Arizona Health Care Cost Containment System
Arizona Long Term Care System

ANNUAL HCBS REPORT
CY 2012
(10/1/11 – 09/30/12)

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ANNUAL HCBS REPORT – CYE 2012

(10/01/2011 – 09/30/2012)

INTRODUCTION

The Arizona Health Care Cost Containment System (AHCCCS) has implemented a long-term care program through the Arizona Long Term Care System (ALTCS) that strongly supports opportunities for individuals enrolled in the ALTCS program to live in home and community based service (HCBS) settings. To that end, the percentage of members who are elderly and/or physically disabled (E/PD) residing outside of institutional settings has increased over the last eleven years from 49 percent (2001) to 73 percent (2012).

The AHCCCS Administration has done this through a long term care program that promotes the values of:

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

Guiding principles have also been established under the belief that every effort should be made to support the ability of individuals to reside in HCBS settings. These guiding principles are as follows (see Attachment A):

- Member-Centered Case Management
- Accessibility of Network
- Collaboration with Stakeholders
- Consistency of Services
- Most Integrated Setting

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

Arizona's Olmstead Plan, developed in 2001, has influenced the changes made to the ALTCS program over the years. The Olmstead Plan is available on the AHCCCS web page at http://azahcccs.gov/reporting/Downloads/OlmsteadPlan.pdf.

In Contract Year Ending 2012 (CYE 2012) the ALTCS program experienced another year of slow but continued growth in the percentage of E/PD program members living in HCBS settings. The percentage of members residing outside of a nursing facility increased to 73 percent, marking the third year in a row that the percentage has exceeded 70 percent. This growth is largely attributable to the service options and HCBS activities addressed in this report.

The information that follows details efforts and initiatives aimed at improving the quality and promoting the expansion of HCBS.

SPECIFIC HCBS ACTIVITIES

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

- ***Spouse as Paid Attendant Caregiver***
  AHCCCS implemented the spouse as paid caregiver service option on October 1, 2007, after receiving a waiver from the Centers for Medicare and Medicaid Services (CMS). Spouse as Paid Caregiver is an Attendant Care service option which allows a spouse, who is qualified to provide basic health care services to their husband or wife, to be compensated for providing Attendant Care services. Per the CMS waiver, ALTCS members selecting this option are limited to 40 hours per week of Attendant Care or like services (homemaker and personal care). Allowing married members this service option has assisted in reducing the challenges of ensuring an adequate caregiver workforce. This service is part of Arizona's Olmstead Plan. The Spouse as Paid Caregiver waiver information can be found on the AHCCCS website at http://azahcccs.gov/reporting/federal/waiver.aspx.

  In CYE 2012, 1237 members received paid services from their spouse, a 28 percent increase from the previous year.

- ***Self-Directed Attendant Care (SDAC)***
  SDAC is Arizona's initiative aimed at implementing a Member-Directed Care option for ALTCS HCBS members. SDAC offers ALTCS members or their representatives the choice of directly hiring and supervising their own attendant care workers, without going through an agency. It empowers members to have more control over their lives, leading to increased satisfaction and improved quality of life. Under SDAC, individuals have the right and the ability to make decisions about how to best have their needs met, including determining who will provide the services they need and when the services will be provided. Participating members are supported by the services of qualified fiscal agents who perform all employer payroll functions, and case managers who provide general assistance. The service option became available on September 1, 2008.

  During CYE 2010, Arizona Administrative Code (rule) was amended to allow SDAC participating members to direct certain skilled nursing services to their attendant care worker. A member can now direct their attendant care worker to perform the following skilled services:
  - Bowel care, including suppositories, enemas, manual evacuation and digital stimulation;
  - Bladder catheterizations (non-indwelling) that does not require a sterile procedure;
  - Wound care (non-sterile);
  - Glucose monitoring;
  - Glucagon as directed by the health care provider;
  - Insulin, subcutaneous injection only if the member is not able to self-inject;
  - Permanent gastrostomy tube feeding; and

- Additional services with the approval of the Director and the Arizona State Board of Nursing.

The SDAC policy can be found on the AHCCCS website at: http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap1300.pdf.

In CYE 2012, 294 members elected this service, a 22 percent increase from the previous year.

- ***Community Transition Services***
  The implementation of the Community Transition Services option was approved by the CMS in 2010. This service provides financial assistance to members to move them from an ALTCS long term care institutional setting to their own home or apartment. The option offers up to $2,000 to defray transition costs such as security and utility deposits for an apartment or home, essential furnishings or other moving expenses.

- ***Prior Period Coverage For HCBS***
  Since 2006, ALTCS Contractors have been allowed to cover HCBS services for Prior Period Coverage enrollment. This allows applicants to have HCBS services covered by the Contractor during the period between application and determination of eligibility. Such coverage allows greater flexibility in the choice of a service site. Persons awaiting discharge from hospitals now can go directly back to their own home, with coverage of those services paid for once eligibility is determined and enrollment is complete.

- **Home and Community Based Services Litigation: *Ball v. Biedess (Betlach)***
  In January 2000, a class action lawsuit Ball v. Biedess (Betlach), was filed on behalf of E/PD members enrolled in the ALTCS Program concerning the availability of critical in-home services. Critical services include Attendant Care, Personal Care, Homemaker and Respite services which provide bathing, toileting, dressing, feeding, transferring to or from beds or wheelchairs, and assistance with other similar daily activities. In addition to other claims, Plaintiffs alleged a violation of 42 USC 1396a(a)(30)(A), the Medicaid Equal Access provision. A Settlement Order in this matter was approved by the federal District Court in October 2012. Nevertheless, this case had been in litigation for more than a decade and had been appealed to the Ninth Circuit Court of Appeals on two separate occasions. Below is a brief summary of the major events.

