***NOTE: Transition Plan workgroups will receive and review all public comment submissions pertaining to the workgroup's setting type or content area. Many of the comments received are subject matters or considerations for the implementation phase of the Transition Plan versus decisions that need to be made in order to finalize the Systemic Assessment and Transition Plan. Furthermore, AHCCCS contends that it is preferable to incorporate these matters into the discussions and deliberations of the multi-stakeholder workgroups.***

## *General*

| Reference | Stakeholder | Question(s)/Comment(s) | AHCCCS Response |
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| **Topic: AHCCCS Communication and Information** | | | |
| Forum 18 | Managed Care Organization | (AHCCCS) email address? | HCBS@azahcccs.gov |
| Forum 38 | Family Member | May I have a copy of today's presentation sent to me? | Presentation available on the AHCCCS website (www.azahcccs.gov/hcbs). |
| Forum 48 | Managed Care Organization | How/where was this forum advertised? Was family member and agencies notified? How will we know as things progress throughout the years – another forum? | Please refer to the Public Comment Section of the Assessment and Transition Plan |
| Forum 68 | Non-Provider Organization (Ombudsman) | I work for the Pascua Yaqui Tribe Senior Center as an Ombudsman and I would like to learn more about the long term care system part. I would like more understanding about how it works. | Information regarding the ALTCS program can be found on the AHCCCS website at http://www.azahcccs.gov/applicants/application/ALTCS.aspx |
| Forum 70 | Provider | Why doesn't AHCCCS cover podiatry care anymore? | AHCCCS covers podiatry care such as care provided by a physician. Services provided by a podiatrist are excluded by Arizona state law for person 21 years of age and older. |
| Forum 84 | Family Member | For long term care: for people will they be able to get their teeth clean, or for anything else their teeth need to be work on for every 6 months? | The 1115 Waiver submission for October 2015 includes a request to CMS for a $1000 dental benefit for ALTCS members. |
| Forum 119 | Undisclosed | For long term medical care does it have Dental where they can ge their teeth check out for every 6 month or some who has Diabetic where they lose their teeth because of their meds? Can I get the list for the providers for all compliants in the mail? | The 1115 Waiver submission for October 2015 includes a request to CMS for a $1000 dental benefit for ALTCS member |
| Forum 85 | Family Member | What is the split (percentage) of State (Arizona) and Feds for HCBS Services? | State funding 33%; Federal Funding 67% |
| Forum 107 | Family Member | I am interested in knowing about of federal moneies versus state monies that support these programs. | State funding 33%; Federal Funding 67% |
| Email 78 | Family Member | On P. 4, AHCCCS said they sought to promote the values of choice, independence, dignity, self-determination, and individuality for its membership. While they tried, since 2013, I do not see evidence of that. In fact I doubt if the 86% who receive HCBS services knows what self-determination is. They had something about member-directed options, but my case managers never knew what that was, even though someone sent me a letter about it. | Thank you for your comment. |
| Email 98 | Member | My question is how do you propose utilizing Arizona first responders in regards to persons with behavioral health challenges, overall, when other States are struggling to find solutions to the growing epidemic of homelessness going into center-based employment? An article from the New York Times about what is happening in San Francisco, a sister city, for your reading pleasure: http://www.msn.com/en-us/news/us/san-francisco-firefighters-an-unintended-safety-net-for-the-homeless/ar-BBm8oUs?ocid=spartandhp | Thank you for the information. |
| **Topic: Scope of the HCBS Rules** | | | |

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| Forum 1 | Member | Is this just for residential homes? Will impact home services? | The HCBS Rule applies to residential and non residential setting but does not apply to an individual's private home. |
| Forum 2 | Non-Provider Organization (Treasure House) | What is actually new or different in the rules? Sounds like many "bells & whistles" are not required? | Please refer to the "Assessment and Transition Plan" sections of the document. |
| Forum 2 | Non-Provider Organization (Treasure House) | What does "intermediate care for ID" mean? | ICF/ID means Intermediate Care Facility for Individuals with Intellectual Disabilities |
| Forum 4 | Non-Provider Organization (Treasure House) | Do new rules apply to privately funded programs? | No. The HCBS Rule applies to programs receiving Medicaid funding for Home and Community Based services |
| Forum 12 | Non-Provider Organization (Arizona Bridge to Independent Living) | So excited to see the human rights, choices, and integration being enforced in all services. If you need a committee member, let me know. | Thank you for your comment. |
| Forum 16 | Provider | What about behavioral health services funded by the RBHA (Regional Behavioral Health Authority)? | The HCBS Rules do not apply to RBHA funded services. |
| Forum 17 | Educator | So this change is only going to implement higher standards/rules for settings (residential & non-residential) after assessing current realities? Is this being implemented in other states? | Yes. This is a Federal Rule requirement applicable to all programs receiving Medicaid funding for Home and Community Based services in all states. |
| Forum 29 | Non-Provider Organization (Arizona Bridge to Independent Living) | Are compliance with the rules just for 1115 Waivers? *[Paraphrase of verbal comment]* | No. This is a Federal Rule requirement applicable to all programs receiving Medicaid funding for Home and Community Based services in all states. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | The final federal regulations for HCBS were published in January 2014. Despite the promulgation of regulations, AHCCCS did not publish its proposed "assessment and transition plan" until August 1, 2015. First, the timeline is seriously delayed. The plan does not even begin work until October 2016, fully 2.5 years after the regulations became effective. Our understanding is that no other state has proposed a schedule that extends beyond the regulatory requirement – March 17, 2019. Arizona proposes to be 30 months late in 2021. Significantly, the plan to identify and develop remedies for deficiencies occurs very late in this delayed process. The state offers no explanation or justification for such delayed implementation. | The Federal HCBS Rule requirement is applicable to 1915 (c), (i), and (k) waivers. http://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-10-14.pdf<br><br>http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/final-q-and-a.pdf<br><br>Arizona operates solei under an 1115 waiver and received direction from CMS related to the Rule Requirement in May 2015.<br><br>Clarification is now provided in the "Introduction" Section of the document. |
| Email 64 | Family Member | Briefly mentioned in the proposal is the "Affordable Care Act ". Does this program have a direct reflection on the compliance issues? *[Exerpt of email submission]* | The Affordable Care Act reference pertains to the Person Centered Planning requirements. |
| Forum 52 | Managed Care Organization | Do you expect legislation in order to implement any rule changes? | No. Not at this time. |

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| Forum 52 | Managed Care Organization | Can MCOs expect HCBS rule changes for the next RFP cycle? | The HCBS Rule requirements are new standards for the ALTCS program. |
| Forum 109 | Family Member | There needs to be a way for all the states to share information on what changes they are making that are effective. No need for states to beat their head against a wall if 1 state has developed specific solutions that can be implemented. | State to State information/best practices is shared through several national organizations. Transition workgroups may choose to research best and promising practices. |
| Forum 61 | Provider | If families do not get the services they need to support the member living in the family home, there is no incentive to keep the member at home. *[Paraphrase of verbal comment]* | Thank you for your comment. |
| Email 10 | Family Member | While I understand and appreciate that we want to give our members as many rights as most normal individuals, I have come across many members who do not fit into the mold of the 5-Year Plan and should be exceptions to the rules. I was concerned about the following topics that were presented. I did understand from your presentation at the public forum, that there will members who will be exceptions to the rules, based on their medical and functional limitations, but wanted to share my thoughts all the same. *[Exerpt of email submission]* | Thank you for your comment. |
| Email 81 | Provider | We hope that AHCCCS will consider flexibility in these new requirements for individuals with intellectual and developmental disabilities; full autonomy is not always the safest decision for individuals. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 19 | Provider | We hope that AHCCCS will consider flexibility in these new requirements for individuals with intellectual and developmental disabilities; full autonomy is not always the safest decision for individuals. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 141 | Family Member | Based on the AHCCCS meetings I have recently attended, I see both good and not so good things in the proposed changes. Of course, it is our hope that [NAME] and others like him will continue to make progress toward more independence and greater ability to integrate into "normal" society. The challenge we see is that there always seem to be some individuals who have a tough time with integration and we believe there will always be a need for those individuals to have an environment where they are not forced to integrate because it is traumatizing for them. Also, there is NO WAY to teach everyone in society about autism and how to interact with individuals who are severely affected so to put them in some situations puts everyone at risk, the special needs individual and the "typical" individuals around them. The huge wave of autistic individuals who are moving into adulthood now and in the coming years will surely have a certain percentage of them who will be in the low functioning category and will be the ones most affected by the new CMS HCBS Rule. We speak for many other parents and guardians who are so busy with survival every day that they are not able to take the time to attend meetings or to compose a response to you. From that perspective, we ask that you PLEASE consider the consequences of the "not so good" side of the new rules as noted earlier. | Thank you for your comment. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | The Plan fails to address services provided in an individual's or family home. While it may be presumed that such services are community-based, there are instances where they may not be. This should be considered. | Compliance for HCBS Rules is limited to licensed residential and non-residential settings. The Person-Centered Planning standards apply to all members regardless of placement and/or services received. |
| Email 144 | Non-Provider | Finally, Arizona's plan identifies several group homes that are co-located on the campus | Reference the "Settings that Require Special Considerations" section of the |

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| | Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | of an ICF-IID. These settings cannot be approved without heightened scrutiny. The evidence is not site-specific and suggests significant overlap or transition between the ICF residents and staff with the individuals residing in the group homes and suggests that group homes located off campus would be too dangerous for these residents. Such evidence has been cited as reasons to *not* approve such settings in North Dakota. Related to heightened scrutiny, the state has not proposed any mechanism (beyond location) to identify specific settings that have the effect of isolating individuals receiving HCBS. The necessity to develop a clear mechanism has been cited in nearly every response letter CMS has sent back to states that have already submitted their plan. In short, simply looking at settings that are on the campus of an institution is necessary, but not sufficient to satisfy the requirements for reviewing settings that might be subject to heightened scrutiny. | document. |
| **Topic: Assessment** | | | |
| Forum 44 | Undisclosed | Assessment strategies seem to not have changed much – easy to understand. Agree with compliance levels. | Thank you for your comment. |
| Forum 55 | Provider | It seems most strategies are already included in existing documents, contracts, etc. Some wording in the strategies is concerning or needs clarification. | Thank you for your comment. |
| Forum 112 | Undisclosed | Evaluation based "on paper" assessments? Is this a cyclical idea, like inclusion? What was the baseline/who decided or judged? Individual needs/preferences?? | Reference "Assessment" section in the document. A Systemic Assessment is permissible by CMS. Refer to CMS Guidance http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/statewide-transition-plan-toolkit.pdf |
| Forum 56 | Provider | We don't have much choice on the reservation. Shopping centers are @ 200 mile radius. Is the rule considering culturally sensitivity or life style sensitivity? | The Systemic Assessment and Transition Plan take into account what is culturally normative for a community. |
| Email 78 | Family Member | On P. 5 it shows that 68% of those receiving HCBS live in own homes. It did not mention the percentage of that 68% who attend non residential like day treatment and training programs, center-based employment programs or group-supported employment programs. By excluding those 68% from the transition plan, without a PCP, how can they access residential or non-residential services? Maybe in Arizona there will an opportunity for true supported employment, since those services have had name changes of sheltered workshops to center-based employment, and now under the final rule, AHCCCS wants to call them training programs. At the DES/DDD Central district HRC meeting, the district manager could not verify the numbers on P. 11 as accurate since they have more group homes and DTA than listed there. | Reference the "Site Specific Assessment" section in the document that provides data on the number settings and the number of individuals receiving services in those settings. |
| Email 106 | Family Member | We may have HCBS, but group homes and DTA's, and centered based employment are institutionalized in Arizona. | Reference "The Transition Plan" section in the document. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | The timeline and process for the Plan is flawed. The HCBS rules were released In January 2014, yet Arizona's Plan does not contemplate full compliance until 2021. AHCCCS did not begin any assessment process until November 2014. In November 2014, AHCCCS convened a workgroup to conduct a paper review of the various residential and non-residential services at issue. The workgroup was comprised only of AHCCCS personnel and representatives from the managed care organizations, and it did not include input from members, advocacy organizations or providers. This review and | Reference "The Assessment" section in the document and Appendix A of the document. |

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| | | assessment based upon statutes, rules, regulations, policy manuals and contact provisions was not complete until June 2015. Beginning in late June and continuing into July, AHCCCS held a series of stakeholder meetings. However, there was no draft plan provided to stakeholders at those meetings, so there was no opportunity for meaningful input on that plan. The meeting our representatives attended was largely a review of the HCBS rules and what AHCCCS had been doing to create its draft plan. The actual Plan was not released until August 1. AHCCCS contends that it made changes based upon the meetings held before August 1, but there is no indication of what changes were made. A single opportunity to comment on a draft plan created by a paper assessment only is insufficient, and points to a lack of transparency in AHCCCS's approach to the assessment process. This is a worrisome sign in light of the fundamental need for transparency to ensure effective design and implementation of the State's plan. | |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | Second, the plan does not provide for and incorporate meaningful public input to the extent required by 42 U.S.C. § 1315 and the implementing regulations 42 C.F.R. §§ 431.400-427. It is our understanding that in November 2014 AHCCCS convened a workgroup to conduct a paper review of the residential and non-residential services at issue. The workgroup was limited to AHCCCS staff and managed care organizations. It did not include members, advocacy groups or providers. This review was only of statutes, regulations, rules, policy manuals and contract provisions. Subsequently in June and July, AHCCCS held some stakeholder meetings but there was no draft plan presented and no meaningful opportunity for public input.<br>AHCCCS states it will conduct random surveys of providers and members. AHCCCS has not published the survey for public comment and provider assessments present significant conflict of interest concerns. We understand that Arizona must have in place a mechanism to review each individual setting that offers HCBS. This would include non-provider settings. In addition, if return of the survey is not mandatory, AHCCCS would need a method to evaluate providers who do not return the survey. None of these matters are addressed in the plan. We are concerned that AHCCCS did not engage members and their families prior to the draft policy. Such public input is critical to understanding what barriers currently exist and what implementing changes are needed to become compliant with the federal regulations. Moreover, in order to obtain information from persons served, an outreach and education plan is required. AHCCCS' proposal is devoid of these elements. In addition, the plan does not allow for telephonic input. Many of those served may not want to submit comments by e-mail or written letter. | Reference "Assessment" section in the document. A Systemic Assessment is permissible by CMS.<br>Refer to CMS Guidance http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/statewide-transition-plan-toolkit.pdf<br><br>Reference "The Assessment" section in the document and Appendix A of the document..<br><br>AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | We appreciate the thorough review of Arizona statute, rules, regulations, policy manuals and contract provisions to determine Arizona's state of compliance, but there is no discussion or consideration of *actual* compliance with these legal and contractual provisions. The Plan lacks any site-specific setting reviews and fails to include any methodology for identifying settings that have the effect of isolating individuals. An adequate transition plan cannot be developed without a full account of how the current system is operating as it relates to community inclusion and freedom of choice. This analysis necessarily must include a review of not only location of facilities, but facility | Reference "Assessment" section in the document. A Systemic Assessment is permissible by CMS.<br>Refer to CMS Guidance http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/statewide-transition-plan-toolkit.pdf<br><br>Reference "The Transition Plan" section in the document regarding site specific compliance. |

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| | | operations, access to transportation, etc. Moreover, any meaningful review must include feedback from persons involved in and experiencing Arizona's home and community based system. AHCCCS states that it will be randomly surveying providers and members regarding the compliance,1 but the stakeholder community at large has not seen or had an input into the survey and AHCCCS has not shared any survey methodology. | Based on various public comments, a Section was added to the final Assessment and Transition Plan. Reference section "Settings Requiring Special Considerations" of the document. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | The proposed assessment and transition plan also raise additional concerns. First, the plan lacks any site-specific review or any methodology for identifying settings that have the effect of isolating individuals. A setting must be "integrated in and support full access to the greater community," but AHCCCS' erroneous interpretation of this rule provides this requirement can be met if a setting is "located in a neighborhood...near private residences and businesses." (at 13, at 48, at 80, at 113, elsewhere). The remediation proposal suggests that facilities co-located with institutions which are required to undergo heightened scrutiny can pass muster if the setting is separately licensed and operated. North Dakota Day center was separately licensed, but that was not sufficient for CMS approval as an HCBS setting. The proposed remediation is not compliant with the federal regulation, as integration is not just about location, but access more generally to the community. It must include a review of such matters as facility operations, access to transportation and ability to leave the facility. In addition, having "community" members visit a setting is not sufficient to ensure integration. Rather there should be evidence that participants are getting out/off the setting and interacting with the community. | Based on various public comments, a Section was added to the final Assessment and Transition Plan. Reference section "Settings Requiring Special Considerations" of the document. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | Second, the regulation requires that individuals receiving HCBS have comparable access to the community as individuals not receiving HCBS. The plan uses the comparison group of other non-Medicaid residents in the same setting, rather than to individuals living in the community. This is a misreading of the regulation (at 29). | Rule #1d is cited verbatim from the Rule requirement. "Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB services"<br>The language under the categories of "Rule" and "Considerations" are verbatim citations of the Rule requirement.<br>The distinction made in the comment is acknowledged. |
| Emaill 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | Third, the requirement that an individual must control his/her own schedule in the plan only addresses access to food (with no specifics addressing schedule autonomy). (at 38, at 102). The plan equates "freedom to furnish and decorate their room" to being "involved in furnishing decisions." These are not equivalent. | Rule #7c is cited verbatim from the Rule requirement<br>"The individual has freedom and support to control his/her own schedules and activities including access to food at any time" |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice | Finally, for the development homes, a "family" environment appears to justify not having full schedule autonomy ["a need to coordinate or negotiate schedules and activities with others in the household" (at 95)] and not having access to a private room [based on what is "culturally normative" for a family (at 91)]. | Thank you for your comment. |

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| | and Arizona Center for Disability Law) | | |
| **Topic: Transition Plan** | | | |
| Forum 47 | Managed Care Organization | When will this transition plan be finalized? | Yes. The final Assessment and Transition Plan will be submitted to CMS and available on the AHCCCS website on 10/01/2015. |
| Forum 3 | Non-Provider Organization (Treasure House) | Cannot comment whether or not your 5-year plan is on target, but it is methodical. Continue seeking input. | Reference section "Overall Transition Plan" for process to obtain ongoing feedback. |
| Forum 7 | Family Member | How will AHCCCS assure that members and families are included in the workgroups? | Reference "Public Comment" and "Overall Transition Plan" sections of the document. |
| Forum 28 | Non-Provider Organization (Arizona Bridge to Independent Living) | You will need lots of stakeholder involvement. | Reference "Public Comment" and "Overall Transition Plan" sections of the document. |
| Forum 56 | Provider | How can I get on a workgroup? *[Paraphrase of verbal comment]* | Send an email to HCBS@azahcccs.gov providing your contact information and interest. |
| Forum 113 | Family Member | How do we know, how many changes within five years? | AHCCCS will provide annual updates (via forums, website and listserv) on the progress through the course of the Transition Plan |
| Forum 46 | Non-Provider Organization (Raising Special Kids) | I understand there are still "plans to plan" – will that include how staff of these placements will be trained (how often, what trainings, etc.)? | Yes. Reference the "Overall Transition Plan - Year One" section of the document. AHCCCS will establish site specific workgroups that will develop training and ongoing training requirements. |
| Forum 54 | Provider | What training expectations will CMS (Centers for Medicare and Medicaid Services) be requiring of care providers? | AHCCCS will establish site specific workgroups that will develop training and ongoing training requirements. |
| Forum 77 | Non-Provider Organization (Sonoran University Center for Excellence in Disabilities, Education, Research and Service) | Education and training need at all levels on philosophy, opportunity and choice.<br><br>I hope that the intent of the rule will be that members know all of their options available to them and can make informed decisions. *[Paraphrase of verbal comment]* | Reference the "Overall Transition Plan" section of the document. |
| Email 112 | Non-Provider Organization (Raising Special Kids) | Case managers play a critical role in addressing barriers to access services and benefits in community settings. Case manager training will become a key factor in how skillfully and effectively individual members engage in meaningful choices, express their needs and preferences, and provide consent. Families frequently report concerns over the level of case manager training and experience, and currently play an important role in the education of professionals in health, education, and social services. Raising Special Kids would be pleased to offer its experience in this area by assisting in the development of training for case managers. Families also acknowledge the significant shift in thinking | Thank you for your comment.<br><br>Reference the "Overall Transition Plan" section of the document. AHCCCS will establish site specific workgroups that will develop training and ongoing training requirements. |

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| | | that contractors, providers, guardians, and policy makers will need to make in order to realize true community integration and providing authentic opportunities for choice. Raising Special Kids is committed to encouraging, assisting, and advocating for this shared vision. | |
| Forum 44 | Undisclosed | All (settings) should be able to implement in 1 – 3 years. You're very generous to go 5 years! | Thank you for your comment. |
| Forum 14 | Non-Provider Organization (Raising Special Kids) | Currently complaints are filed to ADHS (Arizona Department of Health Services); as a result of the 5-year plan will the complaints go thru AHCCCS? | Currently complaints may be filed to ADHS and AHCCCS. This process will not change as a result of the Transition Plan. |
| Forum 52 | Managed Care Organization | Can MCO's expect contract amendments to ensure compliance and likewise for contractors of downstream providers? | Yes |
| Email 118 | Managed Care Organization | In general, there are several areas that require Case Managers and providers to ensure members have access to NEMT transportation for activities such as work and volunteer activities. (Document examples include: page 25 remediation #4, page 27 remediation#6, page 113 remediation #2, page 114, remediation #2, page 118 remediation #11, page 146 remediation #6). In particular, to the selection of a residential or non-residential service setting (page 30, remediation #7, page 170, remediation #9). As the current transportation for LTC member is for NEMT, we'd like to know more specifically how case managers and provider are to ensure access for all members regardless of geographic location. Additionally, if escort is necessary it may increase unitization of HCBS services. | AHCCCS will establish site specific and topic focused workgroups to develop training for Case Managers and providers. |
| Forum 35 | Provider Organization (Arizona Coalition for Assisted Living) | Food and snacks at any time. Does that equal at all times? | AHCCCS will establish site specific workgroups to address policy and process development.<br>AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |
| Forum 35 | Provider Organization (Arizona Coalition for Assisted Living) | Visitors any anytime. How we facilitate this in shared room settings? What if this is disruptive to others (i.e. late nights)? What about conjugal visits? | AHCCCS will establish site specific workgroups to address policy and process development.<br>AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |
| Forum 28 | Non-Provider Organization (Arizona Bridge to Independent Living) | For customer satisfaction surveys – This is hard to get from people with intellectual disabilities who do not know about rights they have and how to self-advocate. | Reference "Overall Transition Plan" section addressing member interviews and surveys. |
| Forum 33 | Family Member | General population individuals (working with DD member – member with a Developmental Disability) long term need to have fingerprints and criminal background checks. Is this going to be relaxed? | In accordance with ARS 46-141, volunteers are exempt from fingerprinting requirements as long as they are under the direct supervision of provider staff. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | We also take issue with the length of time that Arizona proposes to come into compliance. In fact, the Plan does not even contemplate beginning a transition until October 2016. Year One of the proposed transition appears to contemplate assessment, training and education work that could and should begin immediately. Year Two of the | AHCCCS has modified the "Overall Transition Plan" section of the document to include a Preparation Phase period beginning in October 2015 and to include an accelerated time line for Person Centered Planning. |

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| | | Plan appears to focus only on "paper" compliance by altering policies and contracts. Again, we believe much of this work should be done prior to October 2017. The proposed steps are known to be necessary and do not rely upon CMS approval to be undertaken. There is no reasonable explanation for delay. Further, any attention to monitoring and site-specific compliance does not appear to begin until Year Three (October 2018), with site-specific corrective action plans not contemplated until Year five (October 2021). This timeframe is not acceptable. Because the plan to identify and develop fixes occurs so very late in the process, we are unlikely to see full compliance, even by 2021. The Arc of Arizona respectfully requests that a second draft transition plan be created, based on a more robust assessment. We further request that the second draft plan include a more aggressive timeframe for compliance. Finally, another significant public comment period should be provided so that members and family members may have a more meaningful opportunity to participate in this process. | Reference "Overall Transition Plan" and "Person Centered Planning" sections of the document. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | The Plan contemplates member and provider education in Year One (page 16), but no details are provided and the case manager training is not specifically referenced. The role that DDD support coordinators play is critical for successful implementation of the HCBS rules. These individuals need to be trained (and paid appropriately) to achieve these outcomes. The Plan does not identify specific measures that will be taken to improve the case management process as it related to personal choice and integration. There should be an active campaign to educate members about their rights. Like Person Centered Planning, strategies in this area need to be implemented in Year One. The Plan does not appear to contemplate coordination with the Department of Health Services, the Department of Education, or any other Arizona agency that serves members. We believe that there must be an effort to include other agencies that have involvement with members or the HCBS system in transition plan implementation, especially as it relates to training, education and communication. The state should also have a *continuing* plan to educate members, participants, family members, providers, and community members so that they understand the transition process, what is changing, and the opportunities for involvement. Although education is important in the early stages, the state should also inform members near the end of the transition process so that they understand the new policies developed about their rights and enforcement mechanisms, such as how they may file a complaint, so that the HCBS programs continue to promote community integration.<br>In addition, we wish to emphasize the important role that self-advocacy groups can play in the state's communication plan. We encourage strong self-advocacy engagement in all education and outreach activities. | AHCCCS provided additional detail in the "Overall Transition Plan" section related to training and updating and soliciting input from the general community. Reference "Overall Transition Plan" section of the document.<br><br>AHCCCS will establish site specific workgroups that will develop training and ongoing training requirements for MCOs, Case Managers, and providers. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | The plan posted for public comment has significant shortcomings and shows that Arizona is substantially behind other states in implementing the requirements of the regulation. As examples, the plan does not even contemplate beginning a transition until October 2016. Year One of the proposed transition appears to contemplate only assessment, training and education work that could and should begin immediately. Year Two of the Plan appears to focus only on "paper" compliance by altering policies and | The Federal HCBS Rule requirement is applicable to 1915 (c), (i), and (k) waivers. http://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-10-14.pdf<br><br>http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based- |

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| | | contracts, but these proposed steps are known to be necessary and could be taken without the Centers for Medicare and Medicaid Services ("CMS") approval. Further, any attention to monitoring and site-specific compliance does not appear to begin until Year Three (October 2018), with site-specific corrective action plans not contemplated until Year Five (October 2021). This timeframe is not acceptable. Because the plan to identify and develop fixes occurs so very late in the process, we are unlikely to see full compliance, even by 2021. | services/downloads/final-q-and-a.pdf<br><br>Arizona operates soley under an 1115 waiver and received direction from CMS related to the Rule Requirement in May 2015.<br>Clarification is now provided in the "Introduction" Section of the document.<br><br>AHCCCS has modified the "Overall Transition Plan" section of the document to include a Preparation Phase period beginning in October 2015 and to include an accelerated time line for Person Centered Planning.<br><br>Reference "Overall Transition Plan" and "Person Centered Planning" sections of the document. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | Seventh, related to the site-specific review, the state has only identified remediations that amount to changing state policies and regulations. AHCCCS appears to assume that all settings are and will continue to be compliant with state policies. No attention was given to identifying which providers will need to implement specific changes, nor what kind of support and education the state will offer to help providers implement those changes, nor whether certain settings-types, such as sheltered work, will be phased out entirely. | Please refer to the "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers.<br>AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | We are also concerned that the remediation strategies in the Plan primarily involve only "paper" changes to be made in Year Two (by September 2018). Few other remediation strategies are suggested. | Reference "Assessment" section in the document. A Systemic Assessment is permissible by CMS, thus the remediation strategies address the resulting compliance level determination.<br>Refer to CMS Guidance http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/statewide-transition-plan-toolkit.pdf<br><br>Please refer to the "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers.<br>AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | We understand that AHCCCS will utilize provider self-assessments. There should be a reliable validation process to substantiate the provider information as well as incentives to ensure integrity in the self-assessment process. Members and family members must be a part of an assessment process in order to accurately determine the state of Arizona's HCBS services. Integration is about individual experiences. Member self-assessments should be used, at a minimum, to the same extent as provider self-assessments. We encourage AHCCCS to have a more robust process for member involvement, including individual and group interviews and focus groups. AHCCCS should also have a plan for performing on-site evaluations across all settings. On-site evaluation teams should include an objective member representative or a member advocacy organization representative. Finally, we encourage AHCCCS to engage an independent third party to | Please refer to the "Overall Transition Plan" section in the document that outlines assessment, ongoing monitoring of providers and MCO contract compliance.<br>AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |

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| | | oversee and validate the assessment process. The Arc of Arizona, as an independent advocacy organization, should be heavily involved in all tool design, evaluation and assessment processes. | |
| Email 110 | Non-Provider Organization (ARC of Arizona) | The Plan does not adequately address the issue of monitoring and accountability. Successful implementation of the HCBS rules will require that a meaningful monitoring system be in place. The Plan appears to only contemplate annual monitoring, which will likely be insufficient to affect change within a reasonable timeframe. We ask that all sources of standards for providers must be evaluated to enforce compliance. Providers should be required to demonstrate their compliance, including direct care staff training on the rules, as a condition of being granted or maintaining qualified vendor status. Members, family members and advocacy organizations should have a role in designing the monitoring tools. In addition, members must be able to submit complaints and appeals regarding settings and services and have those complaints adequately investigated in a timely fashion. We urge AHCCCS to engage an independent expert to develop monitoring tools and to solicit input from stakeholders in that development. We also believe that robust monitoring and oversight activities must be performed with more frequency, by independent entities, and even beyond the transition period. Finally, we note that the Plan sets no clear timeline for providers to come into compliance, and mentions nothing about protections for members or developing new settings when relocation is necessary. | Please refer to the "Overall Transition Plan" section in the document that outlines assessment, ongoing monitoring of providers and MCO contract compliance. AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | Third, CMS is expecting a site-specific review to ensure compliance at each HCBS setting**.** Our understanding is that most states have proposed some mix of on-site review, provider self-assessments and beneficiary surveys to accomplish this task. Arizona's plan appears to assume (without justification) that all current settings are in compliance with state policies or will be able to come into compliance with changes to state policy that must be made. In fact, the plan determined that 36% of residential settings and 33% of non-residential settings were already fully compliant without any supporting information. Very few settings meet all of the standards set forth in the regulations, so these numbers are suspect. The plan proposes a provider self-assessment tool and beneficiary surveys as part of ongoing monitoring, rather than initial compliance with the federal HCBS settings requirements. The plan describes no mechanism to validate the accuracy of provider self-assessments, nor any description of a sampling methodology for how that will work. Fourth, the plan sets no clear deadline for providers to come into compliance, what the protections will be for HCBS participants who need to move, and whether there is enough time before the end of the transition for this to occur in an organized, stable way. This would include enough time to develop any new settings that are necessary when it becomes clear certain providers cannot come into compliance. This part of the plan would also include beneficiary protections and assistance available to identify and transition to alternative settings. Fifth, the creation of the assessment tools and educational materials is very segregated. There is no mention of participant/advocacy input on the provider assessment tools. There must be stakeholder input on all pieces of the plan to help ensure that they will be effective and accurately reflect the intent of the | Reference "Assessment" section in the document. A Systemic Assessment is permissible by CMS.<br>Refer to CMS Guidance http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/statewide-transition-plan-toolkit.pdf<br>The Plan provides compliance percentages based on the systemic assessment results.<br><br>Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers.<br><br>AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |

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| | | regulations. | |
| Email 143 | Family Member | The State of Arizona has an opportunity with the new CMS rules to become a leader in innovated supports and services for children and adults with I/DD (Intellectual and Developmental Disabilities). I understand the review process AHCCCS used was a "systematic" review of the new CMS rules including Arizona laws, policies and regulations. But that will not move Arizona forward and into a leadership position for individuals with I/DD. We need to look at the services and supports that are provided in Arizona and make sure they meet the CMS rule. If AHCCCS' qualified vendors don't meet the CMS rules they need to provide AHCCCS with an action plan on how they intend to come into compliance. What we need in Arizona is community inclusion for all citizens with I/DD (Intellectual and Developmental Disabilities)! | Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers. |
| Email 112 | Non-Provider Organization (Raising Special Kids) | We appreciate the considerable attention and effort focused on adequate assessment methods and appropriate tools to measure the quality of HCBS providers. We believe the transition plan would be strengthened by the addition of an external assessment process where stakeholders review data, and conduct and participate in additional assessments that provide AHCCCS with information about the family perspective and the member's experience. The value of external assessment would be to ensure a comprehensive quality assurance review that validates provider self-assessments. | Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers and addresses member interviews and systemic surveys.<br><br>AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |
| Forum 54 | Provider | How will monitoring be done? | Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers. |
| Email 118 | Managed Care Organization | There are several references to new requirements for provider-owned or controlled home and community based residential settings(page 6, #7). We would like clarification that these are requirements at the point of Registration with AHCCCS and not a MCO requirement for monitoring new providers to ensure they have met the AHCCCS requirement. | Attestation at the point of Provider Registration and validation at the point of MCO contracting will be required. |
| Forum 63 | Provider | Who will we be working with to ensure rules are met? (Will) we have a contract person/audit person on a regular basis? Will we be able to use the monitoring tool to help get things in shape? | AHCCS and MCOs will be responsible for working with providers to ensure compliance.<br>AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type.<br>Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers. |
| Forum 86 | Provider | Need to establish specific criteria for compliance for providers, monitors, etc. Make sure compliance in one area (CMS – Centers for Medicare and Medicaid) doesn't conflict with another (DDD – Division of Developmental Disabilities). For example, 75% paid work. | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type.<br>Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers. |

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| Email 110 | Non-Provider Organization (ARC of Arizona) | As noted, the Plan identifies the compliance level of residential setting classifications, but does not determine the compliance level of specific facilities. The results of any facility-specific assessments and transition plan should be transparent so that members and family members can have meaningful input and make meaningful choices. In addition, stakeholders should have an opportunity to contest findings of compliance/non-compliance, and provide input on corrective action plans. Participants and their families/friends as well as advocates have crucial information about whether a setting should be considered community. As the transition process evolves, there will need to be changes to rules, policies, procedures and processes. We urge the state to be transparent about the changes and to invite input and involvement from stakeholders. We believe that a stakeholder advisory committee, with strong representation from self-advocates, family members and friends, should be created to provide input on and monitor the implementation of all transition activities as AHCCCS moves forward. It is critical that all stakeholder groups and opportunities for input be balanced to ensure a reflection of the experience of members, as opposed to only providers who have a different interest and perspective. Any changes made to the transition plan should also be subject to this stakeholder input and public comment. | AHCCCS provided additional language and clarification regarding provider monitoring.<br><br>Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers.<br><br>AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type.<br><br>AHCCCS provided additional detail in the "Overall Transition Plan" section related to training and updating and soliciting input from the general community. Reference "Overall Transition Plan" section of the document. |
| Email 112 | Non-Provider Organization (Raising Special Kids) | We want to acknowledge the significant efforts being made by AHCCCS to provide numerous opportunities for stakeholder engagement on HCBS rules and requirements. While stakeholder engagement is important at the beginning of the process, we feel it would strengthen the plan to specify stakeholder engagement activities in each year and throughout the transition plan. Stakeholder engagement will be needed to re-assess and recalibrate transition activities as the plan moves toward implementation. The value of ongoing stakeholder engagement is that the tone and content may begin to shift from a recitation of weaknesses and problems toward systems improvement and quality outcomes. This type of dynamic stakeholder engagement moves systems beyond compliance toward results-driven accountability, transparency, and more appropriate services for its members. | Thank you for your comment.<br><br>Reference the "Overall Transition Plan" and the "Public Comment "sections of the document. Additional information provided regarding stakeholder engagement. |
| **Topic: Network Capacity, Service Availability and Rates** | | | |
| Forum 23 | Provider | It seems to be creating more of a system that cannot realistically be staffed by qualified people. | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Forum 33 | Family Member | Will the QVA (Qualified Vendor Agreement) rates be increased to help implement these new rules? | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Forum 46 | Non-Provider Organization (Raising Special | With raising the bar of expectations will salaries increase so that we can find quality staff & keep them motivated to stay? | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to |

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| | Kids) | | comply with HCBS Rules. |
| Forum 50 | Managed Care Organization | There is a financial impact for providers to implement these rules including impacts to staffing ratios and travel/transportation costs. | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Forum 55 | Provider | New requirements equal more services, more staffing and travel. Where is the funding coming from? | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Forum 56 | Provider | Is AHCCCS considering rural and urban rates? | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Forum 56 | Provider | How can there not be legislative changes to help fund all of these changes? *[Paraphrase of verbal comment]* | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Forum 73 | Provider | The more choices that are available to each member (which I totally support) will require additional staff/resources to facilitate the additional resources that may be required. Will these additional funds be available? | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Forum 51 | Managed Care Organization | How will transportation be paid for? | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Forum 15 | Managed Care Organization | If we are to educate about transportation to outside activities how will it be funded and how addressed in areas without public transportation system? | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Forum 33 | Family Member | How will you expand the existing Network to assure more choice? | AHCCCS maintains network standard requirements to ensure members have access to covered care and services. |
| Forum 39 | Family Member | Please keep all service options open and available to members. *[Paraphrase of verbal comment]* | Thank you for your comment. |
| Forum 56 | Provider | For DDD (Division of Developmental Disabilities) community we are under compliance with the OLCR (Office Licensing, Certification, & Regulation). Is DDD contract service providers have to come under CMS (Centers for Medicare and Medicaid Services)? | This is a Federal Rule requirement applicable to all residential and non residential setting providers (ALTCS providers) receiving Medicaid funding for Home and Community Based services. |
| Forum 110 | Undisclosed | Providers? We are lucky if they show up and stick around for a few months. You act like we have a choice of many. | AHCCCS maintains network standard requirements to ensure members have access to covered care and services. |
| Email 8 | Family Member | All DDD (Division of Developmental Diabiilties) QVs (Qualified Vendors) providing direct care services to a consumer need to honor the ADA laws. Example: my son is profoundly deaf and only signs. He also has a tracheostomy and is eligible for nursing, but DDD QV nursing agencies DO NOT provide signing nurses. If a non-signing nurse | AHCCCS maintains network standard requirements to ensure members have access to covered care and services. |

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| | | is managing my son and he needed help or was sick, a nurse would not understand him. Please support the ADA laws. DDD needs a third unbiased party to assess signing levels of their consumers and this information should be passed on to their QVs to ensure communication is appropriate. For instance, my son also has cognitive impairments and does not sign at the level of a typical deaf person. My son expresses about 250-300 signs and does not require a high level signer (from what I understand there are different levels of ASL signers), but definitely needs a care provider who can appropriately sign. *[Excerpt of email submission]* | |
| Email 81 | Provider | There will be significant costs or loss of revenue with these new rules. With a rate system that is currently only funded at 78% of actuarially determined benchmark reimbursement rates, we can ill afford to take on more responsibility without a corresponding increase in funding. Please do not implement any of these rules without this additional funding. | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | An important factor in achieving system compliance will be the resources and rates paid for HCBS services. Services must be sufficiently funded to achieve rule compliance and the funding structure, including any incentives, should be evaluated. Access to and funding of transportation, especially in rural areas, should be evaluated. Access to transportation is a crucial piece of meaningful community participation for people with disabilities and needs to be part of any evaluation of HCBS programs. The Plan does not address the need to build capacity in the system to support individuals with I/DD (Intellectual Disabilities and Developmental Disabilities) in more individualized, integrated community settings. The state should develop a system for documenting a description of services requested by members, but not delivered due to insufficient resources. | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Email 81 | Provider | We also encourage AHCCCS to develop a process that does not require evidence and documentation of failure in the capability to handle rights responsibly every year, unless it is fully funded | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Email 119 | Provider | We also encourage AHCCCS to develop a process that does not require evidence and documentation of failure in the capability to handle rights responsibly every year, unless it is fully funded.. There will be significant costs or loss of revenue with these new rules. With a rate system that is currently only funded at 78% of actuarially determined benchmark reimbursement rates, we can ill afford to take on more responsibility without a corresponding increase in funding. Please do not implement any of these rules without this additional funding. | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |
| Email 143 | Family Member | Arizona needs to evaluate the present funding stream and make changes that supports community inclusion. Employment and community living should be the first option for individuals with I/DD (Intellectual and Developmental Disabilities). Families will be scared and I understand that, but once they see the success their sons and daughters will experience, they will be the biggest supporter of the CMS rules and Arizona's leadership in community inclusion for individuals with I/DD. Arizona cannot let this opportunity pass them by. | AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. |

| Topic: General Comments | | | |
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| Forum 28 | Non-Provider Organization (Arizona Bridge to Independent Living) | Overall this is amazing & AZ is far ahead of other states. Bravo! | Thank you for your comment. |
| Forum 31 | Provider | Thank you for your efforts! It is clear a lot of work has gone into this process! Thank you for including AAPPD (Arizona Association of Providers for People with Disabilities) in the vocational planning process! | Thank you for your comment. |
| Forum 44 | Undisclosed | All new rulings make sense in all circumstances. Very well written! All 7 rules seem to address all options (HCBS – Home and Community Based Settings) and minimum standards. | Thank you for your comment. |
| Forum 45 | Provider | Good information to get process started. Any questions will be emailed. | Thank you for your comment. |
| Forum 46 | Non-Provider Organization (Raising Special Kids) | I like how comprehensive this forum was! I like the way the system is heading! | Thank you for your comment. |
| Forum 86 | Provider | Thanks for listening and trying to implement feedback. | Thank you for your comment. |
| Forum 92 | Family Member | There is so many forums where there is a lot of talk to support people with disabilities and there is rules and rules old and new and so many changes that it is very hard for any accomplishments for these indivdiuals. It makes it very hard for them to get anywhere. Hopefully things change to simplify things for them. They deserve it and more opportunities should be provided for them. | Thank you for your comment. |
| Forum 94 | Provider | I was less pleased with the hostility of the Gilbert (unintelligible), and was impressed with AHCCCS's staff gentle reaction to the negativity. | Thank you for your comment. |
| Forum 108 | Family Member | First hour of the presentation should have been 5 minutes. Last 10 minutes only useful part. | Thank you for your comment. |
| Forum 115 | Managed Care Organization | Organized presentation. Tip for next time, provider powerpoint before so attendees can print out for notes. Informational on employment services. Make it straight to the point. | Thank you for your comment. |
| Forum 116 | Managed Care Organization | Pass out more informational handouts. Shorten the presenation. | Thank you for your comment. |
| Forum 117 | Provider | Our organization has attended serveral meetings regarding the CMS (Centers for Medicare and Medicaid Services) anticipated changes. The meetings have been informative. The forum on employment services impacts my department so I find this forum helpful. | Thank you for your comment. |
| Forum 121 | Family Member | No Sign-In Sheet in Tucson. Had people who wanted to speak, but equipment was apparently not working. No one in Bldg 12 seemed to be aware of this meeting. | Thank you for your comment. |
| Email 99 | Undisclosed | We attended the videoconference in Tucson today regarding potential changes in the HCBS center-based employment programs. While we appreciate the opportunity to review and comment on potential changes in the programs, several things about the videoconference detracted from its effectiveness. First, almost half of the allotted time for the conference was used to discuss changes to the residential programs. If these | Thank you for your comment. |

