ANNUAL HCBS REPORT
Contract Year Ending 2022
(October 1, 2021 – September 30, 2022)

March 2023

Annual HCBS Report – CYE 2022
(October 1, 2021 – September 30, 2022)

TABLE OF CONTENTS

Annual HCBS Report – CYE 2022
(October 1, 2021 – September 30, 2022)

INTRODUCTION

The Arizona Health Care Cost Containment System (AHCCCS) has implemented a long-term care program that serves both individuals who are elderly and/or have physical disabilities (EPD) and individuals who have intellectual and developmental disabilities (I/DD) through Managed Care Organizations (MCOs/Contractors), including the Department of Economic Security/Division of Developmental Disabilities (DES/DDD). AHCCCS and the Contractors strongly support opportunities for individuals enrolled in the Arizona Long Term Care System (ALTCS) program to live in home and community-based service (HCBS) settings. To that end, AHCCCS has maintained a consistent trend of HCBS member placements (considering increases in population) either plateauing or increasing as evidenced by a three percent decrease in institutional placements in CYE 20 and maintaining a low percentage (9%) for institutional placements in the current reporting period.

AHCCCS has accomplished these milestones through its ALTCS program that promotes and adheres to the values of:

- Choice
- Independence
- Self-determination
- Dignity
- Individuality

Guiding principles were established under the belief that every effort should be made to support the ability of individuals to reside in HCBS settings. These guiding principles are as follows:

- *Member-Centered Case Management*
  The member is the primary focus of the ALTCS Program. The member/Health Care Decision Maker and Designated Representative, as appropriate, are active participants in the planning for and the evaluation of the provision of long-term services and supports. Services are mutually selected through Person-Centered Planning to assist the member in attaining their individually identified goals. Education and up-to-date information about the ALTCS program, choices of options, and mix of services shall be readily available to members.

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

- *Person-Centered Planning*
  The Person-Centered Planning process maximizes member-direction and supports the member to make informed decisions, so that they can lead/participate in the Person-Centered Planning process to the fullest extent possible. The AHCCCS Person-Centered Service Plan (PCSP) safeguards against unjustified restrictions of member rights and ensures that members are provided with necessary information and supports in order to gain full access to the benefits of community living to the greatest extent possible. The PCSP ensures responsiveness to the member's unique needs and

choices regarding service delivery as well as individual goals and preferences. The member/Health Care Decision Maker shall have immediate access to the member's PCSP.

- *Consistency of Services*
  Development of network accessibility and availability serves to ensure delivery, quality, and continuity of services in accordance with the PCSP as agreed to by the member/Health Care Decision Maker and the Contractor.

- *Accessibility of Network*
  Network sufficiency supports choice in individualized member care and availability of services. Provider networks are developed to meet the unique needs of members with a focus on accessibility of services for aging members and members with disabilities, cultural preferences, and individual health care needs. Services are available to the same degree as services for individuals not eligible for AHCCCS.

- *Most Integrated Setting*
  Members are to live in the most integrated and least restrictive setting and have full access to the benefits of community living. To that end, members are afforded the choice of living in their own home or choosing an Alternative Home and Community Based Services (HCBS) Setting rather than residing in an institution.

- *Collaboration With Stakeholders*
  Ongoing collaboration with members/Health Care Decision Makers, Designated Representatives, family members, service providers, community advocates, and AHCCCS Contractors plays an important role for the continuous improvement of the ALTCS Program.

Members and families are afforded the opportunity to actively participate in the selection of services that will best meet their needs. HCBS applicable settings are available to an individual as long as the cost of HCBS does not exceed the net cost of institutionalization for that member.

Arizona's Olmstead Plan, first developed in 2001, has influenced the changes made to the ALTCS program over the years. Current efforts to update and regularly monitor the progress of the Olmstead Plan are outlined in a subsequent section of this report.

This report details efforts and initiatives aimed at improving quality and promoting the expansion of HCBS. All of the efforts outlined in the report were implemented during the reporting period; consistent with previous reporting period notable priorities include activities specific to COVID-19 Public Health Emergency (PHE) response, American Rescue Plan Act (ARPA) spending plan implementation, Electronic Visit Verification (EVV), abuse and neglect prevention, the Home and Community Based Settings' Regulation (HCBS Rules) transition plan implementation, and Olmstead Planning.

Annual HCBS Report – CYE 2022
(October 1, 2021 – September 30, 2022)

THE MEMBER EXPERIENCE

A main priority of the ALTCS program is to ensure that members are living in the most integrated setting and actively engaged and participating in community life (i.e., employment, education, volunteer, social, and recreational activities). The following member stories exemplify how these priorities present themselves on a day-to-day basis in the lives and accomplishments of members[1].

Willy - is 65 years old and experiences Emphysema and heart disease. Willy and his case manager brainstormed potential ways he could use his computer skills to benefit others. They decided to reach out to Goodwill to inquire about donations of available laptops/computer parts. Willy contacted an employee at Goodwill and was able to acquire or buy laptop parts by using coupons. He was delighted with the combination of these donations and his computer skills; he was able to fix a fan in a laptop and refurbish a laptop all on his own. Willy befriended the employee at Goodwill, who brought him two more laptops that he was able to repair with the software upgrades. He continues to work on computer repairs during his spare time.

Michael - is 41 years old and receives in-home services. He has been employed at his local McDonalds for 24 years and continues to reach new levels of independence. For example, he has learned to write in cursive so he can sign legal documents, calculate simple math problems, and has also learned to cook. With the support of his caregiver, he has learned to cook chili, chicken noodle soup, stuffed peppers, eggs and bacon, salads, and fried chicken. Michael also reciprocates by helping his father, Edwin (Ed). "He is now taking care of me," said Ed. "I wouldn't be able to do anything without him."

Lilly - is 20 years old and has a diagnosis of Autism. Lilly remembers being bullied and teased in high school because of her diagnosis. Today, Lilly is a double-S.T.E.M. (Science, Technology, Engineering, Math) major at the University of Arizona (UA). Her current classes at UA's pre-veterinary medical school are organic chemistry, calculus, economics, and fictional writing. Nicolle, Lilly's mother, offered this advice to parents whose child has received an autism diagnosis: "People who may have a child that's diagnosed on the spectrum always feel that it's a deficit. But what these kids really actually get is a leg-up on a typical peer because they are placed in front of people - therapists, doctors, teachers - to thrive." Overall, Lilly doesn't consider her autism to be a disability. "I'm at the point in my life where I'm not going to hide from it because it's not something that I let define who I am."

Julie - is 43 years old and has lived at a rehabilitation center as part of their bariatric program since 2015. Upon entry, Julie weighed 450 pounds and could no longer live at home due to her physical limitations and staffing needs. She never wanted to live in a nursing home and made it a personal goal to be discharged once she was more independent. The bariatric program has been instrumental in assisting Julie to meet her personal goals. She worked with the therapy team at the rehabilitation center who created a specific bariatric program to meet her individual needs. The program was centered

[1] AHCCCS received authorization from each member to use or disclose personal or health information for the purposes of AHCCCS publications. The authorizations are on file.

around nutrition, exercise, counseling, and the bariatric support group. Julie started out with arm and leg exercises and as time progressed, she was able to bear weight and eventually take steps. Julie began walking down hallways with her walker and then graduated to walking throughout the facility with her walker. Finally, she was able to walk throughout the facility unassisted. Julie was also educated on proper nutrition which resulted in her making better food choices. Julie became recognized by her peers and soon became the lead for the bariatric support group at the facility. For the first time in eight years, she could go to the bank to open a checking account, go to the social security office and shop at her favorite store, Joann Fabric and Crafts. Since being discharged from the nursing home, Julie has lost another 98 pounds.