  In 2004 the federal District Court concluded that AHCCCS failed to provide members with equal access and ordered that AHCCCS provide each individual who qualifies for critical services with those services without gaps in service. The following year the federal District Court issued an Order which required AHCCCS to eliminate gaps in critical in-home services within 2 hours and mandated that ALTCS Contractors have back-up staff available. AHCCCS was also required to file monthly reports of gaps in critical services with the Court and to implement an expedited grievance process where members could contact a hotline.

Two years later, in 2007, the Ninth Circuit Court of Appeals concluded that Congress did not intend to create a private right of action under 42 USC 1396a(a)(30)(A), reversing the District Court. In 2010, the District Court ordered AHCCCS to establish a single toll free hotline for members to report gaps and to modify all relevant contracts, forms, and policies to explicitly require that ALTCS Contractors have back-up workers available. (From October 2010 to September 2012 the hotline received less than 9 calls each month concerning gaps in services).

Mediation was subsequently explored. After several assessment conferences were scheduled by the Court of Appeals, the parties agreed to settle the litigation in principle. A fairness hearing was scheduled in early October 2012, and on October 30, 2012, the federal District Court approved the Proposed Settlement Agreement. As part of the Settlement, AHCCCS agreed to provide Plaintiffs an additional 24 months of gap reports and 2 annual reports. If the aggregate rate of gaps for authorized services is .1% or more for two consecutive months, Plaintiffs can request a meeting with AHCCCS to address the concerns, and, if not satisfied with AHCCCS' efforts, Plaintiffs may seek judicial intervention. If there is no judicial enforcement action pending at the end of the 25th month following approval of the Settlement, Plaintiffs will dismiss the case.

AHCCCS continues to collect monthly service gap information from ALTCS Contractors, and, on average, the percent of gap hours ranges from .04% to .06%.

To continuously review the delivery of critical care services, AHCCCS requires that Contractors provide a report analyzing the previous six months' gaps in services. The Semi-Annual Report outlines trends and corrective actions regarding gaps in services, grievances related to service gaps and other reports as deemed necessary to fulfill the Settlement Agreement in the Ball v. Biedess (Betlach) case. Contractors use the analysis to drive network development and to work with providers to ensure that members receive services appropriately and timely.

- ***Arizona State Hospital Transition Workgroup***

  The ALTCS Contractors meet with staff from AHCCCS and the Arizona State Hospital on a quarterly basis. These meetings are held to discuss discharge plans for the most difficult clients currently residing as inpatients at the facility. The clients typically not only have severe behavioral problems, which necessitate specialized community placements, but also serious and chronic medical conditions. Virtually all have been admitted to the hospital on court orders. These members eventually reside in HCBS settings such as small group homes dedicated to members with like behaviors. Network enhancements and active coordination of care practices by the Contractors have resulted in timely discharges to appropriate settings and a low recidivism rate.

- ***Other***

  The ALTCS Contractors have developed numerous initiatives over the years to enhance the quality of life of HCBS members. Initiatives implemented by individual ALTCS Contractors include:

- One Contractor has adopted assessment tools for members in nursing or assisted living facilities to determine the extent to which they are ready to move to a home based setting. The tool uses strategic planning techniques to identify member strengths, weaknesses, opportunities and threats that impact their ability to move into a home-based setting. The assessment surveys local housing options, informal and formal supports, the provider network, members' status and their goals to evaluate the potential of members to return to a home or community based setting.
- A Contractor has adopted a "Member Empowerment" or "**me***" program. The program is a member-centered approach to care reinforced with the Contractor's staff and members. For members it means focusing on their goals and making their life better, happier and healthier. For the Contractor's employees, **me*** is about what employees can do to help members meet these goals, which can include moving members to a less restrictive environment. The Contractor has integrated other supports into this program, such as an assessment measuring progress towards each member's goals, and a statewide resource that identifies community resources to assist members to meet their goals.

- ***Consumer Success Stories***

AHCCCS and the ALTCS program continue to identify cases where the philosophy of serving people in the least-restrictive setting makes a difference in member lives. Recent examples include:

- One Contractor shared a story about a member who moved from an assisted living home to their own home after a brief stay in a nursing facility. Prior to the assisted living home's closure, the member's case manager worked to find another assisted living facility, however, due to the member's level of need, no appropriate facility could be found and the member was placed in a nursing facility. The member's mother previously had been resistant to having the member live with her. The case manager was able to educate them about the available HCBS services for ALTCS members who reside at home. The member was discharged from the nursing facility, moved into her mother's home, and now receives assistance from a paid caregiver. The member's quality of life has improved and her mother is satisfied with the services being provided.
- Another Contractor detailed a scenario involving a 68 year-old member diagnosed with a Traumatic Brain Injury (TBI) who resided in a long term care facility for several years, but wanted to move to a community setting. While the member could take care of his basic personal hygiene and dressing, he needed behavioral health supports and assistance with daily living, appointments and medication. Through the combined effort of the member, his family, facility staff, case managers, and the behavioral health team, the member gathered enough supports to move to an appropriate behavioral health assisted living setting. As the member completed the admission process, he smiled and said, "I am home and I can see and go outside for the first time in years."
- Another Contractor assisted a member who was in and out of residential treatment centers and the Arizona State Hospital during his teens and early 20s. After the death of his father 12 years ago, the member began living at home with his mother.

However, the member did not have an electric wheelchair because it was too big for the family home. As a result, he could not easily leave to socialize and meet people. In 2012, the member had to move to an assisted living center when his mother could no longer provide care for him. Since moving to the assisted living center, the member has received an electric wheelchair which has enhanced his mobility and freedom. The member has become more independent and lives in an apartment for the first time ever. The member has made numerous friends, goes on shopping trips and outings.

