of those who would benefit from those programs. Thus, exactly the opposite of the desired outcome would be the result."

"People on the Spectrum should have MORE choices, not fewer. And, those programs that provide for the very most vulnerable among us should be funded at a level that is consistent with what it costs to care for them. I hope Washington D.C. and Arizona is listening."

[Excerpt from public comment reference number Email 103]

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

As a result AHCCCS will establish an Evaluation Team comprised of AHCCCS staff (e.g. medical management, clinical quality management) and stakeholder representatives to include representatives from the HCBS Workgroup, a provider representative and a representatives from advocacy organizations such as Raising Special Kids and the ARC of Arizona to conduct the assessments of the settings. The assessment results will be opened for public comment and AHCCCS will submit the final Assessment to CMS for Heightened Scrutiny review and approval.

Please reference the Group Homes' Assessment and Transition Plan (page 71) for more detailed information on the number of Farmstead settings and the number of members served within those settings. It is important to note that as part of the Heightened Scrutiny process, AHCCCS will seek to identify any additional Farmstead communities not yet identified.

Heightened Scrutiny Assessment Process

AHCCCS will conduct a comprehensive assessment of these settings and submit to CMS, a report of the evaluation process in August 2016 as an addendum to the Systemic Assessment and Transition Plan submitted October 2015. Below is an outline of the actions and timeline for completion of AHCCCS' Heightened Scrutiny evaluation process.

	Heightened Scrutiny Assessment Process	**Memory Care Units**	**Farmstead Communities**
#	**Action**	**Date**	**Date**
1	Establish the Evaluation Team	11/2015	11/2015
2	Determine a statistically significant sample of Memory Care Units for evaluation	12/2015	
3	Determine total number of Farmstead Communities and determine a statistically significant sample for evaluation		12/2015
4	Determine the evaluation criteria	12/2016	12/2016
5	Develop assessment tool based on CMS' evaluation criteria and guidance to include review of at least the following elements: **Regulatory Review** ▪ Licensure requirements –Assisted Living – directed care ▪ Service Definitions ▪ Provider staff qualifications ▪ Staff training requirements **Site Visit** ▪ Description of the location and scope of interactions with community settings used by individuals not receiving Medicaid home and community based services ▪ Procedures and supporting evidence addressing o Support for activities in the community based on individuals' preferences and interests o Staff training regarding support of individuals' chosen activities and variation of schedules based on flow of the greater community o Resident rights o Person-centered plans ▪ Staff logs and daily documentation logs ▪ Observation o Participants access to the broader community	12/2016-01/2016	12//2016-01/2016

	○ Proximity to public transportation ○ Environmental review – evidence of institutional or home characteristics ▪ Interviews ○ Establish standardized questions ○ Interview as many members in the setting as possible ○ Conduct interviews in private ○ Interview direct care staff without supervisor presence		
6	Educate the Evaluation Team on Heightened Scrutiny and the assessment tool	02/2016	02/2016
7	Conduct Assessments	02/2016–05/2016	03/2016[5]
8	Draft Evaluation Report	06/2016	06/2016
9	Conduct Public Comment Period	07/2016	07/2016
10	Finalize report based on public comment and submit to CMS for approval	08/2016	08/2016

[5] It is important to note that as part of the Heightened Scrutiny process, AHCCCS will seek to identify any additional Farmstead communities not yet identified. If additional settings are identified, AHCCCS will modify the assessment period accordingly.

THE TRANSITION PLAN

The Transition Plan is what the State will use to ensure the entire system comes into compliance at the end of the five year transition period in September 2021. AHCCCS will work with all setting types and MCOs as well as Tribal ALTCS entities through Tribal Consultation to address elements of this plan. The Transition Plan is comprised of two major components including setting type specific plans and an overall plan applicable to all settings. Both components are critical to ensuring both systemic and site-specific initial and ongoing compliance.

The Transition Plan for each specific setting type is included at the end of the assessment for that setting type.

How to Read the Setting Type Specific Transition Plan:

- **First column -** The number of the remediation strategy
- **Second column** – Rule - The HCBS rule requirement
- **Third column** – Remediation Strategy – The recommended actions to make systemic changes (i.e. policy and contract revisions) to ensure the State's compliance with the HCBS Rules by the projected deadline date of September 2021.
- **Fourth column** – Lead Organization - The entity or entities responsible for implementing the remediation strategy is designated.
- **Fifth column** – Target Date - The timeline for completion of the remediation strategy. The target date coincides with the transition plan for all settings.
- **Sixth column -** Ongoing Monitoring - The strategy is provided for monitoring ongoing compliance with the HCBS Rules subsequent to September 2021 when the transition plan has been completed.

The following is an excerpt of a portion of the transition plan for reference:

	Assisted Living Facilities –Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1	1. The setting is integrated in and supports full access to the greater community	1) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* and that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co-located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another. 2) Incorporate language AHCCCS Contractor Operations Manual *(Chapter 436)* that requires review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to AHCCCS.	AHCCCS	September 2018 *(Year2)*	AHCCCS monitoring of MCO (annually)
2	1a. Seek employment and work in competitive integrated settings,	Create an employment services section in the AHCCCS Medical Policy Manual *(Chapter 1200)* to include an array of employment support services including options to support	AHCCCS	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually)

Overall Transition Plan Outline

The Transition Plan applicable to all settings is annualized and focused on a specific area for the five–year transition period. AHCCCS has an emphasis on four areas, as outlined below, to ensure the Transition Plan is implemented within the specified timelines.

Workgroups and Project Plans. AHCCCS will establish a HCBS Rules Steering Committee to oversee the implementation of the Transition Plan. The HCBS Rule Workgroup will provide the basis for the Steering Committee but will be expanded to include members/family representatives, providers and advocacy organizations. Setting type workgroups will be formed, comprised of internal and external community stakeholders (represented on the Steering Committee), to advise AHCCCS personnel charged with implementing the Transition Plan including workgroups that required intensive development work for Behavioral Health Residential Facilities and Center-Based Employment settings. Lastly, workgroups will be formed to address other topic areas such as Rate Considerations and Person Centered Planning. The workgroups will develop annual project plans including milestones and quarterly progress timelines to oversee the implementation of the setting type Transition Plan consistent with the focus areas and timelines in the overall Transition Plan. The workgroups will provide updates to the HCBS Rules Steering Committee.

- **Public Transparency and Accountability.** Consistent with AHCCCS' ongoing efforts to be transparent and accountable to the general public, during the implementation of the Transition Plan, AHCCCS will post reports on the website (www.azahcccs.gov/hcbs) on the progress with quarterly and annualized milestones. AHCCCS will continue to solicit, receive and incorporate public input regarding progress made on the implementation of the Transition Plan. Ongoing public input will be received via the HCBS email box for email submissions, address available for written submissions and a telephone line for verbal submissions. The input will be shared with the respective setting specific type or topic related workgroups for consideration. In addition, AHCCCS will conduct annual forums at the onset of each year throughout the transition period to update stakeholders on the previous year's progress and solicit input on plans for the following year under the Transition Plan.

- **Reports.** AHCCCS will develop reports and reporting processes and timelines for MCOs to report compliance for the HCBS Rules for each site-specific setting throughout the five-year implementation of the Transition Plan. To ensure compliance with reporting standards, the progress reports will be required in AHCCCS contracts with MCOs and incorporated in the contract Chart of Deliverables for submission by the MCOs.

- **Systemic Surveys.** AHCCCS recognizes that based on the assessment results and public feedback that, in practice, individual providers are on a continuum related to the level of current compliance with the HCBS Rules that exists within each provider's setting locations. Therefore, AHCCCS developed a comprehensive survey for providers and members in order to collect additional data on Arizona's compliance with the Rule. The surveys are anonymous and therefore will not measure compliance for individual settings, rather the results will be used to assess the State's overall compliance from a macro-level perspective for the following licensed setting types required to comply with the HCBS Rules: Assisted Living Home, Assisted Living Center, Adult Foster Care, DDD Group Homes, DDD Adult and Child Developmental Home, Adult Day Health, DDD Day Treatment and Training Programs, and Center Based Employment (CBE). Results of the survey will be analyzed by setting type and GSA (Geographic Service Area).

  Survey Design and Testing
  A survey design work-group comprised of long term care and quality management experts from AHCCCS developed comprehensive surveys for members and providers regarding HCBS compliance for both residential and non-residential settings (Appendix D). A review of other state's targeted provider and member surveys was conducted and informed the development of Arizona's surveys. The questions used to assess compliance with the HCBS settings criteria were based largely upon the exploratory questions provided by CMS and specific to each rule requirement. In addition to a review by the HCBS Rules Workgroup, a secondary review was conducted by the ALTCS Advisory Council (which consists of members/family representatives, providers, and MCOs) to ensure the readability, validity and reliability of the questions asked. The review process resulted in significant stakeholder feedback, which led to important modifications and additions to the final survey tools.

  Sample Size
  AHCCCS will select a statistically significant sample of providers in each setting type to complete the surveys. The samples will be stratified by GSAs to obtain proportional representation for providers in all geographic regions. AHCCCS will select a statistically significant sample of members using the same sampling process used for providers.

Results
AHCCCS will utilize the results of the initial survey to obtain a baseline of current compliance and will replicate the survey in Transition Years *Three* and *Five* conducting a comparative analysis of progress through the transition period. Subsequent to the transition period, AHCCCS will continue to periodically to assess systemic macro-level compliance with the HCBS Rules.

PREPARATION PHASE

Preparation – [October 2015 – September 2016]	
1.	Establish the HCBS Rules Steering Committee
2.	Determine and establish workgroup types to include representatives from the MCOs, providers, stakeholders and members/families
3.	Disseminate and analyze the member and provider survey results
4.	Facilitate tours of each setting type for the workgroup members
5.	Enhance current website with information for all stakeholders to prepare for the development and implementation of the communication plan

The preparation phase of the overall Transition Plan was added as a result of public comment in order to begin key implementation activities in October 2015 and outline the accelerated timeline.

YEAR ONE – ORIENTATION

Year One – [October 2016 – September 2017]	
1.	Develop and implement communication plan for members, family members, providers and community partners (i.e. Arizona Department of Health Services, Arizona Department of Education, long term care Ombudsman, etc.).
1a.	Develop and disseminate member and family member educational materials including establishing ongoing member and family member education and outreach strategies
2.	Develop and implement setting type provider training including establishing requirements for MCOs to replicate and/or conduct refresher training on an ongoing basis
3a.	Develop and implement Case Management training including establishing requirements for MCOs to replicate and/or conduct refresher training on an ongoing basis

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

YEAR TWO – POLICY AND CONTRACT REVISIONS

Year Two – [October 2017 – September 2018]	
1.	Implement policy changes to AHCCCS policy
1a.	Implement policy changes outlined in setting type transition plans
1b.	Develop and implement general language in policy regarding HCBS Rule compliance including adding the HCBS Rules as basic rights afforded to all members.
2.	Implement changes to DES/DDD policy outlined in setting type transition plans
3.	Amend the AHCCCS Provider Participation Agreements to include a requirement for providers to attest compliance with the HCBS Rules prior to onset of service delivery.
4.	Amend DES/DDD provider contracts per the contract revision remediation strategies outlined in the setting type transition plans
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

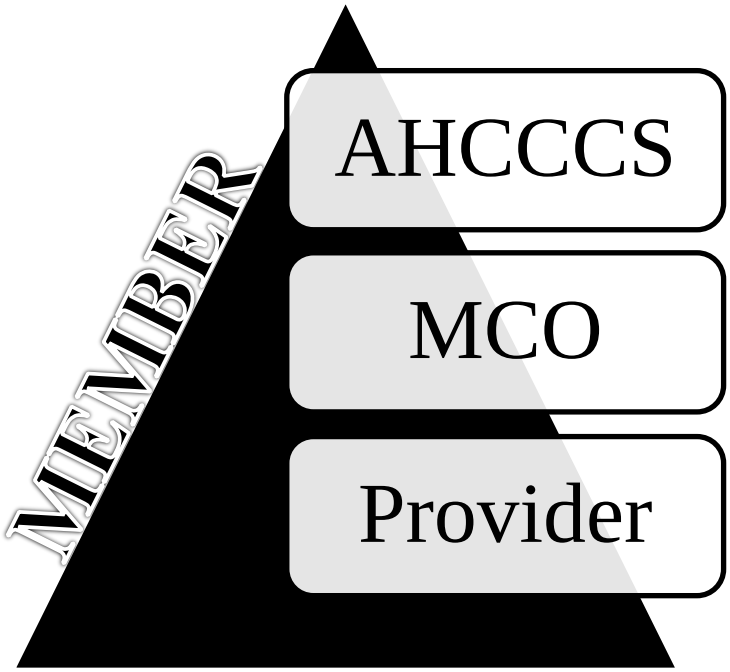
The focus in year two will be to ensure the system is compliant with the HCBS Rules through policy and contracting agreements including those between AHCCCS and the MCOs and the MCOs and their respective provider network. AHCCCS contracts require MCOs to comply with AHCCCS policy. The HCBS Rules Steering Committee will oversee the AHCCCS policy, provider participation agreement and MCO contracts revisions. The Arizona Department of Economic Security, Division of Developmental Disabilities will facilitate a collaborative process with their respective provider network to amend Scopes of Work and Service Specifications for HCBS providers in the remediation strategies outlined in setting type transition plans.

YEAR THREE – MONITORING TOOLS AND PROCESSES

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

Year three focuses on developing tools and strategies for ensuring maintenance and ongoing State's compliance with the HCBS Rules. This includes monitoring ongoing compliance with areas in which the State rendered

determinations of compliance or compliance with recommendations. AHCCCS has instituted a three tiered ongoing monitoring process.



- **AHCCCS Monitoring of the MCO.** AHCCCS has a well established monitoring process of MCOs through the review of required deliverable reporting as well as triennial and focused Operational Reviews, to ensure compliance with contract and policy requirements. AHCCCS will incorporate new compliance standards for the HCBS Rules into the current Operational Review tool utilized to conduct the focused and triennial audits of the MCOs. In addition, AHCCCS will contractually institute reporting requirements, processes and timelines for MCOs to report ongoing compliance for HCBS Rules for each site-specific setting. AHCCCS will review report submissions and audits conducted by the MCOs to ensure monitoring is conducted in accordance with requirements. Inclusive in the current Operational Review process, AHCCCS conducts member interviews and assesses member satisfaction with the provision of services. In order to validate MCO provider audits, AHCCCS will incorporate as a part of the Operational Review, a statistically significant sample review of provider monitoring audits that have been conducted by the MCO and will conduct member interviews in correlation with those members that reside or receive services in that HCBS setting to further validate ongoing compliance with the HCBS Rules.

- **MCO Monitoring of the Providers.** MCOs conduct annual provider monitoring to ensure quality of service delivery and contract compliance in accordance with AHCCCS requirements. Monitoring activities are conducted by the Quality Management Divisions within the MCOs. Additionally, Case Managers are required to conduct home visits every 90 days for HCBS members and a review of services and member satisfaction is currently conducted as a part of the review of the member's person centered plan. AHCCCS will work in partnership with the Transition Plan workgroups to revise current quality and contract monitoring tools to identify and rectify compliance deficiencies during the five-year transition period as well as ensure ongoing compliance with the HCBS Rules once the compliance standards are met by September 2021. A standardized monitoring tool will be developed for each

setting type and required for monitoring by MCOs. The revised monitoring tool and process will include a provider self-assessment specific to the setting type as well as an interview of experience for members in each setting. Provider self-assessments will be validated by the MCO monitoring and by member interviews.

- **The Member Experience.** AHCCCS will continue to periodically disseminate member surveys to capture the member experience systemically at the macro level with the ALTCS program and using the HCBS Rules as the standards for measurement. With respect to individual member experiences, the Case Manager will play a critical role in assessing and addressing barriers to members accessing the benefits to community living. The Case Manager training that will be developed in year one of the transition plan will include training on strategies and tools to assess HCBS Rule compliance in the context of individual members during the 90-day review process. Questions will be developed for inclusion in the Case Manager's review of the person centered plan to ascertain member experience and feedback regarding provider compliance with the HCBS Rules' requirements. MCO's will also assess the member experience through member interviews conducted as a part of annual quality and contract monitoring of the settings as noted above.

YEAR FOUR – TECHNICAL ASSISTANCE

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

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

YEAR FIVE - COMPLIANCE

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

In year five, the MCOs will utilize the revised standardized monitoring tools and processes to monitor HCBS providers for HCBS Rule compliance. Providers not in compliance will be required to develop and submit Corrective Action Plans for cited deficiencies. Providers who do not achieve compliance will be subject to contract termination with the MCO as well as termination of the Provider Participation Agreement with AHCCCS. The MCOs will report site-specific monitoring findings to AHCCCS through contract required deliverables.

PUBLIC COMMENT PROCESS AND FINDINGS

The Process

AHCCCS recognizes the importance of input from its member, family members, providers and community stakeholders. The input received ensures the identification of all settings that are subject to the rule requirements, validation of assessment outcomes and the appropriateness of the remediation strategies outlined in the Transition Plan for settings to come into compliance. AHCCCS conducted an official public comment period from August 1 – August 31, 2015. It is important to note that AHCCCS recorded any public input received, including input received prior to and after the public comment period expired. To support individuals and organizations to submit public comment, AHCCCS undertook a myriad of activities to inform and orient the community about the HCBS Rules and Arizona's draft Systemic Assessment and Transition Plan.

In an effort to exercise due diligence to inform the community about the HCBS Rules and the opportunity for public comment, AHCCCS conducted outreach activities. Respectfully, AHCCCS engaged in activities to support the community to actively participate in the public comment period. AHCCCS created an email distribution list with emails from individuals who participated in the aforementioned community stakeholder meetings referenced on pages 10-11 of this document. The email list was updated periodically throughout the public comment period with email addresses from individuals who registered and/or attended the community forums. Over the course of the public comment period, AHCCCS disseminated six emails, sharing information pertaining to the upcoming forums, opportunities to provide input, and/or new information posted to the AHCCCS webpage.

AHCCCS disseminated information to the community via the email distributions lists. When disseminating information to community stakeholders, AHCCCS provided an overview (Appendix E) of the HCBS Rules along with the flyer (available on the website) for the community forums that organizations could use to share the information with their respective networks. Furthermore, AHCCCS requested the organizations to notify AHCCCS of the strategies employed for sharing the information with the greater community. The following is a matrix of strategies used by partnering organizations and community stakeholders to notify the community of the HCBS Rules and opportunities for public input.

Stakeholder	Outreach Strategy
DES/DDD Employment Specialists	Email Dissemination
Long Term Care Ombudsman	Email Dissemination
Governor's Advisory Council on Aging	Email Dissemination
Regional Center for Border Health	Email Dissemination
AARP	Email Dissemination
The Cutty Legacy Foundation	Email Notice
ARC of Arizona	Email Advocacy Alert, Website Posting
Easter Seals Blake Foundation – Parent Education	Email Dissemination

DES/DDD	Email Notice, Website Posting and Emails to: Developmental Disabilities Advisory Council, Human Rights Committee and Pilot Parents
Rehabilitation Services Administration	Email Dissemination
Office of Children with Special Health Care Needs	Email Dissemination
Library Branches	Email Dissemination
Arizona Health Care Association	Weekly Update
Raising Special Kids	Action Alert, Facebook Page, Twitter Page, Monday Memo
Gompers Center	Parent Meeting, Copies in Front Lobby, Facebook Page, Email Dissemination
Hozhoni Foundation	Copies provided to members and emailed to guardians
Governor's Office on Aging	Email Dissemination
Scottsdale Training and Rehabilitation Services (STARS)	Email Notice
UCP of Southern Arizona	Email Dissemination
Sonoran University Center on Excellence in Developmental Disabilities	Website Posting, Facebook Page and Email to Community Advisory Council
Arizona Association of Providers for People with Disabilities	Weekend Wrap weekly emails
Arizona Austism Coalition	Newsletter
Aging and Disability Resource Center	Newsletter

The following is a listing of outreach activities undertaken by AHCCCS to inform and support the community to actively participate in the public comment period. All of the items noted below were posted and remain posted to the HCBS Rules webpage (www.azahcccs.gov/hcbs) for reference with the exception of the items provided to accommodate individual needs of respondents.

- **Established multiple methods to receive public comment** via email (HCBS@azahcccs.gov) and written correspondence.