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| | | programs were mentioned at all, they should only have been mentioned in passing, so the time could be focused on the employment programs.Second, no one from the conference facility was present to operate the video equipment. The microphones in the conference room had apparently not been turned on, so attendees who wanted to make a comment or ask a question were unable to participate. Finally, there was no sign-in roster available, and no one was present to collect any of our written comments. The comment sheets were left in the conference room, and hopefully will get to you soon. As we mentioned, we appreciate the chance to learn and comment on any proposed changes; please keep us informed. | |
| Email 42 | Undisclosed | I am wondering why you picked a place for the Tucson forum so far from the center of town (University area or downtown). This could really be a problem for some individuals with disabilities and their families. Hopefully the bus strike in Tucson will at least be over by then (2 weeks so far). | Thank your for your comment. Important consideration for future forums. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | We therefore urge Arizona to embark on an aggressive transition toward full compliance so that Arizonan's with I/DD may have the benefit of full inclusion and community involvement. The Arc of Arizona appreciates the effort that was undertaken to identify the types of HCBS settings, number of settings per type and the number of members enrolled by setting type. We also appreciate that AHCCCS identified certain settings that will be subject to heightened scrutiny. We are also pleased to see that AHCCCS states that it intends to have an active community outreach and education component and communication plan. Finally, we applaud the fact that AHCCCS intends to use member experience surveys in its assessment process. All of this will be critical to successful implementation of the HCBS rules. *[Excerpt of email submission]* | Thank you for your comment. |
| ***General: Residential*** | | | |
| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Scope of the HCBS Rules** | | | |
| Forum 3 | Non-Provider Organization (Treasure House) | In addition to ADH (Adult Developmental Homes) & Group Homes, what other categories of homes are supported? Will there be additional supports for IDLA (Individualized Living Arrangements) situations? Will there be more support for residential communities that are larger than 4-6 adults? | Reference "Introduction" and "Assessment" sections of the document. |
| Email 9 | Provider | For members living in group homes, residential settings, they should be afforded the same rights as others. However, they are living in these settings for a reason. Many members should not have a key to the home, be able to come and go, etc. For safety concerns more than anything. Access to food whenever, does that mean cooking in the middle of the night? What does that mean for the other members at that setting? Guests whenever? Does that mean at 3am if they so choose? What about the other members? Safeguards should be in place to protect them. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| **Topic: Assessment** | | | |
| Forum 13 | Provider | If the rules care primarily about experience/outcomes for the member, then is there an official Arizona stance on locations that are intentional communities? | The HCBS Rule is the new standard for long term care. As new alternative residential options are developed AHCCCS will work with stakeholders to ensure compliance with the Rule. |

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| Email 112 | Non-Provider Organization (Raising Special Kids) | Residential services will benefit from considering new options, such as relationship-based living settings in which family members can stay involved, or housing models with privately-owned residences integrated within an "intentional community". Are there plans to review and address these newer possibilities? *The support and involvement of family members will be essential for monitoring and ensuring the quality of residential services, whether in-home or provided in other settings.* | The HCBS Rule is the new standard for long term care. As new alternative residential options are developed AHCCCS will work with stakeholders to ensure compliance with the Rule. |
| Email 141 | Family Member | We are aware of numerous wonderful communities around the country and the world where grassroots parents have worked hard to create a safe and productive environment for their special needs individuals (especially autism) to thrive. These wonderful programs could be at risk under the proposed changes. An excellent article entitled "Who Decides Where Autistic Adults Live?" http://www.theatlantic.com/health/archive/2015/05/who-decides-where-autistic-adults-live/393455/ was published in May of this year describing just such a situation. I hope you will take the time to click on the link and read the article. | The HCBS Rule is the new standard for long term care. As new alternative residential options are developed AHCCCS will work with stakeholders to ensure compliance with the Rule. |
| Forum 25 | Provider | Personal resources controlled by person – you show compliant – not true. DDD (Division of Developmental Disabilities) controls funds for many individuals & they have to submit a request weekly to get $20.00 in spending money. The request has to justify why they need $20.00 & it is required to be spent exactly as requested – no changing their minds. They do not have choice. | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers to evaluate provider specific compliance inclusive of access to and control of personal funds. |
| Forum 60 | Non-Provider Organization (Yuma County Library) | While visiting individuals in residential settings, I learn about theft of property of residents, residents abusing alcohol and individuals not having access to a nutritional diet. *[Paraphrase of verbal comment]* | Complaints and quality of care concerns may be filed with ADHS, the MCO and/or AHCCCS. |
| Email 74 | Family Member | There are all kinds of health and safety issues/concerns that come to mind when I consider the absurdity of my brother trying to lock or unlock his door, cook his own meals, go anywhere he wants at any time he wants. And, if he "chooses" not to work toward his objectives, and thus makes limited or no progress toward whatever arbitrary person, agency or rule stipulates as appropriate for him, then what? In his current rural residential environment, he is treated with dignity and respect. He prospers when he has a predictable, structured routine, though when he is not feeling up to it, he is given the opportunity to abstain from an activity. These CMS-targeted rural programs are incredibly important to a segment of the ASD spectrum. Even with scheduled meal times, activities and shared living spaces, they are not institutions by design, by intent or by any other measure. Forcing choices on some members, while refusing to place new ones in rural community settings, when it's applicable, has the potential to close these Providers down for lack of financial resources. That then, would actually reduce the choices available and ***take away the rights*** of those who would benefit from those programs. Thus, exactly the opposite of the desired outcome would be the result. *[Excerpt of email submission]* | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |

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| Email 33 | Family Member | On January 16, 2014 the centers for Medicare and Medicare Services (CMS) released a new ruling on the residential facilities for people with autism and other disabilities. I want to strongly oppose the implementation of this program. It appears that the rural group homes and or Farmstead settings will be impacted the most. Our son [NAME] is 44 years old and mentally is about three years old. The thought of him having to get on a bus and go to work is totally out of the question. He requires one on one care every day. The other seven ranchers at his facility are in the same position. Rusty's Morning Star Ranch is a facility for adults impacted severely with autism. It is one of, if not the best program in the country. The funding for these programs had already eroded and the state wants the homes to provide more and more without an increase in funding. The other thing that bothers me is that the government will be the one deciding what program our son will be placed in. They will also have volunteer monitors. There is nothing stated about how qualified these people will be and they certainly will not have the compassion that the parents and guardians do. People who have autism should have any and all choices they need. Having CMS target rural programs is just not viable for some of the autistic community. | Based on public comment regarding Farmstead community, AHCCCS will be conducting Heightened Scrutiny of these settings.<br>Based on various public comments, a Section was added to the final Assessment and Transition Plan. Reference section "Settings Requiring Special Considerations" of the document. |
| Email34 | Family Member | It appears that the agricultural or homestead programs will be impacted the most. Living in the ranch environment, within a rural community, our son receives one to one staffing all day every day. He is allowed to assist with the gardening, feed the chickens, curry the horses, take hikes and swim in warm weather. Now bear in mind he will take a bite from the vegetable he has just picked. This would not bode well in a super market setting or a restaurant. He is allowed to be himself and not suffer the stress that would accompany this in a city or town setting. We consider it our miracle he has a home on Rusty's Ranch in Cornville, AZ. He enjoys a great quality of life and is treated with dignity and respect. I must say with sadness that my son will never be independent. That said, as his mother, I must do all that I can to see that he receives the best care that he deserves. I feel that there should be programs for those that are independent. This can be accomplished as it should. Just please, don't deny those that are on the lower end of the spectrum what they deserve. Needless to say, I don't have a PHD in anything other than my son. *[Excerpt of letter submission]* | Based on public comment regarding Farmstead community, AHCCCS will be conducting Heightened Scrutiny of these settings.<br>Based on various public comments, a Section was added to the final Assessment and Transition Plan. Reference section "Settings Requiring Special Considerations" of the document. |
| **Topic: Transition Plan** | | | |
| Forum 67 | Provider | I see very good changes coming for DDD (Division of Developmental Disabilities) home. #1 Personal Goals, #2 Employment Status and #3 Monitoring care planning (to) make sure all their goals are being met. | Thank you for your comment. |
| Forum 2 | Non-Provider Organization (Treasure House) | Is there anything about residence holidays or closures? Week or two off as communicated in the lease? | Residential setting for ALTCS members provider 24 hour day/365 days per year service. |
| Forum 2 | Non-Provider Organization (Treasure House) | Is there an example lease agreement in the 213 ppg document? | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |
| Forum 18 | Managed Care Organization | Does the lease occur with the agency or the individual home? | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |

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| Forum 22 | Provider | Any consideration made to incorporate residency agreement requirements into future ISP (Individual Service Plan) /PCP (Person-Centered Plan) document? | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |
| Forum 33 | Provider | Are residential agreements outside the ISP (Individual Service Plan) process? | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |
| Email 103 | Provider | I found no guidance for a vendor's protocol regarding the scheduling of staff for participants when they choose an alternate schedule daily. Especially my confusion and label of clarity stems from individuals whose support needs require one to one staffing. How are staff to be scheduled if the individual chooses to disregard an agreed upon schedule from day to day? Will providers be advised on trusting staff who can and are willing to travel back and forth to the program site per the individual's whim? | Providers must ensure sufficient staffing to meet the needs of members and in accordance with licensure/certification requirements.<br>AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 112 | Non-Provider Organization (Raising Special Kids) | In considering residential options, it is not just the location where services are provided, but more importantly about the individual's experience and outcomes**.** *How will the quality of experiences be measured? What outcomes will show success? How is choice measured and substantiated?* | Reference "Overall Transition Plan" section of the document which addresses member interviews and systemic surveys. |
| **Topic: Network Capacity, Service Availability and Rates** | | | |
| Forum 4 | Non-Provider Organization (Treasure House) | Would still like to align (Medicaid and privately funded services), but many requirements. Will rates increase as a result? | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Forum 54 | Provider | Providing locks and keys can become expensive – who pays for this? Pay for the added staffing needs? | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Forum 80 | Family Member | Excellent presentation! The plan sounds wonderful. Will the state look at increasing funding for residential (DDD-Division of Developmental Disabilities) services so they can create more of these ideals for individuals? If they don't have the $ are the goals attainable? We are concerned about lack of funding. Will facilities fail or be non-compliant? ALFs (Assisted Living Facilities) & AFCs (Adult Foster Care) may need increase in rates to succeed. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 74 | Family Member | Funding has continued to erode over the past few years, making it already more and more difficult for these rural community Providers to remain viable. There are ever increasing administrative, regulatory and policy demands being foist upon them with no apparent understanding by the powers that be of the costs associated with compliance. This is going to increase substantially (requiring more administrative staff, at an increased cost) if Providers are called upon to document and submit supporting paperwork frequently to prove that a member can stay in their current placement because they haven't met or cannot meet the necessary objective to achieve the next level toward independence. (Please understand that some of these folks will never be independent, and it should be ok to acknowledge that, my brother among them). There is already pressure on Providers to supply more and more items that previously have been allowed to be paid for by the member, with no accompanying increase in funds. This policy change needs to take into account transportation costs, if the Provider is going to be required to get the | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements.<br>AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |

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| | | member to and from employment or other activities outside the community in which they live. Staffing ratios will need to be changed to 1:1 so that staff can accompany each member in whatever direction they choose to go, at whatever time of day or night.<br>*[Exerpt of email submission]* | |
| Email 112 | Non-Provider Organization (Raising Special Kids) | Arizona takes justifiable pride in its very low rates of institutional placements for individuals with developmental disabilities. In recognizing the strengths of this system, we encourage AHCCCS to acknowledge the forecasts, data, and evidence that future demand for residential services will be considerable and costly. Arizona must also consider that families of its members will require increased support if they are to continue as the primary providers of residential services. The needs of aging caregivers have been well documented in research, with caregivers experiencing greater risk of depression, anxiety, declining health, and financial stress. Implementing a robust system of family supports will help to address the needs of families and members across the lifespan. The default position should not be the total burnout of care-givers who see no other option for their family members than out of home placements. Improving the system of residential settings will hinge on whether Arizona builds sufficient capacity to support aging and long-term family caregivers. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements.<br>AHCCCS will establish a "Rates Consideration" focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 132 | Provider | Aging parents with a developmentally disabled adult child who has always lived at home. The parents need assistance, must move to an assisted living, and want to keep the family together. To my knowledge, there is no option for the family to move together to an assisted living home with the adult disabled child (and possibly one or more of the parents) using their ALTCS eligibility. When I have asked about a DDD consumer's option to move into a non-DDD ALTCS home, I have been told by DDD that they can move into any ALTCS home they want- IF the home contracts with DDD, and that homes don't want to go through all the requirements to become contracted with DDD. My understanding from (non-DDD) homes is that DDD hasn't wanted to contract for one or two beds. I have been aware of families paying privately for their adult disabled (ALTCS eliigible) child's placement, because the consumer and family chose a private adult care home or assisted living over a DDD group home.<br>It would be beneficial for aging families to have the option of moving together to homes offering ALTCS (DDD and non DDD) beds. The entire family could get the assistance they need, without adding separation trauma at an already stressful time of transition. The adult child could get established in a setting with a staff that they know and trust, with the parents present. The parents could then age in place, with supportive staff helping the adult disabled child adjust when the parents die. I realize that independence for DDD consumers is a priority and that remaining at home with parents is not for everyone. However, it is the choice of some families. A legally responsible party for an older DDD consumer may think that an ALTCS (elderly and disabled) home is a better fit than a DDD group home, but currently does not have that as an option. The DDD population is aging and the staff of the residential settings for elderly and disabled seem much more in tune with signs and symptoms of conditions that are common in older adults. | AHCCCS maintains network standard requirements to ensure members have access to covered care and services. |

| Assisted Living Facilities | | | |
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| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Assessment** | | | |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 24: That Assisted Living Centers are co-located on the grounds of a private SNF means that they likely have the effect of isolating individuals receiving HCBS from the broader community, not that they are compliant with recommendations.<br>*Footnote:* CMS, Guidance on Settings that have the Effect of Isolating Individuals Receiving HCBS from the Broader Community, http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/settings-that-isolate.pdf (providing example of multiple settings co-located and operationally related). | Regardless of location all settings must comply with the HCBS Rule.<br>CMS guidance also provides that "Settings that are on the grounds of or adjacent to a private institution are not automatically presumed to have the characteristics of an institution. However, if the setting isolates the individual form the broader community or otherwise has the characteristics of an institution or fails to meet the characteristics of a home and community-based setting, the setting would not be compliant with the regulation" |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 29: The comparison used is to non-Medicaid individuals in the same setting but should be individuals in the broader community who do not receive HCBS. | Rule #1d is cited verbatim from the Rule requirement "Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB services"<br>The language in the Assessment under the category of "Considerations" is based on CMS Exploratory Questions Guidance and is a summary of exploratory questions that were used, in part, as considerations to evaluate the evidence for the compliance determination.<br>The distinction made in the comment is acknowledged. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 30: That individuals have a choice of available options regarding where they live within an institution does not ensure they have a meaningful choice that includes a non-disability specific setting. | The comment, "*where they live within an institution*" is unclear.<br>The language in the Assessment under the category of "Considerations" is based on CMS Exploratory Questions Guidance and is a summary of exploratory questions that were used, in part, as considerations to evaluate the evidence for the compliance determination.<br><br>CMS Guidance - http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-re-settings-characteristics.pdf |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 31: The regulations state the setting must ensure the person's freedom from coercion and restraint not that they can control it by making informed choices. The plan instead sets out the incorrect standard that individuals are free from coercion and restraint by making informed choices.<br>*Footnote:* In the preamble to the regulations, CMS was clear that they were not willing to delete this provision or put in an exception for when an individual has a documented history of risk of elopement or susceptibility to behavioral flare-ups that can only be controlled by temporary restrain. 79 FR 2948, 2977. This is an example of an instance where the state policy may not clearly contradict the regulations, but it also does not clearly support the regulations or their intent. | The language in the Assessment under the category of "Considerations" is based on CMS Exploratory Questions Guidance and is a summary of exploratory questions that were used, in part, as considerations to evaluate the evidence for the compliance determination.<br><br>CMS Guidance - http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/exploratory-questions-re-settings-characteristics.pdf |
| Email 144 | Non-Provider Organization | At 33: Facilitating individual control over their daily activities may include access to food and other basic facilities at all times. | Rule #7c is cited verbatim from the Rule requirement<br>"The individual has freedom and support to control his/her own schedules and |

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| | (William E. Morris Institute for Justice and Arizona Center for Disability Law) | | activities including access to food at any time” |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 38: Requirement to control his/her own schedule improperly is reduced to remediation about access to food (not scheduling).<br>At 38: The key to the door of lockable bathroom, etc. is available to certain staff. The preamble to the regulations is clear that the regulation does not require individuals to provide keys to anyone and staff are only supposed to have keys as appropriate and as needed on a limited basis. 79 FR at 2963-64.<br>At 38: No current choice of roommates in ALFs. | Rule #7c is cited verbatim from the Rule requirement<br>“The individual has freedom and support to control his/her own schedules and activities including access to food at any time”<br>Acknowledged and supported by evidence provided for Rule #7b.<br>Acknowledged. Reference Assisted Living Assessment- Inclusion of Remediation Strategy #1 addresses this requirement. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 39: Visitors at any time is not currently in state policy manual. | Acknowledged. Reference Assisted Living Assessment Inclusion of Remediation Strategy #13 addresses this requirement. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 41: ALF transition plan leaves responsibility for annual monitoring almost completely to the MCOs.<br>At 41: Suggests that state policy manual will require a new range of employment opportunities, including supported employment. | Reference “Overall Transition Plan” section of the document regarding monitoring.<br><br>Acknowledged. Reference Assisted Living Assessment - Inclusion of Remediation - Strategy #3 addresses this requirement. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | Generally, there is very little information that individuals in these settings actually are able to go out into the community (e.g., is there transportation provided, facility rules/policies that create a barrier to going out). | Thank you for your comment. |
| Forum 32 | Provider Organization (Arizona Health Care Association) | How is AHCCCS addressing the concept of settings that have the effect of isolating individuals receiving HCBS from the broader community – esp. related to Assisted Living Directed Care? Rule requires secure perimeters, allows for delayed egress – esp. for wandering dementia care, memory care. CMS (Centers for Medicare and Medicaid Services) denied these facilities in California. Need to include R9-10-815 (Arizona Administrative Code) – Directed Care Services and 36-401 (Arizona Revised Statutes) – definition of direct care services 36-104.A.14 (Arizona Revised Statutes). | Based on public comment regarding Memory Care units/directed care, AHCCCS will be conducting Heightened Scrutiny of these settings.<br>Based on various public comments, a Section was added to the final Assessment and Transition Plan. Reference section “Settings Requiring Special Considerations” of the document. |
| Email 97 | Provider Organization (Arizona Health Care Association) | My comments center on the state plan review of settings, which includes assisted living facilities, but does not specifically address a segment of assisted living; “directed care” which is defined in statute at ARS §36.401.A.14, and addressed in rule at R9-10-815. Directed Care services according to ARS §36.401.A.14 “*means programs and services, including supervisory and personal care services, that are provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making* | Based on public comment regarding Memory Care units/directed care, AHCCCS will be conducting Heightened Scrutiny of these settings.<br>Based on various public comments, a Section was added to the final Assessment and Transition Plan. Reference section “Settings Requiring Special Considerations” of the document. |

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| | | *basic care decisions."* The residents in directed care/memory care facilities are almost always in the mid to late stages of Alzheimer's disease or other types of dementia and the overall goals of their care at this level is not to integrate them back into the community but to provide them a safe environment where they can live at their highest potential. These residents will not, and cannot be rehabilitated. They have progressive diseases that will eventually end their lives. I believe it is important for AHCCCS to address directed care and specifically directed care that is provided to residents with dementia (often referred to as "memory care") because by rule, these facilities must have secured perimeters and most have delayed egress. These elements have been an issue that CMS has viewed as potentially having the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. I believe the following points describe the care provided in these assisted living communities.<br>1. Arizona facilities have been successfully managing this level of care in these secure settings for many years.<br>2. These settings provide a cost-effective quality alternative to otherwise more restrictive skilled nursing settings.<br>3. In most cases community activities, services and resources are brought to the assisted living community to enhance the individualized care provided.<br>4. In most cases residents live and interact within a secure environment because it provides needed structure and safety to enhance their independence.<br>5. These memory care facilities have outside areas for walking, socializing, often gardening, having picnics or other outdoor activities.<br>6. These memory care facilities seek to preserve life skills by providing activities that help residents feel a sense of purpose such as helping distribute mail, sort clothes, fold laundry, water plants, and care for pets.<br>7. Residents achieve their highest well-being and individualized care in assisted living memory care settings through programs that are smaller and have predictable and structured schedules.<br>8. Some residents are able to attend outside events with family such as family outings, restaurant meals or church services, but this is the exception rather than the norm as most residents with this level of dementia become overwhelmed and agitated in the community at large.<br>9. Resident service plans are individualized and have goals to help each resident function at his/her highest level of well-being. | |
| Email 116 | Provider | As an owner/operator of a memory care facility, the people who choose to live here are doing so, first and foremost for safety. They have been unsafe in another setting but still want to reside in the least restrictive setting, while also having person centered care and the freedom to live their day to day routines. To be able for them to achieve this, the perimeter of the 6.22 acres is secured. Memory Care programs allow freedom of movement and quality of life that would not have been achieved in a skilled nursing dementia unit. Memory care settings will continue to be an vital option for all private pay | Based on public comment regarding Memory Care units/directed care, AHCCCS will be conducting Heightened Scrutiny of these settings.<br>Based on various public comments, a Section was added to the final Assessment and Transition Plan. Reference section "Settings Requiring Special Considerations" of the document. |

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| | | individuals and by removing this setting from the HCBS category, the effect will be segregating ALTCS recipients and limiting freedom of choice. All current ALTCS individuals that reside in Memory Care settings will need to be moved from their current home of choice to a skilled nursing institution resulting in an increase in cost to the state and a loss of that person's freedom to choose and loss of person centered care. It is encouraging to see that the care and means do exist in Memory care settings to serve the diminished effects of memory disease and empower the individual to maintain a dignified quality of life. Please do not take this innovative setting away from Medicaid recipients. | |
| **Topic: Transition Plan** | | | |
| Forum 35 | Provider Organization (Arizona Coalition for Assisted Living) | Will (Arizona) Revised Statutes or (Administrative) DHS (Department of Health Services) Rules change for Assisted Living Homes? | No. Not at this time. |
| Forum 15 | Managed Care Organization | Would an ALF (Assisted Living Facility) provider be able to alter the residency agreement provided by AHCCCS if the provider wants to limit certain choices? | Not if the alterations result in non compliance with the HCBS Rule. AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |
| Forum 37 | Provider Organization (Arizona Coalition for Assisted Living) | Can an ALTCS (Arizona Long Term Care System) member living in an AL (Assisted Living) home be allowed to go out to MARC or a day program to facilitate future employment options? | Reference AHCCCS Medical Policy Manual Chapter 1230 "Adult day health services may be provided only with specific detailed justification by the case manager and approval by the ALTCS Contractor or the AHCCCS Administration for FFS members. Please note that Assisted Living Facilities are required by licensure standards and by State regulation (R9-10-808) to provide residents with adequate recreation and socialization opportunities." http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap1200.pdf |
| Forum 80 | Family Member | Should we focus on supervisory & personal care for employment in ALF (Assisted Living Facility) & AFC (Adult Foster Care)? | The HCBS Rules apply to all residential and non residential home and community based settings receiving Medicaid funding including Assisted Living Facility and Adult Foster Care settings. |
| **Topic: Network Capacity, Service Availability and Rates** | | | |
| Forum 61 | Provider | Currently, elderly living in assisted living homes don't seem to have option to live with peers who can't/can communicate (Dementia versus non-Dementia). | The HCBS Rules require members have a choice of settings including non disability specific settings. AHCCCS maintains network standard requirements to ensure members have access to covered care and services. |
| Forum 35 and Forum 36 | Provider Organization (Arizona Coalition for Assisted Living) | Rates are an issue. Assisted Living Facilities may stop serving Medicaid members if rates are not increased. *[Paraphrase of verbal comment]*<br><br>Concern about rates for AL (Assisted Living) Homes versus. Centers. We get substantively less and are expected to do the same or more in terms of individualized services. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Forum 61 | Provider | Long Term Care providers – will there be more funding from state to help elderly receive more adequate care? Private pay only assisted living homes seems to have more adequate care. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Forum 62 | Provider | One of the greatest hindrances to many Medicaid recipients to receiving various | AHCCCS review rates on an annual basis and ensures rates are actuarially sound |

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| | | amenities & choices that should be available, is the low reimbursement rates to providers. Because of the low rates, may facilities decline in accept Medicaid funds, or limit that availability for Medicaid recipients, so there are very limited options for them. And those providers who offer the full facility's amenities for Medicaid recipients operate on very low funding, decreasing the quality of experience for the resident. | in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 100 | Provider | **My biggest complaint is that when a resident comes in on a private pay and eventually qualifies for ALTCS**. A resident who pays a private rate and then qualifies for ATLCS. The problem is the drastic rate change. I would want to keep the resident if the family is willing to pay the difference. However, ALTCS does not allow the group homes to collect any more than what ALTCS pay. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 101 | Provider Organization (United Assisted Living Group) | **PROBLEM:**<br>**Sample reimbursement for an Assisted Living Home:**<br>$2.35 per hour $56.40 per day $1,692 per month<br>**Sample reimbursement rate for developmentally disabled:**<br>$3.33 per hour $79.92 per day $2,398 per month<br>**Sample reimbursement for an Assisted Living Center:**<br>$4.16 per hour $99.84 per day $3000 per month<br>Assisted Living Homes are uniquely suited to care for the personal and directed needs of AHCCCS members. Yet Assisted Living Homes are routinely reimbursed 77 percent less than an Assisted Living Center.<br>**PROBLEM: Daily Rate Reimbursement**<br>**MEDICADE:**<br>Rate Per Diem , Minimum Contracted Rate Per Diem $56.00 per day and Hourly $2.33 for 24hr care.<br>**PRIVATE PAY:**<br>PRIVATE: minimum rate per diem $100.00 per day - hourly $4.16 for 24hr care.<br>*[Excerpt of email submission]* | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 102 | Provider Organization (Assisted Living Homes Organization) | Please kindly consider to have a dialog with different health plan providers to hear the concerns of contracted group home owners about the challenges and difficulties they are facing financially. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 108 | Provider | **PROBLEM:**<br>MEDICAID:<br>Minimum contracted rate per diem $56.00 per day - hourly $2.33 for 24hr care.<br>PRIVATE:<br>Minimum rate per diem $100.00 per day - hourly $4.16 for 24hr care.<br>-Assisted Living Homes provide a home based environment that provides accessibility to all mobile medical services a resident needs without leaving home.<br>-Assisted Living Homes and Assisted Living Centers provide the same level of care to residents except that we do not have an equal per diem rate.<br>-Assisted Living Homes face a big challange, anymore rules or regulations will really | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |

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| | | inpact Assisted Living Homes to continue to provide quality home based care for our Residents.<br>-Assisted living homes are excessively under paid, with the current wages it is becoming increasingly hard to keep our doors open and provide a decent living wage for employees, as you can see we are in the NEGATIVE.<br>-Assisted Living Homes continue to be the number one choice for families that want a more private home based enviornment for their loved ones but do not have the resources at home to provide this service.<br>*[Excerpt of email submission]* | |
| ***Group Homes*** | | | |
| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Scope of the HCBS Rules** | | | |
| Forum 6 | Provider | Our group homes are all for medically fragile children. We have a couple of adults. None of our clients are capable of leaving home alone. The majority are non-verbal, non-ambulatory and under the age of 18. Our staff cannot leave the home unless at least 3 clients are away at school or an appointment. We are required to have 1 caregiver for every 3 clients. We must have a nurse on duty 24/7. These rules are going to be difficult to follow in our unique setting. Will there be any exceptions for our homes? We don't have any clients able to work or be independent in the community. If we have a client who is able to make these sort of choices DDD (Division of Developmental Disabilities) moves them to a CDH (Child Developmental Home) or ADH (Adult Developmental Home). | The HCBS Rule applies to all Group Homes where Medicaid funding is provided. Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 3 | Family Member | After reviewing numerous documents available on your website, I still do not see the actual rules stating - Any setting that is located on the grounds of, or immediately adjacent to, a public institution (Arizona Training Program at Coolidge) and Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. Please provide a copy of the actual rules or direct me to the specific location on your website where I can read further. | CMS –Regulatory Requirements for HCBS Settings<br>http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/requirements-for-home-and-community-settings.pdf |
| **Topic: Assessment** | | | |
| Forum 43 | Family Member | If Group Homes located on the same site as an institution is not considered a community based setting, then why was the assessment made of the 5 homes on the ATPC (Arizona Training Program at Coolidge) campus? | CMS defines which settings are institutions and all other settings must be evaluated.<br>CMS –Regulatory Requirements for HCBS Settings<br>http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/requirements-for-home-and-community-settings.pdf |
| Email 106 | Family Member | I sit on DES/DDD district central HRC and PRC. AHCCCS paper assessment is not a reality. How can members pick a setting, when choice is through a vendor call which is the agencies choice? | CMS guidance indicates that "The HCBS regulations do not prohibit disability-specific settings; as with all settings in which HCBS are provided or in which individuals receiving HCBS reside, the setting must meet the requirements of the regulation, such as ensuring the setting chosen by the individual is integrated in and supports full access of individuals receiving Medicaid HCBS to, the greater |

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| | | | community,…”<br>AHCCCS maintains network standard requirements to ensure members have access to covered care and services. |
| Email 132 | Provider | How can DDD group homes be considered compliant when they are (developmental) disability specific? I know of no DDD group homes that have any non- DDD consumers as residents. | CMS guidance indicates that “The HCBS regulations do not prohibit disability-specific settings; as with all settings in which HCBS are provided or in which individuals receiving HCBS reside, the setting must meet the requirements of the regulation, such as ensuring the setting chosen by the individual is integrated in and supports full access of individuals receiving Medicaid HCBS to, the greater community,…” |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | Generally, there is no measure of how well group homes actually comply with the state policies, and the degree to which the homes are actually helping/training residents to fully engage in community life. | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. Reference “Overall Transition Plan” section in the document that outlines assessment and ongoing monitoring of providers to evaluate provider specific compliance. |
| Email 106 | Family Member | How many people have to ride along in the van because they can’t be left at home? How many times do the group homes not have a van or a driver who can drive the van? | Site specific assessments will evaluate barriers to compliance with the Rule including transportation barriers to members’ making choices for activities and schedules. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 48: “integrated in community:” Cites manual language that is not the same as what the regulation proposes. The question is not whether the residents interact with persons not receiving Medicaid [HCBS] but that they have full access to the community to the same degree as individuals not receiving Medicaid HCBS. | Acknowledged. The Manual language provides only one piece of the evidence cited to support the compliance level finding. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 57: Non-disability specific setting choices. This language sounds like nothing presents a barrier to choice, but there is no evidence the state is doing anything to ensure the individual has a set of options (building infrastructure, etc.) | CMS guidance indicates that “The HCBS regulations do not prohibit disability-specific settings; as with all settings in which HCBS are provided or in which individuals receiving HCBS reside, the setting must meet the requirements of the regulation, such as ensuring the setting chosen by the individual is integrated in and supports full access of individuals receiving Medicaid HCBS to, the greater community,…” |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 59: Posting member rights is a start, but there also should be an active program to educate members about their rights. There are no specifics that the state will require multiple methods of informing individuals about their rights. | Language of Remediation Strategy #4 - changed to “Incorporate a Service Requirement and Limitation in the Services Specification that requires Group Homes to follow guidelines for language competency and provide rights in a location that anyone can access at anytime.”<br><br>Current AHCCCS policy addresses education of members regarding member rights. Reference Group Homes –Assessment Rule #4 – Evidence references. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice | At 62: On controlling schedule, same issues as in ALFs with need to promote an individualized schedule. Access to home facilities at all times should be required, not just a possible example. | Acknowledged and supported by the inclusion of Remediation Strategy #5. Reference Group Homes Assessment. |

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| | and Arizona Center for Disability Law) | | |
| Email 78 | Family Member | On p 64 I don't believe staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making. On p 65 members are supported to be self-determined. They are required to develop habilitation–related outcomes to support the member's vision. My views are by reading BTP and the individuals ISP, where individuals have no access or limited amount of money, HAH goals of a BTP or some hygiene goal. Case manager rarely show up and sometimes not available on the phone. If they don't have time for this, how will they be about to answer questions or make sure the group home staff are working on informed decision making. | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers to evaluate provider specific compliance. |
| Email 106 | Family Member | I do not believe members have the right to pick staff they want to have work with them, as not having this choice leads to behaviors and IR's. | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers to evaluate provider specific compliance. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 6; Remediation Strategy #6 (page 63)*-AAPPD would like to point out that in the case of the Group Home service, a vendor and the vendor's staff is involved in the process. What would the standard be for measuring and gauging that satisfaction? Would incorporating member and family input during an annual staff review meet this requirement? AAPPD suggests that it might be prudent for DES/DDD to include this stipulation in the General Contract Scope of Work rather than include it in the individual service specifications. It generally already exists in 5.8.2.3 as indicated in the Evidence section. A small adjustment could then be made to the general contract, which would require providers to engage customer satisfaction on a regular basis. Monitoring takes place every 90 days, which would provide an opportunity for discourse. In addition, a standard survey could be implemented by providers so that the responses could be measured. | Acknowledged. Compliance Level correction made to Compliant; No Remediation Strategy. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 66: It is not clear there is currently a written residency agreement. | There is not currently a requirement for a written residency agreement. Reference Group Homes Assessment - Remediation Strategy #8 addresses this requirement. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 67: Having individual "involved in furnishing decisions" is different from "having freedom to furnish or decorate room within lease agreement." Also, there is the question about giving people the choice to have a lockable door and informed choice. | The distinction is acknowledged.<br>Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 144 | Non-Provider | At 69: Visitation provision is not compliant with federal regulation. | Acknowledged. |

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| | Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | | Reference Group Homes Assessment Remediation Strategy # 12 addresses this requirement. |
| **Topic: Transition Plan** | | | |
| Forum 48A | Family Member | I am a court appointed Guardian for my sister living at the Arizona Training Program at Coolidge (ATPC). I have submitted comments already to AHCCCS. AHCCCS should allow members in the group homes on the ATPC campus to remain in their home until they pass away. I don't want to have the members moved into the community. *[Paraphrase of verbal comment]* | Reference section "Settings Requiring Special Considerations" of the document. |
| Email 2 | Family Member | I am the court appointed guardian and representative payee for my sister, [NAME], who for the past 43 years has resided at the Arizona Training Program, Coolidge, Arizona. In accordance to the new Federal HCBS regulation, my sister's home of 43 years will be taken away from her and others in the ATPC group home residents. Moving [NAME], at this time, to another facility or group home, after 43 years at this location, would be detrimental to her safety, health and wellbeing. [NAME], knows and feels comfortable with the staff who take care of her on a daily bases, and feels secure in the only home she knows. I fear, moving her would severely threaten her health and wellbeing, as well as her life.As, [NAME], legal guardian and sister, I strongly request a Federal HCBS Wavier be granted to the ATPC Group home residents, to live their remaining life out in dignity, contentment and in the way they have been accustom to for most of their lives.I, as [NAME], guardian, request a HCBS Federal Wavier from being placed in a community group home. *[Excerpt of email submission]* | Reference section "Settings Requiring Special Considerations" of the document. |
| Email 5 | Family Member | Please allow me to turn the focus onto my sister, [NAME], whom we call [NAME], She moved into an ICF on the ATPC Campus on Valentine's Day in 1963, when she was 13 and I was eight. I recall my now deceased parents saying that this was the hardest decision they had ever had to make. The tipping point to making this decision, was an assurance that she would be cared for in the event something should happen to them. They prayed that she would die before them, but because of the excellent quality of care she has received through the years, she will be turning 66 in October, after being told she would never see her 16th birthday, and she continues to outlive our parents. In the history of her stay at ATPC, there have been other attempts to close the Campus, all of which have failed to this date. It saddens and angers me to think we're fighting our Government for these special individuals, yet again. Let me return to introducing you to [NAME], if I may. She is legally blind, cannot speak, cannot read or write; yet, she joyfully goes to work daily, carrying her beloved lunch bag. She is so disappointed if her schedule changes and she cannot go to work. She can navigate the Campus with little assistance because she knows its layout, has neighbors who know her and where she belongs and are available to assist if it becomes necessary. If [NAME], Government requires her to move to a community based facility, she starts from Ground Zero. Is she up to it? If you had a fragile loved one who is similarly limited, tell me, would you ask | Reference section "Settings Requiring Special Considerations" of the document. |

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| | | him or her to make the changes you've been required to make when it is absolutely unnecessary, because there are other options available. With a stroke of a pen; with the courage to simply say, "NO!' – all this foolishness can stop. I'm asking you as a concerned sister and one who sees value in such special folks, please, take some time to think this process through. Wherever these folks move, money is going to be required to recreate their supports. That will be costly. These supports are currently in place at ATPC. Please exercise compassion and common sense and hear the heart of the concerned Rains family. I fear that some of these folks will not survive the disruption that is being expected of them by our Government. *[Excerpt of email submission]* | |
| Email 1 | Community Member | I am familiar with the good work that the Arizona Training Program (earlier known as the Children's Colony) does. When I first came to Arizona in 1960, a co-worker had his son there and told me of the excellent care given. More recently, I am acquainted with another person who has her younger sister there- again, highly satisfied with the care and compassion shown. To uproot these residents to a new setting, with different, perhaps not caring staff would be detrimental, possibly inhumane. I urge that action be taken to preserve the status quo of the Arizona Training Program, aka the Randolph House. *[Excerpt from email submission]* | Reference section "Settings Requiring Special Considerations" of the document. |
| Email 57 | Community Member | Myself and many of the people in my congregation in east Phoenix have provided service at the ATP located in the town of Randolph. We would like to request a waiver so they can remain open and serving the patients that have lived there for many years. | Reference section "Settings Requiring Special Considerations" of the document. |
| Forum 66 | Family Member | Interesting that Coolidge is being exempted in this state and it is truly a violation of Olmstead. | Reference section "Settings Requiring Special Considerations" of the document. |
| Email 107 | Family Member | It turns out it was 2004 when Olmstead talked about community placement. AHCCCS and DDD created those group homes on Coolidge since parents did not want their adult child out in the community. Now CMS says they are not group homes but an institution with all the benefits of therapies and dental coverage. AHCCCS wants another exception. | Reference section "Settings Requiring Special Considerations" of the document. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | The Plan notes that it does not address the group homes co-located at ATPC (pages 74-76), that there would be meetings with guardians and family members of residents of those group homes. As AHCCCS develops its transition plan for these homes, we urge it to allow for input and participation from other stakeholders. The Plan should include appropriate protections for persons who may have to be relocated. | Reference section "Settings Requiring Special Considerations" of the document. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1a; Remediation Strategy #1 (page 49)*- Can AHCCCS provide clarification on what "demonstrates work-related skills" means exactly. What would be considered "work-related skills"? In addition, AAPPD suggests that this type of referral should be part of the DES/DDD support coordinator's responsibilities, and not made a responsibility of the Group Home. The remediation strategy seems to imply that a special meeting may be needed to document this particular referral, as it can take a very long time to get an individual's ISP/person centered planning team together outside of the regular ISP meetings. AAPPD would also like to note that getting an individual job-ready takes a considerable amount of time. Therefore, it seems more appropriate to make this referral to employment services part of the existing process of regular ISP meetings rather than requiring a special meeting. Also, where should this referral be documented? | AHCCCS policy currently requires Support Coordinators to support members' for work related skills and options. The HCBS Rule (Rule #1) requires that "The setting is integrated in and supports full access to the greater community, including opportunities to: seek employment and work in competitive integrated setting," |