OTHER HCBS ACTIVITIES

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

- ***Network Development Plans***

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

  The Plan requires the Contractor to develop information on the following:
  - Evaluation of the previous year's Plan
  - Current status of network
    - ✓ how members access the system
    - ✓ relationship between the various levels of the networks
  - Current network gaps
  - Immediate short term interventions when a gap occurs
  - Interventions to fill network gaps, and barriers to those interventions
  - Outcome measures/evaluation of interventions
  - Ongoing activities for network development
  - Coordination between Contractor departments and outside organizations, including member/provider councils
  - Specialty populations
  - Membership growth/changes

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

  AHCCCS evaluated the Plans that were submitted for CYE 2013 and have approved the methods for analyzing the network and identifying and addressing network gaps.

- ***Long Term Care Case Management***

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

  Case managers conduct regular home visits with HCBS members for the ongoing monitoring of their services in order to assess the quality of the care delivered by the member's service providers. Case managers assist members receiving "critical services" in their own home to develop a Contingency/Back-Up Plan for HCBS services. This plan outlines the decisions the member and/or representative has made regarding what steps should be taken when/if there are any gaps in their services, including how and when to replace a scheduled caregiver who is unavailable. Contractors and their network providers take steps to ensure members have 24-hour access to someone to report a gap in services and make a plan for replacement care.

  In addition to assessing the quality of services and limiting gaps, case managers assess the continued suitability and cost effectiveness of the member's in-home services. HCBS placement is the goal for ALTCS members as long as cost effectiveness standards and the member's medical, functional, social and behavioral health needs can be met in that setting. The case manager regularly assesses the cost of the services and compares them to the estimated cost of institutionalized care. Placement in the setting is considered cost effective if the cost of HCBS services for a specific member does not exceed 100 percent of the net cost of institutional care for that member.

- ***Agency with Choice***

  During CYE 2012, AHCCCS initiated an effort to develop a new member-direct option called Agency with Choice. Throughout the process, AHCCCS worked in collaboration with a Development and Implementation Council comprised of ALTCS members, providers, community stakeholders and contractors. The Council's primary function was to work with AHCCCS to develop the State Plan Amendment for submission to the Centers for Medicare and Medicaid Services. Additionally, the Council provided input on programmatic changes AHCCCS needed to make in order to implement the new Agency with Choice member-directed option, including policy and form changes. AHCCCS formally introduced and instituted the new option for members beginning in January 2013.

  Under Agency with Choice, the member enters into a co-employment relationship with the provider agency whereby the provider continues to serve as the legal employer of record for the direct care worker and the member selects and dismisses the direct care workers. The member also has the option to act as the day-to-day managing employer of the direct care worker (e.g. make day-to-day decisions related to training, scheduling and supervising the direct care worker). Agency with Choice presents an opportunity for members interested in directing their own care who would also like the support offered by a provider agency. For provider agencies, the new option affords them an opportunity to support members in directing their own care.

- ***Direct Care Workforce Development***

  Significant activities continue regarding the growing challenges related to ensuring the establishment an adequate direct care (caregiver) workforce. The foundation for current activities began in March of 2004 when former Governor Napolitano formed the Citizens' Workgroup on the Long Term Care Workforce. The purpose of the Workgroup was to study the issue of the direct care workforce and provide recommendations regarding potential strategies to improve the workforce.

  In an effort to address the recommendations outlined in a report issued by the Workgroup in April 2005, AHCCCS, the Department of Economic Security and the Department of Health Services funded and created a Direct Care Workforce Specialist position in 2007 to provide coordination for direct care workforce initiatives, including recruitment and retention, training, and raising the qualifications of direct care professionals in Arizona. Since 2007, the Workforce Specialist has coordinated the activity of the Direct Care Workforce Committee (DCWC), which has established training and competency standards for all in-home caregivers (housekeeping, personal care and attendant care).

  Beginning October 1, 2012, AHCCCS formally incorporated the competency standards, training curriculum and testing protocol into its service specifications for attendant care, personal care and housekeeping. All in-home care givers are now required to pass standardized examinations based upon the competency standards established by the Committee in order to provide care to ALTCS members in their homes. AHCCCS is working internally with the Office of Clinical Quality Management to identify quality of care measures that may be utilized to assess the impact of the new competency and training standards on the quality of care received by members including measures pertaining to member satisfaction, hospitalization re-admittance (in-patient, emergency room visits, etc.) and incident reports.

  AHCCCS continues to partner with the DCWC on direct care workforce development initiatives. AHCCCS is in the process of developing an online database to capture and store the test scores of individual direct care workers. The system will facilitate the portability of the training and testing records of direct care workers from one employer to another.

  Detailed information on the direct care workforce initiatives can be found at the following link: www.azahcccs.gov/dcw.

- ***Medicaid Infrastructure Grant***

  Since 2007, AHCCCS has administered a Medicaid Infrastructure Grant awarded by CMS. The Arizona Medicaid Infrastructure Grant (MIG), entitled the Arizona Employment and Disability Partnership (AEDP), is positioned within the ALTCS Operations Unit of AHCCCS' Division of Health Care Management.

  The MIGs are authorized under the Ticket to Work and Work Incentive Improvement Act of 1999 and charged with removing systemic barriers and developing or enhancing existing infrastructure (e.g. capacity building) that supports competitive employment and

the self-sufficiency of individuals with disabilities. Simply stated, the goal of the MIG to ensure that individuals with disabilities have the opportunity to participate in the workforce and lessen their dependence on public benefits.

