06/24/2015
Community Stakeholder Meeting
Assisted Living Providers

	Rule Requirement Reference	Assessment Plan Input	Transition Plan Input	AHCCCS Response
1.	The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ It was noted that in an effort to serve members in the least restrictive environment, providers have developed settings to provide speciality care (i.e. dementia, behavioral health, etc.). ▪ It was noted AHCCCS should be informed of setting models the private industry is considering that integrate a number of service settings with separate licensure co-located on a campus.		AHCCCS noted it would be important for that information to be shared as part of the formal public comment process and may need to be a consideration for the provider self-assessments to determine compliance with the HCBS Rules.
1a.	Seek employment and work in competitive integrated settings,	▪ Concern expressed about the impact of work earnings on benefits eligibility	▪ Incorporate a requirement for providers to refer the member to their Case Manager if members express a desire to work and/or display skills that could be utilized in the workplace. ▪ AHCCCS may need to operationalize a seemless transition for members to the Freedom to Work program at the point they start to earn income that exceeds the traditional long term care income thresholds.	▪ AHCCCS shared information about the Freedom to Work, Medicaid Buy-In program that allows individuals with disability to work and retain healthcare (including long term care services and supports) ▪ AHCCCS committed to conducting more outreach on the Disability Benefits 101 (www.az.db101.org) website that provides information about how to maximize earnings by using work and health care incentives (i.e. Freedom to Work program).
1b.	Engage in community life,			

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1c.	Control personal resources, and	▪ It was noted that some members have limited resources which may limit their access and options for activities in the community		
1d.	Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services			
2.	The setting is selected by the individual from among setting options including:			
2a.	Non-disability specific settings			
2b.	An option for a private unit in a residential setting			
3.	The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board	▪ It is important to note that compliance with the HCBS rules, particularly, when it pertains to assisting members to fulfill personal goals, engage in community life, etc. is the responsibility of the team. For example, the provider can help to encourage members to work on personal goals and the Case Manager can assist with coordinating or facilitating access to community resources.		

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4.	Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint			
5.	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			
6.	Facilitates individuals choice regarding services and supports and who provides them			
7.	In provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:			
7a.	The individual has a lease or other legally enforceable agreement providing similar protections;		▪ The residency agreement and proposed modifications should be consistent with the norm for landlord/tenant relationships.	AHCCCS noted these considerations will be incorporated into discussions on the required revisions to the residency agreement as part of the transition plan implementation process.

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Assisted Living Providers

7b.	The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement		▪ The residency agreement could allow for members to voluntarily opt out of having a key to their doors and the front door of the facility.	AHCCCS noted these considerations will be incorporated into discussions on the required revisions to the residency agreement as part of the transition plan implementation process.
7c.	The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and			
7d.	The individual can have visitors at any time; and			
7e.	The setting is physically accessible			

06/26/2015
Community Stakeholder Meeting
Aging and Physical Disability Community

	Rule Requirement Reference	Assessment Plan Input	Transition Plan Input	AHCCCS Response
1.	The setting is integrated in and supports full access to the greater community, including opportunities to:	It was noted that some assisted living settings co-locate adult day health services on the same campus setting as part of the continuum of care.		AHCCCS noted it would be important for that information to be shared as part of the formal public comment process and may need to be a consideration for the adult day health provider self-assessments to determine compliance with the HCBS Rules.
1a.	Seek employment and work in competitive integrated settings,			
1b.	Engage in community life,			
1c.	Control personal resources, and			
1d.	Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services			
2.	The setting is selected by the individual from among setting options including:	Individuals have choice of adult day health settings within their geographic area if transportation is also going to be provided by the Managed Care Organization. That said if individuals can arrange for transportation outside of the geographic area, they may have additional choices adult day health setting.		AHCCCS noted the information.
2a.	Non-disability specific settings			

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Aging and Physical Disability Community

2b.	An option for a private unit in a residential setting			
3.	The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board			
4.	Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint			
5.	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			
6.	Facilitates individuals choice regarding services and supports and who provides them			

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Community Stakeholder Meeting
Aging and Physical Disability Community

7.	In provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:			
7a.	The individual has a lease or other legally enforceable agreement providing similar protections;			
7b.	The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement			
7c.	The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and			
7d.	The individual can have visitors at any time; and			
7e.	The setting is physically accessible			

06/26/2015
Community Stakeholder Meeting
Aging and Physical Disability Community
Generalized Comments, Questions and/or Recommendations

- It was recommended AHCCCS should hold a specific stakeholder meeting for Adult Day Health Providers. The Area Agencies on Aging stated they would assist AHCCCS to outreach to Adult Day Health providers for a stakeholder meeting.

