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December 12, 2025

Sarah Spiekermeier
Chief Executive Officer (Interim)
Banner University Family Care – Long Term Care
5255 E Williams Circle, Suite 2050
Tucson, AZ 85711

SUBJECT: Notice of Mandated Corrective Action Plan: Home and Community Based Settings Rule Heightened Scrutiny Process

Dear Ms. Spiekermeier,

To finalize the state's compliance with the Home and Community Based Settings (HCBS) Rules' Heightened Scrutiny process, the Centers for Medicaid and Medicare (CMS) has reviewed the state's heightened scrutiny setting package submissions, including settings that receive quality monitoring by Banner University Family Care Long Term Care (Banner LTC). The CMS findings detailed in this Corrective Action Plan for those settings are the responsibility of Banner LTC to address. Per CMS [HCBS Rules requirements](#) and the [State Transition plan](#), AHCCCS must demonstrate settings that meet the Heightened Scrutiny criteria have overcome the presumption that they are institutional in nature. Therefore, the HCBS Rules quality monitoring assessment, and related documentation, must demonstrate the settings are not isolating members from their communities and not violating members rights under the HCBS Rules, unless there is health and safety risk documented in the Person-Centered Service Plan (PCSP).

AHCCCS and CMS have agreed to the actions outlined for each finding below. Banner LTC is obligated to complete the remediation process and submit required documentation that supports evidence of compliance. The documentation must be sent to Danielle Ashlock via email (Danielle.Ashlock@azahcccs.gov), with a cc to your AHCCCS Operations and Compliance Officer, no later than close of business on **February 27, 2026**. Please note that some remediation steps may necessitate PCSP meetings and/or provider site visits.

Any reference to an attestation in the findings is AHCCCS' responsibility. AHCCCS will summarize the documentation for all the settings to attest to the state's compliance with the Heightened Scrutiny criteria. Banner LTC obligation is to provide documentation as evidence to support the compliance of each setting addressing CMS' setting-specific findings.

In addition to remediating the findings below, CMS is requiring the state to develop and implement training for staff in all settings that are required to comply with the HCBS Rules. AHCCCS is mandating

the health plans to work collaboratively to develop and implement training. The health plans must, at a minimum, avail themselves of the Workforce Development Administrators, but may include other resources as deemed necessary. By close of business on **February 27, 2026** each health plan must submit a jointly developed training plan, in addition to the remediation documentation and evidence detailed above, that includes, at a minimum, the following information:

- Staff competencies to inform curriculum development,
- Training curriculum outline,
- Tools for supervisors to use when evaluating the staff competencies,
- Implementation methods, including tracking provider compliance and annual refresher training,
- Timeline for the completion of the training content, and
- Timeline for completion of the initial deployment of the training, including any health plan specific responsibilities

AHCCCS will review and approve the training plan prior to directing the health plans to finalize and implement the training. AHCCCS also retains final approval rights of the training curriculum.

AHCCCS has scheduled a meeting on December 18, 2025, at Noon with Health Plan Compliance Officers and HCBS Quality Management leads to address any questions regarding this notice. In addition to the meeting, you may also reach out to Danielle Ashlock (Danielle.Ashlock@azahcccs.gov) at any time throughout this process.

Sincerely,

DocuSigned by:


6720D03F007E4A8
Megan LaPorte, CPPO, MSW

AHCCCS Chief Procurement Officer

cc: Vanessa Flores, Banner LTC Senior Manager, Government Programs
Linda Barry, AHCCCS Operations Compliance Officer
Jakenna Lebsock, AHCCCS Assistant Director
Dara Johnson, AHCCCS Program Development Officer
Danielle Ashlock, AHCCCS ALTCS Project Manager