CY 2012 was the final and concluding year of the MIG. AHCCCS secured supplemental funding in CY 2011 for the purposes of integrating employment supportive policies and practices into state Affordable Care Act initiatives. The funding was primarily utilized to support the state's Health Homes for Enrollees with Chronic Conditions. AHCCCS developed an integrated (physical and behavioral healthcare) health home model for persons with Serious Mental Illness in Maricopa County. The model will subsequently be replicated throughout the state. MIG funding was allocated to develop a multidimensional care coordination model and practice aimed at preventing needless work disability and worklessness, including work intervention (stay-at-work) and reintegration (return-to-work) services into the health home model. Specifically, funding was used to support research and discovery activities aimed at assessing the opportunities for this model and practice to be instituted within and throughout the behavioral health system. Outcomes of the initiative consisted of a practical outline of opportunities for instituting the model and practice including an incremental implementation plan. Additionally, an assessment and analysis was conducted regarding how to incorporate the recommendations into the new integrated Regional Behavioral Health Authority contract.

- ***Performance Measures***

AHCCCS reports Performance Measures specific to the ALTCS E/PD population. These measures include members in home and community-based settings.

Diabetes Care: The potential impact of diabetes on the ALTCS population is of significant concern to AHCCCS. Complications of diabetes can affect the ability of many E/PD members to remain in their homes or a less intensive community-based setting.

AHCCCS completed its report of the Diabetes Performance Measures in November 2012. These measures included ALTCS E/PD members in HCBS settings, as well as those in nursing facilities. Data was derived from AHCCCS encounters and from medical records.

AHCCCS used the Healthcare Effectiveness Data and Information Set (HEDIS) 2011 specifications from the National Committee for Quality Assurance (NCQA) to measure three indicators of diabetes care. Measurements were taken using a hybrid methodology, combining claim/encounter and medical record data. Results are for the measurement period of CYE 2011.

It is important to note that during the most recent Request for Proposal (RFP) cycle, four health plans were not awarded continuing contracts. As of October 1, 2011, Cochise County Long Term Care, Pima Health Systems, Pinal/Gila Long Term Care, and Yavapai County Long Term Care were no longer AHCCCS Contractors. SCAN Health Plan was awarded a capped contract as of October 1, 2011; however, they discontinued as an AHCCCS Contractor as of April 30, 2012. All members belonging to discontinued health

plans were seamlessly transitioned to continuing Contractors. Only the continuing health plans are highlighted in this report. Therefore, the overall rate for CYE 2010 reflected and compared in this report includes only those Contractors contracted for CYE 2011.

HbA_{1c} Testing — The overall rate for HbA_{1c} testing was 84.3 percent, compared with the previous rate of 89 percent (p= .011) in CYE 2010. Rates by Contractor ranged from 72 percent to 94.6 percent. Two Contractors exceeded both the AHCCCS Minimum Performance Standard (MPS) and the most recent HEDIS national mean for Medicaid health plans (82.5 percent). One Contractor also exceeded the HEDIS commercial health plan mean (90.0 percent).

Hb A1c TESTS - ALTCS E/PD MEMBERS WITH DIABETES

Current Measurement Period: Oct. 1, 2010, through Sept. 30, 2011

Contractor	Included Cases	Total Receiving Hb A1c Test	Percent Receiving Hb A1c Test	Relative Percent Change	Significance Level
Bridgeway Health Solutions	207	149	72.0%	-16.9%	P<.001
	194	168	86.6%		
Evercare Select	208	180	86.5%	-0.7%	P=.856
	233	203	87.1%		
Mercy Care LTC	202	191	94.6%	2.2%	P=.372
	266	246	92.5%		
TOTAL	617	520	84.3%	-5.3%	**P=.011**
	693	617	89.0%		

Lipid (LDL-C) Profiles — The overall rate for lipid testing was 75.9 percent, compared with the previous rate of 83.5 percent (p= .001) in CYE 2010. Rates by Contractor ranged from 56.0 percent to 91.1 percent. Two Contractors exceeded both the MPS and the most recent HEDIS national mean for Medicaid health plans (75.0 percent). One Contractor also exceeded the HEDIS commercial health plan mean (85.3 percent).

ANNUAL LIPID PROFILES - ALTCS E/PD MEMBERS WITH DIABETES

Current Measurement Period: Oct. 1, 2010, through Sept. 30, 2011

Contractor	Included Cases	Total Receiving Fasting Lipid	Percent Receiving Fasting Lipid	Relative Percent Change	Significance Level
Bridgeway Health Solutions	207	116	56.0%	-25.5%	P<.001
	194	146	75.3%		
Evercare Select	208	168	80.8%	-1.5%	P=.745
	233	191	82.0%		
Mercy Care LTC	202	184	91.1%	0.1%	P=.967
	266	242	91.0%		
TOTAL	617	468	75.9%	-9.2%	**P=.001**
	693	579	83.5%		

Eye Exams — The overall rate for eye exams was 71.2 percent, compared with the previous rate of 89.0 percent (p= .748) in CYE 2010. Rates by Contractor ranged from 56.0 percent to 84.7 percent. Two Contractors exceeded the MPS. All three Contractors exceeded the most recent HEDIS national mean for Medicaid health plans (53.0 percent). Two Contractors also exceeded the HEDIS commercial health plan mean (56.9 percent).

RETINAL EXAMS - ALTCS E/PD MEMBERS WITH DIABETES

Current Measurement Period: Oct. 1, 2010, through Sept. 30, 2011

Contractor	Included Cases	Total Receiving Retinal Exam	Percent Receiving Retinal Exam	Relative Percent Change	Significance Level
Bridgeway Health Solutions	207	116	56.0%	-10.9%	P=.163
	194	122	62.9%		
Evercare Select	208	152	73.1%	5.8%	**P=.358**
	233	161	69.1%		
Mercy Care LTC	202	171	84.7%	1.4%	**P=.727**
	266	222	83.5%		
TOTAL	617	439	**71.2%**	-2.4%	**P=.488**
	693	505	72.9%		

Initiation of Home and Community Based Services: The intent of this study was to measure the health care services that primarily allow members at risk of institutionalization to remain in their homes or the community. The Performance Measure examines how quickly a

member received HCBS services after their enrollment in the ALTCS program. The report of this Performance Measure was completed in June 2012.