Antwan - is 18 years old and lives with a traumatic brain injury from a motor vehicle accident. After enrolling in the ALTCS program in June 2021, he set personal goals with the assistance of his case manager to recover from the injuries and eventually return to his home. When Antwan returned home in November 2021, his case manager helped to ensure he received needed medical equipment and home health services for nursing and physical therapy as part of the discharge planning process. Since returning home, Antwan has successfully completed and has been discharged from home health services and now enjoys swimming and fishing with family and friends. As of June 2022, Antwan is no longer using a wheelchair for mobility and continues to improve in his ability to complete tasks with minimal support. Antwan is working with his case manager on action items to achieve his current personal goal of attending culinary school to become a chef.

Carol - is 62 years old and uses a wheelchair for mobility. Prior to the COVID-19 Public Health Emergency (PHE), Carol was known to exercise [walk] up to six miles daily and regularly visit with neighbors. During the PHE, she withdrew from this activity and felt disconnected from her community. She expressed feeling sad, was careful to exercise while taking precautions, but mostly stayed indoors. After vaccinations became available, she felt safer and decided that she was ready to resume previous activities and visiting with others. Carol spoke with her case manager about playing college basketball in New Mexico before her injury. She loves sports and regularly attended basketball games at the local high school before the PHE. The case manager assisted Carol in completing the volunteer application to become a coach with her city's basketball program. Carol was accepted! She was excited and even recruited her grandchildren to sign up for her team. Carol reported that "becoming a coach was the best thing that could ever happen to me!" Carol stated that next season she plans to coach two teams.

Enrique - is 57 years old and expressed feelings of depression and lacking purpose in his life to his case manager, who, in turn, regularly encouraged him to focus on his strengths. She encouraged him to join the Contractor's Member Advisory Council and invited him to volunteer alongside her to serve lunch at St. Vincent De Paul. Enrique was excited to help and serve at St. Vincent De Paul and enjoyed the socialization aspect of his service. He came away from that experience sharing that he felt needed and helpful. Enrique felt so empowered that he now independently and regularly volunteers at St. Vincent De Paul serving meals and sorting clothes for families in need. He has also obtained a Food Handlers Card to serve at his local Farmer's Market and volunteers weekly at a food pantry. Enrique says he feels

empowered to give back, and he would like other members to get involved. Enrique says that "giving back is like a holiday every day. It doesn't matter how small or big, we all should just do it."

Karen - is 76 years old and resides in an assisted living facility. Karen is very social and loves helping people and is naturally friendly, social and engaging. Since she has moved into the assisted living facility, she has been looking for ways to help others. The case manager brainstormed ideas with Karen and engaged staff from the facility to also generate ideas. Karen took the initiative and started advising new residents on what to expect when they move in. She started volunteering to help new residents feel comfortable and adjust to their new placement by spending time visiting, conducting a walking tour of the grounds, or just making introductions to staff members and other residents. The assisted living facility staff wanted to recognize her service by creating new volunteer positions for her, and others, to serve as Ambassadors. In her newly established role, Karen has created a committee with two other residents that meet once per month. During committee meetings, the Ambassadors come up with new ideas to welcome new residents to make them feel at home. They have put together balloons, cards, and activity calendars to offer a nice welcome packet for new residents.

Odell - is 50 years old and previously resided in a nursing facility. While in the nursing facility, he missed spending time with friends and family and felt stuck by his physical condition. Odell was motivated and ready to take on tasks to achieve his goal of moving into an apartment of his own. The case manager engaged the Contractor's Reintegration Specialist and worked alongside Odell to address identified barriers to reach his goal. The team worked closely with his treating physician to address his chronic conditions and work towards stability, including streamlining medications to be easily managed independently in preparation for a transition. The Contractor utilized the Community Transition service to secure deposits and purchase household items necessary for Odell to live in his own home. Odell was determined and participated in every aspect of the transition plan, selecting his desired apartment, securing a voucher, completing subsidized housing applications, selecting furniture, and exploring the type of personal care services he would need once he was living on his own as well as identified a direct care worker to support his needs. The readiness process took approximately three months. As the discharge date was coming closer, it was noted that his Social Security Supplemental Insurance (SSI) would not be reinstated before his move-in date. Feeling his apartment was in jeopardy, the case manager advocated on his behalf with the apartment complex, agreeing that Odell could move in without paying until his SSI was reinstated. Everything came together quickly after that, and in July 2022, Odell was discharged from the nursing facility and moved into his own apartment home. Odell shared that he is thrilled to be living independently. He no longer feels stuck and "enjoys a type of freedom of having day-to-day responsibilities and living my best life."

MEMBER INITIATIVES

The following is a summary of specific HCBS-related activities undertaken by the ALTCS Contractors and AHCCCS.

- ***Spouse as Paid Attendant Caregiver***
  Spouse as Paid Caregiver is a service model option that allows a spouse who meets basic qualifications to provide, and be compensated for providing, direct care services for their husband or wife. Per the Arizona 1115 Waiver, ALTCS members selecting this option are limited to 40 hours per week of attendant care or like services (homemaker and personal care). Allowing married members this service option has assisted in reducing the challenges of ensuring an adequate caregiver workforce.

  The Spouse as Paid Caregiver waiver information can be found on the AHCCCS website.

  In Contract Year Ending (CYE) 2022, 1,364 members received paid services from their spouse, a seven percent decrease from the previous year.

- ***Self-Directed Attendant Care (SDAC)***
  Self-Directed Attendant Care (SDAC) offers ALTCS members or their legal guardians the choice of directly hiring and supervising their own Direct Care Workers (DCWs) without the use of an agency. It empowers members to have more control over their lives, leading to increased satisfaction, and improved quality of life. Under SDAC, individuals have the right and the ability to make decisions about how best to have their needs met, including determining who will provide the services they need and when the services will be provided. Participating members are supported by the services of a qualified fiscal agent who performs all employer payroll functions and case managers who provide general assistance. Case managers may utilize the SDAC member manual to support members serving in the capacity of the employer of their DCW. Additionally, case managers may authorize the member training service to have an AHCCCS registered provider offer training to the member on how to exercise their employer authority.

  The Arizona Administrative Code (rule) allows SDAC participating members to direct certain skilled nursing services to their DCW. As a result, members can direct their DCW to perform the following skilled services:

  - Bowel care, including suppositories, enemas, manual evacuation and digital stimulation,
  - Bladder catheterizations (non-indwelling) that do not require a sterile procedure,
  - Wound care (non-sterile),
  - Glucose monitoring,
  - Glucagon as directed by the health care provider,
  - Insulin, subcutaneous injection only if the member is not able to self-inject,
  - Permanent gastrostomy tube feeding, and
  - Additional services with the approval of the AHCCCS Director and the Arizona State Board of Nursing.

  The SDAC policy (Chapter 1300, Policy 1320-A) in the AHCCCS Medical Policy Manual can be found on the AHCCCS website.

In CYE 2022, 341 members utilized this member-directed option, a 16 percent increase from the previous year.

- ***Agency with Choice***

  The Agency with Choice member-direct option is available to ALTCS members who reside in their own home. A member or the member's Individual Representative (IR) may choose to utilize Agency with Choice for the provision of his/her care. Under this option, the provider agency and the member/IR enter into a formal partnership agreement. The provider agency serves as the legal employer of the Direct Care Worker and the member/IR serves as the day-to-day managing employer. Agency with Choice presents an opportunity for members interested in directing their own care but would otherwise like the support offered by a provider agency. For provider agencies, the option affords them an opportunity to support members in directing their own care.