- **Established response protocols** – All submissions were sent the following notification when the comments were received.
    - *"Thank you for your interest in the Centers for Medicare and Medicaid Services (CMS), Home and Community-Based Setting (HCBS) Rules and your public comment submission. AHCCCS will review and consider all public comment received."*

- For comments pertaining to the elimination of Center-Based Employment Services, AHCCCS sent the aforementioned response coupled with a tailored response clarifying the draft Transition Plan does not include plans to eliminate the service, as well as an invitation to the community forum on employment services scheduled for August 28, 2015.

- **Created and disseminated a flyer providing information about the HCBS Rules and a notice of the statewide public forums** dates and locations.

- **Created and disseminated a flyer providing information about the HCBS Rules and a notice of a statewide public forum on August 28, 2015**, specific to employment services. The forum was hosted through a statewide videoconferencing system provided by the Rehabilitation Services Administration.

- **Posted the community forum presentation both in English and Spanish** to the HCBS Rules webpage.

- **Recorded and posted a link to a recorded community forum presentation** to the HCBS Rules webpage.

- **Provided the community forum presentation, as requested, in large print and Braille** to accommodate attendees.

- **Provided live Spanish translation services, as requested, at the community forum** in Yuma, Arizona.

In addition to the outreach activities and support items noted above, AHCCCS established and promoted a dedicated webpage (www.azahcccs.gov/hcbs) to serve as an Arizona's centralized resource on the HCBS Rules. The webpage contains a brief overview of the HCBS Rules including links to the Federal Register and the CMS webpage dedicated to the requirements. Arizona's Draft Systemic Assessment and Transition Plan was posted to the website on July 31, 2015, to coincide with the launch of the public comment period. The webpage included information to support stakeholders to provide informed public comment. Prior to and throughout the public comment process, AHCCCS updated the webpage with the following information that will remain on the webpage for reference.

- Arizona's Draft Systemic Assessment and Transition Plan
- Statewide Community Forum Schedule Flyer
- Statewide Community Forum Schedule Flyer for the Employment Services Forum scheduled for August 28, 2015
- Community Forum Presentation in both English and Spanish
- Community Forum Webinar recorded for stakeholders who were unable to attend a forum
- Information on how and where to submit written and email public comment including prompting questions

AHCCCS scheduled seven, and ultimately conducted eight, public community forums across the state in order to obtain comment and feedback. As a result of comments received early on in the comment period regarding concerns related to employment services, AHCCCS added an additional forum specifically focused on employment services. The forum was conducted via a seven location statewide video conferencing system hosted by the Rehabilitation Services Administration. The dates, locations and approximate number of attendees of the community forums are provided in the table below.

Date	**Location**	**Number of Attendees**
08/05/15 *Session 1*	Phoenix	115
08/05/15 *Session 2*	Phoenix	30
08/06/15	Show Low	12
08/12/15	Prescott Valley	20
08/20/15	Yuma	45
08/21/15 *Tribal Consultation*	Flagstaff	100
08/26/15	Tucson	75
08/28/15	Videoconference	
	Phoenix	30
	Gilbert	23
	Yuma	1
	Flagstaff	8
	Show Low	1
	Kingman	0
	Douglas	4
	Tucson	6
Approximate Total		470

AHCCCS received a wealth of public comment submissions including submissions at the community forums, email submissions and postal mail submissions. The following is an outline of the total number of submissions including a breakdown of the number of submissions by stakeholder grouping.

Type	Number of Submissions	Member	Family Member	Provider	MCO	Organization	Other
Forums	124	4	36	47	9	19	9
Email	147	11	92	16	1	7	20
Mail	50	10	37				3
Total	**321**	**25**	**165**	**63**	**10**	**26**	**32**

The Findings

The HCBS Rule Workgroup met on September 16 and September 23, 2015, in order to review, draft responses to and determine changes to the draft Systemic Assessment and Transition Plan based on public comments received. In an effort to record and respond to the public comment received, AHCCCS created a Public Comment Matrix (Appendix F) whereby all comment submissions have been recorded. The comments for each setting type were grouped into the following categories to support the review and analysis. Additionally, AHCCCS included a section on general comments irrespective of setting type that also includes the following category breakdown.

- **Scope of the HCBS Rules –** comments pertaining to the applicability of the HCBS Rules on a particular setting and/or personal implications of compliance for members

- **Assessment –** comments pertaining to the compliance level including comments on the evidence provided to assess the compliance level

- **Transition Plan** – comments pertaining to the remediation strategies to address non or partial compliance

- **Network Capacity, Service Availability and Rates** – comments pertaining to the cost implications of compliance with the HCBS Rules and comments related to the availability of settings to meet the needs of members

In addition to recording the comments, AHCCCS recorded the names and contact information for individuals that expressed an interest in participating in a Transition Plan workgroup. Additionally, AHCCCS added email addresses provided in the submissions to the email distribution list for respondents to receive future updates. The following are important notations about the Public Comment Matrix.

- Each individual submission (forum comment form, emails and letters) is recorded. There are some cases whereby individuals provided more than one submission.

- Each submission has a reference number consistent with the format in which the comment was provided. A copy of all forum comment forms (Appendix G), emails (Appendix H) and letter (Appendix I) submissions is provided, in their entirety, in the Appendix. *Note: The names and contact information for members and family members have been redacted.*
- In most cases, the entire content of and exact quotes of the comment submission are recorded in the matrix. In some instances, only excerpts are recorded in the Matrix and noted as such. Additionally, the matrix captures verbal comments expressed during the community forums and noted as such.
- If submissions included more than one comment on different topic areas, the comments were recorded in the appropriate categories. Therefore, one submission may have been recorded in a number of different areas within the Matrix. In order to see the totality of comments submitted by an individual or organization, simply conduct a search for the reference number of a particular submission.

It is important to note, all Transition Plan workgroups will receive and review all public comment submissions pertaining to the workgroup's setting type or content area. Many of the comments received are subject matters or considerations for the implementation phase of the Transition Plan versus decisions that need to be made in order to finalize the Systemic Assessment and Transition Plan. Furthermore, AHCCCS contends that it is preferable to incorporate these matters into the discussions and deliberations of the multi-stakeholder workgroups.

How to Read the Public Comment Matrix

- **First Column** – Reference – the reference number applied to the submission.

- **Second Column** – Stakeholder – a description of the group represented by the respondent.

- **Third Column** – Questions/Comments – the questions or comments submitted in the original form.

- **Fourth Column** – AHCCCS' written response to the questions or comments.

  AHCCCS standardized the format of responses in an effort to support individuals to review the Public Comment Matrix. For example, when respondents submitted comment editorial in nature, AHCCCS stated "Thank you for your comment." For instances whereby the respondent needed clarification and/or questions answered, AHCCCS either provided a direct clarification response and/or pointed the respondent to a referenced section in the document for more information. Lastly, in the instances whereby AHCCCS made modifications to the draft Systemic Assessment and Transition Plan as a result of the public comment, a summary of the modifications were noted and the respondent was referenced section in the document. For a quick reference of the public comments that resulted in modifications to the draft Systemic Assessment and Transition Plan, AHCCCS highlighted (in blue) the responses in the Matrix.

The Trends

The following is a high-level overview of trending topics identified throughout the public comment period. Due to the overwhelming response of public comment, the conclusion of this section will include a more detailed outline of trending comments received pertaining to the Center-Based Employment settings. Similarly, AHCCCS' response to the comments on Center-Based Employment is comprehensive and, therefore, provided

at the conclusion of this section versus provided within the context of the Public Comment Matrix. A brief response in the Matrix would not be sufficient to clearly outline the intent and scope of proposed remediation strategies to support a facility-based employment model compliant with the HCBS Rules.

- **Arizona's Timeline for Compliance with the HCBS Rules –** It was commonly misunderstood that Arizona was not compliant with the HCBS Rules timeline for other Medicaid Wavier authorities. Due to AHCCCS' 1115 Wavier authority for Medicaid Services, Arizona's timeline for submission of the Systemic Assessment and Transition Plan and five-year compliance is associated with the state's 1115 Waiver renewal submission and process. *[Reference "Introduction" section in this document]*

- **HCBS Rules as Basic Rights –** Respondents indicated, philosophically, they supported the idea of applying the HCBS Rules as basic rights afforded to all members. It was, also, noted some members can benefit greatly from the new standards. That said, respondents did cite the health and safety of some members would be at risk if the rights were applied broadly to the entire membership. For example, there may be cognitive, medical and/or age-related limitations. The Person-Centered Planning process is prescribed as the avenue for which considerations can be made to limit the access to or the responsibility of a right due to risks to a member's health and safety. This process also assures a member's choice not to exercise the right. For example, a member is not required to be employed. That is a choice of the member. However, the HCBS Rules' standards require the system to be primed to support individuals with vocational goals and aspirations. Conversely, the Person-Centered Planning process provides safeguards against unjustified restrictions of a member's rights. *[Reference "Person Centered Planning Assessment and Transition Plan" section in this document]*

- **Assessment Process –** Concerns were expressed by respondents on the decision to invoke a systemic assessment versus site-specific assessment approach. The comments centered on the concept of how the Systemic Assessment and Transition Plan would translate into individual site-specific setting compliance. The "System" (policy, contracts, etc.) needs to meet the new standards for long term care required under the HCBS Rules. Once the "system" meets the standards, the standards are implemented in practice to assure the compliance of all licensed residential and non-residential settings through the Transition Plan and subsequent ongoing monitoring practices. *[Reference "The Assessment" section in this document.]*

- **Transition Plan –** Respondents representing members and family members and/or advocacy organizations noted that site-specific compliance should occur earlier in the Transition Plan timeline and, as noted above, were unclear how the systemic modifications would translate into validated individual site-specific setting compliance. The provider community noted, in general, site-specific settings are in a position to come into compliance by September 2021 (conclusion of the Transition Plan period). The only caveat is a sufficient rate structure that assumes costs to support new business practices and/or staffing ratios to support compliance with the HCBS Rules. AHCCCS will employ a, statistically valid, systemic survey of members and provides prior to and in years 3 and 5 of the Transition Plan to assess systemic compliance. Multi-stakeholder workgroups will revise current MCO monitoring tools and processes for service providers to ascertain site-specific compliance with the HCBS Rules. Providers will conduct a self-assessment as part of that process and members will be interviewed to validate the self-assessment results. The Transition Plan allows for one annual monitoring

cycle for technical assistance (Year 4) and one annual monitoring cycle (Year 5) to assess compliance for site-specific settings. Providers not in compliance will be required to develop and submit Corrective Action Plans for cited deficiencies. Providers who do not achieve compliance will be subject to contract termination with the MCO as well as termination of the Provider Participation Agreement with AHCCCS. *[Reference "The Overall Transition Plan Outline" section in the document]*

- **Network Capacity, Service Availability and Rates –** Compensation rates were noted as a barrier to compliance with the HCBS Rules from respondents representing members and family members, providers, and/or advocacy organizations and comments span across all setting types. The format of the Public Comment Matrix is representative of the number of comments received on this topic; each setting type area includes a sub-heading entitled "Network Capacity, Service Availability and Rates." Comments reflected that even current rates structures are challenging for providers to serve members. It was noted that the HCBS Rules represent higher standards and, therefore, more costs associated with transitioning or enhancing current business practices particularly in the are of supporting members with choices around individualized schedules and activities in the community (i.e. staffing ratios, transportation, space, etc.). It was also noted, to ensure quality and continuity of care, the deliberation around rate structures should consider wages for provider staff and case management personnel. AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. *[Reference "The Overall Transition Plan Outline" section in the document]*

The Trends – Center-Based Employment Services (CBE)

Due to the overwhelming response of public comment on Center-Based Employment Services, AHCCCS is dedicating a specific focus and section of this document to outline the trending comments from both provider and family members on the non-residential service setting. It is important to note, that while the majority of comments were predicated on inaccurate information indicating closure of facility-based work environments, AHCCCS considered the comments received as an indicator that members and families wanted CBE to remain in effect and unchanged. AHCCCS' response to the comments on CBE is comprehensive and, therefore, provided at the conclusion of this section versus provided within the context of the Public Comment Matrix. A brief response in the Matrix would not be sufficient to clearly outline the intent and scope of proposed remediation strategies to support a facility-based employment model compliant with the HCBS Rules.

The following are a summary of collective comments from <u>members and families</u> on the Draft Systemic Assessment and Transition Plan.

- The current model for Center-Based Employment should remain. Members should not be forced to work outside of the facility-based environment.
- The longevity of the service provided to the member (i.e. 10-20 years or more)
- CBE does support members to make progressive moves into integrated employment. Also, some members do receive a combination of CBE and group-supported employment.
- Members have made progression on habilitation goals including improvements in work and soft skills.

- Members can work and navigate the facility-based environment independently and would have the same opportunity in a community setting.
- Staff members at the facility understand the unique needs (behavioral supports and personal care needs) of the members and know how to address them.
- Members have had unsuccessful attempts at working in the community and the failure has a negative impact on them. Additionally, members experienced exploitation of victimization while working in the community.
- Employers are not inclined to hire individuals with low productivity rates
- Individual exhibit pride by earning a paycheck and taxes, thereby making contributions to their communities
- The relationships formed in the CBE environment carry over into social and interaction outside of work
- Individuals participate in integrated community activities outside of work
- There are unintended consequences if individuals cannot continue working
    - Not going anywhere during the day and being unproductive. If individuals need 24-hour supervision, families may be hard pressed to make adjustments to their lifestyle (i.e. not to go work).
    - Going to a day program would be a regressive move and into a more restrictive environment. Members have exhibit regression on independence levels and skill building when going back to the day program after working in the workshop.

The following are a summary of collective comments from providers on the Draft Systemic Assessment and Transition Plan.

- Providers already support members to maximize their employment potential through progressive moves to integrated employment settings
- CBE should remain an option for individuals who do not have a desire or the skill set to make a progressive move to integrated employment settings, but nevertheless want to work and earn a paycheck
- Day Programs would not be a substitute day activity for individuals who could not longer participate in CBE. It would be a move to a more restrictive setting.
- The following are comments specific to the transition from CBE to a pre-vocational facility-based service.
    - Individuals should not be required to start in a pre-vocational facility-based setting to receive employment services and supports
    - The ratio of employees with disabilities and employees without disabilities need to establish an integrated work environment needs to be defined.
    - The annual readiness assessment should be standardized
    - Members should be allowed to utilize the pre-vocational facility-based service on a trial basis to find out to explore whether or not they would like to work
    - Members should be allowed to come back to a pre-vocational facility-based setting after an unsuccessful attempt at working in the community
    - Employer engagement efforts will need to be expanded to support new both group and individually-based integrated work opportunities

AHCCCS' Response to Public Comments on Center-Based Employment

The HCBS Rules are new federal standards and requirements for Medicaid funded long-term care services. The intent of the standards is to support the membership to actively engage and participate in their communities to the same extent as individuals not receiving Medicaid funded long-term care services. Arizona's Systemic Assessment and Transition Plan provides information on the State's current compliance with the HCBS Rules and strategies that will be implemented to ensure compliance after the five-year transition period. All residential and non-residential settings (i.e. Center-Based Employment) must be in compliance with the HCBS Rules by the end of the transition period (September 2021) and ongoing thereafter. Thus, service settings must be compliant in order for members to receive services in those settings.

Therefore, the compliance with the HCBS Rules is not related to any cost savings measures or intended to reduce services. In fact one of AHCCCS' goals throughout this process was to preserve the continuum of services while instituting measures to ensure all residential and non-residential settings comply with the HCBS Rules. Additionally, given the HCBS Rules are requirements for long-term care services, the compliance standards are not applicable to services funded by the Regional Behavioral Health Authorities. Lastly, the allowance of sub-minimum wage certificates is governed by the U.S. Department of Labor and outside the scope of the HCBS Rules and, thereby, not addressed the Systemic Assessment and Transition Plan.

AHCCCS concurs with and supports *Employment First* principles that working-age members should have the opportunity to consider integrated community employment as the first option for daily living consistent with what is culturally normative for individuals not receiving long-term care funded Medicaid services. AHCCCS recognizes the system of employment supports and services should be designed to support members who express a desire to work to achieve their vocational goals.

Consistent with the assessment of compliance for all other residential and non-residential services, AHCCCS utilized the guidance from CMS to assess CBE. In addition, AHCCCS utilized the guidance of a CMS technical bulletin[6] for the provision of Medicaid funded employment and employment related services. The only allowable facility-based employment service option is a pre-vocational facility-based service. The current construct for CBE is inherently not-compliant with the HCBS Rules. For these reasons and all of the aforementioned points, AHCCCS developed remediation strategies for CBE to transition into a pre-vocational facility-based service in order to comply with the HCBS Rules.

The intent of a pre-vocational services it to prepare and support individuals to obtain employment in an integrated setting including both group and individual supported employment settings. The following are highlights of the service specifications for a pre-vocational service that are different than the current construct of CBE.

- Members must have an employment goal for integrated employment (group or individual supported employment).
- Members will have specific goals related to their supportive needs to prepare for employment. An annual readiness assessment will be used to ensure the member is making progress on goals. If the Member is not ready for employment, goals will be modified or new ones will be created to address current barriers to employment.

[6] **CMS Technical Bulletin**

- The duration of the service will be determined by the member and their planning team through the person-centered planning process.
- The facility must be in a location within the community in an effort to facilitate integration with the greater community.
- Paid or volunteer work becomes the medium for work skill development. The use of the sub-minimum wage certificates is allowable to compensate for work performed.
- The setting must be integrated whereby members interact and/or work with individuals without disabilities inside and outside of the facility. This could include customers, co-workers and/or subject matter experts than provide training on how to prepare for and be successful in the workplace (i.e. preparing for an interview).

AHCCCS added a remediation strategy (CBE Remediation Strategy #5) to the Transition Plan for CBE in direct response to the comments received from members and family members regarding the impact of the proposed changes to members currently working in a CBE facility that do not have a goal of working outside of the facility. While simultaneously adding the pre-vocational facility-based service to the employment supports and services continuum, AHCCCS will permit members currently receiving CBE to continue to receive CBE (Enrollment Cap Option). New provider approval and services authorizations for CBE will be suspended at the conclusion of the five-year Transition Plan (September 2021). The CBE setting must adopt all of the remediation strategies outlined in the Transition Plan, except for the requirement for members to have a vocational goal for integrated employment (group or individual supported employment) and remediation strategies related to the service scope of services for pre-vocational (career exploration, transportation training, etc.). For example, the CBE environment will be integrated whereby members interact and/or work with individuals without disabilities inside and outside of the facility. It should be noted that AHCCCS presented the proposed idea of the Enrollment Cap Option to the attendees as the employment service community forum held on August 28, 2015.

In addition to ensuring the current continuum of employment services and supports meet basic standards to comply with the HCBS Rules, AHCCCS will, in cooperation with the Transition Plan workgroup on CBE, undertake a process to evaluate and re-design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community (CBE Remediation Strategy #6). AHCCCS recognizes the current continuum may not allow for all of the needed supports for members to work and/or may inadvertently limit a provider's creativity to support members in the workplace. The workgroup will also explore other options for services that afford members a meaningful day outside of a work environment.

AHCCCS is supportive of other initiatives that will support the system and members to prepare for and obtain integrated employment. AHCCCS administers two employment initiatives funded by the Arizona Developmental Disabilities Planning Council. The Work Incentive Information Network (WIIN) utilizes the Arizona Disability Benefits 101 (DB101) website (www.az.db101.org) to ensure that individuals with disabilities and their families have the information, services and supports they need to make decisions about employment and making the transition from dependence on public benefits to financial self-sufficiency. The AHCCCS Freedom to Work program supports individuals with disabilities to maintain both acute and long-term care Medicaid health care coverage while working and earning a livable wage. Many times individuals place limits on their earnings potential in response to concerns about how their benefits will be impacted by work.

For example, the DB101 website provides information on the AHCCCS Freedom to Work program and a benefits calculator for individuals to use to see if they might qualify for the benefit. Untapped Arizona helps to create a demand for workers with disabilities in the marketplace utilizing a business – to – business approach to support Arizona businesses to recruit, hire, retain and promote workers with disabilities. Through a partnership with the Arizona Department of Economic Security/Division of Employment and Rehabilitation Services, Untapped Arizona connects qualified job candidates with disabilities with businesses to meet their workforce needs through the state's labor exchange, the Arizona Job Connection (www.jobconnection.gov).