Among those included in the final sample, 97.3 percent of members received HCBS services within 30 days of enrollment, a decrease over the previous rate of 97.7 percent. Rates by Contractor ranged from 94.9 percent to 100 percent. All three Contractors exceeded the minimum performance standard (92 percent) and one achieved the AHCCCS goal (98 percent).

INITIATION OF HOME AND COMMUNITY BASED SERVICES WITHIN 30 DAYS OF ENROLLMENT, BY CONTRACTOR
Measurement Period: Oct. 1, 2010, through Sept. 30, 2011

Contractor	n	Number who Received Service Within 30 Days	Percent who Received Service Within 30 Days	Relative Percent Change	Statistical Significance
Bridgeway Health Solutions	**98**	**93**	**94.9%**	**0.1%**	**p=.973**
	96	91	94.8%		
Evercare Select	**41**	**39**	**95.1%**	**-3.1%**	**p=.572**
	56	55	98.2%		
Mercy Care Plan	**118**	**118**	**100.0%**	**1.0%**	**p=.528**
	194	192	99.0%		
TOTAL	**257**	**250**	**97.3%**	**-0.4%**	**p=.748**
	346	338	97.7%		

EPSDT Participation: Using methodology developed by CMS for the Annual Reporting Form 416 for participation in Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services among members younger than 21 years of age, AHCCCS measured this rate for ALTCS Contractors during the year. This measurement includes HCBS members. For the measurement period of CYE 2011, the overall rate of EPSDT visits among members enrolled with E/PD Contractors was 43.4 percent, compared with 40.1 percent in the previous year. Please note this rate is inclusive of all ALTCS contractors operating in CYE 2011, including the discontinued contractors.

Because most E/PD Contractors have small numbers of children and adolescents (35 members or less), rates by Contractor may fluctuate widely from year to year. Therefore, individual comparisons for most of these Contractors are not meaningful.

AHCCCS has established contractual Minimum Performance Standards for this measure as well for EPSDT Dental Participation. For any measures for which ALTCS Contractors did not meet the MPS, AHCCCS is requiring Corrective Action Plans (CAPs). AHCCCS will approve and monitor implementation of the CAPs. AHCCCS also continues to monitor

Contractor quality-improvement activities related to these measures through submission of annual Quality Assessment/Performance Improvement Plans and Evaluation reports. AHCCCS provides ongoing technical assistance to Contractors to help them improve rates.

- **Performance Improvement Projects:**

In CYE 2011, AHCCCS had the following Performance Improvement Projects (PIPs) under way, which included HCBS members.

Influenza Vaccine Refusal: This PIP includes E/PD members and is designed to reduce the number of members who refuse an influenza vaccination. Ongoing interventions are being utilized by AHCCCS Contractors to reduce this rate. These interventions were implemented after Contractors were provided with the baseline rate, which was based on the measurement period of CYE 2008.The study sample, included 1,025 ALTCS E/PD members for the baseline measurement. Overall, 59.4 percent of members refused the influenza vaccination in CYE 2008.

The 1st re-measurement period included a sample of 1,097 ALTCS E/PD members. Overall, 46.0 percent of members refused the influenza vaccination in CYE 2010. The Contractor aggregate demonstrated a statistically significant change over the baseline measurement. Two of the three ALTCS E/PD Contractors demonstrated a statistically significant increase over the baseline measurement.

The 2nd re-measurement period included a study sample of 1,073 ALTCS E/PD members. Overall, 43.3 percent of members refused the influenza vaccination in CYE 2011. The Contractor aggregate demonstrated a statistically significant change over the baseline measurement. All three Contractors demonstrated a statistically significant improvement from the previous measurement period.

The sample included 1,019 ALTCS E/PD members for the 3rd re-measurement. Overall, 37.3 percent of members refused the influenza vaccination in CYE 2012. The Contractor aggregate demonstrated a statistically significant improvement from the previous measurement period.

Results for all measurement periods were analyzed and provided to Contractors to assist them in implementing and monitoring the effectiveness of interventions. This PIP will conclude for the Contractors who sustained improvement and another re-measurement will be conducted in 2013 for the one Contractor who showed a statistically significant increase during the second re-measurement.

Contractor	Baseline Measurement (CYE 2008)	First Re-measurement (CYE 2010)	Second Re-measurement (CYE 2011)	Third Re-measurement (CYE 2012)
Bridgeway	63.2%	56.4%	**65.5%**	**41.5%**
Evercare	61.1%	**52.8%**	**35.8%**	41.2%
Mercy Care	54.8%	**31.2%**	28.4%	28.6%
Total	59.4%	46.0%	43.3%	37.3%

HCBS GROWTH AND PLACEMENT TABLES AND GRAPHS

The following pages contain tables and graphs that show the growth of the ALTCS E/PD population over several time periods. These tables and graphs are accompanied by a description.

