

Annual HCBS Report
Contract Year Ending 2024
(October 1, 2023 – September 30, 2024)

March 2025



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Executive Summary

Background

The Arizona Health Care Cost Containment System (AHCCCS) has implemented a long-term care program that serves both individuals who are elderly and/or have physical disabilities (EPD) and individuals who have intellectual and developmental disabilities (I/DD) through Managed Care Organizations (MCOs/Contractors), including the Department of Economic Security/Division of Developmental Disabilities (DES/DDD). AHCCCS and the Contractors strongly support opportunities for individuals enrolled in the Arizona Long Term Care System (ALTCS) program to live in Home and Community Based Services (HCBS) settings. To that end, AHCCCS has maintained a consistent trend of HCBS member placements (considering increases in population) either plateauing or increasing as evidenced by a 3% decrease in institutional placements in CYE 20 and maintaining a low percentage (9%) for institutional placements in the past four reporting periods.

Values

AHCCCS has accomplished these milestones through its ALTCS program that promotes and adheres to the values of:

- Choice
- Dignity
- Independence
- Individuality
- Self-Determination

Guiding Principles

Guiding principles were 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:

- *Member-Centered Case Management*
The member is the primary focus of the ALTCS Program. The member/Health Care Decision Maker and Designated Representative, as appropriate, are active participants in the planning for and the evaluation of the provision of long-term services and supports. Services are mutually selected through Person-Centered Planning to assist the member in attaining their individually identified goals. Education and up-to-date information about the ALTCS program, choices of options, and mix of services shall be readily available to members.
- *Member-Directed Options*
To the maximum extent possible, members are to be afforded the opportunity to exercise responsibilities in managing their personal health and development by making informed decisions about how best to have needs met, including who will provide the service and when and how the services will be provided.

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Member Experience: Karina is a 53-year-old who has lived in an Assisted Living Facility since 2023. Karina had a difficult past; she worked very hard on her sobriety journey and has been sober since 2017. Karina lives with chronic lung disease which has caused extreme scarring to her lungs, relies on oxygen 24/7. K had a goal of wanting to get stronger so that she could someday get a job and live independently and on her own again. The case manager referred Karina to Ability360's Back to Work program. The case manager attended several different meetings with Karina at Ability360 as she was nervous and needed frequent reassurance from her Healthcare Team. As a Team, they discussed the benefits of a job with minimum physical activity, a job that allows for social interaction that goes with her outgoing personality, and something that gets her out and about. She decided to work for a ride sharing company and then faced her next biggest hurdle...she needed a car! Karina leaned on her village of family, friends, and supporters for help and was gifted a used car in July 2024 by a family member. Two months later, she moved out of the Assisted Living Facility and into her own Mobile Home in Camp Verde. Karina loves what she is doing, meeting people and most importantly being able to live on her own again, in her own home. Also, for the first time in over 3 years, Karina can walk a short low-impact hike to go fishing and believes that her strength, desire for independence, perseverance, and hard work has paid off.

- *Person-Centered Planning*

The Person-Centered Planning process maximizes member direction and supports the member to make informed decisions, so that they can lead/participate in the Person-Centered Planning process to the fullest extent possible. The AHCCCS Person-Centered Service Plan (PCSP) safeguards against unjustified restrictions of member rights and ensures that members are provided with necessary information and supports in order to gain full access to the benefits of community living to the greatest extent possible. The PCSP ensures responsiveness to the member's unique needs and choices regarding service delivery as well as individual goals and preferences. The member/Health Care Decision Maker shall have immediate access to the member's PCSP.

- *Consistency of Services*

Development of network accessibility and availability serves to ensure delivery, quality, and continuity of services in

accordance with the PCSP as agreed to by the member/Health Care Decision Maker, and the Contractor.

- *Accessibility of Network*

Network sufficiency supports choice in individualized member care and availability of services. Provider networks are developed to meet the unique needs of members with a focus on accessibility of services for aging members and members with disabilities, cultural preferences, and individual health care needs. Services are available to the same degree as services for individuals not eligible for AHCCCS.

- *Most Integrated Setting*

Members are to live in the most integrated and least restrictive setting and have full access to the benefits of community living. To that end, members are afforded the choice of living in their own home or choosing an Alternative Home and Community Based Services (HCBS) Setting rather than residing in an institution.

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- *Collaboration With Stakeholders*
Ongoing collaboration with members/Health Care Decision Makers, Designated Representatives, family members, service providers, community advocates, and AHCCCS Contractors plays an important role for the continuous improvement of the ALTCS Program.

Acting on Arizona’s Values and Guiding Principles

Members and families are afforded the opportunity to actively participate in the selection of services that will best meet their needs. HCBS-applicable settings are available to an individual as long as the cost of HCBS does not exceed the net cost of institutionalization for that member. This report details efforts and initiatives aimed at improving quality and promoting the expansion of HCBS. During the reporting period, priority was placed on implementing the American Rescue Plan Act (ARP) funded projects supporting sustainable HCBS growth and innovations as well as developing a new Olmstead Plan that highlights interventions to maximize members’ integration experience across the HCBS service continuum.

Member Initiative: Flexible Service Model Options to Support Member Choice

Spouse as Paid Caregiver

Spouse as Paid Caregiver is a service model option that allows a spouse who meets basic qualifications to provide, and be compensated for providing, direct care services for their spouse. Per the Arizona Section 1115 Demonstration 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.

More information on the Spouse as Paid Caregiver waiver can be found on the [AHCCCS website](#). In Contract Year Ending (CYE) 2024, 1,317 members received paid services from their spouse, a 3.7% increase from the previous year.

Member Experience: Jonni was 16 years old, when she was involved in a car accident that resulted in her having a spinal cord injury, paraplegia, and other medical concerns. Jonni has been able to remain in the community, where she currently resides with her mother and four children ages 5-19 years old, with the assistance of attendant care, which assists to meet her daily needs. Jonni overcame many barriers and started a non-profit Differently Abled Entertainment (DAE). The company works with people who are differently abled to develop their acting skills and obtain exposure in the entertainment industry and focuses on the person, not their disability. She is involved with various programs and productions, and she uses her platform to bring awareness to body positivity and advocacy for the differently abled to be accepted as a normal presence in the community. In addition to running DAE, Jonni has had many accomplishments, including being runner up for Ms. Wheelchair America, being in commercials, four music videos, five feature films and several short films, and modeling for fifteen magazines. She was involved with providing input on handicap features and wheelchair accessibility to six colleges, and the courthouse and high school in her hometown (in addition to ADA Guidelines). Jonni was asked, “How does she do it?” Jonni explained, it was because of the Health Plan supports and services in place for her to return and remain home. Jonnie reported she cannot be the advocate she is without her services. The assistance gives her the help she needs to start her day and to be healthy.