<p>Name of Setting: Asterion Acres Address: 7004 N. Asterion Lane, Tucson, AZ</p>
<p>CMS Finding #1</p> <p>Attestation from the state through the review of person-centered service plans and/or interviews with individuals residing in the setting that setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. [42 CFR 441.301(c)(4)(ii)].</p>
<p>Remediation</p> <ol style="list-style-type: none"> 1. Banner University Family Care (BUFC LTC) shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP details choices the member made in their home selection. If that documentation is not present, the PCSP must be updated in consultation with the member/Health Care Decision Maker to reflect that decision. 2. A copy of the PCSP, with the required information highlighted, shall be provided to AHCCCS. 3. BUFC LTC shall create a remediation plan outlining steps to be undertaken to ensure documentation in the PCSP, for all members residing in provider owned and controlled settings, will include details regarding the member's choice to reside in a particular setting based upon their needs, preferences and resources for room and board. The remediation plan shall be provided to AHCCCS.
<p>CMS Finding #2</p> <p>Attestation that units have entrance doors lockable by the individual, with only appropriate staff having keys to doors [42 CFR 441.301(c)(4)(vi)(B)(1)]. Several areas of the assessments indicate that lockable doors are not an option with shared rooms and safety reasons cited. Please provide remediation.</p>
<p>Remediation</p> <ol style="list-style-type: none"> 1. BUFC LTC shall create a remediation plan with the provider outlining the steps that will be taken to come into compliance by having lockable doors available to all members residing in the setting. The remediation plan shall, at a minimum, include efforts to educate the provider and staff about member rights under the HCBS Rules and inappropriate blanket restrictions. The plan should also detail BUFC LTC's validation of the completed remediation plan. The remediation plan shall be provided to AHCCCS. 2. If members do not have lockable doors because of health and safety risks, a copy of the PCSP, highlighting this information in the "Modifications to Plan Through Restriction of Member's Rights" section, shall be provided to AHCCCS. If that documentation is not present, the PCSP must be updated in consultation with the member/Health Care Decision Maker. 3. BUFC LTC shall create a remediation plan outlining steps to ensure documentation in the HCBS Rules quality monitoring assessment details the setting's compliance with lockable doors for all members including an examination and notation of any individualized right's restrictions documented in the PCSP to ensure compliance.
<p>CMS Finding #3</p> <p>Confirmation that individuals are able to have visitors of their choosing at any time [42 CFR 441.301(c)(4)(vi)(D)]. The state indicated the setting has visiting hours. Additionally it is not clear what is meant by, "Facility allows visitation based on CDC and ADHS guidelines." Please clarify and propose remediation.</p>
<p>Remediation</p>

1. BUFC LTC shall create a remediation plan with the provider outlining the steps to be undertaken to ensure members in the setting are free to have visitors at any time without visiting hours restrictions. CDC and ADHS guidelines that affect visitation need to be clearly detailed for members in plain language that explains the circumstance when these guidelines are used (i.e. during a pandemic) due to health risks, and when they will be lifted if implemented. The plan should also detail BUFC LTC’s validation of the completed remediation plan.
2. BUFC LTC shall also create a remediation plan to ensure improved documentation in the HCBS quality monitoring assessment to document the provider’s compliance with the member’s ability to have visitors of their choosing at any time.

CMS Finding #4

Confirmation that any modifications to the additional conditions under 441.301(c)(4)(vi)(A) through (D) are supported by a specific assessed need and justified in the person-centered service plans. [42 CFR 441.301(c)(4)(vi)(F)]. The state indicated the MCO verified that care plans include modifications that are precautions based on diagnosis. Please note any modification of additional conditions must be based on a specific assessed need and cannot be applied because of a diagnosis. Please provide remediation

Remediation

1. BUFC LTC shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP does include an individualized assessment (not based on diagnosis) of health and safety risks in the “Modifications to Plan Through Restriction of Member’s Rights” section. If that documentation is not compliant, the PCSP must be updated in consultation with the member/Health Care Decision Maker.
2. A copy of the PCSP, with the required information highlighted shall be provided to AHCCCS.
3. BUFC LTC shall create a remediation plan outlining steps to ensure documentation in the PCSP in the “Modifications to Plan Through Restriction of Member’s Rights” section is member specific and not based on diagnosis. BUFC LTC shall also create a remediation plan to ensure meaningful review of the PCSPs during the HCBS Rules quality monitoring assessment process to ensure rights restrictions are documented and individually implemented in provider owned and controlled settings.

