ARIZONA'S OLMSTEAD PLAN

Arizona Health Care Cost Containment System
Arizona Department of Economic Security
Arizona Department of Health Services

August 2001
Revised Workplans: March 2003

TABLE OF CONTENTS

STATE OF ARIZONA

Jane Dee Hull
Governor

August 27, 2001

Dear Interested Parties:

We are pleased to provide you with a copy of *Arizona's Olmstead Plan.* This plan represents a collaborative effort by consumers, providers and advocacy groups to improve opportunities for the elderly and persons with disabilities to access community based services.

Input from individual consumers and advocacy groups has clearly shaped the vision and spirit of this document and served as an impetus for us to look critically at the strengths and limitations in our existing service system. *Arizona's Olmstead Plan* will serve as a blueprint for AHCCCS, ADHS and ADES to enable the elderly and persons with disabilities to live in integrated, community settings appropriate to their needs.

In summary, we acknowledge the dedication and commitment of all the participants who contributed to *Arizona's Olmstead Plan.* The development of this plan ensures that Arizona has a continuous quality improvement process in place for providing services to consumers.

Sincerely,

Phyllis Biedess
Director

Catherine R. Eden
Director

John L. Clayton
Director

AHCCCS

Arizona Department of Health Services

DES

PREFACE

Providing treatment in the most integrated setting is an underlying principle of the Arizona Health Care Cost Containment System/Arizona Long Term Care System (AHCCCS/ALTCS), Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD) and Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) systems. As such, many aspects of the State's compliance with the Olmstead Decision are already incorporated in the rules, policies, and practices of these agencies. This document is not a comprehensive statement of every implementation of the community integration requirement of the Americans with Disabilities Act.

This document was drafted in the spirit of continuous quality improvement. We recognize that there are always opportunities to provide services to the citizens of the State in ways that better serve their needs and are consistent with self-determination even when the State complies with the mandates of federal law. The interest of the U. S. Department of Health and Human Services/ Centers for Medicare and Medicaid Services (DHHS/CMS)[1] in the Olmstead Decision came about because the CMS funds many of the services that are impacted by the Olmstead Decision both in Arizona and nationwide. Arizona believes it is in substantial compliance with the mandates of the Olmstead Decision, and statements contained in this document are not admissions by any of the Arizona agencies that they are not in compliance with the requirements of the Americans with Disabilities Act. The direction from the CMS simply provided Arizona with another vehicle for critical self-examination.

Readers should also note that improving community integration is a "living process." This document is a snapshot of the current state of the agencies and the challenges they face. It expresses potential solutions based on information and resources currently available. It attempts to plan for improvement in community integration and to assist agencies in establishing their priorities in the context of other critical issues that each of the State agencies face. As resources and competing priorities change, so will this plan. Changes may not always be reflected in a revised version of this plan even though the involved agencies intend to review and update this document (with community input) as time and resources permit.

[1] As of July 2, 2001 the Health Care Financing Administration (HCFA) changed its name to the Centers for Medicare and Medicaid Services (CMS)

EXECUTIVE SUMMARY

Background

Why Did Arizona Prepare a Plan?

As a result of the Olmstead Decision (Olmstead v L.C., 119 S.Ct.2176(1999), the Arizona Health Care Cost Containment System Administration (AHCCCS), the Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD) and the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) determined that it would be appropriate, and in the consumers' best interest, to convene a public planning process that would review the accomplishments of the state to date and identify areas for future endeavors to improve opportunities for consumers to live in the most appropriate integrated setting possible. The state agencies recognize that this is part of a continuous improvement process in which each agency was already involved prior to the Olmstead Decision and will continue to engage in. The preparation of the plan is also consistent with the Executive Order issued by President George W. Bush on June 18, 2001 in support of the Olmstead Decision.

The Process of the Plan Development

AHCCCS, ADES/DDD and ADHS/DBHS convened an initial meeting in June 2000 to discuss the Supreme Court decision and subsequent information from the Centers for Medicare and Medicaid Services. In August 2000, the state agencies identified the process to encourage consumer involvement in the plan development process. This has included the convening of four regional stakeholder meetings, including one that was conducted via videoconference, one subcommittee for document review and several additional agency specific planning meetings. In September 2000, the state invited representatives from each of the statewide councils to meet and provide recommendations on how to best secure additional consumer participation. The statewide councils recommended that the agencies first develop draft plans that could be presented to consumers for input. In November and December 2000, the state held statewide meetings to present these preliminary plans and receive input. The consumers recommended that the agencies develop a single, consolidated plan because of the issues common to all of the consumers and the three agencies. Based on this input, the state developed the draft consolidated plan and requested review by a group of volunteers from the stakeholder community. This review occurred in March 2001. During April and May 2001, the state revised the consolidated plan, again based on the consumer responses, and posted a copy of the revised plan on the AHCCCS website in early June. Additional stakeholder meetings occurred in late June to receive comments on this plan. The final plan was published and posted on the AHCCCS website in August 2001.

The agencies will periodically review and update the final plan and continue to seek consumer input as to the status of the recommendations.

Results and Conclusions

AHCCCS, ADES/DDD and ADHS/DBHS have identified, with assistance and input from consumers, the priority issues for future development. These are:

AHCCCS and ADES/DDD

- Consumer Directed Service: Develop and implement a plan to allow consumers to take a stronger role regarding the hiring and directing of their personal care attendants.
- Consumer Pay Increases for Home and Community Based Providers: Begin the process of increasing pay for home and community based workers; analyze current reimbursement rates to determine if an increase is appropriate, conduct a cost study, obtain necessary appropriations if necessary, and ensure the increase, if received, is passed through to direct care providers.

ADHS/DBHS

- Re-evaluate the current service matrix that includes services and service reimbursement rates.
- Conduct ongoing analysis of the service network through the Regional Behavioral Health Authorities (RBHA).
- Continue with ongoing improvements through the collaborative effort of the RBHAs, Arizona State Hospital, ADHS/DBHS, AHCCCS, and ADES/DDD to meet the needs of special populations.

About the Content

This document is organized to allow consumers, advocates and providers easy access to specific areas of interest.

Part I provides general background on the Olmstead Decision and Arizona's philosophical base and consumers served.

Part II, Common Elements, provides a brief description of the system. This includes a discussion of the common components of the community based Medicaid programs in Arizona and the common themes on which the agencies are working. Labor force, education and consumer information, consumer-centered care management, and network development are the issues that are common to all of the agencies serving the populations in home and community based environments.

Part III, Agency Specific Actions, provides information about how each agency is addressing the six Olmstead Principles.

Services provided by the Arizona Health Care Cost Containment System/Arizona Long Term Care System for persons who are elderly and/or have a physical disability.

Services provided by the Arizona Department of Economic Security/Division of Developmental Disabilities to children and adults with a developmental disability.

Services provided by the Arizona Department of Health Services/Division of Behavioral Health Services to children and adults with behavioral health needs.

Part IV, Appendices, provides the reader with more detail regarding the Olmstead Decision principles, populations and programs, services and settings, definitions and acronyms, the work plans for each of the state agencies, and people and organizations that were involved in the development and/or review of this plan, including:

Appendix A: CMS Olmstead Principles

Appendix B: Program Descriptions and Populations Served

Appendix C: Services and Settings

Appendix D: Timeframe for Plan Development

Appendix E: Acronyms and Definitions

Appendices F, G, and H: The Work Plans for AHCCCS, ADES/DDD and ADHS/DBHS

Appendix I: Persons and Organizations Invited to Participate in the Planning Process

Appendix J: Links to Other Resources for Consumers

This Plan demonstrates the State of Arizona's historical and current emphasis on the same principles that are found in the Olmstead Decision. The State will look at system improvements so that it can continue to strive to ensure that persons with disabilities have appropriate access to and choice regarding community based services and placements.

PART I: BACKGROUND AND INTRODUCTION

This document, Arizona's Olmstead Plan, provides a comprehensive approach to demonstrating the State of Arizona's historical and current emphasis on the principles that are found in the Olmstead Decision and its desire to continue to ensure that persons who are elderly and persons with disabilities have appropriate access and choice regarding community based services and placements.

Olmstead Overview

Supreme Court Decision

In June 1999, the United States Supreme Court rendered a decision, Olmstead v L.C., 119 S.Ct. 2176 (1999), which provides an important legal framework for the efforts of the federal and state governments to integrate individuals with disabilities into the communities in which they live. The Court's decision issues a challenge to all of us, the public sector, private sector, advocates, consumers and families, to improve opportunities for individuals with disabilities to access systems of cost-effective community based services.

Under the Court's decision, States are required to provide community based services for persons with disabilities who would otherwise be entitled to institutional services when:

> (a) The State's treatment professionals reasonably determine that such placement is appropriate;
>
> (b) The affected person is in agreement with the decision; and
>
> (c) The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disability services.[2]

A state may be able to meet its obligation under the Americans with Disabilities Act by demonstrating that it has a comprehensive, effectively working plan for placing qualified persons with disabilities in the most integrated setting appropriate, and a waiting list that moves at a reasonable pace not controlled by a State's objective of keeping its institutions fully populated.[3]

Executive Order

On June 18, 2001, President George W. Bush issued an Executive Order on Community Based Alternatives for Individuals with Disabilities. This Executive Order reconfirmed the Federal Government's support of the Olmstead Decision. It directed the United States Office of the Attorney General; the Secretaries of Health and Human Services, Education, Labor, and Housing and Urban Development; and the Commissioner of the Social Security Administration to "work cooperatively to ensure that the Olmstead Decision is implemented in a timely manner". These departments are directed to work with the States to "help them assess their compliance with the Olmstead Decision and the ADA in providing services to qualified individuals with disabilities

[2] CMS Letter to State Medicaid Directors; January 14, 2000
[3] CMS Letter to State Medicaid Directors; January 14, 2000

in community based settings, as long as such services are appropriate to the needs of those individuals."

Arizona's Philosophy

Although the Court did not require states to develop a plan, Arizona believes that this is an opportunity for advocates, agencies, consumers and community stakeholders to collaborate on a plan that will guide the State toward improving access to home and community based settings and services. The state agencies that design, fund and provide services to persons with disabilities – the Arizona Health Care Cost Containment System (AHCCCS), the Arizona Department of Economic Security (ADES) and the Arizona Department of Health Services (ADHS), have a history of working under the premise that people should live in an appropriate integrated setting in the community.

Olmstead Principles

The ***principles*** of the Olmstead Decision, which this Plan addresses, are:

- Principle 1 -- Plan: Develop and implement a comprehensive, effectively working plan (or plans) for providing services to eligible individuals with disabilities in more integrated, community based settings.
- Principle 2 -- Involvement: Provide an opportunity for interested persons, including individuals with disabilities and their representatives, to be integral participants in plan development and follow-up.
- Principle 3 -- Assessment: Take steps to prevent or correct current and future unjustified institutionalization of individuals with disabilities.
- Principle 4 – Availability: Ensure the availability of community-integrated services.
- Principle 5 – Informed Choice: Afford individuals with disabilities and their families the opportunity to make informed choices regarding how their needs can best be met in community or institutional settings.
- Principle 6 – State and Community Infrastructure: Take steps to ensure that quality assurance, quality improvement and sound management support implementation of the plan.

A detailed description of the Olmstead Decision Principles is included in Appendix A.

Arizona's Purpose, Principles, Goals and Outcomes to Meet Olmstead

Purpose

The ***purpose*** of this Plan is to provide an opportunity for the public agencies, provider agencies, consumers, families and advocates to collectively comment on the success that Arizona has demonstrated in meeting the principles of the Olmstead Decision and to identify and plan for improvements to the current community based system.

Guiding Principles

The ***guiding principles*** of the state programs were in place prior to the Olmstead Decision and continue to guide the planning and delivery of services. Although the Arizona Health Care Cost Containment System (AHCCCS), the Arizona Department of Economic Security (ADES) and the Arizona Department of Health Services (ADHS) may state the specifics of these principles differently, they all essentially espouse:

- *Person-Centered Care Management* – Belief that the consumer is the primary focus and that the consumer, along with family and significant others, as appropriate, is an active participant in planning, delivery and evaluation of services. This also means that if a team approach is used that the team also should be "person-centered."
- *Consistency of Services* -- Service systems are developed to ensure that consumers can rely on services being provided as agreed to by the consumer and the program representative. This means that the services are timely, consistent, dependable and appropriate.
- *Available and Accessible Services* -- Access to services is maximized when services are developed to meet the needs of the consumer. Service provider restrictions, limitations or assignment criteria are clearly identified to the consumer and family and significant others, as appropriate.
- *Most Integrated Setting* -- Consumers should be able to reside in the most integrated setting. To that end, consumers are afforded choice in remaining in their own home or choosing an alternative residential setting versus entering into an institution.
- *Collaboration with Stakeholders* -- The appropriate mix of services will continue to change. Resources should be aligned with identified consumer needs and preferences. Efforts are made to include consumers and families or other significant persons, 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.

Goals

The ***goals*** of this Plan are to:

- Address the recommendations of the Centers for Medicare and Medicaid Services (CMS) and the Office of Civil Rights in meeting the principles embedded in the Olmstead Decision.
- Demonstrate the progress that Arizona has made in meeting these principles.
- Identify areas for improvements in the delivery of home and community based settings and services.
- Ensure that consumers, advocates and other stakeholders are included in the planning process.
- Identify the data that must be collected to achieve the goals.

- Evaluate the progress that the State of Arizona is making toward meeting the goals and revising them, as needed.

Outcomes

The ***outcomes*** from this Plan are to provide a map to:

- Strengthen informed decision making and choice for consumers.
- Improve community service systems.
- Improve administrative processes to support community integration.
- Monitor the overall capacity of the service system to provide services and supports that improve access to community integration.

The planning process has provided an excellent opportunity for the public agencies, provider agencies, consumers, families and advocates to collaborate regarding improvement strategies that will assist Arizona in maintaining the principles of the Olmstead Decision.

Populations and Programs

The long term care and home and community based programs in Arizona are the responsibility of three state agencies and are differentiated by population and fund source. Because Medicaid is a significant funder of home and community based services and placements, it is the primary focus of this document. The populations and programs that are addressed in this plan are described in more detail in Appendix B, and include:

- **Elderly and persons with a physical disability**

  Arizona Health Care Cost Containment System/Arizona Long Term Care System for persons who are Elderly and/or have a Physical Disability (AHCCCS/ALTCS/EPD)

- **Children and adults with developmental disabilities**[4]

  Arizona Department of Economic Security/Division of Developmental Disabilities/ Arizona Long Term Care System for Persons with Developmental Disabilities (ADES/DDD/ALTCS/DD)

  Arizona Department of Economic Security/Division of Developmental Disabilities/State Funded Program for Persons with Developmental Disabilities (ADES/DDD/DD)

- **Children and adults with behavioral health needs**

  Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) through the Regional Behavioral Health Authorities (RBHAs).