  The Agency with Choice policy (Chapter 1300, Policy 1310-A) in the AHCCCS Medical Policy Manual can be found on the AHCCCS website.

  In CYE 2022, 1,251 members utilized this member-directed option, a 27 percent decrease from the previous year. It is important to note, a total of 239 members (19 percent of Agency with Choice participants) utilize the combination of the Agency with Choice and Spouse as Paid Caregiver service model options.

  The Service Model Options – Annual Percentage Change table below is a five-year summary of the annual percentage change of the membership's utilization of the Spouse as Paid Caregiver service model option, the Self-Directed Attendant Care, and Agency with Choice member-directed options.

Service Model Options – Annual Percent Change					
Annual % Change in Utilization	CYE 2018	CYE 2019	CYE 2020	CYE 2021	CYE 2022
Spouse as Paid Caregiver	5%	-2%	8%	-5%	-7%
Self-Directed Attendant Care	9%	-6%	8%	-35%	17%
Agency with Choice	-10%	-14%	-16%	-17%	-27%

- ***Community Transition Service***

  The implementation of the Community Transition Services option was approved by CMS in 2010. This service provides financial assistance to members to move from an ALTCS long term care institutional setting to their own home or apartment. The option offers up to $2,000 to defray transition costs such as security and utility deposits for an apartment or home, essential furnishings, or other moving expenses. Contractors also provide assistance to members who may experience financial challenges that present barriers to making a transition into a home or apartment in the community. This is not an uncommon scenario because, during their tenure in the nursing facility, the discretionary income members receive is limited to the special needs allowance. It may take a

few months for the share of cost to be reduced to zero after the member has transitioned out of the nursing facility. In these circumstances, Contractors may assist the member with obtaining Section 8 housing or moving into homes that have month-to-month leasing opportunities versus a requirement upfront for first and last month's rent. Members may also receive financial assistance from family members to make the transition.

In an effort to support a member's affordable housing needs, AHCCCS requires all Contractors to have a designated housing expert that is responsible for identifying housing resources and building relationships with contracted housing providers and public housing authorities for the purposes of developing innovative practices to expand housing options and assist case managers in making appropriate referrals for members in need of housing. The housing expert is required to monitor and maintain a list of members with affordable housing needs to inform these efforts, including reporting outcomes of the housing referrals.

On October 14, 2022, CMS approved Arizona's request for a five-year extension of its 1115 Waiver which includes new AHCCCS authority to broaden the scope of the Community Transition Service to include member transitions from any provider-operated living arrangements (institutional and non-institutional) to their own home.

- ***Community Intervener Service***
  AHCCCS is developing a new ALTCS service for members with dual sensory loss (both vision and hearing), with a planned effective date of October 1, 2023. Individuals with a combined vision and hearing loss may have their physical health, mental health, safety, and welfare impacted by their impairments. The Community Intervener service will provide the visual, auditory, and environmental information to members that they are unable to gather on their own and that supports them to lead self-directed lives. Community Interveners are paraprofessionals with specialized training that will support members to access and receive intervention and skill building support related to:

  - Communication
  - Information
  - Environment
  - Social/Emotional Support
  - Activities

- ***Addressing Social Isolation***
  The AHCCCS Whole Personal Care Initiative (WPCI) seeks to address the social risk factors that can have an impact on a person's health and well-being. It is believed that these factors (i.e., socio-economic status, behaviors, and physical environment) contribute more to health outcomes than access to health care. One social risk factor that AHCCCS wants to specifically address for the ALTCS population is social isolation. There is strong evidence that social isolation is associated with poor health outcomes and higher rates of mortality. For example, according to the Journal of Aging Life Care, social isolation has been identified as having the same magnitude of impact on a person's health as high blood pressure, smoking, or obesity. Additionally, as the American Psychological

Association reported on their website, it has been noted to increase a person's risk of dementia by 40 percent.

AHCCCS is in the process of creating a new habilitation service model that will support members in developing skills to build relationships and community connections within their community of choice and further their personal goal development. Members will have the option for this service to be provided by peers who are experiencing aging or living with a disability. The new policy guidance is planned to be effective January 1, 2024.

- ***Prior Period Coverage For HCBS***
  Contractors are allowed to cover HCBS services for "Prior Period Coverage" enrollment. This allows applicants to have HCBS services covered by the Contractor during the period between application and determination of eligibility. Such coverage allows greater flexibility in the choice of a service site. Persons awaiting discharge from hospitals can go directly back to their own home, with coverage of those services paid for once eligibility is determined and enrollment is complete.

CONTRACTOR INITIATIVES

The Contractors engage in several initiatives aimed at ensuring members are living in the most integrated setting as well as participating in community life. The following are examples of those initiatives that were implemented in 2022.

One Contractor implemented a fully digital, cloud-based platform (Rovicare) that automates the service referral process. The data is shared with providers to help identify areas with a workforce shortage and ensure members are provided caregivers timely. The Contactor created an advisory board that consists of providers who currently work on the platform. Referral data is shared, and feedback is utilized to determine what is and what is not working, possible enhancements to the platform, and how to fill network gaps. The Contractor has 108 provider locations fully loaded to the Rovicare platform to receive immediate referrals to assist members in obtaining a caregiver.

One Contractor launched a bariatric program in through a partnership with a skilled nursing facility, assisted living home, and an in-home medical provider to better meet the needs of this vulnerable population. The goal of the program is to provide member directed care and resources for morbidly obese individuals that have a desire to work towards weight loss and a healthier lifestyle, and ultimately help members on their journey back to their families and their own homes in the community. A mindset of acceptance, mutual support, and member centric goals are a cornerstone of the program. The program is designed to be fluid so members can move between settings as their condition improves or declines. The program provides many of the same services as the skilled nursing facility program with a more home-like feel. Self-care and community reintroduction skills are taught to members with the intention of discharging them to the community when they are ready. The in-home provider network has developed a specialized bariatric program that provides resources that may be more efficiently delivered in the home. In addition to primary care, the program provides nutritional support, weekly weight loss tracking, a Community Health Worker (CHW) to assist with social determinants of health needs, and referrals to an aligned bariatric surgeon when and if the member needs it.

The DES/DDD Contractor, a Contractor, and state agency created the Likely Eligible Program in July of 2022 in collaboration with the Department of Child Safety (DCS). The implementation included the development of a standard tool used to screen children to identify those who are "likely eligible" for ALTCS services, creating a policy and intergovernmental agreement between the Contractor and DCS to provide improved access to services for children in DCS care.

One Contractor has coordinated "open house" events at local community centers to encourage members residing nearby to tour and participate in activities, classes, or simply use their exercise facilities to promote engagement within their communities. It is more than simply inviting members and their caregivers to tour and participate in their local community center activities. It is about case managers standing next to, participating side-by-side with the member, demonstrating the ease of accessing and enjoying the space, interacting with others, and doing exercises or yoga together. As a result, many members and caregivers that have joined the case managers for the open house events continue to go on a regular basis. The awareness and promotion of the use of the amenities at the local community centers not only affords the member another opportunity to engage in their community, but also offers the caregiver an opportunity for rest and relief or, if they choose to participate themselves, benefits from the wellness programs, classes, and activities.

AHCCCS ADMINISTRATION AND OVERSIGHT

The following is a summary of other activities that touch on broader long-term care issues, but also address HCBS as a component. Some of these activities involve collaborative efforts with other Arizona state agencies, while others are exclusive to AHCCCS and its Contractors.