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Self-Directed Attendant Care

Self-Directed Attendant Care (SDAC) offers ALTCS members or their legal guardians the choice of directly hiring and supervising their own Direct Care Workers (DCWs) without the use of 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 best to 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 a qualified fiscal agent who performs all employer payroll functions and case managers who provide general assistance. Case managers may utilize the SDAC member manual to support members serving in the capacity of the employer of their DCW. Additionally, case managers may authorize the member training service to have an AHCCCS registered provider offer training to the member on how to exercise their employer authority.

The Arizona Administrative Code (rule) allows SDAC participating members to direct certain skilled nursing services to their DCW. As a result, members can direct their DCW to perform the following skilled services:

- Bowel care, including suppositories, enemas, manual evacuation, and digital stimulation,
- Bladder catheterizations (non-indwelling) that do 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 AHCCCS Director and the Arizona State Board of Nursing.

The SDAC policy (Chapter 1300, Policy 1320-A) in the AHCCCS Medical Policy Manual can be found on the [AHCCCS website](#).

In CYE 2024, 224 members utilized this member-directed option, a 3.4% decrease from the previous year.

Agency with Choice

The Agency with Choice member-directed option is available to ALTCS members who reside in their own home. A member or the member's Individual Representative (IR) may choose to utilize Agency with Choice for the provision of his/her care. Under this option, the provider agency and the member/IR enter into a formal partnership agreement. The provider agency serves as the legal employer of the Direct Care Worker and the member/IR serves as the day-to-day managing employer. Agency with Choice presents an opportunity for members interested in directing their own care but would otherwise like the support offered by a provider agency. For provider agencies, the option affords them an opportunity to support members in directing their own care.

The Agency with Choice policy (Chapter 1300, Policy 1310-A) in the AHCCCS Medical Policy Manual can be found on the [AHCCCS website](#).

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In CYE 2024, 826 members utilized this member-directed option, a 7.9% decrease from the previous year. It is important to note that a total of 110 members (13% of Agency with Choice participants) utilize the combination of the Agency with Choice and Spouse as Paid Caregiver service model options.

The Service Model Options – Annual Percentage Change table presents a five-year summary of the annual percentage change of the membership’s utilization of the Spouse as Paid Caregiver service model option, the Self-Directed Attendant Care, and Agency with Choice member-directed options.

Service Model Options – Annual Percent Change					
Annual % Change in Utilization	CYE 2020	CYE 2021	CYE 2022	CYE 2023	CYE 2024
Spouse as Paid Caregiver	8%	-5%	-7%	-7%	4%
Self-Directed Attendant Care	8%	-35%	17%	-32%	-3%
Agency with Choice	-16%	-17%	27%	-28%	-8%

Parents as Paid Caregiver

In February 2024, AHCCCS received approval for an amendment to the State’s 1115 Demonstration waiver to allow for the permanent extension of payments to parents who serve as paid caregivers for minor children, previously allowed through a temporary COVID-19 Appendix K flexibility. As part of the 1115 Demonstration Wavier amendment, the Agency also proposed to establish a home care training family support (family support) service as part of the HCBS benefit package.

A stakeholder workgroup was established in May 2024 to provide insight and guidance to AHCCCS on Waiver implementation. The stakeholder workgroup is made up of MCOs, member/family representatives, and ALTCS provider. The group has met regularly to discuss a myriad of policy changes and tools as well as provide insight on how to best engage members/families and the delivery system as updates are implemented. The waiver is expected to be fully implemented within the next year.

The Waiver proposal submitted to the Centers for Medicare and Medicaid Services (CMS) and subsequent approval letter can be found on the [AHCCCS website](#).

Member Initiative: Community Integration

Olmstead Plan

Although the U.S. Supreme Court did not require states to develop an Olmstead Plan, Arizona officials elected to develop a plan as an opportunity for advocates, agencies, members, and community stakeholders to collaborate on a guide to further improve upon access to services for members with disabilities to ensure they live and receive services in the most appropriate integrated setting in the community. Arizona considers the Olmstead Plan as an opportunity for self-examination and an ongoing process to improve quality when establishing service delivery priorities in the context of other critical issues that impact members.

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On October 13, 2023, AHCCCS finalized and posted the new Olmstead Plan, reflective of the new service system delivery structure and responsive to opportunities to enhance services in present day environment. The finalization of the Olmstead Plan was informed by over 130 public comments received.

The intent of the design of the Olmstead Plan is for it to be both an actionable and “living” plan. The plan contains specific timelines for objectives that are directed at completing a specified process while also including, as applicable, performance targets to measure positive change resulting from the objectives. AHCCCS posts quarterly plan updates and available data (when available) on outcomes.

The following is a list of accomplishments made over the past year since the launch of the new Olmstead Plan in October 2023:

- Established a streamlined process for reporting members within the AHCCCS Housing Program (AHP) who are connected to housing support and wrap-around services. Data on this will be available in 2025.
- Since January 2024, twelve (12) new providers have added CALOCUS portal accounts, making the total 96 providers.
- AHCCCS offered a Differential Adjusted Payment (DAP) Program to incentivize providers in using CommunityCares (Closed-Loop Referral System [CLRS]). All providers participating in the DAP are now enrolled to use the system and have committed to performing at least ten (10) referrals per month using the system.
- Since June 2023, there have been five (5) new counties participating in data sharing with AHCCCS to support enrollment suspense in justice settings, totaling nine (9) counties in all.
- The Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) has begun actively using the CLRS daily. Maricopa County Corrections is also working on their onboarding plan for the pilot sites that will be using the system.
- AHCCCS helped create and implement an interactive Caregiver Career Pathway (CCP) planning tool into the Pipeline AZ platform for prospective health care staff to explore Arizona health care jobs, including their eligibility requirements, and map the career ladders and frameworks connected to actual job openings.
 - 3,545 current jobs posted.
 - 690 AHCCCS Providers have been onboarded.
 - 6,284 users that are students and/or job seekers.
 - Over 13K post-secondary students are currently studying a Major related to health care on the platform.
- As of January 2024, 100% of Managed Care Organizations (MCOs) have at least one contracted provider with a Center of Excellence for children at risk of/with Autism Spectrum Disorder (ASD).
- AHCCCS purchased and implemented training for use of the Early Childhood Service Intensity Instrument (ECSII), to allow for assessment of children birth through five. Completed ECSII tests went from 252 in October 2023 to 404 as of the contract end date of March 14, 2024, resulting in a 60% increase. AHCCCS also worked with the American Academy of Child and Adolescent Psychiatry (AACAP) to establish essential elements of fidelity criteria (scoring, care planning).

