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## **Introduction**

The Abuse & Neglect Prevention Task Force was appointed by the Governor's Office in February 2019 to address Executive Order 2019-03, related to Enhanced Protections for Individuals with Disabilities. The Task Force was composed of self-advocates, family members, advocacy organizations, tribal representatives, providers, foundations and public charities, state agency leaders and staff, and members of the Arizona legislature. In addition to appointed members, stakeholders and agency staff participated in five workgroups:

- Prevention and Safety,
- Incident Reporting and Investigation,
- Incident Stabilization and Recovery,
- Agency Alignment, and
- Family and Vulnerable Individual Education.

The Task Force and workgroups met monthly from March 2019 through October 2019 in facilitated sessions. Thirty recommendations were developed through a consensus building process that included literature searches, research on best practices, and both personal and professional shared experiences. A [summary report](#) of the recommendations was presented to the Governor on November 1, 2019 from the Director of the Arizona Health Care Cost Containment System (AHCCCS).

The primary goals for the Abuse and Neglect Prevention Task Force were to:

1. Prevent any further abuse, neglect, and exploitation of Arizona's vulnerable individuals, whether children or adults,
2. Improve interagency collaboration and communication,
3. Reduce duplication of investigative processes across agencies,
4. Implement the Trauma-Informed Approach throughout the abuse and neglect investigative process and across agencies, and
5. Strengthen background checks, contract language for providers, and training across all stakeholders.

This Recommendation Status Report, categorized by major recommendation theme, details the collaborative work completed since the [Report of the Abuse and Neglect Prevention Task Force](#) was published in November 2019.

## **Prevention and Accountability**

**RECOMMENDATION #1: All state agencies, in collaboration with private vendors and stakeholders, should develop, disclose, implement, and monitor policies and practices aimed at preventing abuse, neglect, and exploitation, reporting incidents, conducting investigations, and ensuring incident stabilization and recovery. Policies and practices should be implemented across the range of settings serving vulnerable individuals, including those who are not Arizona Long Term Care System (ALTCS) eligible. By 10/1/2020, AHCCCS and DES contracts should require that all applicable entities develop and implement these policies and practices. (Lead Entity: AHCCCS)**

**COMPLETE:** Effective 10/1/2020, AHCCCS adopted a new [Minimum Subcontract Provision](#) (MSP) requiring institutional, residential, employment and day programs to have signage, training and policies to prevent and

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report abuse and neglect. AHCCCS updated [Medical Policy](#) 910, 920 and 960 to strengthen health plan oversight and monitoring and to enhance health plan Quality Management/Performance Improvement Plan deliverables. In addition, AHCCCS implemented changes to the Quality Management section of health plan contracts to require health plans to have written policies and training regarding preventing abuse, neglect, and exploitation, ensuring incident stabilization, reporting incidents, conducting investigations as well as requiring monitoring for provider compliance with policies, training and signage requirements aimed at preventing and reporting abuse, neglect and exploitation as specified in the AHCCCS MSPs and Contract. As an AHCCCS Contractor, MSPs, policy and contract changes impact DES/DDD and DDD providers.

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**RECOMMENDATION #2: All Arizona programs that provide direct services and/or supports to vulnerable individuals should post signage detailing the process for anonymous reporting and whistleblower protections and offer training on the prevention of abuse, neglect, and exploitation. Training for all parties should address retaliation (e.g., harassment or loss of employment) and penalization (e.g., changes to the nature and/or location of services and supports). By 10/1/2020, AHCCCS and DES contracts should require that all applicable entities develop and implement these protocols and practices. (Lead Entity: AHCCCS)**

**COMPLETE:** Effective 10/1/2020, AHCCCS adopted a new [Minimum Subcontract Provision](#) (MSP) requiring institutional, residential, employment and day programs to have signage, training and policies to prevent and report abuse and neglect. AHCCCS updated [Medical Policy](#) 910, 920 and 960 to strengthen health plan oversight and monitoring and to enhance health plan Quality Management/Performance Improvement Plan deliverables. In addition, AHCCCS implemented changes to the Quality Management section of health plan contracts to require health plans to have written policies and training regarding preventing abuse, neglect, and exploitation, ensuring incident stabilization, reporting incidents, conducting investigations as well as requiring monitoring for provider compliance with policies, training and signage requirements aimed at preventing and reporting abuse, neglect and exploitation as specified in the AHCCCS MSPs and Contract. As an AHCCCS Contractor, MSPs, policy and contract changes impact DES/DDD and DDD providers.