  AHCCCS' response: *AHCCCS will be following up with the Area Agencies on Aging to host a community stakeholder meeting for Adult Day Health providers.*

- It was recommended that AHCCCS should include the Ombudsmans to attend training conducted for the assisted living provider community in the first year of the transition plan.

  AHCCCS' response: *AHCCCS will add that suggestion to the transition plan for year one.*

- It was recommended that AHCCCS switch the Year Two and Year Three transition plans, addressing policy and form revisions prior to revising monitoring tools.

  AHCCCS' response: *AHCCCS will switch the order of the Year Two and Year Three transition plans to address policy and form revisions prior to revising monitoring tools.*

- It was asked how the assisted living settings support younger people with physical disabilities and/or create enviornments that support a cultural normative for younger people with disabilities.

  AHCCCS' response: *AHCCCS shared it is the responsibility of the Managed Care Organizations (ALTCS Contractors) to develop a network of providers that can serve member including assisted living enviornments that support younger individuals with physical disabilities. In order to support network development, the person-centered planning process is the platform to make those needs and desires known in an effort to support members to live in settings of their choice.*

- It was noted AHCCCS should incorporate statistics, in the introduction to the assessment and transition plan, that outline placement rates of the membership.

  AHCCCS' response: *AHCCCS will note the placement rates of the membership in the introduction to the assessment and transition plan.*

07/01/2015
Community Stakeholder Meeting
Employment Service Providers

	Rule Requirement Reference	Assessment Plan Input	Transition Plan Input	AHCCCS Response
1.	The setting is integrated in and supports full access to the greater community, including opportunities to:			
1a.	Seek employment and work in competitive integrated settings,			
1b.	Engage in community life,			
1c.	Control personal resources, and			
1d.	Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services			
2.	The setting is selected by the individual from among setting options including:			
2a.	Non-disability specific settings			
2b.	An option for a private unit in a residential setting			
3.	The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board			

07/01/2015
Community Stakeholder Meeting
Employment Service Providers

4.	Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint			
5.	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			
6.	Facilitates individuals choice regarding services and supports and who provides them			
7.	In provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:			
7a.	The individual has a lease or other legally enforceable agreement providing similar protections;			
7b.	The individual has privacy in their sleeping or living unit including:			

	▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement			
7c.	The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and			
7d.	The individual can have visitors at any time; and			
7e.	The setting is physically accessible			

Generalized Comments, Questions and/or Recommendations

- It was noted the transition of center-based employment to a facility-based, pre-vocational service was generally supported by the employment service providers, but the following items of concern were noted:
  - Concern was expressed concerning individuals who have been working long-term in a center-based employment envioronment and will not meet the requirements for pre-vocational services (i.e. time limitation, group or individual-supported employment goal requirements).
  - Concern was expressed about alternatives to center-based employment that afford support for members to have meaningful days and make contributions to their communities.

AHCCCS' response: *AHCCCS shared the same concerns and noted that these items are a priority for any system re-design discussions.*

- It was recommended to incorporate in the transition plan a process for AHCCCS, the Arizona Department of Economic Security/Division of Developmental Disabilities and the service provider community to evaluate and re-design the current continuum of employment and supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community. It was noted that the system re-design must incorporate a review of the current service rate structure to support providers to transition their business practices.

  AHCCCS' response: *AHCCCS will incorporate this recommendation into the transition plan for both center-based employment and group-supported employment. AHCCCS also noted that it will be integral to the process to have the service provider community participate in the process and help to identify innovative practices as well as provide peer support to assist other service providers to ensure integrated service delivery.*

- It was noted that in order to support more members to participate in the workplace, the business community needs to be part of the solution and provide more opportunities for individuals with disabilities.