Arizona recognizes that there are other programs and funds that provide additional supports to the same populations. These supports and services also enable people to live more independently in their own homes and communities, and, in some cases, prevent or delay the need for more intensive services through the Medicaid programs. These programs include:

[4] In this document the ALTCS/DDD and the State-Funded DDD program will be discussed together as the DDD program.

Arizona Department of Economic Security/Aging and Adult Administration/Non-Medical Home and Community Based System (ADES/A&AA/NMHCBS)

Arizona Department of Economic Security/Rehabilitative Services Administration (ADES/RSA)

The three state agencies – AHCCCS, ADES, and ADHS -- have historically engaged in planning that involves local communities and constituencies. Arizona is the only state in which the Home and Community Based System has no limits on the number of consumers who can live in the community. The state has also underscored the importance of community based settings by expanding the living arrangements and options available to the consumer. Arizona's model for persons with disabilities and the elderly is founded on principles that stress choice, dignity, independence, individuality, privacy and self-determination.

Arizona's Olmstead Plan and Its Implementation

The state expects that the Plan will be a document that the state agencies will periodically monitor and update. Comments from the public are welcome at anytime. Once the Plan is completed, copies will be provided to members of the public and the Statewide Councils. The state agencies will transmit the Plan to the Governor and the Arizona State Legislature, and will post a copy on the AHCCCS website. The ADES and ADHS websites will contain a link to the AHCCCS website that will take the consumer directly to the document.

This Plan identifies both issues that are common to all of the state agencies and programs and issues that are specific to a particular population, agency or program. The work plans for monitoring and review are included in Appendices F (AHCCCS/ALTCS), G (ADES/DDD) and H (ADHS/DBHS) and with each agency being responsible for monitoring its own work plan. In addition, each agency will be responsible for addressing issues specific to them as well as collaborating on common issues as appropriate. Work plans will be updated by the agencies as needed.

Accomplishment of the strategies and goals will take the effective partnering of the agencies, consumers, providers, and, in some cases, permission of the federal government.

PART II: COMMON ELEMENTS

Common Components of Community Based Medicaid Programs in Arizona

The Arizona Health Care Cost Containment System/Arizona Long Term Care System AHCCCS/ALTCS) is the Medicaid program serving elderly, physically disabled (EPD) and developmentally disabled (DD) persons at risk of institutionalization in Arizona. In addition, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) provides Medicaid and state-funded behavioral health services to children and adults with behavioral health needs. The Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD) also has a State Only funded program. Other non-Medicaid programs, such as the Non-Medical Home and Community Based System (NMHCBS) and the Rehabilitation Services Administration (RSA), also offer other supportive services to the same populations – either prior to enrolling in a Medicaid program, in lieu of a Medicaid program if the person is not eligible, or as an additional support to a Medicaid program.

The Medicaid programs include the following common components for all of the identified populations (elderly, physically disabled, developmentally disabled and persons with behavioral health needs), with exceptions as noted. A complete listing of all services and placements is provided in Appendix C.

Home and Community Based Services (HCBS)

Consumers may remain in their own homes or in alternative home settings. Support services are available to assist consumers to remain in the community.

There is no limit on the number of elderly, physically disabled and developmentally disabled consumers who can reside outside of institutions. Medicaid does limit expenditures to no more than the amount that would have been spent on individuals in institutions. Members' options and choices are based on need.

Alternative Residential Settings Under HCBS

These settings provide a more community-integrated setting for persons who might otherwise need to reside in an institution. A variety of types of settings are available, based on the consumer's need. By having a variety of alternative settings with differing levels of care available consumers are able to delay institutionalization, or, in some cases, transfer from a nursing facility into an HCBS setting. More important than the savings experienced by using HCBS, this alternative to institutionalization provides consumers with a degree of independence and control that might not be available in an institutional setting.

The three State agencies realize that a person's own home is the most optimal setting. The State, however, tries to ensure that the Alternative Residential Settings, when they are needed, are the most home-like atmosphere possible.

Institutional Care

Institutional care in either a Medicare and/or a Medicaid approved institution is available to consumers.

Behavioral Health Services

These are services provided to eligible consumers either through the ALTCS/EPD and ALTCS/DD program or separately through the ADHS/DBHS for children and adults with behavioral health needs.

Acute Medical Care

Acute medical care is available for all Medicaid eligible consumers.

Early Periodic Screening, Diagnosis and Treatment Program (EPSDT)

This program is available for Medicaid eligible persons from birth to 21 years of age to provide early detection and treatment of medical and behavioral conditions.

Common Themes for All State Agencies

Just as there are common philosophies and common components across the home and community based programs and services, there are also common themes which all of the involved State agencies' programs address. Some of these common themes are more easily addressed and improved – such as education to consumers and development of advisory councils. Others, like the labor force issue, are more complicated and require creative solutions.

Labor Force

Although the Olmstead Decision does not specifically mandate states to address labor force issues, Arizona is, nonetheless, concerned about the impact on its ability to support people in the most appropriate community-integrated setting. There are labor shortages throughout the nation. This includes many human service and health care/direct care industries, including workers that support the long term care industry and community-integrated services. Many experts have examined and reported on the reasons for the current and future shortages. Their analyses find similar causes: retirement of baby boomers; better opportunities in other fields in a robust economy; and a shortage of individuals entering the human service and health care/direct care fields. This is a complex issue that will take creativity from many different fronts at the federal, state and local levels.

The State believes that it will take a community coalition of education, employment development industries, commerce, providers and consumers to successfully address these labor force issues. The Arizona Health Care Cost Containment System (AHCCCS), the Arizona Department of Economic Security (ADES), and the Arizona Department of Health Services (ADHS) encourage advocates, providers and consumers to continue to support the recognition that care provided in a person's home is a valued profession to ensure that these types of jobs are considered by both potential and current employees and employers as work worthy of adequate pay and benefits – regardless of whether it is in the public or private arena. Solutions to labor force issues will

come about only by a combination of legislative support, fiscal support, changes in credentialing and scope of practice limitations and an adequate labor market. These solutions will take the combined efforts of all parties.

Labor force issues, however, are further complicated by the fact that state law and regulation govern "scope of practice" issues for many professions while prohibiting others who are not members of that particular profession from performing activities that are considered within a professional scope of practice. In addition, the diversity of Arizona's population can result in the inappropriate matches of direct care workers with clients, particularly if the providers experience difficulties in recruiting and retaining persons with a similar language or cultural background as the clients for whom they work.

AHCCCS, ADES/DDD and ADHS/DBHS, all address labor force issues through analyzing network capacity and gaps, exploring issues related to licensure and scope of practice that may limit the ability to provide services to certain professionals, and identifying appropriate standards of care in the various programs. AHCCCS, ADES/DDD and ADHS/DBHS encourage providers to identify gaps and barriers to having an adequate and qualified workforce and to bring these issues forward. The State agencies will continue to monitor their contractors regarding the identification and filling of gaps.

In addition to encouraging community participation in addressing labor force issues, each of the state agencies continues to review and act upon specific labor force issues:

AHCCCS/ALTCS/EPD and ADES/DDD

AHCCCS along with ADES/DDD has identified the following areas where it can be of assistance:

- Personal Care Attendants -- AHCCCS will evaluate the possibility of using Medicaid ALTCS funds in the ALTCS program to pay spouses and parents. This will expand the network and make it easier for people to move back into their homes.
- Interim Pay for Personal Care Attendants -- AHCCCS will submit a State Plan Amendment requesting the Centers for Medicare and Medicaid Services approval to allow payment for a personal care attendant under the ALTCS program for a specified period of time when the consumer may be out of the home or in an alternative setting (e.g. hospitalization). This change will enable the consumer to keep the same personal care attendant.
- Pay Increases for Home and Community Based Providers -- AHCCCS recently completed a study on reimbursement rates for home and community based providers. The study resulted in an average increase, effective October 1, 2001, of 15.3% for the ALTCS/EPD program. Recently passed legislation requires each agency (AHCCCS, ADES/DDD and ADHS/BHS) to contract with an independent consulting firm for an annual study of the appropriateness of reimbursement rates to service providers. A complete study of reimbursement rates will be completed no less than once every five years. In addition, the State Agencies encourage providers and contractors to address the salaries of direct care workers with increases in budgets.
- Consumer Directed Services – AHCCCS along with ADES/DDD will develop and implement a plan to allow consumers to take responsibilities for recruiting, hiring,

training, scheduling, directing and firing their personal care attendant workers. This includes the possibility of allowing the consumer to delegate skilled tasks to Personal Care Attendants. AHCCCS and ADES/DDD remain committed, however, to ensuring that clients have sufficient information to make appropriate decisions and to understand that choosing consumer directed care is a voluntary act.

ADHS/DBHS

ADHS/DBHS, to address labor issues, is re-evaluating its current service matrix that includes the types of services and the recommended service reimbursement rates. A consultant has been contracted to propose additional service types and facilitate the evaluation process. Services are being reviewed and revised based on the gap analysis data provided by the Regional Behavioral Health Authorities (RBHA). Recommendations are being made for an increase in service reimbursement rates where appropriate. ADHS/DBHS will need to implement proposed changes and provide training to providers on any enhancements to the service matrix. It is anticipated that these changes will increase reimbursements and expand the types of reimbursable services in the community.

Education and Information to Consumers

One of the most difficult tasks for an agency is developing strategies in order to get the right information at the right time for consumers. For all of the programs, there are councils that include consumers and families. These organizations, working in collaboration with the state agencies, assist in the development, review and/or distribution of educational and informational materials to interested parties. In addition, for all programs, case managers and support coordinators work with consumers to assist them to understand the choices that they have for services and settings and the implications of those choices.

Informational Material

AHCCCS, in cooperation with ADES/DDD and ADHS/DBHS, will explore the possibility of developing and disseminating informational materials to help consumers make informed choices. One of the examples of current information that is provided is the ADHS/DBHS publication of the "Arizona Behavioral Health Systems - Guide to Services" handbook and "Your Rights and Self Advocacy" guidebook. These are distributed statewide to assist consumers with information about the service delivery system. The RBHAs are also required to provide a consumer's handbook to all enrolled consumers. AHCCCS requires ALTCS Program Contractors and ADES/DDD to provide a member handbook to all ALTCS consumers.

Member/Provider Councils

Currently, several advocacy groups including member/provider councils, such as Advocates for the Seriously Mentally Ill, the Arizona Mental Health Association, the Arizona Alliance for the Mentally Ill, Mentally Ill Kids in Distress (MIKID), the ADHS/DBHS Consumer Advisory Board, the RBHA's Human Rights Committee, the DDD Human Rights Committee, the Developmental Disabilities Advisory Council, the DDD Family Support Council, and the Arizona Center for Disability Law, provide exceptional supports to consumers and potential consumers through advocacy and information sharing. The Yavapai County Long Term Care System began operating its Member/Provider Council in July 2000. Beginning October 1, 2001, all ALTCS/EPD Program Contractors will convene member/provider councils that are

representative of the ALTCS/EPD consumers and the providers within a given geographic area. These councils are available to provide a forum for discussions and feedback on the Plan and any revisions. In addition, AHCCCS will require that member/provider councils include family members and other types of advocates.

Consumer Advocacy

ADHS/DBHS has partnered with the University of Arizona to provide training on the philosophy of recovery to consumers and providers throughout Arizona and to staff from the Arizona State Hospital. This philosophy supports consumer choice that often includes obtaining employment. ADHS/DBHS will verify that trainings have occurred throughout the state and will also encourage the RBHAs to develop training programs for consumers interested in providing behavioral health services such as peer mentoring and peer advocacy. Currently, licensure standards related to experience and education have posed a barrier to consumers who are interested in providing direct care. Expanding training programs for peer mentors and revising current regulations will positively impact labor force issues.

Consumer Centered Care Management

Consumer Centered Care Management is at the heart of the philosophical base of the programs offered in Arizona. Care management and support coordination is provided for consumers to ensure that their care is integrated and appropriate to their level of need and potential. The programs offer advocacy and case management to assist the consumer in directing his/her own care by providing information, education and support throughout the planning and service delivery process. State agencies realize that there is a need for ongoing training of this philosophy/approach for care managers.

The State also encourages consumers and their advocates or designated representatives to advocate for their own individual needs. This may include consumers identifying and developing, on a more informal basis, their own "circle of friends" as a way of being more active and integrated in their own communities. In addition, more training is needed because the more specialized people can be, the more effective they will be in working with others who have unique needs. The consumer must have the ability to initially identify and change the designation of their advocates and designated representatives, as needed.

Examples of the activities for self advocacy, in which consumers of behavioral health services are encouraged to participate, include completing Advance Directives (a well developed crisis plan) which identifies the service preferences if and when they are unable to make their own decisions due to their behavioral health symptoms. Another example is the Wellness Recovery Action Plan (WRAP) where personal goals related to recovery are identified. The plan has action steps determined by the consumer that they would need to complete in order to achieve the goals.

Case manager caseloads should also contain a mix of clients in both HCBS and institutional settings. However, when caseloads are exclusively made up of institutionalized consumers, ALTCS Program Contractors will be encouraged to have systems in place that will ensure institutionalized consumers are being appropriately assessed for community placement.

Provider Networks

AHCCCS, ADES/DDD and ADHS/DBHS conduct ongoing analysis of the service networks in Arizona. AHCCCS and ADHS/DBHS require contractors to provide an Annual Provider Network Status Report and Quarterly Updates. ADES/DDD, as an AHCCCS contractor for ALTCS, provides this information for the members they serve.

Beginning October 1, 2001, all AHCCCS/ALTCS Program Contractors are required to have formal Network Development and Management Plans. The purpose of the plan is to identify the current status of the network at all levels and to project future needs based upon membership growth. The plans will, at a minimum, include: current status of the network; current network gaps; immediate short-term interventions when a gap occurs; interventions to fill network gaps, and barriers to those interventions; outcome measures/evaluations of interventions; ongoing activities for network development; specialty population; and membership growth/changes. AHCCCS reviews these plans and requires contractors to implement corrective actions when indicated.

ADHS/DBHS is in the process of implementing a new system for monitoring service networks. The policies were recently revised and now require additional elements that must be reported. In addition, ADHS/DBHS has set up a cross-functional team , including the Quality Management, Financial, and Clinical Bureaus, to conduct reviews of the Network Analysis Reports. The team is also in the process of identifying additional information that will be incorporated into the network analysis review process, such as problem resolution and consumer satisfaction data. This information will assist in evaluating the provider network including any material gaps. The Regional Behavioral Health Authorities may be required to develop corrective action plans to address any issues identified.

