



ANNUAL HCBS REPORT
Contract Year Ending 2021
(October 1, 2020 – September 30, 2021)

March 2022

Annual HCBS Report – CYE 2021
(October 1, 2020 – September 30, 2021)

TABLE OF CONTENTS

INTRODUCTION	2
THE MEMBER EXPERIENCE	4
MEMBER INITIATIVES	5
• Spouse as Paid Attendant Caregiver	5
• Self-Directed Attendant Care	5
• Agency with Choice	6
• Community Transition Service	7
• Community Intervener Service	7
• Addressing Social Isolation	8
• Prior Period Coverage for HCBS	8
CONTRACTOR INITIATIVES	8
AHCCCS ADMINISTRATION AND OVERSIGHT	10
• COVID-19 Response	10
• American Rescue Plan Act (ARPA)	10
• Arizona State Hospital (AzSH) Collaboration	11
• Long Term Care Case Management	12
• Electronic Visit Verification	14
• Network Development Plans	15
• Abuse & Neglect Prevention Task Force	15
• Monitoring & Oversight	16
• Contractor Administrative Actions	17
• Direct Care Workforce Development	17
• Home and Community Based Settings Rules	19
• ALTCS Advisory Council	20
• Olmstead Plan	21
• Autism Spectrum Disorder Advisory Committee	22
• Performance Measures	23
• Performance Improvement Projects	23
HCBS GROWTH AND PLACEMENT	24
• Membership by Contractor and Setting Type	25
• Statewide Placement Percentage by Setting Type	25
• Percentage of Growth by Setting Type	25
• HCBS Placement by Age Group	26
REFERENCES	26

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

INTRODUCTION

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

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

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

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

- *Member-Centered Case Management*
The member is the primary focus of the ALTCS Program. The member/Health Care Decision Maker and Designated Representative, as appropriate, are active participants in the planning for and the evaluation of the provision of long-term services and supports. Services are mutually selected through Person-Centered Planning to assist the member in attaining their individually identified goals. Education and up-to-date information about the ALTCS program, choices of options and mix of services shall be readily available to members.
- *Member-Directed Options*
To the maximum extent possible, members are to be afforded the opportunity to exercise responsibilities in managing their personal health and development by making informed decisions about how best to have needs met, including who will provide the service and when and how the services will be provided.
- *Person-Centered Planning*
The Person-Centered Planning process maximizes member-direction and supports the member to make informed decisions, so that they can lead/participate in the Person-Centered Planning process to the fullest extent possible. The AHCCCS Person-Centered Service Plan (PCSP) safeguards against unjustified restrictions of member rights and ensures that members are provided with necessary information and supports in order to gain full access to the benefits of community living to the greatest extent possible. The Plan ensures responsiveness to the member's needs and choices regarding service delivery and individual goals and preferences. The member/Health Care Decision Maker shall have immediate access to the member's PCSP.

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

- *Consistency of Services*
Development of network accessibility and availability serve to ensure delivery, quality, and continuity of services in accordance with the PCSP as agreed to by the member/Health Care Decision Maker and the Contractor.
- *Accessibility of Network*
Network sufficiency supports choice in individualized member care and availability of services. Provider networks are developed to meet the unique needs of members with a focus on accessibility of services for aging members and members with disabilities, cultural preferences, and individual health care needs. Services are available to the same degree as services for individuals not eligible for AHCCCS.
- *Most Integrated Setting*
Members are to live in the most integrated and least restrictive setting and have full access to the benefits of community living. To that end, members are afforded the choice of living in their own home or choosing an Alternative Home and Community Based Services (HCBS) Setting rather than residing in an institution.
- *Collaboration With Stakeholders*
Ongoing collaboration with members/Health Care Decision Makers, Designated Representatives, family members, service providers, community advocates, and AHCCCS Contractors plays an important role for the continuous improvement of the ALTCS Program.

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

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

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

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

THE MEMBER EXPERIENCE

A main priority of the ALTCS program is to ensure that members are living in the most integrated setting and actively engaged and participating in community life (i.e., employment, education, volunteer, social, and recreational activities). The following member stories exemplify how these priorities present themselves on a day-to-day basis in the lives and accomplishments of members¹.

Raymond – is a 22-year-old who is deaf and living with developmental disabilities. Raymond and his mother Rubi were experiencing homelessness. Through a Contractor’s federally funded affordable housing program, Raymond and Rubi moved into their apartment in January 2022. “The process was surprisingly easy,” said Rubi, “due to me being somewhat persistent because we [had been] homeless since October 18, 2020. Just surviving out there in the car, sleeping in the car, trying to stay busy... I’m blessed. [Having a home] is going to allow me to do everything properly.”

David – is a 24-year-old who is living with epilepsy and used to experience night seizures. David was able to control his seizures through medication which allowed him to go to school and ultimately launch his career as a certified Polysomnographic Technician, otherwise known as a sleep tech. Now David can help those who struggle with night seizures, just like he did.

Jacob - is a 38-year-old who is living with incomplete quadriplegia because of Guillain-Barre syndrome. Jacob was married in 2009 and has two children. Jacob had expressed his goals to obtain a degree in General University Studies and obtain employment. His overall goal is to pursue a career in computer science which will help him achieve meaningful employment. Jacob is on track to have his degree in General University Studies in the next six to nine months. He started out his schooling at Idaho’s Brigham Young University (BYU-I), an online schooling program, in the field of computer science. His wife assists Jacob and is instrumental in his activities of daily living to get him ready for his studies at BYU-I. Jacob reports being able to have his wife as a paid caregiver supports him in his goal and provides the support needed to continue his education.