## **Multi-Agency Coordination**

**RECOMMENDATION #3: By 12/31/2019, DES, AHCCCS, and ADHS should develop and disseminate, to all stakeholders, comprehensive flow charts detailing reporting and investigation processes and oversight mechanisms, including the DES Ombudsman Office and the Independent Oversight Committees (IOCs), for all types of abuse, neglect, and exploitation concerns, incidents, and allegations for all relevant sub-populations. The flow charts should specify the authority and responsibility of each entity and should be updated as needed. (Lead Entity: DES)**

**COMPLETE:** An initial draft of the multi agency incident process flowchart was completed, submitted in December 2019, and uploaded to the AHCCCS website. Following the January 2020 IOC meeting, additional edits were requested and the flowchart has evolved to include the reporting, investigative and oversight processes from AHCCCS, ADOA, ADHS, DES for an incident of abuse or neglect. The final draft, with an adjusted deadline due to COVID 19, was submitted on June 25, 2020 and approved by the IOC during the Quarterly Meeting on September 9,2020. The current approved version is posted on the AHCCCS Abuse & Neglect website.

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**RECOMMENDATION #4: Stakeholders and state agencies should review current systems in which vulnerable individual maltreatment allegations are reported to government entities to reduce duplication and ensure the most efficient use of resources. Recommendations for any needed changes should be completed by 3/31/2020 and implemented by 6/30/2020. (Lead Agency: DES)**

**COMPLETE:** A team of multi agency stakeholders met between March 2020 and June 2020 to discuss current reporting and investigative processes across agencies, and has made a recommendation to develop a "Central Repository" of investigative information, accessible to AHCCCS, DES, DHS, DPS, and DCS. In August 2020, it was determined that confidentiality statutes and policies present a barrier to AHCCCS sharing this type of information in a Central Repository. State agencies continue to collaborate on reporting and investigative processes through the State Agency Collaborative under Recommendation #5. This recommendation is also dependent on final actions of Recommendation #27 - Confidentiality Statutes.

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**RECOMMENDATION #5: By 10/1/2020, DES, AHCCCS, ADHS and other critical system partners, such as the Attorney General's Office and the Arizona Corporation Commission, should employ a coordinated, multidisciplinary team approach in responding to incidents of abuse and neglect that includes cross-reporting of allegations to other state agencies and law enforcement partners. (Lead Entity: DES)**

**COMPLETE:** DES hosted a series of workgroup sessions in response to this recommendation which culminated in the creation of the Arizona State Agency Collaborative which meets on a quarterly basis for the purpose of ensuring open lines of communication, reviewing and discussing processes and cross-reporting and providing ongoing education to Collaborative representatives. A committee charter was created and the facilitation and management of this Collaborative was transitioned to ADHS in August 2021.

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**RECOMMENDATION #6: Beginning no later than 12/31/2019, DES, AHCCCS, ADHS, and the Chairs of the IOCs and/or a representative of the IOCs from the Arizona Department of Administration should hold quarterly meetings to ensure an understanding of each entity's role and responsibility in regard to incident reporting and investigation, and to support a collaborative approach when an incident occurs and multiple entities are involved. (Lead Entity: AHCCCS)**

**COMPLETE:** Meetings were held throughout 2020 and 2021 to review process flowcharts and ensure an understanding of each entity's role and responsibility in regard to incident reporting and investigation. Meetings will continue at least semi-annually and ad-hoc, at the request of an IOC Chair or agency, to maintain active communication and collaboration.

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**RECOMMENDATION #7:** The DES/DDD Chief Medical Officer should convene a workgroup of medical directors from AHCCCS and its contracted MCOs to review current standards of care in intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), to make recommendations on the prevention of abuse, neglect, and exploitation, and to identify how those recommendations will be implemented. Recommendations generated by the workgroup should be shared with ADHS. Discussions should start no later than 12/31/2019 and the work should be completed by 6/30/2020. (Lead Entity: DES)

**COMPLETE:** The CMO subgroup worked throughout 2020 to develop a series of recommendations for Intermediate Care Facility (ICF) Standards of Care. The summary report outlines the workgroup's recommendations regarding prevention, treatment and training solutions for all ICFs in Arizona. The [Standards of Care Report](#) was posted in April 2021. The report has been shared with DES/DDD key leadership for review of the recommendations and best practices and alignment with current ICF practices and protocols.

