I. PURPOSE

This Policy applies to ALTCS E/PD, DES/DDD (DDD); Fee-For-Service (FFS) Programs including: Tribal ALTCS. This Policy establishes requirements for the Agency with Choice (AWC) member-directed service delivery option in adherence to A.A.C. R9-28-509.

II. DEFINITIONS

**AGENCY WITH CHOICE (AWC)**

An option offered to ALTCS members who reside in his/her own home. This option is elective as a member or the member’s Individual Representative (IR) may choose to participate in AWC. Under the AWC option, the provider agency and the member/IR enter into a partnership agreement. The provider agency serves as the legal employer of the Direct Care Worker (DCW) and the member/IR serves as the day-to-day managing employer of the DCW.

**DIRECT CARE WORKER (DCW)**

A person who assists an elderly person or an individual with a disability with activities necessary to allow them to reside in their home. A DCW, also known as Direct Support Professional, shall be employed/contracted by DCW Agencies or, in the case of member-directed options, employed by ALTCS members in order to provide services to ALTCS members.

**DIRECT CARE WORKER (DCW) AGENCY**

An agency that registers with AHCCCS as a service provider of Direct Care Services that include Attendant Care, Personal Care, Homemaker or Habilitation. The agency, by registering with AHCCCS, warrants that it has a workforce (employees or contractors) with the abilities, skills, expertise and capacity to perform the services as specified in AHCCCS policy.
INDIVIDUAL REPRESENTATIVE (IR) For AWC only, a parent, family member, guardian, advocate, or other person authorized by the individual to serve as a representative in connection with the provision of services and supports, as defined in A.A.C. R9-28-509. If a member is unable to fulfill the co-employment roles and responsibilities on his/her own, an IR may be appointed to assist the member in directing his/her care. The role of an IR is to act on the member’s behalf in choosing and directing care, including representing the member during the service planning process and approving the service plan. A.A.C R9-28-509 and Section 1915 (k) of the Social Security Act, prohibit an IR from serving as a member’s paid DCW.

SERVICE PLAN A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

III. POLICY

AWC is a member-directed option which allows members to have more control over how certain services are provided, including services such as attendant care, personal care, homemaker and habilitation. The member-directed options are not a service, but rather define the way in which services are delivered and are available to Arizona Long Term Care System (ALTCS) members who live in their own home. The options are not available to members who live in an alternative residential setting or nursing facility.

Member independence and personal choice are the primary objective of the AWC member-directed option. Members choosing to participate in this service must be interested in actively and taking responsibility for managing his/her own health care.

Throughout the policy, the term “member” means the member or the member’s IR.

Member-directed options represent a philosophical approach to service delivery that maximizes a member’s ability to:

1. Identify his/her own needs.

2. Determine how and by whom his/her needs are met
   a. Choose which tasks to receive from his/her DCW or ACW within the scope of the service plan,
   b. Select the days and times for service delivery, and
   c. Recruit, hire (select), manage, supervise, and terminate (dismiss) the DCW of his/her choice, including family members. Parents of minor children are prohibited from serving as a paid DCW.
3. Define what constitutes quality of care in the delivery of his/her services.

ALTCS members can direct care for one or more services under the AWC option including, Attendant Care, Personal Care, Homemaker, and Habilitation (in-home/day). The DCWs serving members under the AWC option shall be employees of the DCW Agency, in order to fulfill the legal employer roles and responsibilities in partnership with the member’s managing day-to-day employer roles and responsibilities.

If a member is unable to fulfill the roles and responsibilities as outlined in the Partnership Agreement (Attachment A), for the above listed services on their own, an IR may be appointed to assist the member in directing his/her care. If a member has a health care decision maker, that guardian automatically serves in the capacity of an IR. The role of an IR is to act on the member’s behalf in choosing and directing care, including representing the member during the service planning process and approving the service plan. A.A.C R9-28-509 and Section 1915 (k) of the Social Security Act prohibit an IR from serving as a member’s paid DCW.

The number and frequency of authorized services are determined through an assessment of the member’s needs by the case manager with the member and/or the member’s family, member/guardian/designated representative, in tandem with the completion of the cost-effectiveness study. Refer to the FFS Billing Manual for information regarding service codes and modifiers. Members are not precluded from receiving other medically necessary services. Refer to AMPM Policy 1240-A for more detailed information about the services ALTCS members can direct under AWC.