Samantha – is a 43-year-old who lives alone with her companion cats. Prior to her ALTCS enrollment she worked full time in social services. Samantha decided to focus on goals to further her education. She had also expressed apprehension due to her health conditions and generalized anxiety. Samantha’s last college experience was 15 years ago. The Case Manager assisted Samantha in talking with the Glendale Community College financial aid office to determine her options. In January 2021, Samantha started her online college classes. Now, she is not only enrolled in college courses but has since become a member of the Contractor’s LTC Advisory Council and Governance Committee.

Lora – is a 46-year-old living with back pain that has limited her mobility. As a result, she had very limited lower body strength and required more hands-on support. Maintaining her own schedule and treatment has always been important. Lora’s goal was to live in her own apartment, which would allow her to maximize visitation with her young son without facility visitation restrictions in place due to the

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

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

ongoing pandemic. A goal was identified to increase her strength and independence with mobility. Lora found exercise apps on her phone and used them to exercise independently, eventually developing the strength to walk 20 feet with the use of a walker. It was important to her to find the right apartment that met her accessibility needs and she moved into her own apartment in April of 2021. Since that time, Lora has maintained her independence, her health has improved with an A1C reduction of nine percent in the last year, and she schedules her own appointments. Lora manages her own errands and uses transportation to access her community. She also has been able to have her son stay with her regularly and has maintained a weekly visitation schedule.

David - is a 49-year-old living with Cerebral Palsy. He currently lives in an Assisted Living Facility and loves all things sports, especially World Wrestling Entertainment (WWE). It has been his goal to always attend a WWE event but has had some apprehension about leaving the care home since he had not been out of the home since 2014. In July 2021, David's Case Manager learned that WWE was coming to the Footprint Center in downtown Phoenix the following month and immediately thought of David. She worked to obtain tickets to the event and through her efforts was able to get two tickets donated! Additionally, she arranged for an escort to accompany David to the event and transportation to pick him up and transport him to and from the event. David had such a great time at the WWE event and as a result he is now ready to go to other sporting events.

MEMBER INITIATIVES

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

- ***Spouse as Paid Attendant Caregiver***

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

In Contract Year Ending (CYE) 2021, 1,635 members received paid services from their spouse, a five percent decrease from the previous year.

- ***Self-Directed Attendant Care (SDAC)***

Self-Directed Attendant Care (SDAC) offers ALTCS members or their legal guardians the choice of directly hiring and supervising their own Direct Care Workers (DCWs) without the use of an agency. It empowers members to have more control over their lives, leading to increased satisfaction, and improved quality of life. Under SDAC, individuals have the right and the ability to make decisions about how best to have their needs met, including determining who will provide the services they need and when the services will be provided. Participating members are supported by the services of a qualified fiscal agent who performs all employer payroll functions and Case Managers who

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

provide general assistance. Case Managers may utilize the SDAC member manual to support members serving in the capacity of the employer of their DCW. Additionally, Case Managers may authorize the member training service to have an AHCCCS registered provider provide training to the member on how to exercise their employer authority.

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

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

The SDAC policy in the AHCCCS Medical Policy Manual can be found on the [AHCCCS website](#).

In CYE 2021, 292 members utilized this member-directed option, a 35 percent decrease from the previous year. Due to the sizable decrease that is uncharacteristic of historical fluctuations, AHCCCS will require that MCOs perform root cause analysis and recommend strategies for the provision of support to existing members to maintain participation and continued general outreach about the availability of the program.

- **Agency with Choice**

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

The Agency with Choice policy in the AHCCCS Medical Policy Manual can be found on the [AHCCCS website](#).

In CYE 2021, 1,735 members utilized this member-directed option, a 17 percent decrease from the previous year. It is important to note, a total of 159 members (5 percent) utilize the combination of the Agency with Choice and Spouse as Paid Caregiver service model options.

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

The chart below is a five-year summary of the annual percentage change of the membership’s utilization of the Spouse as Paid Caregiver service model option, the Self-Directed Attendant Care, and Agency with Choice member-directed options. Historical reductions in utilization of the Agency with Choice member-directed option have resulted in the strategies noted above with respect to case manager training and the revised person-centered planning document.

Service Model Options – Annual Percent Change					
Annual Percentage Change in Utilization	CYE 2017	CYE 2018	CYE 2019	CYE 2020	CYE 2021
Spouse as Paid Caregiver	10%	5%	-2%	9%	-5%
Self-Directed Attendant Care	12%	9%	-6%	9%	-35%
Agency with Choice	-5%	-10%	-14%	-16%	-17%

- **Community Transition Service**

The implementation of the Community Transition Services option was approved by CMS in 2010. This service provides financial assistance to members to move from an ALTCS long term care institutional setting to their own home or apartment. The option offers up to \$2,000 to defray transition costs such as security and utility deposits for an apartment or home, essential furnishings, or other moving expenses. Contractors also provide assistance to members who may experience financial challenges that present barriers to making a transition into a home or apartment in the community. This is not an uncommon scenario because, during their tenure in the nursing facility, the discretionary income members receive is limited to the special needs allowance. It may take a few months for the share of cost to be reduced to zero after the member has transitioned out of the nursing facility. In these circumstances, Contractors may assist the member with obtaining Section 8 housing or moving into homes that have month-to-month leasing opportunities versus a requirement upfront for first and last month’s rent. Members may also receive financial assistance from family members to make the transition.