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- To increase and enhance the network of available service providers across all levels of care who are certified, or have completed specific coursework or training, in service provision to children and adolescents with complex behavioral health needs and co-occurring disorders, including those at risk/with ASD, training opportunities were provided.
 - Through a financial incentive offered by the Division of Developmental Disabilities (DDD), as of August 2024, training completions are as follows:
 - 93 behavioral health providers have enrolled one or more staff members in the 13-course training plan.
 - 3,585 behavioral health provider staff have completed one or more of the courses.
 - 25,622 total courses in the training plan have been completed.
 - 2,261 individuals have completed the live virtual instructor-led course.
 - Through a contract with the National Center of START Services (NCSS), there were 41 individuals enrolled in the initial cohort of the intellectual or developmental disability (I/DD) Care Coordination training course. A second cohort began in March 2024 with 161 participants. Two additional cohorts were added for May and August. Also, a distinct training series has been created to provide specific technical assistance for trauma and I/DD, especially for individuals with significant behavioral needs. Three of the four training sessions have been completed.

The Olmstead Plan and more information on Olmstead planning may be found on the [AHCCCS website](#).

Home and Community Based Setting (HCBS) Rules

On January 16, 2014, CMS released final Rules regarding requirements for HCBS operated under section 1915 of the Social Security Act. The Rules mandate certain requirements for residential and non-residential settings where Medicaid members receive long term care services and supports. Specifically, the Rules establish requirements for settings to ensure that individuals receiving services are integrated into their communities and have full access to the benefits of community living.

In Arizona, these requirements impact the ALTCS program members receiving services in the following residential and non-residential settings:

Residential	Non-Residential
Assisted living facilities	Adult day health programs
Group homes	Day treatment and training programs
Adult and child developmental homes	Center-based employment programs
	Group-supported employment program

In 2015, AHCCCS began working with a wide range of stakeholders representing the long-term care community to assess the State’s compliance with the HCBS Rules and identify further opportunities to enhance member integration experience and outcomes by building off Arizona’s long-standing history of the provision of HCBS. AHCCCS submitted Arizona’s Systemic Assessment and Transition Plan to CMS in October 2015. Subsequently, several iterations of the Transition Plan have been updated and informed by

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stakeholder input with AHCCCS receiving final approval of the Arizona Transition Plan on January 20, 2023. The Transition Plan outlines strategies the State will use to make sure all HCBS settings come into compliance by March 2023.

CMS' approval of the Transition Plan solely addressed the State's compliance with applicable Medicaid authorities and the State's process for assessing setting compliance, including settings that meet the criteria for Heightened Scrutiny. CMS' review of settings submitted for Heightened Scrutiny and subsequent determinations are separate and distinct from final approval of the Transition Plan. If States want to preserve settings that are presumed institutional in nature and the State asserts the setting complies with the HCBS Rules, the States must submit evidence to CMS to make a final determination. CMS determines whether the evidence supports that the setting is or can become compliant with the HCBS Rules. When the March 17, 2023 deadline passed and CMS had not yet requested evidentiary documentation packages for a sampling of settings meeting Heightened Scrutiny, a Corrective Action Plan (CAP) was warranted to afford CMS more time to review the State's assessment documentation and either affirm the State's findings or require remediation for identified settings. The CAP allows for a 12-month remediation period should CMS have any findings when they complete their review. During the reporting period, AHCCCS and CMS have worked closely to establish a Heightened Scrutiny documentation process that works for both parties to resolve the CAP.

Detailed information on AHCCCS' activities to comply with the HCBS Rules can be found on the [AHCCCS website](#).

Member Experience: Pedro is a 55-year-old man who lives alone in the community. He was going through a divorce and had moved into a small, one bed trailer. Pedro was sad as he wanted to continue to spend time with his child (6 years old) but felt he was not allowed to see his child due to living environment being too small. His case manager provided education on housing assistance and aided him with completing and submitting the application. Once Pedro was approved for housing, he contacted his case manager as he was overwhelmed with options and calling renters for availability. His case manager scheduled several options for Pedro to see in person. By the weekend, Pedro was moving into a one-bedroom apartment, with kitchen and living area. He was overwhelmed with joy as his new apartment is close to his son's school and home. Pedro has been able to see his son and spend quality time with him bonding even more which was extremely important for him.

Member Initiative: Housing Supports

Community Transition Service

The Community Transition Services option was first approved by CMS in 2010. On October 14, 2022, CMS approved Arizona's request for a five-year extension of its 1115 Demonstration Waiver that included the use of the service for individuals who are transitioning from either an institutional or alternative home and community-based setting into their own home. This service allows for the provision of financial assistance to members to move 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. Contractors also provide assistance to members

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who may experience financial challenges that present barriers to making a transition into a home or apartment in the community. This is not an uncommon scenario because, during their tenure in the nursing facility, the discretionary income members receive is limited to the special needs allowance. It may take a few months for the share of cost to be reduced to zero after the member has transitioned out of the nursing facility. In these circumstances, Contractors may assist the member with obtaining Section 8 housing or moving into homes that have month-to-month leasing opportunities versus a requirement upfront for first and last month's rent. Members may also receive financial assistance from family members to make the transition.

In an effort to support a member's affordable housing needs, AHCCCS requires all Contractors to have a designated housing expert that is responsible for identifying housing resources and building relationships with contracted housing providers and public housing authorities for the purposes of developing innovative practices to expand housing options and assist case managers in making appropriate referrals for members in need of housing. The housing expert is required to monitor and maintain a list of members with affordable housing needs to inform these efforts, including reporting outcomes of the housing referrals.

Member Initiative: Social Connectedness

Addressing Social Isolation

The AHCCCS Whole Personal Care Initiative (WPCI) seeks to address the social risk factors that can have an impact on a person's health and well-being, otherwise known as Health-Related Social Needs (HRSNs). These factors (i.e., socio-economic status, behaviors, and physical environment) have been found to contribute more to health outcomes than access to health care. One social risk factor that AHCCCS wants to specifically address for the ALTCS population is social isolation. There is strong evidence that social isolation is associated with poor health outcomes and higher rates of mortality. For example, according to the Journal of Aging Life Care, social isolation has been identified as having the same magnitude of impact on a person's health as high blood pressure, smoking, or obesity. Additionally, as the American Psychological Association reported on their website, it has been noted to increase a person's risk of dementia by 40%.