**Name of Setting: Esther Adult Care Home
Address: 2001 E. 14th Street, Douglas, AZ**

CMS Finding #1

Attestation from the state through the review of person-centered service plans and/or interviews with individuals residing in the setting that:

- the setting is selected by the individual from among a variety of setting options including non-disability specific settings t [42 CFR 441.301 (c)(4)(ii)]; and
- the setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. [42 CFR 441.301(c)(4)(ii)].

Remediation

1. Banner University Family Care (BUFC LTC) shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP details choices the member made in their home selection. If that documentation is not present, the PCSP must be updated in consultation with the member/Health Care Decision Maker to reflect that decision.
2. A copy of the PCSP, with the required information highlighted, shall be provided to AHCCCS.

3. BUFC LTC shall create a remediation plan outlining steps to be undertaken to ensure documentation in the PCSP, for all members residing in provider owned and controlled settings, will include details regarding the member’s choice to reside in a particular setting based upon their needs, preferences and resources for room and board. The remediation plan shall be provided to AHCCCS.

CMS Finding #2

Confirmation that any modifications to the additional conditions under 441.301(c)(4)(vi)(A) through (D) are supported by a specific assessed need and justified in the person-centered service plans. [42 CFR 441.301(c)(4)(vi)(F)]. Although the MCO confirmed “Safety risk/needs assessed, outlined interventions and goals/expected outcomes specific to resident's needs for optimal freedom documented,” it is not clear that any modifications are based on an individually assessed need and completed through the person-centered planning process (not by the provider).

Remediation

1. BUFC LTC shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP does include an individualized assessment (not based on diagnosis) of health and safety risks in the “Modifications to Plan Through Restriction of Member’s Rights” section. If that documentation is not compliant, the PCSP must be updated in consultation with the member/Health Care Decision Maker.
2. A copy of the PCSP, with the required information highlighted shall be provided to AHCCCS.
3. BUFC LTC shall create a remediation plan outlining steps to ensure documentation in the PCSP in the “Modifications to Plan Through Restriction of Member’s Rights” section is member specific and based on the individually assessed need. BUFC LTC shall also create a remediation plan to ensure meaningful review of the PCSPs during the HCBS Rules quality monitoring assessment process to ensure rights restrictions are documented and individually implemented in provider owned and controlled settings. The remediation plan shall be provided to AHCCCS.

CMS Finding #3

Attestation that the setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint [42 CFR 441.301(c)(4)(iii)]. The state has not responded to indicate how the setting has met this criterion.

Remediation

1. BUFC LTC shall create a remediation plan with the provider outlining the steps that will be taken to bring the provider into compliance including any training or documentation that might be implemented to ensure members rights of privacy, dignity and respect, and freedom from coercion and restraint based upon evidence criteria outlined in the HCBS Rules quality monitoring assessment tools. The plan shall also detail BUFC LTC’s validation of the completed remediation plan. Supporting documentation shall be provided to AHCCCS. The remediation plan shall be provided to AHCCCS.

2. CMS Finding #4

Confirmation through review of provider policies and/or observational data collected by the state during the onsite visit that individuals sharing units have a choice of roommates in that setting [42 CFR 441.301(c)(4)(vi)(B)(2)]. The state should indicate how the individual was provided the choice of roommate initially upon move-in.

Remediation

1. BUFC LTC shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP details choices the member made in their roommate selection. If that documentation is not compliant, the PCSP must be updated in consultation with the member/Health Care Decision Maker.