PART III: AGENCY SPECIFIC ACTIONS

AHCCCS/ALTCS/EPD

The Arizona Long Term Care System Elderly and Physically Disabled (ALTCS/EPD) program for persons that are elderly and persons with a physical disability has accomplished many milestones that support and maintain consumers in the most integrated settings. These requirements are codified in contracts with the Program Contractors and AHCCCS policy and procedures that are available on the Arizona Health Care Cost Containment System (AHCCCS) website (www.ahcccs.state.az.us). A work plan can be found in Appendix F.

Comprehensive Effective Working Plan (Principle 1)

This is a core principle since it suggests that states should develop a comprehensive, effective plan to provide services to individuals with disabilities in more integrated, community based settings. Through the Olmstead Plan (Plan), Arizona has an opportunity to build upon a model that incorporates many of the elements embodied in the first principle. For example, the ALTCS program has a wide spectrum of home and community based services (HCBS) and a solid range of alternative residential settings in the community (See Appendix C). The emphasis on HCBS is reflected in the high percentage of consumers living in the community. For example, nearly 50 percent of the elderly or persons with physical disabilities reside in the community and receive HCBS. Building upon this foundation, AHCCCS is working with the community to develop a comprehensive working plan.

AHCCCS will continue to support the principles of the Olmstead Decision in making reasonable efforts to ensure that potential and current consumers are assessed, provided information, and offered an array of services and settings that can enhance the consumer's opportunity to live in the most community-integrated setting possible. As part of that effort, AHCCCS will periodically monitor and update the Work Plan found in Appendix F of this document.

Plan Development and Implementation Process (Principle 2)

The Centers for Medicare and Medicaid Services (CMS) has suggested that states should provide an opportunity for interested persons to be involved in the plan development. AHCCCS has involved key stakeholders and will continue to involve consumers, program contractors, advocates, community stakeholders and all other interested parties in formulating its portion of Arizona's Olmstead Plan. A listing of persons and organizations that were invited to participate in the development, review and comment on the Plan is included in Appendix I.

AHCCCS will post the completed Plan on its website and will invite all interested members of the community to provide written comments to AHCCCS at any time throughout the year. AHCCCS will periodically review, with interested parties, the status of the work plan, and continue to refine the document. AHCCCS will continue to include the consumers, program contractors, advocates, community stakeholders and all other interested parties in these ongoing review and update activities.

Assessment on Behalf of Potentially Eligible Populations (Principle 3)

This principle is designed to prevent or correct current and future unjustified institutionalization of individuals with disabilities. Many states must begin their planning process by correcting unwarranted nursing facility placements. Arizona is fortunate that we are not starting from that point and can build on a philosophy that stresses independence in the most integrated setting. Planning for community integration begins before the consumer enters the nursing facility and a more collaborative approach is required between case managers and the HCBS system. Because Arizona does not provide prior period coverage for HCBS, there is no funding available to engage in early planning that would allow for an easier transition from the institution to home. To correct this, AHCCCS is reviewing the possibility of providing prior period coverage for HCBS.

AHCCCS monitors the system to ensure that this principle is met by:

- Reviewing the outcome of assessments made by the program contractors to ensure that consumers are placed in the most integrated and most appropriate placement.
- Redesigning the ALTCS computer system to improve data collection capabilities.
- Reviewing the current level of care assessment tools utilized by program contractors to evaluate if changes should be made to the tool. In addition, AHCCCS will require a standard assessment be used by the Elderly and Physically Disabled (EPD) Program Contractors throughout the state to ensure uniformity in each geographic region.
- Providing incentives to ALTCS/EPD Program Contractors for appropriate placement in home and community settings allowing consumers to reside in the most integrated environment.

Advocacy agencies can also assist in ensuring appropriate and early assessment and discharge planning occur. The State encourages advocacy groups to meet with nursing facility resident councils and program contractors to negotiate and ensure the availability of timely and accurate information for consumers.

Availability of Community-Integrated Services (Principle 4)

AHCCCS provides a wide range of services and settings to assist people with integration into their communities, and because this is an entitlement program, there is no waiting list for the ALTCS/EPD program. The enrollment increases in the ALTCS HCBS program, as well as increases in the utilization of services, are reflective in the increases of expenditures for the program.

CHANGE IN ALTCS EXPENDITURES BY SERVICE CATEGORY FEDERAL FISCAL YEAR 1996 - 1999	
ALTCS SERVICE (EXCLUDING CASE MANAGEMENT)	**ALTCS % OF EXPENDITURE GROWTH FFY 1996 – FFY 1999**
Home Health Services (RN and HHA)	**+89%**
Attendant Care	**+47%**
Home-Delivered Meals	**+83%**
Housekeeping	**+13%**
Personal Care	**-18%** **(Attributable to increase in Attendant Care)**
Other (Adult Day Health, Environmental Modification, Alternative Residential Settings)	**+680%** **(Attributable to Alternative Residential Settings)**
Respite Care	**+138%**

Please refer to Appendix C for a complete listing of the ALTCS/EPD services and settings that are available.

Principle 4 stresses the importance of making HCBS accessible. Since the AHCCCS program was founded on this principle, the focus is on how to improve accessibility. Complete accessibility to HCBS is not always possible in rural areas or when there is a lack of providers. The goal, however, is still appropriate and AHCCCS and its Program Contractors must identify the gaps and quantify the problems to begin finding solutions. Some of the strategies that AHCCCS uses to measure accessibility are:

- Annual operational and financial reviews of the Program Contractors conducted by AHCCCS to determine areas of best practices and areas that need improvement.
- The Community Based Services and Settings Report. It will be updated every two years and will help identify and quantify gaps in service.
- An ALTCS Member Survey to solicit consumer ideas about what works, where attention should be focused for the future and what needs to be improved, has recently been completed. AHCCCS/ALTCS will share the results with the community and analyze the findings to determine possible steps to implement for program improvement.
- Periodic assessment of the accessibility and availability of services with the primary care providers, through communication with consumers and Program Contractors; and by measuring general member satisfaction with the ALTCS program.
- Review of annual general or focused member surveys performed by Program Contractors. The results of these surveys are communicated to AHCCCS/ALTCS and the Member/Provider Councils and provide a measurement of satisfaction as well as case

manager performance, appointment waiting time, transportation wait times and culturally competent treatment.

Recently, the CMS removed the limit on the number of consumers who can reside in HCBS. Although the ALTCS/EPD program had never met the HCBS limitation in the past several years, it was critical for AHCCCS to have this perceived barrier removed.

The two critical coordination activities for the AHCCCS/ALTCS program are case management and ongoing coordination and planning at the state and local levels. Case management provides assistance to individuals at all stages of the eligibility and service delivery process and local providers and planning bodies meet regularly to improve linkages among services.

As an entitlement program, AHCCCS/ALTCS must continue to grow to meet the increasing population needs of Arizona's eligible populations. In 2000, there were 110,000 non-institutionalized Arizonans age 65 or older in need of some type of assistance with mobility or self-care. By 2014, the number of persons 85 and older will double to approximately 149,000. Not all of the elderly will require assistance; however, the rapid population growth of elderly persons is one indicator of the type of expansion that the community based services and settings may require.

AHCCCS/ALTCS has in place or will research concepts that can improve the availability of community-integrated services.

Financial Incentives

AHCCCS will continue to offer financial incentives to program contractors who exceed the targets set for HCBS.

Reimbursement for Home and Community Based Placements and Services

AHCCCS is exploring the financial impact of paying for HCBS and placements from the time that an applicant applies for ALTCS rather than from the day the individual is found eligible for ALTCS. This arrangement should support community placements and may reduce costs if individuals do not need to go to a nursing facility in order to have their bills paid from the day they apply and are found eligible for ALTCS.

Transition Funds

In response to comments from the public hearings, AHCCCS will review the potential to provide funding to assist people in transitioning into their own homes, including providing deposit funds for rental apartments and houses, utilities and telephones, and providing start-up funding for household items and furniture.

Assistive Technology

In addition, the state is encouraging the Arizona Technology Access Program, which is federally funded, to develop recommendations and training modules to provide additional training to clients, case managers and direct care providers for the improved use of assistive technology. This should include the development of a comprehensive strategy for assistive technology to ensure a successful placement, including adequately trained personnel to assist a person with his/ her assistive technology needs.

Informed Choice (Principle 5)

The principle of Informed Choice underscores the purpose of a home and community based program that gives individuals with disabilities and their families an opportunity to make informed choices about how their needs can be met in the community. A basic tenet of the ALTCS/EPD program is to involve consumers in decision making about what services they want and where they want to live. For consumers to be able to make informed choices, they must have information about the available range of living arrangements, types of services, methods of service delivery, and the likely benefits, disadvantages and risks of each option. For example, people who are participating in the ALTCS/EPD program in Maricopa County should receive information about the three program contractors for acute and long term care services so that they can make an informed choice. The participants also need to receive a thorough explanation of the array of services and settings available so that they have informed choice and decision-making abilities relative to their care plan. To achieve that goal, each consumer is assessed to determine the most integrated placement for that consumer when considering the individual's medical and support needs. The case manager is responsible for facilitating placement/services based primarily on the consumer's choice. In addition:

1. Program Contractors prepare informational materials (i.e., consumer handbooks, newsletters, and brochures) and submit them to AHCCCS/ALTCS for prior approval.
2. Applicants are given information about available ALTCS services and settings during the eligibility process and advised of their rights and responsibilities.
3. AHCCCS/ALTCS is conducting focus groups with "baby boomers" to determine what long term care information would be beneficial and how best to distribute the information.

For individuals who cannot communicate their needs and choices, the Planning Team must develop a plan that is in the individual's best interest. The Team may include the individual, the family, the guardian, the case manager, the service provider, the residential provider, friends and any others chosen by the individual.

AHCCCS will work collaboratively with consumers, advocates and the Program Contractors to identify effective approaches to ensure that current and potential consumers are provided the necessary information to make informed choices.

State and Community Infrastructure (Principle 6)

The CMS advised states to ensure that quality assurance, quality improvement and sound management principles support the plan. Some of the strategies that AHCCCS has in place are:

1. A requirement that all program contractors have an annual Quality and Utilization Management Plan that evaluates the quality of care. The program contractors must document the results and explain how the goals were met or unmet, document and trend quality management activities that have occurred and suggest what needs to be changed for the next year. AHCCCS reviews each program contractor's plan.
2. AHCCCS continually re-evaluates what is needed for a good management structure and incorporates those tenets in the contracts.

3. The Program Contractors' network and infrastructure are monitored in an annual operational review.
4. AHCCCS staff address all complaints or concerns referred to the agency. All complaints/concerns/quality of care issues are logged in, tracked and maintained in a centralized database. The allegations are identified and research is performed by obtaining and reviewing documentation from the numerous sources (e.g. Arizona Department of Health Services, Adult/Child Protective Services, Arizona State Board of Nursing, providers, program contractors and other regulatory agencies). Referrals are made to AHCCCS' Office of Program Integrity and shared with the Attorney General's Office, as appropriate. Findings are reviewed and discussed for actions taken on the case which may include policy and procedure changes, educational or in-services training, plans of correction, prosecution, bed holds and/or suspension or termination of the contracts.
5. Annual Operational and Financial reviews are performed by AHCCCS to ensure program compliance (Case Management, Network, Behavioral Health, Quality Utilization Management, Grievance and Requests for Hearing, Financial and Administrative). The reviews will identify areas where improvements can be made and recommendations are made to the program contractors. AHCCCS monitors the program contractor's progress on implementing the changes and provides the program contractor with technical assistance if necessary.

The AHCCCS/ALTCS program will continually look at ways to improve the ALTCS program. The addition of Network Management and Development Plans and Member/Provider Councils (see Principle 5) are two additional approaches to ensure the ALTCS program continues to improve and meet the needs of the consumers that it serves. The Member/Provider Councils also include consumer advocacy groups.

ADES/DDD

Comprehensive, Effective Working Plan (Principle 1)

The Arizona Department of Economic Security/Division of Developmental Disabilities (ADES/DDD) State and Federal Funded Program for Persons with a Developmental Disability (DD) supports this core principle since it suggests that states should develop a comprehensive, effective plan to provide services to individuals with disabilities in more integrated, community based settings. ADES/DDD has historically worked to ensure that consumers are provided with assessments, information and services that will support them in the most integrated community setting that is appropriate. Through the Olmstead Plan (Plan), ADES/DDD has the opportunity to continue to build upon this model. ADES/DDD offers an array of community-integrated settings and services to support those settings. ADES/DDD also encourages consumers and their families to be active participants in service decisions. The emphasis on home and community based services (HCBS) is reflected in the high percentage of consumers living in the community. For example, over 99 percent of persons with developmental disabilities live in the community.

ADES/DDD will continue to support the principles of the Olmstead Decision in making reasonable efforts to ensure that potential consumers and consumers are assessed, provided information, and offered an array of services and settings that can enhance the individual's opportunity to live in the most community-integrated setting possible. As part of that effort, ADES/DDD will periodically monitor and update the Work Plan found in Appendix G of this document.

Plan Development and Implementation Process (Principle 2)

The Centers for Medicare and Medicaid Services (CMS) has suggested that states should provide an opportunity for interested persons to be involved in the Plan development. ADES/DDD has involved key stakeholders and will continue to involve consumers and their families, providers, advocates, other community stakeholders and all other interested parties in formulating its portion of the Plan. A listing of persons and organizations that were invited to participate in the development, review and comment on this Plan is included in Appendix I.

ADES/DDD will provide a link to the completed Plan on its website and will invite all interested members of the community to provide written comments to ADES/DDD at any time throughout the year. ADES/DDD will periodically review, with interested parties, the status of the work plan, and continue to refine the document. ADES/DDD will continue to include consumers and their families, providers, advocates, other community stakeholders and all other interested parties in these ongoing review and update activities.

Assessment on Behalf of Potentially Eligible Populations (Principle 3)

ADES/DDD has determined that existing assessment and planning procedures are adequate to identify individuals currently in institutionalized settings, to identify institutionalized individuals who could benefit from more integrated community settings and to identify individuals in the community who are at risk of placement in an unnecessarily restrictive setting.

Individual planning processes include the Individual and Family Service Plan (IFSP) for children under age three, the Individual Service Plan (ISP) for individuals over age three, and the Person-Centered Planning process which is being pilot tested at this time. All plans are reviewed annually as part of the current planning process. An annual Arizona Health Care Cost Containment System/Arizona Long Term Care System (AHCCCS/ALTCS) review of Medicaid eligible individuals is also conducted. Assessments from therapists and psychologists as well as functional assessments and employment assessments are also reviewed as part of this process.