AHCCCS is in the process of creating a new habilitation service model that will support members in developing skills to build relationships and community connections within their community of choice and further their personal goal development. Members will have the option for this service to be provided by peers who are experiencing aging or living with a disability. The first phase of this initiative is focused on integrating screening into the person-centered planning process to determine if a member is at risk or experiencing social isolation and loneliness. ARP funds were utilized to help identify the most common and effective screening tools. If the outcome of the screening indicates a member is experiencing or at risk of social isolation/loneliness, the case manager will support the member to develop and implement a personal goal(s) around community participation, building relationships, etc. The new policy guidance is planned to be effective October 1, 2025. The priority next year is to determine how to evaluate the impacts of social isolation and loneliness on health outcomes for the purpose of determining whether or not interventions are making a difference.

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Contractor Initiatives

The Contractors engage in several initiatives aimed at ensuring members are living in the most integrated setting as well as participating in community life. The following are examples of those initiatives that were implemented in 2023.

Service Delivery Improvement

One Contractor developed enhanced training focused on behavioral health agency clinical staff. The training focused on best practices for working with individuals who have both a developmental disability and a behavioral health diagnosis (dual diagnosis). Using ARP funding, the Contractor made the Relias Course Library available to AHCCCS registered behavioral health agencies. This course library includes over 100 courses that learners have access to, many that are continuing education credit eligible. The Contractor chose 12 courses from the Relias Library to include in a training plan and developed a virtual, instructor-led course with content specific to Arizona. Incentive funding was provided to eligible agencies that had at least 10% of their clinical staff complete the 13-course training plan between October 1, 2023 and September 30, 2024. During the incentive period, 4,250 individuals completed 34,094 courses in the training plan; 2,768 Individuals completed the virtual instructor-led course; and 60 behavioral health provider agencies met the requirement for the incentive. In addition, the Contractor hosted a conference in Tucson in May of 2024 and in Phoenix in September of 2024 for Behavioral Health Provider Agency clinical staff. There were presentations by locally and nationally recognized experts covering best practices in serving members with a dual diagnosis. During the two conferences, there were a total of 600 attendees who participated in the 40 sessions that were offered and 40 exhibitors from various organizations. In response to a Post-Conference Survey, 98.8 % of individuals who responded indicated that they learned information that will improve the services provided for members; 96.5% responded that they were satisfied with the speakers and sessions, 100% responded that they are interested in attending a similar conference in the future, and 85.9% responded that they are likely to add or expand services to members.

Another Contractor implemented a new partnership with CareBridge to help reduce ED utilization in rural counties by offering 24/7 in-home support to our membership with chronic conditions. CareBridge offers digital access to medical and behavioral professionals through a cellular-enabled, pre-loaded tablet that is delivered directly to the member's home. As of March 2024, CareBridge received 526 acute calls from the engaged population with 24% of those calls being outside of normal business hours. Each acute call is an opportunity to provide much needed support at the time of need and prevent an admission/readmission. As of April of 2024, 45% of the eligible population has been engaged. 95% of the engaged membership successfully completed Transition of Care activities with CareBridge within 30 days of discharge. CareBridge exists to enable individuals in home and community-based settings to maximize their health, independence, and quality of life. Their virtual care model and in-home technology allows members and their care team 24/7 access to trained experts who can address physical, behavioral, and social needs. CareBridge collaborates with the primary care physician, in-home care providers, and the health plan to ensure the member has the wraparound support needed to deliver proven outcomes. The engagement rates and program outcomes are recognized by the health plan as positive, and we aim to continue growth of this partnership.

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One Contractor provided a grant to the Salvation Army to be used to further support their Pathway of Hope Program which targets families, living at or below the federal poverty line, who are not yet experiencing homelessness but are perilously close to becoming homeless. This includes families with adults and children who may be undereducated, underemployed, veterans and/or have disabilities and solves for barriers to self-sufficiency. The Salvation Army, Pathway of Hope Program provides case management services in the Phoenix, Arizona zip code region and through its social service programs provides benefits including Rental Assistance, Transitional Housing Assistance, Daycare and Utility Assistance.

Caregiver Support

With the support of ARP funds, one Contractor successfully developed a Positive Behavior Support Curriculum using the most current best practices and collaborating with internal and external subject matter experts. The Contractor conducted train the trainer certification classes, and 622 trainers have successfully completed the certification. These trainers have trained over 10,900 direct support professionals. In addition, the Contractor partnered with Raising Special Kids to provide the training at no cost to families/caregivers monthly in both English and Spanish. More than 140 families have received the training. This training provides direct support professionals, families and caregivers with strategies of ways to support members during challenging times. It has been reported to the Contractor that providers feel more confident in delivering services both in home and in the community for members who may have challenging behavior.

One Contractor collaborated with community partners to host two Self Care for Caregivers conferences: one in Tucson and one in Phoenix. More than 400 people were in attendance. These events had speakers, workshops, breakout sessions and numerous community resource exhibitors for caregivers to network, learn and participate. The exhibitors included information on agencies and resources that are available in the community leading to increased participation, most of which was at no cost to members and families. Surveys were completed and collected from attendees indicating a 4 or 5 out of 5 rating for 99% of those surveyed. There were both paid and unpaid caregivers present, and all of the speakers volunteered their time and talent to support the conference.

Community Engagement

Another contractor is committed to addressing social isolation and loneliness amongst members. Telehealth, video calls, and online communities become lifelines for those who might otherwise be physically isolated. Televeda recognizes the transformative power of digital connectivity and digital literacy. Particularly for those in rural and homebound circumstances, teaching digital literacy is key to enabling them to access healthcare, schedule doctor appointments, engage in telehealth consultations, and foster connections with other like-minded individuals. Televeda is working with interested members to assess their digital literacy skills, deliver in-home and remote digital literacy training, assist members to connect with applications to help them navigate their healthcare, and connect members to Televeda's socialization and community engagement platform so that they can connect with micro-communities of individuals sharing similar interests. By providing the skills to navigate the digital landscape, Televeda empowers members to transcend geographical barriers, fostering connections and social interactions that combat isolation.

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Televeda is teaching these members how to effectively utilize technology to access these crucial resources. This ensures they can maintain contact with their healthcare providers and loved ones, tap into support networks, partake in virtual social activities, connect to resources for learning, hobbies, and interests.