2. A copy of the PCSP, with the required information highlighted, shall be provided to AHCCCS.
3. BUFC LTC shall create a remediation plan outlining steps to ensure documentation in the PCSP and the setting's service plan, if applicable, will include details regarding the member's choice in roommate selection initially and upon move-in. BUFC LTC shall provide the remediation plan, an explanation that documents how the provider has demonstrated compliance, and any supporting policy language or other evidence of compliance.

CMS Finding #5

Confirmation that individuals have the freedom and support to control their own schedules and activities [42 CFR 441.301(c)(4)(vi)(C)].

Remediation

1. BUFC LTC shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP details choices the member makes on how they spend their day, activities, schedules, and community engagement. If that documentation is not present, the PCSP must be updated in consultation with the member/Health Care Decision Maker.
2. A copy of the PCSP, with the required information highlighted, shall be provided to AHCCCS.
3. BUFC LTC shall create a remediation plan with the provider outlining the actions taken to ensure the member is supported to control their own schedules. The plan should also detail BUFC LTC's validation of the completed remediation plan. The plan, an explanation that documents how the provider has demonstrated compliance, and any supporting policy language or other evidence of compliance.

CMS Finding #6

Confirmation that the setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact [42 CFR 441.301(c)(4)(iv)].

Remediation

1. BUFC LTC shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP details choices the member made about their daily activities, physical environment, and with whom to interact. If that documentation is not compliant, the PCSP must be updated in consultation with the member/Health Care Decision Maker.
2. A copy of the PCSP, with the required information highlighted, shall be provided to AHCCCS.
3. BUFC LTC shall create a remediation plan with the provider outlining steps to ensure the setting supports the member's individual initiative, autonomy, and independence. BUFC LTC shall also provide a copy of the plan, an explanation that documents how the provider has demonstrated compliance, and any supporting policy language or other evidence of compliance. .

CMS Finding #7

Attestation that each individual has privacy in their sleeping or living unit [42 CFR 441.301(c)(4)(vi)(B)].

Remediation

1. BUFC LTC shall create a remediation plan with the provider outlining steps the setting will take to clearly demonstrate that each member has privacy in their sleeping or living unit. BUFC LTC shall also provide a copy of the plan, an explanation that documents how the provider has demonstrated compliance, and any supporting policy language or other evidence of compliance. .

CMS Finding #8

Verification that individuals have control over their own schedules, and that the variation and frequency of engagement in community activities of individuals' choosing (including group and

individual outing options in the broader community) are consistent with the preferences and desires outlined in each individual’s person-centered plan as identified through a review of the person-centered service plan, setting activity records/notes and/or direct on-site observation [42 CFR 441.301(c)(4)(i) & 42 CFR 441.301(c)(4)(vi)(C)]. The state has described activities that occur at the setting but has not provided how it determined the setting has met this criterion.

Remediation

1. BUFC LTC shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP details choices and preference the member made on daily activities and community engagement. If that documentation is not compliant, the PCSP must be updated in consultation with the member/Health Care Decision Maker.
2. A copy of the PCSP, with the required information highlighted, shall be provided to AHCCCS.
3. BUFC LTC shall create a remediation plan with the provider outlining steps to ensure that members choices and preferences are supported by the setting. The plan should also outline how the setting supports variation and frequency of community engagement activities of the members choosing, including group and individual activities. BUFC LTC shall provide a copy of the plan, an explanation that documents how the provider has demonstrated compliance, and any supporting policy language or other evidence of compliance.

**Name of Setting: Encanto Palms Assisted Living
Address: 3901 W. Encanto Blvd. Phoenix, AZ 85009**

CMS Finding #1

Attestation from the state through the review of person-centered service plans and/or interviews with individuals residing in the setting that:

- the setting is selected by the individual from among a variety of setting options including non-disability specific settings [42 CFR 441.301 (c)(4)(ii)]; and
- the setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. [42 CFR 441.301(c)(4)(ii)].