In an effort to support a member’s affordable housing needs, beginning October 1, 2017, AHCCCS required all Contractors to have a designated housing expert that is responsible for identifying housing resources and building relationships with contracted housing providers and public housing authorities for the purposes of developing innovative practices to expand housing options, and assist case managers in making appropriate referrals for members in need of housing. The housing expert is required to monitor and maintain a list of members with affordable housing needs to inform these efforts, including reporting outcomes of the housing referrals.

- **Community Intervener Service**

AHCCCS is developing a new ALTCS service for members with a dual sensory loss (both vision and hearing); it is planned to be effective October 1, 2022. Individuals with a combined vision and hearing loss may have their physical health, mental health, safety, and welfare impacted by their

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

impairments. The Community Intervener service will provide the visual, auditory, and environmental information to members that they are unable to gather on their own and that supports them to lead self-directed lives. Community Interveners are paraprofessionals with specialized training that will support members to access and receive intervention and skill building support related to:

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

- **Addressing Social Isolation**

The AHCCCS Whole Personal Care Initiative (WPCI) seeks to address the social risk factors that can have an impact on a person’s health and well-being. It is believed that these factors (i.e., socio-economic status, behaviors, and physical environment) contribute more to health outcomes than access to health care. One social risk factor that AHCCCS wants to specifically address for the ALTCS population is social isolation. There is strong evidence that social isolation is associated with poor health outcomes and higher rates of mortality. For example, according to the Journal of Aging Life Care, social isolation has been identified as having the same magnitude of impact on a person’s health as high blood pressure, smoking, and obesity. Additionally, as the American Psychological Association reported on their website, it has been noted to increase a person’s risk of dementia by 40 percent.

AHCCCS is in the process of creating a new habilitation service model that will support members to develop skills to build relationships and community connections in their community of choice and further their personal goal development. Members will have the option for this service to be provided by peers who are experiencing aging or living with a disability. The new policy guidance is planned to be effective October 1, 2022.

- **Prior Period Coverage For HCBS**

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

CONTRACTOR INITIATIVES

The Contractors engage in a number of initiatives aimed at ensuring members are living in the most integrated setting as well as participating in community life. The following are examples of those initiatives.

One Contractor has developed a team of behavioral health professionals and Complex Care Specialists with expertise in connecting members with needed behavioral health services. The team includes a psychiatrist, psychologist, three behavior analysts, three behavioral health managers, and eight (8) behavioral health Complex Care Specialists. The team provides support and technical assistance to case

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

managers to ensure that members have the behavioral health services in place to meet their needs in their homes and community.

One Contractor's affordable housing program has led to increased partnerships with local housing authorities. The City of Tucson Housing and Redevelopment Specialty Unit reached out to the Contractor in August of 2021 to partner in an effort to prioritize their members for nine (9) available Non-Elderly Disabled vouchers.

One Contractor's community reinvestment program seeks to provide philanthropic support to community-based organizations to improve access to health services and to enhance public health. Specifically, the program supports health care providers and nonprofit entities that have developed, or seek to develop, innovative practices related to health care service delivery, with an emphasis on whole-person integrated health care. In 2021, the Contractor provided 75 iPads to 21 assisted facilities throughout four counties. The provision of iPads to assisted living facilities in the community was intended to place emphasis on whole-person integrated health care by making available a platform for the residents to:

- Video Chat with friends and family to decrease isolation and increase inclusion,
- Play interactive games to enhance cognitive function and reduce stress, and
- Utilize telehealth options to attend visits with practitioners and case management to mitigate exposure to COVID-19.

One Contractor has partnered with a company to address member's loneliness and social isolation through an app. The app helps to identify and alleviate loneliness among at-risk members. Once downloaded, the app interacts with users through jokes, questions, and other commentary in a guided conversation. In addition, it prompts users to take a shortened version of the UCLA Loneliness Scale, a widely used test for loneliness. Currently, roughly 42 percent of users now test as lonely on the UCLA scale, up from less than 30 percent last summer. When a member is identified as lonely or in need of a resource to address a social determinant of health, the app's Call Center is alerted and reaches out to the member.

One Contractor facilitated volunteer opportunities for their membership in their local communities. Despite the barriers to volunteerism due to the COVID-19 pandemic, members were engaged in several volunteerism activities. For instance, members and providers volunteered their time to make bracelets for Freedom Is for Everyone (FIRE), an organization focused on outreach and education of Human Trafficking, Addiction and Domestic Violence. The bracelets made will be used in FIRE's outreach efforts to provide education and support to women affected serving as a constant reminder of empowerment and hope. Another example of the Contractor's members reaching their volunteers includes one member who has always wanted to volunteer and has a love of cats. He organized donations and bagged cat food into individual bags and donated these to the local food bank. He also delivered bags of cat food to the doorsteps of neighbors in his complex that he knew needed pet food. This member was able to help 19 cats and their owners by giving them a weeks' worth of food. Another member wanted to make a difference in other people's day. She chose to volunteer her time and talent to draw and create positive and uplifting notes and messages that were distributed to residents at a local Assisted Living Facility.