Decisions to move an individual to the most integrated setting must include an assessment of their ability to live in the setting. There must be agreement to the move by the individual and the team of system representatives, professionals, and family members or other persons who are significant to the individual. Service plans and the planning process should be long term and anticipate future needs as well as current needs. On an individual basis, the planning process and overall philosophy support placement in the most appropriate integrated setting chosen by the individual.

Family members and others are currently being trained as part of the Person-Centered Planning Process to facilitate plan development focusing on the individual's goals including the long term needs to reach those goals. Addressing the service system changes needed to prepare for these trends will provide more options and choices for the individuals.

For special populations, such as persons with developmental disabilities who also are receiving services at the Arizona State Hospital, there is a special joint discharge planning process that occurs prior to enrollment of the individual with a Program Contractor or Regional Behavioral Health Authority (RBHA).

The ADES/DDD is planning a number of improvements to assessment and planning, including:

- Taking steps to ensure quality implementation of the IFSP and the ISP. The process and tools have been developed and work well.
- Taking actions to enhance the system's responsiveness to service changes/changes in need.
- Improving the identification of persons at risk of moving to more restrictive settings.
- Expanding the Person-Centered Planning process to other locations in the state after the pilot is completed.

Availability of Community-Integrated Services (Principle 4)

ADES/DDD has a wide range of community-integrated settings and support services available for consumers who have a developmental disability. Among the current initiatives that ADES/DDD is pursuing to further improve community integration are Home of Your Own and Family Support. The Home of Your Own program assists individuals with disabilities in determining if they are interested in becoming homeowners and in assessing the financial viability of home ownership, and may provide up to $10,000 per person to be used for a down payment or closing costs on the purchase of a home. Family support groups, and educational support for them, continue to grow throughout the state including an increasing number of self-advocates.

Integrated services can be provided in every residential setting to varying degrees. ADES/DDD is planning a number of improvements to promote integrated services in each setting, including increasing the opportunities for and knowledge about community services in settings, increasing opportunities for individuals to engage in community activities, improving learning skills, establishing an information contact, expanding transportation opportunities, and addressing best practices.

For individuals who cannot fully participate and individuals without family or other informal caregivers, ADES/DDD will ensure that the individual's team knows the person and has a commitment to their well being, uses volunteers and mentors, and has access to legal advocacy and individual opportunities.

In order to address gaps in services, ADES/DDD plans to address the issues of the following support services: transportation, skill levels of residential providers, creating meaningful day activities, and increasing availability of therapies, home nursing, respite, habilitation, and transition services. The degree to which there is a shortage of the service varies in different parts of the state.

ADES/DDD will also address employment services, networks and assistive technology.

Informed Choice (Principle 5)

ADES/DDD affords individuals with developmental disabilities and their families with the opportunity to make informed choices regarding how their needs can best be met in the community or institutional settings. In addition to providing consumers and their families with written and verbal information and with information on how to access other family advocacy and support groups, ADES/DDD has a number of initiatives in progress, including:

Case Management Options – a pilot project in Districts VI, II and part of District I that allows individuals and families to make choices on case managers, including contracted agencies or individuals, parents, family members, consumers or Division staff.

Person-Centered Planning – which supports ADES/DDD's direction of self-determination by ensuring more family/consumer control of the services they need. It allows for families/consumers to control their own budget and select services and providers when and as they need them. The pilot will be evaluated and will become available statewide depending upon the results of the evaluation.

Core Indicators Project – a project that pilots a set of quality indicators. Consumers are surveyed to determine the extent of community integration, choice and self determination, independence, quality of relationships, quality of life, satisfaction with service coordination, access to supports and services, safety, health, respect and rights and satisfaction with providers. Results will allow Arizona, and the other states that are participating, to develop practical strategies to improve quality of supports and services.

Voucher Program – the opportunity for over 1,000 people to use vouchers to purchase services. This empowers families and individuals to choose providers and streamlines the service delivery system.

Partners in Policymaking – a Pilot Parents of Southern Arizona initiative, supported by ADES/DDD, which promotes opportunities for individuals with developmental disabilities to become more involved in planning and decision making. The initiative is an innovative leadership-training program that teaches people to be community leaders and to affect systems and policy change at the local, state and national levels.

In order to support and ensure that individuals and their families have the information needed and the ability to make decisions based on accurate information, the following overall concepts need to be incorporated into all levels of service planning and delivery.

- Information that supports individuals and families making informed choices needs to be readily and comprehensively available.
- Individuals and families need to know that they do have choices and they need to know how to exercise those choices and decision-making rights. Individuals need to be provided opportunities to learn decision-making skills, and to understand that they have the right to change their minds.
- For individuals who cannot communicate their desires/choices, the Planning Team must develop a plan that is in the individual's best interest. The Team may include the individual, the family, the guardian, the support coordinator, the service provider, the residential provider, friends and any others who know the individual.

In addition, ADES/DDD will develop written materials and explore options for various forms of delivery. This will include a 1-800 number, a website, connections with current clients or families of clients for peer support and strengthening peer support networks. ADES/DDD will also explore additional opportunities to inform individuals about choice and consequences.

The Rehabilitation Council, Independent Living Centers and the Governor's Council on Developmental Disabilities are reviewing the decision-making process for employment. Their recommendations, which will support individual choice and informed decision making, should be implemented.

State and Community Infrastructure (Principle 6)

ADES/DDD engage in continuous improvement processes that include quality assurance reviews and enhancement of sound management practices. There are two mechanisms currently in place that will provide information for monitoring the overall system responsiveness to integrated services.

The Core Indicators Project: Arizona, along with over 20 other states is piloting a set of quality measures - Core Indicators. Consumers are surveyed to determine the extent of community integration, choice and self determination, independence, quality of relationships, quality of life, satisfaction with service coordination, access to supports and services, safety, health, respect and rights and satisfaction with providers. Results allow states to develop practical strategies to improve quality of supports and services. Specific areas included in the indicators related to community integration are:

- People are receiving supports to find and maintain employment in integrated settings and earn increased wages.

- People use integrated community services and participate in everyday community activities.
- People make life choices and participate actively in planning their services and supports.
- People are satisfied with the services and supports they receive – The proportion of people who report satisfaction with where they live.

Waiting List Tracking -- Program Managers in each ADES/DDD District of the State track the number of persons waiting for a less-restrictive setting or service – residential and/or employment. Based on information available as of August 15, 2000, there are nine (9) individuals who are working in sheltered employment settings that are prepared to move to employment in a more integrated setting. There are fifty-four (54) individuals prepared to move to a more integrated residential setting. Twenty two of the clients reside at the Arizona Training Program at Coolidge (ATPC) in the larger cottages and are willing to move to smaller settings if they can remain on the ATPC campus. The 54 individuals represent only 2 percent of those who are living out of home. In each case, the availability of appropriate options is delaying the changes.

The combination of information from the core indicators, AHCCCS/ALTCS audits and Program Manager tracking provides a very specific means of monitoring improvement in providing integrated service settings and services.

To ensure that the contracting and resource development functions support placement in integrated settings, the ADES/DDD will review the contracting process, identify additional methods to support consumers in the community, and promote creativity among providers in serving clients.

ADHS/DBHS Children and Adults with Behavioral Health Needs

Comprehensive, Effective Working Plan (Principle 1)

The strategic plan for the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) strives to promote healthy development and provide effective prevention, evaluation, treatment, and rehabilitation for those individuals in need of behavioral health services. A successful system allows for personal empowerment and can assist the individual in leading a responsible, productive and meaningful life. Therefore, Arizona's Olmstead Plan (Plan) includes principles that are consistent with the guiding Olmstead Decision principles.

Foremost is preventing the unnecessary institutionalization of children and adults whose behavioral health needs can be met in more appropriate integrated settings. Arizona has successfully met this objective as evidenced by the decline in the average daily census and the average length of stay at the Arizona State Hospital since 1997. The Regional Behavior Health Authorities (RBHAs) expenditure reports indicate that inpatient hospitalization costs have been decreasing and expenditures for community supports have been increasing significantly during this same time period. This success has been greatly due to the RBHAs' increased utilization of community based mental health services. Currently, 99 percent of children and adults with behavioral health needs are residing in the community utilizing community based services. Services such as case management, in-home supports and respite care have expanded and continued expansion in these areas is anticipated, as ADHS/DBHS continues to assure that the behavioral health needs of the consumers are met in integrated settings when appropriate.

ADHS/DBHS, in conjunction with the RBHAs, have historically believed that consumer(s) and those significant to the consumer(s) should have a voice and actively participate in their care and/or the care of those close to them. The goal is to continue striving to include individuals in their service provision. This is best done by providing information to consumers regarding all aspects of the behavioral health service delivery system, including but not limited to, assessment, available services, treatment and after-care. Provision of complete and accurate information allows for responsive, comprehensive, and when appropriate community based services tailored to the individual, family, community, and culture.

To ensure that the principles set forth in this document are adhered to, ADHS/DBHS will periodically monitor and update the Work Plan found in Appendix H. The Plan will be reviewed bi-annually by the ADHS/DBHS management team and annually with the other agencies participating in this Plan.

Plan Development and Implementation Process (Principle 2)

ADHS/DBHS has involved key stakeholders and will continue to involve consumers and their families, the RBHAs, providers, advocates, other community stakeholders and all other interested parties in formulating its portion of Arizona's Olmstead Plan. A listing of persons and organization that were invited to participate in the development, review and comment on this Plan is included in Appendix I.

ADHS/DBHS will provide a link on its website to the completed Plan and will invite all interested members of the community to provide written comments to ADHS/DBHS at any time throughout the year. ADHS/DBHS will periodically review, with interested parties, the status of the Work Plan, and continue to refine the document.

Assessment on Behalf of Potentially Eligible Populations (Principle 3)

A critical ADHS/DBHS responsibility is to provide oversight and regulation to the RBHAs. This is demonstrated in a variety of forms. ADHS/DBHS develops policies and procedures regarding the assessment of service delivery, including the utilization of community based services and systemic needs and provides the RBHAs with a Quality Management/Utilization Management Plan (QM/UM). The RBHAs, as indicated in ADHS/DBHS policy, are responsible for conducting service delivery assessments according to the QM/UM Plan and determining service needs in their region. The RBHAs develop area-specific policies and procedures consistent with the guidelines set forth by ADHS/DBHS and ensure adherence by the area providers. Annual reviews of the RBHA's adherence to the QM/UM Plan, policies and procedures, and practices, as well as their monitoring activities of area providers are conducted by ADHS/DBHS and feedback is provided to enhance service delivery. A cross-functional monitoring team consisting of representatives from the Quality Management and Financial Departments and the Clinical Bureaus conduct these reviews (Operational and Financial Reviews) so that it is comprehensive in nature. These annual Operational and Financial Reviews include reviewing service delivery assessment methods (data systems), case files, and adherence to mandates.

On a practical level, the behavioral health system in Arizona requires prior authorization for inpatient hospitalization or residential treatment to ensure that such restrictive placements are necessary to address individual needs and could not be addressed in less restrictive settings. Long term inpatient placements are periodically reviewed to determine if the individual has achieved maximum benefit and to ensure the placement should continue. RBHAs are required to report quarterly (to ADHS/DBHS) on data (i.e., average length of stay, admission information, and discharge data) verifying that institutional placements and acute care is monitored and not over-utilized.

An additional safeguard to prevent against the over-utilization of long term restrictive placements has been developed to ensure that individuals being hospitalized at the Arizona State Hospital have been appropriately assessed. All pending Arizona State Hospital admissions must be reviewed by the RBHA of jurisdiction and Arizona State Hospital representatives prior to hospitalization. Both authorities review severity of referring illness, expected outcome, and the identification of discharge goals. If admission is determined necessary, a discharge plan is initiated upon admission outlining goals for transitioning back into the community as quickly as appropriate. Additionally, incentives for the RBHAs have been developed by ADHS/DBHS to maintain the Arizona State Hospital census at predicable levels, to promptly place patients who are ready for discharge and to prevent readmission by providing appropriate monitored community services.

ADHS/DBHS will continue to coordinate and assure that meetings take place to allow for collaboration with other agencies regarding service delivery. The current monthly meetings held

with representatives from ADHS/DBHS, ADES/DDD, the RBHAs, and the Arizona State Hospital to coordinate discharge for persons with multiple service needs, will continue. Any barriers identified in these meetings will be addressed through the development of workgroups, and if necessary, ADHS/DBHS will revise or write policies to address the issue. ADHS/DBHS will also be developing on-going collaborative meetings with stakeholders, representatives from ADHS/DBHS, ADES/Division of Children, Youth and Families, ADES/DDD, Arizona Department of Juvenile Corrections, RBHAs and the Arizona Administrative Office of the Courts to decrease barriers to services for children and families served by the state agencies. ADHS is in the process of developing strategies to improve the assessment of and provision of services to children who are served by multiple agencies.

Availability of Community-Integrated Services (Principle 4)

ADHS/DBHS mission is to provide a comprehensive array of services to meet a person's behavioral health needs in community based settings. The RBHAs are responsible for determining the service needs in their region and developing a plan to meet those identified needs. As indicated earlier, ADHS/DBHS monitors the RBHAs to ensure that the service needs identified are being addressed and that multiple services exist. Currently, RBHAs deliver a full range of behavioral health services including prevention programs for adults and children, a full continuum of services for adults with substance abuse and general behavioral health disorders, adults with serious mental illness (SMI), and children with serious emotional disturbances (SED). The RBHAs accomplish this either directly or by developing a network of providers to deliver the services. A list of available services is included in Appendix C.

Service delivery options are expected to increase in the near future in Arizona. ADHS/DBHS has Intergovernmental Agreements with other state agencies to expand the provision of integrated community services. There are two initiatives currently underway which will additionally increase the utilization of integrated services within the state. They are as follows:

1. House Bill 2003 – This provides additional funding for services such as housing and vocational rehabilitation services to improve integration at the community level.

2. Proposition 204 – The implementation of Proposition 204 allows for matching funds for identified consumers thereby requiring the development of additional community based services.

In addition to the above, a provision from the State's Tobacco Settlement of $50 million for adults with SMI diagnoses and $20 million for children has been appropriated to increase community services. Finally, the Centers for Medicare and Medicaid Services (CMS) waiver which raises Medicare eligibility, will be used to expand community behavioral health services.

ADHS/DBHS is currently participating in a rate review with AHCCCS to expand Medicaid funding to include vocational services and personal assistance. Also being evaluated is a prospective rate that will include providers' development/start-up costs. RHBAs are focusing on developing housing and residential support services that have been identified through gap analysis data.