Member Experience: Margarito is a 59-year old member who experienced a life-altering event when he was hit by a car while riding his bicycle. Despite facing significant challenges, he remained determined to regain his independence and return to work. Through the Person-Centered Service Plan (PCSP) process, Margarito received ongoing support from his case manager to work towards his goals of regaining his strength to be more independent and return to work. The case manager collaborated with Vocation Rehabilitation, Rehab Without Walls, and other relevant parties to ensure that Margarito had access to the resources and services necessary for his success. This included assistance with keeping track of important dates, arranging visits to organizations such as “Dress for Success” for interview attire, and providing guidance on creating a pocket calendar to aid with memory challenges, as well as volunteering for organizations like St. Vincent de Paul and Feed My Starving Children to gain work experience. In September 2024, Margarito transitions from an Assisted Living Facility to now living at home with his family. He takes pride in his progress towards living more independently, giving back while he improves his skill sets to obtain a job in the future. Margarito has shared that volunteering in the community gives him purpose and the hope to return to work feels possible.

One Contractor, with their Long Term Care Member Advisory Council, planned and hosted an Abilities Workshop, August 2024 in which topics of interests focused on “abilities” and community engagement. The Abilities Workshop offers a conference-like experience for long term care membership. There were 119 attendees who came to the Abilities Workshop. There were presentations focused on topics such as Volunteer opportunities, the Phoenix Public Library, its clubs, and programs available and Caregiver Services to help families take care of themselves as well as loved ones. During the Abilities Workshop, materials were distributed to members interested in participating in putting journals together that would later be retrieved by their Case Manager(s) to be delivered/donated to Treasures-4-Teachers. Afterwards, members were able to sign up for a library card onsite or obtain materials to participate in this volunteer activity. This organization is based upon donations and volunteers to help teachers obtain school supplies for classrooms, such as like backpacks, crayons, books, and other various school supplies. Integrated communities’ means finding areas of interest and opportunity for individuals living in the community, assisted living or nursing home settings to feel a sense of self-worth by engaging in their community and contributing to the lives of others and in-turn will improve their own quality of life.

AHCCCS Administration and Oversight

The following is a summary of other activities that touch on broader long-term care issues but also address 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.

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Pandemic-related activities and initiatives

American Rescue Plan Act (ARP)

On January 19, 2022, AHCCCS received approval from CMS for their Spending Plan outlining the State’s goals for the implementation of the American Rescue Plan (ARP) Act of 2021, Section 9817. Thereafter, AHCCCS received spending authority by the Arizona State Legislature to implement the spending plan approved by CMS. This allowed the Agency to begin implementing activities outlined in the Spending Plan and to qualify for a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain HCBS Medicaid expenditures, provided such funds are expended during the approved timeframe.

Arizona is leveraging this unprecedented opportunity to implement initiatives that enhance and strengthen HCBS while simultaneously promoting ongoing access to care and paths to self-sufficiency. Arizona has identified two critical priorities for HCBS funding: To strengthen and enhance Arizona’s Home and Community-Based System of Care, and to advance technology to support greater independence and community connection. Both of these critical priorities have a number of member-centric strategies that will serve as a roadmap for Arizona’s use of this funding. These strategies are designed to support transformational change of Arizona’s care delivery system, leading to improvements for individuals who are accessing general mental health and substance use disorder (SUD) services. In addition, Arizona has identified four key populations at the center of its efforts to enhance and strengthen HCBS services: Seniors, individuals with disabilities, individuals living with Serious Mental Illness (SMI), and children with behavioral health needs. The key populations, strategies and priorities are detailed in the “HCBS Funding Priorities” table.

HCBS Funding Priorities for Arizona’s Seniors, Individuals with Disabilities, Individuals Living with Serious Mental Illness, and Children with Behavioral Health Needs	
Strengthening and Enhancing Arizona’s Home and Community Based System of Care	Advancing Technology to Support Greater Independence and Community Connection
(1) Empowering parents and families to provide care and meet the needs of their children.	(1) Utilizing new technology to promote care coordination and seamless communication.
(2) Funding local initiatives and community-specific programming to improve member health.	(2) Creating tools that strengthen quality monitoring and prevent abuse and neglect.
(3) Assessing member engagement and satisfaction to better understand needs, prevent abuse and neglect, and identify opportunities for improvement.	(3) Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence.
(4) Expanding access to care from a well-trained, highly skilled workforce.	

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(5) Promoting stabilization, access to supportive services, and workforce retention/consistency to improve member outcomes.

AHCCCS has worked to implement and operationalize activities since the approval of the ARP HCBS Spending Plan. These include the following activities:

- Implementing a Differential Adjusted Payment (DAP) to select HCBS providers for the purchase and implementation of health information exchange (HIE) technology,
- Reviewing the State’s Client Assessment and Tracking System and Quality Improvement System through a partnership with NTT,
- Administering the ARP Program Awards, which allows providers to make key program and infrastructure investments. In 2023, AHCCCS distributed 61 awards totaling approximately \$17 million,
- Upgrading the Health-e-Arizona Plus (HEAplus) system to support members’ ability to upload documentation and access correspondence stored in the system, as well as translation of member screens to Spanish,
- Partnering with the Department of Economic Security (DES) to make enhancements to the Disability Benefits website, create a central employment repository, and support the abuse and neglect awareness campaigns,
- Partnering with DES/Division of Developmental Disabilities (DDD) to make investments into trainings for providers serving members with both behavioral health and developmental disabilities, and
- Preparing for the implementation of the State’s first annual National Core Indicator for Aging and Disabilities (NCI-AD) survey.

More information on the Agency’s ARPA spending plan, including quarterly progress reports and updates, can be found on the [AHCCCS website](#).

Direct Care Workforce Development

The foundation for prioritization of workforce development initiatives began in March 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.

As a result of the Workgroup, 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 Direct Care Workers (DCWs) are now required to pass standardized examinations based upon the competency standards established by the Workgroup in order to provide care to ALTCS members in their homes.

Significant ongoing and new activities continue regarding the growing challenges related to ensuring the establishment of an adequate direct care (caregiver) workforce. Examples of ongoing activities include, but

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are not limited to, the following:

- AHCCCS and the Contractors continue to conduct initial and annual audits of the Approved Direct Care Worker Training and Testing Programs to ensure the programs are in compliance with AHCCCS standards pertaining to the training and testing of DCWs.
- AHCCCS manages an online database that serves as a tool to support the portability or transferability of DCW testing records from one employer to another employer. The online database also serves a secondary purpose to assist in monitoring compliance with the AHCCCS DCW training and testing initiative.
- AHCCCS has developed a Workforce Development policy for all lines of business which stipulates Contractors are required to designate a Workforce Development Administrator. Further, Contractors are required to submit and monitor a Workforce Development Plan to ensure the sub-contracted workforce of paraprofessionals is adequately resourced, stable, and capable of providing quality care to members. The Workforce Development Plan must include measures to proactively identify potential challenges and threats to the viability of the workforce, as well as develop and implement interventions to prevent or mitigate access to care concerns for members.
- AHCCCS coordinates with appropriate parties to facilitate training reciprocity between DCWs and caregivers working in assisted living facilities per A.R.S. 36-446.15 to streamline the transition of in-home DCWs to work as caregivers and vice versa.