Within AWC there are three individuals/entities are critical to the effective implementation of the member’s Service Plan. These are the member, the provider agency and the case manager. Each of these individuals has roles and responsibilities which must be met in order for the plan to be successful.

A. ROLES AND RESPONSIBILITIES UNDER AGENCY WITH CHOICE

1. Member Roles And Responsibilities
   Under AWC, members have the right to make decisions including who will provide their services, when those services will be provided and how the services will be provided. The member and the provider agency share employment/day-to-day management, roles and responsibilities of the DCW. Members can opt in and out of the AWC at any time by notifying the provider agency and their case manager.
   a. Member Responsibilities:
      At a minimum, the member has two responsibilities which they are expected to carry out, if necessary:
      i. Recruiting and Selecting the DCW(s). This includes:
         1) Identifying the qualifications, skills and characteristics of a DCW (over and above the minimum AHCCCS and provider agency qualifications) that are necessary to meet the individual member’s needs,
         2) Selecting the DCW from a pool of DCWs already employed by the provider agency or recruiting the DCW from the community to become an employee of the provider agency.
b. Dismissal of the DCW(s). This includes:
   i. Identifying whether or not the member is satisfied with the care provided
      by the DCW,
   ii. Making the decision to dismiss the DCW from providing his/her care
      only. Note that the member does not “fire” the DCW as an employee of
      the provider agency.

c. The member may choose to carry out some or all of the following additional
   responsibilities:
   i. Training the DCW(s),
   ii. Identify training needs (over and above the minimum required training by
      AHCCCS or the provider agency) that are necessary to meet his/her unique
      needs.

d. Managing the DCW(s):
   i. Orient the DCW to the manner in which they want the services provided,
   ii. Determine the schedule for the DCW, including the days/times when the
      specific tasks will be done,
   iii. Review and sign DCW timesheets.

e. Supervising the DCW(s):
   i. Provide oversight and instruction to the DCW to ensure they are receiving
      quality care,
   ii. Communicate regularly with the provider agency about the DCW’s
      performance,
   iii. Provide feedback to the DCW regarding their performance.

f. Communicating with the provider agency regarding gaps in services:
   i. Notify the provider agency when there is a potential gap in services,
   ii. Notify the provider agency when a service scheduling change has
      occurred, in order to prevent the scheduling change from being in
      appropriately recorded as a gap in services.

B. CASE MANAGER ROLES AND RESPONSIBILITIES

1. In addition to the Case Manager Standards found in AMPM Chapter 1600, the
   case manager is responsible for the following for members electing AWC:
   a. Informing and educating members about the AWC option including verifying
      that members electing AWC, understand required and optional roles and
      responsibilities,
   b. Supporting the member to assess whether or not they desire or need an IR to
      assist them in directing their care. The IR form (Attachment B) will be used
      to document the name and relationship of the IR to the member and their
      respective roles and responsibilities,
   c. Supporting the member to recruit and select the DCW(s):
      i. Present options to the member for recruiting and selecting the DCW(s):
         1) Select the DCW from a pool of DCWs already employed by the
            provider agency,
         2) Recruit the DCW from the community to become an employee of the
            provider agency,
      ii. Assist the member in identifying qualifications, skills and characteristics of a
          DCW that are necessary to meet their needs,
iii. Assist the member in identifying how many DCW(s) they might need to provide their care,
iv. Assist the member in identifying and initiating contact with a provider agency.
d. Supporting the member to dismiss DCW(s):
i. Assist the member in utilizing conflict resolution strategies with the DCW and the provider agency in the event they are unsatisfied with the DCW’s or the provider agency’s performance,
ii. Assist the member to develop a transition plan to ensure there are no interruptions in the provision of care.
e. Supporting the member, as needed, to get training regarding their roles and responsibilities:
i. Assist the member in identifying whether or not they need training to fulfill their roles and responsibilities,
ii. Find a provider to conduct the training and authorize the service.
f. Supporting the member to train DCW(s):
i. Assist the member in identifying whether or not additional training is required for the DCW in order to meet member specific needs,
ii. Ensure the requested training is within the service scope specifications for DCW training as specified in this policy,
iii. Find a provider to conduct the training and authorize the service.
g. Supporting the member to manage DCW(s):
i. Ensure care provided is within the scope of services and the service hours authorized and outlined in the Service Plan,
ii. Ensure members understand what services need to be provided on a specific basis (e.g. once a day, every morning, etc.), versus services that are more flexible with regard to when they are provided (for example: laundry could be done any day of the week).
h. Supporting the member to supervise DCW(s):
i. Encourage members to communicate directly with the DCW and the provider agency particularly when it pertains to DCW’s performance and/or quality of care concerns,
ii. Follow up with members to inquire about their progress in implementing AWC.
iii. Supporting the member in understanding how to develop and implement a back-up plan to prevent gaps in service,
j. Obtain and maintain a current copy of the Partnership Agreement, supplied by the DCWs.