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**RECOMMENDATION #8:** AHCCCS, and ADHS should convene stakeholders to identify and implement ways to enhance coordination in the sharing of information, eliminate any duplication of functions, and ensure proper community monitoring and oversight as well as the most efficient use of private and public resources to protect all vulnerable people in the state. A report of the identified opportunities and corresponding implementation actions should be provided to stakeholders by 10/1/2020. (Lead Entity: DES)

**COMPLETE :** In order to align with the Abuse, Neglect and Exploitation Task Force efforts and to continue strengthening collaboration with stakeholders, the Division of Aging and Adult Services/Adult Protective Services (DAAS/APS) held a forum in collaboration with ADHS and AHCCCS with stakeholders to identify existing gaps and develop and vision for the future. The APS Action Plan ([available here](#)) was a result of those efforts with goals to improve the adult protective services system in Arizona by streamlining resources for investigation and substantiation, improving reporting quality, increasing awareness and access to community resources and leveraging data sharing opportunities. Eight recommendations were developed to address these goals. APS continues its efforts through review and enhancements of processes, data dashboard development, various recruitment strategies and overall quality improvements to improve the adult protective services system in Arizona.

Task Force Recommendation #5 resulted in the creation of the Arizona State Agency Collaborative which meets on a quarterly basis for the purpose of ensuring open lines of communication, reviewing and discussing investigative and monitoring processes and cross-reporting and providing ongoing education to Collaborative representatives. The State Agency Collaborative is facilitated by ADHS.

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## **Public Awareness Campaign**

**RECOMMENDATION #22:** Arizona should commit to creating a statewide culture of abuse, neglect, and exploitation prevention. A public awareness campaign, developed collaboratively by the Governor's Office, state agencies, and community stakeholders, should include, but not be limited to, these key messages: Arizona values and protects vulnerable individuals.

- Arizona is committed to recognizing signs and symptoms of abuse, neglect, and exploitation.
- Arizona encourages all parties to report concerns. Arizona supports the provision of information about how to make a report, whistleblower protections, and the process and timeline after a report is made.
- Arizona supports the provision of information about the principles and benefits of trauma-informed care and compassionate care.
- Arizona supports the provision of information about accessing trusted resources for information and support.

**(Lead Entity: DES)**

**COMPLETE:** The Communications Team was able to reach out to various public relations/advertising agencies and requested proposals to implement a Public Service Announcement campaign. To date, all proposals have been received by DES. Implementation of this campaign is contingent on available funding.

*Ongoing Action Items: The AHCCCS spending plan for implementation of the American Rescue Plan Act (ARPA), Section 9817, includes a proposal for funding for this campaign. Roll out of this campaign by DES is expected upon final Centers for Medicare and Medicaid Services' (CMS) approval of the Funding Plan and AHCCCS obtaining legislative authority to invest the ARPA funds.*

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**RECOMMENDATION #23:** By 6/30/2020, a workgroup that includes ADHS, DES, AHCCCS, AHCCCS-contracted MCOs, and community organizations should be convened to develop and distribute, upon the request of parents/guardians, educational toolkits to support abuse, neglect, exploitation, and financial exploitation prevention and incident response. The agencies should post proposed toolkit materials on their websites for public comment for a minimum of 30 days, seek input from a representative panel of community stakeholders, and integrate feedback prior to distributing materials. Sample components developed or procured by the workgroups are noted in Appendix 2. **(Lead Entity: DES)**

**COMPLETE:** The DES Communications Team developed content for the educational tool-kit for distribution to support abuse, neglect and exploitation prevention and incident response. The Statewide Public Awareness Toolkit was created in conjunction with community partners and stakeholders, and has been published to the DES website: [Prevent Abuse, Neglect and Exploitation](#).