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| Email 109 | Provider | *Pg. 49; Remediation Strategy 1:* If the responsibility of the referral rests on the "Group Home" where does the referral for employment skills get documented and how does it get documented? When do these meetings with individual(s) and their team take place, at the 90 day review or annual ISP? Special meetings, historically, are very difficult to schedule (even at the request of the individual) in a timely manner or if at all. Just because someone displays a certain set of employable skills doesn't mean they would be interested in that type of work (i.e. they take out the trash, mop the floor, etc. doesn't necessarily mean they want to be a janitor). Shouldn't we ask the individual if they want a job and what they would like to do and then work towards helping them to acquire the skills essential to their desired job? | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 2b; Remediation Strategy #3 (page 59)*- AAPPD disagrees with the compliance level recommended and believes it should be listed as "Compliant". AAPPD believes that group homes are currently compliant on this issue, and that this requirement already exists in the current contract scope of work. Overall, AAPPD feels that Remediation Strategy #3 does not need to be included. However, as it is written currently, the phrase "person of their choice" is problematic. AAPPD is supportive of language that would prevent assigned roommates, however, the current language should then be worded differently. AAPPD suggests "…both an option for a private and shared room with individuals in the service of the home." There are several questions that come to mind when presented with the "person of their choice" language. Does this mean that individuals not in the service of the home will be allowed to live in the home? Are individuals without a developmental disability allowed to be roommates with individuals with a developmental disability? How would the funding for that type of situation work out? Currently, there is no funding model that would support that type of scenario. In addition, if an individual without a developmental disability is allowed to live in the home, how does that affect issues of confidentiality? Would that individual need to go through all of the safety measures staff must go through, like a background check, Article 9 training, etc.? Finally, how would considerations be made in this case for other members of the group home? | HCBS Rule Workgroup review findings - Compliance Level and Recommendation for Remediation Strategy #3 remains unchanged.<br><br>The language "person of their choice" simply refers to other roommates in the home. |
| Email 109 | Provider | *Pg. 59; Remediation Strategy 3:* The concern rests in the language **person of choice—** does this mean a person who isn't supported by DDD or a choice of roommate already in the home? If it were a person of choice (meaning anyone in the community) then the concerns revolve around safety for all members of the home. We are required to run criminal backgroundschecks, reference checks, MVD checks, APS/CPS checks, drug tests,and fingerprint clearance on staff so the same would need to apply for anyone living in the home that isn't a DDD member. Additionally, it impacts the range of the home and the number of DDD members we could serve. In order to make up for the change in range we would need rate increase or to charge rent. Finally,what role does staff playin the care of the person of choice if it is not someone supported by DDD? Though this may not be the intent of the remediation strategy, the use of **person of choice** can be looked at as anyone an individual chooses to live with. | The language "person of their choice" simply refers to other roommates in the home. |
| Email 80 | Provider | What is envisioned in the requirement to "post" the rights and resources? Because the | Language of Remediation Strategy #4 - changed to "Incorporate a Service |

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| | Organization (Arizona Association of Providers for People with Disabilities) | Group Home setting is fundamentally different and is meant to be a family home setting, the "posting" of flyers, posters, etc. would not fit; such flyers would not be posted in a regular family home. In addition, this does not take into account individuals who cannot read and/or understand the material. This should be changed to "provide" the rights and resources to the member and also to their guardian, as appropriate. The rights and resources could be provided at each ISP evaluation in addition to giving them to the member when they move into the home. | Requirement and Limitation in the Services Specification that requires Group Homes to follow guidelines for language competency and provide rights in a location that anyone can access at anytime." |
| Email 109 | Provider | Pg. 59; Remediation Strategy 4: The aim of group homes is to provide individuals with the most typical living environment manageable. Posting rights information on the wall of a home is not typical. Perhaps it would be better to provide this information in their welcome packet or in a right's book distributed to them at the time of move-in. | Language of Remediation Strategy #4 - changed to "Incorporate a Service Requirement and Limitation in the Services Specification that requires Group Homes to follow guidelines for language competency and provide rights in a location that anyone can access at anytime." |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 5; Remediation Strategy #5 (page 62)-* Individuals certainly should have and do have the right to make their own choices on what they want to do and how they want to do it; however, Group Homes try to teach individuals how to make those choices in the constructs of a "normal" family life. For example, if the individuals in the home want to go to the park, they can do that; however, the park is only open during certain times during the day. If they need to take transportation to get there, like a bus, they need to choose the bus route and the time of that coincides with the times the park is open. AAPPD suggests that the language in the remediation strategy note that the ISP and health and safety need to also guide the choice made. Today, there are individuals that are served by AAPPD members that would choose to eat pizza and play video games every day if they were given the "…individual initiative, autonomy and independence.." to make their own choices. The individual initiative and autonomy needs to be balanced with their health and safety needs and must be dictated by the ISP/person centered plan. The ISP and health and safety factors must also dictate the ability to have access to entrances and exits, the ability to have access to food at any time, and the ability to choose with whom to interact. In addition, there are locations in a facility that even all staff are not able to access – members should not have the ability to have access to these areas either. Informed choice must be a concept that is also recognized in the remediation strategy. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process.<br><br>Policy development will provide guidelines and Rule requirements for Person Centered Planning.<br>Reference "Person-Centered Planning" section of the document. |
| Email 109 | Provider | *Pg. 62; Remediation Strategy 5:* How do you create structure around the lives of individuals without creating a schedule so agencies can ensure adequate staff within the home's range? Unless, we see changes in rate structure to support agencies in providing one-on-one staff for every person living in the home—it seems impossible without using/taking of individual's alone time to cover lack of staffing (assuming they have alone time). What is an alternate schedule to ensure full access to the home environment? If all 4 of the individuals living in a group home have jobs or attend a DTA/work program—they typically have a 7am-3pm or 8am-4pm schedule (operational hours which group homes don't control). These similarities in schedule are actually quite "culturally normative" and sharing space in a home, whether in a family structure or with roommates, before and/or after work is typical. | In this context, it means having choice in what you do outside of your daily schedule and on the weekends. |
| Email 109 | Provider | *Pg. 63-64; Remediation Strategy 6:*What is customer satisfaction beyond the provided | Acknowledged. Compliance Level correction made to Compliant; No |

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| | | evidence? Does this include participation in employee reviews? If so, who develops that survey or review process and how does it impact a direct care workers ability to be employed in this field? | Remediation Strategy. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 7/7a; Remediation Strategies #7-8 (page 66-67)*- AAPPD would like clarification as to whether the "residency agreement" referenced in Remediation Strategies #7 and #8 is meant to reflect a true lease agreement, as is the language used in the federal rule. If so, a resident agreement and a lease are legally different and should not be used interchangeably. Lease agreements indicate that the Arizona State Landlord Tenant Act now comes into play which creates additional burdens on lessors, vendors and members that is likely not contemplated or necessary. In addition, a lease agreement takes on requirements that the individual signing the lease agreement may not understand. Would a lease agreement stand in a court of law<br>for an individual who was not deemed competent? There is some concern as to whether or not a lease agreement would encourage the highest level of care. For example, if an individual chooses a provider based on superficial "lease" requirements – like paint color they are allowed to use in their room –would that be the best placement for them be choose? AAPPD is opposed to the language in Remediation Strategy #7 that would require DES/DDD to develop a residency agreement for members served. AAPPD suggests the language be reworded to require DES/DDD to develop the information that must be included in a residency agreement. Flexibility should be allowed for Group Home vendors to create residency agreements that work for their particular home and family life, but that meets the requirements of what must be included. AAPPD has concerns over a lease or binding agreement that would prohibit movement. For example, a member might be required to give a standard 30 days notice to get out of a lease. If that member was expected to leave the home after that time, but another placement had not been found, it could create unnecessary complications. Under the current system, providers/vendors/homeowners cannot make an individual leave if those 30 days are up unless there is a place for that individual to go. AAPPD suggests AHCCCS look at whether incorporating the residency agreement into the existing service plan would make more sense for the system. This would reduce paperwork and potential for confusion for providers, members and families, as they are all currently used to addressing the needs of the individual through the service plan. In addition, currently, Group Homes have 30 days to correct any problems or issues that are reported by the member. That time is often sufficient to fix any problems that do arise. Would a residency agreement still take this into account? If the residency agreement is really more like a formal lease agreement, then this process may not be allowed under the current State Landlord Tenant Act. | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |
| Email 109 | Provider | *Pg. 68; Remediation Strategy 7:* Is providing a key/code to the front door safe for other members of the home? If a person cannot have a key then it would need to be documented in the Health and Safety forms as well as the ISP, creating another rights restriction that would need to be approved through the HRC committee and monitored by the agency—creating more rights restrictions than have been historically recorded in | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |

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| | | regard to this issue. | |
| Email 10 | Family Member | Lease Agreement<br>a.How does this effect the contract they have with DD/Member?<br>b.Will the agency be allowed to terminate the lease with members who do not follow it, or will there be warnings, Etc.?<br>c.Will a member be kicked out of their placement, if they do not comply with the terms of the lease agreement?<br>d.Will there be exemptions for members with cognitive impairments? | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 7b; Remediation Strategies #9-10 (page 67)* - AAPPD supports that an individual should be afforded autonomy, however, AAPPD does not think that the personal safety of the individual or other members of the group home should be comprised in an effort to provide independence. The language of the remediation strategy should be clarified to state that age, the ISP/person centered plan, and health and safety of the individual guide these requirements. In the case of the Group Home service, an individual is placed in a home that is meant to function like a shared roommate home. Each home/group of people sets rules that are part of the construct of normal every day life, and each individual must follow those rules to maintain a positive environment. These rules help teach the individual social and environmental norms. In an effort to create more independence, more confusion would likely be created instead. For example, if an individual were allowed to come and go whenever they pleased, and no boundaries were allowed to be set, this would upset the teaching process of this service type. In addition, AAPPD would like clarification on what staff members are considered "appropriate staff", as referenced in rule 7b. Does "appropriate staff" mean a supervisor? If so, what if the supervisor was not home with a key to an individual's room when the key was needed or during an emergency? AAPPD would support independence based on an individuals ISP/person centered plan. As such, AAPPD asks that access to certain things like front door keys, swimming pools, and rooms that contain hazardous materials be evaluated on a case by case basis, taking into account the health and safety of the individual and others in the home. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 10 | Family Member | Locking Doors with Appropriate Staff Having Keys to the Doors -In my opinion, for members that have a lower cognitive ability or medical issues, this would be a disaster for the following reasons:<br>a.No supervision while they are locked in their rooms.<br>b.Members can Intentionally lock staff out of their rooms<br>c.Staff with use of keys will be blamed for missing/stolen items, sexual abuse, etc...<br>d.Increase of incidents of members being punished and locked in their rooms by staff<br>e.Medical Emergency – If member has a medical emergency, i.e., seizures, diabetic emergency, etc... Staff would not know, and or would not be able to help member in time.<br>f.Injury – Member could fall and injure themselves, intentionally hurt themselves, ingest anything poisonouse or toxic<br>anythi | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |

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| | | g.Property damage<br>h.AWOL – Member could go AWOL without staff knowing<br>i.Does not provide greater privacy than unlocked doors<br>j. If theft is an issue, install cameras in common area | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 7c; Remediation Strategy #11 (page 69)* - Group Home settings generally function as a unit. The unit creates a schedule and plans meal times together. The remediation strategy language seems to then allow residents to not abide by those agreements the residents have all agreed to. Could the residency agreements include the schedules and rules the members of that group home have agreed to live by? AAPPD questions whether or not items like "food access" should be lumped in with a resident agreement or lease. Overall, it is felt that these types of items should not be grouped together. | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |
| Email 10 | Family Member | The individual has Freedom and Support to Control his/her own Schedules and Activities Including Access to Food at Any Time -<br>a.If a member lives with other members in a residential group home or ADH, there is usually<br>One car for all members. If the members have conflicting schedules and activities, how would that be Resolved? This would impact their freedom to control his or her Activities or Schedules.<br>b.Staffing – How will this impact staffing?<br>c.Who is making the decision on how/what transportation gets used?<br>d.If one member wants to eat Taco Bell and another Mc Donald's, do you go both places?<br>e.Favoritism | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type.<br><br>AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Email 10 | Family Member | While I am all for access to food at any time, I do feel that there are going to be circumstances that should be considered, such as:<br>a.Eating Disorders – PICA, Overeating, Weight Issues,<br>b.Medical Conditions – Diabetes, GERD, etc….<br>c.Is access to food limited to the home or in the community? If in the community will the member be allowed to go to get food at 3 or 4am? How would this impact the staff ratios of the house<br>d.Is the staff to cook meals at any time the member demands a meal? | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 7d; Remediation Strategy #12 (page 69)*- AAPPD is generally supportive of this type of information being included in a residency agreement; however, AAPPD would also like to point out that the residency agreement should qualify certain things related to visitors based on the Group Home setting. Because the Group Home functions as a unit, there are schedules and accommodations agreed to by the residents that should also be taken into account. The residency agreement should reflect this and not undo what the residents have agreed to. For example, if you have a high school student paired with an individual who would party all night if no boundaries were able to stand in place, then the capacity to pair a diverse<br>group of people together would be limited. Overall, any individual who has total freedom to bring visitors into the home at any time, regardless of the house rules, would disrupt | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings.<br><br>Health and Safety considerations and limitations on HCBS Rules requirements |

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| | | the other residents of the home.<br>AAPPD supports that an individual should be afforded autonomy, however, AAPPD does not think that the personal safety of the individual or other members of the home should be comprised in an effort to provide independence. The language of the remediation strategy should be clarified to state that age, the ISP/person centered plan, and health and safety of the individual guide these requirements. | will be addressed through an individual's person centered planning process. |
| Email 81 | Provider | In the group homes, we are concerned about compromising the health and safety of clients if they or their roommates are able to come and go as they please, have visitors at any time or eat whenever they want. Also, many of our clients may not have the cognitive capability to know that giving a house key to someone else may not be a good decision. Determinations about whether an individual has the capability to come and go as they please need to be related to their health and safety. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 119 | Provider | In the group homes, we are concerned about compromising the health and safety of clients if they or their roommates are able to come and go as they please, have visitors at any time or to eat whenever they want. Also, many of our clients may not have the cognitive capability to know that giving a house key to someone else may not be a good decision. My brother would not know what to do with a key and has actually left his group home and wandered away. There is a bell installed on the front door of his group home to alert the staff if he opens the door. Determinations about whether an individual has the capability to come and go as they please need to be individualized to health and safety needs. The same reasoning holds true with regard to access to food. Many clients are incapable of making nutritious choices, leading to health concerns such as hyperglycemia, leading to diabetes. As a guardian, I have concerns about visitors being allowed in the group home at any time. My brother is nonverbal, so I always worry about his vulnerability. There needs to be clarification of how long visitors can stay, if they have to be constantly monitored (and how are providers to fund that?), if they have to have background checks (again, how funded, and what happens if the visitor doesn't pass the check?) and if the group home is required to feed visitors (funding?). We support individuals' exercise of their rights, when appropriate, but there are many details that need to worked out. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 95 | Family Member | Our daughter [NAME], has lived in group homes since the inception of the group homes program in Arizona. Currently [NAME], is under the care of the Hozhoni Foundation in Flagstaff, Az., where she attends the DTA (Day Treatment and Training) program and resides in a group home with four other ladies of similar levels of disabilities. [NAME] is profoundly mentally and physically challenged due to CP and multiple disabilities. She is in a wheelchair most of the day, she is totally defenseless and dependent on others for her care. [NAME], can not speak for herself, feed herself, dress herself or help herself in any way. She is 57 years old. As parents we are very concerned that some of the issues proposed in the new plan. As we understand in trying to read the plan; it involves more integration into the community and clients rights of choice. Our daughter has no ability to make choices for herself. While we know the plan is well intended, it appears that it will be more costly but extremely difficult to | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |

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| | | implement. Our first and foremost concern is for [NAME] safety and care. One persons choices should not impose on another persons rights to a safe and secure living environment. We hope that the new plan will consider our concerns about [NAME], safety while complying with issues of civil rights. We believe the Hozhoni Foundation is now providing [NAME], and a safe and secure environment. In her present setting we have no issues as far as her rights to choose and make choices as these things are addressed in her ISP. We feel that Hozhoni Foundation is providing [NAME], with a wonderful home setting and a day program that fits her needs. | |
| **Topic: Network Capacity, Service Availability and Rates** | | | |
| Forum 11 | Family Member | As a parent, I understand the need for rules to protect our son in the group home setting. The challenge is seeing the amount of time & energy & money that goes into all the paperwork & documenting that everyone is following the "rules." But the hands on caregivers working directly with our son are so minimally paid there is very little motivation to provide quality care and no hope of ever being rewarded if they do provide exceptional care. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 10 | Family Member | Direct Care Staff Education/Wages:<br>a.Many staff that are hired have little to no experience, and at times do not read or speak clear English. This is very frustrating because the staff must be to follow both an ISP and BTP. In my experience, this has led to more incidents of behaviors, abuse and neglect of our members.<br>b.In my communications with staff they state are underpaid, overworked, (often doing 12-16 hr. shifts) do not get raises for years on end, no benefits, no insurance, and often have no hopes to advance within their company. This leads to a higher staff turnover, staff not being happy, a lack of consistency with the members, and abuse and neglect of the members<br>c.It is my personal opinion that staff that working with highly behavioral members are underpaid and should be provided additional/higher training or education, such as BHT (Behavior Health Technician) or higher. This would increase their knowledge regarding behaviors and how to deal with them, which would reduce incidents and behaviors.<br>d.Many staff have told me they would be interested in taking these courses if it would result in increases in pay, advancement for the future. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 5; Remediation Strategy #5 (page 62)*- While AAPPD does not disagree with the overall remediation strategy, this strategy is not implementable unless the staffing ratio and funding are considered in advance of the requirements being put in place. In some cases, this remediation strategy will increase the schedules and options available to members. In other cases, the remediation strategy may cause additional 1:1 ratios to be considered for individuals choosing to participate in something different. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| ***Adult and Child Developmental Homes*** | | | |
| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Assessment** | | | |

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| Forum 7 | Family Member | Unless Developmental Homes are run as a business, the rules for members living in a home must follow home rules. If an allegation of abuse is reported, the member or members must leave unlike a group home, where staff is removed. Developmental Homes are self-monitored. Oversight is not from DDD (Division of Developmental Disabilities). | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers to evaluate provider specific compliance. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 79: There is the claim that they are "family homes in neighborhoods" but there is no evidence on daily activities and how often the persons leave those homes. | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. Reference "Overall Transition Plan" section in the document that outlines assessment and ongoing monitoring of providers to evaluate provider specific compliance. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 80: On employment, there needs to be the requirement that case managers ask individuals if they would be interested in working. | AHCCCS policy currently requires Support Coordinators/Case Managers to support members' for work related skills and options. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 82: Discussion of fostering relationships but no evidence of what degree are people encouraged/enabled to get out into the community as opposed to building relationships within the home. | Evidence provided does not limit the fostering of relationships to the home setting only. The Adult/Child Developmental Home setting fosters the development of personal relationships 9either within or outside of the home) |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 91: Children do not seem to have an option to choose a private bedroom. There is no discussion of what is "culturally normative" for children and who decides that. | Members have choice of available providers/homes which offer shared and/or private rooms. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 4; Consideration Bullet Point #4 (page 92)* - The consideration lists that "individuals have private communication access either through personal devices or equipment provided by the setting", AAPPD does not disagree that an individual should have the ability to communicate using modern technology, however, safety should be taken into account in these cases. For example, financial fraud and identity theft are common crimes in today's age - how are providers to put protections in place to ensure all individuals are not making themselves open to Internet crimes? In addition, if the individual is using application platforms such as chat rooms or social media, how is a provider to balance personal freedom with the safety of that individual and the other individuals in the home? Personal information, such as a home address or social security number can be easily shared online. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 144 | Non-Provider Organization | At 95: "A Developmental Home fosters a family home environment for members. Therefore, members, just like other family members may need to coordinate or negotiate | Thank you for your comment. |

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| | (William E. Morris Institute for Justice and Arizona Center for Disability Law) | schedules and activities with others in the household." On schedule autonomy: No discussion of who decides how much compromise is required and who gets to play the role of parents. There is no regulation that says an HCBS-recipient has to create a family-style living situation. | |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 97: AHCCCS needs to add member satisfaction survey to measure degree of schedule autonomy and choice of provider/activities. | Reference "Overall Transition Plan" section addressing member interviews and surveys. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 99: There is no current written lease agreement for these homes. | There is not currently a requirement for a written residency agreement. Reference Developmental Homes Assessment - Remediation Strategy #6 addresses this requirement. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 101: Freedom of choice: Same issue with "involved in furnishing" as opposed to "freedom to furnish." Also same issue as above with "culturally normative." | The distinction is acknowledged. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 102: On control of schedule, this again avoids addressing the issue by focusing only on access to snacks. | Rule #7c is cited verbatim from the Rule requirement<br>"The individual has freedom and support to control his/her own schedules and activities including access to food at any time" |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 103: There is a limitation on visitors at any time under current policies. | Acknowledged. Reference Developmental Homes Assessment - Remediation Strategy #11 addresses this requirement. |
| **Topic: Transition Plan** | | | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1a; Remediation Strategy #1 (page 80)* - AAPPD would like to call specific attention to the fact that a group home and a developmental home are two fundamentally different residential settings. AAPPD suggests that the words "Group Home" be replaced with "Developmental Homes", in order to encompass both the ADH and CDH services. | Thank you for your comment. |

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| Email 109 | Provider | *Pg. 80; Remediation Strategy 1:*First, it says group home and not "ADH/CDH." If the responsibility of the referral rests on the "ADH/CDH" where does the referral for employment skills get documented and how does it get documented? When do these meetings with individual(s) and their team take place, at the 90 day review or annual ISP? Special meetings, historically, are very difficult to schedule (even at the request of the individual) in a timely manner or if at all. Just because someone displays a certain set of employable skills doesn't mean they would be interested in that type of work (i.e. they take out the trash, mop the floor, etc. doesn't necessarily mean they want to be a janitor). Shouldn't we ask the individual if they want a job and what they would like to do and then work towards helping them to acquire theskills essential to their desired job? | Acknowledged. Language correction made.<br><br>AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 2a; Remediation Strategy #2 (page 89)* - Overall, AAPPD has no concerns with this remediation strategy, as it is standard procedure. However, DES/DDD should be included in the agencies involved, as DD case managers will need to incorporate this process into their routine duties, which cannot be done without the participation of DES/DDD. In addition, if access to transportation is required and the case manager is responsible for ensuring that access, AAPPD would like clarification on who is expected to provide transportation? Also, who would then be required to pay for the transportation? | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 4; Remediation Strategy #3 (page 92)*- What is envisioned in the requirement to "post" the rights and resources? Because the ADH/CDH setting is fundamentally different and is meant to be a family home setting, the "posting" of flyers, posters, etc. would not fit; such flyers would not be posted in a regular family home. In addition, this does not take into account individuals who cannot read and/or understand the material. This should be changed to "provide" the rights and resources to the member and also to their guardian, as appropriate. The rights and resources could be provided at each ISP evaluation in addition to giving them to the member when they move into the home. | Language of Remediation Strategy #3 - changed to "Incorporate a Service Requirement and Limitation in the Services Specification that requires Adult/Child Developmental Home to follow guidelines for language competency and provide rights in a location that anyone can access at anytime. |
| Email 109 | Provider | *Pg. 92; Remediation Strategy 3:* The aim of an ADH/CDH is to provide individuals with the most typical living environment manageable and to teach individuals how to live in a family structure. Posting rights information on the wall of a home is not typical. Perhaps it would be better to provide this information in their welcome packet or in a right's book distributed to them at the time of move-in. | Language of Remediation Strategy #4 - changed to "Incorporate a Service Requirement and Limitation in the Services Specification that requires Adult/Child Developmental Home to follow guidelines for language competency and provide rights in a location that anyone can access at anytime. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 5; Remediation Strategy #4 (page 95)* - The remediation strategy states that an individual should have full access to the "home environment" at all times. Because a CDH/ADH is a home, AAPPD would like clarification on what the "home environment" means. Does home environment refer to typical shared living spaces? Does home environment mean that the member should have full access to the entire home, including the bedrooms of other individuals in the home at any time? AAPPD recommends that this language be rewritten to reflect the language used in bullet point three of the Considerations section on pg. 95, which reflects practices already in place (kitchen, dining area, laundry, and seating in shared areas). In addition, AAPPD would like to request that health and safety considerations be made for areas of the home that contain hazards, and that the language includes considerations for the ISP/person centered plan. | Acknowledged. Remediation Strategy language updated to define meaning of home environment. Reference "Assessment" section of the document.<br><br>Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through a individual's person centered planning process |

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| | | For example, in some homes the laundry room is locked because cleaning supplies and other hazardous substances are contained in that area. The individual initiative and autonomy needs to be balanced with their health and safety needs and must be dictated by the ISP/person centered plan. | |
| Email 109 | Provider | *Pg. 95; Remediation Strategy 4:*Please use the language outlined in the considerations "i.e.<br>kitchen, dining area, laundry and seating in shared areas" so as not to create semantics issues with individuals and parents/guardians. | Acknowledged. Remediation Strategy language updated to define meaning of home environment. Reference "Assessment" section of the document. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 6; Remediation Strategy #5 (page 97) -* AAPPD would like to point out that in the case of the ADH/CDH service, a Developmental Home (homeowner) and a vendor are involved in the process. Can AHCCCS clarify whether it would the vendor or the homeowner that would be responsible for engaging customer satisfaction? If it were required of each Developmental Home, what would the standard be for measuring and gauging that satisfaction? Would each homeowner be responsible for creating a separate survey? If the vendor was involved and responsible for engaging customer satisfaction, could they provide each of their Developmental Homes with a standard survey to administer? AAPPD would like to suggest that it might be prudent for DES/DDD to include this stipulation in the General Contract Scope of Work rather than include it in the individual service specifications. It generally already exists in 5.8.2.3 as indicated in the Evidence Section. A small adjustment could then be made to the general contract, which would require providers to engage in customer satisfaction on a regular basis. Monitoring takes place every 90 days, which would provide an opportunity for discourse. In addition, a standard survey could be implemented so that the responses could be measured. | Acknowledged. Compliance Level correction made to Compliant; No Remediation Strategy. |
| Email 109 | Provider | *Pg. 97; Remediation Strategy 5:* What is customer satisfaction beyond the provided evidence? Does this include participation in ADH/CDH reviews? If so, who develops that survey or review process and how does it impact the provider's ability to be employed in this field?If an ADH/CDH is directly contracted through DDD and doesn't work through a qualified vendor how is that going to be monitored? How do we create standards of quality in the feedback? | Acknowledged. Compliance Level correction made to Compliant; No Remediation Strategy. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 7A; Remediation Strategies #6 -7 (page 100) -* AAPPD would like clarification as to whether the "resident agreement" referenced in Remediation Strategies #6 and #7 is meant to reflect a true lease agreement, as is the language used in the federal law. If so, a resident agreement and a lease are legally different and should not be used interchangeably. Lease agreements indicates that the Arizona State Landlord Tenant Act now comes into play which creates additional burdens on homeowners, vendors and members that is likely not contemplated or necessary. In addition, a lease agreement takes on requirements that the individual signing the<br>lease agreement may not understand. Would a lease agreement stand in a court of law for an individual who was not deemed competent? Finally, there is some concern as to whether or not a lease agreement would encourage the highest level of care. For example, if an individual chooses a provider based on superficial "lease" requirements – | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |

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| | | like paint color they are allowed to use in their room –would the best placement for them be chosen? AAPPD is opposed to the language in Remediation Strategy #6 that would require DES/DDD to develop a residency agreement for members served. AAPPD suggests the language be reworded to require DES/DDD to develop the information that must be included in a residency agreement. Flexibility should be allowed for Developmental Homes and vendors to create residency agreements that work for their particular home and family life, but that also meet the requirements of what must be included. AAPPD has concerns over a lease or binding agreement that would prohibit movement. For example, a member might be required to give a standard 30 days notice to get out of a lease. If that member was expected to leave the home after that time, but another placement had not been found, it could create unnecessary complications. Under the current system, providers/vendors/homeowners cannot make an individual leave once the 30 days is up unless there is a place for that individual to go. AAPPD suggests AHCCCS look at whether incorporating the residency agreement into the existing service plan would make more sense for the system. This would reduce paperwork and the potential for confusion for providers, members and families, as they are all currently used to addressing the needs of the individual through the service plan. In addition, currently, ADH/CDH homes have 30 days to correct any problems or issues that are reported by a member. That time is often sufficient to fix any problems that do arise. Would a residency agreement still take this into account? If the residency agreement is really more like a formal lease agreement, this process may not be allowed under the current State Landlord Tenant Act. | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 7b; Remediation Strategies #8 (page 101)* - AAPPD supports that an individual should be afforded autonomy, however, AAPPD does not think that the personal safety of the individual or other members of the home should be compromised in an effort to provide independence. The language of the remediation strategy should be clarified to state that age, the ISP/Person Centered Plan, and health and safety of the individual guide these requirements. In the case of the ADH/CDH service, an individual is placed with a family that is opening their family home for the individual to become part of that family. Each family has rules that are part of the construct of normal everyday life, and each individual must follow those rules to maintain the family environment. These rules do their part to help teach the individual social and environmental norms. The ADH/CDH service is fundamentally different than other residential services because of this, and in an effort to create more independence, more confusion would likely be created instead. For example, if an individual were allowed to come and go whenever they pleased, and a family unit had no authority to set rules and boundaries, this could upset the family dynamic of this service type. In addition, 24-hour access to the facility and for visitors is not practical for CDH homes that host minors. Can a 14-year-old have visitors at any time, for example? Would that be allowed in a home considered culturally normative? AAPPD would support independence based on an individuals ISP/person centered plan. As such, AAPPD asks that access to certain things like keys, swimming pools, and rooms that contain hazardous materials be evaluated on a case by case basis and taking into | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process.<br><br>AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |

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| | | account the health and safety of the individual and others in the home. | |
| Email 109 | Provider | *Pg. 101; Remediation Strategy 8—Bullet 2:* It is not typical to lock your bedroom door when you leave your family home. An ADH/CDH wants help people learn to live in a family environment. | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 7b and 7c; Remediation Strategies #9 - 10 (page 102)* - Because ADH and CDH services are different than other residential settings and are set in family homes that teach an individual to live in a family environment, the use of the word "facility" is not appropriate. AAPPD suggests changing this language to "family homes". Creating a standard for family behavior is problematic, as each family unit functions differently. As mentioned above for remediation strategy #8, families should be allowed to set their own rules and policies that coincide with the health and safety as well as the ISP/person centered plan for the individuals. How can a family teach the individual living with them about eating family dinners if they are allowed to eat at the time of their choosing? How can a family teach a 16-year-old about curfew if they are allowed to "come and go…at any time"? In addition, AAPPD would like clarification on whether or not items like "food access" would be lumped in with a residency agreement or lease. Overall, it is felt that these types of items should not be grouped together. | Acknowledged. The word "facility" changed to "home" in the Remediation Strategy #9 consistent with the language in this section.<br><br>AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies.<br><br>Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 109 | Provider | *Pg. 102; Remediation Strategy 9:* Is providing a key/code to the front door safe for other members of the home? If a person cannot have a key then it would need to be documented in the Health and Safety forms as well as the ISP, creating another rights restriction that would need to be approved through the HRC committee and monitored by the agency—creating more rights restrictions than have been historically recorded in regard to thisissue. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. Documentation of limitations of rights is required in the HCBS Rule. |
| Email 109 | Provider | *Pg. 102; Remediation Strategy 10:* It is not typical to eat whenever you choose, especially in relation to dinner; in a family environment. An ADH/CDH wants help people learn to live in a family environment. House rules can be varied depending on family structure and the home's culture. | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Email 109 | Provider | *Pg. 103; Remediation Strategy 11:* It is not culturally normative to have guests at any time in a family home. It becomes a matter of safety and health for the member and the family they are living with. If we restrict guests those are limitations that will need to be documented in an ISP—creating more rights restrictions. Plus, there is serious concern that rules like this will negatively impact people's desire to be ADH/CDH providers because of the potential disruption to the family environment. | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 7e; Remediation Considerations Bullet Point #3, Remediation Strategy #12 (page 103)* - AAPPD supports the concept of providing access to environmental accommodations; however, AAPPD asks that these accommodations be required on a case-by-case basis, so that the needs of each individual are met without requiring unnecessary updates to the family home. Who will be responsible for paying for necessary updates like grab bars in a shower – the homeowner, agency/vendor, or DDD? In addition, placement in a home should not be considered if an agency is not willing to provide the necessary updates. | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Email 144 | Non-Provider | *At 104: For physical accessibility: Remediation "(2)* Incorporate a Service Requirement | This Remediation Strategy is in addition to the evidence provided to support the |

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| | Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | and Limitation in the Service Specification that requires Developmental Homes to ensure physical accommodations are sufficient to afford a comfortable and safe environment for all activities of daily living in the home" is not sufficient." | Compliance Level of Partial Compliance. |
| Forum 55 | Provider | ADH (Adult Developmental Homes) are privately owned homes – concern regarding how a "resident agreement" will be developed – individualized to respect the provider's rights & the individual's rights. | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |
| Forum 89 | Provider | Are lease agreements going to apply "rights" to both "sides?" | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |
| ***Behavioral Health Residential Facilities*** | | | |
| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Scope of the HCBS Rules** | | | |
| Forum 18 | Managed Care Organization | Is anyone with a behavioral treatment plan come under the behavioral health residential facility? | AHCCCS will establish a Behavioral Health Residential Facility focus workgroup to provide input on implementation of the Behavioral Health Residential Transition Plan. |
| Forum 58 | Provider | I would like more information on Behavioral Health Residential Care Facilities for future projects. | Send an email to HCBS@azahcccs.gov providing your contact information and interest. |
| **Topic: Assessment** | | | |
| Email 118 | Managed Care Organization | In the document it defines the Behavioral Health Residential Facilities as providing time limited services. We cannot find a definition of time limited in the licensure regulations of the facilities, please provide a definition. | AHCCCS will establish a Behavioral Health Residential Facility focus workgroup to provide input on implementation of the Behavioral Health Residential Transition Plan. Licensure requirements do not provide the sole basis for placement of AHCCCS members into this setting type. HCBS Rule and AHCCCS policy implications are significant determinants. |
| Email 118 | Managed Care Organization | The ALTC system has used behavioral health residential facilities successfully for over 25 years. The initial set of Arizona State Hospital residents that were living in the nursing home on the grounds of the hospital that were placed in the community were placed in behavioral health group homes and many have remained there for years. The MCO - long term care plans requested that personal care services be added to the licensure category so that more residents could age in place and it was. | AHCCCS will establish a Behavioral Health Residential Facility focus workgroup to provide input on implementation of the Behavioral Health Residential Transition Plan. Licensure requirements do not provide the sole basis for placement of AHCCCS members into this setting type. HCBS Rule and AHCCCS policy implications are significant determinants. |
| Email 118 | Managed Care Organization | There has been discussion about what is the member's primary diagnosis to be in a behavioral health residential facility. Again, we do not see any language in the rules that states it as such. The definition is fairly broad. We are finding that the term, primary diagnosis, when dealing with members with complex medical and behavioral health needs to be difficult to define. | AHCCCS will establish a Behavioral Health Residential Facility focus workgroup to provide input on implementation of the Behavioral Health Residential Transition Plan. Licensure requirements do not provide the sole basis for placement of AHCCCS members into this setting type. HCBS Rule and AHCCCS policy implications are significant determinants. |
| Email 118 | Managed Care Organization | As ALTCS has been doing integrated care since its inception, it has been able to deal with the person as a whole and determine the best set of services to meet a member's complex set of needs. The Behavioral Health Residential Facility licensure category also allows a home like settings for ALTCS members who are on court ordered treatment, with the assurance that there are staff present and knowledgeable in the skills needed for | AHCCCS will establish a Behavioral Health Residential Facility focus workgroup to provide input on implementation of the Behavioral Health Residential Transition Plan. Licensure requirements do not provide the sole basis for placement of AHCCCS members into this setting type. HCBS Rule and AHCCCS policy implications are significant determinants. |

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| | | safety responses.<br>There are times when we do need to move members who can no longer live in a behavioral health residential facility to an assisted living setting with directed care or a skilled nursing facility but we hope that we can continue to serve this younger and/or more active population in a home like setting in behavioral health residential facilities. | |
| **Topic: Transition Plan** | | | |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | Transition plan for individuals who require transfer is weak. Timing of transition also is unclear. | AHCCCS will establish a Behavioral Health Residential Facility focus workgroup to provide input on implementation of the Behavioral Health Residential Transition Plan. |
| Forum 24 | Non-Provider Organization (Southwest Autism Research and Resource Center) | When deciding to de-qualify behavioral health residential it was noted that this is different in that it is clinical, aim is to move to a less restricted setting. I find this framing interesting as I would suggest all setting should strive to provide clinical support to teach skills, increase independence and allow for a move to a less restrictive setting. I would suggest that this may not be the best way to differentiate the settings. | Thank you for your comment. |
| Email 118 | Managed Care Organization | The licensure category of Behavioral Health Residential Facility could be used to provide either acute or alternative HCBS long term care services. It would require two service codes as we had in the past, one for short term services and one for long term services. The homes would not be able to mix RBHA acute members with LTC members and each home would be for a specific service. This would allow us to continue on the path of getting these providers licensed as Behavioral Health Residential Facilities. We see nowhere in the licensure category that this is a short term service, only. The issue is that there is now only one service code and that is for short term services but our current contract has the licensure category as an alternative HCBS setting. The license category is broad enough to accommodate both short term acute services and long term services. The long term service could be specifically for ALTCS members. | AHCCCS will establish a Behavioral Health Residential Facility focus workgroup to provide input on implementation of the Behavioral Health Residential Transition Plan. Licensure requirements do not provide the sole basis for placement of AHCCCS members into this setting type. HCBS Rule and AHCCCS policy implications are significant determinants. |
| Email 118 | Managed Care Organization | While we are still looking at all of the options available under assisted living with behavioral health supports, we believe that most of the providers that can handle members with complex needs in the assisted living arena will be assisted living centers and not individual homes. If we do not have the behavioral health residential facility category available as an alternative HCBS setting any of the new providers will most likely be ALF centers which will reduce the number of home like settings we can offer our younger residents. We would like to request that behavioral health residential facility category continue to be available as an alternative HCBS setting. Of significant concern is that using the ALF licensure category and adding an undetermined set behavioral health supports for this complex subset of members requires that all three health plans contract and agree on what those behavioral health supports are. With a new bid coming , there is the potential for a change of program contractors and it would be ever increasingly more difficult to coordinate. Since there is already a licensure category that | AHCCCS will establish a Behavioral Health Residential Facility focus workgroup to provide input on implementation of the Behavioral Health Residential Transition Plan. Licensure requirements do not provide the sole basis for placement of AHCCCS members into this setting type. HCBS Rule and AHCCCS policy implications are significant determinants.<br><br>ADHS representation was involved in the stakeholder meetings. AHCCCS will |

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| | | we can use and have worked to now include personal care, we feel that this is the option that best protects the health and safety of our members.<br>In addition, we see the potential for ADHS licensure to be concerned if the assisted living facilities we were to develop to meet this need had so many behavioral health techs working there and or ongoing behavioral health supports that it might step over the line of being considered behavioral health supports and that the assisted living facilities would be seen as operating as a behavioral health residential facility. | work to include ADHS licensure representation on the focused workgroup. |
| ***General: Non-Residential*** | | | |
| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Scope of the HCBS Rules** | | | |
| Forum 57 | Provider | Much clearer indications of intent regarding employment services. | Thank you for your comment. |
| Forum 108 | Family Member | Great to continue full spectrum of services, with encouragement to integrated employment where possible. Need more discussion of support services to help people find integrated employment. Please sent out statistics on #'s of DTA (Day Treatment and Training), center-based, group & integrated, avg. hours worked, avg. hourly rate – the goal should be to improve each year. | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies including standards for data collection. |
| Forum 19 | Provider | Under the new framework for non-residential services – where does the ability to retire become possible? Not all our seniors desire to work or volunteer in the community. This also applies to the PCP (Person Centered Plan) requirement to have an employment related goal. If a senior has worked for 20 years & wants to retire – will they be allowed to and continue to receive HCBS services? | The Rule requires the system and individual settings to comply and to provide for and support members in these basic rights. However, members have choice regarding their options for employment and daily activities. These choices are supported in each member's person-centered plan as well. There is no requirement for person centered planning that there be an employment goal. |
| **Topic: Assessment** | | | |
| Forum 49 | Undisclosed | Transportation is a barrier for individuals who can and want to work. Vocational Rehabilitation closes out cases where individuals are unable to access transportation to work. This mostly impacts members who are living at home with their families. *[Paraphrase of verbal comment]* | Yes. The Rule requires the system and individual settings to comply and to provide for and support members in these basic rights. However, members have choice regarding their options for employment and daily activities. These choices are supported in each member's person-centered plan as well. |
| Forum 73 | Provider | There seems to be a significant amount of focus on volunteer positions vs. paid positions – isn't it better for member to be paid for their work and isn't it illegal to have someone do volunteer working lieu of someone who would be paid for the same service? | Volunteer is defined as a person who freely offers to take part in an activity, enterprise or task. The reference to volunteer is not to suggest that an individual undertake activities for free that would otherwise require compensation.<br>AHCCCS and CMS in no way are suggesting or supporting a direction where an individual with a disability is essentially relegated to volunteer work and is not given the option to work and earn a paycheck. |
| Forum 81 | Provider | Why is volunteer work better than working in a (unintelligible) employment environment? | Volunteer is defined as a person who freely offers to take part in an activity, enterprise or task. The reference to volunteer is not to suggest that an individual undertake activities for free that would otherwise require compensation.<br>AHCCCS and CMS in no way are suggesting or supporting a direction where an individual with a disability is essentially relegated to volunteer work and is not given the option to work and earn a paycheck. |
| Email 103 | Provider | Being a representative of a program fitting the description of a farmstead and thusly subject to heightened scrutiny, I question the non-inclusion of agriculturally-based activities as substantive to meet the criteria of employment or employment related skills. | Based on public comment regarding Farmstead community, AHCCCS will be conducting Heightened Scrutiny of these settings.<br>Based on various public comments, a Section was added to the final Assessment |