- ***COVID-19 Response***
  AHCCCS has continued to implement a number of initiatives to combat and support mitigation of COVID-19 including the continuation of AHCCCS' approvals granted by CMS to waive certain Medicaid requirements to enable AHCCCS to combat the continued spread of COVID-19. One such request under the 1115 Appendix K authorities is to specifically address the unique needs of maintaining access to care for ALTCS members during the Public Health Emergency (PHE). The approved authorities, in part, permit flexibility to expand efforts to mitigating workforce shortages, maintaining network adequacy of HCBS providers, expanding the eligible population for home delivered meals, and permitting remote assessment planning and approvals. Additionally, AHCCCS was granted flexibility to allow HCBS providers to accompany members to the hospital and provide care simultaneously in order to alleviate some of the burden on a very taxed hospital system as well as support members who may be scared or concerned when families were not allowed in due to COVID-19.

  AHCCCS has and continues to evaluate whether members could benefit from allowing these flexibilities on a permanent basis. In April 2022, AHCCCS resumed in-person assessment and service planning with the caveat that members could request those activities to occur remotely through the end of the COVID-19 PHE. This allowance continues to be evaluated by AHCCCS while other flexibilities have been made permanent. On October 14, 2022, CMS approved Arizona's request for a five-year extension of it 1115 Waiver that included the provision of home delivered meals to

members receiving services from DES/DDD and allowing for personal care to be provided in acute care hospitals.

AHCCCS also maintains and regularly updates an extensive list of FAQs on the AHCCCS website to help address questions and concerns from Contractors and stakeholders.

More information on the Agency's COVID-19 response can be found on the AHCCCS website.

- ***American Rescue Plan Act (ARPA)***
  On July 12, 2021, AHCCCS submitted a spending plan for the implementation of the American Rescue Plan Act of 2021, Section 9817. Arizona intends to leverage this unprecedented opportunity to implement initiatives that enhance and strengthen HCBS services while simultaneously promoting ongoing access to care and paths to self-sufficiency. Arizona has identified two critical priorities, each with a number of member-centric strategies that will serve as a roadmap for the state's use of these dollars. The strategies and priorities are detailed in the HCBS Funding Priorities for Arizona's Seniors, Individuals with Disabilities, Individuals Living with Serious Mental Illness and Children with Behavioral Health Needs table.

HCBS Funding Priorities for Arizona's Seniors, Individuals with Disabilities, Individuals Living with Serious Mental Illness, and Children with Behavioral Health Needs	
Strengthening and Enhancing Arizona's Home and Community Based System of Care	Advancing Technology to Support Greater Independence and Community Connection
(1) Empowering parents and families to provide care and meet the needs of their children	(1) Utilizing new technology to promote care coordination and seamless communication
(2) Funding local initiatives and community-specific programming to improve member health	(2) Creating tools that strengthen quality monitoring and prevent abuse and neglect
(3) Assessing member engagement and satisfaction to better understand needs, prevent abuse and neglect, and identify opportunities for improvement	(3) Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence
(4) Expanding access to care from a well-trained, highly skilled workforce	
(5) Promoting stabilization, access to supportive services, and workforce retention/consistency to improve member outcomes	

As of January 19, 2022, AHCCCS received conditional approval of the spending plan by the Centers for Medicare and Medicaid Services (CMS). Thereafter, AHCCCS received spending authority by the Arizona State Legislature to implement the spending plan approved by CMS. The funding is short-term and AHCCCS made the decision that funds must be spent by September 30, 2024.

More information on the Agency's ARPA spending plan, including quarterly progress reports and updates, can be found on the AHCCCS website.

- ***Arizona State Hospital (ASH) Coordination***
  AHCCCS Contractors are responsible for oversight and monitoring of members who were conditionally released from the ASH. AHCCCS requires Contractors to develop and implement policies and procedures to provide high touch Contractor care management and other behavioral health and related services to each member on conditional release from ASH, consistent with the member's Court Ordered Conditional Release Plan. As stated in their contract, Contractors actively participate in the member's discharge plan prior to release. Contractors are not permitted to delegate the care management functions to a subcontracted provider and must submit a monthly comprehensive status report for each member on Conditional Release to the Psychiatric Security Review Board (PSRB), the member's attorney, and designated AHCCCS staff. The Psychiatric Security Review Board was dissolved on December 31, 2022, shifting jurisdiction of these members to the Superior Court. Contractors will continue to actively participate in discharge planning and monitoring of persons on conditional release including the review and submission of comprehensive monthly monitoring reports to AHCCCS. AHCCCS staff reviews monthly monitoring reports to ensure Contractor compliance.

- ***Long Term Care Case Management***
  Each ALTCS-enrolled member receives case management services provided by a qualified case manager. ALTCS case managers utilize a person-centered approach and maximize member/family self-determination while promoting the values of dignity, independence, individuality, privacy, and choice.

  Case managers conduct regular home visits with HCBS members to ensure quality services are being provided without gaps; to determine the services necessary to meet the member's needs, while in the most integrated setting; to provide member specific education to the member and their family; and to introduce alternative models of care delivery when appropriate.

  The following are examples of how case managers execute their roles and responsibilities.

  - **Member-Directed Options Information**: Case managers regularly inform members about member-directed options and assist members and their families to make informed decisions about the service delivery model of care.

  - **End of Life Care:** Case managers educate members/families on End-of-Life Care, which encompasses all health care and support services provided at any age or stage of an illness.

- **Serious Mental Illness Determinations:** Case managers assess for the appropriateness of and submit referrals for members to receive a Serious Mental Illness (SMI) determination and, once affirmed, ensure members receive entitled services including grievance and appeals processes.

- **Cost Effectiveness Analysis:** Case managers assess the continued suitability, appropriateness, and cost effectiveness of the member's in-home services. HCBS placement is the goal for ALTCS members as long as cost effectiveness standards and the member's medical, functional, social, and behavioral health needs can be met in that setting. The case manager regularly assesses the cost of the HCBS services and compares them to the estimated cost of institutionalized care. Placement in an HCBS setting is considered cost effective if the cost of HCBS services for a specific member does not exceed 100 percent of the net cost of institutional care for that member.

- **Non-Medicaid Service Coordination:** Case managers identify and integrate non-ALTCS covered community resources/services as appropriate based on the member's needs, including community resources/services that support members in achievement of personal or independent living goals.

- **Goal Development:** Case managers assist members to develop meaningful and measurable goals, including personal and independent living goals. Case managers also provide members with information about local resources to help them transition to greater self-sufficiency in the areas of housing, education, and employment, as well as identify goals and preferences around the areas of recreation, friendships, and family relationships.

Contractors are required to submit a Case Management Plan and Evaluation on an annual basis which addresses how the Contractor will implement and monitor case management and administrative standards outlined in AHCCCS policy including specialized caseloads.

AHCCCS evaluated the plans that were submitted for CYE 2022 and approved each Contractor's plan for the delivery of case management and the evaluation of the previous year's activities and outcomes.

In an effort to enhance the person-centered approach and further maximize member/family self-determination, AHCCCS in conjunction with the ALTCS Contractors and Tribal ALTCS Programs successfully implemented the new Person-Centered Service Plan (PCSP) and process which:

- Creates alignment of practices, forms, and monitoring of person-centered service planning (PCP) approach and personal goal development, as it relates to assessment and needs identification, considering not only ALTCS covered services, but also other needed community resources (as applicable), as well as other care coordination activities,
- Supports members in having the information and supports to maximize member-direction and determination, and
- Documents processes to assess health and safety risks and safeguard against unjustified restrictions of member rights in accordance with the Home and Community Based Settings rules.