Other activities underway to enhance community based services include the development of Active Community Treatment (ACT) case management teams for adults. The ACT model of case management has, in other states, proven successful in supporting individuals upon their discharge from state institutions. The model provides a clinical team whose members have expertise in housing, vocational rehabilitation, substance abuse, medication management, and symptom management. These teams have been quite successful in other states assisting consumers with community integration. ADHS/DBHS has also sponsored an Integrated Treatment Consensus and Statewide Advisory Panel to establish best practice guidelines, training and improved methods for service delivery to persons with co-occurring mental health and substance abuse disorders. ADHS will continue to facilitate these discussions and support development of integrated community services for individuals with mental health and substance abuse issues.

Additionally, the ADHS/DBHS and the RBHAs, in collaboration with ADES, and Rehabilitative Services Administration (RSA) are developing peer mentor trainings and additional supported employment opportunities to increase available services. The RBHAs are also encouraged to expand consumer run programs including drop-in centers, clubhouses, and peer counseling.

The Bureau of Children's Services, in partnership with other child-serving agencies, has been involved in the implementation of a number of projects to coordinate services to children served by the RBHAs. Single Purchase of Care (SPOC), is a joint process developed in collaboration with the Department of Economic Security, the Department of Juvenile Corrections, and the Administrative Office of the Courts to provide a streamlined purchasing system of behavioral health care for children. The Early Childhood Behavioral Health Task Force was developed to define a system that provides access to comprehensive infant mental health services from trained and qualified practitioners in community based settings. Interagency Case Management Projects (ICMP) are currently being implemented and designed to centralize, coordinate and manage the services for children and youth. In addition to the above collaboration efforts, the Bureau of Children's Services also collaborates in other programs which include: Model Court, No Wrong Door, 300 Kids Project, and area Children's Coordinating Councils. The ADHS/DBHS has also added respite care for family members as a service covered by AHCCCS for children and adults with behavioral health needs.

Informed Choice (Principle 5)

ADHS/DBHS have developed policy requirements to ensure that individuals (including children and their families) are informed about their treatment options, including medications. Consumers are required and encouraged to take part in the service planning process and service plan reviews and can also identify any additional persons they may wish to be a part of their clinical team. These individuals may be family members, designated representatives, friends, etc. who can assist them in making informed choices about their treatment. Additionally, persons with a serious mental illness who are assessed as being unable to participate in treatment decisions and therefore are in need of special assistance, are referred for advocacy services as required by ADHS/DBHS policy.

A variety of methods to increase client awareness to available treatment options include meetings held with consumers at drop-in centers to assist and support the development of

recovery plans such as the Wellness Recovery Action Plan (WRAP). These plans clearly state the consumer's choices regarding treatment. In addition, a Recovery Training program will be provided at the Arizona State Hospital by the University of Arizona to educate consumers who are currently hospitalized on their treatment options to allow for more informed choices. Representatives from the ADHS/DBHS Bureau for Adult Services and Bureau for Children's Services attend the Arizona Behavioral Health Planning Counsel and the Children's Planning Counsel meetings to increase knowledge and information sharing regarding available services. This exchange of information provides a greater opportunity for consumers to be educated about how to make informed treatment choices.

State and Community Infrastructure (Principle 6)

ADHS/DBHS has the responsibility for direct oversight, both financially and programmatically for the activities of each of the RBHAs that sub-contract with provider networks including more than 1,300 service providers throughout the state. Monitoring for contract compliance, adherence to Medicaid regulations, fiscal accounting, program design, delivery, and effectiveness, as well as client satisfaction, occurs in a structured manner and on a periodic basis as indicated in previous sections. If necessary, additional monitoring may occur throughout the year based on outcome of the yearly monitoring reviews. Also included in the review process is data provided regarding the availability of and timeliness of appointments and if the consumer's presenting problems are being adequately addressed by the services designated in the service plan.

Consumer satisfaction surveys are completed biannually. Additional surveys to be implemented in the future include: the Mental Health Statistical Improvement Project (MHSIP) Youth Services Survey, MHSIP Youth Service Survey for Families, MHSIP (Adapted) Family Survey, and a Recovery Survey. This data will be analyzed as part of the quality improvement process for monitoring the service delivery system.

ADHS/DBHS initiatives focusing on expansion of community based services include:

1. Implementation of the recent changes to the behavioral health covered services array including the addition of new services (i.e. peer and family support) and provider types (i.e. Community Service Agencies and Rural Substance Abuse Transitional Center).

2. Integrated treatment for persons with co-occurring disorders.

3. A new process and policy for analyzing the sufficiency of the provider networks and identifying service gaps so they can be addressed in a timely manner.

PART IV: APPENDICES

APPENDIX A: CENTERS FOR MEDICARE AND MEDICAID SERVICES OLMSTEAD PRINCIPLES

Principle 1 -- Plan: Develop and implement a comprehensive, effectively working plan (or plans) for providing services to eligible individuals with disabilities in more integrated, community based settings. When effectively carrying out the principle:

- The State develops a plan or plans to ensure that people with disabilities are served in the most integrated setting appropriate. It considers the extent to which there are programs that can serve as a framework for the development of an effectively working plan. It also considers the level of awareness and agreement among stakeholders and decision makers regarding the elements needed to create an effective system, and how this foundation can be strengthened.

- The plan ensures the transition of qualified individuals into community based settings at a reasonable pace. The State identifies improvements that could be made.

- The plan ensures that individuals with disabilities benefit from assessments to determine how community living might be possible (without limiting consideration to what is currently available in the community). In this process, the individuals are provided the opportunity for informed choices.

- The plan evaluates the adequacy with which the State is conducting thorough objective and periodic reviews of individuals with disabilities in institutional settings (such as State institutions, ICFs/MR, nursing facilities, psychiatric hospitals and residential services facilities for children) to determine the extent to which they can and should receive services in a more integrated setting.

Principle 2 -- Involvement: Provide an opportunity for interested persons, including individuals with disabilities and their representatives, to be integral participants in plan development and follow-up. When effectively carrying out this principle:

- The State involves people with disabilities (and their representatives, where appropriate) in the plan development and implementation process. It considers what methods could be employed to ensure constructive, on-going involvement and dialogue.

- The State assesses what partnerships are needed to ensure that any plan is comprehensive and works effectively.

Principle 3 -- Assessment: Take steps to prevent or correct current and future unjustified institutionalization of individuals with disabilities. When effectively carrying out this principle:

- The State has a reliable sense of how many individuals with disabilities are currently institutionalized and are eligible for services in community based settings. The plan considers what information and data collection systems exist to enable the State to make this determination. Where appropriate, the State considers improvements to data collection systems to enable it to plan adequately to meet needs.

- The State evaluates whether existing assessment procedures are adequate to identify institutionalized individuals with disabilities who could benefit from services in a more integrated setting.

- The State also evaluates whether existing assessment procedures are adequate to identify individuals in the community who are at risk of placement in an unnecessarily restrictive setting.

- The plan ensures that the State can act in a timely and effective manner in response to the findings of any assessment process.

Principle 4 -- Availability: Ensure the Availability of Community-Integrated Services. When effectively carrying out this principle:

- The plan identifies what community based services are available in the State. It assesses the extent to which these programs are able to serve people in the most integrated setting appropriate (as described in the ADA). The State identifies what improvements could be accomplished including the information systems, to make this an even better system, and how the system might be made comprehensive.

- The plan evaluates whether the identified supports and services meet the needs of persons who are likely to require assistance in order to live in the community. It identifies what changes could be made to improve the availability, quality and adequacy of the supports.

- The State evaluates whether its system adequately plans for making supports and services available to assist individuals who reside in their own homes with the presence of other family members. It also considers

whether its plan is adequate to address the needs of those without family members or other informal caregivers.

- The State examines how the identified supports and services integrate the individual into the community.

- The State reviews what funding sources are available (both Medicaid and other funding sources) to increase the availability of community based services. It also considers what efforts are under way to coordinate access to these services. Planners assess the extent to which these funding sources can be organized into a coherent system of long term care that affords people with reasonable, timely access to community based services.

- Planners also assess how well the current service system works for different groups (e.g. elderly people with disabilities, people with physical disabilities, developmental disabilities, mental illness, HIV-AIDS, etc.). The assessment includes a review of changes that might be desirable to make services a reality in the most integrated setting appropriate for all populations.

- The plan examines the operation of waiting lists, if any. It examines what might be done to ensure that people are able to come off waiting lists and receive needed community services at a reasonable pace.

Principle 5 – Informed Choice: Afford individuals with disabilities and their families the opportunity to make informed choices regarding how their needs can best be met in community or institutional settings.

- The plan ensures that individuals who may be eligible to receive services in more integrated community based settings (and their representatives, where appropriate) are given the opportunity to make informed choices whether and how their needs can best be met.

- Planners address what information, education, and referral systems would be useful to ensure that people with disabilities receive the information necessary to make informed choices.

Principle 6 – State and Community Infrastructure: Take steps to ensure that quality assurance, quality improvement and sound management support implementation of the plan. When effectively carrying out this principle:

- Planners evaluate how quality assurance and quality improvement can be conducted effectively as more people with disabilities live in community settings.

The State also examines how it can best manage the overall systems of health and long term care, so that placement in the most integrated setting appropriate becomes the norm. It considers what planning, contracting and management infrastructure might be necessary to achieve this result at the State and community level.

APPENDIX B: BRIEF PROGRAM DESCRIPTIONS

Programs that support the target populations in community settings are defined according to the population that they serve. Some programs, such as Rehabilitative Services, Non-Medical Home and Community Based Service System and other types of services are available to more than one population group.

AHCCCS/ALTCS/EPD

Arizona Health Care Cost Containment System/Arizona Long Term Care System for Persons who are Elderly and/or have a Physical Disability (AHCCCS/ALTCS/EPD)

ALTCS/EPD services are provided either directly or indirectly, in the 15 Arizona counties, by Program Contractors under contract with AHCCCS, to persons who are elderly or who have a physical disability. Program Contractors coordinate, manage and provide acute care, institutional care, home and community based care, behavioral health and case management services to ALTCS/EPD consumers. The typical ALTCS/EPD consumer is a white female between 80 and 89 years of age, and 18 percent of the EPD consumers are over 90 years of age.

As of May 1, 2001, there were 19,515 elderly and physically disabled persons enrolled in the ALTCS/EPD program. The number of consumers currently residing in nursing facilities is 9,953. The home and community based population is divided into "own home" and "alternative residential settings." As of May 1, 2001, 8,196 consumers lived in their own home and 1,366 lived in Alternative Residential settings.

Table 1 shows the change from January 1997, through January 2001, in the proportion of ALTCS/EPD members who reside in their own home, alternative residential settings and nursing facilities. Nearly 50 percent of the consumers in the ALTCS/EPD program reside in home and community based settings (own home and alternative residential settings). The proportion of nursing facility residents has declined from 62.1 percent in 1997 to 50.5 percent in 2001.

Table 2 takes this same data that made up Table 1 and shows the percentage of growth that has occurred in members who reside in their own homes, alternative residential settings and nursing facilities for the same time period. Nursing facility growth has essentially remained flat or decreased over this time period. The largest proportion of growth is with those members residing in alternative residential settings. Those members residing in their own homes or alternative residential settings continue to grow at a rate greater than the overall ALTCS/EPD growth.

For more information call 1-(800) 654-8713, extension 4614 or visit the AHCCCS web site at www.ahcccs.state.az.us.

Table 1: Increases in the Proportion of ALTCS/EPD Consumers Who Live in the HCBS

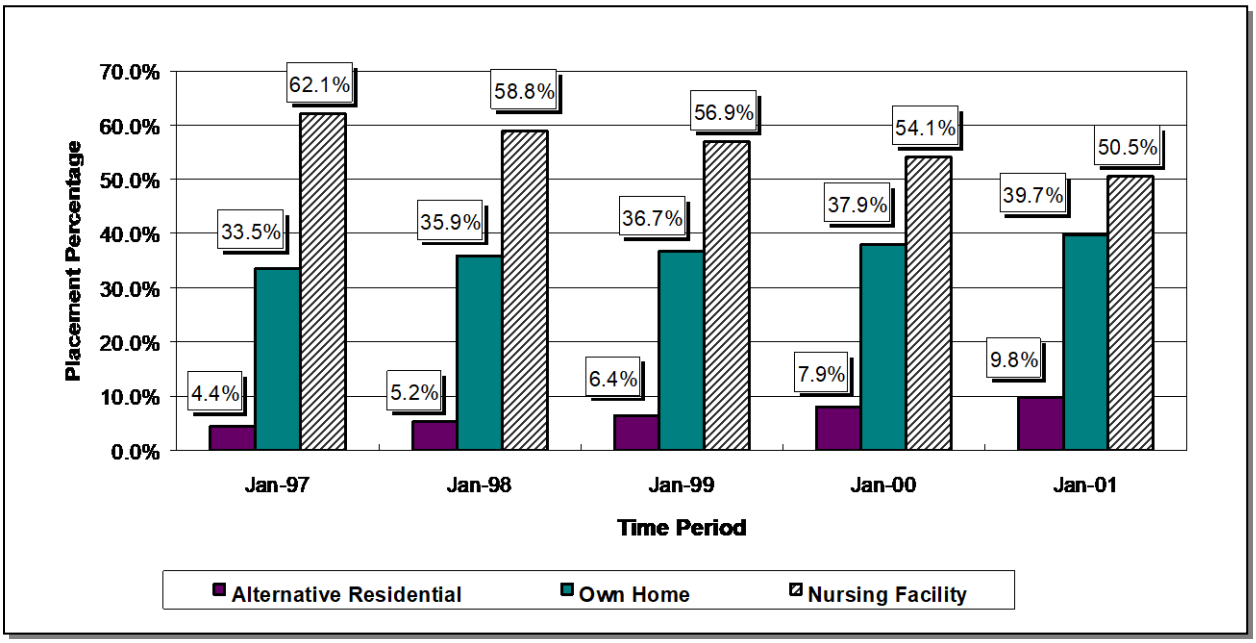
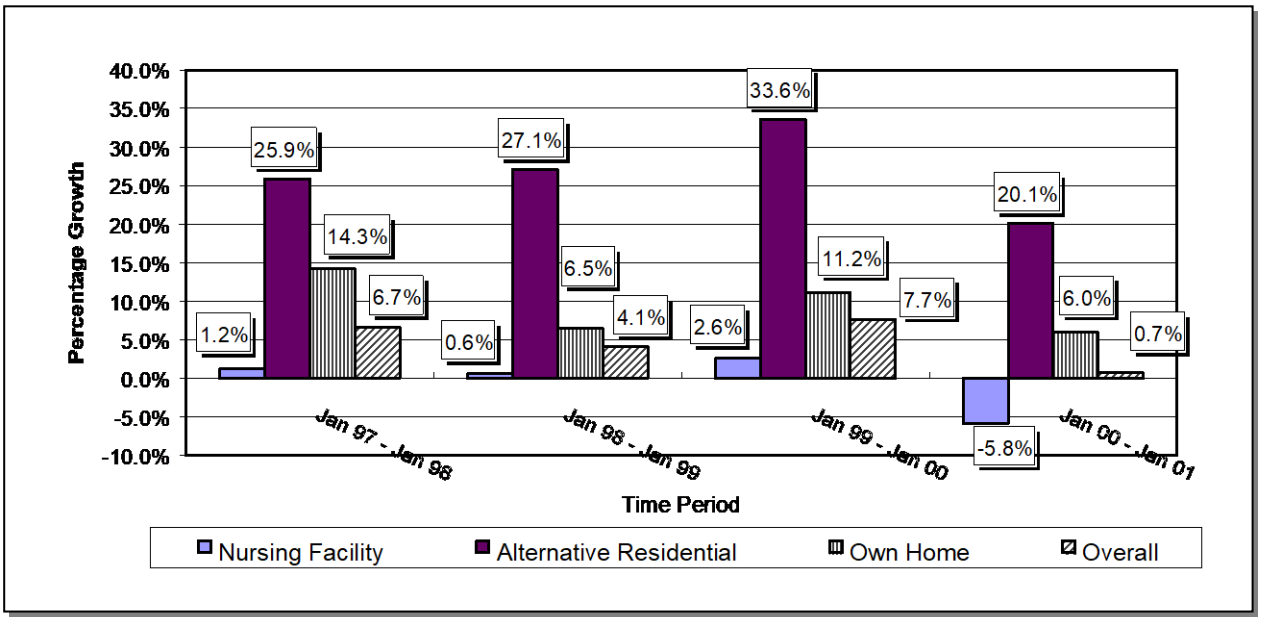