PERSON CENTERED PLANNING ASSESSMENT AND TRANSITION PLAN

Assessment

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

The HCBS Rules highlight the role of the Person Centered Plan (PCP) in a member's selection of a residential or non-residential service setting. The rule states in §441.301(c)(4) and §441.710 respectively, "The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board."[7]

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

- Identify a specific and individualized assessed need
- Document the positive interventions and supports used prior to any modifications to the PCP
- Document less intrusive methods of meeting the need that have been tried but did not work
- Include clear description of the condition that is directly proportionate to the specific assessed need
- Include regular communication and review of data to measure the ongoing effectiveness of the modification
- Include the established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
- Include the informed consent of the individual
- Include an assurance that interventions and supports will cause no harm to the individual[8]

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

- Develop safeguards against unjustified restrictions of member rights

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

- 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

AHCCCS utilized the technical guidance provided by the Administration on Community Living to assess compliance with requirements set forth in Section 2402 (a) of the Affordable Care Act. The HCBS Rules also mirror the same requirements in §441.301[9]. The outcome of the assessment presented the following general findings on weaknesses of Arizona's current PCP requirements and practices. Some examples of each finding are outlined below.

1) Many of the requirements are implemented in practice, but not formally outlined as required practices in the AHCCCS Medical Policy Manual, Chapter 1600 such as:

   - Identifying and documenting a member's strengths and desired outcomes
   - Encouraging and assisting a member to explore/consider various paths and construct/articulate a vision for the future
   - Developing a written plan to include personal goals and preferences around work, school, recreation, friendships, family relationships, etc.

2) MCOs utilize different strategies to implement the process and different methods to document the information.

   - AHCCCS requires standardized forms to determine levels of care and document the services (both Medicaid and Non-Medicaid) provided to the member. The functional assessment and personal goal development processes and forms vary across MCOs.

3) There are new elements to the PCP preparation, process, forms, implementation and monitoring that need to be instituted.

   - Establishing competency-based PCP training for Case Managers
   - Establishing an external cadre of certified PCP facilitators that members can use for transition points in their lives (e.g. moving from a Skilled Nursing Facility to their own home, transitioning out of high school into adult life, etc.)
   - Documenting in a member's PCP any efforts to limit the rights of a member
   - Monitoring PCP implementation including member choice and progress toward personal goals

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

Transition Plan

AHCCCS is working with the Sonoran University Center for Excellence in Developmental Disabilities (UCEDD) at the University of Arizona to create and implement a uniform system for Person Centered Planning (PCP) across the ALTCS Home and Community Based Settings and Managed Care Organizations in conformity with the HCBS Regulations.

	Transition Plan: Person Centered Plans			
#	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
1.	Phase I – Conduct comprehensive analysis of current practices	AHCCCS and UCEDD	12/2015- 05/2016 *(Preparation Phase)*	
2.	Phase II - Develop uniform policy and forms	AHCCCS and UCEDD	06/2016 – 12/2016 *(Year 1)*	
3.	Phase III – Develop competency based training for Case Managers/Support Coordinators	AHCCCS and UCEDD	01/2017 – 04/2017 *(Year 1)*	
4.	Phase IV - Pilot testing of training and implementation of competency-based training for Case Managers	AHCCCS and UCEDD	05/2017 -01/2018 *(Year 2)*	
5.	Phase V - Develop monitoring tool for process and data collection	AHCCCS and UCEDD	12/2017 -03/2018 (*Year 2*)	
6.	Develop a model (infrastructure and procedures) to sustain a cadre of volunteer certified PCP facilitators for members to utilize	AHCCCS and MCOs	September 2018 *(Year 3)*	
5.	Implement competency-based training for existing and new Case Managers	AHCCCS and MCOs	September 2018 *(Year 2)*	AHCCCS monitoring of the MCO (annually)
6.	Train and certify cadre of PCP facilitators	AHCCCS and MCOs	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually)
7.	Create cadre of certified PCP facilitators and implement procedures for members to access PCP facilitators	AHCCCS, UCEDD and MCOs	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually)
8.	Implement new PCP procedures and forms	MCOs	October 2018 *(Year 3)*	AHCCCS monitoring of MCO (annually)
9.	Implement methods to monitor and evaluate implementation and progress of PCPs, specifically member choice and progress in meeting personal goals	AHCCCS and MCOs	October 2018 *(Year 3)*	AHCCCS monitoring of MCO (annually)

Residential Setting Type	**Assisted Living Facilities – A residential care institution, including an adult foster care home, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuous basis.**
Residential Setting Sub-Type	**Assisted Living Center**
Description	The facility provides resident rooms or residential units and services to 11 or more residents.
Number of Settings	**120** *(Source: June 2015 Provider Affiliation Transmission)*
Number of Members Served	**3,443** *(Source: June 2015 Placement Report)*
Residential Setting Sub-Type	**Assisted Living Center – Memory Care/Self Directed**
Description	Directed Care services 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.
Number of Settings	**79**
Number of Members Served	**1002**
Residential Setting Sub-Type	**Assisted Living Home**
Description	The facility provides resident rooms and services to ten or fewer residents.
Number of Settings	**692** *(Source: June 2015 Provider Affiliation Transmission)*
Number of Members Served	**2,285** *(Source: June 2015 Placement Report)*
Residential Setting Sub-Type	**Adult Foster Care Home**
Description	The facility providers services for at least one or no more than four adult residents.
Number of Settings	**76** *(Source: June 2015 Provider Affiliation Transmission)*
Number of Members Served	**155** *(Source: June 2015 Placement Report)*

References	Location	Description
Arizona Revised Statute	36-401	Assisted Living Facilities - Definitions
Arizona Administrative Code	R4-33-602	Assisted Living Manager - Training Programs
Arizona Administrative Code	R9-10-803	Assisted Living Facilities - Administration
Arizona Administrative Code	R9-10-808	Assisted Living Facilities – Service Plans
Arizona Administrative Code	R9-10-810	Assisted Living Facilities – Resident Rights
Arizona Administrative Code	R9-10-820	Assisted Living Facilities – Physical Plant Standards
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1230 - A	Assisted Living Facilities Service Description
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620-A	Case Management Standards – Initial Contact/Visit Standard

AHCCCS Medical Policy Manual	Section 1620 - B	Case Management Standards -Needs Assessment/Care Planning Standards
References	**Location**	**Description**
AHCCCS Medical Policy Manual	Section 1620 - D	Case Management Standards - Placement/Service Planning Standard
AHCCCS Medical Policy Manual	Exhibit 1620 - 15	Assisted Living Facility Residency Agreement
AHCCCS ALTCS Contract	Section 41	Mainstreaming of ALTCS Members
AHCCCS Contractor Operations Manual	Chapter 436	Network Standards

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located around private residences and businesses ▪ Individuals interact with and/or have relationships with persons not receiving Medicaid services (i.e. neighbors, friends, family, etc.)	AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home *[Chapter 1200 Overview]* AHCCCS Contractor Operations Manual ▪ Assisted Living Homes and Adult Foster Care Homes are located in neighborhoods. ALTCS Contractors are required to develop and maintain a sufficient provider network. *[Chapter 436]* Arizona Administrative Code ▪ Assisted Living Centers are located within communities. Some Assisted Living Centers are co-located on the grounds of private skilled nursing facilities. They operate	Compliant with Recommendations	1) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co-located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another. 2) Incorporate language AHCCCS Contractor Operations Manual *(Chapter 436)* that requires MCO review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to AHCCCS.

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		separate and apart from the skilled nursing facilities and have unique licensure requirements. *[Title 9. Chapter 10. Article 8]*		
1a. Seek employment and work in competitive integrated settings,	▪ Individuals living, and interested in working, in the setting have jobs (paid or volunteer) in the community ▪ Individuals have supports to prepare for and obtain employment/volunteer activities ▪ Individuals have transportation to and from work/volunteer activities	AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self-sufficiency in the areas of housing, education and employment *[Section 1620.1.o.][Contract Section D 16]* ▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions about their	Partial Compliance	3) Create an employment services section in the AHCCCS Medical Policy Manual *(Chapter 1200)* to include an array of employment support services including options to support members to volunteer in the community. ▪ Habilitation ▪ Pre-Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment 4) Require ALTCS Contractors in the AHCCCS Contractors Operations Manual *(Chapter 436)* to build a network for the provision of an array of employment support services. 5) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* that outlines an Assisted Living Facility must

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		independent living options *[Section 1630.5]* AHCCCS Medical Policy Manual ▪ Supported employment is noted within the service scope of habilitation services. This type of service is only utilized by the Department of Economic Security, Division of Developmental Disabilities ALTCS Contractor. Therefore, access to employment support services is not consistently available for ALTCS Members across the program. *[Section 1240-E]* ALTCS Contract ▪ Case Managers must facilitate access to non-ALTCS services available throughout the community and assist members to		refer the member to his/her case manager if he/she expresses a desire and/or demonstrate work-related skills in the facility.

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		identify their independent living goals; and provide members with information about local resources that may help them transition to greater self-sufficiency in areas of housing, education and employment. *[Section D 16]*		
1b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information to know about events and activities in the community ▪ Individuals access the community to purchase goods or services ▪ Individuals participate in activities in integrated settings (religious, social, recreational, etc.) ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care)	R9-10-808 ▪ Assisted Living Facility Managers are required to ensure that activities are planned, posted and accessible for residents to participate. *[E]* R9-10-810 ▪ Members have the right to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities *[C.5]* AHCCCS Medical Policy Manual ▪ Case Managers provide	Partial Compliance	6) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* that outlines requirements for Assisted Living Facilities to support residents to engage in community life outside of the facility including support: ▪ To learn about events and activities in the community ▪ To participate in activities in integrated settings (e.g. facilitating transportation and personal care assistance).

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		assistance to members to access non-ALTCS services available in the community *[Sections 1610.2 and 1620-B.1.g.]* ▪ Case Managers assist members to develop meaningful and measureable goals *[Section 1620-B.5]*		
1c. Control personal resources, and	▪ Individuals have accounts or other means to control their finances ▪ Individuals have access and discretion to spend earned and unearned money	R9-10-803 ▪ Assisted Living Facility Managers are required to have policies and procedures pertaining to the management of personal funds accounts for members *[C.1.k]* ▪ Assisted Living Facility Managers have specific requirements around the management of personal funds account for members *[G]* R9-10-810 ▪ Residents are afforded rights to privacy in financial and personal affairs *[C.3.c]*	Compliant	

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	▪ Individuals have access to the same services and activities as individuals not receiving HCB services (i.e. live in the same area of the setting where individuals who privately pay live) ▪ Individuals participate in activities in the community comparable to peers (i.e. people of similar age; people without disabilities, etc.).	Arizona Administrative Code ▪ Assisted Living Facility by definition does not specify a payor source. They serve both Medicaid beneficiaries and individuals privately paying for services. *[AAC. Title 9, Ch.10 Article 8]* ALTCS Contract ▪ ALTCS Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. *[Section 41]*	Partial Compliance	*Reference remediation strategy #4*
2. The setting is selected by the individual from among setting options including:				

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
2a. Non-Disability specific settings	▪ Individuals have a choice of available options regarding where they want to live and receive services ▪ Individuals have the option to visit other settings prior to making a decision on where to live and receive services	AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home *[Chapter 1200 Overview]* AHCCCS Contractors Operations Manual ▪ ALTCS Contractors are required to develop and maintain a provider network sufficient to provider covered services to members including Assisted Living Facilities *[Chapter 436 Overview]* AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on placement options *[Section 1620-D.2.a.]*	Compliant with Recommendations	7) Incorporate into the AHCCCS Medical Policy Manual *(Section 1620-D)* a requirement for Case Managers to ensure that members have access to transportation and support for the purpose of visiting Assisted Living Facilities prior to making a decision on where to live.

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
2b. An option for a private unit in a residential setting	▪ Individuals have the option to have a private unit/bedroom	AHCCCS Medical Policy Manual ▪ Members have the option for a private room/unit. There may be an additional cost for a private room/unit *[Exhibit 1620-15, Residency Agreement, #11]* AHCCCS Medical Policy Manual ▪ By definition, members living in an Assisted Living Center must be provided the choice of living in a single occupancy room/unit *[1230-A, Description]*	Compliant	
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to HIPPA privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by	AHCCCS Medical Policy Manual ▪ Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program *[Section 930]* AHCCCS Medical Policy Manual ▪ Case Manager explains rights and responsibilities to	Compliant	

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods (posted information, information when services were initiated, etc.) and processes for filing complaints including anonymous complaints.	members and provides each member a Member Handbook *[Section 1620-A.3]* ALTCS Contract ▪ Members have the right to file a grievance to the MCO and AHCCCS. *[Section D 22]* R9-10-803 ▪ Assisted Living Facility Managers are required to have policies and procedures pertaining to resident rights and procedures for residents to file a complaint and the facility to respond to a resident complaint *[C.1.g; C.1.l]* ▪ Assisted Living Facility Managers are required to post resident rights and resources for residents to access including Adult Protective Services, the long-term care Ombudsman and the Arizona Center for Disability Law *[D]*		

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		R9-10-810 ▪ Assisted Living Facility Managers are required to provide a written copy of rights to members at the time of admission *[A]* ▪ Residents are afforded rights including dignity, respect and consideration; protections from abuse, neglect and exploitation; choice and the option to receive assistance from other individuals to ensure understanding, protecting, or exercising their rights. [A, B, C.]		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals have full access to typical facilities in a home environment at any time (i.e. kitchen, dining area, laundry, and seating in shared areas).	R9-10-808 ▪ Assisted Living Facility Managers are required to ensure that activities are planned, posted and accessible for residents to participate. *[E]* R9-10-810 ▪ Members have the right to receive services that support and respect their individuality,	Partial Compliance	8) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* the Assisted Living Manager is required to exercise strategies for providing and facilitating social and recreational activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	▪ Individuals interact or engage in activities with people of their own choosing and in the areas of their own choosing. ▪ Individuals having access to accessible transportation including information and training on how to use public transportation	choices, strengths, and abilities *[C.2]* ▪ Members have the right to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities *[C.5]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care *[Section 1620-B.1b.]*		include strategies for facilitating alternate schedules for members and to ensure individuals have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to	R9-10-803 ▪ Assisted Living Managers are required to have policies that cover the provision of services including obtaining resident preferences for the provision of the assisted living services. *[C. 1.h.(iii)]* R9-10-808 ▪ Caregivers provide residents with	Compliant with Recommendations	9) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* the Assisted Living Facility service plan can be updated upon request of the Member. 10) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* requiring Assisted Living Facility Managers to institute practices to engage customer satisfaction with residents including satisfaction with the caregiver providing

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	ensure the staff are supporting individuals to meet their goals	assistance in activities of daily living and, if applicable, suggest techniques the resident may use to maintain or improve independence. Caregivers also encourage residents to participate in social, recreational and rehabilitative activities. *[C, E]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care *[Section 1620-B.1b]* ▪ Case Managers provide information and teaching to assist the Member in making informed decisions and choices *[Section 1620-B.1c]* ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits *[Section 1620-*		services.

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		B.1d] R9-10-810 ▪ Residents have the right to change the placement if the facility is unable to provide the services they need *[C.7]* ▪ Residents have the right to access services from a health care provider, health care institution, or pharmacy that is not associated with the Assisted Living Facility *[C.8]*		
7. In a provider - owned or controlled home and community-based residential settings, the following additional requirements must be met:				
7a. The individual has a lease or other legally enforceable agreement providing similar protections;	▪ Individuals have a lease or written residency agreement ▪ Individuals understand their rights regarding housing ▪ Individuals can relocate and request new housing	R9-10-803 ▪ Assisted Living Facility Managers are responsible to incorporate termination of residency in the policies and procedures *[1.C.g]* R9-10-807 ▪ Assisted Living Facility	Complaint	

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		Managers are responsible to ensure that the residency agreement includes terms of occupancy including procedures for termination by either party *[D]* R9-10-810 ▪ Members have the right to request or consent to relocation within the Assisted Living Facility *[B3.d]* ▪ Residents have the right to change the placement if the facility is unable to provide the services they need *[C.7]* AHCCCS Medical Policy Manual ▪ AHCCCS policy requires standardized Assisted Living Facility Residency Agreements *[Exhibit 1620-15]*		
7b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only	▪ Individuals have a choice to live alone or with a roommate and the choice of a particular roommate ▪ Individuals have the	R9-10-820 ▪ Residential units have a keyed entry door *[D.6.b.]*	Partial Compliance	11) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* and Residency Agreement [Exhibit 1620-15] the Assisted Living Facility must:

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement	freedom to furnish, arrange and decorate the unit/room ▪ Individuals have locks on their unit/bedroom and bathroom doors ▪ Individuals have privacy respected by staff and other residents (i.e. staff can only use a key to enter private areas under limited circumstances)	R9-10-820 ▪ The key to the door of a lockable bathroom, bedroom or residential unit is available to a manager, caregiver, and assistant caregiver *[B.7]* ▪ If a bedroom or residential unit is not furnished by the resident, the rule outlines the basic furnishings that will be provided to residents *[D.7]* ▪ When residents share a bedroom/residential unit, residents are afforded a minimum amount of space in the bedroom/unit *[E]*		▪ Have lockable doors for bedrooms in addition to residential units ▪ Afford residents the freedom to furnish or decorate their bedrooms/residential units ▪ Afford residents the option to choose roommates for shared bedrooms/residential units ▪ Afford residents the options to have a key or key code to the front door or provide measures for residents to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)
7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	▪ Individuals can come and go from the setting at any time ▪ Individuals have a choice of meals/snacks and at the time and place of their choosing	R9-10-803 ▪ Assisted Living Managers are required to have policies that cover the provision of services including obtaining resident preferences for food. *[C. 1. h. (iii)]*	Not Compliant	*Reference remediation strategy #9* 12) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* and Residency Agreement [Exhibit 1620-15] the Assisted Living Facility must afford individuals the option for

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		R9-10-817 ▪ Residents are provided with a food menu prepared at least one week in advance, including a meal substitution option. Both meals and snacks are served in accordance with posted menus *[A1. b and d and A2.]*		access to meals and snacks at the time of their choosing.
7d. The individual can have visitors at any time; and	▪ Individuals may have visitors at any time ▪ Individuals have access to comfortable and private areas to visit	R9-10-810 ▪ Residents have the right of privacy in visitation *[C.3.b.]* R9-10-820 ▪ The Assisted Living Manager is required to provide common areas with sufficient space and furnishings to accommodate the recreational and socialization needs of residents, including dining areas *[B.2 and 3]*	Partial Compliance	13) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* and Residency Agreement [Exhibit 1620-15] the Assisted Living Facility must afford individuals the option to have visitors at any time.

