Agenda

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

• Purpose
  o Enhance the quality of HCBS
  o Provide protections to participants
  o Assure full access to benefits of community living
    ▪ Receive services in the most integrated and least restrictive setting possible
    ▪ Receive services to the same degree of access as individuals not receiving HCBS

• Scope
  o Licensed settings
  o Residential and non-Residential
Arizona’s Opportunity

- New standard set of basic rights afforded to all members
- Reinforce priority of serving members in the most integrated and least restrictive setting
- Formalize new priority to ensure members are actively engaged and participating in their communities
## Placement – December 2015

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

Reaching across Arizona to provide comprehensive quality health care for those in need
Settings

• Residential Setting:
  o Assisted Living Facilities (Home, Center, Adult Foster Care)
  o DDD Group Homes
  o DDD Adult & Child Developmental Homes
  o Behavioral Health Residential Facilities

• Non-Residential Settings
  o Adult Day Health
  o DDD Day Treatment and Training Programs
  o DDD Center - Based Employment Programs
  o DDD Group - Supported Employment Programs

Reaching across Arizona to provide comprehensive quality health care for those in need
Person – Centered Planning

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

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

March 2019
Person Centered Service Planning

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

October 2015 – Submitted to CMS
Systemic Assessment

• Review and evaluation of standards and requirements for setting types
  o Arizona Revised Statutes
  o Arizona Administrative Code
  o AHCCCS Contracts
## Systemic Assessment - Findings

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

Reaching across Arizona to provide comprehensive quality health care for those in need
Assisted Living Facilities – What will be different?

• Employment services and supports
• External engagement in community life
  o Experiential learning opportunities
  o Access to transportation and/or transportation training
• Maximizing Independence and Choices
  o Flexibility of alternate schedules
  o Full access to all areas of the setting at any time
• Updates to the Facility Service Plan
• Customer satisfaction practices
Assisted Living Facilities – What will be different?

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

• States use this process to preserve settings that are presumed to have institutional qualities and presumed not be compliant with HCBS Rules

• Process created for states to gather and submit evidence for settings to CMS to make a determination

• CMS determines whether or not the evidence supports the setting is or can become compliance by the end of the transition period

• If CMS determines the setting does not or cannot meeting the compliance standards, Medicaid funds cannot be used.
Memory/Dementia Care Settings

• Nature of the Facilities
  o Secure perimeter and delayed egress
  o Interactions with the general community are typically limited to activities at the facility

• Settings
  o 79 Memory Care Units/Communities
  o 1002 members receiving services
Memory/Dementia Care Settings

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

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

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

• *Not*
  - Intended to assess compliance of individual settings.
  - A licensing or monitoring review

• Process created for states to gather and submit evidence for settings to CMS to make a determination

• CMS determines whether or not the evidence supports the setting is or can become compliance by the end of the transition period

• If CMS determines the setting does not or cannot meeting the compliance standards, Medicaid funds cannot be used.
Preliminary Findings: Themes

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

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct assessments</td>
<td>October – December 2016</td>
</tr>
<tr>
<td>Draft report and solicit input from Workgroup Members</td>
<td>May-June 2017</td>
</tr>
<tr>
<td>Solicit public comment*</td>
<td>June 2017</td>
</tr>
<tr>
<td>Finalize report and submit to CMS</td>
<td>July 2017</td>
</tr>
</tbody>
</table>

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

*Dates are subject to change*
HCBS Rules: Next Steps

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

• Overview of Federal Mandate
• Goals of EVV
• AHCCCS Next Steps
What is EVV?

An electronic system that verifies IN-HOME DELIVERY SERVICES
Federal Mandate – December 2016

• **Section 1903 of the Social Security Act (42 U.S.C. 1396b)**

• Personal Care Services – January 1, 2019
  - Attendant Care, personal care and homemaker
  - Respite
  - Habilitation*

• Home Health Services – January 1, 2023

• Eligible for funding
  - 90% Design, development and installation
  - 75% operation and maintenance
AHCCCS EVV Goals

• Ensuring **timely service delivery** for members including real time service gap reporting and monitoring

• Reducing **administrative burden** associated with hard copy timesheet processing by AHCCCS providers

• Generating **cost savings** from the prevention of fraud, waste and abuse
Minimum Considerations

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

• The system should electronically verify:
  o Type of service performed
  o Individual receiving the service
  o Date of the service
  o Location of service delivery
  o Individual providing the service
  o Time the service begins and ends
Management Model Options

• Single state system that all MCOs and providers use.
• Providers develop their own systems that meet certain requirements.
### Next Steps

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research other state models/plans</td>
<td>May 2017</td>
</tr>
<tr>
<td>Select vendors for presentations</td>
<td>May 2017</td>
</tr>
<tr>
<td>Decide on system design and management model</td>
<td>June 2017</td>
</tr>
<tr>
<td>Secure project manager</td>
<td>June 2017</td>
</tr>
<tr>
<td>Public comment period</td>
<td>August 2017</td>
</tr>
</tbody>
</table>

Reaching across Arizona to provide comprehensive quality health care for those in need