Table 2: Growth in Own Home and Alternative Residential Compared with Growth in Overall ALTCS/EPD Population



ADES/DDD

Arizona Department of Economic Security/Arizona Long term Care System for Persons with Developmental Disabilities (ADES/ALTCS/DD) and the Arizona Department of Economic Security/State-Funded Program for Persons with Developmental Disabilities (ADES/DDD/DD) [5]

The Medicaid-funded ALTCS/DD program for consumers with a developmental disability provides acute health, behavioral health, in home, alternative residential and institutional services. The DD State-Funded program offers essentially the same services as does the ALTCS/DD program except for acute and behavioral health services. The state-funded program is limited in the amount of services that it can provide because it is limited to appropriated State funds. Some DD State-Funded consumers can qualify for the Acute Medicaid program and thus obtain their acute and behavioral services from this source.

Over the past five years, the trend toward placement in integrated community settings has remained constant for persons with developmental disabilities.

LIVING LOCATIONS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES AS OF APRIL 30, 2001

Settings	Title XIX	State Funded
• ICF-MR (Coolidge, Windsor, Pinchot, Campbell, Earll and Hacienda)	166	28
• Skilled Nursing Facility (SNF & ICF)	58	3
• Group Homes	1,964	192
• Adult Developmental Homes	276	40
• Home with Community Based Services (Independent Settings and With Family)	9,717	6,944
Total	12,181	7,207

For more information call 1-866-229-5553 or visit the ADES website at www.de.state.az.us.

[5] In this document the ALTCS/DD and the State-Funded DD program will be discussed together as the ADES/DDD program.

ADHS/DBHS

Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) for children and adults with behavioral health needs.

The ADHS/DBHS serves as the single state authority to provide coordination, planning, administration, regulation and monitoring of the state behavioral health system. Behavioral heath services include alcohol, drug and mental health services. ADHS/DBHS contracts with intermediary organizations, known as the RBHAs, to administer behavioral health services in the state. RBHAs are responsible for the development of regional provider networks that deliver effective services, develop services in response to client needs, coordinate care within the provider network, and continually seek to improve client outcomes.

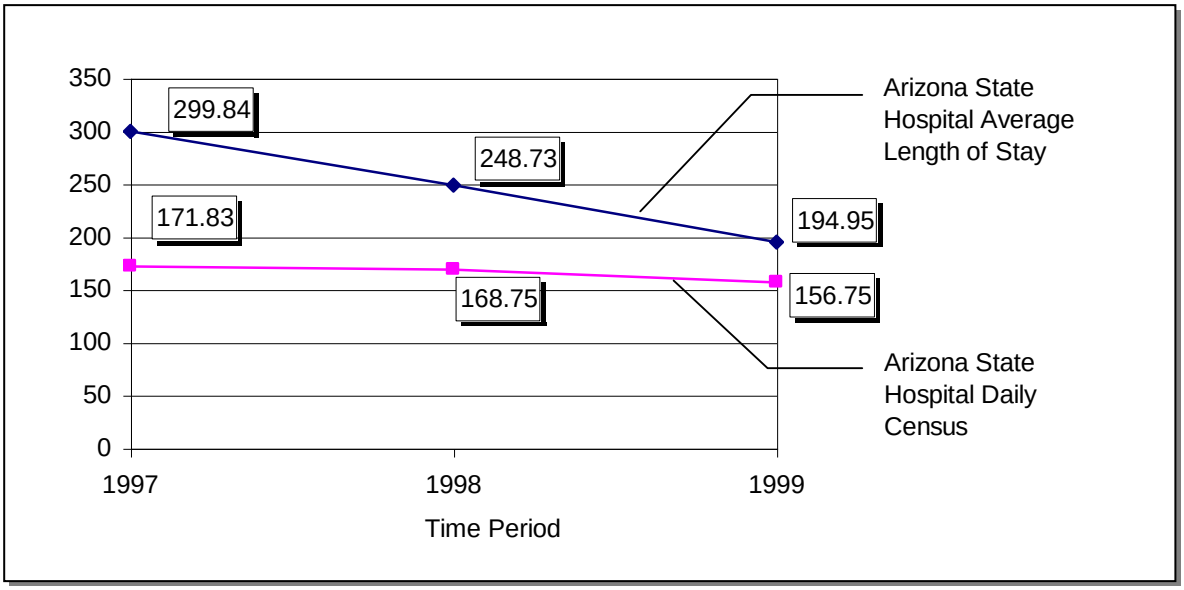
The ADHS/DBHS, through the RBHAs, served a total of 30,907 Title XIX and Title XXI children, adults with general mental heath needs, adults with a serious mental illness and adults with substance abuse issues during calendar year 2000.

Approximately 99 percent of these individuals are receiving community based services. Children and adults who are at risk of institutionalization may require higher levels of care including acute hospitalization when community services are not available or are inadequate to meet their needs.

ADHS/DBHS has identified the need for community based services and was ranked first in the nation in a 1997 evaluation of state mental health spending priorities conducted by the International Association of Psychosocial Rehabilitation Services (IAPRS). Concerned over some states' reliance on expensive psychiatric hospitals in an era of scarce behavioral health resources, the IAPRS awarded Arizona top honors for overall progress in moving from an institutionally-based mental health system to a community based system of behavioral health care. Overall, the study found that Arizona expended 83 percent of its mental health budget on community programs, compared with 73 percent in California and 67 percent in Wisconsin, the second and third ranked states.

As indicated in the following chart, the average daily census and the average length of stay at the Arizona State Hospital has decreased steadily since 1997. Aggressive discharge planning which begins upon admission to the Arizona State Hospital has assisted in the successful transition to home and community based services upon discharge.

Table 3: Arizona State Hospital Length of Stay and Admissions/Discharge Trends[6]



For more information call 1-(800)-867-5808 or visit the Department of Health Services website at www.hs.state.az.us.

Supporting Community Agencies

ADES/A&AA/Non-Medical HCBS

Arizona Department of Economic Security/Aging and Adult Administration/Non-Medical Home and Community Based System (ADES/A&AA/NMHCBS)

The Non-Medical Home and Community Based Service System (NMHCBS) offers an array of services designed to assist individuals to live as independently as possible in their homes or communities. Services are provided through a comprehensive case managed system. This single point of entry is provided by the Area Agencies on Aging and their provider network.

This program is a support to the Arizona Long Term Care System (ALTCS) program as it assists those who do not meet ALTCS eligibility criteria (financial and medical). This program does not provide institutional services, and it is not an entitlement program. "Anecdotally, the NMHCBS program may keep consumers from entering into the

[6] Statewide Average Length of Stay (LOS) and Statewide Average Daily Census is broken down by year for all civilly committed adults (SMI and Non-SMI). LOS was determined on the month of admission regardless of the date of discharge and the date of discharge had to have been by 12/31/00. Statewide Average Daily Census is determined by taking the census on the last day of each month of the year and then averaging for that year.

ALTCS program by quickly providing services that help them maximize their independence at an earlier stage in the need for assistance."[7] The services provided through the NMHCBS program to maintain people in their own homes includes: Adult Day Health Care, Case Management, Home-Delivered Meals, Housekeeping; Home Health Aid, Personal Care, Respite Care, Home Nursing, Congregate Meals in Senior Centers, Outreach, Transportation, Home Repair, Recreation/Socialization, Legal Assistance, Advocacy, Ombudsman, and Information and Referral.

There are three major focuses of the NMHCBS System. First, the system provides an array of services to prevent inappropriate or premature institutionalization. Second, the system allows an individual to live independently in his/her home or community setting as long as possible. Third, the system strengthens the informal supports created by families and caregivers of older Arizonans and Arizonans with disabilities.

For more information call 1-602-542-4446, the Elder Line at 1-800-686-1431, Adult Protective Services at 1-877-767-2385 or the State Health Insurance Assistance Program at 1-800-432-4040.

ADES/RSA

Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA)

Several programs are provided through ADES/RSA in support of persons with disabilities becoming or remaining independent in their homes and communities. As with the Non-Medical Home and Community Based Services program, the people who participate in these programs may not necessarily be at risk of institutionalization; however, participation in these programs further enhances their independence and are, therefore, important components of a community integration approach.

These programs include Vocational Rehabilitation (VR), Independent Living Rehabilitation Services (ILRS), Employment Support Services (ESS), Arizona Industries for the Blind (AIB) and Vocational Services for the Seriously Mentally Ill.

Vocational Rehabilitation (VR): Helps people with disabilities become or remain economically independent through work by decreasing or eliminating their need for ongoing government supports through integrated, meaningful, and sustained work.

Independent Living Rehabilitation Services (ILRS): Facilitates the integration and full inclusion of individuals with significant disabilities into the mainstream of American society. Core services include: information and referral; independent living skills training; peer counseling, and self-advocacy. In addition, funds are used in part to support the Statewide Independent Living Council (SILC).

Employment Support Services (ESS): Assists individuals with the most significant disabilities to maintain successful employment. Extended employment support

[7] Arizona's Community-Based Services and Settings Report; October 2000; AHCCCS & ADES; page 1.

services are provided by Community Rehabilitation Program (CRP) providers under contract with RSA.

Arizona Industries for the Blind (AIB): Provides employment and training opportunities for Arizonans who are legally blind.

Interagency Service Agreement (ADHS/DBHS and ADES/RSA) for Vocational Services for the Seriously Mentally Ill. The overall goal of the agreement is to ensure that each program performs its job and coordinates to improve services to persons who have a serious mental illness.

For more information call 1-(800) 563-1221 or visit the Department of Economic Security website at www.de.state.az.us.

APPENDIX C: SERVICES AND SETTINGS

For more detailed information, please contact the specific state agency or visit their websites.

Elderly, Physically Disabled and Developmentally Disabled

The services an ALTCS consumer receives may include:

- Home and Community Based Services (HCBS)
- Institutional Care Services
- Acute Care Services
- Early Periodic Screening, Diagnosis and Treatment (birth to 21 years of age)
- Behavioral Health Care

Home and Community Based Services (HCBS) are services that prevent institutionalization and are provided in the consumer's home or in a residential setting such as a foster care home or group home for the people with a developmental disability.

In-Home Services:

- Adult Day Care
- Attendant Care
- DD Day Care
- Habilitation
- Home-Delivered Meals
- Home Health Aid
- Homemaker Services
- Hospice
- Nursing Services
- Personal Care
- Respite
- Therapies
- Transportation
- Environmental Modifications

Alternative Residential Services:

- Adult Foster Care
- Assisted Living Home
- Assisted Living Center – Unit Only
- Developmental Group Home
- Behavioral Health Level I
- Behavioral Health Level II
- Behavioral Health Level III

Institutional Care Services

- Nursing Facilities - Care for consumers who require round-the-clock skilled nursing care and related services but do not require hospitalization. The care is needed to ensure the individual receives treatments, medications, a therapeutic diet and rehabilitative nursing under the direction of a physician.
- Intermediate Care Facilities for the Mentally Retarded - Specialized care centers designed to meet the specific needs of the mentally retarded or persons with related conditions.
- Other Institutional Settings - Include residential treatment facilities for individuals under age 21, institutions for mental disease for individuals under age 21 or 65 and older, or hospice.

Acute Care Services

- Well-baby care (free check-ups and immunizations)
- Doctors' office visits
- Complete physical examinations
- Emergency dental care
- Immunizations
- Hospital
- Nutritional information
- Speech testing
- Lab and X-rays
- Prescriptions and medical supplies
- Substance and drug services
- 24-hour emergency medical care
- Durable medical equipment
- Transportation, if no public, private or free transportation is available

Behavioral Health Services

- Screening and Evaluation
- Counseling & Other Therapies
- Doctor Services
- Medicine
- Emergency/Crisis Services
- Inpatient Hospital
- Transportation

Early Periodic Screening, Diagnosis and Treatment Program

(EPSDT). The services listed below are covered for eligible persons from birth to 21 years of age:

- Health screening services
- Complete physical exams
- Immunizations
- Eye testing and glasses
- Dental exams and treatment
- Hearing tests and hearing aids
- Behavioral health services
- Other necessary health care, diagnostic services, treatment and measures required by section 1905(r) (5) of the Social Security Act

Children and Adults with a Behavioral Health Needs

These services may include:

- Behavioral Health Care
  - Screening and Evaluation
  - Counseling & Other Therapies
  - Doctor Services
  - Medicine
  - Emergency/Crisis Services
  - Inpatient Hospital
  - Transportation
- Alternative Residential Behavioral Health Levels I, II and III
- Institutions for Mental Disease (i.e., Arizona State Hospital)

If the client is also Medicaid eligible, he/she will receive Acute Care and EPSDT services as identified in the previous section.

APPENDIX D: ARIZONA'S OLMSTEAD PLAN TIMEFRAME FOR DEVELOPMENT

The key milestones in the development of the Arizona's Olmstead Plan were:

June 28, 2000 - Representatives from the three agencies met to discuss the Supreme Court decision, the Centers for Medicare and Medicaid Services (CMS) letter regarding Olmstead and how the state might proceed in the development of Olmstead Plans.