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## **Signage**

**RECOMMENDATION #18:** AHCCCS should convene a workgroup, no later than 3/31/20, to determine appropriate signage requirements in all settings in which vulnerable individuals reside and/or receive services. Minimally, by 10/1/2020, AHCCCS and DES contracts should require that signage on how to report abuse, neglect, and exploitation be prominently posted in all such settings. All signage should be appropriate for the setting, culturally appropriate, easy to read and as accessible as possible for clients who do not read, and available in all languages spoken by clients, families/guardians, and staff. Information regarding reporting should be conveyed by contracted providers to all parties through ongoing training and communication mechanisms in addition to signage. (Lead Entity: AHCCCS)

**COMPLETE:** Effective 10/1/2020, AHCCCS implemented a new [Minimum Subcontract Provision](#) (MSP) requiring institutional, residential, employment and day programs to have signage to prevent and report abuse and neglect. MSP requires all signage to be appropriate for the setting, culturally appropriate, easy to read, and as accessible as possible for all members, and interpretation to also be available. AHCCCS implemented changes to the Quality Management section of health plan contracts to require health plans to require monitoring for provider compliance with policies, training and signage requirements. As an AHCCCS Contractor, MSPs and contract changes impact DES/DDD and DDD providers.

## **Training for Vulnerable Individuals and Families**

**RECOMMENDATION #11:** State agencies, in partnership with community-based organizations, should provide evidence-based training for vulnerable individuals and their families on abuse, neglect, and exploitation prevention, reporting, and trauma recovery. Programs should be developed and delivered in collaboration with members of targeted populations. (Lead Entity: DES)

**COMPLETE :** The Recommendation #11 Project Team completed two sets of member training materials which are now posted and available for download for both the public and providers:

- 1) Family Member Training Set includes a small 9 page User/Facilitator's Guide to using the downloadable "Awareness & Action" flashcard training set. These are materials a parent or guardian can use with a member in the home.
- 2) The Extended Training Set is a robust set of training materials that supplement the downloadable "Awareness & Action" flashcard training set. It includes a 164 page Trainer's Guide, a 128 slide PowerPoint file with video links embedded, and a 90 page Participant Workbook. These are materials a provider can use in a group home setting to provide an extended 3-4 hour training session on abuse, neglect and exploitation.

*Additional Action Items: Currently working on the Spanish translation of all the member training materials.*

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## **Identification, Tracking, and Analysis of Incidents**

**RECOMMENDATION #12:** AHCCCS and DES should explore ways to code, track, and analyze all incidents of alleged abuse and neglect. Throughout the system, coding should specify allegations of sexual abuse as distinct from other types of abuse and specify type of disability (within the constraints of privacy restrictions). The agencies should consider available information technology upgrades that facilitate the accessibility of online information to the public, to the extent allowed by privacy restrictions. The agencies should work with the IOCs to determine how to supply data on unsubstantiated incidents to IOC members. This should be completed by 10/1/2020. (Lead Entity: AHCCCS)

**COMPLETE:** Improvements were made to the reporting functions in the AHCCCS Quality Management (QM) Portal and, specifically, the incident categories to create more useful datasets for the tracking and trending of incidents across the system of care. A host bridge was created to allow data from the QM Portal regarding reported incidents of abuse and neglect to interface with the main AHCCCS data warehouse. AHCCCS also implemented a focused policy, [Medical Policy 961](#), for Accident/Incident/Death reporting. Data and information sharing when multiple state agencies are involved in a related investigation continues to be an unresolved issue due to limitations posed by confidentiality and privacy laws.

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**RECOMMENDATION #13:** By 10/1/2020, AHCCCS and DES should find and implement methods to use claims data for the identification of potential abuse and neglect and confirmation that incidents are appropriately reported. (Lead Entity: AHCCCS)

**COMPLETE:** AHCCCS developed, adopted and shared with DES/DDD, a process to utilize claims and encounter data to assess health plan and provider compliance with abuse and neglect incident reporting.

