



Home and Community Based Setting (HCBS) Rules

Tribal Consultation

04/20/2017



Agenda

- HCBS Rules Overview
- Person Centered Planning Overview
- Systemic Assessment Process
 - Proposed changes for Assisted Living Facilities
- Heightened Scrutiny
 - Memory Care Units/Communities
 - Assessment Process
 - Opportunities for public comment
- Next Steps



HCBS Rules Overview



Intent of the HCBS Rules

- Purpose
 - Enhance the quality of HCBS
 - Provide protections to participants
 - Assure full access to benefits of community living
 - Receive services in the most integrated and least restrictive setting possible
 - Receive services to the same degree of access as individuals not receiving HCBS
- Scope
 - Licensed settings
 - Residential and non-Residential

Arizona's Opportunity

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

Placement – December 2015

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

Settings

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

Person – Centered Planning

- Develop safeguards against unjustified restrictions of member rights as outlined in the HCBS Rules
- Ensure members have the information and supports to maximize member-direction, self- determination and personal goal development
- Revise policy and standardize forms and practices across the program

Timeline for new PCP process

- Develop advisory committee *[May 2017]*
- Create policies and standardized procedures and forms
- Develop case manager training

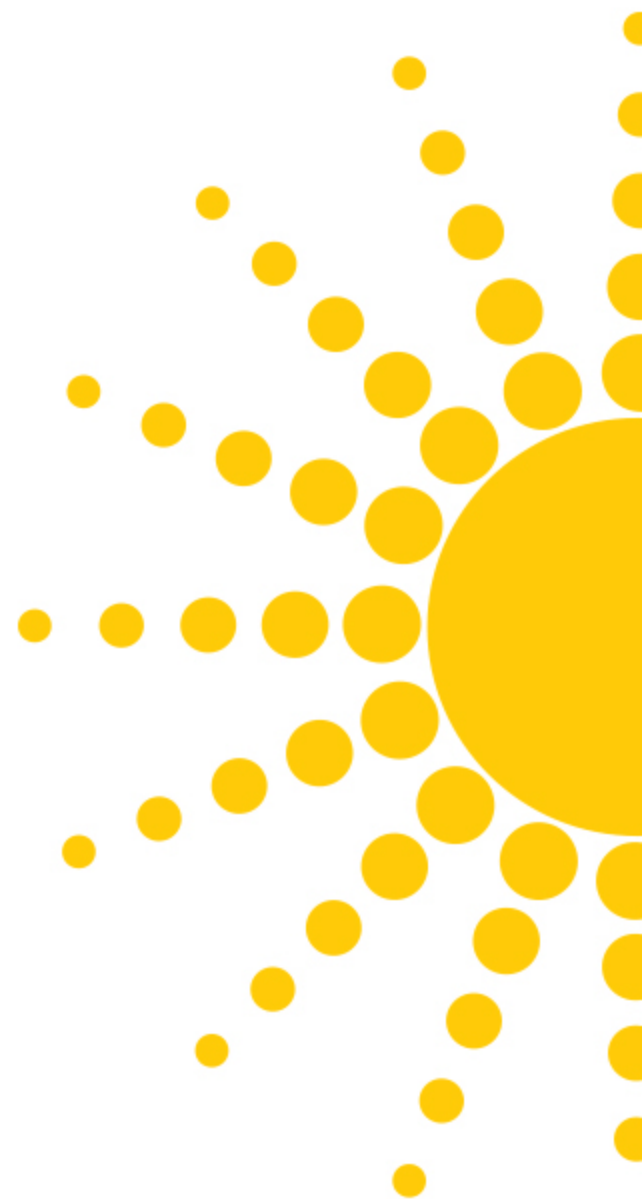
March 2019

Person Centered Service Planning

- Activities to solicit input and gather information
 - Best practice research and literature review
 - MCO Member and Family Forums [Oct - Nov 2016]
 - DDD MCO and Tribal Contractor Forums [Jan 2017]
 - EPD MCO Forums [Mar 2017]
 - Tribal Member and Family Forums [*Apr 2017 – tentative*]

Systemic Assessment Process

October 2015 – Submitted to CMS



Systemic Assessment

- Review and evaluation of standards and requirements for setting types
 - Arizona Revised Statutes
 - Arizona Administrative Code
 - AHCCCS Contracts

Systemic Assessment - Findings

Setting	Compliant	Compliant with Recommendations	Partial Compliance	Not Compliant	Totals
Residential Settings					
Assisted Living Facilities	5	3	6	1	15
Group Homes	5	5	5		15
Adult and Child Developmental Homes	5	5	5		15
Behavioral Health Residential Facilities					
Residential Total	15 (34%)	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

Assisted Living Facilities – What will be different?

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

Assisted Living Facilities – What will be different?

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

Heightened Scrutiny



What is Heightened Scrutiny?

