

Transition Plan Revision Crosswalk – November 2018 – January 2019 – Preliminary CMS Approval				
#	Topic	CMS Comment – November 2018	AHCCCS Response – November 2018	AHCCCS Update – January 2019
1	Conduct Site Specific Assessments	Please confirm that all onsite validation assessments will be completed by June 2020. Please assure alignment in the processes outlined in Tables 3, 4 and 5. Also, CMS requests the state provide clearer language to verify that MCOs will conduct site-specific assessments across all settings as part of its validation process.	<ol style="list-style-type: none"> 1) Please see page 45, Phase Three Table, Line 6 which denotes the first round of site specific assessments will be completed by June 2020. The second and third rounds of site specific assessments for each provider are denoted on page 46, Phase Four Table, Line 1 (June 2021) and on page 9, Phase Five Table, Line 1 (March 2022). 2) In addition to the references noted above in the tables outlining the MCOs will monitor all HCBS providers, please see pages 38 and 42 that describe the MCOs role in monitoring the providers for compliance. 	<p>AHCCCS notes that the terms “monitoring” and “assessment” of site-specific settings are used interchangeably. AHCCCS has identified the synonymous terms in a few key areas of the Transition Plan, including the Phase 3 Table. Furthermore, AHCCCS has clarified that the assessment and monitoring of “all HCBS Providers” is inclusive of all site-specific settings for all of the HCBS providers.</p> <p>It was noted there was some confusion regarding the completion date of the first round of site specific assessments. The assessments will be completed in June 2020. The final quarterly reporting submission for the first round is due on July 2020. Reference the Phase 3 Table on page 45.</p> <p>Reference revisions highlighted on pages 38 and 45.</p>
2	Remediation Strategies	Please clarify when a setting is out of compliance and an MCO issues a CAP, how the oversight process by AHCCCS of the CAP will take place. Please also provide a date by which a provider will be notified of their compliance finding if out of compliance so there is time for them to come into compliance before the end of the transition period.	<ol style="list-style-type: none"> 1) Please see page 47 that denotes the process in which the MCOs will report findings of the assessments including how the MCOs will report and monitor the progress of the corrective action plan. 2) As noted under Item 1, the provider will have three opportunities for an onsite monitoring visit. Upon conclusion of each visit, providers will be presented with a findings report and/or corrective action plan if warranted. AHCCCS anticipates that providers will be able to come into compliance no later than June 2021 upon conclusion of Phase Four. At this time if any provider is unable to come into compliance, the timeline denotes (see Page 46, Item 3) that 	<p>AHCCCS incorporated a statement in the Transition Plan to explain the processes AHCCCS will employ in the event that MCOs are out of compliance with any of the contractual requirements outlined in the Transition Plan.</p> <p>Reference revisions highlighted on page 41.</p> <p>Reference additional revisions highlighted on pages 45 and 46 to address the action item in the #2 response from the November 2018 response.</p>

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			AHCCCS will finalize any and all decisions requiring relocation of members to compliant least restrictive settings. This affords approximately 9 months for the relocation process. AHCCCS will modify the Phase Three (Item #6) and Four Tables (Item #1) to specifically state that technical assistance will be provided through a corrective action plan to align with the Phase Five Tables.	
2a	Aggregation of Final Validation Results	Understood between CMS and state this will be completed before submission for final approval.	Not Applicable	Not Applicable
3	Heightened Scrutiny	It is not clear how the state used the systemic assessment of policies and regulations to determine if a settings is in a publicly or privately- owned facility that provide inpatient treatment, a settings is on the grounds of, or immediately adjacent to, a public institution, or if a settings has the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS. CMS would like to have a conversation regarding the states process to identify settings that fall under all three of these presumed institutional scenarios. It would also be helpful to have the specific page numbers or sections the state believes it has been laid out.	As noted above in the September 2018 response, the Systemic Assessment resulted in identifying settings that may be candidates to consider for Heightened Scrutiny under each of the three prongs of institutional presumption. The Transition Plan outlines the processes that will be undertaken to identify settings that may be candidates for Heightened Scrutiny including opportunities for the general public to notify AHCCCS (page 24), onsite monitoring assessments (pages 42 and 46) and the person centered planning process (page 65).	AHCCCS incorporated revisions to clarify the tool utilized to perform the On-Site Review process are the initial drafts of the tools that will, when combined, together serve as the assessment/monitoring tool package to assess site specific compliance. Additionally, AHCCCS incorporated detail on the environmental review and research that is included as part of the “Observation” tool. Reference revisions highlighted on page 42. It is understood that AHCCCS’ will submit for final approval of the Transition Plan upon conclusion of Phase Three (June 2020) and a subsequent public comment period. At this time, CMS will have the opportunity to review the Transition Plan with the final versions of assessment/monitoring tool package and incorporated results and analysis of the site specific assessments, including the identification of any settings