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| | | Since agricultural settings form the base of any non-nomadic society, a program designed in that likeness should most assuredly satisfy the criteria for employment skills training for individuals that we serve. | and Transition Plan. Reference section "Settings Requiring Special Considerations" of the document. |
| **Topic: Transition Plan** | | | |
| Forum 29 and 30 | Non-Provider Organization (Arizona Bridge to Independent Living) | FYI-SSI & SSDI look at volunteering like work and it can disqualify them for benefits. Social Security considers volunteer work to the same degree they consider paid work. This may put member's benefit in jeopardy before they are ready to transition to paid work and greater levels of self-sufficiency. Be aware. *[Paraphrase of verbal comment]* | Thank you for the information. |
| | Provider Organization (Arizona Association of Providers for People with Disabilities) | As stated in Arizona's Olmstead Plan, under the U.S. Supreme Court's decision, States are required to provide community based services for persons with disabilities who would otherwise be entitled to institutional services when: (a) The State's treatment professionals reasonably determine that such placement is appropriate; (b) The affected person is in agreement with the decision; and (c) The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disability services. These tenants of making sure the placement is appropriate, the affected person has made the decision to be there and is reasonably recommended for their needs, should be at the heart of the employment services provided in Arizona. To that end, AAPPD appreciates being a part of the dialogue to evaluate and possibly redesign our current employment services to better provide the appropriate services to individuals with developmental disabilities that are person-centered and provide individual choice. | Thank you for your comment. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | Philosophically, AAPPD is very concerned that the federal rules, the assessment and transition plan take the state in a direction where an individual with a significant disability is essentially relegated to volunteer work and is not given the option to work and earn a paycheck. The goal of the redesign has to allow for choice for all levels of disability and provide those members that want to work, the ability to do so. If they want to earn a paycheck, they should have the opportunity to do so. As stated in the CMS Informational Bulletin from September 16, 2011, "Consistent with the *Olmstead* decision and with person centered planning principles, an individual's plan of care regarding employment services should be constructed in a manner that reflects individual choice and goals relating to employment and ensures provision of services in the most integrated setting appropriate." (emphasis added) | Volunteer is defined as a person who freely offers to take part in an activity, enterprise or task. The reference to volunteer is not to suggest that an individual undertake activities for free that would otherwise require compensation. AHCCCS and CMS in no way are suggesting or supporting a direction where an individual with a disability is essentially relegated to volunteer work and is not given the option to work and earn a paycheck. |
| Email 132 | Provider | You mentioned that there currently are no work related services through the elderly and disabled side of ALTCS. Does compliance mean that those services will be offered at some point in the future? | AHCCCS policy will be developed to include an array of employment supports for all ALTCS members including elderly and physically disabled. |
| **Topic: Network Capacity, Service Availability and Rates** | | | |
| Forum 20 | Family Member | I am interested in working with you. I have a deaf son and there's not much being done for these people and he is with DDD (Division of Developmental Disabilities). My biggest goal is for him to get a job and have these companies hire him and be involved in the community. I get a lot of run around about services that he should get. | Send an email to HCBS@azahcccs.gov providing your contact information and interest. |

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| Forum 26 | Member | They need more day program and work program for adult. | AHCCCS maintains network standard requirements to ensure members have access to covered care and services. |
| Forum 112 | Undisclosed | Expand value and purpose of the day programs to the families so those entering center-based programs are vocationally oriented. Providers, case managers need to inform consumers and families true purpose of both programs. | AHCCCS will establish site specific and topic focused workgroups to develop training for Case Managers and providers. |
| Email 2 | Family Member | I feel DDD Day Treatment & Training (DTT) and Center Based Employment (CBE) should be inclusionary and offer the same opportunities for all DDD (Division of Developmental Disabilities) members. My son ([NAME], age 28) is autistic, MI, deaf, has behavior disorders, and medical issues associated with his facial abnormality. He does not have physical disabilities and is very active. Over the past year I have been researching DTT-CBEs for [NAME], since his current DTT lost their work contract. During this search I have learned some DTT-CBEs reject certain DDD members.<br>1) Insist all DTT-CBEs (over 25 clients) have similar representation of the total DDD population.<br>2) Honor ADA (Americans with Disabilities Act) laws -Like the schools, QVs awarded contracts for DTT-CBE need to embrace the ADA laws and provide skilled staff to deaf members when attending their programs. They should not expect a parent-guardian to recruit, test signing skills, and train.<br>3) Create a check and balance program – when a DDD member is rejected from a desired DTT-CBE with openings the QV (Qualified Vendor) need to document rationale for rejection. This documentation needs to be assessed by the member's support coordinator and reported to Contracts. If Contracts feels the member is being discriminated based on their disability/staffing needs then real corrective active is required. *[Excerpt from email submission]* | Thank you for the information.<br>AHCCCS maintains network standard requirements to ensure members have access to covered care and services. |
| Email 9 | Provider | How does this pertain to child day treatment programs such as DTS and DTT? If the member doesn't want to attend the field trip, how does the center handle this situation when their is ratio billing? If the member stays back who stays when the provider is handling 4:1? Is further reimbursement going to be made to allow for these members to "choose" not to participate? What is the motivation for providers/caregivers to enter this field? complete training? provide quality care? They are paid so minimally due to reimbursement that most do not want to do this job any longer. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 10 | Family Member | Seek Employment and Work in Competitive Integrated Settings - My son in particular, would require a 1:1 staffing at all times as he is highly behavioral, impulsive, and displays physical aggression, verbal aggression, and property destruction. My son would require a 1:1 due to his Health and Safety issues, he has visual field loss, no depth perception he is unsteady on his feet and is a fall risk. My son would require a 1:1 because he is an AWOL Risk, and has no concern for his safety or the safety of others. He is at risk in the community.My son would require a 1:1 due to his public displays of affection, invades space and privacy. *[Excerpt from email submission]* | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| ***Adult Day Health Programs*** | | | |
| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Assessment** | | | |

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| Email 105 | Provider | *Rule 1 (page 113)* - FSL Adult Day Health Services Centers provide choices for participants through a range of offerings of therapeutic recreational activities, community outings, building skills to assist with re-entry into the community and integration of participants with the community. One of the goals in person-centered care adult day health services is to assist each individual to remain as active in the community as possible focusing on their strengths, while recognizing their need for accommodations to meet their individual goal of remaining an active member in the community. The term active member is based on each individual, with their caregiver/guardian, providing input as to their definition of active member in the community through individualized person – centered care. Staff members ensure prior to an outing that the setting is accessible for the participants. If it is not, staff members contact the setting for the community outing and work with the setting to ensure that all participants can be accommodated as part of the integration of adult day health services participants into the general community setting. Many venues are not accessible to meet the needs of the community, and are not even aware that they are not accessible. FSL adult day services has worked with many settings to assist in providing the accommodations necessary so that all members of the community can be engaged in the community settings of their choice. | Thank you for your comment. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 113: Integration standard of "located in neighborhoods" and, if co-located with institution that the staff and licensing is separate are not sufficient to meet HCBS rule requirements for "full access to community" (esp. re: heightened scrutiny). See above concern about this type of setting being of the type that is supposed to be considered a setting that isolates and therefore is considered institutional. | Regardless of location all settings must comply with the HCBS Rule.<br>CMS guidance also provides that "Settings that are on the grounds of or adjacent to a private institution are not automatically presumed to have the characteristics of an institution. However, if the setting isolates the individual form the broader community or otherwise has the characteristics of an institution or fails to meet the characteristics of a home and community-based setting, the setting would not be compliant with the regulation" |
| Email 105 | Provider | *Rule 1a (page 114)* - Life skills are a part of the therapeutic recreational activities at the centers. Safety would be a major factor in the determination of an individual participating in a work setting. There would need to be job coaches for the safety of the participant and for the success of the participant, especially if they have not worked prior or are returning to the workforce after a traumatic event. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 105 | Provider | *Rule 1b. (page 115)* - Adult Day Health Services participants assist in the planning of events and activities in the community through participant council monthly meetings in which all participants are invited and encouraged to attend, at care plan time the community events and activities are discussed with the participant and care team and suggestions are encouraged and participants are encouraged to bring an idea/suggestion to the recreation team members that they have recently heard about.<br>Health and Safety issues are a main factor in participants not having access to public transportation, such as city bus. For some of the members with cognitive impairment, this would be unsafe and they would not be able to comprehend all of the procedures involved in taking a city bus. This would be documented in their care plan. Other transportation arrangements, such as through funder, bus from center or if able to utilize community Dial A Ride services. | Thank you for your comment.<br><br>Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 144 | Non-Provider | At 115: Standard for engaging in community life seems to be limited to "establishing | Reference "Assessment – Adult Day Health" section of the document. Several |

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| | Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | measurable goals and obtaining services in broader community." | Remediation Strategies are provided to address Rule 1b. |
| Email 105 | Provider | *Rule 1c. (page 117)* - Dependent upon ability of person's ability to make choices regarding their discretion as to how to spend their finances. Those members with cognitive impairment in understanding money management and inability to retain money management skills are at high safety risk if complete access of funds. Center leadership monitors that participants are able to attend outing/activity of their choice, and further discussions with caregiver/guardian/case manager are done to ensure that participant has funds for outings or funds provided by donations to the center. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 105 | Provider | *Rule 1d. (page 117)* - All participants receive access to all of the same services and activities. Civil Rights Training is required of all staff as part of the participation in the Child and Adult Food Program. This is required to ensure all adult day health services staff have understanding and knowledge of civil rights related to laws, regulations and procedures. This training is required annually. | Thank you for your comment. |
| Email 105 | Provider | *Rule 2a.(page 118)* - All members have the option to choose their scheduled day of attendance. If participant chooses to utilize bus service provided by the center, the hours are based upon the times that the bus picks up and drops off clients in the respective catchment areas. The Centers would be unable to provide individual bus transportation for each individual's specific time frame. Caregivers providing transportation or funding sources providing transportation for individual members, can provide partial or full day attendance for the participant depending upon the participant and caregiver choice for hours of attendance. Should the center be at full licensed capacity on the participant's choice day, they have the option of choosing another day and being placed on a wait list and be contacted immediately when the center has an opening for that day. | Thank you for your comment. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 118: The standard for option to access non-disability specific setting seems to dodge the whole point. Instead of focusing on having a choice of different options, the primary option is to be there only part time. | CMS guidance indicates that "The HCBS regulations do not prohibit disability-specific settings; as with all settings in which HCBS are provided or in which individuals receiving HCBS reside, the setting must meet the requirements of the regulation, such as ensuring the setting chosen by the individual is integrated in and supports full access of individuals receiving Medicaid HCBS to, the greater community,…" |
| Email 105 | Provider | *Rule 4(page 119)* - Participant Rights are provided to all participants at enrollment. Copies of participant rights are displayed at the centers and are available to participants/families/community. At each monthly Participant Council meeting, the participant rights are reviewed and discussed. | Thank you for your comment. |
| Email 105 | Provider | *Rule 5 (page 123)* - There are multiple therapeutic recreational activities throughout the day for the participants to choose from. There are variety of choices of group and individual activities, as well as choices of rest and discussions with social worker or nurses. Participants choose their groups and with whom they choose to interact throughout the day. If participants request a special meal, such as if a medical | Thank you for your comment. |

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| | | appointment will take them away from center during lunch serving, accommodations are always provided. | |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 123: Recognizes current non-compliance with community engagement, no regimented schedule, and individual schedule autonomy but the proposed remediations are weak. | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Email 105 | Provider | *Rule 6 (page 124)* - Those services which require specific monitoring and procedures are listed as separate person centered care plan goals and ways to assist the participant in attaining the goals. Participant, caregiver, case management and center interdisciplinary team are all part of the discussions related to the goals the participant chooses to achieve and the procedures to assist the participant in being successful in the goal. Care plans are reviewed with participant, caregiver, case manager and interdisciplinary team at designated care plan scheduled times, at any other times requested by the participant/caregiver and when there is a change in the participant's condition. | Thank you for your comment. |
| Email 118 | Managed Care Organization | There are several Adult Day Health Care facility remediation's that have new requirements for ADH Centers. AHCCCS was conducting a focused meeting with ADH Centers We would like to see the input from the Adult Day Health Care Facilities and their response during that meeting. | See Appendix B of the document. |
| **Topic: Transition Plan** | | | |
| Email 105 | Provider | *Rule 1a (page 114)* - Adult Day Centers do not have the funding for job coaches should this become a requirement for participants. Centers can provide life learning skills that will assist with employment/volunteer opportunities, and provide volunteer opportunities at the centers (which centers do now by providing participants who choose to volunteer with assistance in co-leading an activity, assisting with preparation of supplies for an activity, etc.) However, if a work program is part of the adult day services requirement, for the safety and success of the participants, funding for a job coach program would need to be provided and separate funding for and training for job coach would need to be provided from an outside funding source. | The Remediation Strategies for Rule1a do not require Adult Day Health settings to provide work programs/competitive employment as a part of the services rendered but rather to provide skill building and referral that may ultimately support employment in another service setting. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 114: Initial attempts to adjust policies to encourage supported employment, but this focuses on volunteering as opposed to competitive employment. | The Remediation Strategies for Rule1a do not require Adult Day Health settings to provide work programs/competitive employment as a part of the services rendered but rather to provide skill building and referral that may ultimately support employment in another service setting. |
| Email 105 | Provider | *Rule 5 (page 123)* - However, due to regulations by the Arizona Department of Education Child and Adult Food Program, which provides federal funding to supplement the cost of meals provided to the participants, there are specific time frames in which reimbursement will be authorized. This is called Point of Service Meal Count. As part of the contract requirements, there are specific meal time requirements for snack and lunch. For example, snacks can be provided from 9:30 am – 10:00 am and lunch from | Thank you for the information. |

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| | | noon- 1 pm. Meals and snacks can be served outside of these times, and centers provide accommodations to those participants who arrive later than those times and request a snack or lunch, however, no funding is provided when it is outside of the time zones. Centers depend upon the funding to provide nutritious and lunches that provide their specific dietary orders from their physicians. For many lunch provided by the center is their main meal of the day. Centers must continue to be able to receive funding from the Child and Adult Food Program, which is part of the USDA. Arizona Department of Education is approved by the USDA to administer the CACFP program. | |
| **Topic: Network Capacity, Service Availability and Rates** | | | |
| Email 118 | Managed Care Organization | For the ADH Centers the remediation strategies don't seem to be feasible with the current AHCCCS FFS rates for this provider type. Rule 1 will increase transportation expenses for this provider type. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| ***Day Treatment and Training Programs*** | | | |
| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Assessment** | | | |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | Setting Community Integration: Same problems as above, but this also acknowledges need to remove a current requirement that membership be majority people with disabilities. No clear indication of "isolating effects." Remediation implies that bringing outsiders in as visitors could be enough to make a setting integrated, but this alone would not be sufficient to ensure comparable access to the community as compared to individuals not receiving HCBS. | Reference Remediation Strategy #1 in the Assessment. Inclusion of visitors from the community in the Day Program activities is only one example of strategies to be used to bring the setting into compliance. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1d; Remediation Strategy (page 143)* - AAPPD is very confused by the comments listed for this rule under the remediation strategies section. First, we are not sure what services are being talked about. The considerations listed do not generally apply to a DTA setting, as work is not generally a part of this setting. Do the services need to be better defined to truly make an accurate assessment? In addition, the evidence provided seems to suggest at least "partial compliance". DTA providers today work very hard to ensure individuals receive services in the community. The service specifications already require that the most integrated settings be chosen for the individual (for example, a summer school program should be considered for a school age individual). AAPPD acknowledges that providers can do better, but AAPPD disagrees that the service is not compliant. AAPPD also notes that the setting is listed as partially compliant under rule 2a, which also deals with non-disability specific settings/services. AAPPD does not fully agree that there are no comparable settings for non-HCB services. What about senior centers, YMCAs, and preschools? If AHCCCS disagrees with comparing these settings, then how can AHCCCS state that DTA is noncompliant when there is no benchmark to compare to? AAPPD also questions how this rule and the evidence work with the ADA? Extensive rules already apply to accessibility. If you look at compliance with the ADA, then the setting is likely to be at least partially compliant with this rule. | The Considerations are related to non residential settings including those for both work and non work settings. However, those pertaining to work settings are not applicable to non work settings.<br>Although the assessment indicates that there is no comparable type setting, it goes on to indicate that the goal of the service/support is to provide members with the skills to maximize their daily activities to be consistent with individuals not receiving Medicaid HCBS.<br><br>The assessment findings, of the system, indicated that their was not sufficient evidence to suppost a finding of partial compliance. |
| Email 145 | Provider | We also have concerns with 1D. Theoretically, receiving services in the community to | The Considerations are related to non residential settings including those for both |

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| | | the same degree of access as individuals not receiving HCBS services is fantastic. However, peers to the adults we serve are usually in the workforce during the day. We struggle with understanding how to increase compliance specific to this. | work and non work settings. However, those pertaining to work settings are not applicable to non work settings.<br>Although the assessment indicates that there is no comparable type setting, it goes on to indicate that the goal of the service/support is to provide members with the skills to maximize their daily activities to be consistent with individuals not receiving Medicaid HCBS. |
| Forum 31 | Provider | Please continue to consider that for individuals in day programs, their non-disabled peers are probably at work so integration is not simple. | Thank you for your comment. |
| Forum 53 | Provider | How can we "integrate" some of these new compliance in Day Programs when we are community based and already do avail our person serviced to normality afforded others? | Thank you for your comment. |
| Email 78 | Family Member | On p. 134 it mentions what a DTA services looks like. District Central HRC members who take turns sitting on PRC have issues because the DTA rarely provide BTP data for the annual review at PRC. (This issue was added to our 2014 annual report.) I was surprised that District Central HRC did not provide comments. I asked one member since her son lives at home but attends a DTA. She has advocated for her son with the DTA since he tends to eat out of the trash can and sleeps most of the day. I asked her about not commenting since the CMS rule wants inclusive activities. She said several years ago, the DTA did inclusive activities: they drove the individuals around all day in the van and had lunch in a park which had a restroom. | Thank you for your comment. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 145: There is mention of appropriate activities for age, cultural background, etc. | Thank you for your comment. |
| Email 145 | Provider | Rule 5 – We also absolutely agree with participant choice and love Article 9 and the rights ensured to those we serve. We would really love to provide the flexibility in scheduling, activities, access and all other possibilities. We are prohibited from providing complete flexibility due to funding constraints. Our leadership team has developed really creative menus of activities (somewhat similar to the options on a cruise ship, with a variety of choices every day that our participants can opt in to our out of) but we have not been able to implement that type of programming. The primary reason we are not able is funding. We would need to increase staffing levels, increase the number of vehicles we have, increase space (to really do it right). We would LOVE to be able to provide that service, but our current reimbursement rates are less than the cost of the current program structure. We cannot increase the costs of the program structure without increased reimbursement. This type of programming requires increased staff and greater resources. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 144 | Non-Provider Organization (William E. Morris | At 152: Schedule autonomy: Current state manual only requires "monthly on-site and community integrated schedule of daily activities. The Program must document the member's direct input into the schedule and allow for reasonable choice in activity | Evidence provided for this finding includes references to both individualized schedules as well as input into setting activitiy schedules. |

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| | Institute for Justice and Arizona Center for Disability Law) | participation and offer alternative activities." This is not an individualized schedule and does not explain what is a reasonable choice. | |
| Email 110 | Non-Provider Organization (ARC of Arizona) | In far too many cases, these settings are the type that isolate. We believe that substantial remediation, beyond that identified in the plan, is necessary to bring these settings into compliance. | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |
| **Topic: Transition Plan** | | | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1; Remediation Strategy #2 (page 136)* - AAPPD supports interaction with the general community. What are the requirements for the people we are bringing into a DTA to foster this interaction? Regarding safety, will there be an expectation that background checks are performed on people being brought into a DTA setting? As providers are expected to provide more choice in activities and classes, AAPPD members expect that community classes will be utilized more often than they are today. How will age differences in community classes be addressed? What will be the expectation of providers? For example, will individuals be able to take an aerobics class where there are participants below and above the age of 15? AAPPD supports the evidence cited by AHCCCS in the DES/DDD Policy 302. It is important to note that this policy recognizes that the ability for someone to interact with the greater community depends on their abilities. It will be important that the ISP/person centered plan recognize and address this factor. | In accordance with ARS 46-141, volunteers are exempt from fingerprinting requirements as long as they are under the direct supervision of provider staff. |
| Email 145 | Provider | *Rule 1* - We are absolutely agree with this rule! Everything we do, every day, is designed to help the individuals we serve to have increased access and opportunity to the greater community. We have some questions and concerns regarding the remediation strategies. We are concerned about the increased interaction with the general public. What requirements will there be in regards to fingerprinting and background checks for individuals visiting our centers and for individuals we are visiting in the community. Agencies will need additional resources to screen the entities we are interacting with, and we have to screen them to ensure the health and safety of our participants. | Thank you for your comment.<br><br>In accordance with ARS 46-141, volunteers are exempt from fingerprinting requirements as long as they are under the direct supervision of provider staff. |
| Email 145 | Provider | *#2* – the remediation strategy concludes with " whereby Members are directly engaged in activities with peer and community members without disabilities." We are still concerned that the peers to our population are not just readily available and accessible in the community to spend time with us. Most of those peers are in the workforce. | Thank you for your comment. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1; Remediation Strategy #3 (page 136)* - Can AHCCCS provide clarification on the requirement to stipulate in the service specifications that settings must be located in the community among other buildings or businesses to facilitate integration? AAPPD does not disagree with the concept we think is trying to be portrayed, but is unclear on what it really means. AAPPD is also concerned about the implication for rural Arizona. In some cases, services could be provided in a remote location that may not be "among other buildings…businesses", etc. In addition, there has been a push in the greater community to have a better work/life balance which can mean that a nondisabled person can walk to work or have a | HCBS Workgroup review – The intent of this language is to ensure that settings are not so isolated or segrated so as to never have the opportunity to interact with someone else in the community not receiving HCB services. |

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| | | short commute to work. This includes mixed-used spaces where businesses and apartments/condominiums are in the same building. In writing this service specification, those options should not be taken away from a person with a disability. What if the location is on a church campus? Is that considered a community setting? | |
| Email 145 | Provider | We would like clarification as to what "located in the community among other residential buildings, private businesses, retail businesses, etc." means. | HCBS Workgroup review – The intent of this language is to ensure that settings are not so isolated or segrated so as to never have the opportunity to interact with someone else in the community not receiving HCB services. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1a; Remediation Strategy #4 (page 137)* - AAPPD realizes that AHCCCS is comparing each rule with each service; however, in this case, this rule does not fit into a DTA setting. Why are the concepts of employment being assessed within a DTA? The considerations speak to job placement and training,<br>not to a DTA. That being said, AAPPD appreciates the "partial compliance" recommendation and supports including opportunities to learn about volunteer work in the community to the service specifications. AHCCCS should also recognize that there is a significant population of people with developmental disabilities that are in retirement status. As long as there is not a requirement to volunteer or prepare for volunteer work, these individuals should then be able to choose to participate or not participate. | Acknowledged. AHCCCS has clarified the Remediation Strategy to read as follows:<br>"Expand the scope of the Service Goals and Service Specifications to include opportunites to learn about volunteer work in the community and referrals (resources and services) to prepare for, obtain and support volunteer work." |
| Email 145 | Provider | Related to 1A, we are concerned with including a vocational goal for every individual. This seems to eliminate participant choice. | The requirement is not that every individual in DTA have a vocational goal but rather that the setting must support those individuals who chose to have a vocational goal. |
| Forum 49 | Undisclosed | If the day programs will be supporting skill building for work, what is the role of Vocational Rehabilitation? Can Vocational Rehabilitation identify people that may need to go back to day programs for skills building? *[Paraphrase of verbal comment]* | The role of Vocational Rehabilitation does not change. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | At 139: Remediation for lack of engaging in community life improperly is limited to: "include opportunities to receive information and learn about events and activities in the community in an effort to make informed decisions about the schedule of activities for the Day Treatment and Training Program." | The evidence supports a compliance level of "Compliant" The Remediation Strategy is to add enhanced language to the already existing evidence. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 4; Remediation Strategy #7 (page 148)* - What is envisioned in the requirement to "post" the rights and resources? Because the member is engaged in various activities throughout the day, there does not seem to be one location to "post" the rights and resources that would ensure the individuals see them and have access to the posting. In addition, this does not take into account individuals who cannot read and/or understand the material. This should be changed to "provide" the rights and resources to the member and also to their guardian, as appropriate. The rights and resources could be provided at each ISP evaluation in<br>addition to giving them to the member the first time. | Language of Remediation Strategy #7 - changed to "Incorporate a Service Requirement and Limitation in the Services Specification that requires Day Treatment and Training Programs to follow guidelines for language competency and provide rights in a location that anyone can access at anytime. |
| Email 80 | Provider Organization (Arizona Association of | *Rule 5; Remediation Strategy #8 (pages 149-150)* - In addition, individuals certainly should have and do have the right to make their own choices on what they want to do and how they want to do it; however, DTAs try to teach individuals how to make those choices in the constructs of "normal" life, which should also be taken into consideration. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |

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| | Providers for People with Disabilities) | For example, if an individual wants to see the latest blockbuster movie that came out – they can do that, but the movie is only available at certain times at the movie theater. If they need to take transportation to get there, like a bus, they need to choose the bus route and the movie time that coincides. AAPPD suggests that the language in the remediation strategy note that the ISP and health and safety need to also guide the choices made. Today, there are individuals that are served by AAPPD members that would choose to eat pizza and watch a movie every day if they were given the "…individual initiative, autonomy and independence…" to make their own choices. The individual initiative and autonomy needs to be balanced with their health and safety needs and must be dictated by the ISP/person centered plan. The ISP and health and safety factors must also dictate the ability to have access to entrances and exits, the ability to have access to food at any time, and the ability to choose with whom to interact. In addition there are locations in a facility that even all staff are not able to access – members should not have the ability to have access to these areas either. Will this be taken into account? Informed choice must be a concept that is also recognized in the remediation strategy. | |
| Email 145 | Provider | *#8* – we have the same concerns articulated in Rule 5 of the Assessment. Additionally, we are concerned about the health and safety of our members if they are able to access food and snacks at any time. It is culturally normative to eat at mealtimes and snack times with a group. | Health and Safety considerations and limitations on HCBS Rules requirements will be addressed through an individual's person centered planning process. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | As mentioned above in comments on the assessment, there are several remediation strategies that will only be successful if the funding is available to expand the service. To that end, AAPPD is concerned with some of the timeframes suggested. Many of the changes to service specifications and the AHCCCS Medical Policy Manual are to be completed by September of 2018. This date does not match the state fiscal year calendar in which funding is set for the DES/DDD program. Consideration needs to be made for ensuring that the funding for changes are on-line at the same time the new requirements and changes to programs take place. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Forum 17 | Educator | For top notch adult day program or health model – see "Transitions North" of the community mental health system in Lansing, Michigan. They are wonderful! | Thank you for the information. |
| **Topic: Network Capacity, Service Availability and Rates** | | | |
| Forum 17 | Educator | You should pay workers more so the quality of care increases. I was making $14-$18/hr. to work in a CMH (Community Mental Health) day program. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Forum 31 | Provider | Within day programs, increasing integration and choice of activities will require additional funding. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Forum 81 | Provider | How are you going to pay for DTA (Day Treatment and Training) of the future? This is going to raise the cost considerably. How are you going to pay for that? | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |

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| Forum 7 | Family Member | Day Programs are very restrictive. Many programs will not accept members who need a 1:1 staff or members with behaviors. This is very discriminatory. What will these unserved members do on a day to day basis? | AHCCCS maintains network standard requirements to ensure members have access to covered care and services. |
| Email 112 | Non-Provider Organization (Raising Special Kids) | Is there a plan to ensure adequate HCBS provider availability to cover the full range of support needs? Families currently experience a lack of provider options for members with significant support needs. As provider capacity begins to expand for members with significant support needs, how will day treatment and training programs achieve compliance with the rules, while including opportunities for skill building in the community and inclusion? Have new models and approaches been developed and tested that Arizona providers could reference as promising practices? | AHCCCS maintains network standard requirements to ensure members have access to covered care and services.<br><br>AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies including review of best practices. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 5; Remediation Strategy #8 (pages 149-150)* - While AAPPD does not disagree with the overall remediation strategy, this strategy is not implementable unless the staffing ratio and funding are considered in advance of the requirements being put in place. In some cases, this remediation strategy will increase the schedules and options available to members. In other cases, the remediation strategy may cause additional 1:1 ratios to be considered for individuals choosing to participate in something different. For example, AAPPD has one DTA provider member with 47 non-ambulatory individuals. None of their non-ambulatory individuals who require assistance with mobility (pushing their wheelchairs) are at a 1:1 ratio. In order to do large-scale (or small-scale) outings, the provider would have to bring in extra staff to help these individuals. Again, AAPPD does not disagree with the overall goal, but the fundamentals of staffing and costs need to be addressed in order to make these opportunities safe for the individual and cost-effective for the provider. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 81 | Provider | Staffing ratios may need to be increased to allow for the integration that is described for day programs. The ratios will need to be increased as needed for individual choice of activities, to ensure safety of the clients. Also, we will need additional clarification of the background checks required for outside individuals who come into the day program to assist, read, teach, etc., as well as for visitors to group homes. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 119 | Provider | In the Day Programs, we are concerned with the ability to staff the program with the changes identified. When a client is given choices in activities, can that choice be limited to two or three activities (including "no" activity) to try to ensure we have at least 3 to 4 clients at each activity? What happens if we have 1:2 clients, and one client in this ratio wants to go to one activity and the other client desires to attend another activity? Staffing ratios may need to be increased to allow for the kind of integration that is described and to ensure safety of the clients. There will be additional transportation costs. All this means a funding increase. Also, we will need additional clarification of the background checks required for outside individuals who come into the day program to assist, read, teach, etc., as well as for visitors to group homes. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| ***Center-Based Employment Programs*** | | | |
| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Scope of the HCBS Rules** | | | |

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| Forum 66 | Family Member | Have you done your homework on how this is working in other states (WA, VT and ME)? If doesn't work were go after that? | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies including review of best practices. |
| Forum 81 | Provider | Look at the results of other states closing sheltered employment. People went from 30 hours of work to 2-10 hours of work at minimum wage. | Thank you for the information. |
| Forum 76 | Family Member | Is Arizona the only state implementing these changes & guidelines regarding center-based employment system? If other states have made the same changes, how has the outcome worked for all individual(s)? | This is a Federal Rule requirement applicable to all programs receiving Medicaid funding for Home and Community Based services in all states.<br>AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies including review of best practices. |
| Forum 106 | Family Member | Don't like having to go through sheltered workshop to get a job & getting a job coach. | This is not an accurate statement. Members can receive employment supports and services based on their individual needs. |
| Forum 83 | Provider | The important thing to consider, through all of this, is that members should be able to choose their future – if that is integrated employment and integrated residential setting, then this is great; but if someone choose to work in a center-based, group-supported or individually supported envioronment, then he/she should have that option. | Thank you for your comment. |
| Forum 66 | Family Member | Total misreading and misinterpretation or misunderstanding of Olmstead. The case was about institutionalization, i.e. Coolidge type of facility. This case is not about employment and that fact it's being relied on to push community based employment and close center based employment is a gross misuse of this case. No where in the case does it mandate integration in employment. | Thank you for your comment. |
| Forum 7 | Family Member | When the DOL (Department of Labor) demand minimum wage for all consumers, will there be a government program when the business world can't afford or won't hire? | The Department of Labor requirements are outside the scope of the HCBS Rules. |
| Forum 42 | Provider | Please explain, in detail, the minimum wage in work centers. | The Department of Labor requirements are outside the scope of the HCBS Rules. |
| Forum 66 | Family Member | Also 14(c) of the Fair Labor Standards Act is essential for persons like my [NAME]. She will never be able to do the work that a normal person does and therefore, no employer will hire her. If a person is qualified even though they have a disability of course they should be paid minimum wage or more. | Thank you for your comment. |
| Forum 31 | Provider | Can I get the CMS (Centers for Medicare and Medicaid Services) document on employment services? | Send an email to HCBS@azahcccs.gov providing your contact information and interest. |
| **Topic: Assessment** | | | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1; Compliance Level (page 160)* - AAPPD disagrees with the compliance level chosen. The Assessment lists CBE as not compliant for Rule #1; however, the parts of the rule do not indicate this recommendation. For Rule 1a and 1b, CBE is listed as partially compliant. For Rule 1c, CBE is listed as compliant. Only Rule 1d is listed as not compliant. The average, if you will, of these is that CBE should be listed as partially compliant for Rule #1. AAPPD agrees with the evidence provided for the different parts of the rule as well and believes this indicates the system is partially compliant. | Each rule requirement was assessed independently of the other. |
| Forum 2 | Non-Provider Organization (Treasure House) | What if the agency has an enterprise and it is open to the public – will that meet the community-based employment goal? | AHCCCS will establish site specific workgroups that will address monitoring tools, standards and ongoing monitoring processes for each setting type. |
| Forum 42 | Provider | Work centers selling items, does the agency need to have any special license? | Requirements for business licenses is outside of the scope of the rule. |

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| Forum 66 | Family Member | Have you taken into account all of the different types of disability? Especially those that involve mental retardation? | This is a Federal Rule requirement applicable to all programs receiving Medicaid funding for the provision of Home and Community Based services. |
| Forum 73 | Provider | We at Beacon already are spend(ing) a significant amount of time working with our members to give them the choices that are available to anyone and to help them work on the barriers that would make it a challenge to work in competitive employment. | Thank you for your comment. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | AAPPD is generally concerned that there will be only one vocational service left for individuals with severe developmental disabilities – community based employment (group or individual supported employment). Having a goal of community-based employment is what AAPPD provider members have for the individuals we serve today. However, factors such as individual choice, guardian choice, severeness of disability, severeness of behaviors all factor in to whether that individual is successful in community based employment. Language in the assessment and transition plan seem to indicate that center-based employment should become a pre-vocational setting. First, this conclusion should not be made until a full assessment towards the redesign is completed. Second, removing choice and options in the system is counter to the goals stated in the HCBS rules. If an individual chooses to not participate in community based employment, but still wants to work – what happens to them? Is their only option going to be a day treatment program?<br>For individuals who choose not to enter a community based setting or have a hard time learning the skills necessary to be successful in a community based setting (based on their personcentered plan), what will their options be for earning a paycheck? Individuals have the right to earn a paycheck – volunteering cannot be seen as an acceptable replacement for earning a paycheck. Lastly, pre-vocational services have their place and can help certain individuals gain the skills necessary to be successful in a community based employment setting. However, some individuals need on-the-job training to learn these skills (just like non-disabled individuals). If center-based employment is transitioned to only pre-vocational services, where will these individuals learn on-the-job training? Such training for individuals with developmental disabilities is not available for many jobs. Many center-based employment programs bring the work in-house to help teach individuals what they need to know in order to then take that same job to a community-based setting. As AAPPD reads the assessment today, this option does not seem to still be available. | Reference “AHCCCS’ Response to Public Comment on Center-Based Employment” section of the document. |
| Email 81 | Provider | The Board adamantly opposes elimination of center-based employment. It is a necessary component in the continuum of employment services. There is already a time-limited pre-vocational service, Transition to Employment. We understand that policymakers are concerned about the number of individuals working in segregated settings, but eliminating a choice that may actually be the only realistic opportunity a client has for earning paycheck is not the correct solution. The planning process should be assessing the appropriateness of the employment services setting and changing the authorized service if needed. Please fix this process rather than create a hole in the spectrum that will relegate clients to day programs or volunteer work (which many consider work without pay). | Reference “AHCCCS’ Response to Public Comment on Center-Based Employment” section of the document. |

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| Email 112 | Non-Provider Organization (Raising Special Kids) | Using the standard of what is culturally normative for individuals not receiving HCBS, the current center-based employment model appears to lack alignment on a number of points; individually-designed employment goals and options, to decline participation in group activities, to earn wages based on individual skills and experience, and more. We believe the proposed plan has set appropriate, time-limited steps for addressing the deficiencies of center-based employment. While strongly endorsing the development of integrated employment options as more appropriate and desirable, we recognize that center-based employment is a long-standing model of service chosen by some individuals and their families. We encourage AHCCCS to consider ways that a limited number of sites remain available to avoid a drastic disruption in the lives of members and families, while at the same time funding a significant expansion of integrated employment options that provide a continuum of support. | Thank you for your comment.<br><br>Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| **Topic: Transition Plan [Pre-Vocational Facility Based Service]** | | | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1; Remediation Strategy #2 (pages 160-161)* - AAPPD does not disagree with the concept of incorporating peers without disabilities in the work environment. Currently, however, staff in facilities are required to be background checked. Will a requirement be put in place for peers to be fingerprinted/background checked? Not all jobs require a background check of workers; it will be unfair if peers are required to be background check when members do not need to be based on their job. Also, the EEOC has been targeting employers who require background checks when not applied consistently within the job. Also, will a ratio be put in place – will incorporation have a level of expectation? | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Forum 81 | Provider | What is the ratio to be considered integrated? | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Forum 83 | Provider | Is there a proposed ratio of non-disabled/disabled employees in a center-based environment? | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Forum 100 | Provider | Is there going to be a ratio/percentage of an acceptable number of non-disabled individuals alongside those individuals in Center-Based Employment? If so, can organizations continue to make decisions based upon sound business practices or will we be forced to make decisions based upon arbitrarily defined ratios/percentages? What about background checks and fingerprint clearances for non-disabled individuals? | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Email 146 | Provider | At STARS, we love to bring folks in to our CBE to share information about jobs in the "real world" and to take individuals out to volunteer and enhance their skills. We want to expand those opportunities and we are concerned about the increased interaction with the general public. What requirements will there be in regards to fingerprinting and background checks for individuals visiting our centers and for individuals we are visiting in the community. Agencies will need additional resources to screen the entities we are interacting with, and we have to screen them to ensure the health and safety of our participants. | In accordance with ARS 46-141, volunteers are exempt from fingerprinting requirements as long as they are under the direct supervision of provider staff. |
| Email 146 | Provider | #1 & 2 – we are concerned with the feasibility of brining in individuals without | AHCCCS will establish site specific workgroups to address policy and process |

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| | | disabilities. What would the screening requirements be? Who will coordinate the schedules? This will require increased funding. | development for Remediation Strategies.<br>AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1; Remediation Strategy #3 (page 161)* - Can AHCCCS provide clarification on the requirement to stipulate in the services specifications that settings must be located in the community among other buildings or businesses to facilitate integration? AAPPD does not disagree with the concept we think is trying to be portrayed but is unclear on what it really means. AAPPD is also concerned about the implication for rural Arizona. In some cases, services could be provided in a remote location that may not be "among other buildings…businesses", etc. In addition, there has been a push in the greater community to have a better work/life balance which can mean that a nondisabled person can walk to work or have a short commute to work. This includes mixed-used spaces where businesses and apartments/condominiums are in the same building. In writing this service specification, those options should not be taken away from a person with a disability.What if the location is on a church campus? Is that considered a community setting? Is it<br>included in the "etc." of the examples listed? | HCBS Workgroup review – The intent of this language is to ensure that settings are not so isolated or segrated so as to never have the opportunity to interact with someone else in the community not receiving HCB services. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1a; Remediation Strategy #4 (page 162)* - AAPPD recommends deleting this remediation strategy. In the Transition Plan and in Remediation Strategy #5, AHCCCS recommends a process to evaluate and redesign the current continuum of employment supports. Making the recommendation to "transition the center-based employment service to a facility-based pre-employment service" seems premature to the discussion that needs to take place. Does this mean that employment cannot be provided at a CBE at all? Can the pre-employment services be added? The description of pre-employment services sounds like a new service that has been created in Arizona, Transition to Employment (TTE). The stakeholders involved need to determine the role TTE plays in this discussion as well. If AHCCCS does not want to delete the remediation strategy as suggested, the language should be adjusted to state that during the redesign, the idea of transitioning CBE to a facility-based pre-employment service should be considered. | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Email 119 | Provider | In regard to Employment Services, we request that Center-Based Employment not be eliminated. It is a necessary component in the continuum of employment services. There is already a time-limited pre-vocational service, Transition to Employment. We understand that policymakers are concerned about the number of individuals working in segregated settings, but eliminating a choice that may actually be the only realistic opportunity a client has for earning paycheck is not the correct solution. The planning process should be assessing the appropriateness of the employment services setting and changing the authorized service if needed. Please fix this process rather than create a hole in the spectrum that will relegate clients to day programs or volunteer work (which many consider work without pay). | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |

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| Email 110 | Non-Provider Organization (ARC of Arizona) | The plan states that it is AHCCCS's intention to transition center-based employment to "facility based pre-vocational service." We question whether this is a meaningful change. | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Email 146 | Provider | We are thrilled to be included in the process to redesign employment services. Those of us that have been providing those services have some amazing ideas of how to improve the system for our participants. | Thank you for yur comment.<br>Send an email to HCBS@azahcccs.gov providing your contact information and interest. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1a; Remediation Strategy #5 (page 162)* - What is considered "other activities"? If a member wants to work and does not want to volunteer, for example, will they be allowed to make that choice? Members value the paycheck they receive no matter the amount. If the member cannot move further in their employment status for whatever reason (as dictated in their ISP), they should still have the choice to work and earn a paycheck. The current service specifications require that participants be engaged in paid work at least 75% of the time. This will have to be amended to meet the "other activities" requirement. In addition, what are providers supposed to tell customers when individuals need to be pulled off of a job in order to do these other activities? What if there is a job deadline to meet? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Email 110 | Non-Provider Organization (ARC of Arizona) | In the Center-Based Employment Transition Plan (pages 182-183) and the Group Supported Employment Transition Plan (pages 211-212), AHCCCS states that, in Year One, a process will be undertaken to evaluate and redesign the continuum of employment supports and services. AHCCS identifies itself, DDD and the provider association (AAPPD) as the lead organizations for this effort. The Arc of Arizona would like to see many more specifics about how these settings will come into compliance with the HCBS rules, including a timeframe for full compliance and details on how compliance will be determined, and it believes that Employment First principals should be implemented throughout the HCBS system. Moreover, we believe AHCCCS must include other "non-provider" representatives, such as The Arc of Arizona, as lead organizations in this important effort. | AHCCCS will establish site specific workgroups to include non provider representation to address policy and process development for Remediation Strategies. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1a; Remediation Strategy #6 (page 162)* - AAPPD does not disagree with this remediation strategy; however, AAPPD would like to ensure that choice is maintained in the service specification. A member has a right to learn about all options available to them, including volunteering, but should not be forced to volunteer because their employment option is essentially deleted. The choice to work and earn a paycheck must remain a part of the system. AAPPD is also concerned that volunteering may turn into community service and will not be a way for an individual to learn important skills towards employment. This concern arises out of other federal requirements. For example, under the Department of Labor, an individual who was gainfully employed cannot be moved to a volunteer position to do the exact same job and not get paid. The Department of Labor also prevents a volunteer from doing the same job as the person next to them that is collecting a paycheck on a regular basis. Under the Fair Labor Standards Act, employees may not volunteer services to forprofit private sector employers. Individuals can volunteer services to public sector employers. For members, their choices would then be limited to only certain types of volunteering that may or may not help with | Volunteer is defined as a person who freely offers to take part in an activity, enterprise or task. The reference to volunteer is not to suggest that an individual undertake activities for free that would otherwise require compensation. AHCCCS and CMS in no way are suggesting or supporting a direction where an individual with a disability is essentially relegated to volunteer work and is not given the option to work and earn a paycheck. |

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| | | employment goals. In addition, people are allowed to volunteer their services to public agencies and their community with but one exception - public sector employers may not allow their employees to volunteer, without compensation, additional time to do the same work for which they are employed. There is no prohibition on anyone employed in the private sector from volunteering in any capacity or line of work in the public sector. The Department of Labor also states that just like other individuals, workers with disabilities may volunteer to perform certain tasks without creating an employment employment relationship does not exist and to protect such workers from exploitation, the following criteria must be met:<br>1. The worker must be legally competent to freely volunteer, or when appropriate the worker's parent or guardian must approve the volunteer activity.<br>**2. The volunteer work performed must be substantially different from the work that he or she performs during duty hours.**<br>3. The work must be performed outside normal duty hours.<br>4. The work must be of the type that would be normally classified as "volunteer" work. For example, a worker with a disability may volunteer to wheel another individual around in a wheel chair or participate in a community "clean up" program hosted by a work center. If the Department of Labor already recognizes that an individual with a disability must be doing something different from the work he or she performs in order for it to be volunteering, why are we allowing individuals with disabilities to potentially volunteer for jobs they could be getting paid for? | |
| Email 146 | Provider | We are concerned with the emphasis on volunteer work. The Department of Labor does not support having individuals with disabilities work without pay. Providers are at great risk of inadvertently violating federal law if not careful. | Volunteer is defined as a person who freely offers to take part in an activity, enterprise or task. The reference to volunteer is not to suggest that an individual undertake activities for free that would otherwise require compensation. AHCCCS and CMS in no way are suggesting or supporting a direction where an individual with a disability is essentially relegated to volunteer work and is not given the option to work and earn a paycheck. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1d; Remediation Strategy #8 (page 169)* - AAPPD disagrees with the remediation strategy listed as it assumes that no employment will be provided by a CBE. Employment opportunities must still be considered as part of a CBE in order consider a redesign of the system as suggested in remediation strategy #5. | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Email 146 | Provider | We also have concerns with 1D. Theoretically, receiving services in the community to the same degree of access as individuals not receiving HCBS services is fantastic. However, peers to the adults we serve usually have increased productivity and access to different jobs and benefits. We are also continually working to increase the employers who will employ the folks we serve. We need a great deal of support to engage employers to expand opportunities. | Thank you for your comment. |
| Email 80 | Provider Organization | *Rule 2a; Remediation Strategy #9 (page 170)* - AAPPD disagrees with the term "pre-vocational" as it is used in this remediation strategy. CBE is not pre-vocational; until | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |

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| | (Arizona Association of Providers for People with Disabilities) | such time as the recommendation are made to redesign the program the assumption should not be made that it is only "pre-vocational". As mentioned above, remediation strategy #5 suggests a redesign of the system. The manual should not be adjusted until such decisions are made. AAPPD suggests changing the language to "…a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting programs with a pre-vocational training program component prior to making a decision on where to receive services." (NOTE: See language in Assessment on remediation strategy #12 (page 175); the language requires providers to exercise strategies for providing pre-vocational services and supports; this language in #12 does not remove options as the language in #9 does.) | |
| Forum 100 | Provider | Will the choice of Center-Based Employment or the proposed new "pre-employment Service" be limited to certain activities? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 34 | Provider | How are the team-defined duration of service requirements (to) be controlled given constant turnover in team members (i.e. Support Coordinators, Case Managers, etc.)? | A individual's Person Centered Plan stands independent of the member's planning team. |
| Forum 86 | Provider | Why change in duration folks can remain in pre-voc? A great idea! | Thank you for your comment.<br>Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 3; Remediation Strategy #10 (page 172)* - AAPPD agrees that an annual readiness assessment must be conducted for employment in general, not just for community-based employment. AAPPD suggests that the very first assessment that is completed be a very comprehensive look at the abilities and desires of the individual to work. AAPPD agrees that the member must have an integrated employment goal. The assessment must determine how the provider and member will get them to their goal. The assessment should not assume a starting point for any one member. Because of this, employment options along the spectrum must be left in place to allow individuals to work on the skills needed to move themselves to integrated employment. This first assessment must include support coordinators, guardians, vocational rehabilitation (where appropriate), and others to determine the individuals desire for employment and ability to be employed. The comprehension level of the individual must be taken into account as the needs and desires of the individual are assessed. This first assessment should be revisited at every ISP to identify changes in ability and the desires of the individual. This must be done in consultation with guardians, as appropriate. | AHCCCS recognizes the system of employment supports and services should be designed to support members who express desires to work to achieve their vocational goals. Only the desire to work is a prerequisite for pre vocational serve.<br><br>Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 34 | Provider | Will the "at minimum" annual readiness assessments used to evaluate progress towards the employment objectives be standardized across providers? If not, how will you control the variability in the interpretation/evaluation of those assessment results? | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Forum 79 | Provider | Goals will be evaluated, but how many times can the goals be changed if it seems the barriers are unsurpassable? Or does the goal stay the same and all evaluations are meant to reach it? Thank you for being flexible and understanding our side. | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 83 | Provider | What if a member is in center-based employment but isn't making progress? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 71 | Provider | Can a person choose not to be pressured into transitioning to an integrated work | Reference "AHCCCS' Response to Public Comment on Center-Based |

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| | | environment? If not, will they be forced into a DTA (Day Treatment and Training) program? Is there going to be a time limit for a person to be in Center-Based Employment? Will their choices as a member of the (PCP) Person –Centered Planning team be considered? Will they matter? If the transition to an integrated work environment is not successful and the person still wants to work, what happens? | Employment" section of the document. |
| Forum 110 | Undisclosed | You will force an employee to have community goals whether they can handle it or not. What if they are low functioning? Your focus is on following rules not serving the needs of the individual. No one should be in your position unless they have a disabled child. | Thank you for your comment. |
| Forum 100 | Provider | If the majority of the PCP ( Person –Centered Planning) team decides that the individual should transition to an integrated work environment, but the member and/or guardian wants to remain in Center-Based Employment, will their wishes be considered? Will they matter? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 100 | Provider | If the transition to an integrated work environment is not successful, can the individual immediately return to Center-Based Employment? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 100 | Provider | Can a person choose not to be pressured into transitioning to an integrated work environment? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 85 | Family Member | Is there a time limit that a person can be in a center based employment service? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 100 | Provider | Is there going to be a time-limit for a person to be in Center-Based Employment? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 79 | Provider | What happens to Center-Based Employment in the future? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Email 146 | Provider | *#4* – we will need assistance in developing our employer network and we will need financial support so that we can dedicate increased staff to that effort. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 5; Remediation Strategy #12 (page 175)* - AAPPD is concerned about the examples cited to meet this strategy. The examples provided, including facilitating alternate schedules for members and ensuring access to meals and snacks at the time of their choosing, can, in some cases, cause the need for changes in staffing ratios and ultimately funding. The current funding structure does not fund providers to allow for true autonomy. AAPPD is concerned that this will not be taken into account and become a requirement prior to the funding structure being change to accommodate such a change in service. In addition, from a philosophical perspective, AAPPD is very concerned about the message being provided to individuals who are seeking employment and/or employment related services. If the goal of the member for any employment or employment related service must be integrated employment as stated in remediation strategy #10, then<br>shouldn't the employment or the employment services being provided emulate and teach about a "typical integrated employment" setting? For example, in many employment situations, the hours of the employee are set by the employer. The employee may be able | AHCCCS has clarified examples of alternate schedule flexibility in the context of employment training or work.<br>Reference Assessment- Center-Based Employment section of the document. |

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| | | to choose from different options in their schedule,<br>but once the schedule has been chosen, there is little latitude for changing the schedule on a daily basis. If my chosen schedule is 9:00 am to 3:00 pm, Mondays and Tuesdays, there are usually consequences for coming it at 10:00 sometimes or leaving at 2:00 when I would like. In addition, many jobs schedule break time in order to ensure all employees get a break that is not disruptive to the overall work schedule. Will individuals be allowed to take breaks "at the time of their choosing" for snacks and meals when they are in an employment or employment related services. How do you teach this type of culture so the individual can work in that type of integrated work setting when they will be allowed to break the rules, so to speak? In addition, what if the guardian is dictating the member's schedule? AAPPD suggests that the Service Specification include that the requirement should be based off of the ISP and health and safety concerns in order to facilitate some of these concerns. | |
| Email 146 | Provider | Rule 5 – We also absolutely agree with participant choice and love Article 9 and the rights ensured to those we serve. We would really love to provide the flexibility in scheduling, activities, access and all other possibilities. We are prohibited from providing complete flexibility due to funding constraints. Our leadership team has developed really creative menus of activities (somewhat similar to the options on a cruise ship, with a variety of choices every day that our participants can opt in to our out of) but we have not been able to implement that type of programming. The primary reason we are not able is funding. We would need to increase staffing levels, increase the number of vehicles we have, increase space (to really do it right). This type of programming requires increased staff and greater resources. This type of programming is also not conducive to vocational training. This would not prepare an individual to work in the community. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 146 | Provider | *#12* – concerns about funding needed to support programming as well as dichotomy between choice and vocational training are listed above. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Forum 120 | Family Member | CBEs (Center-Based Employment) have structure & limit distractions which help the disabled to work & succeed. Would this be avalble in an integrated work area? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 31 | Provider | As the safety network for our members, we need to ensure that we are not eliminating any choices in services (Center-Based Employment). | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 59 | Provider | Why are providers fearful of CBE (center-based employment) getting eliminated? What was said in the past that has brought extreme concern to agencies/providers? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 110 | Undisclosed | You talked about a 6 year plan – will employment at MARC change before then? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 123 | Undisclosed | As the center-based programs move forward training people for integrated employment, what provisions can be made for people coming into the system in the future who are not capable of moving into integrated employment? Will center-based employment remain as an option? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |

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| Email 15 | Provider | I have worked in this field many years. We realize community employment is a great goal ,but there are so many that would be unable to work a community job. They may not work at a competitive pace ,they may be vulnerable to strangers or they may have some conditions such as eating disorders ,health issues or seizures that need close supervision that most employers would not be willing to do. These individuals may have many good skills that they get to develop in a safe environment such as the workshops. These individuals take great pride in their accomplishments in the workshop no matter how big or small they may be and taking this away from them would take the pride they feel away. The amount of the paycheck means little to most of them ,it is receiving a check at all that is important. I have seen many individuals work in the community and very few maintained these jobs for any length of time. Most are let go for a variety of reasons one being they do not work at a competitive rate ,or they are unable to multi task or they may do something that is unacceptable for the work place. Some find community employment stressful and this then brings on other issues. It would be very sad for all the individuals who are served in these programs and have grown personally even if they were small accomplishments because of them. One individual has already gone home very upset just hearing that his shop may close .He couldn't understand why they would do this to him. He likes to work and has made many friends there. We are asking that you reconsider the decision on closing workshops and the very negative effects it would have on so many people. | Thank you for your comment. |
| Forum 64 | Provider | I am really thrilled that the Center Based Employment was rethought. The way it functions now is serving the clients, allowing the clients to progress at the level of performance they are successful with. | Thank you for your comment. |
| Forum 104 | Provider | How are we going to work with this in a rural area? | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Forum 8 | Family Member | I have a 23 year old son with Autism that works in a center-based employment program. The proposed changes are a diversionary tactic to eliminate sub-minimum wage certificates. My son got emotional when he heard about the proposed changes because he wants to be able to continue to work. *[Paraphrase of verbal comment]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Forum 64 | Family Member | Do not force people to mainstream into community employment. Many do not want this, cannot be successful, but are very happy where they are. "Sheltered Workshops" are very appropriate without forcing a "community integrated" goal. Thank you for your hard work! | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Forum 66 | Family Member | My daughter will never be able to earn minimum wage and work in the community on her own. What will happen is that she will not have any employment and that's criminal!!! | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Forum 72 | Family Member | Very interesting & informative meeting. Thank you. Impacts my daughter who is in an IDLA (Individualized Living Arrangement) and also in Center-Based Employment & will never be able to work outside of a Center-Based Employment situation. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Forum 103 | Family Member | Our son is very happy with Center Based Employment. He has many friends & is very | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment |

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| | | proud of his paycheck. This Center helps provide a safe & secure future for our son. | Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Forum 113 | Family Member | Our son loves his job at MARC Productions it is center-based. He is involved in community thru sports and other social activities. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Forum 74 | Undisclosed | Individual would not want to be transitioned into an integrated work program and would want to stay in a center-based employment. Individual is successful in CBE (Center-Based Employment) work program and is safe and secure. This would not be so in an integrated program. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Forum 90 | Family Member | There will always be a need for centers where low functioning individuals can go and heave a purpose in their daily lives. These individuals have a cap on their abilities and will not be able to ever meet minimum requirements for standard employment. The idea of individuals who are young now & will be affected by this new system after the 5 year implementation but they will not have an option of sheltered workshop. Please make sure the low functional individuals continue to have options such as center-based employment. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 12 | Family Member | The Center-based employment gives her the opportunity to work in a safe environment. In community employment there are concerns about safety and being taken advantage of- she does not recognize danger. Losing CBE or paid work activities would be a negative impact for my niece. Individuals such as my niece with disabilities are the last to be hired and first to be fired as the economy changes. Employers will not give my nice the same opportunities because of her productivity rate is between 30%-60%. CBE gives my niece a deep sense of achievement and self- worth a feeling of accomplishment and an increased feelings of normalcy and being part of the community. So please continue with these programs as it will affect many if the opportunities are taken away. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 13 | Member | I would really like it if we could stay open because then none of us special needs kids would have jobs or anything so I would really really really love it if you could keep it is this is coming from [NAME], at Marc East it would be Amazing if the works shop stayed opened we could have a job | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 14 | Family Member | [NAME], looks forward to going to the Marc East center everyday to see his friends, to have a reason to get up, get dressed, have something meaningful for him to do at work and the socialization he gets makes his life worth living. He loves being able to work at his tasks and see them completed. He loves to work at the center and it carries over to his personal life at home. They also have activities that they would not ever have in any other way. A reason to go to a dance, a Halloween or Christmas party, Valentine Dance. Who in the normal world would invite my son [NAME], or any of those that work with him to their parties and activities. Marc East invites them and they all love it !! The government wastes money in many areas, but there are no other options for my son and the thousands of others just like him. Arizona needs to stand out in front and | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | continue to help those that have NO OTHER CHOICE!! *[Excerpt of email submission]* | |
| Forum 75 | Family Member | What will be the services available for center-based employment services for individuals who are so disabled that they are not employable? We can't just trash these people? | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Forum 84 | Family Member | Will he lose his job? It because his arm shake a lot and where would be able to work and slow and at this own speed? | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Forum 84A | Member | I want to keep my job at Beacon cause it's my first job. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 16 | Family Member | Its my understanding that you are considering eliminating funding for day programs for the handicapped. What a travesty that would be!!<br>My daughter, [NAME], , has been at the MARC Center, 924 N. Country Club Drive, Mesa for 25 years. She functions on a 7 year old level, academically, and is not capable of being in the general community for employment. Her judgement is limited and we have encountered 2 serious incidents of "stranger danger". She needs to be in a sheltered setting or a low risk environment, as do so many of the clients at MARC. She makes limited income but it gives her a sense of pride that she is doing something meaningful. So, I speak not just for [NAME], but all the clients who depend on day programs to be productive and part of society. They are different. They need special help. Employers will not hire the handicapped over someone who is "normal". They will get shoved aside for sure.Please do not cut this funding. They are actually doing important work at the sheltered workshops. Let them continue to feel good about themselves. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 17 | Member | I am a 72 year old retired nurse. I live in an independent living complex and feel a strong need to help others who are mentally or physically hurting. I have been offered two full time jobs as a peer support specialist.. My psychiatrist that this is too heavy a load for my age. Nevertheless I want to experience a sense of achievement and self-worth. 2 A feeling of mastery and accomplishment. 3 A sense of inclusion and connectedness.. 4 Increasing feelings of normalcy and being part of the community. I can only do this when I am transported to my classes to learn the necessary skills I need to help others. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 18 | Family Member | I am writing to tell you how angry I am about even the possibility of the Marc Center's work program being eliminated! This is a place where my daughter can have self worth and get paid a little for doing such marvelous things that we never thought she could do. She doesn't need a restrictive day program she would be so unhappy! Employment elsewhere for her is not possible. She came home traumatized at just the thought of this happening, if it did I don't know how I would console her. She doesn't miss work and is very upset if she is sick and has to stay home. In the community these individuals are the | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | last to be hired. It doesn't matter about how much she makes it is that she is working and brings home a paycheck. She feels a deep sense of accomplishment, and mastery at being able to work at Marc Center East. She is so excited when she sees her items being sold at Target, Walmart, of Costco. It gives me a sense of pride about reducing reliance on and the amount of federal entitlements. She feels normal and a part of a community where she is like everyone else. I hope you will not think of money in your decision, but the kids, young adults and adults that love it there and would be totally devastated if it would close! | |
| Email 19 | Member | I am a participant in a paid work activities employment program. I have a SMI diagnosis that left me believing I couldn't work in competitive community job. The reasons being needed medication injections every two weeks and various other appointments and groups etc. During that time I was very grateful to be a participant of center-based employment. It allow me to feel useful, I was able to learn new skills and enhance others.. Also I felt safe and was working with peers with various disabilities. Even thought I am currently trying to find competitive community employment I would be devastated if that job did not work out and I could not return to a program like this.. So I hope that it will be heard losing this program would hurt the most vulnerable population in our communities. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 20 | Community Member | I am writing on behalf of a co-worker and her son. The Marc Center in Mesa has been a place of work for [NAME], . We’ve seen him grow up and has grown into a nice young man. I would not want the Marc Center close. I don’t know if it would be possible for [NAME], to secure a job in the community. He has support at the Marc Center and they provide a safe environment. In another setting there would be concern for his safety and being taken advantage of. With an employer he may not receive competitive pay due to productivity. Disabled persons are usually the last to be hired and the first to be fired as the economy changes.<br>My co-worker is a teacher and as we all know teachers do not get paid what they are worth. With [NAME], working he is able to provide for himself. That has to be a big help to the household. Jarod’s job is not only about money, it gives him a sense of achievement and self worth. I can see confidence in him as he helps his dad. I hope that my email helps in the decision to keep these important programs open for those who can not otherwise act on their own behalf. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 21 | Family Member | I was recently advised there is a proposal circulating at AHCCCS to close the protected workshops currently available for the disabled and replace them with required community placement or participation in a day program. As a parent, I find this both upsetting and pointless. My son, [NAME], [NAME], will be 39 years old in December of this year and has been disabled since he contracted encephalitis at the age of 14 months. Since leaving school, he has participated in these workshops, or enclaves, and considers them "his job." And having a job is more important to him that most people can comprehend. He does not fall into the category of the disabled that can function successfully in a predominantly unsupervised community-based employment position and the last thing he needs is permission to play all day long in a day program. These | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | workshops have provided him with socialization opportunities but, more importantly, they have provided him with a sense of worth. I realize there are segments of the population that seem to be easy targets for "cost-cutting" initiatives and that the disabled are rapidly falling into this category after the long decades of slow advancements made on their behalf. This is NOT the time to deny my son and his peers of something that makes them feel good about themselves; that makes them feel as if they belong; that they are just as much a valued segment of society as you or me. I cannot urge you strongly enough to find another method for cutting costs that will involve office supplies, not PEOPLE. *[Excerpt of email submission]* | |
| Email 22 | Family Member | Since 2010, my sister, [NAME], has been participating in the Employment Related Services program at the MARC center in Mesa, AZ. She recently told us that MARC center is planning to phase out this program, which has as its mission "vocational rehabilitation for individuals with disabilities that emphasizes helping people obtain competitive work in the community and provides the necessary support to ensure success in the workplace." Disbanding the program would be tragic for [NAME], and negatively affect her everyday life. Since her participation in this program her quality of life improved greatly. We, her family, had hoped that she could continue in the program for as long as she needed. Her list of positive outcomes are long: gaining computer skills; machine operating skills; communications, organizational and social skills; work-readiness and all-around camaraderie with others like her. She surprised all of us by spending 6 months working in the cafeteria at the Banner Health Corporate Center. As [NAME], family, we would deeply regret the negative impact ending this program would have, not only on [NAME], life, but on the lives of the many friends [NAME], has made in her years there. | |
| Email 23 | Undisclosed | It is unacceptable. The thought that budget cuts mean taking away from a community that needs support the most. There are so many other ways to save money. To take it out on them is inhumane. Everyday we put out our money to support people who thrive on welfare because it pays more than a typical job and requires very little participation with society. Yet we contribute to their laziness and manipulation of state resources to ignore their responsibility as a United States citizen. Yet that resumes, and the disabled community, the community who is the most appreciative, who doesn't complain about wages or hours, who is happy just to be contributing to being part of a great country continually is the target of budget cutting and the threat of closure. If you have any compassion for your fellow human beings, you will work hard to not take away the only pride these individuals have and the only way they feel they contribute to our society. Make it so when YOU go to bed at night you can sleep peacefully and not have the weight of millions of individuals and their lives on your shoulders. Nothing great every comes easy. | |
| Email 24 | Family Member | My brother lost his job because he was baited by these cruel coworkers. Unemployed and without purpose, he fell back into his anger and depression. We were as supportive as possible, but without a job, he felt hopelessly rejected from society. Our efforts were useless. My brother then got a job at the MARC center. He was in a supervised | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | environment, able to work and produce. He felt valuable again. He was proud of his work, excited to contribute. It wasn't about the money. It was about being treated like a person. He hadn't felt that in so many years. There are some kinds of support a family can't provide on their own. He has worked at the MARC center for many years, and his relationships and job skills have grown. It's been a long time since he's faced the kind of emotional depths of his unemployed days. However, ACCCHS is now considering cutting his job program. I know exactly what will happen to my brother - and the thousands that are in his position. Rejected again from society, they will fall into despair. They will be unable to contribute economically, they will require additional mental health services, their families will suffer. Some may take their own lives. We were close many times. I fear we may be headed there again. Please consider the value that can be given to these people that are so often shunned from society. It's not about the money that they receive, which is only a few dollars per hour. Their wages could even be cut further. It's about allowing them the basic human decency of working for a living and contributing in some small way. It's all they want, and as [NAME], sister, I beg you to please allow my brother to stay employed. It means the world to him. It means the world to all our family. *[Excerpt of email submission]* | |
| Email 25 | Member | I would be very disappointed with the idea your giving us about closing the workshop, it provides me to make good friends and go bowling with. My name is [NAME], and I'm autistic. I have a hard time doing things like normal people would do. I like coming to Marc Center just to do my jobs. I feel proud. The reason why I don't want you to close down the workshop because it provides me and the other people to help us make money and be more like other people who aren't autistic. We would like to continue coming to Marc Center. *[Excerpt of email submission]* | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 26 | Family Member | The shutting down of the employment center is a grave and horrible way to cut cost at the expense of my son [NAME], . He has worked there for almost ten years and takes great pride in what he does and the atmosphere is positive and promotes success in the work force. What is a society worth if we do not provide them with these opportunities to feel useful? We have tried employment for [NAME], outside of the Marc center and it does not work. Employers are not interested in hiring our kids and not only that the support to be successful is just not there. Where as at Marc the support is always there and it is in the least restrictive setting. This has helped [NAME], to know that he can and does accomplish work skills. He feels part of the work force and gets the extra help that he needs to succeed at his job. [NAME], has many times shown me items at Target and Walmart that he has worked on which has given him a sense of inclusion and connectiveness. This makes him proud of his job. [NAME], has a deep sense of achievement and self-worth not previously experienced in the work force. The Marc Center keeps them employed in the least restrictive way and with support and a pay check. It does not get much better than that believe me I have tried other avenues with [NAME], and the Marc Center is top notch and the work program needs to stay in tact. My son [NAME], feels normal and part of the community of working adults. *[Excerpt of email submission]* | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| Email 27 | Family Member | Elimination of the MARC Center will be devastating for my daughter! She suffers from seizures and is unable to work in any community-type program. At the MARC Center I know that my daughter is in a safe environment with staff that know her and know what to do if and when my daughter has a seizure. There is no place outside of the MARC Center where my daughter could work and have the safety net of staff to be there in the event of a seizure. In addition, I cannot think of any place that would hire her competitively because her employment would be a liability that no business would want to take on. My daughter earns very little at the MARC Center. However, she enjoys the work and is given jobs that she can successfully complete. She is proud of her paychecks, however small they are, and feels a sense of accomplishment that her work has been rewarded. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 28 | Family Member | I would like to express my feelings as to why you shouldn't eliminate this program or any other programs that help our adults with disabilities. These programs are not only a necessary tool for my Daughter but a feeling of accomplishment for her. You see [NAME], cannot work in public places we have tried and she gets very confused and has panic attacks, [NAME], has been diagnosed with mental retardation along with OCD, Bi-Polar as well as her panic attacks. [NAME], cannot be out in a public setting for long periods of times and has to have someone to be there in case of an attack in some instances [NAME], has had seizers due to one of her attacks. [NAME], does not do well in restrictive day programs either as it is to confusing for her and she doesn't like being in an environment that doesn't give her options or she doesn't feel like she is being constructive. That is one of the reasons we thought her getting a job would be good for her but a job in the public was devastating to her. I have had [NAME], in Day programs before and she has regressed by that I mean she went backwards as far as her learning skills, speaking and would become agitated easily. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 30 | Family Member | Our son, age 40, has Down's Syndrome. He is currently participating in a center-based work activity program at MARC East. He takes great pride in the fact that he's able to earn a paycheck and the work that he does. He has learned to work independently and as part of a team accomplishing various tasks. He is not able to perform community based employment that would allow him to participate for the amount of hours per week that he spends at the MARC East center. Any reduction or elimination of center-based employment would deprive him of his sense of achievement and self-worth. We feel your contemplated actions are very detrimental to his well-being as well as the well-being of all those affected by your projected decision. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 31 | Undisclosed | It's very important that the day programs and employment programs (CBE) be continued as is. The Marc center provides a much needed service to their client's and families. Everyone needs to have a purpose and meaning in their daily life. This program truly is a lifeline for many people. Thank you for your support! | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 32 | Family Member | My son came home from the Marc Center last Friday with a paper he was anxious to show me. It said that AHCCCS is considering eliminating CBE programs such as the Marc Center where my son works. He loves going there and doing all the different jobs. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS |

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| | | Every day he tells me what they worked on. If it weren't for the Marc Center he would probably have very limited social interaction. Now he looks forward to the monthly social activities and is participating in Bowling with many of his co-workers. Even though he earns less than $40.00 monthly, he is so proud of his paychecks, and fills out his bank deposit slip so we can put it in the bank.*[Excerpt of email submission]* | has modified the Center-Based Transition Plan based on public comment. |
| Email 33 | Undisclosed | Closing the employment program is an awful idea. We need to keep the MARC Center open! | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 34 | Family Member | It has come to my attention that the State of Arizona is considering the elimination of onsite employment activities for those with severe mental or developmental challenges. I'm writing because I strongly disagree with this elimination. My child has been in group homes for over 15-years and was born with serious mental and developmental problems. He is currently working at the Marc Center in their sheltered workshop. After he turned 18, the State of Arizona assisted in finding him work at a local grocery store as a 'bagger'. In the beginning this job worked well; however, over time the store management continued to increase the required hours and the stress of the job became more than he could handle. At the same time his mental illness became much worse, leading to him loosing this job. The work provided by the Marc Center fits his abilities and provides him with a level of socialization not available in the for-profit world. He calls daily telling me of the work he is doing and how happy he is. It would be disastrous if he was to lose this work. The for-profit business is all about productivity. The job he has needs to meet production goals be is much more focused on the individuals being employed. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 35 | Family Member | These disabled folks go to work and enjoy the peace of a safe environment with nice dedicated managers who encourage them to do well and they do. These folks don't need to be ganged up in day programs where they will do nothing but digress. My daughter has been working at the Marc Center for three years now and is contributing more to this society than a large amount of people walking or riding bicycles down on Brown Rd. and Main Street! I have never heard her complain of how much she is getting paid. Though it is not much. CBE allows our daughter to work so we are also freed up to work at the same time allowing us to remain sound in this lousy economy. Taking CBE away would not only do harm to our daughter but would leave one of us to have to no longer work. Our daughter requires 24 hour supervision so someone will have to do it. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 36 | Family Member | I am concerned about funding being taken away from center-based employment. You want individuals involved in these programs to be involved in the community. These employment centers are the only place where these individuals can be safely employed in their community. Regular jobs are not an option because they need more supervision then these jobs provide. Besides they do not understand the concept of danger or that there could be those that are predators and others that would take advantage of them. There are not enough jobs for this population out there. Where do you propose that they | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | all work? There are still many others looking for jobs as well. My daughter, who is mildly autistic, needs the outlet that her work program provides. She would be stuck at home because there is nowhere else for her to go. This would place a financial burden on our family because I would have to quit my job and stay home with her. Where is the community in that? Some programs may need to be cut in the state, but do not cut programs that are so vital to so many. This will have so many damaging affects on the people of Arizona for a long time. | |
| Email 37 | Family Member | My name is [NAME], I am a former client and now a staff member at a Vocational Rehab. Facility that has 2 paid training workshops. I believe eliminating these programs would be a terrible idea. It's hard for me to find the words to express how much I know these programs work to significantly help individuals. I have a physical disability that makes my days difficult sometimes and it's harder for me to maintain a schedule due to having a lot of bad days when I don't fell good at all and this center has helped me immensely with their patience and caring. It has taken me a few years to be able to hold a 3 day a week schedule. I know no other type of employer or work, besides self employment, that would allow for someone to make up days missed due to illness as this facility has. I believe people in my position would be able to find employment, but would not be able to hold employment for long at any one place when they never know how you are going to feel day to day!! They would be let go time after time. I KNOW these programs help the majority of individuals that participate in them and with the effort put forth by staff members that are there to help them. I've seen it first hand!! And that's not even taking into consideration of the freedom, boost of confidence, financial and emotional strength it gives the individuals!! It lets them have a sense of self worth!! Again that's not even taking into consideration the help and relief it may provide for the care takers and/or parents that need to work themselves, especially single parents or care givers!! I'd hate to see the community lose this!! Thank you for your time and consideration. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 38 | Family Member | To whom It may concern, We are writing to you regarding the possible upcoming cuts to funding of the day programs in Az. through AHCCS. We are the parents of a 43 year old daughter with cerebral palsy and developmental disabilities. Our daughter, [NAME], has been attending the MARC center workshop since arriving in Arizona 5 years ago. Working at the MARC Center has made such a difference in her life.....gives her life meaning . She now feels like a real part of society. Our daughter would not be able to work outside in the community due to her disabilities. If this program is cut she would be devastated, as would we. She was so very upset when this news was announced - her exact words were "what will I do if I don't have my job?" Please look to other sources to save money. Our disables children work each day not for the money, but the self worth and accomplishment they feel. Perhaps it would behoove you to visit the MARC Centers and see the comradery these people have with each other as a team. Please, we ask you, in good consciousness do not cut this program and hurt our most vulnerable citizens who trust and depend on us. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 39 | Family Member | Every day [NAME], gets up and goes to work at his job in the sheltered workshop at | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment |

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| | | MARC center. Every day he is happy to get up, cheerfully get dressed, and practically run into his job from excitement. I am passionate about my job as a hospice nurse, but most mornings I wish my alarm clock would just die. My brother [NAME], is 41 years old and has fragile X syndrome. He is wonderful, loving, kind, charitable and willing to help anyone who asks. He is also willing to get in their car and ride off with them. Although Matt is 6 foot 2 and 200 pounds, he has poor muscle tone and very poor motor planning, he cannot do the physical things that a typical person of his stature can do, but because he looks "normal" people expect him to. When he falls short, anger erupts, and he does not know how to deal with it. [NAME], naiveté has almost resulted in other adults attempting to punch him. He has no safety awareness. He cannot read, drive, understand how to use the bus, shop, fix food, or complete all of his personal care by himself. Please imagine these disenfranchised adults who sometimes drool, or have seizures, or are incontinent in a competitive work environment. The will be "competed" into glorified day care. Day programs are great if that is the least restrictive environment, but for [NAME], it would be mind-numbingly boring. Places like MARC and other sheltered programs offer something that we just cannot get anywhere else- a living. Imagine having no real reason to get up in the morning. Please do not take jobs away from those that cannot speak for themselves! *[Excerpt of email submission]* | Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 40 | Family Member | I am the stepfather to [NAME], , a client and employee of the MARC CENTER at Signal Butte and Main in Mesa. It is a very important part of my sons life that he enjoys the opportunity to be a productive member of our work force. It also allows him to see his friends and coworkers each week which without the MARC CENTER he would not. You see [NAME], is blind and disabled. His entire social experience revolves around his interaction at the CENTER. His ability to enter events at the Arizona Special Olympics, the bowling league at East Mesa Bowl, the acceptance by his peers create an atmosphere of self worth he would doubtless not enjoy. His self esteem and self worth are all gauged by his interaction with those who share the disabled life and accept him. The very act of applying for and getting hired outside the MARC CENTER workshop would not happen. The joy he shows when he receives his check is indescribable. Though the pay is considerably less than a sighted person his feeling of being a part of the whole is evident. HE is a contributor in our society. The majority of employers would not even consider hiring [NAME], yet he fills a niche and feels the weight of responsibility for his job. Less than fifty years ago the accepted response to bringing a child into the world who was disabled was to send them away, institutionalize them and forget they existed. Thank God times are changing. They feel a sense of pride when they don't share the same reliance on federal entitlements as others in their same situation. They are excited when they see the fruits of their labor in a product they worked on being sold at Target or Costco. The general sense is they are members of the community workforce and the community at large. The paid work activities play an important part in the social wellbeing and growth of these people. They strengthen our lives with their positive outlook and genuine love of our entire race. There are things in our society that could be done without however this is not one of them. Let these valuable members of our society | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | preform their jobs. Let them enjoy being contributors in the workplace and providers of joy. | |
| Email 41 | Family Member | I can't believe you would even consider shutting down the Marc Center! It's such a valuable program!! What little she makes, is her play money. It creates self worth for her. She doesn't want to miss going to the Marc Center East, because she knows she is getting a little bit of money to put in her bank account and she gets to see her friends. SSI deducts the money that she does make at Marc Center East, so it is not creating an extra expense. She can not go out in the work force because of her anxiety and disabilities. She is around people she feels comfortable with. She is reviewed quarterly and is setting goals for herself. This program keeps her active, provides social skills and she has the opportunity to learn new skills. It gives her responsibilities and keeps her active. **Please** reconsider this program change. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 43 | Community Member | I do respite for a 25 year old young man who works at the Marc's Center and it would be devastating if this center was closed down. He loves his job and he needs to socialization that it gives him. He is non-verbal and very much depends on people to watch him. Although he is very smart in his own right he still needs supervision in a working setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves like headphones and such and it gives him good practice with money when we do go to the store, it is one of his goals. There is no way he could ever work out in a public setting. Because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. Please don't close down the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 44 | Family Member | As a parent of a disabled adult, a sister of a disabled adult, and a teacher of special education, i am deeply concerned about the possible cut (or elimination) to center-based work activities. *Those who work through these centers certainly do NOT need more restrictive day programs!! I*f that was all they could handle, that's where they'd be going already! They also can NOT handle regular competitive employment, or again, don't you think they would be doing so? Believe me, we would love for them to be in the competitive workplace if they could. Indeed, both my son and my sister tried working in the competitive environment, but my son had to quit ( the job WE found for him) after two weeks because it was too stressful and overwhelming, and he didn't get the support and repetitive training he needs. My sister was brought under DDD center-based employment due to struggles with social skills (very common in those with cognitive disabilities or autism). She needed someone to coach her, as MARC center did, on when she could talk, when she shouldn't, and how to handle conflict. A regular employer would have just fired her. *We come to these centers because that is where our loved ones* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | *fit best, and in fact it's the only place they fit!!* And finally, the best reason: I have rad the law. It is NOT intended to be a means for budget cutting by state agencies, but only a way to get more individuals with disabilities out in the community, *IF they have the skills. Many if not most, don't.* Just like schools are required to offer a full spectrum of educational settings and services for students with disabilities, so the state should do the same. Cutting these center based programs means many, many individuals with disabilities would be stuck at home, unable to work at all, too high-functioning for a day program. It would be devastating and cruel. *[Excerpt of email submission]* | |
| Email 45 | Family Member | My son, [NAME], has autism. For several years, he's worked at Gompers Vocational Center. It is a safe, structured environment that he enjoys going to. [NAME], due to his autism requires a routine setting. Putting him out in the community would NOT be the best placement for him. Please, oh please, keep [NAME], in mind before YOU decide to turn his happy, structured life UP SIDE DOWN. Think!!! Would you like someone who has NEVER walked in your shoes decide (even if they mean well) to mess with YOUR job, mess with YOUR location, mess with your LIFE. Instead, poll the individual and/or their families. Disrupt ONLY whose ASKING for this change, NEEDING this change, WANTING this change. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 46 | Family Member | Our son [NAME], is 48 years old and has been in the CBE (Center Based Employment) program for 20 plus years. At one point he was in the community with a competitive job and it did not work out for him. He needs the shelter and structure of a CBE program. He had no stranger/danger skills and even though self- sufficient in some areas needs constant supervision and to be monitored/directed. The CBE job Marc Center provides him is meaningful and gives purpose to his life. He understands that he is being paid based on what he can achieve and sometimes he is really good at striving for these goals and then there are those other times. When he is paid, he is totally proud of the paycheck he receives even though the amount would be minimal to you or I, such as an average $35.00 a month. He can identify with others in his family because they work and get paid just as he does. Why anyone would think that businesses that are so competitive today would hire people that cannot maintain a specific level of productivity is beyond us. Marc Center does an excellent job of providing piece work for these individuals that they can be successful at doing and at the same time motivate them to try even harder. On top of this Marc Center provides other social after work activities such as Oasis, dances, craft night, etc. At some point we realize that he will need to retire from the CBE workshop and then a day type program would be beneficial where he can go and be social but not have to work. So then our next questions to you are: what happens to these people that cannot function in the competitive employment? What other LTC benefits are being looked at to be eliminated? Where can we go to find out more information such as what Federal Law? Why as parents and legal guardians are we just being notified of this at this late date – you have our names and addresses? *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 47 | Family Member | I'm writing in response to the changes being proposed by new Federal Laws. My son is 41 years old, has Fragile X, and IBS. He has worked in the community, Box Smart, | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of |