AHCCCS, in partnership with Contractors, managed and monitored a robust implementation process to ensure the introduction of the new PCSP when smoothly and did not impact service delivery including revising the ALTCS Case Manager Standards, tracking the adoption of the new tool for each member, identifying post-implementation barriers and solutions and providing orientation to members and technical assistance to case managers. There were no reported adverse health member outcomes as a result of the transition to the new tool. Contractors reported general positive feedback from members and families particularly as it relates to the facilitation of more meaningful conversations with Case managers despite the fact virtual meetings remained allowable during the PHE.

- ***Electronic Visit Verification (EVV)***
  Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), AHCCCS is mandated to implement EVV for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, and respite) by January 1, 2021[2] and for in-home skilled nursing services (home health) by January 1, 2023.

  The goals of instituting EVV in the AHCCCS program include:

  - Ensuring, tracking, and monitoring timely service delivery and access to care for members,
  - Reducing provider administrative burden associated with scheduling and hard copy timesheet processing,
  - Accommodating the lifestyles of members and their families and the way in which they manage care,
  - Accommodating service provider business decisions and preserving existing investment in systems, and
  - Prevention, detection, recovery of improper payments due to fraud, waste, and abuse.

  During the reporting period, AHCCCS engaged in the following major milestones to prepare for the claims compliance phase of the implementation of EVV planned for calendar year ending 2022:

  - Offered a final round of live interactive webinar training sessions for providers,
  - Completed the Certification Review conducted by the Centers for Medicare and Medicaid Services (CMS),
  - Received CMS certification of the state sponsored EVV system,
  - Worked diligently with the state sponsored and alternate EVV vendors to resolve several unexpected technical issues that impeded provider adoption of EVV,
  - Assisted providers with EVV implementation and problem-solving including meeting with members and families to explore ways to streamline EVV for their unique service delivery scenario,
  - Added and updated member and provider resources to the AHCCCS EVV Website, including regularly updated FAQs, and
  - Facilitated regularly scheduled meetings with provider groups representing industries subject to EVV.

[2] On December 5, 2019, AHCCCS received approval from CMS to extend the timeline for compliance through 01/01/21.

AHCCCS is leveraging the EVV mandate to develop a more streamlined reporting approach to ensure, track, and monitor timely service delivery and access to care for members. AHCCCS is currently working with the state sponsored EVV system vendor to make system customizations and standard reports to assist providers, Contractors, and AHCCCS to streamline administrative processes and to mitigate access to care challenges. The reporting will support monitoring scheduled service visits versus occurrences of late or missed visits and the actions the providers took in response to the member's contingency plan for such occurrences.

More information on EVV can be found on the AHCCCS website.

- ***Network Development Plans***
  Each year, AHCCCS requires that ALTCS Contractors develop an adequate network and submit a Network Development and Management Plan (Plan) to demonstrate their networks meet the needs of the members they serve. In the Plan, the Contractors identify the current status of the network at all levels (institutional, HCBS, acute, alternative residential, etc.) and project future needs based upon membership growth and changes in member profiles/service needs.

  AHCCCS requires the Contractor to provide information on many issues relating to network sufficiency in the Plan, including but not limited to the following:
  - Evaluation of the prior year's Plan,
  - Current status of network by service type,
  - How members access the system,
  - Relationship between the various levels of the networks,
  - Current network gaps,
  - Immediate short-term interventions when a network gap occurs,
  - Interventions to fill network gaps, and barriers to those interventions,
  - Evaluation of the interventions,
  - Strategies utilized to increase the percentage of members living in their own home,
  - Any network issues identified during member and provider council meetings, and
  - How the network is designed for populations with special health care needs.

  AHCCCS requires its ALTCS Contractors to develop and demonstrate the implementation of proactive strategies in the Plan to reduce the percentage of members in Alternative Residential Settings once it is determined that 20 percent or more of a Contractor's HCBS membership resides in such settings.

  AHCCCS evaluated the Plans that were submitted for CYE 2022 and approved each Contractor's Plan, including the methods for analyzing the network and identifying and addressing network gaps. AHCCCS is in the process of reviewing the plans for CYE 2023.

- ***Abuse & Neglect Prevention Task Force***
  The Abuse & Neglect Prevention Task Force convened in response to Executive Order 2019-03 to ensure the health and safety of Arizona's most vulnerable citizens. The Task Force examined a broad range of concerns and opportunities aimed at enhancing the prevention of abuse and neglect. The Task Force developed 30 recommendations that fall under the following themes:

- Statewide public awareness campaign to encourage a statewide culture of abuse, neglect, and exploitation prevention educating the broader public of that commitment.
- Prevention and accountability of all state agencies, in collaboration with private vendors and stakeholders, to develop, disclose, implement, and monitor policies and practices aimed at preventing abuse, neglect, and exploitation, reporting incidents, conducting investigations, and ensuring incident stabilization and recovery.
- Multi-agency coordination where AHCCCS, Department of Economic Security, Arizona Department of Health Services, and other critical system partners work to employ a coordinated, multidisciplinary team approach in preventing and addressing incidents of abuse and neglect.
- Signage implementation on how to report abuse, neglect, and exploitation to be prominently posted in all settings in which vulnerable individuals reside and/or receive services.
- State agencies, in partnership with community-based organizations, to offer evidence-based training on abuse, neglect, and exploitation prevention, reporting, and recovery to vulnerable individuals and their families.
- Improvements in identification, tracking, and analysis of incidents of alleged abuse and neglect, including mechanisms for making data readily available to the public.
- Workforce development strategies which foster workplaces that uphold the ideals of respect, attentiveness, and active support for all individuals receiving services and providing services within the State Medicaid program.
- Adult Protective Services registry checks and training to investigators.
- Supportive resources to help manage caregiver stress.
- Public access to Setting Monitoring Reports that include monitoring reports for group homes and adult developmental homes to the extent allowed by statute and privacy restrictions.
- Review of confidentiality requirements to identify potential revisions to statute and agency policies to allow information sharing between parties while maintaining required privacy and confidentiality protections.

Significant work has been accomplished and the majority of the recommendations have been completed.

AHCCCS continues to work with the Sonoran University Center for Excellence in Developmental Disabilities (UCEDD) to evaluate the impact of the implemented recommendations from the Abuse and Neglect Prevention Task Force. During the year AHCCCS reviewed the results of a member and family member survey that was designed and distributed by AHCCCS and the Contractors, including DES/DDD. The survey response was lower than anticipated, with only 282 responses from both members and family members, with two thirds of the members being in home-based care and one third in residential facilities. Despite the low response rate, AHCCCS is proceeding to utilize the results of the survey to plan for future activities and areas of focus to educate members and their families regarding the prevention of abuse, neglect, and exploitation.

In addition to the survey, UCEDD finalized an independent evaluation report to comprehensively evaluate the implementation of the recommendations from the Abuse and Neglect Prevention Task Force. The report provides findings and recommendations for AHCCCS and sister state agencies to consider as the state continues to prioritize the prevention of abuse, neglect, and exploitation.

More information can be found on the AHCCCS website including the most updated progress status report.

- ***Monitoring and Oversight***
  AHCCCS regularly reviews Contractor operations to ensure compliance with federal and state law, rules and regulations, the AHCCCS contract, and AHCCCS policies. Monitoring activities include review and approval of contract deliverables, regular coordination meetings with Contractors, provision of technical assistance, and both Focused and Operational Reviews. Focused Reviews are conducted based on trending information specific to one Contractor or across Contractors to assess compliance in a specific area of focus and provide targeted technical assistance. Operational Reviews are conducted in order to:

  - Determine if the Contractor satisfactorily meets AHCCCS' requirements as specified in the contract, AHCCCS policies, Arizona Revised Statute, Arizona Administrative Code, and 42 CFR Part 438, Managed Care,
  - Provide technical assistance and identify areas where improvements can be made as well as identifying areas of noteworthy performance and accomplishments,
  - Review progress in implementing recommendations made during prior reviews,
  - Determine if the Contractor is in compliance with its own policies and to evaluate the effectiveness of those policies and procedures,
  - Perform Contractor oversight as required by CMS in accordance with AHCCCS' 1115 Waiver, and
  - Provide information to an External Quality Review Organization (EQRO) for its use as described in 42 CFR 438.364.