  AHCCCS' response: *AHCCCS administers a grant project of the Arizona Developmental Disabilities Planning Council called Untapped Arizona. Untapped Arizona supports the business community to recruit, hire, promote and retain workers with disabilities. AHCCCS can support the Untapped Arizona Business Advisory Committee to participate in the employment services and support system design meetings. The purpose of the involvement of the business community in the discussions would be to discuss and develop innovative supported employment models that meets the workforce needs of the businesss and be integrated into the business operations.*

- It was recommended AHCCCS should hold a public forum specific to the HCBS Rules and employment supports and services. It was also recommended for AHCCCS to use the statewide video conference meeting platform from the Arizona Department of Economic Security, Rehabilitation Services Administration.

  AHCCCS' response: *AHCCCS agreed to host a public form specific to the HCBS Rules and employment supports and services.*

07/08/2015
Community Stakeholder Meeting
Arizona Board of Nursing Care Institution Administrators and Assisted Living Facility Managers

	Rule Requirement Reference	Assessment Plan Input	Transition Plan Input	AHCCCS Response
1.	The setting is integrated in and supports full access to the greater community, including opportunities to:			
1a.	Seek employment and work in competitive integrated settings,			
1b.	Engage in community life,			
1c.	Control personal resources, and			
1d.	Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services			
2.	The setting is selected by the individual from among setting options including:			
2a.	Non-disability specific settings			
2b.	An option for a private unit in a residential setting			
3.	The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board			

07/08/2015
Community Stakeholder Meeting
Arizona Board of Nursing Care Institution Administrators and Assisted Living Facility Managers

4.	Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint			
5.	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			
6.	Facilitates individuals choice regarding services and supports and who provides them			
7.	In provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:			
7a.	The individual has a lease or other legally enforceable agreement providing similar protections;		It was noted residency agreements should be standardized, including revisions made to the residency agreements to ensure compliance with the HCBS Rules.	AHCCCS noted the basic requirements of the residency agreements will be standardized, but will allow for specific settings to incorporate additional elements specific to that setting.

7b.	The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement			
7c.	The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and			
7d.	The individual can have visitors at any time; and			
7e.	The setting is physically accessible			

Generalized Comments, Questions and/or Recommendations

- It was noted the assisted living providers must pass the self-assessment for HCBS Rules compliance prior to contracting with Managed Care Organizations (ALTCS Contractors).

  AHCCCS' response: *AHCCCS will incorporate this requirement into AHCCCS policy and include it as an item in the transition plan for settings.*

- It was noted the NCIA Board could support assisted living training programs to incorporate competencies for managers and caregivers specific to the HCBS Rules.

AHCCCS' response: *AHCCCS will incorporate the training strategy into the transition plan for assisted living facilities.*

- It was noted AHCCCS should survey assisted living training programs to assess whether or not current training curriculums incorporate elements of the HCBS Rules.

AHCCCS' response: *AHCCCS will incorporate the item into the transition plan for assisted living facilities.*

07/09/2015
Community Stakeholder Meeting
ALTCS Advisory Council

	Rule Requirement Reference	Assessment Plan Input	Transition Plan Input	AHCCCS Response
1.	The setting is integrated in and supports full access to the greater community, including opportunities to:			
1a.	Seek employment and work in competitive integrated settings,			
1b.	Engage in community life,			
1c.	Control personal resources, and			
1d.	Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services			
2.	The setting is selected by the individual from among setting options including:			
2a.	Non-disability specific settings			
2b.	An option for a private unit in a residential setting			
3.	The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board			

07/09/2015
Community Stakeholder Meeting
ALTCS Advisory Council

4.	Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint			
5.	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			
6.	Facilitates individuals choice regarding services and supports and who provides them			
7.	In provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:			
7a.	The individual has a lease or other legally enforceable agreement providing similar protections;			

7b.	The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement			
7c.	The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and			
7d.	The individual can have visitors at any time; and			
7e.	The setting is physically accessible			

Generalized Comments, Questions and/or Recommendations

- It was recommended AHCCCS provide some information to support individuals to review the asssessment and transition plan and provide informed public comment.