## **Workforce Development**

**RECOMMENDATION #14:** By 10/1/2020, AHCCCS, in partnership with its contracted MCOs, providers, industry groups, and regulatory agencies, should develop a comprehensive workforce development strategy that fosters workplaces that uphold the ideals of respect, attentiveness, and active engagement for all individuals receiving services and providing services within the State Medicaid program. The strategy should include searchable databases of direct service workers' credentials (e.g., licenses, degrees) and professional development (e.g., online or in-person training courses, certificates) across settings. AHCCCS should require providers to conduct routine testing of staff responses to simulated acts of exploitive, abusive, and neglectful behavior in a manner similar to routine fire and other emergency drills. (Lead Entity: AHCCCS)

**COMPLETE:** Effective 10/1/2020, AHCCCS implemented a new [Minimum Subcontract Provision](#) (MSP) requiring institutional, residential, employment and day programs to conduct routine testing of staff responses to simulated acts of exploitive, abusive, and neglectful behavior. Strategies related to identifying new sources of workers and retaining, paying, training and developing the workforce are continually being discussed by the Workforce Development Advisory Committee that includes AHCCCS, contracted health plans, and DES/DDD representatives. Task Force requirements are included in the Workforce Development

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Plan annual deliverable for AHCCCS Complete Care and Regional Behavioral Health Authority health plans. Funding for a consultant would be required for additional work related to exploring a searchable database of direct service workers' credentials and professional development across settings. As an AHCCCS Contractor, MSPs and policy changes impact DES/DDD and DDD providers.

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**RECOMMENDATION #15: State agencies, AHCCCS-contracted MCOs, and providers should seek creative, low-cost solutions to safeguard service quality. The State should evaluate current reimbursement to determine whether it is adequate for the State and private companies to be competitive employers. State agencies should maximize workforce development efforts so that providers are able to recruit, adequately train, and retain a qualified direct care workforce in order to provide quality services to vulnerable individuals. (Lead Entity: AHCCCS)**

**IN PROGRESS:** AHCCCS continuously evaluates reimbursement rates to ensure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area. Minimally, on an annual basis, AHCCCS evaluates the impacts of minimum wage requirements and adjusts select provider rates as appropriate to ensure rates are sufficient to ensure access to care. Significant workforce development effort is ongoing to set priorities for the development of specific groups of workers and to identify alternatives to recruiting (new sources of workers) retaining, paying, training, developing workforce.

Additionally, AHCCCS is pursuing an unprecedented opportunity to leverage federal funds through Section 9817 of the American Rescue Plan Act. As a cornerstone of these efforts to improve, expand and strengthen HCBS and mental healthcare in Arizona, AHCCCS is proposing time-limited directed payments to providers, which will help stabilize the workforce by allowing provider agencies to increase wages, and offer additional benefits and other recruitment and retention options.

In addition to this infusion of dollars into the workforce, AHCCCS is planning to leverage this time-limited ARPA funding opportunity to implement a workforce development initiative focused on career, training, and education opportunities, a comprehensive workforce development plan, and increased training for providers working with unique populations.

## **Adult Protective Services Registry and Training**

**RECOMMENDATION #19: By 10/1/2020, AHCCCS and DES contracts should be revised to stipulate specific requirements related to APS Registry checks for prospective direct service employees, including subcontracted direct service employees, paid family members, and volunteers. (Lead Entity: AHCCCS)**

**COMPLETE:** Effective 10/1/2020, AHCCCS implemented a new [Minimum Subcontract Provision](#) (MSP) requiring providers to conduct a search of the Adult Protective Services (APS) Registry for all personnel (including subcontracted personnel and volunteers) who provide direct services to members in ICFs, SNFs, ALFs and Group Homes as well as all subcontracted personnel, including paid family members, who provide direct service to members in their homes and other community based settings. Personnel are prohibited from providing services to members if the search of the APS Registry contains any substantiated report of

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abuse, neglect, or exploitation of vulnerable adults. Providers may choose to allow exceptions to the background requirements for DCWs providing services to family members only as specified in [AHCCCS Medical Policy 1240-A](#). The search of the APS Registry must be conducted at the time of hire/initial contract and annually thereafter. As an AHCCCS Contractor, MSPs impact DES/DDD and DDD providers.