  The reviewers utilize established standards based upon statutes, contract terms, and policy requirements. Review of case management standards evaluate compliance with case management staff orientation and training, service reviews which includes member placement, HCBS living arrangements, initial contact and HCBS service initiation, needs assessment and care planning, timeliness of service visits, and completion of the cost effectiveness study.

  The Operational Reviews are conducted in a three-year cycle evaluating each AHCCCS Contractor, including the three ALTCS-EPD Contractors and one DES/DDD ALTCS Contractor, once during the cycle. When a Contractor is found to be out of compliance with AHCCCS standards, the Contractor must submit and obtain approval of a Corrective Action Plan (CAP) to address the deficiencies. The process includes a follow-up on the status of each CAP six months after the CAP is accepted. Corrective Action Plans implemented in relation to the 2019 round of ALTCS-EPD MCO reviews were monitored and closed out once sufficiently completed. Corrective Action Plans implemented in

relation to the 2021 DES/DDD review will be monitored until all actions are sufficiently completed and the CAP is closed.

AHCCCS has scheduled reviews of the ALTCS-EPD MCOs to begin in February 2023 and continue through May 2023. AHCCCS' review of the DES/DDD Contractor is scheduled to occur in sometime in 2024. Corrective Action Plans implemented as a result of these reviews will be monitored until actions are sufficiently completed and the CAPs are closed.

The results of Operational Reviews are published on the AHCCCS website.

- ***Contractor Administrative Actions***
  AHCCCS utilizes a variety of Administrative Actions to address ongoing or serious Contractor noncompliance, including mandatory Corrective Action Plans, Notices to Cure, and Sanctions.

  In recent years, AHCCCS has imposed Administrative Actions on several activities performed by the DES/DDD Contractor including activities related to quality management and HIPAA compliant transactions. While significant concerns were initially identified, DES/DDD is moving towards compliance through technical assistance and intensive corrective action. These Administrative Actions remain open throughout 2022 and AHCCCS continues to provide enhanced monitoring and technical assistance through regular leadership meetings and monthly meetings with DES/DDD Contractor subject matter experts (SMEs) to review strategies and progress of actions, barriers, and outcome measures. It is anticipated that the DES/DDD Contractor will be able to close out additional Administrative Actions during the next measurement period as two prior administrative actions were closed during CYE 2022.

  AHCCCS posts any Administrative Actions imposed on a Contractor on the AHCCCS Website.

- ***Direct Care Workforce Development***
  The foundation for prioritization of workforce development initiatives began in March 2004 when former Governor Napolitano formed the Citizens' Workgroup on the Long Term Care Workforce. The purpose of the Workgroup was to study the issue of the direct care workforce and provide recommendations regarding potential strategies to improve the workforce.

  As a result of the Workgroup, beginning October 1, 2012, AHCCCS formally incorporated the competency standards, training curriculum, and testing protocol into its service specifications for attendant care, personal care, and housekeeping. All Direct Care Workers (DCWs) are now required to pass standardized examinations based upon the competency standards established by the Workgroup in order to provide care to ALTCS members in their homes.

  Significant ongoing and new activities continue regarding the growing challenges related to ensuring the establishment of an adequate direct care (caregiver) workforce.

  Examples of ongoing activities include but are not limited to the following.

- AHCCCS and the Contractors continue to conduct initial and annual audits of the Approved Direct Care Worker Training and Testing Programs to ensure the programs are in compliance with AHCCCS standards pertaining to the training and testing of DCWs.
- AHCCCS manages an online database that serves as a tool to support the portability or transferability of DCW testing records from one employer to another employer. The online database also serves a secondary purpose to assist in monitoring compliance with the AHCCCS DCW training and testing initiative.
- AHCCCS has developed a Workforce Development policy for all lines of business which stipulates Contractors are required to designate a Workforce Development Administrator. Further, Contractors are required to submit and monitor a Workforce Development Plan to ensure the sub-contracted workforce of paraprofessionals is adequately resourced, stable, and capable of providing quality care to members. The Workforce Development Plan must include measures to proactively identify potential challenges and threats to the viability of the workforce, as well as develop and implement interventions to prevent or mitigate access to care concerns for members.
- AHCCCS coordinates with appropriate parties to facilitate training reciprocity between DCWs and caregivers working in assisted living facilities per A.R.S. 36-446.15 to streamline the transition of in-home DCWs to work as caregivers and vice versa.

AHCCCS' efforts to leverage American Rescue Plan Act funds to prioritize workforce development through the provision of additional resources to agencies that recruit, retain, and deploy competent DCWs, and additional dedicated resources to the building of infrastructure to support those activities, is an example of the high prioritization of workforce development aimed at supporting members to live and receive care in home and community-based settings. The current plan includes resources for a continuum of activities including, but not limited to:

- Promoting and incentivizing people to join the workforce,
- Helping providers development recruitment and retention strategies,
- Enhancing training to build competencies to meet member needs,
- Developing career pathway opportunities, and
- Building data collection infrastructure to collect and maintain workforce data.

The Workforce Development policy in the AHCCCS Contractors Operations Manual can be found on the AHCCCS website.

Information on the DCW training and testing program can also be found on the AHCCCS website.

- ***Home and Community Based Settings Rules***
  On January 16, 2014, CMS released final Rules regarding requirements for 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.

In Arizona, these requirements impact the ALTCS program members receiving services in the following residential and non-residential settings:

Residential

- Assisted living facilities
- Group homes
- Adult and child developmental homes
- Behavioral health residential facilities

Non-Residential

- Adult day health programs
- Day treatment and training programs
- Center-based employment programs
- Group-supported employment program

AHCCCS was required to develop an assessment to determine its current level of compliance. AHCCCS submitted Arizona's Systemic Assessment and Transition Plan (Transition Plan) to CMS in October 2015. The systemic assessment conducted by AHCCCS summarized Arizona's current level of compliance for HCBS settings and was approved by CMS in September 2017.

The Transition Plan outlines strategies the State will use to make sure all HCBS settings come into compliance by March 2023[3]. AHCCCS engaged in multiple meetings and/or correspondence with CMS, pertaining to the Transition Plan, between September 2017 through February 2019. CMS confirmed the current version of the Transition Plan (containing revisions in response to their feedback) was satisfactory and shared that CMS would not officially approve the Transition Plan until after the first round of site specific assessments were completed, a public comment period was held, and the State's reports to CMS were satisfactory.

In order to assist providers through the assessment process, AHCCCS held several setting specific training sessions in March and April 2021. The training sessions helped to inform additional topics for training sessions planned in 2023.