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

One Contractor has identified Case Managers to act as Veteran Navigators to help members and their families learn and access available resources. This core group of Case Managers and health plan members, several of them with a personal history of service, meet quarterly (as the Veteran Navigator Committee) to share updates and materials. The Veteran Navigators continuously seek out opportunities to improve their own knowledge and promote outreach activities and community engagement such as the annual activity of writing cards of *thanks and appreciation* to be delivered to members who are veterans. During their quarterly meetings, external representatives from various organizations or groups are invited to present to the Committee about the various programs and supportive services available. Topics range from how to recognize stress due to traumatic events, isolation and depression and the benefits of companion dogs for veterans living with combat-related Post Traumatic Stress Disorder or Traumatic Brain Injury. The Committee participation affords health plan members an opportunity to share real life experiences and share resources that may benefit other health plan members as well as contribute ideas for improving expanding local resources.

AHCCCS ADMINISTRATION AND OVERSIGHT

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

- **COVID-19 Response**

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

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

More information on the Agency's COVID-19 response can be found on the [AHCCCS website](#).

- **American Rescue Plan Act (ARPA)**

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

**Annual HCBS Report – CYE 2021
(October 1, 2020 – September 30, 2021)**

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

As of September 2021, AHCCCS was awaiting approval of the spending plan by the Centers for Medicare and Medicaid Services (CMS). Thereafter, AHCCCS will need spending authority by the Arizona State Legislature before implementing the spending plan approved by CMS. The funding is short-term and must be spent by March 31, 2024.

More information on the Agency’s ARPA spending plan can be found on the [AHCCCS website](#).

- **Arizona State Hospital (AzSH) Coordination**

AHCCCS is responsible for oversight and monitoring of members who were conditionally released from the AzSH. AHCCCS requires Contractors to develop and implement policies and procedures to provide high touch Contractor care management and other behavioral health and related services to each member on conditional release from AzSH, consistent with the member’s Court Ordered Conditional Release Plan. As stated in their contract, Contractors actively participate in the member’s discharge plan prior to release. Contractors are not permitted to delegate the care management functions to a subcontracted provider and must submit a monthly comprehensive status report for each member on Conditional Release to the Psychiatric Security Review Board (PSRB), the member’s attorney, and to the designated AHCCCS Medical Management (MM) staff. AHCCCS staff participates in a phone discussion with Contractors regarding each member, following receipt of the monthly report to ensure any potential compliance issues are thoroughly investigated.

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

Issues of noncompliance are reported immediately by the Contractor to the PSRB, the member's attorney, and AHCCCS designated staff.

- **Long Term Care Case Management**

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

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

The following are examples of how Case Managers execute their aforementioned roles and responsibilities.

- **Member-Directed Options Information:** Case Managers regularly inform members about member-directed options and assist members and their families to make informed decisions about the service delivery model of care.
- **End of Life Care:** Case Managers educate members/families on End-of-Life Care, which encompasses all health care and support services provided at any age or stage of an illness.
- **Serious Mental Illness Determinations:** Case Managers assess for the appropriateness of and submit referrals for members to receive a Serious Mental Illness Determination and, once affirmed, ensure members receive entitled services including grievance and appeals processes.
- **Cost Effectiveness Analysis:** Case Managers assess the continued suitability, appropriateness, and cost effectiveness of the member's in-home services. HCBS placement is the goal for ALTCS members as long as cost effectiveness standards and the member's medical, functional, social, and behavioral health needs can be met in that setting. The Case Manager regularly assesses the cost of the HCBS services and compares them to the estimated cost of institutionalized care. Placement in an HCBS setting is considered cost effective if the cost of HCBS services for a specific member does not exceed 100 percent of the net cost of institutional care for that member.
- **Non-Medicaid Service Coordination:** Case Managers identify and integrate non-ALTCS covered community resources/services as appropriate based on the member's needs, including community resources/services that support members in achievement of personal or independent living goals.
- **Goal Development:** Case Managers assist members to develop meaningful and measurable goals, including personal and independent living goals. Case managers also provide members with information about local resources to help them transition to greater self-

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

sufficiency in the areas of housing, education, and employment, as well as identify goals and preferences around the areas of recreation, friendships, and family relationships.

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

AHCCCS evaluated the plans that were submitted for CYE 2021 and approved each Contractor's plan for the delivery of case management and the evaluation of the previous year's activities and outcomes.

In an effort to enhance the person-centered approach and further maximize member/family self-determination, AHCCCS initiated a process to:

- Create alignment of practices, forms, and monitoring of person-centered service planning (PCP) approach and personal goal development,
- Support members to have the information and supports to maximize member-direction and determination, and
- Develop processes to document health and safety risks and safeguard against unjustified restrictions of member rights in accordance with the Home and Community Based Settings rules.