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3d	Submission to CMS	Please describe the threshold criteria for whether or not a setting overcomes the intuitional presumption and how and by whom it will be determined if it will move on to Heightened scrutiny.	It was our understanding from a previous conversation held in July 2018, that the development of the threshold criteria was a state responsibility. As noted on page 43, AHCCCS will develop the threshold criteria as part of the onsite assessment tool development process with the support of multi-stakeholder workgroups. It is also important to note, the planned assessment tool package has components that will support the identification of a setting’s location through the Observation Tool as well as member interviews that will be used to help identify settings that isolate. AHCCCS looks forward to the forthcoming guidance from CMS on Heightened Scrutiny and will incorporate the guidance into the onsite assessment tool development process as it pertains to threshold criteria.	<p>that may be candidates for Heightened Scrutiny.</p> <p>AHCCCS incorporated revisions to clarify the tool utilized to perform the On-Site Review process are the initial drafts of the tools that will, when combined, together serve as the assessment/monitoring tool package to assess site specific compliance. Additionally, AHCCCS incorporated detail on the environmental review and research that is included as part of the “Observation” tool.</p> <p>Reference revisions highlighted on page 42.</p> <p>It is understood that AHCCCS’ will submit for final approval of the Transition Plan upon conclusion of Phase Three (June 2020) and a subsequent public comment period. At this time, CMS will have the opportunity to review the Transition Plan with the final versions of assessment/monitoring tool package and incorporated results and analysis of the site specific assessments, including the identification of any settings that may be candidates for Heightened Scrutiny.</p>
3g	Timeline	Pg. 33 indicates that memory care units and farmstead communities will have until March of 2022 to come into compliance with the settings rule. Please clarify a timeline by which these settings must comply to afford the state time to assist individuals in transitioning to other settings or securing other funding streams before the end of the transition period. CMS requests the state consider amending the timeline for the submission of the last round of	The timeline and processes for onsite monitoring reviews of memory care units and farmstead communities is the same for all other HCBS providers outlined in the transition plan.	Not applicable.

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		HS packets to ensure enough time to assist beneficiaries to secure additional funding streams or relocate to a new setting should a setting not meet HCBS settings criteria.		
7	Individual Private Homes	Please clarify how the process laid out by the state will include an assessment of all settings criteria and what methods will be used to concretely assess them.	It was our understanding from a previous conversation held in July 2018, that the draft written response provided in preparation of the meeting was sufficient. As noted above, AHCCCS is modifying the Person-Centered Plan to incorporate specifically designed questions and documentation requirements to ascertain member integration experience (page 18). The questions align with CMS’ exploratory questions and AHCCCS’ considerations outlined in the setting specific systemic assessment matrices associated with each rule requirement (example provided on page 17).	AHCCCS incorporated more detail on the person centered planning tool that will be utilized by Case Managers to assess member integration experience for all members, including members residing in private residences. Reference revisions highlighted on pages 18 and 43.
	Adult Day Health Care Facilities: Technical Correction			After further review, AHCCCS decided to delete the general reference to the Arizona Administrative Code in the “Evidence” column in the first row of the Systemic Assessment for Adult Day Health Care Facilities. Despite the fact the statement is factual in nature and indirectly addressed in the Arizona Administrative Code, this revision was made to avoid confusion the introductory statement regarding the location of the facilities is explicitly outlined in the Arizona Administrative Code. Reference revision highlighted on page 242.