Remediation

1. Banner University Family Care (BUFC LTC) shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP details choices the member made in their home selection. If that documentation is not present, the PCSP must be updated in consultation with the member/Health Care Decision Maker to reflect that decision.
2. A copy of the PCSP, with the required information highlighted, shall be provided to AHCCCS.
3. BUFC LTC shall create a remediation plan outlining steps to be undertaken to ensure documentation in the PCSP, for all members residing in provider owned and controlled settings, will include details regarding the member’s choice to reside in a particular setting based upon their needs, preferences and resources for room and board. The remediation plan shall be provided to AHCCCS.

CMS Finding #2

Confirmation that individuals are able to have visitors of their choosing at any time [42 CFR 441.301(c)(4)(vi)(D)]. It’s noted that visiting hours are posted. Please propose remediation including a timeline for completion.

Remediation

1. BUFC LTC shall create a remediation plan with the provider outlining the steps to be undertaken to ensure members in the setting are free to have visitors at any time without

visiting hours restrictions. The plan should also detail BUFC LTC’s validation of the completed remediation plan.

2. BUFC LTC shall also create a remediation plan to ensure improved documentation in the HCBS quality monitoring assessment to document the provider’s compliance with the member’s ability to have visitors of their choosing at any time.

CMS Finding #3

Confirmation that any modifications to the additional conditions under 441.301(c)(4)(vi)(A) through (D) are supported by a specific assessed need and justified in the person-centered service plans. [42 CFR 441.301(c)(4)(vi)(F)]. Modifications are noted as blanket restrictions in the evidence/narrative provided (i.e., policy restrictions on door locks, the ability for individuals to come/go from the facility as desired, full access to the facility’s kitchen and laundry). The state must assure that modifications are implemented and individually assessed need. Please propose remediation and the timeline for completion.

Remediation

1. BUFC LTC shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP does include an individualized assessment (not based on diagnosis) of health and safety risks in the “Modifications to Plan Through Restriction of Member’s Rights” section. If that documentation is not compliant, the PCSP must be updated in consultation with the member/Health Care Decision Maker.
2. A copy of the PCSP, with the required information highlighted shall be provided to AHCCCS.
3. BUFC LTC shall create a remediation plan outlining steps to ensure documentation in the PCSP in the “Modifications to Plan Through Restriction of Member’s Rights” section is member specific and not based on diagnosis. BUFC LTC shall also create a remediation plan to ensure meaningful review of the PCSPs during the HCBS Rules quality monitoring assessment process to ensure rights restrictions are documented and individually implemented in provider owned and controlled settings.

CMS Finding #4

Attestation that units have entrance doors lockable by the individual [42 CFR 441.301(c)(4)(vi)(B)(1)]. The MCO confirmed Resident Awareness Based on Level of Care and Services Policy & Procedures, which states residents at Supervisory or Personal Level of Care requesting access to a key to their bedroom will be accommodated with staff access to the master key. Additionally, it’s noted that some members have lockable bedroom doors that lock from the inside for privacy with a spare key that only management has access to for emergencies. Those members with impaired cognition do not have lockable doors. The regulation requires that all individuals have entrance doors lockable by the individual. If individuals are unable to have a lockable door due to safety or other needs, the state must assure this is addressed as a modification to the additional conditions of the settings rule rather than a blanket restriction implemented through a setting or other policy. Please propose remediation and its timeline for completion.

Remediation

1. BUFC LTC shall create a remediation plan with the provider outlining the steps that will be taken to come into compliance by having lockable doors available to all members residing in the setting. The remediation plan shall include efforts to educate the provider and staff about member rights under the HCBS Rules and inappropriate blanket restrictions. The remediation plan shall be provided to AHCCCS.
2. If members do not have lockable doors because of health and safety risks, a copy of the PCSP, highlighting this information in the “Modifications to Plan Through Restriction of Member’s Rights” section, shall be provided to AHCCCS. If that documentation is not present, the PCSP must be updated in consultation with the member/Health Care Decision Maker.