AHCCCS has also worked to leverage ARP funds to prioritize workforce development through the provision of additional resources to help support recruitment and retention efforts of HCBS providers and allow for the building of infrastructure to support the workforce including:

- Collaboration with community colleges to assist with the implementation of workforce development activities, including tuition assistance for students interested in serving as an HCBS provider and curriculum development for direct care workers (DCWs) and behavioral health technicians/behavioral health professionals (BHT/BHP) providers.
- Implementation of Arizona Health Care Careers ([AZHealthcareCareers](#)), a skills mapping technology and career exploration platform that helps connect students and job seekers to career paths in the health care field. The platform includes a specific Caregiver Career Development Pathway (Pathway) program designed to encourage individuals to begin a career as a DCW and guide them through their ideal career path, in partnership with Pipeline AZ.
- Engaged the providers of employment services and counselors within the vocational rehabilitation system encouraging them use the AHCCCS Health Care Scholarship program and the Az Health Care Careers platform as tools to help AHCCCS members explore careers in health care and secure entry level positions in health care such as Direct Care Worker or Direct Support Professional.
- Founded the AZ Health Care Workforce Action Network. The “Action Network” is a statewide group of 60 state and private health care stakeholders committed to furthering the use of best practice-based strategies to strengthen the provider communities' efforts to acquire and retain talent particularly in vulnerable health care job such as Direct Care Worker and Direct Support Professional.

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- As a part of the Talent Ready Arizona workforce initiative, Governor Hobbs formed a “Workforce Cabinet” consisting of many vital AZ industries including health care. The cabinet has established a goal of adding 76,000 new health care workers, a number that includes both Direct Care Workers and Direct Support Professionals.

The Workforce Development policy in the AHCCCS Contractors Operations Manual can be found on the [AHCCCS website](#).

Information on the DCW training and testing program can also be found on the AHCCCS website.

Case Coordination and Management

Arizona State Hospital (ASH) Coordination

AHCCCS Contractors are responsible for oversight and monitoring of members who are on Community Release Plans from the ASH to complete their sentencing requirements from criminal court. AHCCCS requires Contractors to develop and implement policies and procedures to provide high touch Contractor care management and other behavioral health and related services to each member on conditional release from the ASH, consistent with the member’s Court Ordered Conditional Release Plan. As stated in their contract and required in statute, Contractors actively participate in the member’s discharge plan prior to release and ensure the plan is followed when the member returns to the community. Contractors are not permitted to delegate the care management functions to a subcontracted provider and must submit a monthly comprehensive status report for each member on Conditional Release to the Superior Court that handed down the member’s sentence, the member’s attorney, and designated AHCCCS staff. The Psychiatric Security Review Board was dissolved on December 31, 2022, shifting jurisdiction of these members to the Superior Court. Contractors will continue to actively participate in discharge planning and monitoring of persons on conditional release including the review and submission of comprehensive monthly monitoring reports to AHCCCS. AHCCCS staff reviews monthly monitoring reports to ensure Contractor compliance.

Prior Period Coverage for HCBS

Contractors are 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 can go directly back to their own home, with coverage of those services paid for once eligibility is determined and enrollment is complete.

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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 use person centered service planning to conduct regular home visits with HCBS members to maximize member-direction and self-determination. Specifically, the discussion and documentation focus on ensuring quality services are being provided without gaps; determining the services necessary to meet the member’s needs, while in the most integrated setting; providing member specific education to the member and their family; assessing health and safety risks while safeguarding against unjustified restrictions of member rights and introducing alternative models of care delivery when appropriate.

The following are examples of how case managers execute their roles and responsibilities:

- **Member-Directed Options Information:** Case managers regularly inform members about member-directed options and assist members and their families to make informed decisions about the service delivery model of care.
- **End of Life Care:** Case managers educate members/families on End-of-Life Care, which encompasses all health care and support services provided at any age or stage of an illness.
- **Serious Mental Illness Determinations:**

Member Experience: Gabby was 12 years old when she was involved in a motor vehicle accident in November 2014, that left her hospitalized with a monoplegia of the upper limb non-dominant side or flaccid paralysis and a Traumatic Brain Injury. Gabby went from being independent to needing minimum to moderate assistance with her daily needs, while also learning how to cope with anxiety that presented after the accident. She was determined to regain her independence and have a typical childhood. Gabby insisted her parents give her chores like her siblings and not to intervene or take over, even if the process took her a long time. Gabby is a resilient young lady that was motivated to heal and is now motivated toward helping others. With her determination and support from her family and her case manager, Gabby set a goal in April 2021 to earn her bachelor’s degree from the University of Arizona. At every review, her case manager would review her progress to reach this goal and discuss any barriers and plan to meet her goal. Gabby would share her successes of getting closer to meeting her goal at every review visit. In May 2024, Gabby met her goal and graduated Summa Cum Laude from the University of Arizona in Psychological Sciences and Spanish: Translation and Interpretation, with a major in Neuroscience. Gabby has continued her studies and started in a master’s program at the University of Arizona in Epidemiology, with a focus on cancer and genetics in the Latino and African American communities. She received a full scholarship and her own lab for research from Harvard after presenting to their scholarship board.

Case managers assess for the appropriateness of and submit referrals for members to receive a Serious Mental Illness (SMI) determination and, once affirmed, ensure members receive entitled services including grievance and appeals processes.

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- **Cost Effectiveness Analysis:** Case managers assess the continued suitability, appropriateness, 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 HCBS services and compares them to the estimated cost of institutionalized care. Placement in an HCBS setting is considered cost effective if the cost of HCBS services for a specific member does not exceed 100% of the net cost of institutional care for that member.
- **Non-Medicaid Service Coordination:** Case managers identify and integrate non-ALTCS covered community resources/services as appropriate based on the member’s needs, including community resources/services that support members in achievement of personal or independent living goals.
- **Goal Development:** Case managers assist members to develop meaningful and measurable goals, including personal and independent living goals. Case managers also provide members with information about local resources to help them transition to greater self-sufficiency in the areas of housing, education, and employment, as well as identify goals and preferences around the areas of recreation, friendships, and family relationships.

Contractors are required to submit a Case Management Plan and Evaluation on an annual basis which addresses how the Contractor will implement and monitor case management and administrative standards outlined in AHCCCS policy including specialized caseloads. AHCCCS evaluated the plans that were submitted for CYE 2024 and approved each Contractor’s plan for the delivery of case management and the evaluation of the previous year’s activities and outcomes.