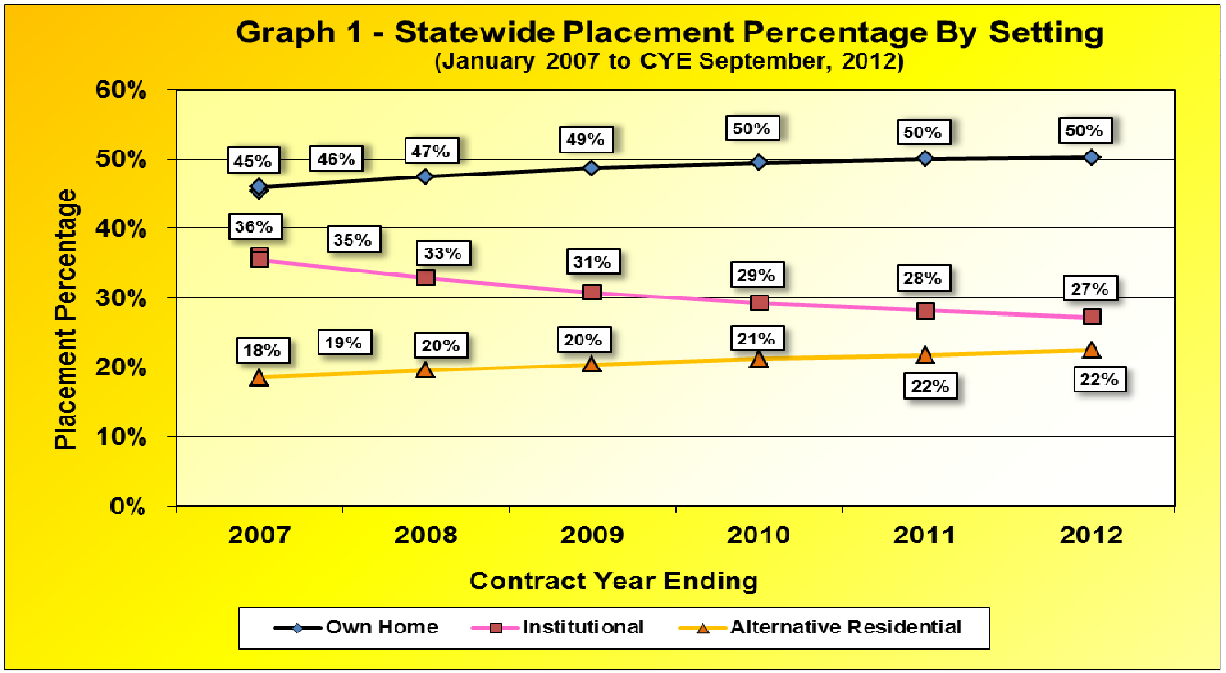
- Table 1 and Graph 1 — E/PD Program Statewide Placement and Percentage by Setting (January 2007- CYE September 2012)
- Graph 2 — Percentage of Growth by Setting (January 2007- September 2012)
- Graph 3a — HCBS Placement Percentages by Contractor (Contractors Operating from CYE 2007 to 2011)
- Graph 3b — HCBS Placement Percentages by Contractor (Contractors Operating from CYE 2007 to 2012)
- Table 2 and Graph 4 — ALTCS E/PD Placement By Age Group (as of September 30, 2012)
- Table 3 — E/PD Placement by Contractor (As of September 30, 2012)

Please note that, in September 2007, AHCCCS changed its reporting period to an October to September year.

Statewide Placement and Percentage by Setting

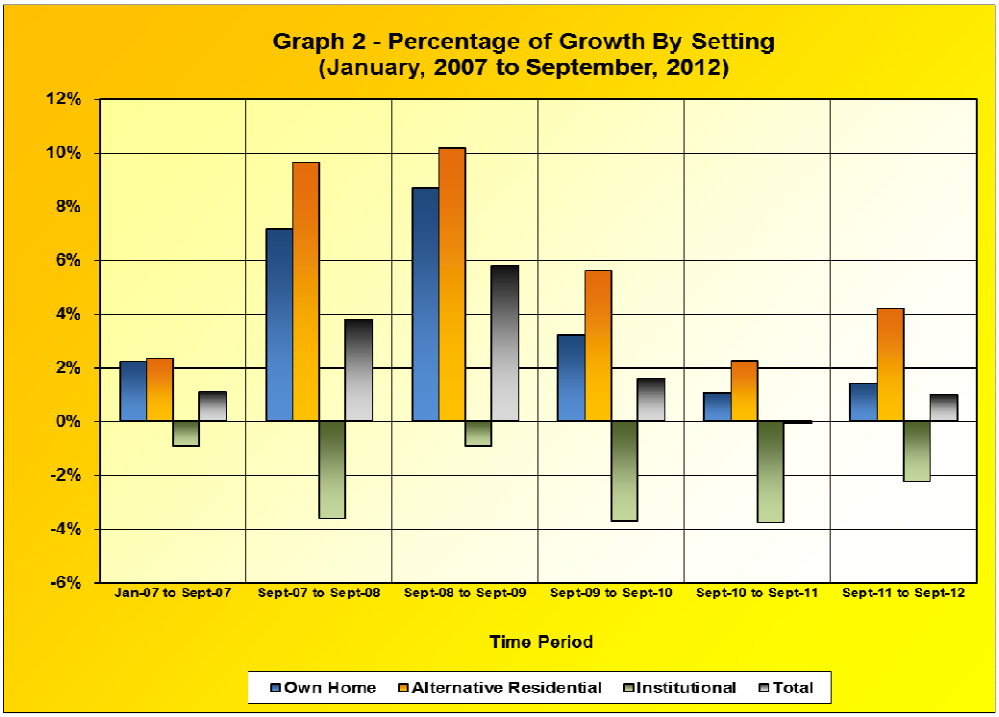
Table 1 and Graph 1 show the growth of the ALTCS E/PD population from January 2007 through September 2012. Graph 1 shows the distribution of members between members placed in their own home, in alternative residential and in institutional settings. Since September, 2011, members living in their own home increased from 50.08% to 50.29%. At the same time, the proportion of members residing in alternative residential settings increased from 21.75% to 22.44%, although due to rounding it remains 22% in the chart. This continues the shift in placement for E/PD members towards more community-based placements. Since 2007 the proportion of members residing in their own homes increased from 45% to 50%, while the proportion of the members residing in institutions declined from 36% to 27%.