  AHCCCS' response: *AHCCCS will develop some questions for people to think about as they review the assessment and transition plan to help support them to provide public comment.*

- It was asked whether or not AHCCCS has considered ways to ensure consistency or continuity of staffing in the residential and non-residential settings. The point was made that staffing turnover could be an issues to ensuring compliance of settings long term.

  AHCCCS' response: *AHCCCS has asked providers to quantify the financial impact of HCBS Rule compliance on specific setting types. Additionally, part of the transition plan will include reviewing and instituting training competencies for staff providing services in each of the settings.*

- It was recommended the discussions around compliance for employment services and supports should consider a definition of successful employment including full-time participation and competitive pay. It was noted many people combine part-time work and day program services for social or recreational reasons which may limit their opportunities to maximize their life experiences to mirror the non-Medicaid population.

  AHCCCS' response: *AHCCCS noted the recommendation for inclusion into discussions pertaining to system re-design discussions for employment supports and services.*

- It was noted day treatment and training programs will be challenged to comply with the rule simply by the nature of indivdiuals served. It a majority of the indivdiuals served have high support needs and may not be able to communicate verbally, it will be hard to ensure the activities are driven by the participants versus staff driven. It was also noted an HCBS Rules compliant day treatment and training program, may look less like a congregate setting and more like a staging environment for individuals to meet and then head out together into the community.

  AHCCCS' response: *AHCCCS noted the recommendation for inclusion into discussions pertaining to identifying and developing best practices for community integrated day treatment and training programs. These discussions will be centered around site specific training development for day treatment and training settings and the self-assessment to measure compliance with the HCBS Rules.*

07/10/2015
Community Stakeholder Meeting
Arizona Association of Providers for People with Disabilities

	Rule Requirement Reference	Assessment Plan Input	Transition Plan Input	AHCCCS Response
1.	The setting is integrated in and supports full access to the greater community, including opportunities to:			
1a.	Seek employment and work in competitive integrated settings,			
1b.	Engage in community life,		In order to incorporate individuals without disabilities in the settings to support integration, considerations should be made for the requirements of volunteers to ensure member safety.	AHCCCS noted the recommendation for inclusion into discussions pertaining to identifying and developing best practices for community integrated day treatment and training programs.
1c.	Control personal resources, and			
1d.	Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services			
2.	The setting is selected by the individual from among setting options including:			
2a.	Non-disability specific settings			
2b.	An option for a private unit in a residential setting			

07/10/2015
Community Stakeholder Meeting
Arizona Association of Providers for People with Disabilities

3.	The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board			
4.	Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint			
5.	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			
6.	Facilitates individuals choice regarding services and supports and who provides them			

07/10/2015
Community Stakeholder Meeting
Arizona Association of Providers for People with Disabilities

7.	In provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:			
7a.	The individual has a lease or other legally enforceable agreement providing similar protections;			
7b.	The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement			
7c.	The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and			
7d.	The individual can have visitors at any time; and			
7e.	The setting is physically accessible			

07/10/2015
Community Stakeholder Meeting
Arizona Association of Providers for People with Disabilities
Generalized Comments, Questions and/or Recommendations

- It was noted the education of members and families should be incorporated into the transition plan for all settings. Members and their families should be educated about the rights afforded to them under the auspices of the HCBS Rules.

  AHCCCS' response: *AHCCCS will incorporate the education strategy into the transition plan for all settings.*

- It was noted the Transition to Employment service is new and is experiencing success in helping members to prepare for employment.

  AHCCCS' response: *AHCCCS noted the service was not accessed as part of this process because it is not provided in a facility. That said, AHCCCS agreed that it is a non-facility based pre-vocational serve and will be evaluated as part of the employment system re-design discussions.*

- It was noted that some of the challenges in complying with the HCBS Rules are concerning resources. For example, day treatment and training programs are challenged with serving a large number of members who are wheelchair users. It can be very challenging to escort individuals to settings outside of the facility at one time due to the number of vans and staff availability. Additionally, community activities cost money both to the members and to staff. Members many not have the monetary resources to pay as well as the facility may not have resources to pay for staff to attend activities.