3. BUFC LTC shall create a systemic plan outlining steps to ensure documentation in the HCBS assessment details the setting’s compliance with lockable doors for all members and examination of the individualized right’s restriction process through the PCSP to ensure compliance. The remediation plan shall be provided to AHCCCS.

**Name of Setting: Sacred Heart Homes
Address: 3828 N 36th Street, Phoenix AZ 85018**

CMS Finding #1

Attestation from the state through the review of person-centered service plans and/or interviews with individuals residing in the setting that:

- the setting is selected by the individual from among a variety of setting options including non-disability specific settings t [42 CFR 441.301 (c)(4)(ii)]; and
- the setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. [42 CFR 441.301(c)(4)(ii)].

Remediation

1. Banner University Family Care (BUFC LTC) shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP details choices the member made in their home selection. If that documentation is not present, the PCSP must be updated in consultation with the member/Health Care Decision Maker to reflect that decision.
2. A copy of the PCSP, with the required information highlighted, shall be provided to AHCCCS.
3. BUFC LTC shall create a remediation plan outlining steps to be undertaken to ensure documentation in the PCSP, for all members residing in provider owned and controlled settings, will include details regarding the member’s choice to reside in a particular setting based upon their needs, preferences and resources for room and board. The remediation plan shall be provided to AHCCCS.

CMS Finding #2

Attestation that units have entrance doors lockable by the individual, with only appropriate staff having keys to doors [42 CFR 441.301(c)(4)(vi)(B)(1)]. The evidentiary package indicates all entrances/exits backyard gates and windows remain locked and only the caregiver has access to the keys. Additionally the MCO indicated the facility director indicated patients have privacy and door can be closed but not locked. Please propose remediation.

Remediation

1. BUFC LTC shall create a remediation plan with the provider outlining the steps that will be taken to come into compliance by having lockable doors available to all members residing in the setting. The plan should also detail how the provider will ensure that members residing in the setting will be able to come and go as they please, without locked entrances/exits and windows. The remediation plan shall, at a minimum, include efforts to educate the provider and staff about member rights under the HCBS Rules and inappropriate blanket restrictions. The plan should also detail BUFC LTC’s validation of the completed remediation plan. The remediation plan shall be provided to AHCCCS.
2. If members do not have lockable doors because of health and safety risks, a copy of the PCSP, highlighting this information in the “Modifications to Plan Through Restriction of Member’s Rights” section, shall be provided to AHCCCS. If that documentation is not present, the PCSP must be updated in consultation with the member/Health Care Decision Maker.
3. BUFC LTC shall create a remediation plan outlining steps to ensure documentation in the HCBS Rules quality monitoring assessment details the setting’s compliance with lockable doors for all members including an examination and notation of any individualized right’s