Assisted Living Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
7e. The setting is physically accessible	▪ Individuals can enter and exit all areas of the setting ▪ Individuals can safely move about the setting free from obstructions that may limit mobility ▪ Individuals have access to individualized environmental accommodations (i.e. grab bars in the shower) ▪ Individuals have physical access to all appliances and furnishings	R9-10-820 ▪ Assisted Living Managers are required to ensure the premises (inside and outside) and equipment are sufficient to accommodate residents. *[A, B]*	Compliant	

	Assisted Living Facilities –Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1	1. The setting is integrated in and supports full access to the greater community	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* and that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co-located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another.	AHCCCS	September 2018 *(Year2)*	AHCCCS monitoring of MCO (annually- as described in Overall Transition Plan –Year Three – Monitoring Tools and Processes)
2.	1. The setting is integrated in and supports full access to the greater community	Incorporate language AHCCCS Contractor Operations Manual *(Chapter 436)* that requires review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to AHCCCS.	AHCCCS	September 2018 *(Year2)*	AHCCCS monitoring of MCO (annually)
3.	1a. Seek employment and work in competitive integrated settings,	Create an employment services section in the AHCCCS Medical Policy Manual *(Chapter 1200)* to include an array of employment support services	AHCCCS	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually)

	Assisted Living Facilities –Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		including options to support Members to volunteer in the community. ▪ Habilitation ▪ Pre-Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment			
4.	1a. Seek employment and work in competitive integrated settings,	Require ALTCS Contractors in the AHCCCS Contractors Operations Manual *(Chapter 436)* to build a network for the provision of an array of employment support services.	MCOs	September 2019 *(Year 3)*	AHCCCS monitoring of MCO (annually)
5.	1a. Seek employment and work in competitive integrated settings,	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* that outlines an Assisted Living Facility must refer the member to his/her case manager if he/she expresses a desire and/or demonstrate work-related skills in the facility.	AHCCCS	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually)
6.	1b. Engage in community life,	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* that outlines requirements for Assisted Living Facilities to support residents to engage in community life outside of the facility including support:	AHCCCS	September *(Year 2)*	MCO monitoring of Provider (annually)

	Assisted Living Facilities –Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		▪ To learn about events and activities in the community ▪ To participate in activities in integrated settings (e.g. facilitating transportation and personal care assistance).			
7.	2a. Non-Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual *(Section 1620-D)* a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Assisted Living Facilities prior to making a decision on where to live.	AHCCCS	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually)
8.	5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* the Assisted Living Manager is required to exercise strategies for providing and facilitating social and recreational activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Assisted Living Facilities –Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		facilitating alternate schedules for members and to ensure individuals have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.			
9.	6. Facilitates individual choice regarding services and supports, and who provides them	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* the Assisted Living Facility service plan can be updated upon request of the member.	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)
10.	6. Facilitates individual choice regarding services and supports, and who provides them	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* requiring Assisted Living Facility Managers to institute practices to engage customer satisfaction with residents including satisfaction with the caregiver providing services.	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Assisted Living Facilities –Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
11.	7b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1230-A)* and Residency Agreement [Exhibit 1620-15] the Assisted Living Facility must: ▪ Have lockable doors for bedrooms in addition to residential units ▪ Afford residents the freedom to furnish or decorate their bedrooms/residential units ▪ Afford residents the option to choose roommates for shared bedrooms/residential units ▪ Afford residents the options to have a key or key code to the front door or provide measures for residents to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)	AHCCCS	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

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

Residential Setting Type	Group Homes
Description	A residential facility for no more than six residents
Number of Settings	1,032 *(Source: April 2015 Provider Registration)*
Number of Members Served	2,832 *(Source: June 2015 Placement Report)*
Residential Setting Sub-Type	Group Homes Co-Located with ICF/ID
Description	A group home co-located on the grounds of the state operated Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID)
Number of Settings	5 *(Source: DES/DDD Verbal Report)*
Number of Members Served	23 *(Source: DES/DDD Verbal Report)*
Residential Setting Sub-Type	Farmstead/Agricultural/Homestead Community
Description	A group home located on a working ranch in a rural community whereby individuals with developmental disabilities both reside and work on the property.
Number of Settings	1 *(Source: DES/DDD Verbal Report)*
Number of Members Served	8 *(Source: DES/DDD Verbal Report)*

References	Location	Description
Arizona Revised Statutes	36-551.01	State Department of Developmental Disabilities - Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	36-582	State Department of Developmental Disabilities – Residential Facilities Zoning
Arizona Revised Statutes	41-3-801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6-6-102	Department of Economic Security (Division of Developmental Disabilities) – Rights of Individuals with Disabilities
Arizona Administrative Code	R6-6-602	Department of Economic Security (Division of Developmental Disabilities) – Individual Service and Program Plan
Arizona Administrative Code	R6-6-804	Department of Economic Security (Division of Developmental Disabilities) – Rights of Clients
Arizona Administrative Code	R6-6-902	Department of Economic Security (Division of Developmental Disabilities) – Prohibitions
Arizona Administrative Code	R6-6-1518	Department of Economic Security (Division of Developmental Disabilities) – Rights of Clients
Arizona Administrative Code	R6-6-2107	Department of Economic Security (Division of Developmental Disabilities) – Selecting a Provider
Arizona Administrative Code	R6-6-2108	Department of Economic Security (Division of Developmental Disabilities) – Emergency Procurement
Arizona Administrative Code	R6-6-2109	Department of Economic Security (Division of Developmental Disabilities) – Consumer Choice
Arizona Administrative Code	R6-6-2110	Department of Economic Security (Division of Developmental Disabilities) –

		Authorization to Provide Services
References	Location	Description
Arizona Administrative Code	R9-33-203	Group Homes for Individuals with a Developmental Disability – Physical Plant Requirements
Arizona Administrative Code	R9-33-204	Group Homes for Individuals with a Developmental Disability – Environmental Requirements
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302	Basic Human and Disability Related Rights
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.2	Rights of Persons with Developmental Disabilities Living in Residential Settings
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.3	Responsibilities of Individuals Applying for and/or Receiving Supports and Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.4	Procedures
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.5	District Human Rights Committees
Service Specification		Room and Board
Service Specification		Group Home
Individual Service Plan	DDD-1472B, Section 11	Spending Plan
Contract Scope of Work	5.8.2.3	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1230-C	Community Residential Settings
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620-A	Case Management Standards – Initial Contact/Visit Standard
AHCCCS Medical Policy Manual	Section 1620-B	Case Management Standards – Initial Contact/Visit Standard
AHCCCS Medical Policy Manual	Section 1620-D	Case Management Standards – Placement/Service Planning Standard

AHCCCS Medical Policy Manual	**Exhibit 1620-15**	**Assisted Living Facility Residency Agreement**
AHCCCS ALTCS Contract	**Section 41**	**Mainstreaming of ALTCS Members**
AHCCCS Contractors Operations Manual	**Section 436**	**Network Standards**

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located around private residences and businesses ▪ Individuals interact with and/or have relationships with persons not receiving Medicaid services (i.e. neighbors, friends, family, etc.)	A.R.S 36-551.01 ▪ Every person provided residential care has the right to live in the least restrictive setting. *[C]* A.R.S. 36-582 ▪ Residents and operators of a group home shall be considered a family for the purposes of any law or zoning ordinance *[B]* ▪ No other residential facility can be established within 1,200 foot radius of an existing residential facility *[H]* DES/DDD Policy 302 ▪ A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination *[H]* AHCCCS Medical Policy Manual	Compliant	

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home *[Chapter 1200 Overview]*		
1a. Seek employment and work in competitive integrated settings,	▪ Individuals living, and interested in working, in the setting have jobs (paid or volunteer) in the community ▪ Individuals have supports to prepare for and obtain employment/volunteer activities ▪ Individuals have transportation to and from work/volunteer activities	A.R.S 551.01 ▪ Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor *[E and I]* AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self-sufficiency in the areas of housing, education and employment *[Section*	Compliant with Recommendations	1) Incorporate a Service Objective in the Service Specification that states if a member desires and/or demonstrates work-related skills, the Group Home shall refer the member to his/her planning team to consider adding an employment service.

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		1620.1.o.] ▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions about their independent living options *[Section 1630.5]* ALTCS Contract ▪ Case Managers must facilitate access to non-ALTCS services available throughout the community and assist members to identify their independent living goals; and provide members with information about local resources that may help them transition to greater self-sufficiency in areas of housing, education and employment. *[Section D 16]*		

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		Group Home Service Specifications ▪ Group Home is required to provide transportation to employment services and provide an array of services including mobility training *[Service Requirements and Limitations, #5 and Service Objectives, #2.5 and #6]* ▪ Group Home is required to provide opportunities for members to participate in community activities and facilitate utilization of community resources *[Service Goals #5]* ▪ Group Home is required to assist the member in achieving and maintaining quality of life that promotes the member's vision for the future and priorities *[Service Goals #6]*		
1b. Engage in community life,	▪ Individuals have experiential learning	R6-6-804 ▪ Members have the right	Compliant	

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	opportunities and general information to know about events and activities in the community ▪ Individuals access the community to purchase goods or services ▪ Individuals participate in activities in integrated settings (religious, social, recreational, etc.) ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care)	to associate with people they want *[4]* ▪ Members have the right to participate in social, religious, educational, cultural, and community activities *[5]* AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non-ALTCS services available in the community *[Sections 1610.2 and 1620-B.1.g.]* ▪ Case Managers assist members to develop meaningful and measureable goals *[Section 1620-B.5]* Group Home Service Specifications ▪ Group Home is required to enable the member to acquire knowledge and skills and participate in his/her community based on his/her choices *[Service Goals*		

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		#2] ▪ Group Home is required to provide opportunity for members to interact with others in the community *[Service Goals #5]* ▪ Group Home is required to provide opportunities for training and/or practice in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills *[Service Objectives #2.7]* ▪ Group Home is required to provide assistance to members in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions *[Service Objectives #4]* ▪ Group Home is		

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		required to provide opportunities for members to participate in community activities and facilitate utilization of community resources *[Service Objectives #5]* ▪ Group Home staff are required to be trained on and possess skills necessary to identify the member's most effective learning style *[Direct Services Staff Qualifications, #4.4]*		
1c. Control personal resources, and	▪ Individuals have accounts or other means to control their finances ▪ Individuals have access and discretion to spend earned and unearned money	R6-6-804 ▪ Members have the right to be free from personal and financial exploitation *[1]* ▪ Members have the right to manage personal financial affairs and to be taught to do so *[6]* Group Home Service Specifications ▪ Group Home is required to provide opportunities to members training and/or practice in basic life skills such as shopping, banking and	Compliant	

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		money management *[Service Objectives #2.7]* ▪ Group Home is required to maintain a ledger and documentation (i.e. receipts) that account for the expenditures of all member funds used and submit monthly accounting of expenditures to the member's representative payee *[Recordkeeping and Reporting Requirements, #8]* Individual Service Plan ▪ As part of the annual service planning process, members and their team outline a spending plan *[Section 11 – Spending Plan]*		
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	▪ Individuals have access to the same services and activities as individuals not receiving HCB services (i.e. live in the same area of the setting were individuals who privately pay live)	R6-6-602 ▪ An intent of the Individual Service Plan is to maximize the member's independent living *[B3.c]*	Compliant	

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	▪ Individuals participate in activities in the community comparable to peers (i.e. people of similar age; people without disabilities, etc.).	DES/DDD Policy 302 ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* ALTCS Contract ▪ ALTCS Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. *[Section 41]*		
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	▪ Individuals have a choice of available options	R6-6-804 ▪ Members have the right	Compliant with Recommendations	**2)** Incorporate into the AHCCCS Medical Policy Manual *(Section*

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	regarding where they want to live and receive services ▪ Individuals have the option to visit other settings prior to making a decision on where to live and receive services	to be provided choices and to express preferences which will be respected and accepted *[11]* R6-6-2107 ▪ Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member *[M]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]* AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home *[Chapter 1200 Overview]* AHCCCS Contractors Operations Manual		*1620-D)* a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Group Homes prior to making a decision on where to live.

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		▪ ALTCS Contractors are required to develop and maintain a provider network sufficient to provider covered services to members including Group Homes *[Chapter 436 Overview]* AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on placement options *[Section 1620-D.2.a.]* DES/DDD Contract Scope of Work ▪ Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member *[5.6.4.2]*		

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
2b. An option for a private unit in a residential setting	▪ Individuals have the option to have a private unit/bedroom	▪ Members residing in Group Homes have a private room unless there are extenuating circumstances. ▪ Individuals are afforded the opportunity to share a room with a chosen roommate. DES/DDD Policy 302 ▪ Members are afforded the right to share a room with a husband/wife *[Section 302.2, L]*	Compliant with Recommendations	3) Incorporate language in DES/DDD policy (Section 302.2) pertaining to rights of individuals residing in residential facilities to have both an option for a private bedroom and an option to share a bedroom with person of their choice.
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to HIPPA privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed	A.R.S. 36-551.01 ▪ Members are afforded rights to be free from mistreatment, neglect and abuse by service providers *[N]* ▪ Members are afforded the right to be free from unnecessary and excessive medication *[O]* ▪ Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court	Compliant with Recommendations	4) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods (posted information, information when services were initiated, etc.) and processes for filing complaints including anonymous complaints.	*[S]* A.R.S. 41-3801 ▪ The Human Rights Committee is established to promote and protect the rights of members R6-6-804 ▪ Members are afforded rights including right to privacy during the provision of personal care, communication and visitations *[8]* R6-6-902 ▪ Seclusion and physical and medication restraints are prohibited ▪ Members have individualized behavior treatment plans as part of the Individual Service Plan *[C]* DES/DDD Policy 302 ▪ Members living in residential settings are afforded specific rights *[Section 302.2]* ▪ Members have the right to file grievances with		

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		DES/DDD and AHCCCS *[Section 302.2.S]* ▪ Among other protections for members, the Human Rights Committee is charged with review any suspected violations of the a Member's rights *[Section 302.5]* AHCCCS Medical Policy Manual ▪ Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program *[Section 930]* AHCCCS Medical Policy Manual ▪ Case Managers explain rights and responsibilities to members and provide them a Member Handbook *[Section 1620-A.3]*		

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals have full access to typical facilities in a home environment at any time (i.e. kitchen, dining area, laundry, and seating in shared areas). ▪ Individuals interact or engage in activities with people of their own choosing and in the areas of their own choosing. ▪ Individuals having access to accessible transportation including information and training on how to use public transportation	R6-6-804 ▪ Members are afforded rights to associate with persons of their own choosing *[4]* ▪ Members are afforded rights to be provided choices and to express preferences which will be respected and accepted *[10]* DES/DDD Policy 302 ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and are afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* Group Home Service Specifications ▪ Group Homes are required to provide transportation including mobility training and access to community transportation resources *[Service Objectives,*	Partial Compliance	5) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to implement strategies for providing and facilitating social and recreational activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for facilitating alternate schedules for residents and to ensure residents have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		#2.7 and 6] ▪ Group Homes are required to assist members in developing and maintaining friendships of his/her choice *[Service Objectives, #4]* ▪ Group Homes are required to develop, at a minimum, a monthly onsite/community integrated schedule of events of daily activities and document the member's direct input into the schedule *[Service Objectives, #7]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his/her own care *[Section 1620-B.1b.]*		
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers	R6-6-804 ▪ Members have the right to have their personal care needs provided by direct care staff of the	Compliant	

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	same gender *[9]* ▪ Members have the right to be provided choices and to express preferences which will be respected and accepted *[11]* R6-6-2107 ▪ Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member *[M]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]* DES/DDD Policy 302 ▪ Members are afforded the rights to select supports and services; participate in decision making and to a review of the Individual Service Plan *[B.C.E.]* ▪ Members are afforded the right to		

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		communicate with staff *[Section 302.2.D.]* ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and are afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* Group Home Service Specifications ▪ Group Homes are required to develop habilitation-related outcomes that will support the member to achieve his/her long term vision for the future and priorities *[Service Objectives, #1.1]* General Contract Scope of Work ▪ Providers must incorporate measures to solicit input on member satisfaction for the quality management		

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		plan *[5.8.2.3]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his/her own care *[Section 1620-B.1b]* ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices *[Section 1620-B.1c]* ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits *[Section 1620-B.1d]*		
7. In a provider - owned or controlled home and community-based residential settings, the following additional requirements must be met:				
7a. The individual has a lease or other legally enforceable agreement	▪ Individuals have a lease or written residency agreement	R6-6-2107 ▪ Members are supported to find a provider that	Partial Compliance	6) Require DES/DDD to develop a residency agreement for members served in Group Homes.

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
providing similar protections;	▪ Individuals understand their rights regarding housing ▪ Individuals can relocate and request new housing	can meet their specific needs. *[A –D]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]* R6-6-2107 ▪ Once the member resides in the Group Home, the provider must undertake a comprehensive process with the Division of Developmental Disabilities in order to refuse to serve the member *[O and P]*		7) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to utilize a written residency agreement.
7b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or	▪ Individuals have a choice to live alone or with a roommate and the choice of a particular roommate ▪ Individuals have the freedom to furnish, arrange and decorate the unit/room ▪ Individuals have locks on their unit/bedroom and bathroom doors ▪ Individuals have privacy	DES/DDD Service Specifications ▪ Group Homes are required to provide physical and private accommodations for members to perform daily personal hygiene *[Service Requirements and Limitations, #2.4]* ▪ Groups Homes are required to afford	Partial Compliance	Reference Remediation Strategies #3 and #7. 8) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to: ▪ Have lockable doors for bedrooms ▪ Afford residents the options to have a key or key code to the front door or provide

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
decorate the unit within the lease or agreement	respected by staff and other residents (i.e. staff can only use a key to enter private areas under limited circumstances)	members privacy *[Service Requirements and Limitations, #2.8]* ▪ Group Homes are required to involve the member in the furnishings/décor of the group home and the member's personal space *[Service Objectives, #1]* ▪ Group Homes must provide an environment that meets the physical and emotional needs of the member and available to the member on a 24 hour basis *[Services Objectives, #2]* ▪ Groups Homes explain the residential responsibilities to Member prior to residency *[Service Objectives, #6]*		measures for Members to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night) 9) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that provides for the option for residents to have a key or key code to the front door of the setting. For residents not choosing to have a key or key code to the front door, the agreement must stipulate that the facility would provide measures for residents to come and go, to and from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	▪ Individuals can come and go from the setting at any time ▪ Individuals have a choice of meals/snacks and at the time and place of their choosing	DES/DDD Service Specifications ▪ Meals and snacks are planned, prepared and provided in accordance with the member's needs and preferences. *[Service Objectives, #3]*	Partial Compliance	Reference Remediation Strategy #9 10) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford residents access to meals and snacks at the time of their choosing.
7d. The individual can have visitors at any time; and	▪ Individuals may have visitors at any time ▪ Individuals have access to comfortable and private areas to visit	A.R.S. 551-01.01 ▪ Members are afforded the right to visits *[O]* DES/DDD Policy 302 ▪ Members are afforded privacy with regard to visitors. *[K]*	Partial Compliance	11) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford residents the option to have visitors at any time.
7e. The setting is physically accessible	▪ Individuals can enter and exit all areas of the setting ▪ Individuals can safely move about the setting free from obstructions that may limit mobility ▪ Individuals have access to individualized environmental accommodations (i.e. grab bars in the shower) ▪ Individuals have physical access to all appliances and furnishings	R9-33-203 ▪ The Group Home must meet basic accessibility standards including individual modifications for persons' mobility, sensory and physical impairments. *[A.2.]* DES/DDD Service Specifications ▪ The Group Home must ensure physical accommodations are sufficient to afford a	Compliant	

Group Homes - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		comfortable and safe environment for all activities of daily living in the home *[Service Requirements and Limitations, #2.7]* Contract – Special Terms and Conditions ▪ Group Homes are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity *[6.3.2.1 and 6.3.2.3]*		

	Group Homes – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
1.	1a. Seek employment and work in competitive integrated settings,	1) Incorporate a Service Objective in the Service Specification that states if a member desires and/or demonstrates work-related skills, the Group Home shall refer the member to his/her planning team to consider adding an employment service.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
2.	2. The setting is selected by the individual from among setting options including:	Incorporate into the AHCCCS Medical Policy Manual *(Section 1620-D)* a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Group Homes prior to making a decision on where to live.	AHCCCS	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
3.	2b. An option for a private unit in a residential setting	Incorporate language in DES/DDD policy (Section 302.2) pertaining to rights of individuals residing in residential facilities to have both an option for a private bedroom and an option to share a bedroom with person of their choice.	DES/DDD	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)
4.	4. Ensures individual rights of privacy,	Incorporate a Service Requirement and Limitation	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

	Group Homes – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	dignity and respect, and freedom from coercion and restraint	in the Service Specification that requires Group Homes to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.			
5.	5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to implement strategies for providing and facilitating social and recreational activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for facilitating alternate schedules for residents and to ensure residents have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
6.	7a. The individual	Require DES/DDD to develop	DES/DDD	September 2018	AHCCCS monitoring of MCO

	Group Homes – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	has a lease or other legally enforceable agreement providing similar protections;	a residency agreement for members served in Group Homes.		(Year 2)	(annually)
7.	7a. The individual has a lease or other legally enforceable agreement providing similar protections;	Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to utilize a written residency agreement.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
8.	7b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting Freedom to furnish or decorate the unit within the lease or agreement	Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to: ▪ Have lockable doors for bedrooms ▪ Afford residents the options to have a key or key code to the front door or provide measures for Members to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
9.	7b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual	10) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that provides for the option for residents to have a key or key code to the	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

	Group Homes – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting Freedom to furnish or decorate the unit within the lease or agreement	front door of the setting. For residents not choosing to have a key or key code to the front door, the agreement must stipulate the facility would provide measures for residents to come and go, to and from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)			
10.	7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) the Group Home must afford individuals access to meals and snacks at the time of their choosing.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
11.	7d. The individual can have visitors at any time; and	Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford individuals the option to have visitors at any time.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

Five Group Homes co-located on the campus of the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) in Coolidge, Arizona.

ASSESSMENT

The HCBS Rules stipulate in §441.301(c)(4) and §441.710[10] that settings are presumed to be institutional in nature and, therefore, do not have the qualities of home and community-based settings. The preliminary assessment determined the setting meets two criteria of the presumption that the setting is institutional in nature. The group homes are co-located on the grounds of the ICF/ID and they have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. For example in addition to the co-location with the ICF/ID, the following characteristics apply:

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

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

ACTION PLAN

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

- **Members would not adjust in a community**. For example, they have formed family units with the other residents and staff in the group homes. In fact, they don't even want to visit with their natural families too long because they miss their housemates and staff.