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**RECOMMENDATION #20: The APS Registry website should be improved to make it easier for employers to check the Registry before hiring new employees. In the long term, the State should provide funding for a central statewide repository of DCS, APS, and fingerprint information in one data system and on one website. Furthermore, DES should continue to work with stakeholders to determine whether the APS Registry can be enhanced to provide a more comprehensive inventory of caregiver complaints. (Lead Entity: DES)**

**COMPLETE:** A Gap analysis was completed, actions were recommended and, as a result, the cross agency team created an DAAS/APS Action Plan. Cross agency meetings were held through November 2020. Additionally, integration of APS Registry into AZ Care Check was developed, tested, and went live on Monday July 27, 2020. The APS Website has been upgraded to include a digital dashboard that reflects current investigative data for the State of Arizona.

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**RECOMMENDATION #21: The State should provide funding for a comprehensive APS training program for investigators and supervisors that includes knowledge of federal and state APS guidelines, current research, and best practices to support the APS program. Consideration should be given to the National Adult Protective Services Association (NAPSA) certificate program which is a national best practice. The State should also provide a level of funding for the APS program that takes into account annual growth in the number of reports, fair market wages for investigators, outdated technology across the program, and lack of available service referrals in certain areas of the state. (Lead Entity: DES)**

**COMPLETE:** The Arizona Department of Economic Security Adult Protective Services was awarded a three-year federal grant from the Administration for Community Living (ACL), part of the U.S Department of Health and Human Services to enhance APS investigations. The \$1.276 million grant will enable APS to use enhanced training as a strategy to recruit and retain staff to create a professional development program.

Investigators who have two years of APS investigation experience are eligible to apply to the National Adult Protective Services Association (NAPSA) for their certification upon completing the core competency modules. The first group of APS investigators began taking the core competency e-learning modules in August 2020 and a second group began the program in March 2021. Fifty-six investigators completed the training program and were in the process of being certified as of the end of SFY 2021. The remaining APS investigators will complete this training curriculum in cohorts through the remainder of the three-year grant cycle. APS received grant funds from the ACL to support the training for the next 1.5 years, after which additional funding will be needed (beginning SFY 2024) and requested through other available grants and/or budgetary requests.

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## **Supportive Resources to Help Manage Caregiver Stress**

**RECOMMENDATION #25:** By 10/1/2020, AHCCCS should require its contracted MCOs to offer training and resources for providers to assist professionals and family caregivers with managing stress and burnout. (Lead Entity: AHCCCS)

**COMPLETE:** A Caregiver Resource Guide has been developed and is to be posted on AHCCCS and DES websites. The AHCCCS [Workforce Development Policy 407](#) has been amended to require contracted health plans to ensure subcontracted provider organizations offer training and resources to assist professionals and family caregivers with managing stress and burnout. The [AHCCCS Medical Policy 1630](#) requires newly hired case managers to be provided orientation and training on resources related to caregiver stress and burnout. AHCCCS requires health plan Workforce Development Administrator staff to ensure that providers have access to and are in compliance with resource and training programs to assist professional and family caregivers to prevent and manage stress and burnout.

*Additional Action Items: Caregiver Resource Guide to be translated to Spanish and posted on the AHCCCS and DES website and also utilized by the health plans and DDD.*

## **Public Access to Monitoring Reports**

**RECOMMENDATION #26:** By 10/1/2020, AHCCCS and DES should conduct a review of agency websites and make any necessary changes to facilitate public access to incident data as well as resources related to preventing abuse and neglect and reporting incidents. DES/DDD should post monitoring reports for group homes and adult developmental homes on the agency's website, similar to other licensed healthcare facilities. The agencies should consider the need for statutory or rule changes in order to implement this recommendation. (Lead Entity: DES)

**IN PROGRESS:** The Project Lead enlisted the support of Liberty Consulting to conduct a multistate review of public access to quality monitoring reports. *In the AHCCCS Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817*, AHCCCS proposes the development of a public-facing dashboard that will improve data transparency and will include quality metrics.

*Ongoing Action Items: This dashboard is expected to be developed upon final CMS approval of the funding plan and AHCCCS obtaining legislative authority to invest the ARPA funds. Workgroup meetings will resume at that time.*

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## **Review of Confidentiality Requirements**

**RECOMMENDATION #27:** By 12/31/2019, a workgroup of stakeholders should be convened, including the Department of Economic Security, Arizona Health Care Cost Containment System, Arizona Department Health Services, and Department of Child Safety, to identify potential revisions to state statute and agency policies to allow confidential information sharing between parties while maintaining required privacy and confidentiality protections. The objective of the workgroup should be to minimize the number of investigative interviews (in keeping with a trauma-informed approach) and ensure appropriate monitoring and oversight of agencies and providers. (Lead DES)

**IN PROGRESS:** The workgroup has completed a thorough review of the state statutes that pertain to the sharing of confidential information. In addition, the workgroup has compiled and reviewed departmental policies and procedures.