AHCCCS entered into an Interagency Service Agreement with the Sonoran University Center of Excellence in Developmental Disabilities (UCEDD) at the University of Arizona, a recognized organization with subject matter expertise in the arena of person-centered service planning. A multi-stakeholder advisory workgroup was established to solicit input from members, families, service providers, and Contractors to enhance the person-centered approach to meet the goals noted above. Once the new forms and processes were finalized, AHCCCS convened a public comment period to afford the broader community of stakeholders an opportunity to provide feedback. Thereafter and in preparation for the implementation, the Sonoran UCEDD in partnership with AHCCCS held two (two-day) Train-the-Trainer events. The first Train-the-Trainer session occurred on March 10, 2021, and on March 11, 2021. The second session occurred on March 15, 2021, and on March 16, 2021. Subsequently, AHCCCS held several Contractor technical assistance (TA) sessions for Contractor PCSP trainers in April and May 2021. The TA sessions served as a platform for trainers to share challenges and successes and engage in problem-solving. During the month of April 2021, the Contractor's and Tribal ALTCS Fee-For-Service (FFS) Programs conducted PCSP training of their respective Case Managers (CMs) utilizing the Trainer's Tool Kit that was developed. CM PCSP training for the ALTCS-EPD Contractors and Tribal ALTCS FFS Programs concluded on April 30, 2021. Upon implementation the ALTCS CMs were required to complete assessments for all ALTCS-EPD members using the new PCSP, by December 31, 2021. DES/DDD completed their CM training in September 2021 and all assessments utilizing the new PCSP tool are projected to be completed statewide by June 30, 2022.

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

- **Electronic Visit Verification (EVV)**

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), AHCCCS is mandated to implement EVV for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, and respite) by January 1, 2021² and for in-home skilled nursing services (home health) by January 1, 2023.

The goals of instituting EVV in the AHCCCS program include:

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

During the reporting period, AHCCCS engaged in the following major milestones to prepare for implementation of EVV:

- Completed the Operational Readiness Review conducted by the Centers for Medicare and Medicaid Services (CMS),
- Went live with the state sponsored EVV system on December 31, 2020,
- Finalized the AHCCCS EVV policy,
- Developed and prepared for the release of the training for providers using the state-sponsored EVV vendor including a combination of live-interactive training and Learning Management System accessible training,
- Worked diligently with the state sponsored EVV vendor to resolve several unexpected technical issues that prevented provider adoption of EVV,
- Assisted providers with EVV implementation and problem solving,
- Added and updated member and provider resources to the AHCCCS EVV Website, including regularly updated FAQs, and
- Facilitated regularly scheduled meetings with provider groups representing industries subject to EVV.

AHCCCS is leveraging the EVV mandate to develop a more streamlined reporting approach to ensure, track, and monitor timely service delivery and access to care for members. AHCCCS is currently working with the state sponsored EVV system vendor to make system customizations and standard reports to assist providers, Contractors, and AHCCCS to streamline administrative processes and to mitigate access to care challenges. This includes mechanisms to track and monitor the time it takes for members to receive a service once it has been determined to be medically necessary. Additionally, the reporting will support monitoring scheduled service visits versus occurrences of late, missed or short visits and the actions the providers took in response to the member's contingency plan for such occurrences.

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

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

More information on EVV can be found on the [AHCCCS website](#).

- **Network Development Plans**

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

AHCCCS requires the Contractor to provide information on many issues relating to network sufficiency in the Plan, including but not limited to the following:

- Evaluation of the prior year's Plan
- Current status of network by service type
- How members access the system
- Relationship between the various levels of the networks
- Current network gaps
- Immediate short-term interventions when a network gap occurs
- Interventions to fill network gaps, and barriers to those interventions
- Evaluation of the interventions
- Strategies utilized to increase the percentage of members living in their own home
- Any network issues identified during member and provider council meetings
- How the network is designed for populations with special health care needs

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

AHCCCS evaluated the Plans that were submitted for CYE 2021 and approved each Contractor's Plan, including the methods for analyzing the network and identifying and addressing network gaps. AHCCCS is in the process of reviewing the plans for CYE 2022.

- **Abuse & Neglect Prevention Task Force**

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

- Statewide public awareness campaign to encourage a statewide culture of abuse, neglect, and exploitation prevention educating the broader public of that commitment.
- Prevention and accountability of all state agencies, in collaboration with private vendors and stakeholders, to develop, disclose, implement, and monitor policies and practices aimed at preventing abuse, neglect, and exploitation, reporting incidents, conducting investigations, and ensuring incident stabilization and recovery.
- Multi-agency coordination where AHCCCS, Department of Economic Security, Arizona Department of Health Services, and other critical system partners work to employ a

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

coordinated, multidisciplinary team approach in preventing and addressing incidents of abuse and neglect.

- Signage implementation on how to report abuse, neglect, and exploitation to be prominently posted in all settings in which vulnerable individuals reside and/or receive services.
- State agencies, in partnership with community-based organizations, to offer evidence-based training on abuse, neglect, and exploitation prevention, reporting, and recovery to vulnerable individuals and their families.
- Improvements in identification, tracking, and analysis of incidents of alleged abuse and neglect, including mechanisms for making data readily available to the public.
- Workforce development strategies which foster workplaces that uphold the ideals of respect, attentiveness, and active support for all individuals receiving services and providing services within the State Medicaid program.
- Adult Protective Services registry checks and training to investigators.
- Supportive resources to help manage caregiver stress.
- Public access to Setting Monitoring Reports that include monitoring reports for group homes and adult developmental homes to the extent allowed by statute and privacy restrictions.
- Review of confidentiality requirements to identify potential revisions to statute and agency policies to allow information sharing between parties while maintaining required privacy and confidentiality protections.