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| | | Insight, and Basha's. He has always enjoyed his work, and looks forward to going each day. He always has something to tell when he gets home. He really prefers working in the workshop. The jobs vary, and he can socialize with his peers, and the staff. Working in the community is not for everyone. The key word, is working, having a job, and getting paid. Not everyone is able to work in the community, they can work, but with behavior and medical issues and yes drooling, it is not in their best interest. My concern is, if the workshop has to close or only can accept certain individuals, where well all the people? My husband and I are planning on attending the Gilbert Forum. We tried calling, but it would not, but we get sound no person or computer!!!! | AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 48 | Family Member | My husband and I would like to introduce you to our two sons, [NAME], and [NAME], , who is four years younger. Both are mentally retarded but the doctors do not know why. He grew in his skills and one day MARC decided he was ready to try working in the cafeteria at Tempe High School four hours a day. He was so excited. He was a contracted employee, had a paycheck, a band account and some pocket money.Twice his supervisors changed causing a problem for [NAME], so the MARC Center sent someone over to teach the supervisors and [NAME], how to communicate and work together. Well, he's worked at Tempe High (Go Buffalos!) for thirty years, is in the State Retirement System and while he has BEEN paid HE ALSO HAS BEEN PAYING for his apartment, food, clothing, medical bills and INCOME TAX! All this thanks to the MARC Center staff! [NAME], graduated from Getz School and we felt very confortable taking him to the MARC Center as we were confident they could develop his abilities without making him feel inferior or unimportant. This is a crucial factor when you are teaching someone. He had many jobs. One day we went to the Home Depot Hardware department and [NAME], walked over and checked out the boxes of screws. The labels were not on straight! He said, "These were NOT made at the MARC Center! We do them right." The MARC Center is a place where everyone can feel comfortable. The staff understands them and cares about them. The handicapped WANT to learn and grow. They WANT to have friends. They WANT to have jobs and get a paycheck even if it is small. They WANT to contribute to the community and to do that, they need places like the MARC Center! The staff understands, loves, cares and teaches. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 49 | Family Member | I am a parent/guardian of a 33 year old special needs young lady. She is actively working in the MARC Center work program. My daughter is thriving from this work environment. Since she has been part of this program for the last 6 years or so, her self esteem has grown in leaps and bounds. What a sense of pride to walk down the aisle at Target and see the medical first aid kits she has helped put together actually for sale to the public. Some of my issues with the upcoming changes being considered are: She would loose the job that she loves so much, not to mention the fact that she would be unemployable. What would she do all day? This job has helped my daughter | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | overcome some self mutilating tendencies that she had with idle time and boredom. My daughter had a job in the community and it was a negative experience for her. She feels safe in the work center at the MARC Center. I fear if she lost her work program she would revert back to her negative behaviors.Please take the time to consider these individuals that need this and other programs like this to survive, not only financially but emotionally.I appreciate your compassionate and thoughtful consideration in this very important matter. | |
| Email 50 | Family Member | It is a sad indictment of a society that funds mulimillion dollar vacations for government officials and families and refuse to care for those who cannot care for themselves. We have two mentally challanged sons who have some sense of self worth due in part to the MARC Center program..Most if not all of the participants at MARC CENTER would be unable to enjoy any quallity of life with out the additonal social and work involvment provided by this type of service.. You might consider Challanging PUBLICLY a FED Law that disfranchizes a minority population. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 51 | Family Member | My son has attended the Marc Community Resources Inc., since July 2006. Due to his head injury, his disability he has not been able to hold employment in a public setting. The Marc Center has provided continual building of his self-confidence in all areas of his life along with giving him the sense that his life is worth something. He has the confidence that he can finish something that he starts, which gives him a deep sense of achievement and self- worth. He feels he is contributing to the productivity needed in the economy and his community. His hope is that someday he will acquire the experience needed to hold permanent employment. He has come a very long way in so many ways and could have not done it without the center offering this experience for a better tomorrow, as he continues to build work experience,instructions on how to complete an application and friendships and useing his time in an enjoyable and productive way. It would be a disaster the clients to have their life taken from them, as well as what it will do to their families. Our request is that this all day program will not be eliminated. It would be most appreciated for AHCCCS to continue this center based paid work activities for my son as well as others who participate in this program. This is their life outside the their home. Thank you for what you have provided and what our hope is that you will continue. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 52 | Family Member | I’m writing this e-mail to express my concern about a notice that I received regarding the possible elimination of funding for CBE programs. My son, [NAME], , works at Marc Center in Mesa. He is an adult with developmental disabilities and some medical issues. [NAME], does well working in a supervised setting and flourishes in that work environment. [NAME], doesn’t require the restrictive setting of a day program. My son does not however, recognize some major safety issues…i.e., stranger danger and the like, and would not do well working in the community as a result. I feel that my son would possibly be taken advantage of in a situation that was not supervised like the setting he presently work in. [NAME], feels a great sense of accomplishment at his job. He tells me about the different projects that he’s working on and he feels a great sense of self worth as a result of performing these tasks. Regardless of the money that is earned, | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | [NAME], loves working at Marc Center and takes pride in what he does. To see this program dissolved as a result of funding would be a travesty. There is a large population of people like my son that are being so well served by this program. I can only speak for my son, but I can assure you that this program has provided [NAME], with a sense of normalcy and it also provides the opportunity for interaction with his peers.<br>**PLEASE** continue to fund this program so that Brian and thousands of others can lead a productive and contented life. Thanks in advance for your consideration in this important matter. | |
| Email 53 | Family Member | It has come to our attention that the Center-Based Employment (CBE) program that serves adults with developmental disabilities is on the chopping block in Arizona. Our son, [NAME], , currently works in a CBE environment and brings home about $35.00 every two weeks. That's $70.00 a month. He gets up every morning to tell us he has to go to work for the day. Because he's grown up in a household that values hard work, he knows he's making us proud. And, he is proud of himself for having a job. His CBE is a huge contributing factor. While [NAME], is a hard worker, he is also very trusting. He does not carry his own debit card in his wallet. He's had money, sunglasses, and other personal items stolen when out in the community with minimal support. When he's calm and unstressed, he can give his home address and phone numbers for my husband and myself. Not so when he's distressed. The extra support he receives from the CBE program provides him a safe, low-risk environment that allows him to explore different job options without the worry of being taken advantage of. Through his participation in the community, both in school and now at his CBE, Dylan is a contributing member of society. He is proud of himself, and even though his paychecks are very small, they're still paychecks. Every time he brings one home, he tells his dad that he can use his money for lunch, so dad doesn't have to give him money. Adults with developmental disabilities live life at a disadvantage. The CBE programs in the community offer them opportunities that, otherwise, would not be possible. A $35.00 paycheck certainly won't make them rich in terms of money, but it makes them rich in terms of their self-worth and sense of pride and accomplishment. We're asking you to PLEASE, consider the very real impact cutting the CBE program will have on the lives of these special adults. Is $35.00 a paycheck too much to ask? *[Excerpt of email submission]* | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 54 | Family Member | It is my understanding that you are meeting about budgetary concerns. It seems that once again you are targeting those who are unable to defend or speak for themselves. I find it very disgusting that you are even considering cutting services to center-based paid work activities. My son is 40 years old and has Down Syndrome. He has worked part-time in the competitive market as a courtesy clerk for minimum wage for 20 years. During that time he NEVER had a friend or social situations he was invited to. When not at the grocery store he attended a center-based program, where he had friends, a feeling of accomplishment in a work environment that matched his needs. I wonder why you would even consider eliminating individuals with documented IQ’s of 30-50, other behavior and health issues, and unable to discriminate to where they have nothing. Those individuals in the center-based work centers are there because it provides them | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | with a safe environment where they are productive citizens, self-worth is increased, and a definite feeling of accomplishing a job. Wages may be an issue, but these individuals are paid by a time study system that has worked for well over 40 years. These individuals do not need day programing because their abilities and needs would not be met, because they need work to feel accomplishment. *[Excerpt of email submission]* | |
| Email 55 | Family Member | MARC CENTER has been a blessing for our son, IT would be nice if could be in a MORE COMPETIVE ENVIROMENT but TIME PHASED BEHAVIOR EMPLOYMENT may cause UNINTENDED CONSEQUENCES for not only our son but others. IT is this parents opinion that the STATE of ARIZONA has not caught up with it's support mechanisms for those DIAGNOSED with DEVELOPMENTAL DISABILITES after the age of 18. MEDICAL KNOWLEDGE AND BEHAVIOR is ADVANCING all of the time. MY son and others that were in VARIOUS ARIZONA SCHOOL SYTEMS in 80 – 90's resulting in the late diagnoses of various DEVELOPMENTAL DISABILITIES are in the middle of a corn maze . Thank GOD for MARC CENTER and OTHERS who have a direct involvement with physically and mentally challenged individuals. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 56 | Family Member | My disable daughter and other in "PERRY Foundation" are related to Day and Employment Programs, got motivation FOR WORK AND LIFE, GIVEN WITH BIG EFFORT MADE FROM STAFF AND TEACHERS. On the beginning we were skeptical about her attention to do something, but later she SHOWN THAT SHE CAN DO MANY THINGS AND BECAME BETTER CONCENTRATION AND ACHJVEMENT. Our support to her and weekly contact and control with "PERRY FOUNDATION STAFF" encourage her to REACH higher level of work activities. THIS EFFORT IS IMMEASURABLE. In the group she is safety and motivated to do more and more, and is laughing when the job is finished. Also, she is working by hands and IMPROVING HER FINE MOVEMENT, WHAT IS VERY IMPORTANT FOR HER AND US. THESE BOTH PROGRAMS IN "PERRY FOUNDATION" ARE GOOD ORGANIZED ACCORDING THE CLIENTS POSSIBILITIES TO DO ACTIVITIES. I HAVE LAST MY DAUGHTER'S CHECK OF $18.99, for work of 22 hours, with pay rate $.95/hour, and dedication TAXES for MED=$.30 AND SS=$1.28. THIS AMOUNT, WHEN SHE GOT, MADE SHE "HAPPY TO THE SKY", BECAUSE HER THINKS THAT HER WORK IS VALUED, AND SHE IS PART OF THE COMMUNITY!!! *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 58 | Family Member | We need you to please continue funding the CBE (Center-Based Employment) programs for the disabled population, which includes our son. This program is the only place that our son could have meaningful employment. He does not need a more restrictive day program or a program that only offers entertainment choices. The potential loss of long term care services for him and the rest of the disabled population would be a disservice to them. If left to those types of programs, my son would sit by himself all day and rock and flap with little or no interaction with other people. My son has no comprehension skills in regards to time, danger/and or stranger-danger, the value of money and its worth and what it can do. He cannot be left alone by himself, and only understands 2-3 | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | directions at the most and needs much supervision to stay on task and complete the job. He needs people who have been trained to help and care for people such as our son. He would not be able to be hired out in community employment and be able to hold down a job. The work he does at CBE are things that he can understand and do with consistent supervision as simple as they may be. He has a sense of accomplishment and pride that he can go to work each day and participate in this environment. We sincerely ask you to keep in place the CBE and long term care services that are already in effect. It would be an extreme hardship for our family if these services were not offered. | |
| Email 60 | Family Member | We are writing in regards to proposed changes to restrict or eliminate center-based employment. We are the parents of a 50 year old developmentally disabled son who currently participates in work activities at MARC. Our son attempted community employment in the past and was fired. He is almost completely deaf, has limited verbal skills, is mentally handicapped and has behavioral issues. Center based employment is his only option. Working in the community without adequate supervision poses a number of safety issues for these individuals who are not high functioning and do not recognize danger, or when someone is trying to take advantage of them. Companies cannot and will not provide that type of supervision. Additionally, few companies can afford to hire an employee whose productivity is marginal. At MARC we don't have to worry about his safety and we can rely on the continuity of employment. Our son is very proud of the work he does and the paychecks he receives, no matter the amount. Our son enjoys the interaction with his co-worker friends and workshop staff. Outside of work our son socializes with the other residents of his group home and attends various activities such as movies and sporting events. Additionally, we frequently have him home on weekends to attend family functions such as soccer games for our grandchildren and family dinners. We are retired and my husband is 80 years old. We worry about our son's future and what will happen when we are gone. Please do not eliminate the only job he has available in a safe and caring environment. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 61 | Family Member | In our estimation, it would be most ill-advised to eliminate Center Based Employment. Our daughter has been a client at the MARC Center in Mesa for 15 years. She has a permanent impairment (since birth) that limits her mental (not physical) abilities. She reads at only a 2nd grade level and is 36 years of age. At MARC she has the opportunity to engage in productive employment, including 2 days per week working at Basha's grocery stores under the supervision of MARC work coaches/supervisors. Her disability would make it impossible for her to compete for employment in the job marketplace in our community. Elimination of her Center Based Employment option would deprive her of the ability to be productive and perform meaningful work in the economic community. Hundreds, possibly thousands, of people in her situation, would be relegated to "warehousing" situations where they are essentially in "baby sitting" environments. We don't see how this can be justified by any standard, whether moral, ethical, or economic.Elimination of the funding for CBE's would fit the classic definition of "penny-wise and pound foolish." | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 62 | Family Member | I was recently made aware that changes in the Federal Law may cause the Arizona | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment |

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| | | Government to cancel the AHCCCS funded CBE programs. As a parent of a participant in this program I am furious that the Legislators of this great state would consider this act. I am a Native of this state since 1961 and I say that with great pride when someone asks me how long have you lived here "I'm a native". My Daughter has several Mental Illnesses that have prevented her from getting or holding a job since high school. Prior to her introduction to the Marc Center she felt like her life was a failure and had no sense of self-worth. She would cry alone in her room on a regular basis, with no friends and was in a state of depression. She spent her days in her room with the curtains closed and just shut the world out. She has become a completely different person since she was introduced to the Marc Center. She now feels like she has a real job with friends that she can communicate with on a daily basis. She is very proud of what she has accomplished and the fact that she is able earn and income is very rewarding to her. My daughter has been traumatize over the years as she has been hired for entry level positions, mainly in the food service industry, just to be let go in the first several days of employment. The reason is the same every time," I just don't think it's going to work out" She just can't adjust to the demands of working in a community job and the fast pace that is required. This may be the only meager source of income that my Daughter will ever know. I ask as a parent of and adult child that has been physically and mentally transformed by this program and the leaders that run it, please look deep into your souls and ask yourselves. If this was my child or family member in this program what could or would I do to preserve the self-worth of these tender souls. Do the right thing and lets not take another positive program away from these individuals that have almost nothing in life to live for except this program. I ask you as a Proud Citizen of the State Of Arizona, preserve the CBE Program at the Marc Center that is funded through AHCCCS. | Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 63 | Family Member | I am the parent of a developmentally delayed and mentally challenged adult, [NAME], aged 45. Dawn has been a client at the MARC Center since 1991, after she graduated from high school. I was shocked and disappointed to hear that employment options are being taken away from my daughter and other individuals with disabilities. Competitive Community Employment has never been a successful option for [NAME]. She needs formal support in a safe environment to feel a sense of accomplishment. The MARC Center provides this important and meaningful opportunity for [NAME]. Her last community employment left her feeling isolated and frustrated. She was let go because of low productivity and too many illnesses. This experience was very disheartening for her and frustrating for us, as her parents, as well. Additionally, there are very few opportunities in the community for mentally challenged adults. Center Based Employment gives [NAME], a sense of self worth, achievement and pride as she has never experienced in any community employment. She is so proud of her daily accomplishments and it is reflected in the brief summary she gets from her job coach. Please preserve this program. It is a low risk environment for these individuals with much a needed support system for their success. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 64 | Family Member | We have reviewed the AHCCCS Assessment and Transition plan in an attempt to determine its potential affect on our son [NAME], if any. After this review we do not | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of |

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| | | have any major concerns with the Group Home Assessment and Transition Plans as they seem to be pretty straight forward and understandable. On the other hand in regards to the Center Based Employment we have strong comments and are deeply troubled by the direction that is being proposed. It does not seem like any consideration is being given for them as individuals other than the need to push them into a setting that may not be in their best interest. As stated our son is 48 years and does not adapt or accept change! As his Mother I cannot see these changes happening for him and I see a very unhappy individual because the workshop as he knows it is no longer there.<br>1) No where in the assessment/ transition does it mention keeping or supporting the current CBE program or sheltered workshop which provides a controlled and protected environment. [NAME] has no stranger/danger skills and every person he encounters he considers a friend!<br>2) Not sure what "transition the CBE to a "facility based pre-employment" and into a pre-vocational service focusing on developing non-job-task strengths/skills with goal of integrated employment. Where does this leave those clients unable to achieve or maintain these goals that look good on paper?<br>3) The entire proposal appears to be geared towards getting the clients into an environment that may not be safe and a tragic upset to their life styles! The rules also seem to apply to a person with just a disability as apposed to people with intellectual disabilities and behavioral problems like our son and others like him.<br>6) The proposal states that businesses are required to hire these individuals! The reality in today's work environment with people out of work is that the business will hire the person that can do the job to their expectations at a competitive rate. *[Excerpt of email submission]* | AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 65 | Family Member | I could not believe the notice I received telling me that AHCCCS was considering changes to restrict or eliminate center-based employment. I immediately began to cry knowing what this decision would mean to my son. He is multiply handicapped and would never be employed with competitive community employment. Center-based employment has changed his life in the following ways:<br>1. In DTT he never used most of the skills he had worked on for 18 years of schooling. In center-based employment he is using those skills and gaining more.<br>2. He is in a safe, caring environment where no one will take advantage of him. He does not know that anyone is a stranger or dangerous and would go with anyone.<br>3. He has a job and feels such pride knowing that he is working and bringing home a paycheck. He tells everyone he sees where he works and that he gets paid to do his job<br>4. Everyone who possibly can needs to have some kind of work to do. My son does not want to be entertained with activites and outings. Those things are fun on occasion, but not on a daily basis. He does not want to go someplace where he feels like someone is simply babysitting him. He wants to have a job.<br>7. He is so much more independent. He is blind, has CP, and mental retardation, but has learned to use Dial-A-Ride (which he never would have done without center-based | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | employment). He can independently do everything in his work environment. He can get out of the taxi and walk with his walker to the correct door, wait in the appropriate area until work begins, do his individual job, find the restroom at breaks, go to lunch, and go to the taxi after work to return home.<br>I do not know which new federal law would curtail center-based employment, but it would be doing a gigantic disservice to those disabled persons who cannot find employment in other places and are benefitting in so many ways from this life-changing program. | |
| Email 66 | Family Member | I was recently informed that you are considering not continuing to have paid Center Based Employment. My son [NAME] is 37 yrs. old and has Autism. He has been attending MARC Center in Mesa. He is doing extremely well there. I like that he has a safe, clean and secure place to work in. And he is very happy to receive a pay check. It makes him feel that he can accomplish something for doing his work at the Center. As far as working in the community -- most companies will not hire a person with a disability. Unfortunately. People with Autism and other disabilities need a special environment to work in and be safe. They are not aware of *"stranger danger"* at all. My son once was approached after leaving a bank to cash his check and the guy just put his hand in my son's pocket and took the little bit of money he had. Then gave him back $5.00 so he could at home. I do not want to see this repeated. I have had to go to numerous hearings and to court to have my son to be able to attend this program and to have him approved both in New York and Arizona. You would think when a person has a disability that the state would be more then willing to help them. Instead of giving them more grief to go through with. I sincerely hope and pray that you continue with the Center Based Employment for everyone's sake. They have enough challenges to deal with, they certainly don't need any more to have to contend with. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 67 | Member | Hello,my name is [NAME] i'm very satisfied hear doing training assembly work here at the Marc Center of Country Club in Mesa,Arizona i've been hear going on 3 years i would like to keep it open. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 68 | Family Member | I am writing this email because I am outraged that effective employment options are being taken away from the Marc center. My brother in law in an employee at this agency and I am very upset to here that his job may be taken away. The center-based employment offered at the Marc center is the perfect job for my brother in law. His name is [NAME] and he takes pride in his job. You should see the sense of accomplishment and pride on his face when he shows off the paychecks that he earns from the Marc center. He is able to work with people who understand his needs. He is able to work with other people who are disabled and doesn't feel so isolated or alone for being different. It is a safe environment that he shows progress in and the thought of it being taken away is very concerning. The program offers the perfect schedule for [NAME] and are very flexible. They are very understanding of all his needs. I honestly don't there is any other place that would be willing to be so patient. I want him to keep working because it really helps him feel accomplished and important. The Marc center has created the perfect | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | environment, there is no other place that can offer the same support [NAME] gets here. They never take advantage of [NAME] and always treat him with respect. I am concerned that he will not be able to find this at other facilities. Not only am I concerned that he wont be able to get the same treatment at another job, I am concerned that he will even be able to find one. People with disabilities are the last to be hired and the first to be fired as the economy changes. He needs a job in order to feel a sense of inclusion and to feel connected to the community. Please consider all the lives that you are negatively effecting when making these decisions. | |
| Email 69 | Member | My name is [NAME]. I finished serving a prison sentence in 2005 and was diagnosed with PSD shortly after. I was not working, living in a half-way house and not receiving much assistance or encouragement. A friend of mine came and told me about Marc Community Resources. This organization and the services they provide have been very beneficial for me. Over the past 3.5 years, I have participated in their living skills workshops, job development and education programs. These programs helped me to get back into the community and become a productive citizen. Overall, I learned how to cope with my challenges and daily responsibilities. I have a 12 grade education but due to my Dyslexia<br>I had a very hard time reading. The Marc Community Resources education program has greatly helped me improve my much needed reading and communications skills. The workshops helped me understand and develop good work-based skills including dependability, time-management, teamwork and other coping skills. I was able to progress to the job development programs which included working a regular schedule supervising other clients to complete daily assigned tasks and managing quality control. This helped me obtain a current part-time job in the community at Arizona State University. The CBE program Marc Community Resources provides has been invaluable to me. I don't know what I would be doing if my friend had not told me about Marc. Not only have I been able to become a productive employee, I have much more confidence and have become self-sufficient. I am now living independently in my own trailer, own my own car, and pay my own bills. This is all because of how Marc programs have and are still helping me.<br>It is critical that people such as me have CBE opportunities available to increase independence in a safe and structured environment. AHCCCS needs to continue to support agencies in offering these programs. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 70 | Family Member | If CBE (Center-Based Employment) were stopped [NAME] would have to stay home all the time. She would spend her time sitting in her froom watching TV. That is not good for anyone. [NAME] has worked at the Marc Center since 1987. This is where friends are and her whole life. While attending Marc they have tried to have her work outside the center. This has not been successful. While working at a Basha's store she had a cvery nasty employee fo the store that said some very bad things to her. After that she refused to go back to the store. She also can not go out in parking lot to gather shopping baskets as she does not watch the car traffic. She did not work well in the grocery store and would need a job coach if she did that full time. I believe Marc had many | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | complaints about her work. *[Excerpt of email submission]* | |
| Email 71 | Family Member | Our daughter, who is in her late thirties and is intellectually-challenged, attends one of these CBE's (Center-Based Employment) five days a week. Her intellectual and physical capabilities limit her to very repetitive work assignments where direction, instruction, and monitoring is present or close-at-hand. In most cases visual aides are provided to assist her in the performance of the task and to insure accuracy of the final product. She has worked in a community job for several years prior to the CBE. She worked a couple of hours for several days a week. Over time her time was reduced where her earnings didn't cover the cost of Dial-A-Ride transportation. She anxiously looks forward to going to work at the CBE each day. Missing a day is sheer misery for her. She is proud of the work she does and has a great sense of achievement. Each payday she proudly shows us her paycheck. The amount of check doesn't matter – it's a check and she earned it. It also places her in an environment where she is with friends (individuals in similar situations) and also in the community with people in general. If not for the CBE she and many of the others would be condemned to isolation and regress in the social skills needed to survive in our society.Competitive community employment requires independent thinking, multitasking, prioritizing tasks, performing tasks in timely and efficient manner, and performing task with little or no supervision. Our daughter and many of the others at the CBE require considerable direction, instruction, supervision and a repetitive work assignment; thus cannot meet the needs of a community employer. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 72 | Family Member | I represent my sister, [NAME], who lives with a developmental disability, as well as our family, who are her guardians. [NAME] is currently employed by AFH, a Center-Based Employment provider for special needs adults. It has come to my family's attention that based on a new federal law, CBE programs like AFH may become eliminated or restricted in some way. I am sending this email, along with what I'm sure are a fair few people, to protest this interpretation of the law. My sister has benefited so much from these programs – in the short time she's been working with AFH, her social skills and sense of responsibility have increased dramatically, and she's starting to have a better outlook on life. She's learned to communicate more, and she has a lot of fun; it helps her build her self-worth. Without programs like these, [NAME] would either be forced to stay at home (where we do our best, but are not medical/psychological professionals) or to go to another, less viable option like community-based options where specialized support isn't always an option. These CBE centers offer low-risk employment and empowerment opportunities for these guys, who often don't recognize the unfortunate dangers of other options (such as being taken advantage of). I sincerely hope you take into consideration these thoughts and others from families like mine. These opportunities are rare for [NAME], and I would have to see her lose them. Thank you for your consideration. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 73 | Family Member | Without the structured environment of a CBE (Center-Based Employment), they would not have any other work option, and a day program is considered to be a more "restrictive" placement as their needs are very different from those clients typically | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS |

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| | | placed in day programs. They deserve the right to have what they consider to be gainful employment, not a recreational type of program. I am the legal guardian and "foster" parent for a young woman who has autism, OCD and is mentally handicapped. She was my student when I was a special education teacher, and has lived with me for sixteen years. [NAME] has worked in a CBE setting for the past six years. When she graduated from high school, I observed a variety of programs to find one that would best meet her needs. I know the CBE program is the only employment option for her due to significant behavioral and academic challenges. They provide the structure, guidance, and trained staff needed for her to be successful. Patsy is very proud of her job, and feels a sense of accomplishment every day. She is so eager to share her daily production totals the staff writes on her calendar, that she doesn't even greet me until she has shown me what she has done. She loves getting her paycheck, regardless of the amount, as she knows it is a reflection of all of her hard work. A typical job in the community would not be able to meet [NAME] needs for a variety of reasons. They would not have coworkers trained to deal with her severe outbursts, understand her communication limitations, know how to arrange the environment to reduce her anxiety, or be even be able to guarantee her safety as she has no understanding of "stranger danger". She is very gullible, and could be talked into any number of situations that would not be positive for her. I would not be willing to put her at that type of risk. If not having a job in the regular community is a concern for AHCCCS and the new federal guidelines, rest assured that Patsy has many opportunities to interact with the general public, as she travels, shops, goes to movies, dines out, etc., with me. She is not lacking in her exposure to people in the community. *[Excerpt of email submission]* | has modified the Center-Based Transition Plan based on public comment. |
| Email 75 | Family Member | We are the parents of a son who has Down's Syndrome. He has worked at Marc Center since graduating from high school. Although he is capable of performing many different tasks such as the ones required in contracted jobs that the Marc Center receives, when he was given an opportunity to try working out in the community, he was unable to meet the expectations of the job.<br>*Center-based paid work:*<br>*-provides a way for people, including our son, to contribute and have some independence*<br>*-provides a safe work environment where they can function at their various levels of ability*<br>*-there is not a fear of being taken advantage of (our son would not recognize danger)*<br>*-community employment is not a viable alternative for many of these citizens who desire to work*<br>**-those working in CBE are not in need of a more restrictive day program; they have the ability to perform many different tasks very well! Please do not eliminate center-based paid work environments such as the Marc Center!** It enables this special needs population in our society to be productive and experience a feeling of worth by being able to perform the work given to them and by being a part of the working world like others around them. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 76 | Family Member | We are the parents of a daughter that works at Marc Center. She works 2 days a week at | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment |

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| | | Basha"s and we are very concerned about any changes made thru this program. Our daughters involvement with Marc Center has been nothing but GREAT, EXCITING. and WORTHWHILE.With the guidance from Marc Center at the onsite at Bashas with supervision while she is working in the community is far superior to anything we've been involved within the past 41 years of her life. The IQ for children like her is low. She and others like her need to be told and reminded frequently of the old saying of stranger danger.They are trusting of the people around them. We've experienced this situation. Her self-worth and achievement built on employment has given her self confidence and the meaning of a dollar earned. She now has a bank account with money she has earned and is very proud of it. Just recently she was out to dinner with friends and they offered to pay for her meal. She said "no" I have a job and I have my own money. What a shout out for her and with the job she has earned some independence. Our daughters growth has been nothing but positive. Her self-worth and achievement which makes her hard work worth while. She has learned to be a hard worker. Young people like her need to be valued and challenged in what they do. Without this program - center based employed - this would not be possible. They can't compete for wages without that support. Makes them feel more normal and part of the community. Please consider all these pluses for this type of program. It is so important that they have this type of workplace to live their life to the fullest. They deserve this opportunity. | Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 77 | Member | I'm going to tell you a story about me, now. I haven't had a employment within the public sector job since 2001. I went on SSDI right around that time. I heard the whispers that people tell others that I should get a job, this and that. Right now it's pretty interesting with my situation. I have both seizures (not declared) and bipolar disorder. My medications per month from my dentist, psychiatrist, and neurologist alone are, at least, roughly $2,000.00 per month. This is with both AHCCCS and Medicare under the Quality Medicare Benefit, I have UnitedHealthcare Community Plan HMO SNP. I would need medical, dental, and behavioral health benefits up front, no questions asked, from any perspective employer. Since this will never happen, I'm sharing the rent with my parents with my SSDI as I would need to be making roughly anywhere between $100,000.00 - $120,000.00 to be living on my own with ObamaCare, all things considered. How many others in the public mental health care system are in my situation just like me I wonder. I heard anyone past six months looking for a job, shouldn't bother. And the state is considering eliminating paid work activities for those persons who would be in dire straits if you eliminate paid work activities. These people, such as myself, need paid work activities to get themselves into a better position to at least have a chance to find paid work in this current public job market as it updates their current work resume. *[Excerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 79 | Family Member | I attended a public forum on the proposed Rules changes, and have downloaded the proposal and rules changes. I want to comment on the Employment Services changes primarily. I have a mentally retarded 54 year old daughter, who has provided me with some insights and experience that most people are not privileged to have. She cannot read, cannot count well or deal with money correctly, and she is too small to do | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | labor. There is no magic program that will make it possible for her to transition into the workplace or into volunteer work that requires use of logic. She works very well in a sheltered workshop, assembling rivets for commercial use, and is very proud of her work and her ability to go to work. She is not the only one; some percentage of the population is similarly positioned. With (dis)abilities, as with most human traits, there is a distribution of talents or abilities which peak somewhere, and decline on either side of that peak. We call the peak of the talent distribution 'normal'; those people having talents near the peak are called normal. Mainstreaming works well with persons near normal; the further one gets from normal, the less well mainstreaming works. When you are as far out as my daughter, you often get laughed at and ridiculed. This happens to her even now when she goes to the mall or to movies.Your plan appears to limit the number of such people who cannot be mainstreamed that employment services can help. I don't know how that matches with the fraction of the population so positioned; your words seem to indicate that essentially everybody can and should be mainstreamed. To do that, you would have to educate the entire community on compassion and kindness to others. That might prove to be much more expensive., It is this problem that is not well addressed in your plan to 'mainstream' employment services for disabled populations | |
| Email 82 | Member | I enjoyed professional success after graduating from school in 1996 but developed chronic pain in 2006 that became virtually unmanageable in 2009. I lost my home and my car and became totally dependent on my father. For over three years I was totally unproductive and stayed at home, only leaving for doctor's appointments, pharmacy stops, and trips to the grocery store. My father was desperate for me to regain any kind of employment. I heard about Marc Community Resources through my case manager. For over two years, I participated in the living skills workshop and job development. These programs helped me get out of the house and begin to rejoin the community as well as becoming productive again. The workshop really helped me become dependable and learn much needed time management skills that I had not ever really had to exercise. (When I worked before my neck and back pain took over I had been in charge of my own schedule and never really had had to be anywhere at a time that I did not dictate.) I was able to move on to the job development programs first as a receptionist and coffee cart attendant then to working for the last year at what is now called the Living Skills Workshop (formerly known as the GED Center). I truly feel a deep sense of achievement and self-worth by helping others that I had not experienced in five years. I also feel a sense of mastery and accomplishment but more importantly have been able to focus on and regain compassion for others again instead of solely dwelling on myself and my own issues. Because of the success I have achieved in the Marc CBE programs, I have been able to start to seek employment in the community again. I am extremely concerned that AHCCCS is considering changes that will restrict or eliminate center-based employment. I am truly not sure what would have become of me without the help I received from CBE. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 83 | Community | I understand that a new federal law is considering changes that will restrict or eliminate | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment |

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| | Member | CBE (Center Based Employment) throughout the state of Arizona. I have been aware of the MARC Community Resources, and how much they have done for the less fortunate in our community for many years – probably for over 30 years. The CBE needs to be kept funded so people like my niece can contribute to society. This is one program that should stay, and I hope you will see how much good is contributed to our society because of the good that comes out of this program. The program gives people who cannot work in the corporate world, a chance to contribute to society. It also gives the people who are participating in the program a sense of self-worth. It gives them the opportunity to know that there is work for them to do, and they can happily perform and contribute to society. Please take into consideration the good that comes out of the above mentioned program and keep it. | Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 84 | Family Member | As a parent, I am very concerned with the assessment and transition plan as it relates to possible changes to employment services for my son. I have heard through other parents that attended one of the public meetings, that no choices are going to go away. However, when I read the plan and talk to folks, the plan talks about transitioning "center based employment service to a facility-based pre-employment service". Does this mean that there will be no employment services at center-based facilities? What will happen to [NAME] and will he lose his paycheck that he works so hard to obtain? Also, several families have talked about the option of volunteering. While I am not opposed to volunteer opportunities, [NAME] has learned how to earn a paycheck. Volunteering and not earning a paycheck will be the opposite of what we have been working with him to achieve. I hope that AHCCCS will consider ensuring all options are still available to individuals. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 85 | Family Member | My 31 year old son is mild to moderately developmentally delayed. He is also ADHD and has a hard time focusing at times. He is currently attending STARS, and has for 4 years and is in the Work Center. He loves it there and has learned a lot. He not only goes there 5 days a week, he goes to the City of Scottsdale and sorts checks for them one day a week. He loves to help other people whenever he can but he is not quite ready to go out into the work force yet. STARS has done such an excellent job with him, he has learned a lot, it would be very sad to see him lose this. I am worried with this plan and how it will affect him attending STARS. Now he will eventually be able to go out and get a job with the help of STARS, however he is not quite ready yet. I know [NAME] would love to volunteer at STARS if need be, but he would be upset about losing his paycheck. He has learned that the harder he works and the more he accomplishes he earns more and that is really good for his self-esteem. He is so proud when I tell him on payday Fridays how much his check is. I hope all options will be explored | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 86 | Family Member | I have a disabled grandson that loves to go to work every day at Marc Center. He is appreciated for the work that he accomplishes daily. They have programs not found in community employment. Out in the regular community, disabled people are not hired in the jobs that they are able to do, nor are they appreciated and accepted as much as they are in the paid work program. My grandson feel a great and deep sense of self-work and achievement going to work each day now. Please do not take that away from him. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | I am asking that you do not consider the elimination of the paid work activities. | |
| Email 87 | Family Member | My sister, [NAME] has been working at BHS Workshop at Marc Community Resource Center on Country Club in Mesa since February 2012. To eliminate this work program would adversely affect her life. Not only would she experience financial difficulty which helps her to live independently, but also in her sense of self-worth. She works well in an environment that is low risk for discrimination. She has experienced prior traumatizing events while working in community jobs that had no formal support such as MARC offers.I have concerns about her safety and being taken advantage of. I understand that the majority of those served in CBE do not recognize danger. If the position is eliminated, I'm concerned over the potential loss of long term care services that she needs such as Medicaid, Job Coaching and staff counseling. Losing this opportunity would deprive her of the sense of mastery and accomplishment she enjoys so much as well as a sense of inclusion and connectedness. She feels like she's normal and part of her community thru this work program. Please don't eliminate this benefit from her life and so many others'. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 88 | Family Member | I am the sister and co-guardian (along with my mother [NAME] ) of my brother [NAME]. I am writing to you about the possible upcoming changes with AHCCCC and Center Based Employment. [NAME], is currently employed by STARS. Through his ISP's it has been determined that he is not capable of working in the community. [NAME], 60 years of age, has been in an educational or work program his entire adult life. We are totally supportive of his progress and his enthusiasm to go to work every day. Because if his brain injury at birth, [NAME] needs 24 hour supervision. His acceptance into a work center has boosted his morale by receiving a small paycheck every two weeks. The praise and applause he receives from the dedicated staff at STARS is invaluable. We view this staff as his "lifeline" and are eternally grateful. A small paycheck, through piecework, does wonders for his development and good habits. The paycheck is his reward. [NAME], is very happy and has a tremendous will to work, desire to feel achievement, to be appreciated and loved. We are grateful for the gentle, mature man he has become and the staff that is full of encouragement. We are asking you to please leave options available for us in the future. If a DTA were our only option, [NAME] would digress. Center Based Employment is perfect for [NAME], as I'm sure it is for thousand of others. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 89 | Family Member | I am a concerned Mother of a 34 yr. old female with Down Syndrome. I understand funding may be eliminated for her center-based paid work activity at Marc East. [NAME] loves her job, waking herself each morning after she has laid her clothes out the night before. She has a speech disability, which makes most people not understand her. [NAME], trusts everyone, which makes her ineligible for a job in the community. She would easily be taken advantage of. [NAME] is right where she needs to be in terms of employment. The staff are extremely trustworthy at the Marc Center, where [NAME], has been employed since her graduation from Highland High in Gilbert, Az. The work [NAME], pursues at Marc East gives her a HUGE sense of accomplishment. She sings when she comes home from work. Work is extremely | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | important for [NAME]. She will complain when we need to go to a Dr. appt. for her. She slowly will become agitated if she thinks she is being away from work for too long because of a dr. appt./fasting labs. [NAME will not be hired for community employment if Marc Center is eliminated. She is not understandable/safety risk. [NAME] has no idea she is not a fully functioning worker in the community where she lives. We congratulate her $20.00 paycheck every 2 weeks as if it were $600.00. She tells her Brother [NAME] and myself to use her money to buy ice cream from McDonalds. [NAME] loves her job at Marc East as much as we do. Marc East keeps her emotionally balanced. We don't know what we'll do if there is no Marc East. Thank you for your time and understanding. I am shocked the State of Arizona would even consider eliminating paid work activities at Marc East. | |
| Email 90 | Member | It came to our attention recently that some wish to discontinue Centered Based Employment.<br>We find it TOTALLY RIDICULOUS AND REPREHENSIBLE!! How could individuals feel the need to do away with something that means so much to people in the Special needs community? Jobs means a lot to us and WE WANT OUR VOICES HEARD!!!!!! DON'T LET'S US DOWN!!!!!!!!!!!!!! If CBE is taken away from us the happiness of so many will be on your head.....Don't be another Veterans administration !!!!!!!!!! | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 91 | Family Member | We are the proud parents of a 26 year old son with Autism, mental disabilities, and OCD. He is unable to cross the street safely by himself, he does not recognize danger of any kind, he has tantrums, and he gets distracted very easy. Due to his disabilities, he is unable to find work within the “normal community” workplace. When we found out that he could work at the MARC Center, we were delighted that he could find joy, appreciation, and satisfaction in the workplace. This is the perfect place for him. It allows him to work and receive a little bit of “his” money. When he is working at the MARC Center, he is in a safe environment, and we don’t have to worry about him doing something dangerous or injurious to him. He gets SO excited when he gets his paycheck. It is usually in the $5-10.00 range, and all he realizes is that he earned this money and he just beams with excitement. A few days ago while shopping, our son was extremely excited to see some of the first aid kits that he assembles on the shelf of the store.<br>We are FURIOUS that you are even considering stopping such a wonderful program. This is the only program where these special needs adults can get out of the house (instead of watching TV all day or playing video games) and make something of their lives. There isn’t any other employment option available to them as they are not employable by “normal” standards. They don’t need a more restrictive day program, they need this work program **so that they can feel that they are a productive member of society, and for their own personal achievements**. Those with special needs have feelings and needs, too, and they are NO less important than yours or mine. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 92 | Family Member | I see that the Assessment and Transition Plan talks about transitioning from a Center Based Employment (CBE) to a Facility-Based pre-employment Center. What is the difference?? I am concerned because although my daughter is a great worker, she is vulnerable, and employers do not want to be a baby sitter. With CBE and GSE (Group- | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | Supported Employment) there is someone there that watches out for her. She is very limited verbally and needs that extra supervision should issues arise. The plan talks about transitioning from CBE to a Facility Based Pre-employment Service, does this mean there will be no STARS? I have found STARS to be invaluable in teaching employment skills.One more concern I have, in the move to a Community Based Employment, is it required that participants receive minimum wage? *[Exerpt of email submission]* | |
| Email 93 | Family Member | I have read a good portion of the draft and am very concerned with the assessment and transition plan. What exactly is the facility-based pre-employment service? I believe that my son is receiving an employment service at the center-based facility (STARS). There is no time frame indicated for the transition. Will my son be forced to transition out of STARS to an undefined facility, will he lose his paycheck and his social network? How will AHCCCS encourage companies to hire individuals like my son or will they be passed out of the facility-based pre-employment service with no job, only to sit at home? Another portion of the draft deals with volunteering in the community. This would be a great option, but only as an extra optional experience. My son already volunteers with his peers at STARS and enjoys this part of his work day, but would not be happy to lose his actual work and paycheck. In going forward with the work on this plan, I sincerely hope that AHCCCS will look at all options and ensure that they remain open and available. *[Exerpt of email submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 94 | Family Member | I am writing in regards to proposed changes to restrict or eliminate center-based employment. My brother currently participates in a center-based employment program with MARC. He is 50 years old and is developmentally disabled. He is almost completely deaf, has limited verbal skills, is mentally handicapped and has behavioral issues. He attempted community employment in the past, but was fired. Center based employment is the only option for him. Working in the community is not a viable option as he requires supervision and direction in his duties. Working in the community poses safety issues as he is trusting and won't understand or recognize if someone is trying to take advantage of him or is a threat. At MARC he has supervisors trained in dealing with individuals with disabilities and who look after his well-being. At MARC I don't have to worry about his safety and I can rely on the continuity of employment. My parents are retired and my dad is 80 years old. After they are gone, my brother will be my responsibility. I want to do whatever I can to ensure that he is happy, healthy, cared for and it able to live his life to the fullest extent possible. Please do not eliminate the only job he has available in a safe and caring environment. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 104 | Family Member | My son is a resident in the MARC system, and works in the East Valley work shop which is the best option for him. He is not a candidate for community employment as he requires much closer supervision than what a main stream employer can possibly provide. We have tried community placement through Marc in the past, however, even with the supervision of the Marc employees, he was not able to stay on the tasks required of him. At one time he was able to cash his check, and go to a nearby fast food restaurant and spend it all on lunch. His speech is not clear, he has limited reading | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | abilities, and is not good at decision making, so he would not be employable in any other community employment. However, he is intelligent enough to know that he is working a job and being productive. My son has always wanted to have a job since he was a small child. The sheltered environment provided in the Marc work shop gives him the opportunity to feel productive as well as having socialization with other co-workers. At one point, he was going to the "day program" one day a week which lasted for a couple months. Within that time, his speech regressed even further and his productivity in the workshop did not increase. If the Marc workshops were to close, there are no other viable options for my son and many other individuals in his situation. They are all people and deserve to feel like productive citizens. | |
| Email 107 | Family Member | My 22-year-old adult daughter has autism, cognitive impairment, and non-verbal language delay. Because of behaviors consistent with her autism and developmental delays, [NAME] has limitations that often make it difficult for her to be successfully employed in the general community. As a result, her employment at and through the Hozhoni Foundation has been crucial to both her self-worth and the development of more appropriate job-based skills and behaviors. As [NAME] parent, guardian, and advocate, I am quite concerned that this assessment and transition plan will create changes in employment opportunities for her that will not serve her best interests or even allow her to continue working. It is unclear to me if possible changes implemented will mean that there will no longer be options for center-based employment. My daughter, who is not always able to be or work in general public settings, thrives when working and I am worried that center-based employment may no longer be available to her. As well, what exactly is meant by a "facility-based pre-employment service" and how will this affect my daughter's ability to work? Will she continue to earn a paycheck (something that has become very important to her)? Up until a few years ago and due to some very challenging behaviors, I was unsure that my daughter would ever be able to work consistently or earn a paycheck. However, Hozhoni has worked diligently to provide my daughter with the best possible employment opportunities that best fit her strengths and needs; I would hate to see the supports they've provided and all of the progress Erin has made be for naught. I certainly hope that AHCCCS will ensure that all employment options remain available to individuals like my daughter. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 111 | Family Member | I am the parent and legal guardian of a 28 year old man with physical and cognitive disabilities. My son currently lives at home and works during the day at a center-based employment (CBE) program. He is an ALTCS member. I was very recently informed that AHCCCS is considering restricting or eliminating CBE programs. I hope this isn’t true! Because of behavioral issues, CBE is the right placement for my son at this time. Someday he may be able to transition to community employment, but that would only be because of the training and support that he currently receives at his CBE program. If CBE were restricted/eliminated, my only option would be to place my son in a more restrictive DTA environment , which would most likely cause his behavior to regress. This happened in the past, when his previous CBE program lost work contracts during the recession. Without the routine of work tasks, my son’s behavior deteriorated. In | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | addition, the paycheck that he receives is a tangible reward that he looks forward to and plans activities around. CMS has specified that service planning for participants in Medicaid HCBS programs must be developed through a person-centered planning process that reflects individual preferences and goals. CBE is a very important part of the continuum of services that will make true person-centered planning possible. Our disabled population will benefit from more options, NOT less! | |
| Email 113 | Undisclosed | I am opposed to the AHCCCS interpretation of the new statute which recommends that center based employment centers become pre-employment services. The rule states that participants must have the opportunity to seek employment and work in competitive integrated settings. The goal to integrate participants into typical work settings is well intentioned but participants will already work in a competitive integrated setting, especially as non-disabled citizens will now be allowed access to the CBE under the new law. The inclusion of employment opportunity workshops in which interested parties may choose to be presented with additional employment opportunities would bring CBE into compliance as willing members will also be able to seek employment. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 114 | Family Member | Changes that restrict or eliminate CBE (Center-Based Employment) will directly affect my family. My sister is an adult with Down's Syndrome and has been working at the MARC Center for many years. My sister would no be able to work in the community otherwise. I believe her work there is the single most significant factor in her life that has contributed to her self esteem. She is so proud every week to get a paycheck with her name on it. It means so much to her to go to a place every day where she gets social and professional stimulation. It gives her life meaning and purpose. Please don't take that away from her! | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 115 | Family Member | I was most upset to get the notice that the State is considering the elimination of paid work activities. This would be the worst thing that could happen to our children, relatives and others who have disabilities. My daughter was in the STARS (Scottsdale Training and Rehabilitation Services) program for more than 8 years and has now been with Arizona Foundation for the Handicapped (Perry Center) for almost two years. My daughter has learning disabilities due to meningitis when 5 months old, and also has epileptic seizures as well as PNES -- psychogenic non-epileptic seizures (which started about 10 years ago). Because of the PNES, she was fired from her job as a tore bagger and cannot get work in the general workplace. STARS was a life saver for us. Also at the Perry Center she has some added responsibilities and the pride in this work, the little money she makes have given her such confidence. I see this in most who are in these programs. To stop this would be disastrous. With my daughter's non-epileptic seizures, her caregiver has noticed that boredom seems to bring them on. She LOVES her job, keeping busy and the thought of not having a goal every day would be a tragedy. Please consider all the letters you have received supporting paid work activities very carefully. I am wondering how many people involved in this decision happen to have children or relatives with disabilities. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 117 | Family Member | I am writing this letter to protest the restriction and or elimination of CBEs funding. My son and ward [NAME], , has been a client at the Mesa Association for Retarded Citizens | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of |