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

- **Members cannot be successful in group homes in the community and a move to the community could limit the independence they have now.** For example, residents have the freedom to come and go around campus to go to work and socialize with others. They would not be able to do that in the community. Residents are able to interact with her neighbors on the campus, but would not have that independence to interact with neighbors in the community.

- **Members would not be safe in group homes in the community**. For example, residents don't understand or have fear of "stranger-danger."

- **Members do get interaction with the general community.** They have work and recreational activities. For example, church services on the campus that include members of the general community. They also frequently visit with their guardians and families off campus.

- **Most of the members are seniors and have lived on the campus for 40-60 years.** They were former residents of the ICF.

- **Members get good quality of care in the group homes.** Group homes in the community have frequent staff turnover. The staff working in these homes has either worked in the homes or in the ICF for many years.

The guardians and family members stated the members should be allowed to live in the group homes for the rest of their lives. They requested AHCCCS apply for an exemption of the group homes to comply with the HCBS Rules. Therefore, AHCCCS has not yet developed a transition plan for the setting to come into compliance. AHCCCS will meet with the guardians and families again in August 2015 in direct response to their feedback in order to review next steps. In lieu of AHCCCS conducting the follow up meeting with guardians and families to discuss next steps, DES/DDD decided to undertake a process to evaluate the overall viability of the Coolidge campus given the HCBS Rule requirements and many other factors associated with the aging campus facilities and infrastructure needs. These factors may necessitate the development of an appropriate alternative including relocation of members to an HCBS Rule compliant setting. DES/DDD will be meeting with guardians and families of members currently residing in the group homes to discuss the future of the Coolidge campus and a transition to HCBS settings. As a follow up to the July 2015 meeting, AHCCCS sent letters (Attachment C) in early September 2015, to the guardians providing notification that DES/DDD would provide follow up individually to plan for next steps.

AHCCCS recognizes that a comprehensive transition plan is required by CMS for members residing in settings that will not comply with the HCBS Rules. Therefore, AHCCCS is working in tandem with DES/DDD to develop a plan that will be submitted to CMS as an addendum to this document no later than December 31, 2015.

Residential Setting Type	**Developmental Homes**
Residential Setting Sub-Type	**Child Developmental Home**
Description	**An alternative residential setting for no more than three members who are under the age of 18**
Residential Setting Sub-Type	**Adult Developmental Homes**
Description	**An alternative residential setting for no more than three members who are 18 or older**
Number of Settings	**979** ***(Source: February 2015 DES/DDD Report)***
Number of Members Served	**1,333** ***(Source: June 2015 Placement Report)***

References	Location	Description
Arizona Revised Statutes	36-551.01	State Department of Developmental Disabilities - Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	41-3801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6-6-602	Department of Economic Security (Division of Developmental Disabilities) – Individual Service and Program Plan
Arizona Administrative Code	R6-6-902	Department of Economic Security (Division of Developmental Disabilities) – Prohibitions
Arizona Administrative Code	R6-6-1004.03	Department of Economic Security (Division of Developmental Disabilities) – Child Developmental Home – Contents of Application Package
Arizona Administrative Code	R6-6-1006	Department of Economic Security (Division of Developmental Disabilities) – Child Developmental Home – Foster Parent Responsibilities
Arizona Administrative Code	R6-6-1008	Department of Economic Security (Division of Developmental Disabilities) – Child Developmental Home - Sleeping Arrangements
Arizona Administrative Code	R6-6-1014	Department of Economic Security (Division of Developmental Disabilities) – Child Developmental Homes – Client Rights
Arizona Administrative Code	R6-6-1104.03	Department of Economic Security (Division of Developmental Disabilities) – Adult Developmental Home – Contents of Application Package
Arizona Administrative Code	R6-6-1106	Department of Economic Security (Division of Developmental Disabilities) – Adult Developmental Home – Licensee Responsibilities
Arizona Administrative Code	R6-6-1108	Department of Economic Security (Division of Developmental Disabilities) – Adult Developmental Home - Sleeping Arrangements
Arizona Administrative Code	R6-6-1114	Department of Economic Security (Division of Developmental Disabilities) – Adult Developmental Home – Client Rights
Arizona Administrative Code	R6-6-2107	Department of Economic Security (Division of Developmental Disabilities) – Selecting a Provider
Arizona Administrative Code	R6-6-2108	Department of Economic Security (Division of Developmental Disabilities) –

		Emergency Procurement
References	Location	Description
Arizona Administrative Code	R6-6-2109	Department of Economic Security (Division of Developmental Disabilities) – Consumer Choice
Arizona Administrative Code	R6-6-2110	Department of Economic Security (Division of Developmental Disabilities) – Authorization to Provide Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302	Basic Human and Disability Related Rights
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.2	Rights of Persons with Developmental Disabilities Living in Residential Settings
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.3	Responsibilities of Individuals Applying for and/or Receiving Supports and Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.4	Procedures
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.5	District Human Rights Committees
Service Specification		Room and Board
Service Specification		Adult and Child Developmental Home
Individual Service Plan	DDD-1472 B, Section 11	Spending Plan
Contract Scope of Work	5.8.2.3	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1230-C	Community Residential Settings
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620-A	Case Management Standards – Initial Contact/Visit Standard
AHCCCS Medical Policy Manual	Section 1620-B	Case Management Standards – Initial Contact/Visit Standard
AHCCCS Medical Policy Manual	Section 1620-D	Case Management Standards – Placement/Service Planning Standard

AHCCCS ALTCS Contract	**Section 41**	**Mainstreaming of ALTCS Members**
AHCCCS Contractors Operations Manual	**Section 436**	**Network Standards**

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located around private residences and businesses ▪ Individuals interact with and/or have relationships with persons not receiving Medicaid services (i.e. neighbors, friends, family, etc.)	A.R.S 36-551.01 ▪ Every person provided residential care has the right to live in the least restrictive setting. *[C]* R6-6-1004.03 ▪ Child developmental homes are family homes in neighborhoods *[1.e]* R6-6-1104.03 ▪ Adult developmental homes are family homes in neighborhoods *[1.e]* DES/DDD Policy 302 ▪ A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination *[H]* AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their	Compliant	

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		needs including the option to live in their own home *[Chapter 1200 Overview]*		
1a. Seek employment and work in competitive integrated settings,	▪ Individuals living, and interested in working, in the setting have jobs (paid or volunteer) in the community ▪ Individuals have supports to prepare for and obtain employment/volunteer activities ▪ Individuals have transportation to and from work/volunteer activities	A.R.S 551.01 ▪ Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor *[E and I]* AHCCCS Medical Policy Manual ALTCS Contract ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self-sufficiency in the areas of housing, education and employment *[Section 1620.1.o.] [Contract Section D 16]*	Compliant with Recommendations	1) Incorporate a Service Objective in the Service Specification that states if a member desires and/or demonstrates work-related skills, the Developmental Home shall refer the member to his/her planning team to consider adding an employment service.

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions about their independent living options *[Section 1630.5]* Developmental Home Service Specifications ▪ Developmental Home is required to provide transportation to employment services and provide an array of services including mobility training *[Service Requirements and Limitations, #10 and Service Objectives, #2.5 and #6]* ▪ Developmental Home is required to provide opportunities for members to participate in community activities and facilitate utilization of community resources		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		[Service Goals #5] ▪ Developmental Home is required to assist the member in achieving and maintaining quality of life that promotes the Member's vision for the future and priorities *[Service Goals and Objectives #6]*		
1b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information to know about events and activities in the community ▪ Individuals access the community to purchase goods or services ▪ Individuals participate in activities in integrated settings (religious, social, recreational, etc.) ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care)	R6-6-1014 and R6-6-1114 ▪ Members have the right to associate with people they want *[5]* ▪ Members have the right to participate in social, religious, educational, cultural, and community activities *[6]* R6-6-1006 ▪ Child Developmental Homes are responsible for assisting the child in developing and fostering personal relationships; providing opportunities for social and physical development and to provide opportunities for the child to pursue	Compliant	

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		their own religious beliefs *[A.6 and C,D]* R6-6-1106 ▪ Adult Developmental Homes are responsible for assisting the adult in developing and fostering personal relationships; providing opportunities for social and physical development and to provide opportunities for the child to pursue their own religious beliefs *[A.6 and C,D]* AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non-ALTCS services available in the community *[Sections 1610.2 and 1620-B.1.g.]* ▪ Case Managers assist members to develop meaningful and measureable goals *[Section 1620-B.5]* Development Home		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		Service Specifications ▪ Developmental Homes are required to enable the member to acquire knowledge and skills and participate in his/her community based on his/her choices *[Service Goals #2]* ▪ Developmental Homes are required to provide training and supervision for the member to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community *[Service Goals #3]* ▪ Developmental Homes are required to provide opportunities for members to interact with others in the community *[Service Goals #5]* ▪ Developmental Homes are required to provide opportunities for training and/or practice in basic life skills such		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		as shopping, banking, money management, access and use of community resources, and community survival skills *[Service Objectives #2.7]* ▪ Developmental Homes are required to provide assistance to members in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions *[Service Objectives #4]* ▪ Developmental Homes are required to provide opportunities for members to participate in community activities and facilitate utilization of community resources *[Service Objectives #5]*		
1c. Control personal resources, and	▪ Individuals have accounts or other means to control their finances ▪ Individuals have access and discretion to spend earned and unearned money	R6-6-1014 and R6-6-1114 ▪ Members have the right to be free from personal and financial exploitation *[2]* ▪ Members have the right	Compliant	

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		to manage personal financial affairs/spending money and to be taught to do so *[7]* R6-6-1006 ▪ Child Developmental Home is responsible for ensuring the money designated for child is only used for the specific purpose intended and for the benefit of the child *[K]* R6-6-1106 ▪ Adult Developmental Home is responsible for ensuring the money designated for and/or earned by the member is used for the specific purposes intended and for the benefit of the member consistent with the spending plan *[K]* ▪ Adult Developmental Homes are responsible for ensuring the member is provided opportunities to make choices regarding their spending money *[L]*		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		Developmental Home Service Specifications ▪ Developmental Home is required to provide opportunities to members training and/or practice in basic life skills such as shopping, banking and money management *[Service Objectives #2.7]* ▪ Developmental Home is required to maintain a ledger and documentation (i.e. receipts) that account for the expenditures of all member funds used and submit monthly accounting of expenditures to the member's representative payee *[Recordkeeping and Reporting Requirements, #8]* Individual Service Plan ▪ As part of the annual service planning process, members and their team outline a		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		spending plan *[Section 11 – Spending Plan]*		
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	▪ Individuals have access to the same services and activities as individuals not receiving HCB services (i.e. live in the same area of the setting where individuals who privately pay live) ▪ Individuals participate in activities in the community comparable to peers (i.e. people of similar age; people without disabilities, etc.).	R6-6-602 ▪ An intent of the Individual Service Plan is to maximize the Member's independent living *[B3.c]* R6-6-1006 and R6-6-1106 ▪ Members are part of the family unit and contribute to household chores *[E]* DES/DDD Policy 302 ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* ALTCS Contract ▪ ALTCS Contractors are required to take affirmative action to ensure that members are provided covered services without regard	Compliant	

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. *[Section 41]*		
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	▪ Individuals have a choice of available options regarding where they want to live and receive services ▪ Individuals have the option to visit other settings prior to making a decision on where to live and receive services	R6-6-1014 and R6-6-1114 ▪ Members have the right to be provided choices and to express preferences which will be respected and accepted *[1]* R6-6-2107 ▪ Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member *[M]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice	Compliant with Recommendations	2) Incorporate into the AHCCCS Medical Policy Manual *(Section 1620-D)* a requirement for Case Managers to make sure members have access to transportation and support for the purpose of visiting Developmental Homes prior to making a decision on where to live.

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		in providers *[B and C]* AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home *[Chapter 1200 Overview]* AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on placement options *[Section 1620-D.2.a.]* AHCCCS Contractors Operations Manual ▪ ALTCS Contractors are required to develop and maintain a provider network sufficient to provider covered services to members including Developmental Homes *[Chapter 436 Overview]*		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		DES/DDD Contract Scope of Work ▪ Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member *[5.6.4.2]*		
2b. An option for a private unit in a residential setting	▪ Individuals have the option to have a private unit/bedroom	R6-6-1008 ▪ Children living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for children living in a family home. *[1, 2]* R6-6-1108 ▪ Adults living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for adults living in a family home. *[1-5]*	Complaint	
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to HIPPA privacy practices as it relates to staff, member, written and posted communication and	A.R.S. 36-551.01 ▪ Members are afforded rights to be free from mistreatment, neglect and abuse by service	Compliant with Recommendations	3) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to follow guidelines for language

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods (posted information, information when services were initiated, etc.) and processes for filing complaints including anonymous complaints.	providers *[N]* ▪ Members are afforded the right to be free from unnecessary and excessive medication *[O]* ▪ Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court *[S]* A.R.S. 41-3801 ▪ The Human Rights Committee is established to promote and protect the rights of members. R6-6-902 ▪ Seclusion and physical and medication restraints are prohibited. *[A]* ▪ Members have individualized behavior treatment plans as part of the Individual Service Plan *[C]* R6-6-1014 and R6-6-1114 ▪ Children and adult		competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated. For children living in Developmental Homes, the information must be made available to parents and guardians.

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		members are afforded the same rights in a Developmental Home. R6-6-1017 and R6-6-1117 ▪ DES/DDD has a process in place for anyone to file a complaint regarding a Developmental Home. The information on the complainant remains confidential unless they consent to the release of the information in writing. DES/DDD reports investigation outcomes to the complainant. DES/DDD Policy 302 ▪ Members living in residential settings are afforded specific rights *[Section 302.2]* ▪ Members have the right to final grievances with DES/DDD and AHCCCS *[Section 302.2.S]* ▪ Among other protections for members, the Human Rights Committee is		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		charged to review any suspected violations of member's rights *[Section 302.5]* AHCCCS Medical Policy Manual ▪ Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program *[Section 930]* AHCCCS Medical Policy Manual ▪ Case Managers explain rights and responsibilities to members and provide them a member Handbook *[Section 1620-A.3]*		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals have full access to typical facilities in a home environment at any	▪ A Developmental Home fosters a family home environment for members. Therefore, members, just like other family members may need to coordinate or negotiate schedules and activities with others in the household.	Compliant with Recommendations	4) Incorporate a Service Requirement and Limitation in the Service Specification that states Developmental Homes are required ensure individuals have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	time (i.e. kitchen, dining area, laundry, and seating in shared areas). ▪ Individuals interact or engage in activities with people of their own choosing and in the areas of their own choosing. ▪ Individuals having access to accessible transportation including information and training on how to use public transportation	R6-6-1014 and R6-6-1114 ▪ Members are afforded rights to associate with persons of their own choosing *[5]* ▪ Members are afforded rights to be provided choices and to express preferences which will be respected and accepted *[1]* DES/DDD Policy 302 ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* Developmental Home Service Specifications ▪ Developmental Homes are required to provide transportation including mobility training and access to community transportation resources		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		[Service Objectives, #2.5 and 6] ▪ Developmental Homes are required to assist members in developing and maintaining friendships of his/her choice *[Service Objectives, #4]* ▪ Developmental Homes are required to enable the member to acquire knowledge and skills and be a member of his/her community based on his/her own choices *[Service Goals #2]* ▪ Developmental Homes are required to provide training and supervision for the member to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community *[Service Goals #3]* AHCCCS Medical Policy Manual ▪ Case Managers support		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		the member to have a meaningful role in planning and directing their own care *[Section 1620-B.1b.]*		
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	R6-6-1014 and R6-6-1114 ▪ Members have the right to be provided choices and to express preferences which will be respected and accepted *[1]* ▪ Members have the right to have their personal care needs provided by direct care staff of the same gender *[10]* R6-6-2107 ▪ Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member *[M]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]*	Compliant	

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		DES/DDD Policy 302 ▪ Members are afforded the rights to select supports and services; participate in decision making and to a review of the Individual Service Plan *[B.C.E.]* ▪ Members are afforded the right to communicate with staff *[Section 302.2.D.]* ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* Developmental Home Service Specifications ▪ Group Homes are required to develop habilitation-related outcomes that will support the member to achieve his/her long term vision for the		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		future and priorities *[Service Objectives, #1.1]* General Contract Scope of Work ▪ Providers must incorporate measures to solicit input on member satisfaction for the quality management plan *[5.8.2.3]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care *[Section 1620-B.1b]* ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices *[Section 1620-B.1c]* ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits *[Section 1620-*		

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		B.1d]		
7. In a provider - owned or controlled home and community-based residential settings, the following additional requirements must be met:				
7a. The individual has a lease or other legally enforceable agreement providing similar protections;	▪ Individuals have a lease or written residency agreement ▪ Individuals understand their rights regarding housing ▪ Individuals can relocate and request new housing	R6-6-2107 ▪ Members are supported to find a provider that can meet their specific needs. R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]* R6-6-2107 ▪ Once the Member resides in the Developmental Home, the provider must undertake a comprehensive process with the Division of Developmental Disabilities in order to refuse to serve the member *[O and P]*	Partial Compliance	5) Require DES/DDD develop a residency agreement for members served in Developmental Homes. 6) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to utilize a written residency agreement.
7b. The individual has	▪ Individuals have a choice	R6-6-1008	Partial Compliance	Reference Remediation Strategy

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement	to live alone or with a roommate and the choice of a particular roommate ▪ Individuals have the freedom to furnish, arrange and decorate the unit/room ▪ Individuals have locks on their unit/bedroom and bathroom doors ▪ Individuals have privacy respected by staff and other residents (i.e. staff can only use a key to enter private areas under limited circumstances)	▪ Children living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for children living in a family home. *[1-5]* R6-6-1108 ▪ Adults living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for adults living in a family home. *[1-5]* Service Specifications ▪ Developmental Homes are required involve the member in the furnishings/décor of the member's personal space. Additionally, they are required to support modifications necessary to optimize the independence and personal preferences of Members *[Service Objectives, #1]* ▪ Developmental Homes		#6. 7) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to: ▪ Provide physical and private accommodations for the members to perform daily personal hygiene ▪ Have lockable doors for bedrooms ▪ Afford residents the options to have a key or key code to the front door or provide measures for members to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night) ▪ Explain residential responsibilities to the member prior to service delivery 8) Incorporate language in the Residency Agreement outlined in remediation strategy # 8. The option for members to have a key or key code to the front door of the setting. For members not choosing to have a key or key code to the front door, the

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		must provide an environment that meets the physical and emotional needs of the member and available to the member on a 24 hour basis *[Service Objectives, #2]*		agreement must stipulate that the facility would provide measures for members to come and go, to and from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)
7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	▪ Individuals can come and go from the setting at any time ▪ Individuals have a choice of meals/snacks and at the time and place of their choosing	Service Specifications ▪ Meals and snacks are planned, prepared and provided in accordance with the member's needs and preferences *[Service Objectives #3]*	Partial Compliance	Reference Remediation Strategy #8 9) Incorporate language in the Residency Agreement that the Developmental Home must afford individuals access to meals and snacks at the time of their choosing.
7d. The individual can have visitors at any time; and	▪ Individuals may have visitors at any time ▪ Individuals have access to comfortable and private areas to visit	A.R.S. 551-01.01 ▪ Members are afforded the right to visits [O] DES/DDD Policy 302 ▪ Members are afforded privacy with regard to visitors. *[K]*	Partial Compliance	10) Incorporate language in the Residency Agreement (reference remediation strategy # 9) that the Developmental Home must afford individuals the option to have visitors at any time.

Developmental Homes (Child and Adult) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
7e. The setting is physically accessible	▪ Individuals can enter and exit all areas of the setting ▪ Individuals can safely move about the setting free from obstructions that may limit mobility ▪ Individuals have access to individualized environmental accommodations (i.e. grab bars in the shower) ▪ Individuals have physical access to all appliances and furnishings	R6-6-2107 ▪ Members are supported to find a provider that can meet their specific needs, including individualized accommodations. Contract – Special Terms and Conditions ▪ Group Homes are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity *[6.3.2.1 and 6.3.2.3]*	Partial Compliance	11) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to ensure physical accommodations are sufficient to afford a comfortable and safe environment for all activities of daily living in the home.