In March 2021, Contractors began assessing all HCBS settings for compliance using modified assessment tools that accommodated provider's efforts to mitigate COVID-19 and included a requirement for them to develop a plan regarding how they will transition to full compliance after

[3] CMS extended the deadline of compliance from March 2022 to March 2023 in response to the COVID-19 Public Health Emergency.

the PHE. A tool was developed for the Contractors to report their audit progress to AHCCCS. AHCCCS uses this data to report progress to stakeholders and CMS, including compiling the list of settings that meet the criteria for Heightened Scrutiny. Heightened Scrutiny is required by CMS when a setting might share some characteristics of an institution (i.e., isolating people from the broader community), but there is an indication through an assessment the setting can comply with the HCBS Rules by March 2023. AHCCCS held two rounds of public comment for Heightened Scrutiny settings in February and June of 2022, providing transparency into and giving stakeholders the opportunity to provide input on the settings that met criteria for Heightened Scrutiny and the assessment findings. Public comment received was incorporated into the Arizona State Transition Plan Addendum. A second round of HCBS assessments was started in March of 2022 by the Contractors to ensure all settings are compliant including compliance with any previous Corrective Action Plans previously issued in the first round by March 2023. AHCCCS continues to hold monthly meetings with the Contractor Quality Management staff to answer questions and provide technical assistance to support their efforts to assess settings for compliance.

AHCCCS created and posted the Transition Plan Addendum to provide an update on the plan's progress and, more specifically, providing information on the findings in the first round of site-specific assessments to support CMS' final approval of the Transition Plan. The State Transition Plan Addendum was released for public comment in October 2022. The public comments informed final revisions to the Transition Plan Addendum before submitting to CMS for final approval in December 2022.

Detailed information on AHCCCS' activities to comply with the HCBS Rules can be found on the AHCCCS website.

- ***ALTCS Advisory Council***
  After AHCCCS used a council to help create and implement Agency with Choice, a member-directed option, the contributions of the council members were noted as invaluable to the program development and implementation process. With the continued development of new and innovative practices to serve ALTCS members, AHCCCS prioritized the maintenance of the advisory group to identify opportunities for system improvements, assist in the development of the initiatives, and support program monitoring and oversight activities. The ALTCS Advisory Council meets on a quarterly basis and is comprised of ALTCS members and their family members/representatives. Additionally, representatives from ALTCS Contractors, providers, state agencies, and advocacy agencies serve on the Council.

  Council Members advise AHCCCS on activities aimed at making system improvements. Individual Council members are asked to provide input and feedback on ALTCS program activities from their own personal or professional experience, expertise, or perspective. ALTCS Advisory Council members are encouraged to identify topics for discussion as well as provide input on topics that AHCCCS brings forward to solicit stakeholder input from members.

The ALTCS Advisory Council has advised on the State's compliance with federal initiatives, AHCCCS policy changes, service delivery system innovations and other notable topics of interest requested by the council members.

- ***Olmstead Plan***

  Although the U.S. Supreme Court did not require states to develop a plan, Arizona officials chose to do so by creating a plan as an opportunity for advocates, agencies, members, and community stakeholders to collaborate on a guide to further improve upon access to services for members with disabilities to ensure they live and receive services in the most appropriate integrated setting in the community. Arizona considers the Olmstead Decision as an opportunity for self-examination and a continuous process of quality improvement when establishing priorities for the service delivery system in the context of other critical issues.

  In 2001, AHCCCS, the Arizona Department of Health Services (ADHS) (who was responsible under statute for managing Title XIX and non-Title XIX behavioral health services in Arizona until 2016), and the Arizona Department of Economic Security (DES) undertook the process to develop Arizona's first Olmstead Plan. Updates were made in 2003. From 2014 to 2016, the above agencies initiated a planning process to update the Arizona Olmstead Plan. Then in July 2016, before the updated plan could be finalized, the statutorily mandated merger of ADHS' Division of Behavioral Health Services with AHCCCS occurred. This merger streamlined the monitoring and oversight of the Regional Behavioral Health Authorities (RBHAs), who then became AHCCCS-contracted Managed Care Organizations (MCOs). While the system delivery change necessitated revisions to the drafted Olmstead Plan, the change also uniquely positioned Arizona to enhance the service delivery system through integrated care and further ensure members live and receive services in the most appropriate integrated setting in the community.

AHCCCS is in the process of developing a new Olmstead Plan reflective of the new service system delivery structure and responsive to opportunities to enhance services in today's environment. During the reporting period, the following activities took place:

- Hosted two community stakeholder meetings in October 2021 to promote awareness of Olmstead planning efforts.
- A survey was created and disseminated to seek input from members, family members, provider staff, and representatives from Contractors and state agencies to inform Olmstead planning.
- Formed a workgroup comprised of internal and external subject matter experts and stakeholders to advise on the creation of the plan and, in the future, the plan's evaluation.
- Finalized a draft Olmstead Plan and released it for public comment.
- Held two community forum meetings to educate members, families, and stakeholders about Arizona Olmstead Plan's contents and new format.

AHCCCS is reviewing the public comments to provide responses making appropriate changes to the plan prior to finalizing the Olmstead Plan.

Once finalized, AHCCCS plans to post regular updates to the plan including progress and outcome data as it becomes available. Annually, AHCCCS will hold a public comment period and convene stakeholder forums to conduct a reassessment of needs by soliciting input and feedback on the progress of the current plan, while considering suggestions for new areas of focus. AHCCCS will also continue to consider input received from stakeholders throughout the year via a variety of means including but not limited to emails to the Olmstead inbox and community presentations.

More information on Olmstead Planning may be found on the AHCCCS website.

- ***Autism Spectrum Disorder Advisory Committee***

  In 2015, the Governor's Office established a statewide Autism Spectrum Disorder (ASD) Advisory Committee representing a broad range of stakeholders that included providers, Contractors, advocacy groups, and families to address and provide recommendations to strengthen services for the treatment of ASD. The Committee created recommendations from five workgroups: Early Identification and Diagnosis, Evidence-Based Treatment, Reducing System Complexity, Increasing Network Capacity, and Adults with ASD. In February 2016, the ASD Advisory Committee finalized and published recommendations.

  Completed activities include, but are not limited to:

  - Creating system maps and using consistent terminology across the system,
  - Improving access to diagnosis and critical early intervention services,
  - Independently registering Board Certified Behavioral Analysts and linking appropriate code set services,
  - Creating a behavioral intervention policy,

- Creating a specialized diagnosing provider list by Contractor,
- Leveraging Targeted Investments funding for integration,
- Implementing Habilitation Consultation (Hab-C) by DES/DDD, and
- Developing Centers of Excellence.

The ASD Advisory Committee was sunset in 2021, in response to accomplishing many of the major goals of the Committee. Ongoing efforts to improve access to care are being carried forward through the AHCCCS' Olmstead plan and ARPA funded initiatives, including increasing the training and capacity of existing Medicaid service providers to provide care and treatment to individuals with ASD.

- ***Performance Measures***
  AHCCCS worked to strategically align its statewide performance measures with the CMS Child and Adult Core Sets prior to implementation of mandatory child and adult behavioral health measure reporting. For the ALTCS population, AHCCCS continues to evaluate the best measures for the populations served, incorporating Child and Adult Core Measures as well as LTSS-specific measures. AHCCCS included a requirement for its Contractors to achieve National Committee for Quality Assurance (NCQA) First Accreditation [inclusive of the NCQA Medicaid Module and specific to its Medicaid Line(s) of Business] by October 1, 2023. Additionally, ALTCS Contractors must achieve NCQA LTSS accreditation by October 1, 2024. AHCCCS transitioned from its use of internally established Minimum Performance Standards (MPS) to the use of national benchmark data (i.e., CMS Medicaid Median and NCQA HEDIS® Medicaid Mean) in evaluating performance. AHCCCS also intends to utilize historical performance data to evaluate Contractor, line of business (LOB), and statewide performance.