*Ongoing Action Items: The workgroup will develop recommendations related to the impacts of sharing of confidential information between Departments/Divisions.*

## **Other Recommendations**

**RECOMMENDATION #9:** A workgroup including state agencies, legislators, and stakeholders should review definitions of abuse, neglect, and exploitation in state statute for the adult population, and propose any changes needed to ensure clarity. Following any changes to state statute, revisions should be made to contracts and policies and all affected parties should be educated by the contracting agency on the changes made. Contract changes, policy changes, and education should be completed within six months of enactment of any legislative changes. (Lead Entity: DES)

**COMPLETE:** A 50 State Statute Review was completed by APS in June 2020. The review identified trends in addressing emotional abuse which was included in legislative initiatives in 2020; that specific legislation did not proceed through the legislative process. However, significant legislation to protect vulnerable adults went into effect during SFY 2021 with the signing of H.B. 2535 as an emergency measure by the Governor on May 20, 2021. The bill expanded on the list of professionals mandated to report abuse, neglect and exploitation of a vulnerable adult by adding 'health professional,' as defined in A.R.S. § 32-3201. Among those added were health professionals licensed in Arizona, including chiropractors, dentists, behavioral health professionals, veterinarians, naturopathic physicians, physician assistants, physical therapists, athletic trainers, and massage therapists.

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**RECOMMENDATION #10:** By 10/1/2020, deliverables in all state contracts for services provided to vulnerable individuals should include, in the special terms and conditions, a requirement that nonprofit and for-profit entities show compliance with generally accepted standards of good governance. The contracting agency should provide a checklist with items such as term limits, staggered terms, annual submission of financial statements, conflict of interest disclosure, whistleblower protections, etc. (Lead Entity: AHCCCS)

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**COMPLETE:** Effective 10/1/2020, AHCCCS implemented a new [Minimum Subcontract Provision](#) regarding Corporate Governance for Providers of Services to Children and/or Vulnerable Adults (as defined by A.R.S. §46-451(A)(10)). The MSP applies to subcontracted providers that have a board and describes specific requirements including minutes for every meeting of the board, staggered terms for board members, consideration of diversity of knowledge and experience of its members, implementation and enforcing a conflict of interest policy. In addition, the executive officers, managers, and board (if any) of any subcontractor, whether governed by a board or otherwise, must : commit to oversight of abuse and neglect prevention, recognition, and reporting, and approving and oversee policies and procedures related to reporting and investigating reports of abuse and neglect, including protections for whistleblowers. As an AHCCCS Contractor, MSPs impact DES/DDD and DDD providers.

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**RECOMMENDATION #16: By 6/30/2020, DES should convene stakeholders to develop strategies on trainings related to protection against and disclosure of alleged abuse and neglect, including the Silver Alert program. Everyone to whom a vulnerable individual might disclose an alleged incident should be trained by employers or community-based organizations on what to say — and not to say — to avoid any conversations that might inadvertently interfere with substantiation and/or prosecution. The training should be tiered by role: vulnerable individuals, families/guardians, staff, facility administrators, and APS/law enforcement investigators. A wide range of training mechanisms should be employed, including the public awareness campaign recommended below as well as trainings offered by agencies, providers, and third-party entities. (Lead Entity: DES)**

**IN PROGRESS:** From January 2020 thru June 2020, staff from DES and ADHS held stakeholder meetings with more than 150 participants from around the state who helped develop an Adult Protective Services (APS) Action Plan. The stakeholder meeting examined strategies to improve state agency processes to ensure a more efficient, streamlined approach to protecting Arizona's vulnerable adults. This recommendation also ties to the Abuse, Neglect, Exploitation Prevention Task Force Recs #2, #11, #21, #22 #23 all which address training of vulnerable individuals, families, guardians, providers, staff, APS and law enforcement investigators. In order to finalize activities under this recommendation a public awareness campaign (Rec #22) must be implemented. The implementation of the public awareness campaign is pending funding resources that will be available upon approval of the AHCCCS ARPA spending plan.