Table 1	E/PD Program Statewide Placement Percentage by Setting (January, 2007 to CYE September, 2012)						
	Jan-07	Sep-07	Sep-08	Sep-09	Sep-10	Sep-11	Sep-12
Own Home	45%	46%	47%	49%	50%	50%	50%
Alternative Residential	18%	19%	20%	20%	21%	22%	22%
Institutional	36%	35%	33%	31%	29%	28%	27%
Total	100%	100%	100%	100%	100%	100.00%	100%



Percentage of Growth by Setting

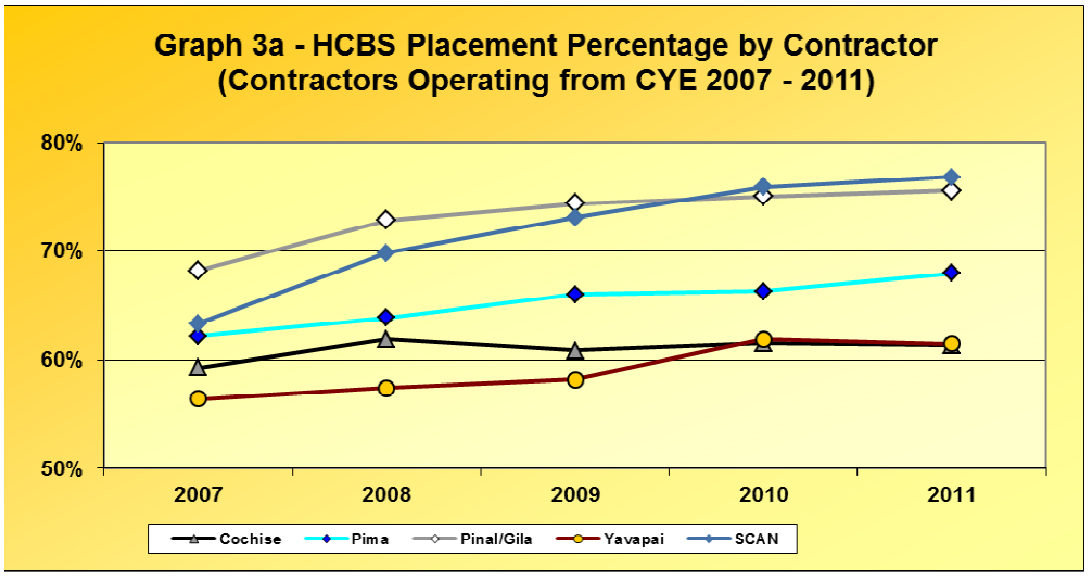
Graph 2 takes the information from Table 1 and shows the percentage of growth that each type of setting has experienced since January 2007. Members placed in their own home and in alternative residential settings experienced growth, while institutional (nursing facility) settings experienced a decline.

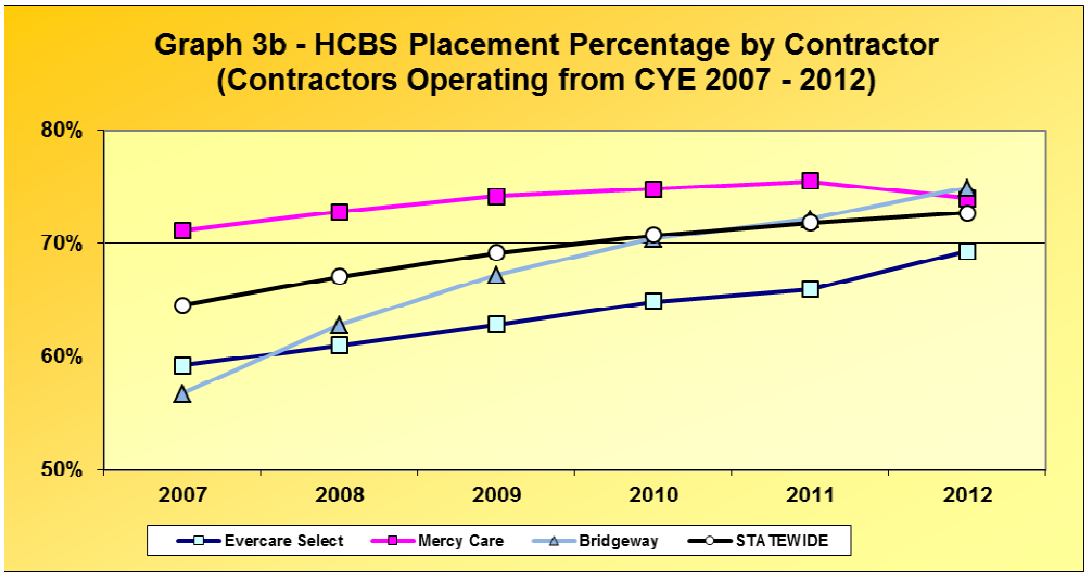


HCBS Placement Percentage by Contractor

Graphs 3a and 3b show the HCBS placement growth by Contractor. In CYE 2011, four AHCCCS Contractors ceased providing services for AHCCCS members. Graph 3a shows the HCBS placement percentage for these Contractors. Graph 3b shows the percentages for Contractors continuing to provide HCBS services, as well as a statewide summary of all Contractors operating during these years.

All Contractors have experienced a general upward trend in HCBS placement during the term of their contracts.