  AHCCCS' response: *AHCCCS asked the provider community to quantify the costs of complying with the HCBS Rules and provide that information as part of the formal public comment period and process.*

- It was noted some service providers may serve as examples of best practices on strategies they employ to support members to be actively engaged in their community.

  AHCCCS' response: *AHCCCS asked the provider community to start identifying those best practices so they can be incorporated into the setting specific training that will occur in the first year of the transition plan. Furthermore, AHCCCS noted a reliance on the provider community to provide the peer to peer support to other providers on how to come into compliance.*

Arizona Training Program at Coolidge (ATPC)
Group Home Stakeholder Meeting
July 11, 2015

Purpose: To inform the members, guardians and families about the HCBS Rules and discuss options to ensure compliance of the group homes co-located on the Intermediate Care Facility campus in Coolidge, Arizona. The meeting served as a pre-meeting to a public forum to be held in August 2015 only for ATPC group home members, guardians and families.

Overview of Comments

General comments on the HCBS Rules

- Members, guardians, families and staff were not informed of the HCBS Rules
- The federal government does not care and is discriminating against the individuals living in the group homes
- The HCBS Rules do not account for the uniqueness of the residents living in the group homes
- The HCBS Rules are a cost-savings measure

Impact of moving residents to group homes in the community

- Residents would not adjust in a community. For example, they have formed family units with the other residents and staff in the group homes. In fact, they don't even want to visit with their natural families too long because they miss their housemates and staff.
- Residents cannot be successful in group homes in the community and a move to the community could limit the independence they have now. For example, one of the residents rides her bike around campus to go to work and socialize with others. She would not be able to do that in the community. She interacts with her neighbors on the campus, but would not have that independence to interact with her neighbors in the community.
- Residents would not be safe in group homes in the community. For example, residents don't understand or have fear of "stranger-danger."
- Residents do get interaction with the general community. They have work and recreational activities. For example, church services on the campus that include members of the general community. They also frequently visit with their guardians and families off campus.
- Most of the residents are seniors and have lived on the campus for 40-60 years. They were former residents of the ICF.
- Residents get good quality of care in the group homes. Group homes in the community have frequent staff turnover. The staff working in these homes has either worked in the homes or in the ICF for many years.

- Guardians discussed past attempts to move individuals to group homes and noted the safety of the individuals were jeopardized and/or their needs were not appropriately supported by staff.
- Guardians expressed the concern that individuals will die if they are transitioned to group homes in the community.
- Closure of the ICF will impact the local Coolidge economy

Requests of the resident's guardians

- The residents should be allowed to live in the group homes for the rest of their lives. It is the guardian's choice on where the individuals should live.
- AHCCCS should apply for a "waiver" or "exemption" for the group homes to comply with the HCBS Rules

Outstanding Questions

- It is cost effective to continue to provide the services in the group homes on the campus versus providing the services to the members in group homes in the community?
- What is the zoning of the ICF and the group homes on the campus? Is there a way that the property could be sub-divided so the group homes are not co-located with the ICF?
- Could the group homes on the campus be reclassified as an ICF?

Next Steps: AHCCCS' Response to the Guardian's Requests

- AHCCCS will schedule a public forum in August and make arrangements for individuals to participate remotely
- AHCCCS encouraged members, guardians and families to participate in the public forum and submit formal public comment during the public comment period. AHCCCS noted that if stakeholders are going to contact congressional and state representatives, they also need to provide public comment to AHCCCS in order for the input to be captured and provided to the Centers for Medicare and Medicaid Services (CMS) as part of the HCBS Rules assessment and transition plan.
- AHCCCS will research and be prepared to respond to the outstanding questions at the August meeting. Additionally, AHCCCS will be prepared to discuss the heightened scrutiny process
- AHCCCS encouraged members, guardians and families to review the information about the HCBS Rules, including the requirements for requesting heightened scrutiny
- AHCCCS encouraged the members, guardians and families to consider a contingency plan if Arizona is unable or unsuccessful in exempting the group homes from compliance with the HCBS Rules