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| | | (MARC) Center work program for the last 5+ years. I am quite angry to hear that ACCCHS is threatening to pull or reduce funding for these CBEs! During his years at the MARC Center, [NAME] has participated in many different job opportunities- both in the community and on site at the center. He has cleaned Mesa city buses, stocked shelves at Bashas, worked as the center janitor, in the machine shop shrink wrapping products, and on the docks assisting in getting products ready for transport. The MARC Center gives my son a job to go to every day, and a pay check. He works hard, and whenever he gets upset, there are trained people there to assist him in calming down. He can accomplish something every day vocationally - and at the same time he is safe and the risk is low that he will have an outburst. He feels a sense of accomplishment and enjoys being a part of society. He really loves seeing products in the stores that he knows he helped wrap or make. My son is too high functioning to be in a day program. I have very real concerns though, about inclusion into "typical" job situations. If he did not have the extra paycheck from the Center, Matt would only get enough money from SSI to cover his room and board at the ADH (Adult Developmental Home). He's currently trying out Bashas Grocery store again through the MARC Center and is excelling in his abilities with the new staff member who is responsible for that group. He is proud of himself like he never was before. Please don't "mess with a good thing"! | AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 120 | Family Member | My son has been going there three years now and it has been eminence helped him. In some arias he does very well. In other arias because of his disability it take some time. The<br>program has helped him in several ways.<br>l) He looks foreword to earning apay check, regardless of the amount. Just like those around him.<br>2) Helped him develop skills for employment in his future, Looking at other places that he might be able to work. Using what he has learned.<br>3) It has given him something to look foreword to every day knowing he will be learning something new.<br>4) He has learned to ask for help when needed. Or more work when done with the present task. In a building that he is familiar with and has little change in the floor plane.<br>5) It has provided a stable work place with may arias to advance and add different skill.<br>What ever my kids show a desire in I will help them to achieve there goal. I have shared this with you because I trust the Marc Ctr' CBE. I know that atthe Marc Ctr my children are safe, not taken advantage of, and have a good work environment. Surrounded by staff that looks out for them and helps them do there best. Doing this would be would devastate everything [NAME] worked for. He has come out of his shell, feels accepted and part of the teem. He has pride that he is able to encourage his sister to work also. And that it is at another Marc Ctr has give him deep since of pride. Even his looking ahead and thinking about some collage classes. *[Excerpt of Email Submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 121 | Community | I am a family friend of a 25 year old young man who works at the Marc's Center and it | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment |

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| | Member | would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves. | Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 122 | Community Member | I am a family friend of a 25 year old young man who works at the Marc's Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 123 | Community Member | I am a family friend of a 25 year old young man who works at the Marc's Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves. | |
| Email 124 | Community Member | I am a family friend of a 25 year old young man who works at the Marc's Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 125 | Community Member | I am a family friend of a 25 year old young man who works at the Marc's Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 126 | Family Member | My son has been working at Marc center for several years. Previously, he had been placed in community employment on several occasions. He did not do well. Even with a job coach available, he was judged for not being fast enough, not talking to customers, not staying on the project. It turned out that working out in the community made him so nervous he was not able to complete duties or there were too many duties for him to concentrate on the job. When he went to Marc all that changed. Marc has worked with him through illnesses, taught him work manners, and encouraged good work and a sense of achievement. He definitely feels like he is in a friendly environment and strives to do his best every day. This would not happen in a community based situation. My son takes pride in the fact that he can work and earn a paycheck. This is what being an adult means | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | to him. Losing CBE would be detrimental to my son. He is now in a work environment that strives to boost his self-worth. My son is high functioning enough to know that he is not like most people and that his handicap prevents him from doing many things, so the value of working at Marc center cannot be put into dollars, it is in achievement and accomplishment. I sincerely ask again that this program and others like be allowed to continue to help all individuals who need it and my son. | |
| Email 127 | Family Member | I have a Special Needs daughter who is a perfect fit for the program she has been enrolled in at MARC for years. As a parent and guardian who has spent countless years navigating the shallow & obscure waters of funding for my daughter, I am outraged that a challenge to Lisa's growth & well-being is being proposed. The loss of center-based employment would significantly hamper my daughter's well-being & cause her great anxiety. She is currently very proud of her productivity, her pay-check, & the skills she continues to learn thru her workshop daily experience. My daughter is not equipped, and never shall be, to engage in any form of community employment, due to her various physical challenges On the other hand, she is too active & alert & capable of learning & being a productive member of her society to be relegated to a more restrictive day program. I cannot state too strongly how cutting any center-based paid work activities would diminished the quality of life for my daughter & all of her friends. For those of us who have so very few resources available to our loved family members with disabilities I entreat you not to make a political or financial statement by cutting aid to these participants and their family members. We really don't have any other options open to us. Please be compassionate & thoughtful when considering this urgent matter. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 128 | Family Member | As a parent of a disabled adult and the the grandmother of a disabled child I can see no reason for the closure of any of these programs, they mean so much to my daughter and granddaughter. They have learned so many useful things such as self worth,accomplishment.especially when they see one of their own products they have worked on in the stores,of which there are many products.Pride in being able to go to work and earn there own money and accomplish there self worth, being a part of the community. These programs are vital to their health and welfare. The disabled people are always the first to be let go and the last hired and never given competitive wages,and are taken advantage of because of their disabilities.Losing these programs would be a devastating loss for my daughter because there are no other programs for her and her piers,leaving them no opportunities to better themselves. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 129 | Undisclosed | Please continue to fum=nd (fund) CBE for our Down's Syndrome friends | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 130 | Family Member | This message is intended to serve as a protest to the proposed cuts that AHCCCS is considering making to Center Based Employment (CBE) for the developmentally disabled. I am utterly dismayed that such budget cuts are being considered to such a vulnerable population group who rely on the state of Arizona to protect their welfare and well-being as citizens of this state. I have a family member who is participating in paid | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | work activities at AFH, and the elimination of this program would have a devastating impact on her emotional well-being. The sense of purpose and value that this program provides on a daily basis cannot be replaced for the individuals who struggle to overcome so many life challenges every single day of their lives. These individuals deserve the opportunity to be productive and contributing members of the work force in an environment that is safe, secure and supportive of their emotional and physical special needs with trained staff in attendance. There is no acceptable substitute for this program and I strongly urge reconsideration of any proposed cuts to any services at any time for the developmentally disabled. | |
| Email 131 | Family Member | I am a family member of a 25 year old young man who works at the Marc Center, and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart, he still needs supervision in a work setting. He will always give 100% at the Marc Center, but for his own growth he needs the social atmosphere that makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones. It also helps him with his habilitation money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him, and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation, and for them to have to drive him around to various jobs would cause a huge hardship his immediate and extended family. I am asking you to please not shut down the program at the Marc Center. These special kids need to have a place to go where they are accepted and loved, and are able to feel accomplished and proud of themselves. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 133 | Family Member | I am the sister of the women who sent you the email below (Email 44). I could not state it any better - I agree with everything said. The program has been a huge help for my sister and I hope it will continue throughout her life. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 134 | Community Member | I am a family friend of a 25 year old young man who works at the Marc’s Center and it would be so devastating to this boy if this center was closed down. He loves his job and he needs the socialization that it gives him. This boy is non-verbal and very much depends on people to watch him. Although he is very smart he still needs supervision in a work setting. He will always give 100% at the Marc Center but for his own growth he needs the social atmosphere where it makes him feel liked and accomplished, plus the little bit of money he makes helps him to buy things he loves such as headphones and it also helps him with his money goals. There is no way he could ever work out in a public setting, because he is non verbal and needs to be directed on what he needs to be doing. The customers would never be able to communicate with him and therefore it would be frustrating for both him and the customer. His parents also have little means of transportation and for them to have to drive him around to various jobs would cause a huge hardship on his family. I am asking you to please not shut down the program at the | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | Marc Center these special kids need to have a place to go where they are accepted and loved and feel very accomplished and proud of themselves. | |
| Email 135 | Family Member | I have a Special Needs daughter who is a perfect fit for the program she has been enrolled in at MARC for years. As a parent and guardian who has spent countless years navigating the shallow & obscure waters of funding for my daughter, I am outraged that a challenge to [NAME] growth & well-being is being proposed. The loss of center-based employment would significantly hamper my daughter's well-being & cause her great anxiety. She is currently very proud of her productivity, her pay-check, & the skills she continues to learn thru her workshop daily experience. My daughter is not equipped, and never shall be, to engage in any form of community employment, due to her various physical challenges On the other hand, she is too active & alert & capable of learning & being a productive member of her society to be relegated to a more restrictive day program. I cannot state too strongly how cutting any center-based paid work activities would diminished the quality of life for my daughter & all of her friends. For those of us who have so very few resources available to our loved family members with disabilities I entreat you not to make a political or financial statement by cutting aid to these participants and their family members. We really don't have any other options open to us. Please be compassionate & thoughtful when considering this urgent matter. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 136 | Community Member | Having the option to stay within a center-based environment versus the goal of transitioning should always be considered. Many clients will be able to make the transition but for those that need a quiet, highly supervised environment that option should stand. The decision always relates to the needs of the client. Some clients will always need one on one support to function. That would require adding aids, support staff to supervise clients within an integrated setting. Even with that support the client may not be able to function due to sensory issues, safety issues, cognitive abilities and social skills. It is always appropriate to account for the needs of the client and allow for an option (center based versus integrative) that works best for the client. When we limit those opportunities it is not to the advantage of the client or their families. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 137 | Family Member | I am glad that access is keeping center based work. I don't know if my daughter will be able to work in the community hopefully she will. I think it should be individualized to the person with the disability as to how long or what program they need. I never like caps it is discriminatory. The goal should always be community work but I don't think a time limit should be placed on an individual's success. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 138 | Family Member | My 24 year old son [NAME] has Autism, as well as borderline cognitive abilities. He is significant executive function dysfunction that can be mediated by medication, but is unable to be fully controlled by it. He further has significant sensory issues that cause him high levels of anxiety and impulsivity, poor memory and judgement; he is easily distracted and tends to require prompting and direction, even when in established routines. He recently received the services of an Occupational Therapist, who is assisting him in lowering his anxiety level and develop better core strength, among many other things. He has worked at a center based employment program for about 4 years. A couple of years ago, I had him evaluated by Vocational Rehabilitation. They let me | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | know that he was no where near ready to begin looking at competitive employment. He is at a point where his program has been able to take my son and another client to do some work, with a job coach, 3 hours a week, at a local IHop. He is very proud of this job! At times, he will want me to take him out to eat - at IHop, where he can greet and be greeted by his colleagues there. It is my hope that he will be able to continue to work for longer periods, and perhaps with less supervision at some point in the future. My know that funding is always an issue, with any service organization, especially when working with vulnerable and/or high maintenance clients. I would respectfully request that the state of Arizona make every attempt to fully fund programs for our disabled children, youth and adults. Additionally, I understand that the program revisions include considering capping the number of years that a disabled adult can work in a sheltered environment. I would sincerely hope that this would not be implemented. Allowing disabled adults perform work at whatever level they are able gives them a sense of pride and a feeling that they are participating in life, in a "normal" way. It enhances their self-esteem and their determination to live actively, rather than passively being cared for and deteriorating physically and mentally. There are many disabled adults who will never be able to participate in more competitive environments. Yet, they should be encouraged to move as far as they can in learning work skills and abilities; rather than placed in a day care program, to languish. By capping the number of years a disabled adult can be in a sheltered work environment, the state would be punishing the disabled adult. The intent might be to encourage the work programs to "move the adults" through the levels of work toward competitive employment. I do support accountability for the programs that work with our most vulnerable citizens. But if you look at each client individually, there are some who will move very, very slowly up these levels. Some will never be able to progress beyond certain sheltered/assisted levels. Do not let the State of Arizona support a culture where people with disabilities are dehumanized and pushed into the darkness, because they cannot compete with their nondisabled peers. We have come too far to go backward. | |
| Email 141 | Family Member | The same issue applies to sheltered workshops around the country that provide a place for individuals who have "capped" in their ability to perform work at a certain level. These people have purpose in their daily lives by having a place to go and feel productive. To assume that they will be able to set a goal to increase their skills to the level of a "typical" employee and move out of the sheltered workshop into a regular job is unrealistic for some of them. Of course, we encourage those who are able to always strive for greater independence! | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Email 147 | Family Member | My son is 34, on the autism spectrum (Fragile X Syndrome) and receives services from YEI in Prescott. He is currently participating in facility-based employment in the morning, and in the afternoon he is involved in the social activities program, which is extremely important for him, considering his problems in that area. He has a daily routine, and is ready and willing to go to YEI every morning, even after long (1 month) vacations. He earns a small paycheck, which we would like to keep small so he can keep getting Social Security. We feel this is the best situation for our son. While he works | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | very well within the confines of the facility, we feel that community-based employment would be stressful for him and lead to unwanted behaviors. Having moved from Maryland almost 4 years ago, from a situation that our son hated, YEI has proved to be the best possible program for him. He is thriving in this environment: language has improved, behaviors have improved and he is very happy. | |
| Letter 1 | Undisclosed | Don't cut MARC Center jobs; cut yours! | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 2 | Family Member | My daughter has been a client at this facility for 32 years. It has grown from a small house on No. Wilber-Mesa to the great facility it is today. My daughter doesn't realize that she is different than anybody else. That is because she has a job and she has a paycheck just like her brother and sister. She doesn't care what the amount of the check is-because she has a check that is what is important to her. She has learned to get up on her own-pack her lunch and go to work-important to her to be "on time." She and all the rest of the clients are way too advanced to make a switch to a "day program." *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 3 | Member | I am an amnesiac. I cannot compete in a workplace where my competition "does drugs" after work. Tammy, my boss, doesn't need drugs or alcohol to keep control. Please save center-based employment (CBE) as a future part of the community. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 4 | Family Member | I have three daughters-[NAME], [NAME], and [NAME] who are all mentally handicapped. Beacon Group has done an excellent job in helping all three of them. [NAME] works on jobs on site at Beacon and she is comfortable doing it. She would not be comfortable with a job off site. [NAME] has had a couple of jobs off site through Beacon and she does ok with it. [NAME] was working at jobs on site and she was comfortable with that. She would not be comfortable with a job off site. Beacon works with each client and helps them according to their individual needs. They have helped my daughters a lot. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 5 | Family Member | I am disappointed and frustrated to think that this nurturing and safe environment for people like my cousin, [NAME], has the possibility of being eliminated. My cousin [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold gainful employment in competitive community work. However, our family is very proud that he has been working at Marc for about the last 18 months, which is the longest time in his adult life that he has been employed anywhere. Furthermore, Marc offers job coaching and life skills training, so there is an important continuity factor around the entire program Marc offers to disabled individuals. Conversing with [NAME], it is plain to see that he has gained confidence, skills, and a sense of achievement through his time working in the CBE program at Marc, and I hope that you will act to make sure the CBE program continues. I have heard that there are alternative options available for participants in the CBE program if it is discontinued, but I think it is important that you | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | recognize that these alternatives aren't feasible for [NAME], or many others. First, I would consider a "day program" to be too restrictive for someone like [NAME] who wants to contribute to society. Moreover, he might not even qualify for something like that. Second, I would consider community employment to be too risky, ad as described above, he has not been able to maintain employment outside of Marc. Marc allows him to explore vocational options in a safe, low-risk environment where he won't be harmed physically or mentally, which can happen with people taking advantage of this naiveté and limited decision-making skills resulting from the brain damage. *[Excerpt of letter submission]* | |
| Letter 6 | Family Member | My adult nephew, [NAME], has been working at the Marc Center in Mesa for over 18 months in the center-based employment program (CBE.) This is the only job he has been able to keep in his life, and he is over 40 years old! He has been disabled since birth. The work environment has been safe. Not only that, but [NAME] has learned new skills and what is means to be responsible. He has a sense of accomplishment that he was never able to achieve before. The CBE has been a real "life saver" for [NAME] ever since his mother passed away from cancer just four years ago. He is proud of being able to keep a job. He is happy to go to work at the Marc Center. It gets him out of the house and communicating with other people, both able-bodied and disabled. [NAME] could not maintain a job for non-disabled people, so the Marc Center CBE program is vital for him and for our family. *[Excerpt of letter submission]* | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 7 | Member | I cannot believe what the State is considering here. What's worse is the fact that you're letting AHCCCS make the determination. That's not very smart. I've never heard of AHCCS doing anything good. In fact, AHCCCS has screwed its clientele at every opportunity that it gets and let's not even talk about CPS since AHCCCS got placed above that program. It's a joke! The MARC Center has helped more people in this state and it's been around a lot longer than AHCCCS. The programs offered by MARC Center give the recipient a feeling of worth. Now AHCCCS is going to attack the one entity that has helped more families and retarded and mentally ill than can be counted. Mesa's very own great history wouldn't exist if the MARC Center hadn't been there. Mesa needs to be ashamed for even considering this. The MARC Center has been responsible for a lot of positive praise for this state and this. AHCCCS...You're doing a great job of making a big mistake. You stooges need to follow the lead taken by the MARC Center years ago! They've employed more people and helped more people than AHCCCS and their team of bean counters ever will. *[Excerpt of letter submission]* | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 8 | Community Member | Closing the Marc Center is a big mistake, for the work of the handicaps young and old. Marc Center has done a wonderful job in my opinion. [NAME] started Marc Center years ago in her home for her son. And I helped her with the handicap kids. They are really a blessing and need a lot of attentions. *[Excerpt of letter submission]* | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 9 | Family Member | We need to keep the day Programs. These people need the work program to feel needed. The regular work will not hire them. The companys say there Ins will not cover them. My daughter has tried to work in the reg. work force, it did not work for her. She has been at the Marc Center for 28 years. Thank you. Keep the way it is now. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| Letter 10 | Family Member | With reference to the Employment precipitation of my son [NAME] and many others. I want to thank you for your contributions of this extra ordinary program. He has developed priceless talents: self confidence for survival, sense of purpose, pride in production, genuine joy of going to work, excellent discipline, great cooperation and respect to supervisors, appropriate behavior in public, including restaurants, train rides, outstanding social skills. Work has been such a positive influence the loss would only be going backward. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 11 | Family Member | We feel the Center Based Employment Program at the Marc Center is an essential vocational service for our daughter [NAME]. [NAME] has been in the CBE Program at the Marc Center for the past twenty years and never misses a day of work even when she has out-of-state family visiting. She has a very strong work ethic and enjoys the variety of jobs she tackles each week. We see how happy she is each day when she arrives home and tells us ow many boxes she put together, what she has put in them, or papers she has collated, etc. [NAME] loves earning a paycheck like her brothers and sisters and is all smiles when she proudly shows everyone her paycheck whether it be for $7 or $30. [NAME] should be heart-broken if she could no longer work as this is a huge part of her life and one that she looks forward to each day. [NAME] does not need a more restrictive day program. The CBE Program fits our daughter's capabilities and we know she is in a safe environment where she receives daily support. We know [NAME] would not be able to find employment in the community because of her disabilities, however, we would consider vocational options that present no danger to her as our daughter does not recognize danger. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 12 | Member | Pleas don't close the Marc Center we like working and seeing my friends and the staff to. I don't wont to lose my respt Dan he a fun guy | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 13 | Family Member | Please don't close the Marc Center. This is the only place were my doughter can go to feel a scence of normalcy of a job. She can only work in a shelter work environment. If you close the center she will have to stay home ann watch tv everday. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 14 | Family Member | Please do not change payments to MARC. They do such wonderful work with the clients and have a dedicated staff working very hard every day. They have tried him in grocery stores, but he cannot handle it. He is not able to work on the outside, and no one would hire him. This is the only chance he has for employment, please don't take it away, so he can continue going to work and feel like a productive human being. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 15 | Family Member | My son has attended the MARC center for over 10 years. He has benefited greatly from this program. He has Down Syndrom, is very amiable and gets along with everyone, but stutters so badly that he doesn't talk hardly at all. This makes it impossible for him to work in a place such as Frys or Basha's, but he does great at the self contained workplace. It fills him with pride to have a job to go to daily and accomplish things | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | there. He feels needed and a part of a good clean working community. Where can he find a better and more safe environment that has staff looking out for his safety, and well being. He is so kind, he has been taken advantage of with his money. There, they are able to monitor and make sure no one cons him out of his spending money. He feel that he can learn a job and master it well. He is included in the activities and feels he is more normal by bringing home a paycheck and being part of the community. He would absolutely be lost and lonely if he had no place to go during the day, with nothing to accomplish. What a boreing life that would be. *[Excerpt of letter submission]* | |
| Letter 16 | Family Member | Please Please do not do away with the all day program and employment program. There are too many people like my son who cannot function trying to work outside the workshops. They and he are in dire need of the workshops. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 17 | Family Member | [NAME] will be 46 this year and has been at MARC Center for over 20 years. During that time he's tried several times to work out in the community but it just didn't work. Each time he has felt like it was his fault he failed, when in fact he just didn't have the skills required. At Marc Center [NAME] is one of their best workers and takes pride in the various jobs he is able to do. He is also very proud of the fact that because he is working and earning his own money he is able to buy things for himself and others. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 18 | Family Member | [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold any kind of gainful employment in any competitive community work. He has been working at MARC for about 18 months now. It is the longest time in his adult life he has been employed anywhere. MARC allows him to explore vocational options in a safe low-risk environment where he won't be harmed physically or mentally (which can happen with people taking advantage of his naiveté and limited decision-making skills resulting from brain damage). And MARC offers job coaching and life skills as long term care as well so there is an important continuity factor around the entire program MARC offers disabled individuals. It is about getting a former "shut-in" out of the house three days a week; which he was not doing prior to joining the MARC center family. It is about him having a more positive self-esteem and pride in his appearance and in the work he is doing. It is about learning important social skills and interpersonal communications through interaction with peer workers and supervisors at MARC. MARC has given him a purpose to get up and out of bed in the morning, to shower and shave and get dressed, to make and pack his lunch and to arrange his Dial a Ride transportation every day since he cannot drive. This all gives him a feeling of normalcy and being a part of something important. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 19 | Family Member | [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold any kind of gainful employment in any competitive community work. He has been working at MARC for about 18 months now. It is the longest time in his adult life he has been employed anywhere. MARC allows him to explore vocational options in a safe low-risk | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | environment where he won't be harmed physically or mentally (which can happen with people taking advantage of his naiveté and limited decision-making skills resulting from brain damage). And MARC offers job coaching and life skills as long term care as well so there is an important continuity factor around the entire program MARC offers disabled individuals. It is about getting a former "shut-in" out of the house three days a week; which he was not doing prior to joining the MARC center family. It is about him having a more positive self-esteem and pride in his appearance and in the work he is doing. It is about learning important social skills and interpersonal communications through interaction with peer workers and supervisors at MARC. MARC has given him a purpose to get up and out of bed in the morning, to shower and shave and get dressed, to make and pack his lunch and to arrange his Dial a Ride transportation every day since he cannot drive. This all gives him a feeling of normalcy and being a part of something important. *[Excerpt of letter submission]* | |
| Letter 20 | Family Member | My nephew [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold any kind of gainful employment in any competitive community work. He has been working at Marc for about 18 months now. It is the longest time in his adult life he has been employed anywhere. He does not need a restrictive "day program". He may not even qualify for something like that. Marc allows him to explore vocational options in a safe low-risk environment where he won't be harmed physically or mentally (which can happen with people taking advantage of his naiveté and limited decision-making skills resulting from brain damage). And Marc offers job coaching and life skills as well, so there is an important long-term effect around the entire program Marc offers disabled individuals. I have spent hundreds of hours over the past year and a half listening to him on the telephone and on Skype as he describes in detail what he did at the Marc Center, how much money he made that day, and some of the things he as learned in his classes. He also has a more positive self-esteem and pride in the work he is doing. *[Excerpt of letter submission]* | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 21 | Family Member | My nephew [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold any kind of gainful employment in any competitive community work. He has been working at Marc for about 18 months now. It is the longest time in his adult life he has been employed anywhere. He does not need a restrictive "day program". He may not even qualify for something like that. Marc allows him to explore vocational options in a safe low-risk environment where he won't be harmed physically or mentally (which can happen with people taking advantage of his naiveté and limited decision-making skills resulting from brain damage). And Marc offers job coaching and life skills as well, so there is an important long-term effect around the entire program Marc offers disabled individuals. I have spent hundreds of hours over the past year and a half listening to him on the telephone and on Skype as he describes in detail what he did at the Marc Center, how much money he made that day, and some of the things he as learned in his classes. He also has a more positive self-esteem and pride in the work he is doing. *[Excerpt of* | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | *letter submission]* | |
| Letter 22 | Member | We are very upset at the letter receive in the mail about you possibly closing the MARC CENTER DOWN. Marc is the only place in which I, [NAME], can work at. I need money coming in and have very little Social Security coming in. This is the only place I can work at because I have a disability that prevents me from working in a normal jobs which will not except my disability (seizure disorder). I need this job because I need money to pay for bills etc. If I was hired by some one other than Marc Center, because of my disability I would be the first to be fired and not have a job. There again I like I said before I can not work any where else. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 23 | Family Member | The program has assisted my son for many years now. I've seen my son being so proud of the work he does every week day; how could this be happening? Taking this program from him would be devistating. He is unable to work in the community. His disability is getting worse as he ages. He needs Marc Center for his work program. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 24 | Family Member | I'm advised by the MARC center about you planning to cut all day program and employment programs "leaving only private sector jobs" for all the mentally handicapped people of Arizona which leaves most of these persons without a job, without a sense of perpous, without a sense of acomplishment in thier lives. This is unexceptable!!! My brother [NAME] can't read or write, he has a lot of phobeia's, he doesn't understand stranger danger. He's been in this MARC Program for 27 yrs. now and he wouldn't ever understand not being able to go to work everday. Without this program he would be bored to death, very hostile and depressed!!! *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 25 | Family Member | [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold any kind of gainful employment in any competitive community work. He has been working at MARC for about 18 months now. It is the longest time in his adult life he has been employed anywhere. MARC allows him to explore vocational options in a safe low-risk environment where he won't be harmed physically or mentally (which can happen with people taking advantage of his naiveté and limited decision-making skills resulting from brain damage). And MARC offers job coaching and life skills as long term care as well so there is an important continuity factor around the entire program MARC offers disabled individuals. It is about getting a former "shut-in" out of the house three days a week; which he was not doing prior to joining the MARC center family. It is about him having a more positive self-esteem and pride in his appearance and in the work he is doing. It is about learning important social skills and interpersonal communications through interaction with peer workers and supervisors at MARC. MARC has given him a purpose to get up and out of bed in the morning, to shower and shave and get dressed, to make and pack his lunch and to arrange his Dial a Ride transportation every day since he cannot drive. This all gives him a feeling of normalcy and being a part of something important. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 26 | Family Member | [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold any kind | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of |

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| | | of gainful employment in any competitive community work. He has been working at MARC for about 18 months now. It is the longest time in his adult life he has been employed anywhere. MARC allows him to explore vocational options in a safe low-risk environment where he won't be harmed physically or mentally (which can happen with people taking advantage of his naiveté and limited decision-making skills resulting from brain damage). And MARC offers job coaching and life skills as long term care as well so there is an important continuity factor around the entire program MARC offers disabled individuals. It is about getting a former "shut-in" out of the house three days a week; which he was not doing prior to joining the MARC center family. It is about him having a more positive self-esteem and pride in his appearance and in the work he is doing. It is about learning important social skills and interpersonal communications through interaction with peer workers and supervisors at MARC. MARC has given him a purpose to get up and out of bed in the morning, to shower and shave and get dressed, to make and pack his lunch and to arrange his Dial a Ride transportation every day since he cannot drive. This all gives him a feeling of normalcy and being a part of something important. *[Excerpt of letter submission]* | AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 27 | Family Member | [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold any kind of gainful employment in any competitive community work. He has been working at MARC for about 18 months now. It is the longest time in his adult life he has been employed anywhere. MARC allows him to explore vocational options in a safe low-risk environment where he won't be harmed physically or mentally (which can happen with people taking advantage of his naiveté and limited decision-making skills resulting from brain damage). And MARC offers job coaching and life skills as long term care as well so there is an important continuity factor around the entire program MARC offers disabled individuals. It is about getting a former "shut-in" out of the house three days a week; which he was not doing prior to joining the MARC center family. It is about him having a more positive self-esteem and pride in his appearance and in the work he is doing. It is about learning important social skills and interpersonal communications through interaction with peer workers and supervisors at MARC. MARC has given him a purpose to get up and out of bed in the morning, to shower and shave and get dressed, to make and pack his lunch and to arrange his Dial a Ride transportation every day since he cannot drive. This all gives him a feeling of normalcy and being a part of something important. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 28 | Family Member | [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold any kind of gainful employment in any competitive community work. He has been working at MARC for about 18 months now. It is the longest time in his adult life he has been employed anywhere. MARC allows him to explore vocational options in a safe low-risk environment where he won't be harmed physically or mentally (which can happen with people taking advantage of his naiveté and limited decision-making skills resulting from brain damage). And MARC offers job coaching and life skills as long term care as well | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | so there is an important continuity factor around the entire program MARC offers disabled individuals. It is about getting a former "shut-in" out of the house three days a week; which he was not doing prior to joining the MARC center family. It is about him having a more positive self-esteem and pride in his appearance and in the work he is doing. It is about learning important social skills and interpersonal communications through interaction with peer workers and supervisors at MARC. MARC has given him a purpose to get up and out of bed in the morning, to shower and shave and get dressed, to make and pack his lunch and to arrange his Dial a Ride transportation every day since he cannot drive. This all gives him a feeling of normalcy and being a part of something important. *[Excerpt of letter submission]* | |
| Letter 29 | Family Member | [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold any kind of gainful employment in any competitive community work. He has been working at MARC for about 18 months now. It is the longest time in his adult life he has been employed anywhere. MARC allows him to explore vocational options in a safe low-risk environment where he won't be harmed physically or mentally (which can happen with people taking advantage of his naiveté and limited decision-making skills resulting from brain damage). And MARC offers job coaching and life skills as long term care as well so there is an important continuity factor around the entire program MARC offers disabled individuals. It is about getting a former "shut-in" out of the house three days a week; which he was not doing prior to joining the MARC center family. It is about him having a more positive self-esteem and pride in his appearance and in the work he is doing. It is about learning important social skills and interpersonal communications through interaction with peer workers and supervisors at MARC. MARC has given him a purpose to get up and out of bed in the morning, to shower and shave and get dressed, to make and pack his lunch and to arrange his Dial a Ride transportation every day since he cannot drive. This all gives him a feeling of normalcy and being a part of something important. *[Excerpt of letter submission]* | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 30 | Family Member | My brother [NAME] is 43 years old and has Muscular Dystrophy and neurological disabilities from brain damage since birth. With his disabilities, he has never been able to hold any kind of gainful employment in any competitive community work. He has been working at MARC for about 18 months now. It is the longest time in his adult life he has been employed anywhere. MARC allows him to explore vocational options in a safe low-risk environment where he won't be harmed physically or mentally (which can happen with people taking advantage of his naiveté and limited decision-making skills resulting from brain damage). And MARC offers job coaching and life skills as long term care as well so there is an important continuity factor around the entire program MARC offers disabled individuals. It is about getting a former "shut-in" out of the house three days a week; which he was not doing prior to joining the MARC center family. It is about him having a more positive self-esteem and pride in his appearance and in the work he is doing. It is about learning important social skills and interpersonal communications through interaction with peer workers and supervisors at MARC. | Please refer to “Public Comment” (pg. 31) and “Centered Based Employment Transition Plan” (pg.210) sections of the document for a full summary of AHCCCS’ response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | MARC has given him a purpose to get up and out of bed in the morning, to shower and shave and get dressed, to make and pack his lunch and to arrange his Dial a Ride transportation every day since he cannot drive. This all gives him a feeling of normalcy and being a part of something important. *[Excerpt of letter submission]* | |
| Letter 31 | Family Member | Enclosed is a letter my son wrote about the MARC Center, and what it means to him. As you can see, he is very upset about this. For most of his adult life he has been connected to work at the MARC Center. He worked for a short time at jobs outside the MARC Center, they didn't work out for him. The MARC Center is the best work environment for him. The MARC Center gives people with diabilities a chance to work and earn money on their own. If you close this down, there will be a lot of peole with no way to earn an income. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 32 | Member | Some worker can't get jobs some can't see and some can't hear some have other thing they can't do at all I love work at Marc-Center they are like one big pround place we have danes and if lose Marc-Center will lose work big job that they send to big store and help peolpe around Christmas Marc-Center dose a lot for big job day place do out and they do thing work place help store like bashas clean get cart and help bashas coworkers some need help with thing some need help other thing is would be sad and mad and not happy and very mad some need Marc-Center If you take it away where will all the worker work that can't get jobs and I will miss it so bad I love going there so will other you will take your life a way!!! No van ride and peolpe that ride in cabs no more stop this at one's how would like not much live on some need that money take life away like we are like trash put us away like we are nothing to you I'm pround to work for Marc-Center you are make a huge deal about jobs if you will stop this now I was at Marc Center for lot of year I work there I like better then real jobs you don't think you just take lot peolpe life gone and your hard work down and no more if I was home I'll will not be happy outside jobs I had job it was bad try not have a job or no work at all you are make us feel super mad this had to stop for good but do you care? I don't think so try live on less money see how would you like it it would be Mom grop home will be mad at you and Marc-Center be gone for good but we don't want gone live it alone now!!! I super love work for Marc Center this happen one year same thing and stop this right away we need Marc Center!!! Today's 08-13-15 this note is bad news for Marc-Center if you close us down you are good job down not up but lot of work will hate this be gone it would be (author drew unhappy face with tears) super sad Stop Stop this at ones we hate this note you put the best job in the world away that not far you try to find job in big world in AZ We need to stay not go never come back we need Marc-Center let stay for good not take us out and stop this now!!! I like help Bashas Marc-Center go to Marc Center go work is the best thing How would you like if take your job away for good you would not like at all we feel that to we need lot of Marc Center Hi my name [NAME] I need Marc Center the real job did not work for me and it won't work for other Marc-Center worker Don't close us and keep it open never take it away no more and stop right now!!! I feel like you don't like Marc-Center why pick on us you made lot poelpe mad today we unhappy with you. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| Letter 35 | Family Member | Thank you for your response to my letter. I have to say I was pleasantly surprised. I was very glad to hear that center-based employment services shall remain available to our son [NAME] and many others. I can't begin to tell you how important Marc Center and the services they provide have meant to our family over the years. They are an outstanding organization and our community is very fortunate to have them. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 36 | Family Member | The rules for employment are cruel-when will DD people get to be free-more rules for housing and programs means more staff when there are countless vacancies now-poor hourly rate and no pay for advancement-need adequate pay. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 37 | Provider | It has been brought to my attention the new federal law is considering changes that will restrict or eliminate CBE (Center Based Employment) throughout the state. This is very concerning to me. I have been associated with this fabulous program for over a year and without it I would not be where I am today. I have participated in the paid activities at MARC Community Resources and I have had the opportunity to work with job developers that have encouraged me to go out in the community workforce. Working at the Resource Center has given me a chance to improve my work skills and a confidence in knowing that I am a valuable resource to the center. There are many people like myself that need and want a workplace where we feel we are an asset to the community. It gives us pride each day to have this sense of accomplishment. My self-esteem has been boosted in knowing that I have supervisors around me that encourage me for good. I have tried several times previously to work in the community and have not been successful because of my needs. This is the first time I have ever felt good about myself in the workforce. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 38 | Family Member | I was recently informed that you are considering not continuing to have paid Center Based Employment. My son [NAME] is 37 yrs. Old and has Autism. He has been attending MARC Center in Mesa. He is doing extremely well there. I like that he has a safe, clean and secure place to work in. And he is very happy to receive a pay check. It makes him feel that he can accomplish something for doing his work at the Center. As far as working in the community -- most companies will not hire a person iwth a disability. Unfortunately. People with Autism and other disabilities need a special environment to work in and be safe. They are not aware of "stranger danger" at all. My son once was approached after leaving a bank to cash his check and the guy just put his hand in my son's pocket and took the little bit of money he had. Then gave him back $5.00 so he could at home. I do not want to see this repeated. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 39 | Undisclosed | It is my prayer and deep desire that the Beacon Group employees be treated with mercy, and justice. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 40 | Family Member | Instead, the lawmakers to make law for people needs, THIS FEDERAL LAW IS TARGETED AGAINST THE PEOPLE! What is poorer in this law is DIRECT NEGATIVE IMPACT ON THE DISABLE PERSONS THEY NEED OUR | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS |

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| | | ATTENTION, HELP and CARE AND MENTALLY STABILITY. OUR OPINION IS THAT AHCCCS NEEDS TO STOP ANY CONSIDERATION WHICH CAN LEAD TO DISTURB WORK AND LIFE OF DISABLE PEOPLE, and to work on their improvement to FIND THEIR PLACE UNDER THE GOD AND SUN! *[Excerpt of letter submission]* | has modified the Center-Based Transition Plan based on public comment. |
| Letter 41 | Member | Regarding the elimination of center-based employment in the future at Marc Community Resource Center on Country Club Drive in Mesa: This would be most unfortunate to disabled people such as myself. After traumatic brain injury and being diagnosed with PTSD and Bi-Polar Mania, I was no longer able to retain employment elsewhere, enduring much discrimination in the regular jobs. I withdrew, but after a case worker referred me to Marc, it was the beginning of my regaining a sense of self-worth. The staff there has been remarkable, coaching me, treating me with dignity, and I have no fear of discrimination there or being taken advantage of. I beg you, for the sake of others like me, please continue to fund these programs. It helps bring us back to wholeness. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 42 | Family Member | My son is been working in this program for more than three years. And as a mother of a special ed. Son, I'm really tranquil that he work in this program, because is a safe and respectful enviroment. Where he learn to work and earn his own money. Since he is in this program his self-esteem when up notoriously, he is happy and ready to work everday. We had an experience before when he worked in a clothes store, they where making fun of him and the was not enough supervision. In one occasion he left the work place, he was missing for more than 2 hours. Those hours where the worse ones in my life. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 43 | Family Member | I have a daughter that has been a participant of this program for just over a year and I cannot adequately explain what it has done for her and her life. Until this program was introduced to her by her AHCCCS provider, she was never able to hold down a job for more than a day or two. Having challenges that the community workforce was not willing to work with her to improve her skills, they quickly let her go. This is such a disservice to a willing and eager individual. Each time this would happen she became more disappointed in herself and her ability to perform. She was more than willing to work and gladly accepted the invitation to work only to be let down from the community. She has participated in the paid activities at MARC Community Resources since June 2014 and have been given many opportunities to excel. It has taught her work skills, social skills, time management, learning to work with others and so much more. This program offered job developers that were assigned to her to help her with the resume' process and interview process. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 44 | Family Member | I understand that the PCP can protect individuals with health, safety issues and help assure that we have a continum of services available. My daughter is a good artist and at 46 yrs old she has never needed the system. She has Down syndrome and is now regressing and has personality changes so she cannot function in the community any longer. In the past, for example, she was able to take the bus across town, and even change buses, to get home from the Mesa Community College where she takes computer | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |

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| | | classes. She has behavioral issues of wandering and getting lost. She can no longer take care of herself independently, like her laundry, without prompting, and cannot take care of her household. We are very grateful that there is a safe and appropriate sheltered work site at Marc Community Resources. We need to keep center based workshops available for those in the who cannot be safe in community jobs or volunteer placements. *[Excerpt of letter submission]* | |
| Letter 45 | Family Member | I am very upset that you would consider closing the workshop. I like the staff and my co-workers. I like most of the jobs and I get opportunities to learn new skills like answering phones. I have tried working in the community but it became very stressful and I was not happy. I like the workshop better. I am not as stressed there. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 46 | Member | I would like to write to you on a client's point of view I do go to bashas two times a week when close the CBE program you are closing opportunities for the clients that have that Opportunities to work for Bashas and to work In departments like Meat, Produce, deli and bakery so I am asking to NOT close us down and to keep it open for us so we can continue working. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 47 | Member | We want the work shop to stay open and not close down. Where do you want us to work if the work shop closes? I like to work at shop and getting paid. | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 48 | Member | We currently work in a workshop and enjoy our jobs as well as being with our coworkers and staff. We were very upset to hear that our jobs may be taken away from us. We are asking you to not do this. We do not want to sit home all day and some of us can not be left alone in the community due to health issues or our lack of community safety skills and stranger/danger skills. We are unable to write or read, but asked a staff to write our feelings on this matter for us. Thank you for listening to our concerns. We love our work place and don't want you taking it away. *[Approximately 45 members signed the letter]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 49 | Family Member | [NAME] has attended four different independent work program for the disabled. He failed to find a job that fit him and his particular disabilities. [NAME] tests high enough to not be labeled "mentally disabled," yet the brain injury has limited many of his former abilities. Now he has found this wonderful group in Prescott, Az. [NAME] works with some hard-working, very caring supervisors at Yavapai Exceptional Industries. It has been fifteen years since [NAME] first entered the work program. He is happier now and loves the work plus receiving a paycheck. It boosts his feelings of worthiness and accomplishments for what he does five days a week all year long. He was hired fifteen years ago. It would be devastating to him if he no longer received a pay check for all his hard work. He expiences pride in his work, and he looks forward to being with his fellow workers and supervisors. The eagerness he exhibits @ five o'clock in the morning each day is heart-warming. Please help him to keep the choice of continuing to work right where he is. *[Excerpt of letter submission]* | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Letter 50 | Family Member | As parents of a mentally challenged young adult who benefits greatly from her | Please refer to "Public Comment" (pg. 31) and "Centered Based Employment |

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| | | participation at MARC Center, we are appalled at the notice that we received stating that the facility may be closed. Our daughter has benifitted greatly from her years there. She has been a client since 9-04-1992. She has developed social skills, learned independence and terrific working skills. To deprive her of these benefits would greatly impact her ability to function in todays society. Marla is incapable of functioning in a workplace without direct supervision and her self esteem would suffer greatly without the MARC Center staff. Our reason for witing is to encourage you to reconsider your plans to discontinue CBE as this would prove disastrous to her well being. We will be watching for evidence of your findings and seriously hope that your decisions reflect the needs of those folks born with similar inflictions. I pray that you don't have siblings who need the programs that MARC Center so gratiously provides to function on a day to day basis. *[Excerpt of letter submission]* | Transition Plan" (pg.210) sections of the document for a full summary of AHCCCS' response to public feedback on Center Based Employment. AHCCCS has modified the Center-Based Transition Plan based on public comment. |
| Forum 83 | Provider | What if members who choose not to work in the community due to prior bad experiences including bias and stigma? | The Person Centered Plan addresses individualized support need for employment. |
| Forum 95 | Provider | Many of our individuals have certain skills, like love of animals, cleaning skills, etc. and how can they receive work opportunities in these areas even through they struggle to stay on task, or need more support on an individual basis? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 94 | Provider | The current version of center-based employment is very exciting and I am looking forward to working this framework. | Thank you for your comment. |
| Forum 22 | Provider | Any consideration of CBE (Center-Based Employment) program being evaluated as fulfillment industry competitors? Reverse Integration? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 31 | Provider | In vocational programs, we will need assistance in increasing the employer network (Employment First will help, but still need more). | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 41 | Provider | Speaking to the point of the transition from center-based employment to community-based/competitive, the trick is educating the local business community as a whole. We have some successful enclaves, but this is due to some very well-(established) relationships. | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 89 | Provider | Who is going to secure public awareness & support to employ? | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Forum 110 | Undisclosed | Figure out community incentives to get more work for MARC. | Thank you for your comment. |
| Forum 120 | Family Member | Educating potential employees and peers that are not disabled to work with disabled people. Most disabled people cannot compete with abled workers at the same pay. | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | AAPPD appreciates being included as an organization participating in this effort. However, we are concerned about the timing of the transition plan. Can AHCCCS clarify the process it hopes to have accomplished by September 2017? By September 2017, is the goal to have the continuum evaluated *and* redesigned? Does redesign include the AHCCCS policy and DDD rules and service specification changes that need to occur? AAPPD suggests that the target date may be too ambitious depending on the goals AHCCCS wants to accomplish. AAPPD believes that the evaluation and general creation could be completed by September 2017, but the changes in policy, services specifications, manuals, etc., at AHCCCS and DDD will likely take longer to accomplish | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document.<br><br>Reference Transtion Plan – "Center-Based Employment" section of the document. |

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| | | and may likely bleed over to 2018. | |
| **Topic: Transition Plan [Enrollment Cap Model]** | | | |
| Forum 86 | Provider | Additional time to comment for CBE (Center-Based Employment)? | AHCCCS accepted public comment until 09/15/2015. |
| Email 142 | Provider Organization (Arizona Association of Providers for People with Disabilities) | Will the "new" CBE incorporate a screening or skill evaluation tool to assess whether an individual has a likelihood of integrated community employment prior to placement in a CBE Program? If this is the case, AAPPD is concerned that many people who greatly value and choose employment, may never get the opportunity to experience the value of employment because they will not or cannot have the goal of competitive employment. Will there be a way for someone to experience CBE (a trial run, so to speak) if necessary? | AHCCCS recognizes the system of employment supports and services should be designed to support members who express desires to work to achieve their vocational goals. Only the desire to work is a prerequisite for pre vocational serve. |
| Forum 66 | Family Member | What if the new person coming in was like my daughter? | Reference Transtion Plan – "Center-Based Employment" section of the document. |
| Forum 87 | Provider | Very informative. Feel that AHCCCS has the right approaches to set up to meet compliance. It was really good to hear the other option for CBE (Center-Based Employment). | Thank you for your comment. |
| Forum 93 | Family Member | The forum presentation to day was well presented and answered many questions. My son is in centered base employment at Gompers and will be "grandfathered" to remain there. The cap will prove difficult to future individuals who will never leave centered-based employment. | Thank you for your comment. |
| Forum 98 | Provider | Some people will never be able to leave & should be allowed to stay in center based even after the cap date. | Thank you for your comment. |
| Forum 98A | Family Member | I feel much more comfortable with this plan than I did. My brother is one of those 20 year center-based guys. | Thank you for your comment. |
| Forum 107 | Family Member | Very happy to hear provisions made to retain current Center-Based Employment for clients unable or who don't want to work vocational. | Thank you for your comment. |
| Email 146 | Provider | We appreciate the opportunity to continue operating CBEs without new admissions in order to safely and fairly support the individuals we are currently serving. | Thank you for your comment. |
| Forum 108 | Family Member | I am oppose a cap on those choosing to stay in center-based employment – some severe individuals need it. | Thank you for your comment. |
| Forum 114 | Family Member | We did not need to know how to invent the wheel – just there is a wheel! For a forum related to employment we have spent 45 minutes so far, and not, on world that applies to that subject. I look around the room and all I see is dismay on these faces that are not asleep! Finally after one hour, we hear about employment and the operative word is could…That leaves a big door that could go either way. This whole subject could have been summed up with – those who can perform in a public environment will be helped, trained, and otherwise assisted to obtain that work. Those who choose not to leave their existing environment or cannot leave will not be forced to leave. Pity the people who enter the system in 2021. | Thank you for your comment. |
| Forum 121 | Family Member | Will always have new clients that will never be able to work outside of center-based employment. Cannot put a cap on CB employment. | Thank you for your comment. |
| Email 106 | Family Member | I am concerned about how AHCCCS is caving to centered based employment agencies | Thank you for your comment. |

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| | | by grandfathering in individuals in sheltered workshops. There is no goal to seek employment or volunteer jobs required. If there is no PCP, AHCCCS does not have to worry about self-determination as listed on a paper. | |
| Email 139 | Family Member | On behalf of our son [NAME], my husband and I attended the AHCCCS Community Forum. As previously stated in other emails on this subject we were concerned with the direction that was being proposed for the CBE program. Our son both lives in a Marc Center Group Home and attends the Marc Center East ER program (CBE program). We were very pleased to hear and hope it will be followed through on that Long Term Care Clients currently in a sheltered workshop would have some kind of "grandfathered" clause. Our son has enjoyed the benefits of the progress that has been made; I.e. Parkway in Mesa, integration into the Public School System and now programs through Marc Center, to name a few, since his birth in 1967. We would not want to see any improvements stop. However, it seems like the rules/information coming down from CMS or other advocates are not looking at the individuality of all the different levels of intellectual and developmental disabilities. Our son and others like him in the CBE program at the Marc Center have a perfect placement since the majority do not have the ability to work in a competitive job or the social skills to be employed outside the structure of their current CBE program.<br>I am appreciative of the fact that we as parents and advocates were listened to and hopefully our people will be able to retain their current structured jobs in the workshops that they love. | Thank you for your comment. |
| **Topic: Network Capacity, Service Availability and Rates** | | | |
| Forum 31 | Provider | Increasing integration will also require more funding. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Forum 79 | Provider | Will anyone increase the rates for providers? Increase rates to help provide qualify(ied) people to serve our clients? | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Forum 107 | Family Member | Concerns for where funds will come from or even staffing to support and additional training of clients. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | AAPPD is concerned that there will likely be increased costs to the system for the changes<br>recommended in the assessment and transition plan for both GSE (Group – Supported Employment) and CBE (Center-Based Employment). As AHCCCS is likely aware, providers of services to people with development disabilities have struggled to balance the rates being paid for services with quality care for members, quality pay for direct care staff and the ability to grow as the population grows. Beginning in 2008, providers of services to the developmentally disabled were cut due to bad economic times for | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |

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| | | the state. Provider rates were cut by 15% in total over several years; only 7% of the cuts were restored to date. The population of individuals with developmental disabilities continues to grow. By 2019, the state will be serving more individuals with a developmental disability at every age than it did in 2014. Providers will be unable to deal with additional requirements at the same time they are dealing with additional growth in members if the funding is not provided to cover the additional services. There are no "extras" left to cut. To that end, AAPPD is concerned with the overall timeline suggested. Many of the changes to Service Specification and the AHCCCS Medical Policy Manual are to be completed by September of 2018. This date does not match the state fiscal year calendar in which funding is set for the DES/DDD program. Consideration needs to be made for ensuring the funding for changes are on-line at the same time the new requirements and changes to programs take place. Especially for employment services, if the funding is not available to create the new programs/services that are potentially needed, the services will fail to materialize, as providers will not be able to afford to bring them on-line. | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | Changes in employment supports and services will also require changes in the funding structure and, most likely, additional funding. How will this be incorporated into the discussion? It takes additional funds to create new supports and services in order to bring them online. Providers will need additional assistance to make any potential changes to supports and services. In addition, AHCCCS should consider the cost for programs, overall, may increase. The funding structure and amount must be addressed in order to make any redesign successful in Arizona. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1b; Remediation Strategy #7 (page 165)* - AAPPD does not disagree with the remediation strategy; however, a new requirement in the service specifications has to be partnered with changes in rates to accommodate additional services being provided. As AHCCCS is likely aware, providers of services to people with development disabilities have struggled to balance the rates being paid for services with quality care for members, quality pay for direct care staff and the ability to grow as the population grows. Beginning in 2008, providers of services to the developmentally disabled were cut due to bad economic times. Provider rates were cut by 15% in total over several years; only 7% of the cuts were restored. The population of individuals with developmental disabilities continues to grow. By 2019, the state will be serving more individuals with a developmental disability at every age than it did in 2014. Providers will be unable to deal with additional requirements at the same time they are dealing with additional growth in members if the funding is not provided to cover the additional services, including adequately paying for direct care staffing needs. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 106 | Family Member | Things need to change in Arizona, but change will not occur if the funding source still goes to sheltered workshops or as AHCCCS likes to call them centered based employment programs. They are still not integrated settings. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 146 | Provider | We have some general comments related to the discussion of employment services. As providers, we have the expertise to accomplish these goals and we are motivated to do | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates |

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| | | so. However our barriers are high, and we will need assistance to overcome them. We have a lack of community employment opportunities. Providers work together to address this (we even have several committees!) but it is not enough. More needs to be done on a policy level to support this goal. Additionally, we need increased funding. Vocational services are vastly subsidized in the provider community. We would love to expand them, be we need to be fairly compensated to do so. Individuals with high needs are capable of working, but they will likely need an increased level of support that currently doesn't exist | Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 146 | Provider | In 1A, we support expanding the scope of CBE to include vocational/ job related assessment, work incentive consultation career advancement services, and transportation training and planning. We look forward to seeing the reimbursement rates increase to reflect the expansion. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| ***Group-Supported Employment Programs*** | | | |
| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Assessment** | | | |
| Forum 97 | Provider | If they work in a job outside of the workshop do they get paid minimum wage? Should their pay check show wage? They get paid per hour. What if in the "shop" only send at the most 8 people per day so most even if they can they have no room for them so it's really more institutional than integrated. | Thank you for your comment. |
| **Topic: Transition Plan** | | | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1a; Remediation Strategy #1 (page 191)* - The remediation strategy seeks to expand the scope of GSE to include "work incentive consultation" and "career advancement services". Can AHCCCS clarify what is meant by these two services? Providers are unclear what these two would entail and therefore cannot comment properly. Does career advancement services, for example, include lateral changes where the individual may simply want to do a different job that may not be considered "advancement"? What incentives are being discussed – what does this include? Do the two services take into account choice by the member? The two new services seem to require additional staffing and therefore require additional<br>funds to cover these costs. To the point raised above, can AHCCCS clarify what these two services are in order to determine staffing need requirements and to be able to fully comment? How are the families and guardians advised on these two services? If the provider has attempted to provide these services and the individual does not wish to "advance further" in their career, will the provider's efforts still meet these requirements? | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |
| Email 146 | Provider | We are absolutely agree with this rule! Everything we do, every day, is designed to help the individuals we serve to have increased access and opportunity to the greater community. We have some questions and concerns regarding the remediation strategies. In 1A, we support expanding the scope of GSE to include vocational/ job related assessment, work incentive consultation career advancement services, and transportation training and planning. We look forward to seeing the reimbursement rates increase to reflect the expansion. | Thank you for your comment.<br><br>AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |

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| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 1a; Remediation Strategy #2 (page 191)* - What is considered "other activities"? If a member wants to work and does not want to volunteer, for example, will they be allowed to make that choice? Members value the paycheck they receive no matter the amount. If the member cannot move further in their employment status for whatever reason (as dictated in their ISP), they should still have the choice to work and earn a paycheck. In addition, for some individuals, they are working full time; there is no room for other activities on the job. | Reference "AHCCCS' Response to Public Comment on Center-Based Employment" section of the document. |
| Email 146 | Provider | We are thrilled to be included in the process to redesign employment services. Those of us that have been providing those services have some amazing ideas of how to improve the system for our participants. | Thank you for your comment. |
| Email 146 | Provider | We also have concerns with 1D. Theoretically, receiving services in the community to the same degree of access as individuals not receiving HCBS services is fantastic. However, peers to the adults we serve usually have increased productivity and access to different jobs and benefits. We are also continually working to increase the employers who will employ the folks we serve. We need a great deal of support to engage employers to expand opportunities. | Thank you for your comment. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | *Rule 4; Remediation Strategy #3 (page 204)* - What is envisioned in the requirement to "post" the rights and resources? Because the member is engaged in various activities throughout the day, there does not seem to be one location to "post" the rights and resources that would ensure the individuals see them and have access to the posting. In addition, this does not take into account individuals who cannot read and/or understand the material. This should be changed to "provide" the rights and resources to the member and also to their guardian, as appropriate. The rights and resources could be provided at each ISP evaluation in addition to giving them to the member the first time. | Language of Remediation Strategy #3 - changed to "Incorporate a Service Requirement and Limitation in the Services Specification that requires the Program to follow guidelines for language competency and provide rights in a location that anyone can access at anytime." |
| Forum 98 | Provider | Group support should be allowed to make less than minimum wage because they may not be able to do minimum wage work standards. | The Department of Labor requirements are outside the scope of the HCBS Rules. |
| Forum 106 | Family Member | Need to look at Virginia Commonwealth. | Thank you for the information. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | AAPPD appreciates being included as an organization participating in this effort. However, we are concerned about the timing of the transition plan. Can AHCCCS clarify the process it hopes to have accomplished by September 2017? By September 2017, is the goal to have the continuum evaluated *and* redesigned? Does redesign include the AHCCCS policy and DDD rules and service specification changes that need to occur? AAPPD suggests that the target date may be too ambitious depending on the goals AHCCCS wants to accomplish. AAPPD believes that the evaluation and general creation could be completed by September 2017, but the changes in policy, services specifications, manuals, etc., at AHCCCS and DDD will likely take longer to accomplish and may likely bleed over to 2018. | Thank you for your comment.<br>Reference the "Overall Transition" section of the document. |
| Email 80 | Provider Organization (Arizona Association of | As the state undertakes this process, the groups involved will have to determine common definitions for employment services that will be used throughout the system. For example, what definition will be used for "competitive integrated employment". A definition also exists in the federal WIOA rules that the Department of Economic | AHCCCS will establish site specific workgroups to address policy and process development for Remediation Strategies. |

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| | Providers for People with Disabilities) | Security/DDD will need to contend with. | |
| **Topic: Network Capacity, Service Availability and Rates** | | | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | Changes in employment supports and services will also require changes in the fundingstructure and, most likely, additional funding. How will this be incorporated into thediscussion? It takes additional funds to create new supports and services in order tobring them online. Providers will need additional assistance to make any potentialchanges to supports and services. In addition, AHCCCS should consider the cost for programs, overall, may increase. The funding structure and amount must be addressed in order to make any redesign successful in Arizona. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| ***Person Centered Planning*** | | | |
| **Reference** | **Stakeholder** | **Question(s)/Comment(s)** | **AHCCCS Response** |
| **Topic: Scope of the HCBS Rules** | | | |
| Forum 18 | Managed Care Organization | Is the PCP (Person Centered Plan) the same as the ISP (Individual Service Plan) with DDD (Division of Developmental Disabilities)? | Currently the person centered plan for DD memebrs is the ISP> |
| Forum 39 | Family Member | I am glad to see some federal requirements and options regarding person-centered planning. I have a consulting business and provide person-centered planning for members and families. We have created a process and forms that typically incorporate a three-session process. *[Paraphrase of verbal comment]* | Thank you for your comment. |
| Forum 106 | Family Member | How can HCBS Rules be implemented without a PCP? | Reference "Person Centered Plan" section of the document. |
| Email 118 | Managed Care Organization | It would also be good to be specific wherever the member's service plan is referenced. Throughout the document the members' care plan and service plan are referenced. Please clarify is it the care plan in the PCP's file, care plan written and maintained in the Assisted Living Facility or the care plan the case manager maintains in health plan record. Today care plans in Assisted Living Facilities are dictated by licensure. Is ADHS going to work with AHCCCS to develop a required care plan for the Assisted Living Facility record? | The Person Centered Plan is the plan that is facilitated by the Case Manager. |
| Email 144 | Non-Provider Organization (William E. Morris Institute for Justice and Arizona Center for Disability Law) | Sixth, the plan allows a time period to come into compliance with the person centered planning requirements under the regulations. These requirements became effective March 17, 2014 and should be currently in use. Person centered planning is not supposed to be part of a transition plan. *See* CMS, HCBS Basic Element Review Tool for Statewide Transition Plans and HCBS Content Review Tool for Statewide Transition Plans, http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/downloads/hcbs-state wide-transition-plan.pdf. ("The Statewide Transition Plan focuses on the state's compliance with the home and community-based settings requirements, and does not include substantial extraneous information, such as information on the state's compliance with the person-centered planning process or person-centered service plan requirements.") Therefore, person centered planning must be enforced immediately. | AHCCCS has modified the "Overall Transition Plan" section of the document to include a Preparation Phase period beginning in October 2015 and to include an accelerated time line for Person Centered Planning.<br><br>Reference "Overall Transition Plan" and "Person Centered Planning" sections of the document. |
| **Topic: Assessment** | | | |

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| Forum 22 | Provider | Current practice requires ISP (Individual Service Plan) meetings to occur in family homes unless compelling information exists to do otherwise. In most contact with family members of members living in family homes, there has been no indication that the member or responsible person has first choice in this decision. | Reference AHCCCS Medical Policy Manual Chapter 1620-E.<br>" Review visits must be conducted at the member's residence. A visit made to a site other than the member's place of residence must be at the request of the member or representative, not just for the convenience of the case manager. If an alternate site is used, the rationale must be documented in the case management file. Every effort should be made to see members in their homes in order for the case manager to assess the living environment and evaluate potential barriers to quality care. Visits to an alternative site should be the exception."<br>http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap1600.pdf |
| Forum 25 | Provider | ISP (Individual Service Plan) must include all team members & be at the setting chosen by the person serviced and in the setting where most service unit occur. None of this tricking families into signing forms to agree to only hold ISPs in homes where day & employment staff cannot attend. | Reference AHCCCS Medical Policy Manual Chapter 1620-E.<br>" Review visits must be conducted at the member's residence. A visit made to a site other than the member's place of residence must be at the request of the member or representative, not just for the convenience of the case manager. If an alternate site is used, the rationale must be documented in the case management file. Every effort should be made to see members in their homes in order for the case manager to assess the living environment and evaluate potential barriers to q uality care. Visits to an alternative site should be the exception."<br>http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap1600.pdf |
| Forum 5 | Family Member | Through this process, will you assess and implement specific policy to ensure that the severely disabled and developmentally disabled individuals (someone who typically needs 1:1 assistance- complex and dependent ones) are provided those opportunities for interaction in the community, access to all areas of their setting, and are given some way to be a productive member in the community and/or in some form of employment? | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan, development of policies and process including the role of members, guardians and advocates. |
| Email 78 | Family Member | On p. 19, AHCCCS does not address the PCP. How can any of the changes listed be implemented without a PCP? PCPs have been in Arizona since at least 1998 and still members who get HCBS can not have one or it is difficult to obtain one. AHCCCS thinks they are a 3 day affair and central district manager can't figure out how to do a 90 day or 6 month review along the lines of a PCP. Actually, a PCP at the 90 day or 6 month review could be a monitor tool for looking at the people in the individual's life-paid vs non paid people, where did they go-inclusive settings, did they like or did not like what they did. My concerned as a HRC member is that without a real PCP, having rights limited will be a joke on documentation of getting those rights back. I also sit on Program Review Committee (PRC) and review behavior treatment plans. Rights are restricted under the guise of risk assessment in the ISP. The standard remedy is a BTP. | Reference the "Person Centered Planning" section of the document. |
| Email 106 | Family Member | Of the 86% in Arizona who use HCBS, there are 68% who live in their own home. No where in AHCCCS system assessment which was paper only did they mention how many of the 68% go to DTA and how many go to centered based settings. The rule talks about the person centered plan PCP which includes seeking employment which should be competitive and in an integrated setting. Arizona's transition plan does not implement PCP until several years out and only by those in transition. AHCCCS did not think everyone should have a real PCP. Why can't everyone who receives HCBS not have a PCP to address employment that is competitive and in an integrated settings? Why | Reference the "Site Specific Assessment" section in the document that provides data on the number settings and the number of individuals receiving services in those settings. |

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| | | should integrated employment be access only through a sheltered workshop setting?? How can you have a PCP be self-determined and yet there is no placement that is inclusive? | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | AAPPD supports the use of person centered planning (PCP) and feels that it is, in essence, already in-use by providers of services in the DES/DDD system through the use of individuals support plans (ISP)/individualized family service plans. | Thank you for your comment. |
| **Topic: Transition Plan** | | | |
| Email 110 | Non-Provider Organization (ARC of Arizona) | Person Centered Planning (PCP) is at the very heart of any meaningful evaluation of HCBS settings and services. PCP should already be in use, but unfortunately it is not. AHCCCS is proposing a separate and distinct transition process for PCP (pages 19-21). AHCCCS's assessment of the current PCP process again appears to be "paper" based, rather than an assessment of actual practice. Moreover, the transition plan for PCP compliance is far too delayed. It does not contemplate training or piloting with case managers until Year Three, beginning October 2018. It does not provide for member access to PCP facilitators until Year Five. Moreover, the Plan is grossly lacking in details regarding who will be responsible and what resources will be available for PCPs. The Arc of Arizona does not believe there can be system compliance until a meaningful PCP process is implemented. PCP compliance needs to be expedited and made a first priority to ensure that system compliance can be achieved within five years. Finally, the Plan is silent on the level of stakeholder engagement in the PCP transition processes, including the development of forms, processes and monitoring tools. We respectfully request an opportunity to participate in and comment on the PCP transition. | AHCCCS has modified the "Overall Transition Plan" section of the document to include a Preparation Phase period beginning in October 2015 and to include an accelerated time line for Person Centered Planning.<br><br>Reference "Overall Transition Plan" and "Person Centered Planning" sections of the document. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | AAPPD is opposed to remediation strategy #1 and would prefer, instead, to recommend modification of current policies and forms, as necessary. AAPPD believes that DES/DDD's current ISP and behavior treatment plan meet the requirements to serve as a person-centered plan as described in the rule. The ISP does function as a member directed plan and fulfills the intent of the PCP concept. The member and his or her legal representative are active participants in the development of their service plans as well as active in considering any changes to those plans. AAPPD requests consideration for allowing current processes, like the ISP process in the DES/DDD system, to be used as the basis for any changes that need to be made and that it not be replaced with a new tool altogether. AAPPD acknowledges that in public forums AHCCCS staff has indicated that the ISP is the PCP; however, the assessment and transition plan do not acknowledge this.Clarification to this point would be helpful. Listed as one of the weaknesses of the current PCP requirements and practices, is that MCOs utilize different strategies to implement the process and different methods to document the information (#2 and #3). Standardization of the PCP process may not lead to a positive outcome. The needs between the EPD and DDD populations vary greatly. Since the PCP is the vehicle to | Reference "Person Centered Planning" section of the document regarding the Transition Plan that includes an analysis of current practices. |

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| | | limit access to rights, this process may need to look different in the DD setting. As the policies and forms are created, great care needs to be taken in recognizing the unique needs in the DD community. It is likely that AHCCCS and DES/DDD can save time and money and avoid implementation issues by modifying the current structure, forms and processes that exist for an ISP rather than recreating a whole new system. | |
| Forum 10 | Provider | Who will do the person-centered plan? What will it look like and how will providers be involved? Will the AHCCCS Medical Policy Manual be updated? The current Individual Service Plan is useless in providing information about members that is useful in serving them. *[Paraphrase of verbal comment]* | Reference the "Person Centered Planning" section of the document. |
| Forum 54 | Provider | Who does and how often is the PCP (Person-Centered Plan) assessment being done? | Reference the "Person Centered Planning" section of the document. |
| Email 103 | Provider | I found a void where the State's plan addresses the employment of professionals and paraprofessionals to perform the individualized assessment of a need that would necessitate a rights restriction to be noted in the person centered planning document. Currently the ISP team discusses and notes in Health, Rights, and Safeguards as well as in the risk assessment if there exists a concern which may prompt a limitation on rights. Will this be the continued process and if not who is responsible for such assessment? Are there funds in place for such assessments including nutritional assessment if an individual presents a health risk to himself and/or others when allowed unfettered access to food and food preparation areas. | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan. |
| Email 9 | Provider | How does all of this pertain to children that are receiving DDD services? Parents/guardians make decisions for them. | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan, development of policies and process including the role of members, guardians and advocates. |
| Forum 78 | Family Member | If a parent/guardian disagrees with the conclusions in the PCP (Person-Centered Plan), who makes the final decision regarding the actions recommended in the PCP? | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan, development of policies and process including the role of members, guardians and advocates. |
| Forum 81 | Provider | In the person-centered plan, what roles does the guardian plan and what roles does the person with a disability play? | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan, development of policies and process including the role of members, guardians and advocates. |
| Forum 100 | Provider | Individual rights can be disregarded by the PCP (Person-Centered Plan) team for health and safelty concerns. Will parent concerns regarding their child's health and safety be given the same weight? | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan, development of policies and process including the role of members, guardians and advocates. |
| Email 113 | Non-Provider Organization (Raising Special Kids) | Families of members with guardianship have expressed the following concerns: If members living in a residential setting are under guardianship, will the guardian have the same rights of choice, visitation, providing food, assessment of risk, building and key access? | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan, development of policies and process including the role of members, guardians and advocates. |

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| Forum 7 | Family Member | People under guardianship do not have the luxury of making many decisions. How will you deal with a guardian who does not allow the many choices in the plan? | Training around legal options (i.e. limited guardianship) – Utilize parent to parent to assist in the training development and delivery. |
| Forum 23 | Provider | A lot of focus on emphasizing member rights, but there is nothing to balance this with the responsibilities of the members. | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan, development of policies and process including the role of members, guardians and advocates. |
| Email 113 | Non-Provider Organization (Raising Special Kids) | The HCBS rules address the importance of individual needs, encouraging choice, and ensuring informed consent which is balanced with the PCP as the vehicle to limit access to those rights. While the plan encourages choice, one of the means to limit choice is the determination of a safety concern. The plan includes the use of positive interventions and support, but it also raises the question of *dignity of risk* – how will this be measured and what directions to providers will be provided as a best practice standard? | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan. |
| Forum 30 | Non-Provider Organization (Arizona Bridge to Independent Living) | Who teaches members on their rights & self-advocacy skills? How will they know about their choices? Who monitors this? Self-advocacy skills needs to be listed for all areas – key to choice, key to employment, etc. needs to be listed as a skill to be taught. | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan. |
| Forum 29 | Non-Provider Organization (Arizona Bridge to Independent Living) | Person Centered Planning – only successful if members have self-advocacy skills and members need notice ahead so they can plan for it & invite people to the meeting. Not happening in DDD (Division of Developmental Disabilities) right now. | Thank you for your comment. |
| Forum 22 | Provider | Any considerations made to incorporate residency agreement requirements into future ISP (Individual Service Plan)/PCP (Person-Centered Plan) documents? | AHCCCS will establish a focus workgroup to provide input on lease/residency agreements for residential settings. |
| Forum 15 | Managed Care Organization | Are there PCP (Person-Centered Plan) certified today? | Yes |
| Forum 18 | Managed Care Organization | (Facilitators) will be volunteers or paid? | Reference the "Person Centered Planning Transition Plan" section of the document. The cadre of volunteers will be certified PCP facilitators from the community |
| Forum 100 | Provider | Who will make up the "cadre" of volunteers of certified PCP (Person Centered Plan) facilitators? It cannot be a person-centered process if the certified PCP facilitator has a predetermined outcomes in mind. | Reference the "Person Centered Planning Transition Plan" section of the document. The cadre of volunteers will be certified PCP facilitators from the community |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | AAPPD requests clarification and additional information from AHCCCS regarding the use of volunteer PCP facilitators as recommended in remediation strategy #2. Who does AHCCCS anticipate the volunteers will be? Will there be requirements for their background? Are they different from support coordinators? Will individuals be able to facility their own ISP/PCP meetings? Has AHCCCS looked at training provider staff? AAPPD suggests that the remediation strategies should include training for providers and members. | Reference the "Person Centered Planning Transition Plan" section of the document. The cadre of volunteers will be certified PCP facilitators from the community. |

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| | | For remediation strategy #6, are the certified PCP facilitators the same as the volunteers? Is AHCCCS contemplating that the volunteers become certified later on? This process is unclear and confusing.<br>AAPPD suggests looking at the option to train support coordinators before volunteers are trained. Support coordinators are the logical people who should have this responsibility in the DES/DDD system. | |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | AAPPD is concerned about the length of time it will take to perform the steps outlined in the rule for the PCP. Compared to the regular ISP, the length of time to perform the plan would dramatically increase. Support Coordinators will have less time available to do other aspects of their jobs. Also, as AHCCCS may be aware, support coordination turnover is very high already. In order for the planning meeting to commence, there must be assurances that the staff has been appropriately trained before the meeting can AAPPD's Comments on Arizona's Systemic Assessment and Transition Plan begin. If the staff has not been trained, there must be allowances made to reschedule planning meetings until such staff is available. | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | As AHCCCS may be aware, under the current system, ISP meetings may be held in which ever setting the family chooses. In many cases, providers are not included at ISP meetings that are not held at the provider's location (for example, the meeting is held at the individual's home not at the DTA). In order to ensure that the new ISP/PCP process works well and is implemented uniformly (remediation strategy #1), the uniform policies that are adopted must include a way to ensure that all members of the individual's team of care takers are included in these meetings, including providers. | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | AAPPD disagrees with the timing suggested for remediation strategy #1 and #2. It does not seem possible to develop uniform policy and forms at the same time the system is developing the infrastructure and procedures for volunteer facilitators. In order to create the infrastructure and procedures for volunteers, shouldn't the policies and forms be created first? How can we create procedures for volunteers if the policies they need to learn about are not yet created? | AHCCCS has modified the "Overall Transition Plan" section of the document to include a Preparation Phase period beginning in October 2015 and to include an accelerated time line for Person Centered Planning.<br><br>Reference "Overall Transition Plan" and "Person Centered Planning" sections of the document. |
| Forum 7 | Family Member | Are you aware that DD case managers cannot recommend services for members? | Thank you for the information. |
| Forum 21 | Family Member | I am a grandmother to my deaf grandson. My daughter started a process to help him get ahead after he is done or is out of high school and he was accepted into the program, but in the meantime there no was communication from the person in charge or case worker. So my daughter wanted to find out why there was no follow-up and found out that my grandson's case was about to close without notice. Is this due to laziness of the person in charge or ignorance of the person helping to provide this service? My daughter still waiting to hear from them. She attends all these conferences and is it hell for her trying to get services for my grandson. It is a joke. My grandson deserves these services for the rest of his life. | Thank you for your comment. |
| Forum 22 | Provider | Any consideration to development of privatization of case managers as a strategy for PCP (Person-Centered Planning) or other vital case management support? State case management has record of inconsistency in these areas. | Thank you for your comment. |

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| Forum 33 | Family Member | Will the Support Coordinator coordinate the PCP (Person – Centered Plan) across the different services? | Reference the "Person Centered Planning Transition Plan" section of the document. |
| Email 9 | Provider | What is the motivation for DDD (Division of Developmental Disabilities) SC's (Support Coordinators) to stay long term? They are overloaded with cases, paid minimally, etc. We hear from many families that their SC is not supportive, doesn't assist, that they just calculate how many hours, but don't listen to the need. They appear too restricted and not able to offer guidance, support, explanation of services. Often we have to request a copy of the ISP multiple times before finally getting a copy. Then they do not offer much information about the member, what their needs are, how best to support them, etc. The ISP mainly highlights the daily schedule in terms of calculating how much time needs to be approved. | Reference the "Overall Transition Plan" section of the document. AHCCCS will establish site specific workgroups that will develop training and ongoing training requirements. |
| Email 78 | Family Member | Case managers, supervisors, district manage can't tell the different from their ISP's and a PCP which is why on P. 55-57 in the transition plan that AHCCCS talks about individual service plans. I and many other parents of HCBS understand the difference and want PCP's. Could it be the self-determination, member directed planning ideas?? Besides now at the 90 day or 60 day review, the case manager has only a 30 minute window which is used to ask about the individual's health, medications, and how the services are going. I have my daughter's writing with an AAC device saved and put into people, places, likes, health if she mentions, and some HCBS goals. Case manager may comment and may even talk to my daughter other than saying hello and good-bye to her. | Thank you for your comment. |
| Email 78 | Family Member | On page 20, AHCCCS will establish competency-based PCP training case managers. The rule mentions that anyone not providing services to the individual can facilitate the PCP. I fear that AHCCCS will put in barriers so that parents or people trained in the past 18 years by Michael Smull or Sonora UCEDD will not be able to facilitate PCP's. | Reference the "Person Centered Planning Transition Plan" section of the document. |
| Email 143 | Family Member | In my opinion, how Arizona goes about changing for community inclusion for individuals with I/DD is through the Person Center Planning Process. All DDD support coordinators need to be educated on what Person Center Planning is for community inclusion. The support coordinators must guide families and their sons and daughters with I/DD (Intellectural and Developmental Disabilities) into community inclusion. Support Coordinators need to be well paid and have a career path so they are invested in their career with DES/DDD. They need in-service education on what Person Centered Planning is and how to support individuals into community inclusion through the planning process. | Reference the "Person Centered Planning Transition Plan" section of the document. |
| Forum 33 | Family Member | How do you anticipate how the QVAs (Qualified Vendors) will support their responsible staff to make sure the staff is implementing the PCP? | AHCCCS will establish a Person Centered Planning focus workgroup to provide input on the Person Centered Planning Transition Plan. |
| Email 105 | Provider | The communication when there is a new case manager lacks customer satisfaction for the participant and the center. Many times calls are made to case manager on file, and when no response is received, a supervisor is contacted. Center and family/member are informed there is a new case manager. Communication when there is a change in case management needs to be provided to all team members so that all are supporting the member in their goals. | Thank you for your comment. |
| **Topic: Network Capacity, Service Availability and Rates** | | | |

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| Forum 77 | Non-Provider Organization (Sonoran University Center for Excellence in Disabilities, Education, Research and Service) | Rates & staffing will need to reflect, need to provide real choice & exploration and participation in robust planning process. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |
| Email 80 | Provider Organization (Arizona Association of Providers for People with Disabilities) | AAPPD is concerned about funding issues. The PCP process seems to take additional time for everyone – the individual, family, provider, support coordinator, etc. Modification of the current ISP process would help alleviate some of this additional time; however, there will still be additional time needed. Funding for staff (both providers and DES/DDD) must be available to cover these increased costs. | AHCCCS review rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a Rates Consideration focus workgroup to provide input regarding the impact of the Rule on rates. |