Significant work has been accomplished and the vast majority of the recommendations have been completed to improve the system to prevent abuse and neglect. More information can be found on the [AHCCCS website](#) including the most updated progress status report.

- **Monitoring and Oversight**

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

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

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

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

The Operational Reviews are conducted in a three-year cycle evaluating each AHCCCS Contractor, including the three ALTCS-EPD Contractors and one DES/DDD ALTCS Contractor, once during the cycle. When a Contractor is found to be out of compliance with AHCCCS standards, the Contractor must submit and obtain approval of a Corrective Action Plan (CAP) to address the deficiencies. The process includes a follow-up on the status of each CAP six months after the CAP is accepted. AHCCCS' reviews of the ALTCS-EPD MCOs were completed during February 2019 - April 2019. AHCCCS' review of the DES/DDD Contractor occurred in August 2021. Corrective Action Plans will be monitored until actions are sufficiently completed and the CAPs are closed.

The results of Operational Reviews are published on the [AHCCCS website](#).

- ***Contractor Administrative Actions***

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

In recent years, AHCCCS has imposed Administrative Actions on several activities performed by the DES/DDD Contractor related to quality management, HIPAA compliant transactions, access to care, and Augmentative and Alternative Communication (AAC) devices. While significant concerns were initially identified, the Division is moving towards full compliance through intensive corrective action and support from an independent third-party consultant that was approved by AHCCCS. These Administrative Actions remain open throughout 2021 and AHCCCS continues to provide enhanced monitoring and technical assistance through weekly leadership meetings and monthly meetings with DES/DDD Contractor subject matter experts (SMEs) to review strategies and progress of actions, barriers, and outcome measures. It is anticipated that the DES/DDD Contractor will be able to close out additional Administrative Actions during the next measurement period as two prior administrative actions were closed during CYE 2021.

AHCCCS posts any Administrative Actions imposed on a Contractor on the [AHCCCS Website](#).

- ***Direct Care Workforce Development***

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

As a result of the Workgroup, beginning October 1, 2012, AHCCCS formally incorporated the competency standards, training curriculum, and testing protocol into its service specifications for attendant care, personal care, and housekeeping. All Direct Care Workers (DCWs) are now required

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

to pass standardized examinations based upon the competency standards established by the Workgroup in order to provide care to ALTCS members in their homes.

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

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

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

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

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

The Workforce Development policy in the AHCCCS Contractors Operations Manual can be found on the [AHCCCS website](#).

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

Information on the DCW training and testing program can also be found on the [AHCCCS website](#).

- **Home and Community Based Settings Rules**

On January 16, 2014, CMS released final Rules regarding requirements for HCBS operated under section 1915 of the Social Security Act. The Rules mandate certain requirements for residential and non-residential settings where Medicaid members receive long term care services and supports. Specifically, the Rules establish requirements for settings to ensure that individuals receiving services are integrated into their communities and have full access to the benefits of community living.

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

Residential

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

Non-Residential

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

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

The Transition Plan outlines strategies the State will use to make sure all HCBS settings come into compliance by March 2023³. AHCCCS engaged in multiple meetings and/or correspondence with CMS, pertaining to the Transition Plan, between September 2017 through February 2019. CMS confirmed the current version of the Transition Plan (containing revisions in response to their feedback) is satisfactory. CMS will not officially approve Arizona's Systemic Assessment and Transition Plan until after the first round of site-specific assessments have been completed (estimated March 2022), a public comment period is held and the State's reports to CMS are satisfactory.

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

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

In March 2021, MCOs began assessing all HCBS settings for compliance using modified assessment tools that accommodated provider's efforts to mitigate COVID-19 and included a requirement for them to develop a plan regarding how they will transition to full compliance after the Public Health Emergency. A tool was developed for the MCOs to report their audit progress to AHCCCS. AHCCCS will use this data to report progress to stakeholders and CMS, including compiling the list of settings that meet the criteria for Heightened Scrutiny. Heightened Scrutiny is required by CMS when a setting might share some characteristics of an institution (i.e., isolating people from the broader community), but there is an indication through an assessment the setting can comply with the HCBS Rules by March 2023.

In order to assist providers through the assessment process, AHCCCS held several setting specific training sessions in March and April 2021. The training sessions helped to inform additional topics to cover for training sessions planned in 2022. AHCCCS also holds monthly meetings with the MCO Quality Management staff to answer questions and provide technical assistance to support their efforts to assess settings for compliance.

Detailed information on AHCCCS' activities to comply with the HCBS Rules can be found on the [AHCCCS website](#).

- **ALTCS Advisory Council**

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

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

The ALTCS Advisory Council has advised on the State's compliance with federal initiatives and service delivery system innovations as well as received information on notable topics of interest including, but not limited to:

Federal Initiatives:

- Home and Community Based Setting Rules

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

- U.S. Department of Labor, Companionship Exemption
- Electronic Visit Verification
- American Rescue Plan Act (ARPA)

Service Delivery System Design:

- The role peer supports can play in the ALTCS program
- Integration of aging individuals or individuals with a disability into the long-term care workforce
- Contractor standards for identification of provider office accessibility in the Contractor’s provider directories
- New Community Intervener Service
- Integrated health care
- Revisions to the Agency with Choice member-directed option policy
- Person Centered Service Planning
- Office of Individual and Family Affairs (OIFA) Overview
- Olmstead Plan

Other Notable Topics of Interest

- Reporting quality of care concerns
- Supported decision making
- Agency’s COVID-19 response

- ***Olmstead Plan***

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

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

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

AHCCCS is in the process of developing a new Olmstead Plan. During the reporting period, the following activities took place.