<p>restrictions documented in the PCSP to ensure compliance. The remediation plan shall be provided to AHCCCS.</p>
<p>CMS Finding #3</p>
<p>Confirmation that individuals are able to have visitors of their choosing at any time [42 CFR 441.301(c)(4)(vi)(D)]. Family members or friends are expected to follow the visiting hours' time as well as notify staff at least 24 hours in advance or a visit to make sure there are no conflicting schedules, and the clients is mentally and physically prepared for a visit. Additionally the MCO observed posted visiting hours in the setting. Please propose remediation.</p>
<p>Remediation</p>
<ol style="list-style-type: none"> 1. BUFC LTC shall create a remediation plan with the provider outlining the steps to be undertaken to ensure members in the setting are free to have visitors at any time without visiting hours restrictions or advance requests. The plan should also detail BUFC LTC's validation of the completed remediation plan. 2. BUFC LTC shall also create a remediation plan to ensure improved documentation in the HCBS quality monitoring assessment to document the provider's compliance with the member's ability to have visitors of their choosing at any time. The remediation plan shall be provided to AHCCCS.
<p>CMS Finding #4</p>
<p>Confirmation that any modifications to the additional conditions under 441.301(c)(4)(vi)(A) through (D) are supported by a specific assessed need and justified in the person-centered service plans. [42 CFR 441.301(c)(4)(vi)(F)]. Modifications are noted as blanket restrictions in the evidence/narrative provided (i.e., restrictions on door locks, visitors, and full access to the facility's kitchen, all based on cognitive ability). The state must assure that modifications are implemented per the setting rule. Please propose remediation.</p>
<p>Remediation</p>
<ol style="list-style-type: none"> 1. BUFC LTC shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP does include an individualized assessment (not based on diagnosis) of health and safety risks in the "Modifications to Plan Through Restriction of Member's Rights" section. If that documentation is not compliant, the PCSP must be updated in consultation with the member/Health Care Decision Maker. 2. A copy of the PCSP, with the required information highlighted shall be provided to AHCCCS. 3. BUFC LTC shall create a remediation plan outlining steps to ensure documentation in the PCSP in the "Modifications to Plan Through Restriction of Member's Rights" section is member specific and not based on diagnosis. BUFC LTC shall also create a remediation plan to ensure meaningful review of the PCSPs during the HCBS Rules quality monitoring assessment process to ensure rights restrictions are documented and individually implemented in provider owned and controlled settings.
<p>CMS Finding #5</p>
<p>Confirmation through review of provider policies and/or observational data collected by the state during the onsite visit that individuals sharing units have a choice of roommates in that setting [42 CFR 441.301(c)(4)(vi)(B)(2)].</p>
<p>Remediation</p>
<ol style="list-style-type: none"> 1. BUFC LTC shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP details choices the member made in their roommate selection. If that documentation is not compliant, the PCSP must be updated in consultation with the member/Health Care Decision Maker. 2. A copy of the PCSP, with the required information highlighted, shall be provided to AHCCCS.

3. BUFC LTC shall create a remediation plan outlining steps to ensure documentation in the PCSP and the setting's service plan, if applicable, will include details regarding the member's choice to in roommate selection initially and upon move-in. The remediation plan, an explanation that documents how the provider has demonstrated compliance, and any supporting policy language or other evidence of compliance. .

CMS Finding #6

Confirmation that the setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact [42 CFR 441.301(c)(4)(iv)]. The MCO observed that some residents have access to the internet and computers with supervision only, and that clients are expected to follow curfew hours as well as notify staff if they are going to leave the home. They are expected to provide information on the destination as well as sign in and out of the facility. Additionally MCO comments indicate clients are expected to make decisions with their care team on their own schedule if it fits within the guidelines of the facility. Please provide remediation

Remediation

1. BUFC LTC shall review the PCSPs for each member residing in the setting to ensure documentation in the PCSP details choices the member made about their daily activities, physical environment, and with whom to interact. If that documentation is not compliant, the PCSP must be updated in consultation with the member/Health Care Decision Maker.
2. A copy of the PCSP, with the required information highlighted, shall be provided to AHCCCS.
3. BUFC LTC shall create a remediation plan with the provider outlining steps to ensure the setting supports the member's individual initiative, autonomy, and independence. The plan shall also detail how the setting will support members to make decisions about their day without supervision, curfews, and other constraints that are not supported by the PCSP. BUFC LTC shall provide as copy of the plan, as well as any policy language or other documentation to demonstrate the provider's compliance to AHCCCS.

CMS Finding #7

Confirmation that individuals have the freedom and support to control their own schedules and activities, and have access to food at any time [42 CFR 441.301(c)(4)(vi)(C)]. It's noted that that individuals have access to food/snacks/drinks, during the designated snack time or if the caregiver feels the client had not had enough to eat prior.

Remediation

1. BUFC LTC shall create a remediation plan with the provider outlining steps the setting will take to clearly demonstrate that each setting supports members to control their own schedules and activities, free from designated snack times or other constraints not supported by the PCSP. BUFC LTC shall also provide a copy of the plan and any policy language or other documentation, including specific examples of how the setting ensured members have access to food/meals/drinks at any time, to demonstrate the provider's compliance to AHCCCS.