ALTCS E/PD Placement by Age Group

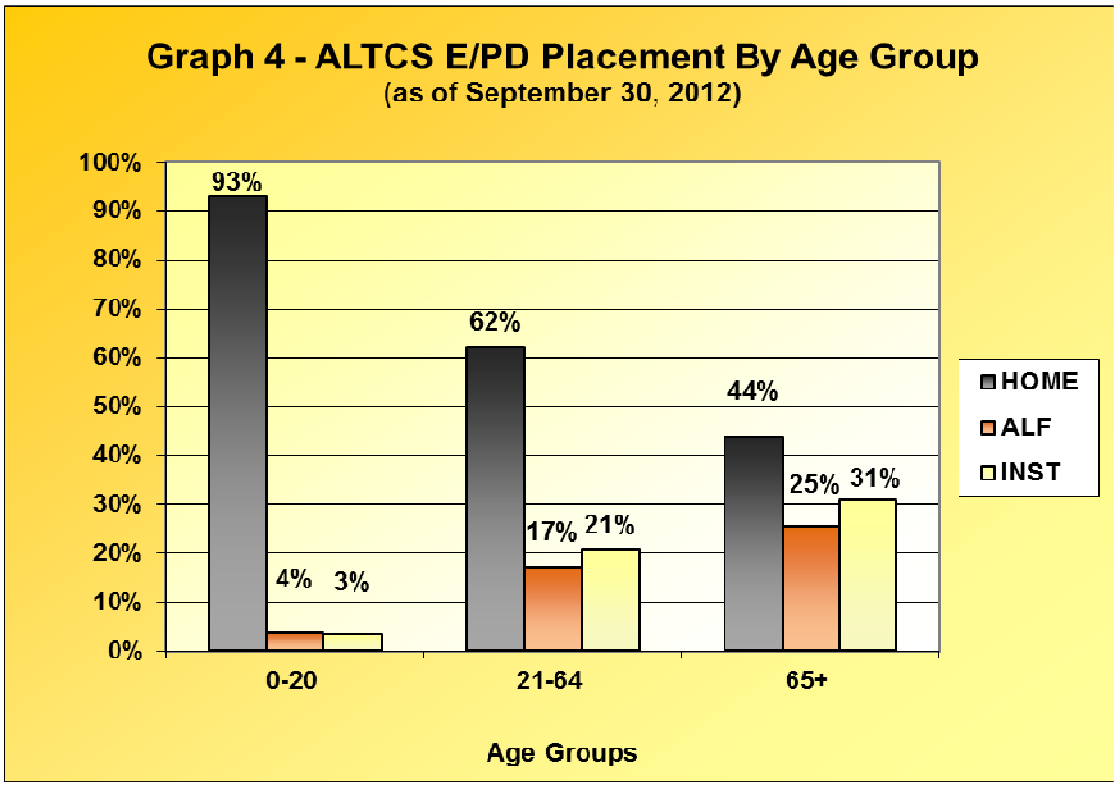
Table 2 and Graph 4 present information detailing member placements based on three age groupings (0 - 20, 21 - 64 and 65 plus). As expected, members in the 65 year and older age group compose the highest proportion residing in institutional settings (31%). The 0 – 20 year age group has the lowest proportion of members residing in institutional settings (3%). Only 21% of members 21 – 64 years of age reside in institutional settings.

Table 2 – ALTCS E/PD Placement by Age Group (as of September 30, 2012)

Does not include Not Placed and Acute Members

	0-20	21-64	65+	TOTAL
HOME	404	4,795	7,524	12,723
ALF	16	1,316	4,345	5,667
INST	15	1,601	5,281	6,897
TOTAL	435	7,712	17,150	25,297

	0-20	21-64	65+	TOTAL
HOME	93%	62%	44%	50%
ALF	4%	17%	25%	22%
INST	3%	21%	31%	27%
TOTAL	100%	100%	100%	100%



E/PD Placement by Contractor (As of September 30, 2012)

Table 3 shows the number of members in each placement setting by Contractor.

	HCBS									
Program Contractor	**Own Home**	**AFC**	**ALC**	**Behavioral Health**	**ALH**	**Total HCBS**	**Nursing Facility**	**Acute**	**Not Placed**	**COMBINED TOTAL**
Bridgeway Health Solutions	2,581	8	904	40	1,021	4,554	1,528	59	54	6,195
Evercare Select	3,975	42	823	36	708	5,584	2,468	75	69	8,196
Mercy Care Plan	6,167	128	1,276	86	605	8,262	2,901	203	231	11,597
Total EPD Population	12,723	178	3,003	162	2,334	18,400	6,897	337	354	25,988

Attachment A: ALTCS Guiding Principles

The Arizona Health Care Cost Containment System's Arizona Long Term Care System program has adopted the following five principles:

- *Member-Centered Case Management*
  The member is the primary focus of the ALTCS program. The member, and family/significant others, as appropriate, are active participants in the planning for and the evaluation of services provided to them. Services are mutually selected to assist the member in attaining his/her goal(s) for achieving or maintaining their highest level of self-sufficiency. Information and education about the ALTCS program, their choices of options and mix of services should be accurate and readily available to them.

- *Consistency of Services*
  Service systems are developed to ensure a member can rely on services being provided as agreed to by the member and the Contractor.

- *Accessibility of Network*
  Access to services is maximized when they are developed to meet the needs of the members. Service provider restrictions, limitations or assignment criteria are clearly identified to the member and family/significant others. Service networks are developed by the Contractors to meet members' needs which are not limited to normal business hours.

- *Most Integrated Setting*
  Members are to be maintained in the least restrictive setting. To that end, members are afforded choice in remaining in their own home or choosing an alternative residential setting versus entering into an institution.

- *Collaboration With Stakeholders*
  The appropriate mix of services will continue to change. Resources should be aligned with identified member needs and preferences. Efforts are made to include members/families, service providers and related community resources, to assess and review the change of the service spectrum. Changes to the service system are planned, implemented and evaluated for continuous improvement.