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**RECOMMENDATION #17: All investigators should complete training on the specific special needs of individuals with intellectual and developmental disabilities (I/DD). By 10/1/2020, contracts should require that personnel who investigate alleged incidents in ICF/IIDs, skilled nursing facilities (SNFs), assisted living facilities, and group homes receive training through their employers on how to conduct required investigations. AHCCCS should provide guidance to vendors on the content of such training. (Lead Entity: AHCCCS)**

**COMPLETE:** Effective 10/1/2020, AHCCCS implemented a contract language change for the Arizona Long Term Care System impacting both DES/DDD and health plans serving individuals who are end the Elderly and/or have physical disabilities. The contract now requires that health plan personnel who investigate alleged incidents in ICF/IIDs, SNFs, ALFs, and Group Homes are required to receive training on how to conduct

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required investigations and on the specific special needs of individuals with intellectual and developmental disabilities. AHCCCS reserves the right to audit these processes at any time, including during an Operational Review of the contractor. AHCCCS also added an [Attachment to AHCCCS Medical Policy 960](#) regarding the minimum requirements for this training.

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**RECOMMENDATION #24:** Arizona should build on previous efforts and implement a system-wide trauma-informed approach, with attention to the special needs of vulnerable individuals and their families, including support when families interact with clinicians, law enforcement, and other professionals. Arizona should support efforts to build and enhance community-based sexual assault services that utilize a trauma-informed approach and address the specific needs of vulnerable adults and their families. Services should be available to all survivors of sexual assault throughout the lifespan and include crisis lines and support groups for survivors of different ages, genders, and backgrounds; sexual assault specific legal and medical advocacy; and counseling by therapists with specialized training in addressing sexual trauma. A description of a trauma-informed model is included in Appendix 3. (Lead Entity: AHCCCS)

**COMPLETE:** The [Implementation of System-Wide Activities for Trauma-Informed Approaches](#) report was developed and shared detailing the AHCCCS strategy to move forward with a trauma-informed approach for the State of Arizona. Training opportunities have been identified and made available to individuals with I/DD, family members, educators, advocates and state agencies. Multiple trainings have been posted to the DDD website, and training curricula was vetted to ensure the use of trauma-informed care and resources for treatment related to the trauma associated with abuse and neglect. AHCCCS and DES/DDD continue to collaborate and hold regular meetings with system partners to build resources, furthering efforts to identify opportunities to implement trauma-informed care principles and activities. Workgroup meetings will continue in 2022 to share and further the successful implementation of a trauma-informed approach in state agencies and with community partners.

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**RECOMMENDATION #28:** By 12/31/2020, as an adjunct to the quality monitoring and oversight activities conducted by state agencies and providers, AHCCCS and DES should collaborate with community stakeholders to study the Independent Monitoring for Quality (IMQ) processes used in other states and consider their application in Arizona. A description of the IMQ model is provided in Appendix 4. (Lead Entity: AHCCCS)

**COMPLETE:** The [Independent Monitoring for Quality \(IMQ\) Report](#) was posted in December 2020. The Report describes the recommendation to continue participation in the National Core Indicators (NCI) Program and to strengthen participation. In addition, the report recommends continuing to research options for supplementing the NCI quality feedback process, as many other states are undertaking.

*Additional Action Items: The AHCCCS Office of Individual and Family Affairs (OIFA) is reaching out to OIFA representatives at each of the health plans and DDD to gather input from members and family members. The goal of these efforts will be to enhance IMQ efforts, identify any gaps where they may exist and create process changes as necessary.*

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**December 2021**

**RECOMMENDATION #29: The State should consider legislation to require licensure of nursing supported group home settings reflective of the level of care they are providing. (Lead Entity: ADHS)**

**IN PROGRESS:** SB 1085 passed in the 2021 state legislative session, requiring licensure for nursing supported group home settings.

*Additional Action Items: ADHS is working collaboratively with DES/DDD on the development of rules. Planning meetings have been initiated. All nursing supported group homes will be licensed under the new rules by 7/1/2022.*