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

	Developmental Homes – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		For children living in Developmental Homes, the information must be made available to parents and guardians.			
4.	5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to ensure individuals have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.	DES/DDD	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)
5.	7a. The individual has a lease or other legally enforceable agreement providing similar protections;	Require DES/DDD develop a residency agreement for members served in Developmental Homes.	DES/DDD	*September 2018 (Year 2)*	AHCCCS monitoring of MCO (annually)
6.	7a. The individual has a lease or other legally enforceable agreement providing similar protections;	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to utilize a written residency agreement.	DES/DDD	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)
7.	7b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to: ▪ Provide physical and	DES/DDD	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)

	Developmental Homes – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
	with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting Freedom to furnish or decorate the unit within the lease or agreement	private accommodations for the members to perform daily personal hygiene ▪ Have lockable doors for bedrooms ▪ Afford members the options to have a key or key code to the front door or provide measures for members to come and go from the residence at any time (i.e. someone is available to let them in the door at any hour of the day or night) ▪ Explain residential responsibilities to the member prior to service delivery			
8.	7b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in	Incorporate language in the Residency Agreement outlined in Remediation Strategy # 8. The option for members to have a key or key code to the front door of the setting. For members not choosing to have a key or key code to the front door, the agreement must stipulate the facility would provide measures for members to come and go, to and from the	DES/DDD	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)

	Developmental Homes – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	that setting Freedom to furnish or decorate the unit within the lease or agreement	residence at any time (i.e. someone is available to let them in the door at any hour of the day or night)			
9.	7c. The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and	Incorporate language in the Residency Agreement that the Developmental Home must afford individuals access to meals and snacks at the time of their choosing.	DES/DDD	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)
10.	7d. The individual can have visitors at any time; and	Incorporate language in the Residency Agreement (reference Remediation Strategy # 9) that the Developmental Home must afford individuals the option to have visitors at any time.	DES/DDD	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)
11.	7e. The setting is physically accessible	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to ensure physical accommodations are sufficient to afford a comfortable and safe environment for all activities of daily living in the home.	DES/DDD	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)

Residential Setting Type	Behavioral Health Residential Facility	
Description	Provide treatment to an individual experiencing a behavioral health issue that limits the individual's ability to be independent, or causes the individual to require treatment to maintain or enhance independence.	
Number of Settings	385[11] *(Source: June 2015 Arizona Department of Health Services)*	
Number of Member's Served	93 *(Source: June 2015 Placement Report)*	
References	Location	Description
Arizona Administrative Code	R9-10-101	Definitions
Arizona Administrative Code	R9-10-701 - 722	Behavioral Health Residential Facilities
Arizona Administrative Code	R9-10-715	Behavioral Health Residential Facilities – Physical Health Services
Arizona Administrative Code	R9-10-801 - 820	Assisted Living Facilities
Arizona Administrative Code	R9-10-801	Assisted Living Facilities - Definitions
Arizona Administrative Code	R9-10-812	Assisted Living Facilities - Behavioral Health Care
Arizona Administrative Code	R9-10-813	Assisted Living Facilities - Behavioral Health Services
Arizona Administrative Code	R9-10-814	Assisted Living Facilities - Personal Care Services
AHCCCS Medical Policy Manual	Section 1230-B	Behavioral Health Residential Facilities

Evidence

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

- The primary focus of a licensed Behavioral Health Residential Facility is to provide clinical interventions with minimal personal care supports, to treat a behavioral health issue(s) while promoting resident independence to transition into their own housing. *[Arizona Administrative Code, R9-10-701 – 722]*

[11] **The number of settings is reflective of the total number of licensed settings versus the number of settings serving AHCCCS/ALTCS members.**

- A behavioral health issue is defined as "…an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors." *[Arizona Administrative Code, R9-10-101, #22]*

- Licensed Behavioral Health Residential Facilities can provide personal care services as a secondary support service *[Arizona Administrative Code, R9-10-715 and R9-10-814]*

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

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

- An assisted living service "means supervisory care services, personal care services, directed care services, behavioral health services, or ancillary services provided to a resident by or on behalf of an assisted living facility." *[Arizona Administrative Code, R9-10-801, #3]*

- As of July 1, 2014, Assisted Living Facilities can add behavioral care and behavioral health services to the array of services that can be provided to meet a member's behavioral health support needs *[Arizona Administrative Code, R9-10-812 and 813]*

- Behavioral health services are defined as "medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's behavioral health issue." *[Arizona Administrative Code, R9-10-101, #27]*

- Behavioral care is defined as:

  - *"Assistance with a resident's psychosocial interactions to manage the resident's behavior that can be performed by an individual without professional skills that may include direction provided by a behavioral health professional and medication ordered by a medical practitioner or behavioral health professional; or*
  - *Behavioral health services provided by a behavioral health professional on an intermittent basis to address a resident's significant psychological or behavioral response to an identifiable stressor or stressors." [Arizona Administrative Code, R9-10-401, #2]*

Assessment

Licensed Behavioral Health Residential Facilities should be de-classified as a home and community-based service, alternative residential facility in Arizona's 1115 Waiver because the service provided is clinical and transitional in nature. The benefit provided in this setting will continue as a

behavioral health treatment service available in the array of covered benefits for ALTCS members, but not as an alternative residential home and community based setting for long term placement.

Transition Plan

	Behavioral Health Residential Facilities – Transition Plan			
#	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
1.	Educate current Behavioral Health Residential Facility providers on state licensure and HCBS rule requirements to determine provider interest in changing licensure status from Behavioral Health Residential to Assisted Living with Behavioral Health Care or Services	AHCCCS and MCOs	September 2017 *(Year One)*	Not applicable
2.	Assess each member currently residing in a licensed Behavioral Health Residential Facility to determine is the service is appropriate. Considerations will include: ▪ The member needs clinical interventions to treat a behavioral health issue ▪ The members needs behavioral health services to support the management of a behavioral health support need ▪ The member has primary diagnosis of an AXIS I or AXIS II mental health disorder.	MCOs	September 2017 *(Year One)*	AHCCCS monitoring of MCO (annually)
2.	Build a network of Assisted Living Facilities that are licensed and equipped to provide behavioral health services, to persons who have a primary diagnosis other than a mental health disorder, but	ALTCS Contractors	September 2017 - 2018 *(Year One & Two)*	AHCCCS monitoring of MCO (annually)

	Behavioral Health Residential Facilities – Transition Plan			
#	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
	require behavioral health supports. The facility shall be in compliance with the HCBS Rules			
3.	Invoke the person-centered planning process for the identified members that need to be relocated from a licensed Behavioral Health Residential Facility to Assisted Living Facilities that are licensed to provide behavioral health services. The process will include: ▪ An assessment of the members support needs that must be met in the new setting ▪ Identification of the member's preferences when looking for a new setting ▪ The option for members to visit and choose among different setting options ▪ A timeline for relocation not to exceed September 2021 *(the 5 year compliance timeline for the state to come into compliance with the HCBS Rules)*	ALTCS Contractors	September 2010 *(Year Three)*	AHCCCS monitoring of MCO
4.	Relocation of members (if current setting continues to be licensed as a Behavioral Health Residential Facility) based upon the prescribed timeline in the person centered service plan	ALTCS Contractors	September 2021 *(Year 5)*	AHCCCS monitoring of MCO

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

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located in the general community where people access services or go to work ▪ Individuals interact with the general public either through visitation to the program and/or activities in the general community ▪ The setting is generally physically accessible and adapted for individualized needed accommodations ▪ Working individuals interact with members of the community (i.e. providing training to prepare for work; customers purchasing goods and services, etc.)	Arizona Administrative Code ▪ Adult Day Health Care Facilities are generally located within communities. Some Adult Day Health Care Facilities are co-located on the grounds of private Assisted Living Facilities and/or Skilled Nursing Facilities. In that event, the facilities operate separate and apart from one another and have unique licensure requirements. R9-10-1116 ▪ The Adult Day Health Care Facility Administrator is required to ensure that the premises and equipment are sufficient to accommodate the services provided and the individuals served in the Facility *[B.1 and 2]* ▪ The Adult Day Health	Partial Compliance	1) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines an Adult Day Health Care Facility must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community. The language must stipulate that facilities, co-located with Assisted Living Facilities and or Skilled Nursing Facilities must be licensed separate and apart from one another. 2) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility is to foster interaction with the general community internal and external to the setting. Examples of fostering interaction with the general community internal to the setting may include peers without disabilities visiting the setting to provide information, instruction, training, support and/or to participate in activities.

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		Care Facility Administrator is required to ensure minimum requirements for indoor and outdoor space to accommodate participants *[C and D]* ▪ The Adult Day Health Care Facility Administrator is required to ensure dining areas are furnished with dining tables and chairs large enough to accommodate participants *[E.5]*		Examples of fostering interaction with the general community external to the setting may include facilitating activities outside of the setting whereby members are directly engaged in activities with peers without disabilities and individuals of varying age levels.
1a. Seek employment and work in competitive integrated settings,	▪ Individuals have supports to prepare for and obtain employment/volunteer activities including options for experiential learning to learn about opportunities in the community ▪ Working individuals (including paid and volunteer work) have benefits to the same extent as individuals not receiving Medicaid funded HCBS ○ Negotiating work schedules	AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self-sufficiency in the areas of housing, education and employment *[Section 1620.1.o.]* ▪ ALTCS Contractors	Not Compliant	3) Create an employment services section in the AHCCCS Medical Policy Manual *(Chapter 1200)* to include an array of employment support services including options to support members to volunteer in the community. ▪ Habilitation ▪ Pre-Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment 4) Require ALTCS Contractors in the AHCCCS Contractors

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	○ Breaks and lunch ○ Vacation and medical leave ○ Medical benefits ▪ Individuals attending the program, and interested in working, have jobs (paid or volunteer) in the community ▪ Individuals have transportation to and from work/volunteer activities	designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions about their independent living options *[Section 1630.5]*		Operations Manual *(Chapter 436)* to build a network for the provision of an array of employment support services. 5) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to incorporate training and practice for skill building (i.e. soft skills) that may be transferrable in a volunteer or paid work environment. 6) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to refer members to their Case Manager for an employment service if they express a desire and/or demonstrate work-related skills.
1b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information about events and activities in the community ▪ Individuals have access to transportation made available through the	R9-10-1107 ▪ The Adult Day Health Care Facility Administrator is required to ensure the development of a care plan for each participating including: ○ Services	Not Compliant	7) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to include opportunities to receive information and learn about events and activities in the community in an effort to make

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	providers and public transportation including transportation training ▪ Individuals have support to learn new skills or instruction for skill development ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care)	○ Time-limited and measureable goals and objectives ○ Interventions to achieve objectives *[4.b.c.d.]* AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non-ALTCS services available in the community *[Sections 1610.2 and 1620-B.1.g.]* ▪ Case Managers assist members to develop meaningful and measureable goals *[Section 1620-B.5]*		informed decisions about the schedule of activities for the program. 8) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to facilitate access to community resources and activities. For example, this may include: ▪ Assisting members in utilizing community transportation resources including mobility and transportation training ▪ Assisting members to arrange for personal care to support engagement in community activities 9) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to expand the scope of the care plan to include the development of skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities. Skill development may include:

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
				▪ Social ▪ Communication ▪ Basic life skills (shopping, banking, etc.) ▪ Independent functioning skills
1c. Control personal resources, and	▪ Individuals have access to money management habilitation or skill building training ▪ Individuals have access and discretion to spend earned and unearned money (during breaks, lunch, outings, activities, etc.) ▪ Pay is rendered for work to the individual or their representative	R9-10-1109 ▪ The Adult Day Health Care Facility Administrator must ensure participants are not subjected to misappropriation of personal or private property *[B.2.k]*	Not Compliant	10) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to institute policies and procedures pertaining to the management and documentation of personal funds accounts for participants including practices to support participants to access and have discretion to spend money during outings, activities and breaks. To ensure participants can manage money to the greatest extent possible, skill building for money management should be incorporated for participants who may need money management support.
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	▪ Individuals have access to the same services and activities as individuals not receiving HCB services ▪ Individuals are learning and engaging in activities in the community comparable to peers (i.e.	ALTCS Contract ▪ ALTCS Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race,	Partial Compliance	*Reference remediation strategy #2*

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

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	▪ Individuals have employment opportunities and day activities/outings including non-disability settings	AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on placement options *[Section 1620-D.2.a.]* AHCCCS Contractors Operations Manual ▪ ALTCS Contractors are required to develop and maintain a provider network sufficient to provide all covered services to members *[Chapter 436 Overview]*		12) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines members have the option to choose the schedule of attendance at Adult Day Health Care Facilities including partial week/day attendance. *Reference Remediation Strategy #2*
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to HIPPA privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by	AHCCCS Medical Policy Manual ▪ Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program *[Section 930]* AHCCCS Medical Policy Manual ▪ Case Manager explains rights and	Compliant	

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

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

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

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		record is secure and information only released upon consent of the participant or other reasons as permitted by law *[A.6]*		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals having access to accessible transportation including information and training on how to use public transportation ▪ Individuals have access to entrances and exits to the setting and any and all areas within the setting ▪ Individuals can engage in work and non-work activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with people of their own choosing and in areas of their own choosing (indoor and outdoor space)	R9-10-1109 ▪ Participants are afforded rights to receive treatment that supports and respects their individuality, choices, strengths and abilities *[C.2]* ▪ Participants are afforded rights to communicate, and associate, and meeting privately with individuals of their choice [C.3] R9-10-1102 ▪ The Adult Day Health Care Facility Administrator must ensure that the monthly calendar of planned activities is posted before the beginning of the month *[D.2]* R9-10-1111 ▪ The Adult Day Health	Not Compliant	13) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* the Adult Day Health Care Facility Administrator is required to exercise strategies for providing and facilitating social, recreational, skill building and community-based activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members ▪ Ensuring individuals have full access to the environment at all times ▪ Ensuring individuals have access to meal and snacks at the time of their choosing

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	▪ Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch.	Care Facility has a "Participant's Council" that provides input on planning activities and policies of the Facility R9-10-1113 ▪ The Adult Day Health Care Facility Food Supervisor must ensure participants are provided a food/snack menu prepared at least one week in advance, including a meal substitution option. AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care *[Section 1620-B.1b.]*		*Reference Remediation Strategy #8*
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences	R9-10-1102 ▪ The Adult Day Health Care Facility Administrator must ensure that policies and procedures include a method to ensure participants receive the	Partial Compliance	14) Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that the Adult Day Health Care member's service plan can be updated upon request of the member.

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	appropriate services *[C.e]* R9-10-1103 ▪ The Adult Day Health Care Facility Administrator must ensure that there are methods to collect data and evaluate services provided to participants *[1.b]* R9-10-1107 ▪ The care plan is reviewed and updated at least every six months and whenever there is a change in the participant's condition *[5]* R9-10-1109 ▪ Participants are afforded the right to receive a referral to another facility if the facility is unable to provide adult day health services for the participant *[C.8]* ▪ Participants are afforded the right to participate in the development of, or		

Adult Day Health Care Facilities - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		decisions concerning, treatment *[C.9]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care *[Section 1620-B.1b]* ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices *[Section 1620-B.1c]* ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits *[Section 1620-B.1d]* AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on placement options *[Section 1620-D.2.a.]*		

	Adult Day Health Care Facilities – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
1.	1. The setting is integrated in and supports full access to the greater community	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines an Adult Day Health Care Facility must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community. The language must stipulate facilities, co-located with Assisted Living Facilities and or Skilled Nursing Facilities, must be licensed separate and apart from one another.	AHCCCS	*September 2018 (Year 2)*	AHCCCS monitoring of MCO (annually)
2.	1. The setting is integrated in and supports full access to the greater community	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility is to foster interaction with the general community internal and external to the setting. Examples of fostering interaction with the general community internal to the setting may include peers without disabilities visiting the setting to provide information, instruction,	AHCCCS	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)

	Adult Day Health Care Facilities – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		training, support and/or to participate in activities. Examples of fostering interaction with the general community external to the setting may include facilitating activities outside of the setting whereby members are directly engaged in activities with peers without disabilities individuals of varying age levels.			
3.	1a. Seek employment and work in competitive integrated settings,	Create an employment services section in the AHCCCS Medical Policy Manual *(Chapter 1200)* to include an array of employment support services including options to support members to volunteer in the community. ▪ Habilitation ▪ Pre-Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment	AHCCCS	*September 2018 (Year 2)*	AHCCCS monitoring of MCO (annually)
4.	1a. Seek employment and work in competitive integrated settings,	Require ALTCS Contractors in the AHCCCS Contractors Operations Manual *(Chapter 436)* to build a network for the provision of an array of	ALTCS Contractors	*September 2018 (Year 2)*	AHCCCS monitoring of MCO (annually)

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

	Adult Day Health Care Facilities – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		about the schedule of activities for the program.			
8.	1b. Engage in community life,	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to facilitate access to community resources and activities. For example, this may include: ▪ Assisting members in utilizing community transportation resources including mobility and transportation training ▪ Assisting members to arrange for personal care to support engagement in community activities	AHCCCS	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)
9.	1b. Engage in community life,	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to expand the scope of the care plan to include the development of skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities.	AHCCCS	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)

	Adult Day Health Care Facilities – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		Skill development may include: ▪ Social ▪ Communication ▪ Basic life skills (shopping, banking, etc.) ▪ Independent functioning skills			
10.	1c. Control personal resources, and	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that outlines a requirement of the Adult Day Health Care Facility to institute policies and procedures pertaining to the management and documentation of personal funds accounts for participants including practices to support participants to access and have discretion to spend money during outings, activities and breaks. To ensure participants can manage money to the greatest extent possible, skill building for money management should be incorporated for participants who may need money management support.	AHCCCS	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)
11.	2a. Non-Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual	AHCCCS	*September 2018 (Year 2)*	AHCCCS monitoring of MCO (annually)

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

	Adult Day Health Care Facilities – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members ▪ Ensuring individuals have full access to the environment at all times ▪ Ensuring individuals have access to meal and snacks at the time of their choosing			
14.	Facilitates individual choice regarding services and supports, and who provides them	Incorporate language in the AHCCCS Medical Policy Manual *(Section 1240-B)* that the Adult Day Health Care member's service plan can be updated upon request of the member.	AHCCCS	*September 2018 (Year 2)*	MCO monitoring of Provider (annually)

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

References	Location	Description
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.3	Responsibilities of Individuals Applying for and/or Receiving Supports and Services
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.4	Procedures
Department of Economic Security (Division of Developmental Disabilities) Policy Manual	Section 302.5	District Human Rights Committees
Service Specification		Day Treatment and Training, Adult
Service Specification		Day Treatment and Training Child (Summer)
Service Specification		Day Treatment and Training Child (After School)
Individual Service Plan	DDD-1472B, Section 11	Spending Plan
Contract Scope of Work	5.4.4 and 5.6.4.2	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1230-C	Community Residential Settings
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620-A	Case Management Standards – Initial Contact/Visit Standard
AHCCCS Medical Policy Manual	Section 1620-B	Case Management Standards – Needs Assessment/Care Planning Standard
AHCCCS Medical Policy Manual	Section 1620-D	Case Management Standards – Placement/Service Planning Standard
AHCCCS ALTCS Contract	Section 41	Mainstreaming of ALTCS Members
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located in the general community where people access services or go to work ▪ Individuals interact with the general public either through visitation to the program and/or activities in the general community ▪ The setting is generally physically accessible and adapted for individualized needed accommodations ▪ Working individuals interact with members of the community (i.e. providing training to prepare for work; customers purchasing goods and services, etc.)	R6-6-804 ▪ Members have the right to associate with people they want *[4]* DES/DDD Policy 302 ▪ A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination *[H]* Service Specifications ▪ Day Programs are required to provide opportunities to interact with friends and others in the community *[Service Goals, #2]* Contract – Special Terms and Conditions ▪ Day Programs are required to abide by the Americans with Disabilities Act including making reasonable	Partial Compliance	1) Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff. 2) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction with the general community internal and external to the setting. For example, this may include peers or members of the community without disabilities visiting the setting to provide information, instruction, training, support and/or to participate in activities. Additionally, it may include facilitating activities outside of the setting whereby members are directly engaged in activities with peer and community members without disabilities. 3) Incorporate a Service Requirement in the Service

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		accommodations to allow a person with a disability to take part in a program, service or activity *[6.3.2.1 and 6.3.2.3]*		Specifications to stipulate the setting must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community.
1a. Seek employment and work in competitive integrated settings,	▪ Individuals have supports to prepare for and obtain employment/volunteer activities including options for experiential learning to learn about opportunities in the community ▪ Working individuals (including paid and volunteer work) have benefits to the same extent as individuals not receiving Medicaid funded HCBS ○ Negotiating work schedules ○ Breaks and lunch ○ Vacation and medical leave ○ Medical benefits ▪ Individuals attending the program, and interested in working, have jobs (paid or volunteer) in the community ▪ Individuals have transportation to and from	A.R.S 551.01 ▪ Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor *[E and I]* AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self-sufficiency in the areas of housing, education and	Partial Compliance	4) Expand the scope of the Service Goals and Service Objectives in the Service Specifications include opportunities to learn about volunteer work in the community and referrals (resources and services) to prepare for, obtain and support volunteer work.