Due to the CMS approval of Arizona’s request for a five-year extension of its 1115 Demonstration Waiver on October 14, 2022, AHCCCS has incorporated performance measurements and targets pertaining to Person Centered Service Plans (PCSP). The following performance metric compliance reporting has been incorporated into the MCO contracts and will be evaluated as part of interim and final waiver evaluation efforts. MCOs are required to maintain 86% compliance in ensuring the PCSP process and documentation, including:

- Member choice of services and providers,
- Member needs and progress towards personal goals and desired outcomes,
- Verification that PCSPs were reviewed with members/guardians and revised at least annually, and
- Services, including the type, scope, amount, duration, and frequency specified in the PCSPs, as well as verification of service delivery.

Stakeholder Engagement

Abuse and Neglect Prevention Task Force

The Abuse & Neglect Prevention Task Force convened in response to Executive Order 2019-03 to ensure the health and safety of Arizona’s most vulnerable citizens. The Task Force examined a broad range of concerns and opportunities aimed at enhancing the prevention of abuse and neglect. The Task Force developed 30

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recommendations that fall under the following themes:

- Statewide public awareness campaign to encourage a statewide culture of abuse, neglect, and exploitation prevention educating the broader public of that commitment,
- Prevention and accountability of all State agencies, in collaboration with private vendors and stakeholders, to develop, disclose, implement, and monitor policies and practices aimed at preventing abuse, neglect, and exploitation, reporting incidents, conducting investigations, and ensuring incident stabilization and recovery,
- Multi-agency coordination where AHCCCS, DES, Arizona Department of Health Services (ADHS), and other critical system partners work to employ a coordinated, multidisciplinary team approach in preventing and addressing incidents of abuse and neglect,
- Signage implementation on how to report abuse, neglect, and exploitation to be prominently posted in all settings in which vulnerable individuals reside and/or receive services,
- State agencies, in partnership with community-based organizations, to offer evidence-based training on abuse, neglect, and exploitation prevention, reporting, and recovery to vulnerable individuals and their families,
- Improvements in identification, tracking, and analysis of incidents of alleged abuse and neglect, including mechanisms for making data readily available to the public,
- Workforce development strategies which foster workplaces that uphold the ideals of respect, attentiveness, and active support for all individuals receiving services and providing services within the State Medicaid program,
- Adult Protective Services registry checks and training for investigators,
- Supportive resources to help manage caregiver stress,
- Public access to Setting Monitoring Reports that include monitoring reports for group homes and adult developmental homes to the extent allowed by statute and privacy restrictions, and
- Review of confidentiality requirements to identify potential revisions to statute and agency policies to allow information sharing between parties while maintaining required privacy and confidentiality protections.

Significant work has been accomplished and the majority of the recommendations have been completed.

AHCCCS continues to work with the Sonoran University Center for Excellence in Developmental Disabilities (UCEDD) to evaluate the impact of the implemented recommendations from the Abuse and Neglect Prevention Task Force. During the year, AHCCCS reviewed the results of a member and family member survey that was designed and distributed by AHCCCS and the Contractors. AHCCCS continues to utilize the results of the member and family member survey in 2022 (while simultaneously planning another round of surveys in 2023) to plan for future activities and areas of focus to educate members and their families regarding the prevention of abuse, neglect, and exploitation.

Similar to the approach with the surveys, the UCEDD finalized an independent evaluation report in May 2022 to comprehensively evaluate the implementation of the recommendations from the Abuse and Neglect Prevention Task Force. The report provides findings and recommendations for AHCCCS and sister State agencies to consider as the State continues to prioritize the prevention of abuse, neglect, and

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exploitation.

Additionally, through the ARP HCBS Spending Plan, AHCCCS has invested in a multi-media public awareness campaign aimed at informing the public of signs of abuse, neglect, and exploitation. In partnership with DES, Division of Aging and Adult Services – Adult Protective Services (DES-APS), AHCCCS has engaged in a statewide advertising as well as a pre-and post-public survey soliciting information about the effectiveness of the public awareness campaign. The SpeakUpAz.org campaign ran from August 2023 through February 2024. The campaign ran television ads featuring Governor Katie Hobbs, billboards, radio ads, print ads and in person roadshows in rural areas of Arizona. The website will remain active, and ownership has been transferred to the Department of Economic Security.

More information can be found on the [AHCCCS website](#).

ALTCS Advisory Council

After AHCCCS used a council to help create and implement Agency with Choice, a member-directed option, the contributions of the council members were noted as invaluable to the program development and implementation process. With the continued development of new and innovative practices to serve ALTCS members, AHCCCS prioritized the maintenance of the advisory group to identify opportunities for system improvements, assist in the development of the initiatives, and support program monitoring and oversight activities. The ALTCS Advisory Council meets on a quarterly basis and is comprised of ALTCS members and their family members/representatives. Additionally, representatives from ALTCS Contractors, providers, State agencies, and advocacy agencies serve on the Council.

Council Members advise AHCCCS on activities aimed at making system improvements. Individual Council members are asked to provide input and feedback on ALTCS program activities from their own personal or professional experience, expertise, or perspective. ALTCS Advisory Council members are encouraged to identify topics for discussion as well as provide input on topics that AHCCCS brings forward to solicit stakeholder input from members.

The ALTCS Advisory Council has advised on the State’s compliance with federal initiatives, AHCCCS policy changes, service delivery system innovations and other notable topics of interest requested by the council members. For example, the Council serves as the official advisory body for the State’s compliance with the Home and Community Based Settings Rules.

Contractor Compliance

Electronic Visit Verification (EVV)

Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), AHCCCS was mandated to implement EVV for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, and respite) by January 1, 2021 and for in-home skilled nursing services (home health) by January 1, 2023.

The goals of instituting EVV in the AHCCCS program include:

- Ensuring, tracking, and monitoring timely service delivery and access to care for members,

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- Reducing provider administrative burden associated with scheduling and hard copy timesheet processing,
- Accommodating the lifestyles of members and their families and the way in which they manage care,
- Accommodating service provider business decisions and preserving existing investment in systems, and
- Prevention, detection, recovery of improper payments due to fraud, waste, and abuse.