  AHCCCS will continue to prioritize meaningful measures that align with high priority agency initiatives. For example, AHCCCS intends to require Contractors to calculate and report on Managed Long Term Services and Supports (MLTSS) focused performance measures included as part of the CYE 2022 contract amendments. These rates are anticipated to be finalized in December 2023. AHCCCS is working towards implementation of HCBS measures that were included in AHCCCS' 1115 Waiver approval in October 2022 (described further below) as well as a number of health equity-related measures from the CMS Health Equity Measure Slate.

- ***Performance Improvement Projects (PIPs)***
  In addition to performance measures, AHCCCS also implements Performance Improvement Projects (PIPs) to drive member health outcomes and improve Contractor performance on selected state and national health care priorities. AHCCCS considers a PIP as a planned process of data gathering, evaluation, and analysis to determine interventions or activities that are anticipated to have a positive outcome. PIPs are designed to improve the quality of care and service delivery and usually last at least four years. While Contractors are required to select and implement their own PIPs to address self-identified opportunities for improvement specific to their plans, AHCCCS mandates other program-wide PIPs in which Contractors must participate, and monitors performance until

each Contractor meets requirements for statistically significant improvement followed by sustained improvement for one consecutive year.

- **Back to Basics:** The Back to Basics PIP was selected for the DES/DDD Contractor with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number and percentage of children and adolescent well-child/well-care visits, and to increase the number and percentage of children and adolescents receiving annual dental visits.
  - Baseline rate for adolescent well-child/well-care visits is 50.7%.
  - Baseline rate for children/adolescent annual dental visits is 52.7%.
  - Remeasurement 1 will be reflective of calendar year 2022[4].
  - Remeasurement 2 will be reflective of calendar year 2023.

- **Breast Cancer Screening:** The Breast Cancer Screening PIP was selected for ALTCS-EPD Contractors with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number and percent of breast cancer screenings.
  - Baseline rate for breast cancer screening is 36.5%.
  - Remeasurement 1 will be reflective of calendar year 2022[5].
  - Remeasurement 2 will be reflective of calendar year 2023.

HCBS GROWTH AND PLACEMENT

Overall, the ALTCS program enrollment change was negligible. Member growth increased by four percent within the DES/DDD program, compared to a one percent decline in the ALTCS-EPD membership. The changes in enrollment patterns are attributed to the COVID-19 maintenance of effort requirements. For example, DDD membership increased from three to four percent from in the previous reporting period and ALTCS-EPD enrollment declined only one percent as compared to a five percent decline in the previous reporting period.

Table 1 highlights **the membership breakdown by placement setting type**. In CYE 2022, the percentage of members residing outside of a nursing facility remained consistent with the trend in recent years at 88 percent. This successfully sustained rate is largely attributable to the service options and HCBS activities available to members, which are addressed in this report.

Table 1

[4] Final Calendar Year (CY) 2022 PIP Indicator rates anticipated to be available in March 2024.
[5] Final Calendar Year (CY) 2022 PIP Indicator rates anticipated to be available in March 2024.

Membership Breakdown by Placement Setting Types - September 30, 2022						
Setting	Banner University Family Care	Mercy Care Plan	United Healthcare	DES/DDD	Total Membership	%of Total Membership
Own Home	3,166	4,870	3,765	30,583	42,384	65.02%
Assisted Living	1,671	2,498	2,652	21	6,842	10.50%
Group Home	0	1	0	3,491	3,492	5.36%
Developmental Home	0	1	0	1,625	1,626	2.49%
Behavioral Health Residential Facility	60	125	46	5	236	0.36%
Acute Services Only	108	267	264	2,363	3,002	4.61%
Total Membership in HCBS Placements	**5,005**	**7,762**	**6,727**	**38,088**	**57,582**	**88.34%**
Skilled Nursing Facility	1,747	2,295	1,747	16	5,805	8.91%
Institution for Mental Disease	0	0	0	2	2	0.00%
Residential Treatment Center	0	3	3	0	6	0.01%
ICF-ID	0	0	0	91	91	0.14%
Behavioral Health Inpatient Facility	0	1	0	0	1	0.00%
Total Membership in Institutional Settings	**1,747**	**2,299**	**1,750**	**109**	**5,905**	**9.06%**
Placement Data Not Available	54	794	105	744	1,697	2.60%
Total Membership	**6,806**	**10,855**	**8,582**	**38,941**	**65,184**	**100.00%**

Table two outlines the distribution of placement setting type[6] for the period of September 2018 through September 2022. Well over a decade ago (2009) the proportion of members residing in their own homes was as low as 49 percent and has currently grown to 72 percent (CYE 2020, 2021, and 2022), while the proportion of the members residing in institutions declined from 31 percent (2009) to the current nine percent (CYE 2020, 2021, and 2022). The proportion of members residing in alternative residential settings remains stable at 19 percent. This continues to demonstrate the program's commitment to advancing initiatives which result in the shift of placement for ALTCS-EPD and DES/DDD members to community-based placements while also recognizing there will be member for which institutional placement is medically necessary.

Table 2

Statewide Placement Percentage by Setting					
	Sep-18	Sep-19	Sep-20	Sep-21	Sep-22
Own Home	70%	63%	72%	72%	72%
Alternative Residential	19%	26%	19%	19%	19%
Institutional	11%	11%	9%	9%	9%
Total Membership	**100%**	**100%**	**100%**	**100%**	**100%**

Table three[7] presents information detailing member placements broken down by three age groupings (0-21, 22-64, and 65 plus) as of the conclusion of CYE 2022 (September 30, 2022). Consistent with the historical trend, the number of members in the 65 years and older age group compose the highest

[6] The number of individuals receiving acute services only is captured in the "own home" category. Further, the number of individuals for which placement data is not available is not reflected in the data.

[7] The number of individuals receiving acute services only is captured in the "own home" category. Further, the number of individuals for which placement data is not available is not reflected in the data.

proportion of members residing in institutional settings (21 percent). Conversely, the 0-21 years of age group has the lowest proportion of members residing in institutional settings (zero percent). Only nine percent of members 22-64 years of age reside in institutional settings.

Table 3

ALTCS Placement by Age Group				
	0-21	22-64	65+	TOTAL
Own Home	22,977	14,673	7,722	45,372
Alternative Residential	788	5,264	6,144	12,196
Institutional	12	2,072	3,835	5,919
TOTAL	23,777	22,009	17,701	63,487
	0-21	22-64	65+	TOTAL
Own Home	97%	67%	44%	72%
Alternative Residential	3%	24%	35%	19%
Institutional	0%	9%	22%	9%
TOTAL	100%	100%	100%	100%

FUTURE HCBS REPORTING CONSIDERATIONS

As a result of the CMS approval of Arizona's request for a five-year extension of it 1115 Waiver on October 14, 2022, AHCCCS is reviewing the Standard Terms and Conditions (STCS) as it pertains to the HCBS Reporting Requirements (STC #27) as the HCBS Quality Assessment and Performance Improvement metrics will further support the information outlined in this report; those metrics will be incorporated as part of future HCBS Report submissions. Additionally, AHCCCS will use the metric data to highlight Program successes and best practices as well as any potential improvement opportunities stemming from identified deficiencies. AHCCCS is committed to providing high quality HCBS services that support the values and guiding principles of the ALTCS program.

-- End of the Report --

REFERENCES

Novotney, A., American Psychological Association n.d. "Social Isolation: It Could Kill You" Volume 50, Number 5. Accessed in May 2019 https://www.apa.org/monitor/2019/05/ce-corner-isolation.

Singer, C., Journal of Aging Life Care. n.d. "Health Effects of Social Isolation and Loneliness" Accessed in Spring 2018) https://www.aginglifecarejournal.org/health-effects-of-social-isolation-and-loneliness/.