August 23, 2000 - Representatives from Arizona Department of Economic Security (ADES), Arizona Health Care Cost Containment System (AHCCCS) and Arizona Department of Health Services/Department of Behavioral Health Service (ADHS/DBHS) discussed concepts for a plan, identified a process to encourage consumer involvement and acknowledged the value to this process of Statewide Councils and public forums throughout the state.

September 20, 2000 - The state invited two representatives from each of the statewide councils to meet with the state agencies. A summary of the Olmstead Decision and its implications were presented and an update was given to the representatives. The group discussed how to best proceed with consumer participation. The preference of the group was to have some level of draft material so there would be a basis to begin the dialogue. As a result of this input, AHCCCS, ADES/Division of Developmental Disabilities (DDD) and ADHS/DBHS each developed a preliminary plan.

November 29 and December 5, 2000 -.Public Meetings The state agencies hosted a Video Conference in Phoenix and a public meeting in Tucson to seek further input from the public on the preliminary plans. The public had access to the draft plans for approximately one month prior to the meetings via mailed hard copy and the AHCCCS website.

February 8, 2001 - AHCCCS transmits Arizona's Olmstead Plan Draft to stakeholders.

March 1, 2001 - The state agencies and selected volunteer stakeholders meet to discuss revisions to the Draft Plan.

June 21 and June 22, 2001 - Second set of meetings for public comment on Arizona's Olmstead Plan Draft.

August 2001 - The final Arizona's Olmstead Plan is published.

APPENDIX E: ACRONYMS AND KEY DEFINITIONS

- ADES – Arizona Department of Economic Security: The state agency responsible for human service programs and services, including programs and services to persons with a developmental disability.
- ADHS – Arizona Department of Health Services: The state agency responsible for the delivery of public health and mental health services is the Arizona Department of Health Services (ADHS). The Department is comprised of five service areas with the Division of Behavioral Health Services (DBHS) being the largest service area, comprising about 75 percent of the agency's personnel and budget.
- AHCCCS – Arizona Health Care Cost Containment System: Arizona's state agency responsible for Medicaid and Health Care programs for people who meet the eligibility requirements.
- ALTCS – Arizona Long Term Care System – the AHCCCS program for persons who are elderly and persons with disabilities and at risk of an institutional level of care.
- DBHS - Division of Behavioral Health Services -- The ADHS division responsible for planning, administering and monitoring a comprehensive system of services for children, individuals with drug and alcohol problems, individuals with general mental health issues and adults with a serious mental illness (SMI). ADHS/DBHS also provides prevention services and inpatient services at the Arizona State Hospital.
- DDD – The Division of Developmental Disabilities in the ADES that serves as a Program Contractor to AHCCCS for home and community based and long term care services for persons with a developmental disability.
- EPD – Persons who are elderly and/or persons with a physical disability.
- GMH – General Mental Health.
- Prior Period Coverage – The period of time from the 1st day of the month of application or the 1st eligible month whichever is later to the day a member is enrolled with the contractor.
- Program Contractor -- The managed care organizations that contract with AHCCCS to deliver long term care services, behavioral health services, and case management and home and community based services to ALTCS consumers.
- RBHAs – Regional Behavioral Health Authorities – The contractors under the ADHS/DBHS that plan and administer all behavioral health services in Arizona, including TRBHAs (Tribal Regional Behavioral Health Authorities).

APPENDIX F: WORK PLAN – AHCCCS/ALTCS

ACTIONS	END DATE	AGENCY COMMENT
1. Arizona's Olmstead Plan: AHCCCS will post the completed Plan on its website and will invite all interested members of the community to provide written comments to AHCCCS at any time throughout the year. AHCCCS will periodically review, with interested parties, the status of the work plan, and continue to refine the document. Hard copy will also be distributed to Advocacy Councils and others upon request. *Principles 1 & 2*	Ongoing	Initial plan distributed August 2001. 02/2003: Workplan reviewed and updated.
2. Member/Provider Councils: Beginning October 1, 2001, all AHCCCS ALTCS program contractors will convene member/provider councils that are representative of the ALTCS consumers, family, advocates and the providers within a given geographic area. Purpose of the councils is to promote a collaborative effort to enhance the service delivery system in local communities. These councils will also be able to provide a forum for discussions and feedback on the Plan and any revisions. *Principles 2, 5 & 6*	October 2001	02/2003: Incorporated into all Elderly and Physically Disabled (EPD) program contractor contracts as of October 2001.
3. Informed Choices by Consumers: AHCCCS, in cooperation with ADES/DDD and ADHS/DBHS, will explore the possibility of developing and disseminating informational materials to help consumers make informed choices. *Principles 3 & 5*		2/2003: No action taken. The interagency workgroup is no longer active. AHCCCS will consider other approaches to address this item.

ACTIONS	END DATE	AGENCY COMMENT
4. Continue to offer financial incentives to the AHCCCS/ALTCS/EPD program contractors who exceed the targets set for the number of people receiving home and community based services. *Principles 3 & 6*	Not applicable	Ongoing. 02/2003: Program Contractors continue to develop the services and settings so that the percentage of people placed in HCBS programs continues to increase. AHCCCS has made no changes to the financial incentives.
5. "Prior Period Coverage" for Home and Community Based Services: Explore possibility of paying for home and community based (in-home and alternative residential settings) from the time that an applicant applies for ALTCS rather than from the day the individual is found eligible for ALTCS (Prior Period Coverage). • Determine financial impact; Centers for Medicare and Medicaid Services (CMS) approval; implement. *Principle 4*		02/2003: No plans to implement at this time because it may require a budget increase.
6. Spouses and Parents as Paid Caregivers: Explore possibility of a waiver from the CMS to pay spouses and parents. • Determine financial impact; waiver request to CMS; implement. *Principle 4*		02/2003: AHCCCS requested CMS approval but the request was not approved.

7. Payment to Assist Transition From Institutional to Home and Community Based Settings: Review the potential to provide funding to assist people to transition into their own homes, including providing deposit funds for rental and utilities and providing start up funding for household items and furniture. • Determine financial impact; CMS approval; implement. *Principle 4*		02/2003: The CMS recently informed AHCCCS that approval of this service would require our ALTCS Medicaid waiver to be renegotiated for cost neutrality. If AHCCCS amends the ALTCS waiver at a later time, this recommendation will be considered.
8. Interim Pay for Personal Care Attendants: Develop and implement plan to pay for a personal care attendant for a specified period of time when the consumer may be out of the home or alternative setting (e.g. hospitalization). • Determine financial impact; CMS approval; implement. *Principle 4*		02/2003: AHCCCS requested CMS approval but the request was not approved.
9. Pay Increases for Home and Community Based Providers: Implement the approximately 15.3% pay increase for ALTCS/EPD home and community based providers that will be effective October 1, 2001. *Principle 4*	October 2001	Implemented the October 2001 rate increases. 02/2003: Rates are reviewed annually for adjustments. An inflationary adjustment was made effective October 1, 2002.

10. Consumer Directed Services: Develop and implement plan to allow consumers to take responsibilities for recruiting, hiring, training, scheduling, directing and firing their personal care attendant workers. This includes the possibility of allowing the consumer to delegate skilled tasks to Personal Care Attendants. • Assess liability issues for State agencies and managed care organizations, determine scope of consumer direction (skilled vs. non-skilled); receive CMS approval; implement. *Principles 4 & 5*		02/2003: No formal activity to date. However, under the existing policies and practice ALTCS members are able to accept or refuse caregivers sent to their home. Also, if they are able to identify a potential caregiver they can refer this person to the provider agency to be hired. The potential caregiver must meet the training and other requirements of the hiring agency.
11. Network Development and Management Plans: Beginning October 1, 2001, all AHCCCS/ALTCS program contractors are required to have formal Network Development and Management Plans. AHCCCS will review and monitor the plans annually and as needed. *Principles 4 & 6*	October 2001	02/2003: This requirement was incorporated into all program contractor contracts as of October 2001. Plans are reviewed and acted on as needed.
12. Request the Arizona Technology Access Program (AzTAP) to develop recommendations and a training module to provide additional training to consumers, case managers and direct care providers for the improved use of assistive technology. *Principle 5*	February 2003	02/2003: AHCCCS has requested AzTAP to address.

13. Assess during the annual Operational and Financial Reviews – Are Program Contractor provider networks being affected by labor issues. Does the Program Contractor have plans to address any identified labor issue. How are program contractors involving their Member/Provider Councils in dealing with any identified labor issues? *Principles 4 & 6*	Ongoing beginning October 2001	02/2003: Labor issues have become less of an issue because of increases to provider reimbursement rates over the current and past two contract years and because of a downturn in the economy. Program contractors have discussed labor issues with their Councils as needed. In general Program contractors state that their providers are able to find the needed caregivers. Continue to monitor.
14. Update the Community Based Report every two years. *Principle 6*	2004	02/2003: An updated report was published 05/2002. It is available at: http://www.ahcccs.state.az.us/publications/commrpt/2002/hcbsannual2002a.pdf

APPENDIX G: WORK PLAN – ADES/DDD

UPDATED 1/15/03

ACTIONS	END DATE	AGENCY COMMENT
1. Arizona's Olmstead Plan: Link the DDD website to the AHCCCS website which will contain the completed Plan. Invite all interested members of the community to provide written comments to DDD at any time throughout the year. DDD will periodically review, with interested parties, the status of the work plan, and continue to refine the document. *Principles 1 & 2*	10/2001	The DDD web page is linked to the AHCCCS Website containing the Olmstead plan.
2. Include in the Best Practice Program, a category that would highlight program innovations in community integration for each type of setting. *Principle 4*		The Division conducts an annual workshop showcasing the best practices across the state and will be including community integration in the 2002 workshop.
3. Encourage the Arizona Technology Access Program, which is federally funded, to develop recommendations and a training module to provide additional training to clients, case managers and direct care providers for the improved use of assistive technology. This should include the development of a comprehensive strategy for assistive technology to ensure a successful placement, including adequately trained personnel to assist a person with his/her assistive technology needs. *Principle 4*	1/22/2002	Letter sent to Jill Oberstein regarding implementation of the objective January 22, 2002. Meeting was held between the Division and Jill Oberstein on 9/3/2002. The Arizona Technology Access Program trained Division training team on November 1, 2002.

4. Integration: Improve access to services and opportunities in the community, including employment and training *Principle 4*		Various activities are being implemented to improve access including the use of a Fiscal Intermediary, Member Directed Supports, Person Centered Planning and the Case Management pilot. The DES is also reviewing the provision of employment services. Retroactive to 10/1/2001, employment services have been added to the Arizona Medicaid Long Term Care program.
5. Labor Force: Develop a statewide initiative to address the shortage of therapists, nurses, home and community based providers and other direct care staff. *Principles 4 & 5*		The Division has looked at new and innovative approaches to increase the network of providers. The Division held a "roundtable" discussion on provider network issues in January 2002. Four priority strategies were developed out of this process and management staff were identified as leads on each of the strategy areas. The Arizona Legislature approved an allocation to increase rates of providers receiving below average negotiated rates, beginning July 2002. In late 2002, a new rule was promulgated to institute a Qualified Vendor system for procuring providers. This new process will begin on July 1, 2003.
6. Access to services and community: Find residential providers with skills and interest in serving people with serious problems – such as behavior problems. *Principles 4 & 5*		The Division has implemented an initiative named the Community Protection Project to increase the focus of placing individuals with significant behavior challenges into the community. Beginning August 2002 the Division has initiated new behavioral health services designed to support individuals in

		the community and reduce/prevent inpatient placements. The Division held a special forum on autism and has developed a work plan for improvements based on the recommendations.
7. Information: AHCCCS, in cooperation with ADES/DDD and ADHS/DBHS, will explore the possibility of developing and disseminating informational materials to help consumers make informed choices. *Principle 5*		The Division is exploring the option of using a self-advocate as a consultant and the Arizona People First organization to address this objective.[Due to a lack of funds this has been put on hold] The Division has initiated a Self-Determination Council with the State People First organization. The Council will assist the Division to communicate with self-advocates.
8. Person Centered Planning: Complete pilot and evaluation and develop detail plans for expansion, including options to promote community integration and improve services. *Principle 5*		The Division implemented a pilot. Evaluation of the pilot was completed and recommendations for statewide implementation have been articulated.
9. Person-Centered Planning: Complete improvements to the Individual Family Service Plan (IFSP) and Individual Service Plan (ISP) processes to include ensuring individuals facilitating and participating have information and training, establish process to ensure clear expectations for facilitators, include mechanism to include all relevant persons. *Principle 5*		This is an on-going effort to improve the planning processes and training to further integrate person centered planning into the various planning processes.
10. Choice: Continue implementation of the Options for Case Management Services that will provide individuals and families with choices in case management personnel, and develop plans for nursing home residents, and use of mentors. *Principle 5*		The Division piloted Private Case Management, providing families and members with choices. The pilot was evaluated and a recommendation made to deploy the options statewide on July 1, 2003.

11. Access to Services and Community: Increase services and supports to prevent unnecessary institutionalization and to improve the integration of people who do reside in institutions. *Principle 5*		As noted above in item 4, the Division continues to look at ways to improve access to services. In addition the Division is working to improve and increase opportunities for integration for those individuals who continue to reside in institutional settings. (Memo from Assistant Director to ATPC regarding semi-annual reports of integrative activities- January 15, 2002)
12. Skills: Ensure support coordinators have the information and can and do review it with individuals and families, and other staff have appropriate interview, assessment and service planning skills, and provide educational opportunities for direct care staff. *Principle 5*		The Division is increasing the communication options to better inform support coordinators and families about services and supports. The Division has been actively involved in working with the Glendale Community College on a curriculum for direct care staff.
13. Access to Services: Prepare a Network Plan that will identify gaps in services and action steps to fill those gaps. Include responsiveness to changes and needs. Develop the Network Plan with local stakeholders - families, individuals, providers, and advocacy groups. Coordinate the Network Plans with other funders and programs; Rehabilitative Services Administration, Behavioral Health, School Systems, Arizona Department Of Transportation for transportation and providers of services. Ensure staff orientation and training always includes philosophy of individual choice and decision making. Promote individual choice of providers as a means for supporting providers being innovative in creating options for individuals. *Principles 4, 5 & 6*		The Division created a Network Plan for each District and a combined plan for the entire state beginning in 2001. The second iteration was completed in 2002 and includes a quarterly reporting mechanism with review by the senior management group for actions to be identified and addressed. In addition, a behavioral health network plan was developed in 2002. The plans include a regular review process by each District and a quarterly review by the Statewide Management Team.