07/13/2015
Community Stakeholder Meeting
Developmental Disability Community

	Rule Requirement Reference	Assessment Plan Input	Transition Plan Input	AHCCCS Response
1.	The setting is integrated in and supports full access to the greater community, including opportunities to:			
1a.	Seek employment and work in competitive integrated settings,			
1b.	Engage in community life,	▪ It was noted that a limitation of supporting people to engage in community life, is the cost of activities themselves or the staffing to accommodate members to outings. ▪ It was asked the guidelines around staff getting compensative by members to accompany them to activities in the community. ▪ It was noted that a group home's access to vehicles limits a member's participation in the community. It was noted that some group homes share vehicles or have staff (under the age of 21) that are not allowed to drive.		▪ AHCCCS noted that the provider community has been asked to quantify the costs associated with supporting compliance with the HCBS Rules. ▪ AHCCCS agreed to research the guidelines for members using their money to compensate or pay costs for staff to accompany them to activities in the community. ▪ AHCCCS noted the site specific self-assessments conducted as part of the ALTCS Contractor monitoring process will help to identify site specific barriers to HCBS Rule compliance.
1c.	Control personal resources, and	▪ It was noted that some Public Fiduciaries limit a member's access to their money.		▪ AHCCCS noted the information.

07/13/2015
Community Stakeholder Meeting
Developmental Disability Community

		▪ It was noted that the spending plan that is completed as part of the service planning process is currently not helpful in supporting members to have access to their own personal resources.		▪ AHCCCS noted the recommendations for consideration when making revisions to the person-centered plan process and forms.
1d.	Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services			
2.	The setting is selected by the individual from among setting options including:	It was noted the fact that providers must volunteer to serve members may put a limitation on a member's choices on where to live and/or receive services.		AHCCCS noted the information.
2a.	Non-disability specific settings			
2b.	An option for a private unit in a residential setting			

07/13/2015
Community Stakeholder Meeting
Developmental Disability Community

3.	The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board		▪ It was recommended the person-centered service plan should not just focus on healthcare service planning, but on planning focusing on the whole person. Concerns were expressed on how to support members who may otherwise need a representative, but does not have one.	▪ AHCCCS noted a HCBS Rule compliant service plan is focused on the whole person and not just on identifying the needs for healthcare services.
			▪ It was recommended the person-centered service plans should be revised in a way to measure and monitor member choice and success in meeting personal goals. Considerations should also be made to identify ways to measure a member's integration into their community to the same extent as individuals not receiving Medicaid.	▪ AHCCCS noted the proposed consistency in development and documentation processes for person-centered service plans will help with monitoring member choice and success in an aggregate fashion.
			▪ It was recommended that members and families have the opportunity to capture information about the member's day-to-day life experiences for the 90-day period leading up to the planning meeting versus summarizing that information at the planning meeting.	▪ AHCCCS noted the recommendations for consideration when making revisions to the person-centered plan process and forms. AHCCCS also noted that members and families will need to be part of that process in order to be responsive to their specific needs.
4.	Ensures individual rights of privacy, dignity and respect,			

	and freedom from coercion and restraint			
5.	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			
6.	Facilitates individuals choice regarding services and supports and who provides them			
7.	In provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:			
7a.	The individual has a lease or other legally enforceable agreement providing similar protections;	▪ It was noted Adult and Child Developmental Homes do not have to abide by the statutes that protect members from being refused a service by a provider once they are living in the setting. For example if there is an issue of abuse that is being investigated, the member must leave because		▪ AHCCCS noted the information.

		the setting is the provider's home. ▪ Concern were expressed that Adult and Child Developmental Homes are monitored by the provider agency not the Arizona Department of Economic Security, Division of Developmental Disabilities like other settings.		▪ AHCCCS noted the information.
7b.	The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement			
7c.	The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and			
7d.	The individual can have visitors at any time; and			
7e.	The setting is physically accessible			

Generalized Comments, Questions and/or Recommendations

- It was recommended AHCCCS consider the volunteer cadre of the Human Rights Committee for individuals served by the Arizona Department of Economic Security, Division of Developmental Disabilities as a best practice for ensuring member's rights afforded by the HCBS Rules are not limited.

  AHCCCS' response: *AHCCCS acknowledged the role of the Human Rights Committee and noted the recommendation.*

- It was noted the education of members and families should be incorporated into the transition plan for all settings. Members and their families should be educated about the rights afforded to them under the auspices of the HCBS Rules.