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	work/volunteer activities	employment *[Section 1620.1.o.]* ▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions. *[Section 1630.5]* Service Specifications ▪ Day Programs are required to refer members to their planning team for an employment service if the member expresses a desire and/or demonstrate work-related skills *[Service Objectives, #9]* ▪ Day Programs are required to support members to receive training and practice skill building (i.e. soft skills) that may be transferrable in a volunteer or paid work environment *[Services*		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		Objectives, 2.7, 3 and 4]		
1b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information about events and activities in the community ▪ Individuals have access to transportation made available through the providers and public transportation including transportation training ▪ Individuals have support to learn new skills or instruction for skill development ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care)	R6-6-804 ▪ Members have the right to participate in social, religious, educational, cultural, and community activities *[5]* AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non-ALTCS services available in the community *[Sections 1610.2 and 1620-B.1.g.]* ▪ Case Managers assist members to develop meaningful and measureable goals *[Section 1620-B.5]* Service Specifications ▪ Day Programs are required to provide training and supervision for the member to increase or maintain his/her socialization and adaptive skills to live and participate in	Compliant with Recommendations	**5) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include opportunities to receive information and learn about events and activities in the community in an effort to make informed decisions about the schedule of activities for the Day Treatment and Training Program.**

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		the community *[Service Goals, #1]* ▪ Day Programs are required to provide opportunities for members to interact with friends and others in the community, including providing information regarding and facilitating access to community resources *[Service Goals, #2]* ▪ Day Programs are required to provide opportunities for members to develop skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities *[Service Goals, #3]* ▪ Day Programs are required to assist in developing individual outcomes and implementing strategies to achieve his/her long term vision for the future and priorities *[Service Objectives, #1.1 and 1.2]*		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		▪ Day Programs are required to provide opportunities for members to receive training and practice basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills *[Service Objectives, #2.7]* ▪ Day Programs are required to support members to develop, maintain or enhance independent functioning skills and social and communication skills *[Service Objectives, #3 and 4]* ▪ Day Programs are required to assist members in utilizing community transportation resources including mobility training *[Service Objectives, #2.5 and 2.8]* Contract – General Scope		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		of Work ▪ Day Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members *[5.4.4]*		
1c. Control personal resources, and	▪ Individuals have access to money management habilitation or skill building training ▪ Individuals have access and discretion to spend earned and unearned money (during breaks, lunch, outings, activities, etc.) ▪ Pay is rendered for work to the individual or their representative	R6-6-804 ▪ Members have the right to be free from personal and financial exploitation *[1]* ▪ Members have the right to manage personal financial affairs/spending money and to be taught to do so *[6]* Service Specifications ▪ Day Programs are required to provide opportunities for members to receive training and/or practice in basic life skills such as shopping, banking and money management *[Service Objectives #2.7]* ▪ Day Programs are required to maintain a	Compliant	

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		ledger and documentation (i.e. receipts) that account for all member funds paid or provided to the vendor *[Recordkeeping and Reporting Requirements, #9]* Individual Service Plan ▪ As part of the annual service planning process, members and their team outline a spending plan *[Section 11 – Spending Plan]*		
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	▪ Individuals have access to the same services and activities as individuals not receiving HCB services ▪ Individuals are learning and engaging in activities in the community comparable to peers (i.e. people of similar age; people without disabilities, etc.). ▪ Working individuals have access to all of the areas of a workplace to the same extent as their non-disabled peers ▪ Working individuals have a job (and associated tasks)	There is no comparable type of service/support for individuals not receiving HCBS. The goal of the service/support is to provide members with the skills to maximize their daily activities to be consistent with individuals not receiving Medicaid HCBS. R6-6-602 ▪ An intent of the Individual Service Plan is to maximize the member's independent living *[B3.c]*	Not Compliant	*Reference all remediation strategies. All remediation strategies are focused on ensuring the setting affords members the opportunity to maximize their daily activities to be consistent with* individuals *not receiving Medicaid HCBS.*

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	that a non-disabled peer would perform for pay ▪ Working individuals engage in company activities (potlucks, parties, professional development	DES/DDD Policy 302 ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals no receiving Medicaid services *[Section 302.3]* Service Specifications – Child ▪ Day Programs are not intended to provide day care relief to caregivers, but rather an opportunity for a member to participate in individualized habilitative activities *[Service Requirements and Limitations, #4]* ▪ Day Programs should not be the only consideration for children if there are other more integrated options such as a summer school		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		program. The planning team should assess the most beneficial option for the member *[Service Requirements and Limitations, #6]* Contract – General Scope of Work ▪ Day Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members *[5.4.4]* ALTCS Contract ▪ ALTCS Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses.		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		[Section 41]		
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	▪ Individuals have employment opportunities and day activities/outings including non-disability settings ▪ Individuals have the option to choose a variety of day services including the combination of employment and/or day services ▪ Individuals have the option to visit other settings prior to making a decision on where to receive services	R6-6-2107 ▪ Members are supported to find a provider that can meet his/her specific needs. This process can include a meeting with the provider and the member *[M]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]* Service Specifications ▪ Members have options to participate in the program on a partial week/day basis *[Service Utilization, #2]* AHCCCS Medical Policy Manual ▪ Members are	Partial Compliance	6) Incorporate into the AHCCCS Medical Policy Manual *(Section 1620-D)* a requirement for Case Managers to make sure Members have access to transportation and support for the purpose of visiting Day Treatment and Training Programs prior to making a decision on where to receive services. *Reference Remediation Strategy #2*

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		supported to live in the most integrated setting appropriate for their needs including the option to live in their own home *[Chapter 1200 Overview]* AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on placement options *[Section 1620-D.2.a.]* AHCCCS Contractors Operations Manual ▪ ALTCS Contractors are required to develop and maintain a provider network sufficient to provide covered services to all members *[Chapter 436 Overview]* DES/DDD Contract Scope of Work ▪ Providers are required to meet or confer with the member prior to service delivery to		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		have an orientation of the specific needs of the member *[5.6.4.2]*		
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to HIPPA privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods (posted information, information	A.R.S. 36-551.01 ▪ Members are afforded rights to be free from mistreatment, neglect and abuse by service providers *[N]* ▪ Members are afforded the right to be free from unnecessary and excessive medication *[O]* ▪ Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court *[S]* A.R.S. 41-3801 ▪ The Human Rights Committee is established to promote and protect the rights of members R6-6-804 ▪ Members are afforded rights including right to privacy during the provision of personal	Compliant with Recommendations	7) Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Treatment and Training Programs to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	when services were initiated, etc.) and processes for filing complaints including anonymous complaints	care, communication and visitations *[8]* R6-6-902 ▪ Seclusion and physical and medication restraints are prohibited ▪ Members have individualized behavior treatment plans as part of the Individual Service Plan *[C]* AHCCCS Medical Policy Manual ▪ Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program *[Section 930]* AHCCCS Medical Policy Manual ▪ Case Manager explain rights and responsibilities to members and provide them a Member Handbook *[Section 1620-A.3]*		
5. Optimizes, but does not regiment, individual	▪ Individuals in the same setting have alternate	R6-6-804 ▪ Members are afforded	Partial Compliance	8) Incorporate a Service Requirement and Limitation in

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals having access to accessible transportation including information and training on how to use public transportation ▪ Individuals have access to entrances and exits to the setting and any and all areas within the setting ▪ Individuals can engage in work and non-work activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with people of their own choosing and in areas of their own choosing (indoor and outdoor space) ▪ Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch.	rights to associate with persons of their own choosing *[4]* ▪ Members are afforded rights to be provided choices and to express preferences which will be respected and accepted *[11]* DES/DDD Policy 302 ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* Service Specifications ▪ Day Programs are responsible for providing opportunities for members to develop skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities		the Service Specification that requires Day Programs to exercise strategies for providing and facilitating social, recreational, skill building and community-based activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members ▪ Ensuring individuals have full access to the environment at all times ▪ Ensuring individuals have access to meal and snacks at the time of their choosing

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		[Service Goals, #3] ▪ Day Programs are responsible for providing opportunities for training and/or practices in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills *[Service Objectives, #2.7]* ▪ Day Programs are required to provide transportation including mobility training and access to community transportation resources *[Service Objectives, #2.5, 2.8 and 6]* ▪ Day Programs are responsible for providing opportunities for members to participate in community activities and facility member utilization of community resources *[Service Objectives, #5]* ▪ Day Programs are		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		responsible for developing a monthly on-site and community integrated schedule of daily activities. The Program must document the member's direct input into the schedule and allow for reasonable choice in activity participation and offer alternative activities *[Service Objectives, #7]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing hi/her own care *[Section 1620-B.1b.]*		
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and	R6-6-804 ▪ Members have the right to have their personal care needs provided by direct care staff of the same gender *[9]* ▪ Members have the right to be provided choices and to express preferences which will	Compliant	

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	be respected and accepted *[11]* R6-6-2107 ▪ Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member *[M]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]* DES/DDD Policy 302 ▪ Members are afforded the rights to select supports and services; participate in decision making and to a review of the Individual Service Plan *[B.C.E.]* ▪ Members are afforded the right to communicate with staff *[Section 302.2.D.]* ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* Service Specifications ▪ Day Programs are required to develop habilitation-related outcomes that will support the member to achieve his/her long term vision for the future and priorities *[Service Objectives, #1.1]* General Contract Scope of Work ▪ Providers must incorporate measures to solicit input on member satisfaction for the quality management plan *[5.8.2.3]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in		

Day Treatment and Training Programs (Adult, Summer and After School) - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		planning and directing his/her own care *[Section 1620-B.1b]* ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices *[Section 1620-B.1c]* ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits *[Section 1620-B.1d]*		

	Day Treatment and Training Programs – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
1.	1. The setting is integrated in and supports full access to the greater community	Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
2.	1. The setting is integrated in and supports full access to the greater community	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction with the general community internal and external to the setting. For example, this may include peers or members of the community without disabilities visiting the setting to provide information, instruction, training, support and/or to participate in activities. Additionally, it may include facilitating activities outside of the setting whereby Members are directly engaged in activities with peer and community members without disabilities.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
3.	1. The setting is integrated in and supports full access to the greater	Incorporate a Service Requirement in the Service Specifications to stipulate the setting must be located in the	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

	Day Treatment and Training Programs – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	community	community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community.			
4.	1a. Seek employment and work in competitive integrated settings,	Expand the scope of the Service Goals and Service Objectives in the Service Specifications include opportunities to learn about volunteer work in the community and referrals (resources and services) to prepare for, obtain and support volunteer work.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
5.	1b. Engage in community life,	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include opportunities to receive information and learn about events and activities in the community in an effort to make informed decisions about the schedule of activities for the Day Treatment and Training Program.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
6.	2a. Non-Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual *(Section 1620-D)* a requirement for Case	AHCCCS	September 2018 (Year 2)	AHCCCS monitoring of MCO (annually)

	Day Treatment and Training Programs – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		Managers to make sure members have access to transportation and support for the purpose of visiting Day Treatment and Training Programs prior to making a decision on where to receive services			
7.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Treatment and Training Programs to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)
8.	5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Programs to exercise strategies for providing and facilitating social, recreational, skill building and community-based activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to,	DES/DDD	September 2018 (Year 2)	MCO monitoring of Provider (annually)

	Day Treatment and Training Programs – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members ▪ Ensuring individuals have full access to the environment at all times ▪ Ensuring individuals have access to meal and snacks at the time of their choosing			

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

Individual Service Plan	DDD-1472B, Section 11	Spending Plan
References	**Location**	**Description**
Contract Scope of Work	5.4.4 and 5.6.4.2	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620-A	Case Management Standards – Initial Contact/Visit Standard
AHCCCS Medical Policy Manual	Section 1620-B	Case Management Standards – Needs Assessment/Care Planning Standard
AHCCCS Medical Policy Manual	Section 1620-D	Case Management Standards – Placement/Service Planning Standard
AHCCCS ALTCS Contract	Section 41	Mainstreaming of ALTCS Members
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located in the general community where people access services or go to work ▪ Individuals interact with the general public either through visitation to the program and/or activities in the general community ▪ The setting is generally physically accessible and adapted for individualized needed accommodations ▪ Working individuals interact with members of the community (i.e. providing training to prepare for work; customers purchasing goods and services, etc.)	R6-6-804 ▪ Members have the right to associate with people they want *[4]* DES/DDD Policy 302 ▪ A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination *[H]* Service Specifications ▪ The service is provided in a setting own/ leased by the provider where a majority of the individuals have disabilities and are supervised by paid provider staff *[Service Requirements and Limitations, #1]* Contract – Special Terms and Conditions ▪ Programs are required to abide by the Americans with Disabilities Act including making	Not Compliant	1) Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff. 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: ▪ 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

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		reasonable accommodations to allow a person with a disability to take part in a program, service or activity *[6.3.2.1 and 6.3.2.3]*		provided out in the general community (i.e. selling baked goods at a farmer's market). 3) Incorporate a Service Requirement in the Service Specifications to stipulate the setting must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community.
1a. Seek employment and work in competitive integrated settings,	▪ Individuals have supports to prepare for and obtain employment/volunteer activities including options for experiential learning to learn about opportunities in the community ▪ Working individuals (including paid and volunteer work) have benefits to the same extent as individuals not receiving Medicaid funded HCBS ○ Negotiating work schedules ○ Breaks and lunch ○ Vacation and medical leave ○ Medical benefits	A.R.S 551.01 ▪ Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor *[E and I]* AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living	Partial Compliance	4) Transition the center-based employment service to a facility-based pre-employment service. Revisions will need to be made to the Service Specifications to transition into a pre-vocational service where the focus is on developing general, non-job-task-specific strengths and skills with a goal of integrated employment in the community including group and individual supported working environments. 5) Create an enrollment cap option suspending new provider approvals or services

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	▪ Individuals attending the program, and interested in working, have jobs (paid or volunteer) in the community ▪ Individuals have transportation to and from work/volunteer activities	goals and provide information about local resources to help them transition to greater self-sufficiency in the areas of housing, education and employment *[Section 1620.1.o.]* ▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions *[Section 1630.5]* Service Specifications ▪ Member authorized for the service must have work-related habilitation goals and objectives with an employment outcome *[Service Requirements and Limitations, #4]* ▪ Programs are required to provide members with gainful, productive, and paid work *[Service Goals,*		authorization for CBE. The CBE setting must adopt all remediation strategies outlined in this CBE Transition Plan (with the exception of #6 and #7). 6) Undertake a process to evaluate and re-design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community. 7) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include career exploration/planning support including opportunities to learn about volunteer work in the community including support to prepare for and obtain volunteer work.

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		#1] ▪ Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting *[Service Goals, #2]* ▪ Programs are required to provide members with training related to generic work skills and appropriate work habits/ethics *[Service Objectives, #4]* ▪ Programs are required to evaluate the member's performance of general job-related skills of each member and identify both strengths and barriers to success/progressive movement *[Service Objectives, #5]* ▪ Programs are required, in consultation with the member's planning		

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		team, to develop strategies to capitalize on strengths and remove or minimize barriers to success/progressive movement *[Service Objectives, #6]* ▪ Programs are required to provide each member with the opportunity to participate in a variety of work opportunities. This includes introducing the member to integrated work environments to evaluate appropriateness for progressive moves *[Service Objectives, #8]* ▪ Providers are required to participate in the member's planning team in making referrals to Vocational Rehabilitation for progressive moves *[Service Objectives, #9]* ▪ Members shall engage in paid work at least		

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		75% of the time they are in attendance at the program. Alternate activities, when paid work is not available, shall focus on generic work skills and appropriate work habits/ethics, and accommodate all participants *[Service Outcomes, #1]*		
1b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information about events and activities in the community ▪ Individuals have access to transportation made available through the providers and public transportation including transportation training ▪ Individuals have support to learn new skills or instruction for skill development ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care)	R6-6-804 ▪ Members have the right to participate in social, religious, educational, cultural, and community activities *[5]* AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non-ALTCS services available in the community *[Sections 1610.2 and 1620-B.1.g.]* ▪ Case Managers assist members to develop meaningful and measureable goals *[Section 1620-B.5]*	Partial Compliance	8) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include support for transportation training and/or mobility training.

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		Service Specifications ▪ The service is considered habilitation *[Service Requirements and Limitations, #3]* ▪ Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting *[Service Goals, #2]* ▪ Programs are required to provide each member with the opportunity to participate in a variety of work opportunities. This includes introducing the member to integrated work environments to evaluate appropriateness for progressive moves *[Service Objectives, #8]*		

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		Contract – General Scope of Work ▪ Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members *[5.4.4]*		
1c. Control personal resources, and	▪ Individuals have access to money management habilitation or skill building training ▪ Individuals have access and discretion to spend earned and unearned money (during breaks, lunch, outings, activities, etc.) ▪ Pay is rendered for work to the individual or their representative	R6-6-804 ▪ Members have the right to be free from personal and financial exploitation *[1]* ▪ Members have the right to manage personal financial affairs/spending money and to be taught to do so *[6]* Service Specifications ▪ Programs are required to pay members in accordance with State and Federal law for work the members perform *[Service Description]* ▪ Programs are required to maintain documentation for	Compliant	

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		member including hours spent performing paid work and time spent in alternative activities *[Recordkeeping and Reporting Requirements, #1]* Individual Service Plan ▪ As part of the annual service planning process, members and their team outline a spending plan *[Section 11 – Spending Plan]*		
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	▪ Individuals have access to the same services and activities as individuals not receiving HCB services ▪ Individuals are learning and engaging in activities in the community comparable to peers (i.e. people of similar age; people without disabilities, etc.). ▪ Working individuals have access to all of the areas of a workplace to the same extent as their non-disabled peers ▪ Working individuals have a job (and associated tasks) that a non-disabled peer	R6-6-602 ▪ An intent of the Individual Service Plan is to maximize the member's independent living *[B3.c]* DES/DDD Policy 302 ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]*	Not Compliant	*9. Reference all remediation strategies. All remediation strategies are focused on ensuring the setting affords members the opportunity to maximize their employability in an integrated employment setting consistent with* individuals *not receiving Medicaid HCBS.*

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	would perform for pay ▪ Working individuals engage in company activities (potlucks, parties, professional development	Contract – General Scope of Work ▪ Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members *[5.4.4]* ALTCS Contract ▪ ALTCS Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. *[Section 41]*		
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	▪ Individuals have employment opportunities	R6-6-2107 ▪ Members are supported	Partial Compliance	10) Incorporate into the AHCCCS Medical Policy Manual *(Section*

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	and day activities/outings including non-disability settings ▪ Individuals have the option to choose a variety of day services including the combination of employment and/or day services ▪ Individuals have the option to visit other settings prior to making a decision on where to receive services	to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member *[M]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]* Service Specifications ▪ Members have options to participate in the program on a partial week/day basis *[Service Utilization, #4]* AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home *[Chapter 1200 Overview]*		*1620-D)* a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting pre-vocational training programs prior to making a decision on where to receive services. *Reference remediation strategy #4*

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on placement options *[Section 1620-D.2.a.]* AHCCCS Contractors Operations Manual ▪ ALTCS Contractors are required to develop and maintain a provider network sufficient to provider covered services to members including Center-Based Employment programs *[Chapter 436 Overview]* DES/DDD Contract Scope of Work ▪ Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member *[5.6.4.2]*		

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
3.[12] The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board	▪ Setting is consistent with the individuals' needs, preferences, skills and abilities ▪ Individuals (and others they invite) participate in service planning and make informed decisions about services and settings ▪ Individuals have access to their service plan in plain language ▪ Service plan is updated when individuals express a desire to change the service type, frequency or provider of service	[redacted]	[redacted]	11) Modify person centered planning Service Requirements and Limitations *[#4]* in the Service Specifications including the following: ▪ Members must have an integrated employment goal (group or individual supported) ▪ At a minimum, an annual readiness assessment must be conducted for community based employment. If a member is not ready for the next step, goals are developed to address barriers. ▪ The duration of the service is defined by the person-centered service plan team ▪ The person-centered service plan must outline the goals to be achieved ▪ DB101 and Work Incentive Consultation must be incorporated into the person-centered service planning process
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to HIPPA privacy practices as it relates to staff, member, written and posted	A.R.S. 36-551.01 ▪ Members are afforded rights to be free from mistreatment, neglect	Compliant with Recommendations	12) Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to follow