- Developed an internal Olmstead Planning workgroup with individuals from different departments in order to determine the areas of focus the new Arizona Olmstead Plan will contain and start the planning process.
- Created an Olmstead Survey designed to assist with updating the Olmstead Plan by seeking input from members, family members, provider staff, and representatives from MCOs and state agencies.
- Created an Olmstead webpage
- Expanded the Olmstead Planning workgroup to include members and family members across the state to advise with the development of the Arizona Olmstead Plan, while bringing lived experiences to the table.

Moving forward, AHCCCS will hold a series of community stakeholder meetings to promote awareness of Olmstead planning. Once a draft plan is developed, AHCCCS will hold meetings with a broad array of community stakeholders and a public comment period before finalizing the plan.

More information on Olmstead Planning may be found on the [AHCCCS website](#).

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

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

Completed activities include, but are not limited to:

- Creating system maps and using consistent terminology across the system,
- Improving access to diagnosis and critical early intervention services,
- Independently registering Board Certified Behavioral Analysts and linking appropriate code set services,
- Creating a behavioral intervention policy,
- Creating a specialized diagnosing provider list by Contractor,
- Leveraging Targeted Investments funding for integration,
- Implementing Habilitation Consultation (Hab-C) by DES/DDD, and
- Developing Centers of Excellence.

The ASD Advisory Committee continues to advise on the implementation of the recommendations. Ongoing conversations continue to explore additional considerations for Centers of Excellence for members with ASD, coordination of benefits with third party liability, and aging members with ASD.

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

More information on the activities of the ASD Committee may be found on the [AHCCCS website](#).

- **Performance Measures**

AHCCCS worked to strategically align its statewide performance measures with the CMS Child and Adult Core Sets prior to implementation of mandatory child and behavioral health (child and adult) measure reporting. AHCCCS transitioned from utilizing External Quality Review Organization (EQRO) calculated rates to measure and report MCO level data to utilizing MCO-calculated performance measure rates that have undergone EQRO validation starting with its 2020 performance measures.

Beginning with its CYE 2021 contract amendments, AHCCCS transitioned from its use of internally established Minimum Performance Standards (MPS) to the use of national benchmark data (i.e., CMS Medicaid median and NCQA HEDIS® Medicaid mean) to evaluate MCO performance. AHCCCS also intends to utilize historical performance data to evaluate MCO, line of business, and agency performance. AHCCCS' intends to require MCOs to calculate and report on Managed Long-Term Services and Supports (MLTSS) focused performance measures included as part of the CYE 2022 contract amendments.

- **Performance Improvement Projects (PIPs)**

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

- **Back to Basics:** The Back-to-Basics PIP was selected for the DES/DDD Contractor with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number of children and adolescent well-child/well-care visits, and to increase the number of children and adolescents receiving annual dental visits.
 - Baseline rate for adolescent well-child/well-care visits is 50.7%
 - Baseline rate for children/adolescent annual dental visits is 52.7%
 - Remeasurement 1 will be reflective of calendar year 2022
 - Remeasurement 2 will be reflective of calendar year 2023
- **Breast Cancer Screening:** The Breast Cancer Screening PIP was selected for ALTCS-EPD Contractors with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number and percent of breast cancer screenings.
 - Baseline rate for breast cancer screening is 36.5%
 - Remeasurement 1 will be reflective of calendar year 2022
 - Remeasurement 2 will be reflective of calendar year 2023

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

HCBS GROWTH AND PLACEMENT

Overall, the ALTCS program enrollment change was negligible. Member growth increased (3 percent percent) within the DES/DDD program, compared to a 5 percent decline in the ALTCS-EPD membership.

The following table highlights **the membership breakdown by placement setting type**. In CYE 2021, the percentage of members residing outside of a nursing facility remained consistent with the trend in recent years at 89 percent. This successfully sustained rate is largely attributable to the service options and HCBS activities available to members, which are addressed in this report.

Membership Breakdown by Placement Setting Types - September 30, 2021							
Setting	Banner University Family Care	Mercy Care Plan	United Healthcare	DES/DDD	Total Membership	% of Total Membership	
Own Home	3,166	5,283	3,993	28,871	41,313	64.89%	
Assisted Living	1,519	2,488	2,717	21	6,745	10.59%	
Group Home	0	2	1	3,422	3,425	5.38%	
Developmental Home	0	1	0	1,567	1,568	2.46%	
Behavioral Health Residential Facility	64	145	51	5	265	0.42%	
Acute Services Only	99	231	218	2,826	3,374	5.30%	
Total Membership in HCBS Placements	4,848	8,150	6,980	36,712	56,690	89.05%	
Skilled Nursing Facility	1,624	2,272	1,585	16	5,497	8.63%	
Institution for Mental Disease	0	0	1	0	1	0.00%	
Residential Treatment Center	2	5	22	0	29	0.05%	
ICF-ID	0	0	1	100	101	0.16%	
Behavioral Health Inpatient Facility	0	1	0	0	1	0.00%	
Total Membership in Institutional Settings	1,626	2,278	1,609	116	5,629	8.84%	
Placement Data Not Available	47	737	103	458	1,345	2.11%	
Total Membership	6,521	11,165	8,692	37,286	63,664	100.00%	