C. PROVIDER AGENCY ROLES AND RESPONSIBILITIES

DCW Agencies shall have policies and procedures pertaining to AWC that include, at a minimum, the following:

1. Partnership Agreement
   a. A timeline for when the Partnership Agreement must be signed by the DCW Agency representative and the member after the DCW Agency has been informed of the members election of the option by the Case Manager,
   b. A process for ensuring the Partnership Agreement is reviewed, at a minimum,
annually or within the timeframe noted on the completed and signed form,  
c. A process for ensuring case managers receive current Partnership Agreement.

2. Agency Communication  
a. Guidelines for ensuring members have a point of contact for support and defined  
protocols for requesting support including informing the provider agency of  
concerns regarding the care provided by a DCW,  
b. A process for ensuring that the timeframes for regular contact specified in the  
Partnership Agreement are adhered to.

3. Member/IR Support  
a. Guidelines for identifying and ensuring a member’s support needs, pertaining to  
the members roles and responsibilities, are addressed either by the provider  
agency or referred to the Case Manager,  

b. Protocol for the member to report instances where they have changed the DCW  
schedule.

4. DCW Support  
Informing the DCWs about the AWC option and how the interaction between the  
member, DCW and the provider agency may be different than interaction under the  
traditional service model,  

The case manager will assist the member to assess his/her own training needs as they  
relate to directing his/her own care. There is no mandatory member training for AWC  
participation. Training is available to assist the member, if needed, to succeed in  
directing his/her own care. The training will be provided by an AHCCCS registered  
provider and arranged by the Contractor. Training requires prior authorization from  
the case manager.

Member training on the following topics will be available for members who select the  
AWC if they feel that it is necessary to support them to fulfill their roles and  
responsibilities. Refer to FFS Billing Manual for information regarding service codes.  

1. Recruiting and Selecting the DCW(s),  
2. Dismissing the DCW(s),  
3. Training the DCW(s),  
4. Managing the DCW(s), and  
5. Supervising the DCW(s).
As the legal employer of the DCW, the provider agency must carry out the following responsibilities including:

1. Reviewing and completing the Partnership Agreement (Attachment A) with the member, including supporting the member to identify their respective roles and responsibilities.

2. Hiring and Firing the DCW(s)
   a. Ensure the DCW meets the minimum qualifications for AHCCCS, Contractors and/or the provider agency,
   b. Hire and fire the DCW, including completing and maintaining documentation verifying the DCW is legally eligible to work,
   c. Support the member to dismiss a DCW and develop a transition plan to ensure there are no interruptions in the provision of care.

3. Training the DCW(s)
   a. In addition to required training, a member may identify and request additional training for the DCW to meet his/her unique needs. Additional training is not mandatory. The training shall be provided by an AHCCCS registered provider and arranged by the Contractor. Training requires prior authorization from the case manager,
   b. Additional DCW training requested by the member must meet the following conditions:
      i. The training must be outside the scope of training required by the following entities:
         1) AHCCCS as outlined in AMPM Policy 1240-A,
         2) Contractors,
         3) Provider agencies.
      ii. The training must be individualized for the member and not a standardized training already available,
      iii. An AHCCCS-registered provider must provide the training. The member may not provide the training,
      iv. The training must be goal driven and support the implementation of the Service Plan,
      v. The training cannot be used for professional development for the DCW, such as training for licenses or certifications,
      vi. The training cannot exceed a total of 16 units (four hours) of training for each DCW per the member benefit year,
      vii. Refer to FFS Billing Manual for information regarding service codes.

4. Managing the DCW(s)
   a. Complete and file all required payroll documentation:
      i. Payroll taxes, including withholding, deposit, and filing of required documentation,
      ii. Federal and State required year-end employer filing requirements.
   b. Oversee and process DCW timesheets and billing for services.
5. Supervising the DCW(s)
   a. Conduct regular supervision visitations for all direct care services outlined in AMPM Policy 1240-A,
   b. Support the member to use conflict resolution strategies in the event they are unsatisfied with a DCW’s performance.

6. Supporting the execution of a back-up plan in the event the member may experience a gap in services.