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

Memory/Dementia Care Settings

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

Memory/Dementia Care Settings

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

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

Assessment Process



Overview

- Statistically significant number of settings were randomly selected in Greater AZ
- Settings on Tribal Lands were **not** assessed
- On-site assessments were created by a multi-stakeholder/multi-disciplinary workgroup

On-Site Assessments

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

Preliminary Findings: Themes

- Service plans are clinical in nature, not incorporating support/services related to interests and personal goals
- Generalized restrictions versus individualized restrictions
- Individuals are not getting access to the outside community

Timeline

Task	Timeline
Conduct assessments	October – December 2016
Draft report and solicit input from Workgroup Members	May-June 2017
Solicit public comment*	June 2017
Finalize report and submit to CMS	July 2017

**Information is provided on the AHCCCS HCBS Rules webpage (www.azahcccs.gov/) regarding how to sign up to receive notification of opportunities for public comment*

Dates are subject to change

HCBS Rules: Next Steps

- **Formation of Multi-Stakeholder and Multi-Disciplinary Workgroups**
- **Develop outreach materials for members and families**
- **Develop training for providers and case managers**



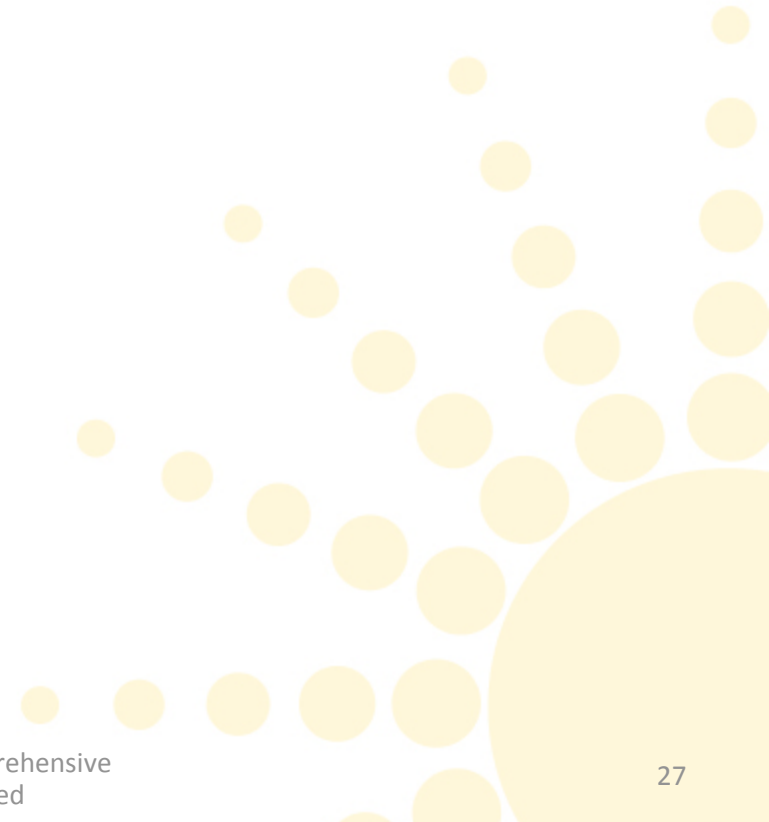
Electronic Visit Verification

04/20/17



Agenda

- Overview of Federal Mandate
- Goals of EVV
- AHCCCS Next Steps



What is EVV?

An electronic system that verifies
IN-HOME DELIVERY SERVICES

Federal Mandate – December 2016

- Section 1903 of the Social Security Act (42 U.S.C. 1396b)
- Personal Care Services – January 1, 2019
 - Attendant Care, personal care and homemaker
 - Respite
 - Habilitation*
- Home Health Services – January 1, 2023
- Eligible for funding
 - 90% Design, development and installation
 - 75% operation and maintenance

AHCCCS EVV Goals

- Ensuring timely service delivery for members including real time service gap reporting and monitoring
- Reducing administrative burden associated with hard copy timesheet processing by AHCCCS providers
- Generating cost savings from the prevention of fraud, waste and abuse

Minimum Considerations

- Minimally burdensome
- Takes into account existing best practices and EVV systems already in use
- Comport with HIPPA requirements
- Multi-Stakeholder input process
- Implementation plans including training for users (providers, DCWs and members)

Minimum Requirements for System Design

- The system should electronically verify:
 - Type of service performed
 - Individual receiving the service
 - Date of the service
 - Location of service delivery
 - Individual providing the service
 - Time the service begins and ends

Management Model Options

- Single state system that all MCOs and providers use.
- Providers develop their own systems that meet certain requirements

Next Steps

Task	Timeline
Research other state models/plans	May 2017
Select vendors for presentations	May 2017
Decide on system design and management model	June 2017
Secure project manager	June 2017
Public comment period	August 2017