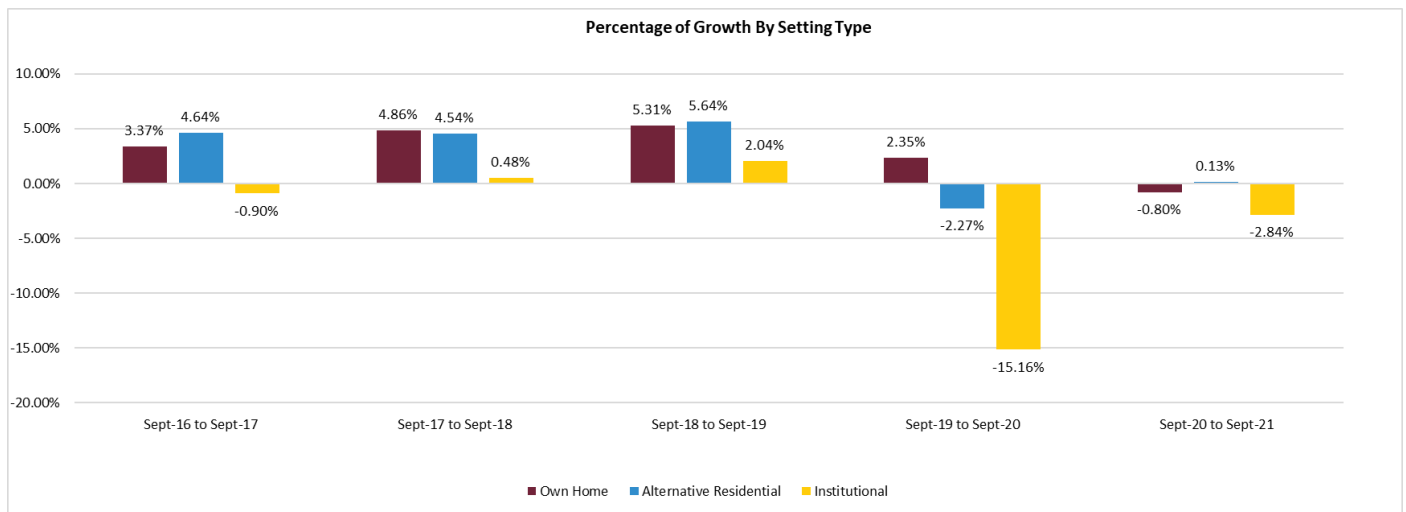
The following chart outlines the distribution of placement setting type⁴ for the period of September 2017 through September 2021. Over a decade ago (2009) the proportion of members residing in their own homes was as low as 49 percent and has currently grown to 72 percent (CYE 2020 and 2021), while the proportion of the members residing in institutions declined from 31 percent (2009) to the current 9 percent (CYE 2020 and 2021). The proportion of members residing in alternative residential settings remains stable at 19 percent. This continues to demonstrate the program’s commitment to advancing initiatives which result in the shift of placement for ALTCS-EPD and DES/DDD members to community-based placements.

⁴ The number of individuals receiving acute services only is captured in the “own home” category. Further, the number of individuals for which placement data is not available is not reflected in the data.

Annual HCBS Report – CYE 2021 (October 1, 2020 – September 30, 2021)

Statewide Placement Percentage by Setting					
	Sep-17	Sep-18	Sep-19	Sep-20	Sep-21
Own Home	69%	70%	70%	72%	72%
Alternative Residential	19%	19%	19%	19%	19%
Institutional	12%	11%	11%	9%	9%
Total Membership	100%	100%	100%	100%	100%

The following graph shows the percentage of growth for each placement setting type experienced since September 2017. In CYE 2021, the data represents an overall negligible change in the distribution of placement settings.



The following table⁵ presents information detailing member placements broken down by three age groupings (0-21, 22-64, and 65 plus) as of the conclusion of CYE 2021 (September 30, 2021). Consistent with the historical trend, the number of members in the 65 years and older age group compose the highest proportion of members residing in institutional settings (21 percent). Conversely, the 0-21 years of age group has the lowest proportion of members residing in institutional settings (0 percent). Only 9 percent of members 22-64 years of age reside in institutional settings.

⁵ The number of individuals receiving acute services only is captured in the “own home” category. Further, the number of individuals for which placement data is not available is not reflected in the data.

**Annual HCBS Report – CYE 2021
(October 1, 2020 – September 30, 2021)**

ALTCS Placement by Age Group				
	0-21	22-64	65+	TOTAL
Own Home	22,283	14,284	8,098	44,665
Alternative Residential	739	5,280	5,984	12,003
Institutional	19	1,903	3,729	5,651
TOTAL	23,041	21,467	17,811	62,319
	0-21	22-64	65+	TOTAL
Own Home	97%	67%	45%	72%
Alternative Residential	3%	25%	34%	19%
Institutional	0%	9%	21%	9%
TOTAL	100%	100%	100%	100%

-- End of the Report --

REFERENCES

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

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