14. Develop information and options for methods of delivery to describe the system, inform individuals about the right to make decisions and have choices, identify the choices and options, provide qualitative information about services and providers and demonstrate the interrelationship of choices. *Principle 5*		As noted above, the Division is exploring the option of using a self-advocate as a consultant and the Arizona People First organization to address this objective. [Due to a lack of funds this has been put on hold] The Division has initiated a Self-Determination Council with the State People First organization.
15. Complete implementation of the following: - A 1-800 phone number. - Website with information about the system, services, providers and individual rights. - Connections for new families and individuals to people with expertise in system. - Supporting peer networking opportunities through projects such as the independent living centers, Arizona Bridge to Independent Living (ABIL) and DIRECT Center for Independence, Inc. *Principle 5*		• 1-800 numbers have been implemented for each District and for Central Office. • The Division has implemented a website with information. This will continually be refined and improved. The address is: http://www.de.state.az.us/ddd/ • The Division piloted a chat room but believes this was not the most effective means for communicating directly with families. Other options such as "list servers" are being explored. • The Division continues to fund and contract for a "mentor" program. • The Division has completed a guide for families called "Navigating the System"

16. Encourage Rehabilitation Services Administration to review and implement the recommendations from the Rehabilitation Council, Independent Living Centers and Governor's Council on Developmental Disabilities on decision-making process for employment. *Principle 6*		As noted above, the Department is looking at the future of employment services for persons with developmental disabilities. AHCCCS has agreed to include employment services under the ALTCS program retroactive to October 2001. The Department is considering a possible transfer of these services from the Rehabilitation Services Administration to the Division of Developmental Disabilities.

APPENDIX H: WORK PLAN – ADHS/DBHS

ACTION	END DATE	COMMENT
1. AHCCCS, in cooperation with ADES/DDD and ADHS/DBHS, will explore the possibility of developing and disseminating informational materials to help consumers make informed choices. *Principle 1*	Ongoing	
2. Arizona's Olmstead Plan: Link the DHS website to the AHCCCS website which will contain the completed Plan. Invite all interested members of the community to provide written comments to DHS at any time throughout the year. DHS will periodically review, with interested parties, the status of the work plan, and continue to refine the document. *Principles 1 & 2*	Oct. '01	Link is operational. No comments have been received as of 12/02.
3. Establish Service Planning Guidelines and post on website. *Principle 3*	Ongoing	DBHS currently reviewing Service Planning Guidelines posted on the Web Site and proposing revisions if needed. Additional guidelines may be added in the future.
4. Revise DBHS Discharge Policy. *Principle 3*	2/1/03	Policy committee has determined that this policy will be deleted and replaced with an Assessment and Treatment Planning Policy that is currently in draft form.
5. Establish monthly meeting of representatives from ADHS/DBHS, ADES/DDD, RBHAs, and Arizona State Hospital to coordinate discharge planning. *Principle 3*	Ongoing	Meetings are scheduled every 6wks. Next meeting 1/03. Meeting also includes representatives from AHCCCS Health Plans.

ACTION	END DATE	COMMENT
6. Ad Hoc workgroup including RBHAs, Arizona State Hospital, ADHS/DBHS, ASMI, AHCCCS, ADES/DDD meets to review results of pilot assessment tools, how to implement, and description of placements that would meet the needs of special populations. *This workgroup is now focusing on similar issues for people diagnosed with Borderline Personality Disorder. *Principle 3*	July 2002 Ongoing	The group has divided into three sub-committees that include technical assistance, education, and advocacy. This group also has access to the Olmstead consultant, Clarence Sundram.
7. Implement the components of the Children's Intergovernmental Agreement, as new issues are addressed and developed. *Principles 3 &,4*	10/31/03	J-K lawsuit settled. Children's Behavioral Health Annual Action Plan 11/1/01-10/31/02 implemented. Plan is revised and updated yearly. Family and Child Teams developed/statewide training provided.
8. Implementation of Proposition 204 including an aggressive outreach plan is being implemented to assist consumers and family members in completing applications for these benefits from AHCCCS. The RBHAs anticipate hiring staff to assist in this process. Ongoing assessment will be needed to determine what community based services will be needed to serve this population. Ongoing assessment will be needed to determine what community based services will be needed to serve this population. *Principle 4*	9/02 Ongoing	T/RBHA AHCCCS Eligibility Representative Workgroup meets on an as needed basis. Manual was revised and statewide "retraining" completed 9/02. ASSESSMENT DBHS has assigned a Network Development Clinical Team to each RBHA to assist RBHAs in assessing service gaps and providing TA for network development.
9. Require review of all pending RBHA or Arizona State Hospital admissions to Arizona State Hospital.	July '01	

ACTION	END DATE	COMMENT
Principle 4		
10. Complete the annual revision of the agreement regarding the Arizona State Hospital Community Placement Fund. *Principle 4*	July '03	Arizona State Hospital staff revise agreement every fiscal year and provide it to RBHA CEOs.
11. Implement Active Community Treatment (ACT) case management teams. *Principle 4*	6/03	ACT teams have been est. in all 5 RBHAs. Network development plans include the addition of more teams in all RBHAs in 2003.
12. Oversight of House Bill 2003 implementation that provides additional funding for services such as housing and vocational rehabilitation services. *Principle 4*	6/03	Initial Data Validation completed; 6 mo. reviews scheduled Fidelity measures being scored on a regular basis and programs being reviewed as part of the monitoring process.
13. Expand consumer run programs (RBHAs). *Principle 4*	Ongoing	Covered Services Policy implemented 10/3/01 provides additional options for Consumer Run Programs. NARBHA, CPSA, ValueOptions, and PGBHA currently have programs. DBHS has assigned a Network Development Clinical Team to each RBHA to provide to assist RBHAs in assessing service gaps and providing TA for network development.
14. Complete and implement the best practice guidelines, training and improved methods for service delivery to persons with co-occurring mental health and substance abuse disorders developed by the Integrated Treatment Consensus Panel.	Ongoing	Best Practice Guidelines on Web Site, U of A conducted Training of the Trainers, Local and State panels meet on a regular basis. ValueOptions has Monthly trainings with

ACTION	END DATE	COMMENT
Principles 4 & 6		National Expert. Other RBHAS have training dates scheduled with National Experts during 2002.
15. ADHS/DBHS will verify that trainings have occurred throughout the state and will also encourage the RBHAs to develop training programs for consumers interested in providing behavioral health services such as peer mentoring and peer advocacy. *Principle 5*	July 2002	Training coordinators workgroup met monthly to develop training modules to be implemented statewide.
16. Re-evaluate the current service matrix that includes types of services and service reimbursement rates. *Principle 6*	10/03/01	Re-evaluation completed and statewide trainings conducted for Covered Services Policy. Policy implemented 10/03/01. *Additional training will be provided to Frontline Service Providers in January 2003.
17. Conduct ongoing analysis of the service network through the RBHAs; and provide an Annual Provider Network Status Report and Quarterly Updates on their provider network status including any material gaps in the network and how they plan to address any issues identified. *Principle 6*	Ongoing	DBHS has assigned a Network Development Clinical Team to each RBHA to provide to assist RBHAs in assessing service gaps and providing TA for network development. Quarterly reports are reviewed by T/RBHA teams.

APPENDIX I: PERSONS AND ORGANIZATIONS INVITED TO PARTICIPATE IN ARIZONA'S OLMSTEAD PLANNING PROCESS

AGENCIES/ORGANIZATIONS/ASSOCIATIONS

- Alzheimer's Association
- Area Agency on Aging, - Region I
- Area Agency on Aging, Region II, Pima Council on Aging
- Arizona Alliance for the Mentally Ill (AAMI) -- NAMI Arizona
- Arizona Assisted Living Federation of America
- Arizona Association for Home Care
- Arizona Association for Homes and Housing for the Aging
- Arizona Behavioral Health Planning Council
- Arizona Bridge to Independent Living
- Arizona Center for Disability Law
- Arizona Civil Rights Advisory Board
- Arizona Commission for the Deaf and Hard of Hearing
- Arizona Council for the Hearing Impaired
- Arizona Department of Economic Security
- Arizona Department of Health Services
- Arizona Early Intervention Program (AZEIP)
- Arizona Health Care Association
- Arizona Health Care Cost Containment System
- Arizona Office for Americans with Disabilities
- Arizona State Hospital Advisory Board
- Arizona Technology Access Program
- Behavioral Health Consumers in Action
- Carondelet Home Health
- Central Arizona Council on Developmental Disabilities
- City of Holbrook, City Council
- Cochise Health Systems

AGENCIES/ORGANIZATIONS/ASSOCIATIONS

- Community Partnership of Southern Arizona (CPSA)
- Developmental Disabilities Advisory Council
- DIRECT Center for Independence, Inc.
- Division of Developmental Disabilities District Councils
- Eden Center
- Foundation For Senior Living
- Four County Conference on Developmental Disabilities
- Freedom Manor
- Gila River Indian Community
- Good Shepherd
- Governor's Advisory Council on Aging
- Governor's Committee on Employment of People with Disabilities
- Governor's Council on Blindness & Visual Impairment
- Governor's Council on Developmental Disabilities
- Governor's Council on Spinal & Head Injuries
- Heritage Home Healthcare
- Interagency Council of Infants and Toddlers
- Intertribal Council of Arizona (ITCA)
- John C. Lincoln Hospital
- Lifemark Health Plans (now Evercare)
- Maricopa Advisory Council
- Maricopa Home Health
- Maricopa Managed Care Systems
- Mental Health Association of Arizona
- Mercy Care Plan
- Moore Advocacy Consulting
- Native American Community Health
- Navajo Nation
- Northern Arizona Regional Behavioral Health Association
- Office of the Attorney General
- Office of the Governor

AGENCIES/ORGANIZATIONS/ASSOCIATIONS

- Parent and Friends of Arizona Training Program at Coolidge
- Pascua Yaqui Tribe
- People First
- Pima Council on Developmental Disabilities
- Pima Health Systems
- Pinal/Gila County Long Term Care
- Pinal Gila Behavioral Health Association
- Sage Employment and Community Services – Division of the Blake Foundation
- San Carlos Apache Tribe
- St. Luke's Health Initiatives
- State Rehabilitation Council
- Statewide Independent Living Council
- Statewide Medicaid Advisory Council
- The ARC of Arizona, Inc.
- The ARC of Tucson
- The EXCEL Group (BHS Yuma)
- Tohono O'odham
- ValueOptions
- White Mountain Apache Tribe
- Yavapai County Long Term Care

PARTICIPANTS

- Pam Allan
- Karen Barno
- Lynn Bejnar
- Skip Bingham
- Edna Bonham
- Keith Bonham
- Nancy Boyle
- Kathy Byrne
- Marcella Cardone
- Sue Clift
- Leslie Coney
- Marge Cook-Dixon
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- Martha J. Dennler
- Matt Devlin
- Cam Dibiase
- Max Dine
- Patricia Dominguez
- Dana Evans
- Stew Grabel
- Jeannie Harmon
- Robert Harmon
- Paul Harrington
- Scott Gardner
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- Helena Kalmis
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- Vicki A. Kronabetter
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- Susan Michael
- Teresa Moore
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- Edie Petersen
- Arathi Premkamur
- Jill Preston
- Debbie Quinn
- Laura Teike
- John Rosa
- Patsy Rosa
- Virginia Roundtree
- Alan Schafer
- Tim Sikkema
- Claire Sinay
- Karen Smith
- Vicky Staples
- Sondra Stauffacher
- Dan Steffy
- Heather Steiner
- Mary Tatom
- Len Trainor
- Gene van den Bosch
- Michael Ward
- Kay Wingate

APPENDIX J: RESOURCES FOR CONSUMERS

THE ELDERLY

- Arizona Health Care Cost Containment System/Arizona Long- Term Care System Administration (AHCCCS/ALTCS); 1-800-654-8713, ex. 4690; www.ahcccs.state.az.us
- Arizona Department of Economic Security/Aging and Adult Administration; 1-602-542-4446; Elder Line 1-800-686-1431; Adult Protective Services 1-877-767-2385
- State Health Insurance Assistance Program 1-800-432-4040
- Area Agency on Aging - Region I – Maricopa

  Mary Lynn Kasunic – Phone: 1-602-264-2255; Fax: 1-602-264-2299; E-mail: Kasunic@aaaphx.org
- Area Agency on Aging - Region II - Pima Council on Aging

  Marian Lupu – Phone: 1-520-790-7262; Fax: 1-520-790-7577; E-mail: Mlupu@pcoa.org
- Area Agency on Aging - Region III – Northern Arizona Council of Governments

  Louise Wolverton – Phone: 1-520-774-1895; Fax: 1-520-214-7235; E-mail: lwolverton@nacog.org
- Area Agency on Aging – Region IV – Western Arizona Council of Governments

  Jill Harrison – Phone: 1-520-782-1886; Fax: 1-520-329-4248; E-mail: jillh@wacog.com
- Area Agency on Aging – Region V – Pinal/Gila Council for Senior Citizens

  Olivia Guerrero – Phone: 1-520-836-2758; Fax: 1-520-421-2033; E-mail: pgcse@casagrande.com
- Area Agency on Aging – Region VI – Southeastern Arizona Government Organization

  Kathleen Heard – Phone: 1-520-432-5301; Fax: 1-520-432-5858; E-mail: kheard@seago.org

THE ELDERLY (CONTINUED)
• Area Agency on Aging – Region VII – Navajo Area Agency on Aging LaVerne Wyaco – Phone: 1-520-871-6797; Fax: 1-520-871-6255; E-mail: laverne.wyaco@nndoh.org • Area Agency on Aging – Region VIII – Intertribal Council of Arizona Lee Begay – Phone: 1-602-258-4822; Fax: 1-602-258-4825; E-mail: lbegay@itcaonline.com
PERSONS WITH A DEVELOPMENTAL DISABILITY
• Arizona Department of Economic Security/Division of Developmental Disabilities; 1-866-229-5553; www.de.state.az.us • Arizona Department of Economic Security/Rehabilitation Services Administration, 1-800-563-1221; www.de.state.az.us
PERSONS WITH A PHYSICAL DISABILITY
• Arizona Health Care Cost Containment System/Arizona Long Term Care System Administration (AHCCCS/ALTCS); 1-800-654-8713, ex. 4690; www.ahcccs.state.az.us • Arizona Department of Economic Security/Rehabilitation Services Administration, 1-800-563-1221; www.de.state.az.us
PERSONS WITH BEHAVIORAL HEALTH NEEDS
• Arizona Department of Health Services/Division of Behavioral Health Services; 1-800-867-5808; www.hs.state.az.us • Arizona Department of Economic Security/Rehabilitation Services Administration, 1-800-563-1221; www.de.state.az.us • Advocates for the Seriously Mentally Ill; 1-800-421-2124 • Mental Health Association; 1-800-MHA-9277; www.mhaaz.com • MIKID Mentally Ill Kids in Distress; 1-800-35-MIKID; www.accessarizona.com/community/groups/mikid