  AHCCCS' response: *AHCCCS will incorporate the education strategy into the transition plan for all settings.*

08/10/15
Community Stakeholder Meeting
Assisted Living Home Associations

	Rule Requirement Reference	Assessment Plan Input	Transition Plan Input	AHCCCS Response
1.	The setting is integrated in and supports full access to the greater community, including opportunities to:			
1a.	Seek employment and work in competitive integrated settings,			
1b.	Engage in community life,			
1c.	Control personal resources, and			
1d.	Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services			
2.	The setting is selected by the individual from among setting options including:			
2a.	Non-disability specific settings			
2b.	An option for a private unit in a residential setting			
3.	The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room			

08/10/15
Community Stakeholder Meeting
Assisted Living Home Associations

	and board			
4.	Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint			
5.	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			
6.	Facilitates individuals choice regarding services and supports and who provides them			
7.	In provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:			
7a.	The individual has a lease or other legally enforceable agreement providing similar protections;		▪ Concerns were noted regarding liability on behalf of the provider with the rights outlined in writing in the residency agreement. The provider has a responsibility to	AHCCCS noted these considerations will be incorporated into discussions on the required revisions to the residency agreement as part of the transition plan implementation

			afford members the rights.	process.
7b.	The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement			
7c.	The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and			
7d.	The individual can have visitors at any time; and			
7e.	The setting is physically accessible			

Generalized Comments, Questions and/or Recommendations

- It was noted there is a dispartiy between the compensation rates between the Assisted Living Centers and Assisted Living Homes.

  AHCCCS' Response: *AHCCCS encouraged Assisted Living Home providers to submit formal public comments with detailed information on the rate differentials and potential impact to the network capacity. Additionally, AHCCCS committed to convening a meeting with representatives from the Assisted Living Home provider community to discuss access to care concerns stemming from Assisted Living Home compensation rates.*

08/14/15
Community Stakeholder Meeting
Adult Day Health Providers

	Rule Requirement Reference	Assessment Plan Input	Transition Plan Input	AHCCCS Response
1.	The setting is integrated in and supports full access to the greater community, including opportunities to:			
1a.	Seek employment and work in competitive integrated settings,			
1b.	Engage in community life,			
1c.	Control personal resources, and			
1d.	Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB Services			
2.	The setting is selected by the individual from among setting options including:			
2a.	Non-disability specific settings			
2b.	An option for a private unit in a residential setting			
3.	The setting options are identified and documented in the person-centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room			

08/14/15
Community Stakeholder Meeting
Adult Day Health Providers

	and board			
4.	Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint			
5.	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		▪ Concerns were expressed with how to balance a member's right to have access to food at anytime with the regulatory requirements of the Arizona Department of Education Child and Adult Food Program that supplements the cost of meals provided to members.	AHCCCS noted these considerations will be incorporated into discussions in the Adult Day Health Training Plan Workgroup as part of the implementation process. AHCCCS also encouraged the providers to submit formal comment on this topic.
6.	Facilitates individuals choice regarding services and supports and who provides them			
7.	In provider-owned or controlled home and community-based residential settings, the following additional requirements must be met:			
7a.	The individual has a lease or other legally enforceable agreement providing similar protections;			

7b.	The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement			
7c.	The individual has freedom and support to control his/her own schedules and activities including access to food at any time; and			
7d.	The individual can have visitors at any time; and			
7e.	The setting is physically accessible			

Generalized Comments, Questions and/or Recommendations

- It was noted compliance with the HCBS Rules will increase costs (i.e. offering more choices such as individualized schedules) for providers and, therefore, considerations for increased compensation rates should be incorporated into the transition planning.

  AHCCCS' Response: *AHCCCS encouraged Adult Day Health providers to submit formal public comment on rate considerations.*

- After a review of the draft Systemic Assessment, it was noted in practice the Adult Day Health Providers are generally compliant with the HCBS Rules.

AHCCCS' Response: AHCCCS encouraged Adult Day Health providers to submit formal public comment on the day-to-day practices of Adult Day Health providers including comments on the compliance level results currently outlined in the draft Systemic Assessment.