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

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods (posted information, information when services were initiated, etc.) and processes for filing complaints including anonymous complaints	and abuse by service providers *[N]* ▪ Members are afforded the right to be free from unnecessary and excessive medication *[O]* ▪ Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court *[S]* A.R.S. 41-3801 ▪ The Human Rights Committee is established to promote and protect the rights of members R6-6-804 ▪ Members are afforded rights including right to privacy during the provision of personal care, communication and visitations *[8]* R6-6-902 ▪ Seclusion and physical and medication restraints are prohibited		guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		▪ Members have individualized behavior treatment plans as part of the Individual Service Plan *[C]* AHCCCS Medical Policy Manual ▪ Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program *[Section 930]* AHCCCS Medical Policy Manual ▪ Case Manager explain rights and responsibilities to members and provide them a member Handbook *[Section 1620-A.3]*		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals having access to accessible transportation	R6-6-804 ▪ Members are afforded rights to associate with persons of their own choosing *[4]* ▪ Members are afforded rights to be provided choices and to express preferences which will	Partial Compliance	13) Incorporate a Service Requirement and Limitation in the Service Specification that requires Programs to exercise strategies for providing pre-vocational services and supports that do not regiment, individual initiative, autonomy and independence in making life

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	including information and training on how to use public transportation ▪ Individuals have access to entrances and exits to the setting and any and all areas within the setting ▪ Individuals can engage in work and non-work activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with people of their own choosing and in areas of their own choosing (indoor and outdoor space) ▪ Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch.	be respected and accepted *[11]* DES/DDD Policy 302 ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* Service Specifications ▪ Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting *[Service Goals, #2]* ▪ Programs are required to provide members with training related to		choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members (i.e. choices in work shifts) ▪ Ensuring individuals have full access to the environment at all times (i.e. dining, employee lounge, break areas, etc.) ▪ Ensuring individuals have access to meal and snacks at any time (i.e.during lunch and breaks)

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		generic work skills and appropriate work habits/ethics *[Service Objectives, #4]* ▪ Programs are required to evaluate the member's performance of general job-related skills of each member and identify both strengths and barriers to success/progressive movement *[Service Objectives, #5]* ▪ Programs are required, in consultation with the member's planning team, to develop strategies to capitalize on strengths and remove or minimize barriers to success/progressive movement *[Service Objectives, #6]* ▪ Programs are required to provide each member with the opportunity to participate in a variety of work opportunities. This includes introducing the member to integrated work		

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		environments to evaluate appropriateness for progressive moves *[Service Objectives, #8]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his/her own care *[Section 1620-B.1b.]*		
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	R6-6-804 ▪ Members have the right to have their personal care needs provided by direct care staff of the same gender *[9]* ▪ Members have the right to be provided choices and to express preferences which will be respected and accepted *[11]* R6-6-2107 ▪ Members are supported to find a provider that can meet their specific needs. This process	Compliant	

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		can include a meeting with the provider and the member *[M]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]* DES/DDD Policy 302 ▪ Members are afforded the rights to select supports and services; participate in decision making and to a review of the Individual Service Plan *[B.C.E.]* ▪ Members are afforded the right to communicate with staff *[Section 302.2.D.]* ▪ Members are supported to be self-determined in an efforts to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals no receiving Medicaid services *[Section*		

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		302.3] Service Specifications ▪ Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting *[Service Goals, #2]* General Contract Scope of Work ▪ Providers must incorporate measures to solicit input on member satisfaction for the quality management plan *[5.8.2.3]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his/her own care *[Section 1620-B.1b]*		

Center-Based Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices *[Section 1620-B.1c]* ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits *[Section 1620-B.1d]*		

	Center-Based Employment – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
1.	1. The setting is integrated in and supports full access to the greater community	Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff.	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)
2.	1. The setting is integrated in and supports full access to the greater community	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction with the general community internal and external to the setting. For example, this may include: ▪ 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.)	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Center-Based Employment – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		▪ 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).			
3.	1. The setting is integrated in and supports full access to the greater community	Incorporate a Service Requirement in the Service Specifications to stipulate that the setting must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community.	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)
4.	1a. Seek employment and work in competitive integrated settings,	Transition the center-based employment service to a facility-based pre-employment service. Revisions will need to be made to the Service Specifications to transition into a pre-vocational service where the focus is on developing general, non-job-task-specific strengths and skills with a goal of integrated employment in the community including group and individual supported	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Center-Based Employment – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
		working environments.			
5.	1a. Seek employment and work in competitive integrated settings,	Create an enrollment cap option suspending new provider approvals or services authorization for CBE. The CBE setting must adopt all remediation strategies outlined in this CBE Transition Plan (with the exception of #6 and #7).	AHCCCS and DES/DDD	September 2021 *(Year 5)*	AHCCCS monitoring of MCO (annually)
6.	1a. Seek employment and work in competitive integrated settings,	Undertake a process to evaluate and re-design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community.	AHCCCS, DES/DDD and Arizona Association of Providers for Persons with Disabilities	September 2017 *(Year 1)*	AHCCCS monitoring of MCO (annually)
7.	1a. Seek employment and work in competitive integrated settings,	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include career exploration/planning support including opportunities to learn about volunteer work in the community including support to prepare for and obtain volunteer work.	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Center-Based Employment – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
8.	1b. Engage in community life,	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include support for transportation training and/or mobility training.	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)
9.	1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	*Reference all remediation strategies. All remediation strategies are focused on ensuring the setting affords members the opportunity to maximize their employability in an integrated employment setting consistent with* individuals *not receiving Medicaid HCBS.*			
10.	2a. Non-Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual *(Section 1620-D)* a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting pre-vocational training programs prior to making a decision on where	AHCCCS	September 2018 *(Year 2)*	AHCCCS monitoring of MCO (annually

	Center-Based Employment – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
		to receive services			
11.	3. The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board.	Modify person centered planning Service Requirements and Limitations *[#4]* in the Service Specifications including the following: ▪ Members must have an integrated employment goal (group or individual supported) ▪ At a minimum, an annual readiness assessment must be conducted for community based employment. If a member is not ready for the next step, goals are developed to address barriers. ▪ The duration of the service is defined by the person-centered service plan team ▪ The person-centered service plan must outline the goals to be achieved ▪ DB101 and Work Incentive Consultation must be incorporated into the person-centered service planning process	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)
12.	4. Ensures individual rights of privacy, dignity and respect, and freedom from	Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Center-Based Employment – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
	coercion and restraint	follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.			
13.	5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	Incorporate a Service Requirement and Limitation in the Service Specification that requires Programs to exercise strategies for providing pre-vocational services and supports that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members (i.e. choices in work shifts) ▪ Ensuring individuals have full access to the environment at all times (i.e. dining, employee lounge,	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Provider (annually)

	Center-Based Employment – Transition Plan				
#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		break areas, etc.) ▪ Ensuring individuals have access to meal and snacks at any time (i.e.during lunch and breaks)			

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

Individual Service Plan	DDD -1472B, Section 11	Spending Plan
References	**Location**	**Description**
Contract Scope of Work	5.4.4 and 5.6.4.2	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620-A	Case Management Standards – Initial Contact/Visit Standard
AHCCCS Medical Policy Manual	Section 1620-B	Case Management Standards – Needs Assessment/Care Planning Standard
AHCCCS Medical Policy Manual	Section 1620-D	Case Management Standards – Placement/Service Planning Standard
AHCCCS ALTCS Contract	Section 41	Mainstreaming of ALTCS Members
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located in the general community where people access services or go to work ▪ Individuals interact with the general public either through visitation to the program and/or activities in the general community ▪ The setting is generally physically accessible and adapted for individualized needed accommodations ▪ Working individuals interact with members of the community (i.e. providing training to prepare for work; customers purchasing goods and services, etc.)	R6-6-804 ▪ Members have the right to associate with people they want *[4]* DES/DDD Policy 302 ▪ A least restrictive setting refers to an environment in which a member strives to reach his/her full potential in accordance to the tenets of self-determination *[H]* Service Specifications ▪ The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals	Compliant	

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		without disabilities in comparable positions interact with other persons *[Service Requirements and Limitations, #1]* ▪ The service is designed to promote community integration with other members of the workforce and provide paid work *[Service Requirements and Limitations, #2]* ▪ Programs are required to provide members the opportunity to work in an environment that allows for maximum interaction among diverse populations *[Service Goals, #1]* ▪ Programs are required to help members become part of the informal culture of the workplace *[Service Goals, #4]* ▪ Programs are required to provide intervention and technical assistance to an employer as needed to support the success of the member		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		[Service Objectives, #6] ▪ No more than one group shall be co-located in a physical location *[Service Utilization, #3]* Contract – Special Terms and Conditions ▪ Programs are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity *[6.3.2.1 and 6.3.2.3]*		
1a. Seek employment and work in competitive integrated settings,	▪ Individuals have supports to prepare for and obtain employment/volunteer activities including options for experiential learning to learn about opportunities in the community ▪ Working individuals (including paid and volunteer work) have benefits to the same extent as individuals not receiving	A.R.S 551.01 ▪ Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor	Compliant with Recommendations	1) Make revisions to the Service Specifications to expand the scope of the group supported employment service to include the following: ▪ Vocational/job related discovery or assessment ▪ Work incentive consultation ▪ Career advancement services ▪ Transportation training

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	Medicaid funded HCBS ○ Negotiating work schedules ○ Breaks and lunch ○ Vacation and medical leave ○ Medical benefits ▪ Individuals attending the program, and interested in working, have jobs (paid or volunteer) in the community ▪ Individuals have transportation to and from work/volunteer activities	*[E and I]* AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self-sufficiency in the areas of housing, education and employment *[Section 1620.1.o.]* ▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions *[Section 1630.5]* Service Specifications ▪ The service is provided in an integrated community work setting. Integrated		and planning 2) Undertake a process to evaluate and re-design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community.

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		setting is defined as a setting typically found in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals without disabilities in comparable positions interact with other persons *[Service Requirements and Limitations, #1]* ▪ The service is designed to promote community integration with other members of the workforce and provide paid work *[Service Requirements and Limitations, #2]* ▪ The program is responsible for transportation within the member's scheduled workday from worksite to worksite *[Service*		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		Requirements and Limitations, #3] ▪ Programs are required to provide members with gainful, productive, and paid work *[Service Goals, #2]* ▪ Programs are required to help members become part of the informal culture of the workplace *[Service Goals, #4]* ▪ Programs are required to participate in the member's planning team in making referrals for progressive moves *[Service Objectives, #2]* ▪ Programs are required, in consultation with the member's planning team, to identify strengths and barriers to success/progressive movement, develop and implement strategies to capitalize on strengths and remove or minimize barriers *[Service Objectives, #8]*		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
1b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information about events and activities in the community ▪ Individuals have access to transportation made available through the providers and public transportation including transportation training ▪ Individuals have support to learn new skills or instruction for skill development ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities (i.e. assistance with personal care)	R6-6-804 ▪ Members have the right to participate in social, religious, educational, cultural, and community activities *[5]* AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non-ALTCS services available in the community *[Sections 1610.2 and 1620-B.1.g.]* ▪ Case Managers assist members to develop meaningful and measureable goals *[Section 1620-B.5]* Service Specifications ▪ Programs are required to support members in developing skills, abilities, and behaviors that will enable them to most fully realize their vocational aspirations including supporting their transition into a more independent	Compliant	

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		employment setting *[Service Goals, #1]* ▪ Programs are required to help members maintain positive work habits, attitudes, skills, and work etiquette directly related to their specific employment *[Service Goals, #2]* ▪ Programs are required to provide each member with worksite orientation and training to assist him or her in acquiring the necessary job skills *[Service Objectives, #4]* ▪ Programs are required to provide intervention and technical assistance to an employer as needed to support the success of the member *[Service Objectives, #6]* ▪ Programs are required to assist the member in resolving training/work issues as well as any personal concerns that may interfere with his or her job performance *[Service Objectives,*		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		#7] ▪ Employment Support Aide services may be provided in conjunction with Group Supported Employment Services to provide personal assistance and/or behavioral health support needs *[Service Utilization, #6 and #7]* Contract – General Scope of Work ▪ Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members *[5.4.4]*		
1c. Control personal resources, and	▪ Individuals have access to money management habilitation or skill building training ▪ Individuals have access and discretion to spend earned and unearned money (during breaks, lunch, outings, activities, etc.) ▪ Pay is rendered for work to the individual or their	R6-6-804 ▪ Members have the right to be free from personal and financial exploitation *[1]* ▪ Members have the right to manage personal financial affairs/spending money and to be taught to do so *[6]*	Compliant	

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	representative	Service Specifications ▪ The service is designed to promote community integration with other members of the workforce and provide paid work *[Service Requirements and Limitations, #2]* ▪ Programs are required to ensure the ongoing availability of paid integrated work in an amount adequate to the number of members in the program *[Service Objectives, #9]* ▪ Programs are required to provide members with gainful, productive, and paid work *[Service Goals, #2]* ▪ Programs are required to maintain documentation for member including the number of hours worked *[Recordkeeping and Reporting Requirements, #3]* Individual Service Plan ▪ As part of the annual		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		service planning process, members and their team outline a spending plan *[Section 11 – Spending Plan]*		
1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services	▪ Individuals have access to the same services and activities as individuals not receiving HCB services ▪ Individuals are learning and engaging in activities in the community comparable to peers (i.e. people of similar age; people without disabilities, etc.). ▪ Working individuals have access to all of the areas of a workplace to the same extent as their non-disabled peers ▪ Working individuals have a job (and associated tasks) that a non-disabled peer would perform for pay ▪ Working individuals engage in company activities (potlucks, parties, professional development	R6-6-602 ▪ An intent of the Individual Service Plan is to maximize the member's independent living *[B3.c]* DES/DDD Policy 302 ▪ Members are supported to be self-determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* Service Specifications ▪ The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found in the community in which an individual	Compliant	

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals without disabilities in comparable positions interact with other persons *[Service Requirements and Limitations, #1]* ▪ The service is designed to promote community integration with other members of the workforce and provide paid work *[Service Requirements and Limitations, #2]* ▪ Programs are required to help members become part of the informal culture of the workplace *[Service Goals, #4]* Contract – General Scope of Work ▪ Programs shall ensure that materials, supplies,		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		equipment and activities meet the varied interests, physical needs/abilities, chronological ages and cultural backgrounds of members *[5.4.4]* ALTCS Contract ▪ ALTCS Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. *[Section 41]*		
2. The setting is selected by the individual from among setting options including:				
2a. Non-Disability specific settings	▪ Individuals have employment opportunities and day activities/outings including non-disability settings ▪ Individuals have the option to choose a variety of day	R6-6-2107 ▪ Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and	Compliant	

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	services including the combination of employment and/or day services ▪ Individuals have the option to visit other settings prior to making a decision on where to receive services	the member *[M]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]* Service Specifications ▪ The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals without disabilities in comparable positions interact with other persons *[Service Requirements and Limitations, #1]* ▪ The service is designed		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		to promote community integration with other members of the workforce and provide paid work *[Service Requirements and Limitations, #2]* ▪ No more than one group shall be co-located in a physical location *[Service Utilization, #3]* AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs *[Chapter 1200 Overview]* AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions *[Section 1620-D.2.a.]* AHCCCS Contractors Operations Manual ▪ ALTCS Contractors are required to develop		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		and maintain a provider network sufficient to provide all covered services to members *[Chapter 436 Overview]* DES/DDD Contract Scope of Work ▪ Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member *[5.6.4.2]*		
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to HIPPA privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by	A.R.S. 36-551.01 ▪ Members are afforded rights to be free from mistreatment, neglect and abuse by service providers *[N]* ▪ Members are afforded the right to be free from unnecessary and excessive medication *[O]* ▪ Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court *[S]*	Compliant with Recommendations	3) Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to post rights and resources for members to access in the event they feel their rights are being violated.

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods (posted information, information when services were initiated, etc.) and processes for filing complaints including anonymous complaints	A.R.S. 41-3801 ▪ The Human Rights Committee is established to promote and protect the rights of members R6-6-804 ▪ Members are afforded rights including right to privacy during the provision of personal care, communication and visitations *[8]* R6-6-902 ▪ Seclusion and physical and medication restraints are prohibited ▪ Members have individualized behavior treatment plans as part of the Individual Service Plan *[C]* AHCCCS Medical Policy Manual ▪ Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		[Section 930] AHCCCS Medical Policy Manual ▪ Case Manager explain rights and responsibilities to members and provide them a Member Handbook *[Section 1620-A.3]*		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals having access to accessible transportation including information and training on how to use public transportation ▪ Individuals have access to entrances and exits to the setting and any and all areas within the setting ▪ Individuals can engage in work and non-work activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with	R6-6-804 ▪ Members are afforded rights to associate with persons of their own choosing *[4]* ▪ Members are afforded rights to be provided choices and to express preferences which will be respected and accepted *[11]* DES/DDD Policy 302 ▪ Members are supported to be self-determined in an efforts to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section*	Compliant	

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
	people of their own choosing and in areas of their own choosing (indoor and outdoor space) ▪ Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch.	*302.3]* Service Specifications ▪ The program is responsible for transportation within the member's scheduled workday from worksite to worksite *[Service Requirements and Limitations, #3]* ▪ Programs are required to support members in developing skills, abilities, and behaviors that will enable them to most fully realize their vocational aspirations including supporting their transition into a more independent setting *[Service Goals, #3]* ▪ Programs are required to participate with each member's planning steam to develop and implement vocational outcomes in accordance with the member's vision of the future and priorities *[Service Objectives, #1]*		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		▪ Programs are required to ensure the worksite placement of each member is made with consideration of that member's capabilities and interests *[Service Objectives, #3]* ▪ Programs are required, in consultation with the member's planning team, to identify strengths and barriers to success/progressive movements, develop and implement strategies to capitalize on strengths and remove or minimize barriers *[Service Objectives, #8]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his/her own care *[Section 1620-B.1b.]*		
6. Facilitates individual choice regarding services and supports, and who	▪ Individuals are provided choice of service providers and processes	R6-6-804 ▪ Members have the right to have their personal	Compliant	

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
provides them	for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	care needs provided by direct care staff of the same gender *[9]* ▪ Members have the right to be provided choices and to express preferences which will be respected and accepted *[11]* R6-6-2107 ▪ Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member *[M]* R6-6-2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers *[B and C]* DES/DDD Policy 302 ▪ Members are afforded the rights to select supports and services; participate in decision making and to a review of the Individual Service Plan *[B.C.E.]*		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		▪ Members are afforded the right to communicate with staff *[Section 302.2.D.]* ▪ Members are supported to be self-determined in an efforts to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services *[Section 302.3]* Service Specifications ▪ Programs are required to support members in developing skills, abilities, and behaviors that will enable them to most fully realize their vocational aspirations including supporting their transition into a more independent employment setting *[Service Goals, #3]* General Contract Scope of Work ▪ Providers must incorporate measures to		

Group Supported Employment - Assessment				
Rule	**Considerations**	**Evidence**	**Compliance Level**	**Remediation Strategies**
		solicit input on member satisfaction for the quality management plan *[5.8.2.3]* AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his/her own care *[Section 1620-B.1b]* ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices *[Section 1620-B.1c]* ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits *[Section 1620-B.1d]*		

	Group Supported Employment – Transition Plan				
#	**Rule**	**Remediation Strategy**	**Lead Organization(s)**	**Target Date**	**Ongoing Monitoring**
1.	1. The setting is integrated in and supports full access to the greater community	Make revisions to the Service Specifications to expand the scope of the group supported employment service to include the following: ▪ Vocational/job related discovery or assessment ▪ Work incentive consultation ▪ Career advancement services ▪ Transportation training and planning	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Providers (annually)
2.	1a. Seek employment and work in competitive integrated settings,	Undertake a process to evaluate and re-design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community.	AHCCCS, DES/DDD and Arizona Association of Providers for Persons with Disabilities	September 2017 *(Year 1)*	AHCCCS monitoring of MCO (annually)
3.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to post rights and resources for members to access in the event they feel their rights are being violated.	DES/DDD	September 2018 *(Year 2)*	MCO monitoring of Providers (annually)