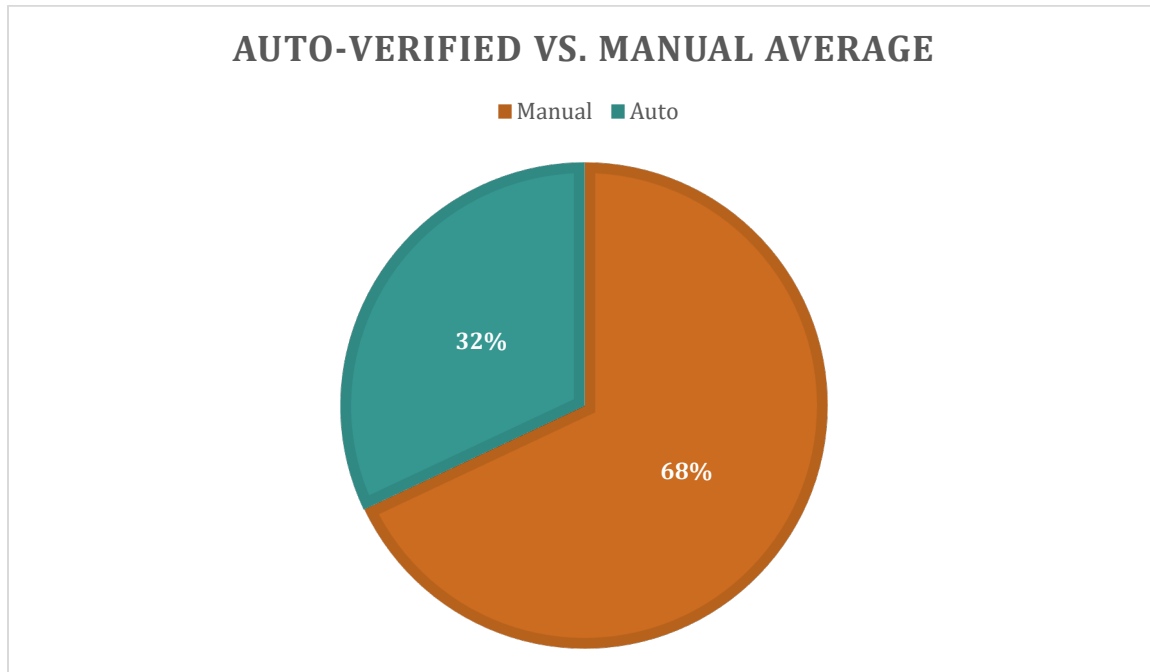
During the reporting period, AHCCCS continued to engage in the following major milestones to ensure, track, and monitor timely service delivery and access to care for members.

- Assisted providers with EVV implementation and problem-solving including meeting with members and families to explore ways to streamline EVV for their unique service delivery scenario, added and updated member and provider resources to the AHCCCS EVV web page, including regularly updated FAQs, and
- Researched, revisited and refined the KPI reporting methodology to ensure its accuracy to maintain transparency while also helping Contractors/AHCCCS monitor provider compliance with EVV.

AHCCCS is currently working with the State-sponsored EVV system vendor to make system customizations and standard reports to assist providers, Contractors, and AHCCCS to streamline administrative processes and to mitigate access to care challenges. This information is used to support monitoring provider compliance in coordination with the Contractors but also be used to establish internal performance targets to support initiatives to incentivize positive provider behavior to improve auto verified numbers as part of the Differential Adjusted Payment beginning on 10/1/2025. A visit is considered auto-verified when the required elements of a visit are captured at the point of care without missing or inaccurate information. For the measurement period, visits have maintained an average of 32% auto verified. Reducing manual verification helps to increase the accuracy of the data and reduces provider agency staff burden associated with visit maintenance to manually enter or update visit information. Contractors are also monitoring performance measurement targets through Quality Monitoring efforts.

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More information on EVV can be found on the [AHCCCS website](#).

Monitoring and Oversight

AHCCCS regularly reviews Contractor operations to ensure compliance with federal and state law, rules and regulations, the AHCCCS contract, and AHCCCS policies. Monitoring activities include review and approval of contract deliverables, regular coordination meetings with Contractors, provision of technical assistance, and both Focused and Operational Reviews. Focused Reviews are conducted based on trending information specific to one Contractor or across Contractors to assess compliance in a specific area of focus and provide targeted technical assistance. Operational Reviews are conducted in order to:

- Determine if the Contractor satisfactorily meets AHCCCS' requirements as specified in the contract, AHCCCS policies, Arizona Revised Statute, Arizona Administrative Code, and 42 CFR Part 438, Managed Care,
- Provide technical assistance and identify areas where improvements can be made as well as identifying areas of noteworthy performance and accomplishments,
- Review progress in implementing recommendations made during prior reviews,
- Determine if the Contractor is in compliance with its own policies and to evaluate the effectiveness of those policies and procedures,
- Perform Contractor oversight as required by CMS in accordance with AHCCCS' 1115 Demonstration Waiver, and
- Provide information to an External Quality Review Organization (EQRO) for its use as described in 42 CFR 438.364.

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The reviewers utilize established standards based upon statutes, contract terms, and policy requirements. Review of case management standards evaluate compliance with case management staff orientation and training, service reviews which includes member placement, HCBS living arrangements, initial contact and HCBS service initiation, needs assessment and care planning, timeliness of service visits, and completion of the cost effectiveness study.

The Operational Reviews are conducted on a three-year cycle evaluating each AHCCCS Contractor, including the three ALTCS-EPD Contractors and one DES/DDD ALTCS Contractor, once during each cycle. When a Contractor is found to be out of compliance with AHCCCS standards, the Contractor must submit and obtain approval of a Corrective Action Plan (CAP) to address the deficiencies. The process includes a follow-up on the status of each CAP six months after the CAP is accepted. AHCCCS' reviews of the ALTCS-EPD MCOs were completed during February 2023 – May 2023. AHCCCS' review of the DES/DDD Contractor was completed in August 2024. Corrective Action Plans will be monitored until actions are sufficiently completed, and all CAPs are closed.

The results of Operational Reviews are published on the [AHCCCS website](#).

Contractor Administrative Actions

AHCCCS utilizes a variety of Administrative Actions to address ongoing or serious Contractor noncompliance, including mandatory Corrective Action Plans, Notices to Cure, and Sanctions.

In November 2023, AHCCCS imposed an Administrative Action on the DES/DDD Contractor around the implementation of the Parents as Paid Caregivers (PPCG) service model. However, in April 2024, the formal Administrative Action was rescinded to allow for enhanced engagement/collaboration efforts with the DES/DDD Contractor on standardizing strategies and policies for the new PPCG service model.

No other administrative actions were initiated during the reporting period.

AHCCCS posts any Administrative Actions imposed on a Contractor on the [AHCCCS Website](#).

Network Development Plans

Each year, AHCCCS requires that ALTCS Contractors develop and submit a Network Development and Management Plan (Plan) to demonstrate their network's ability to meet the needs of the members they serve. The Plan is reviewed against a checklist of items that ALTCS Contractors must address based upon federal, state, and program requirements. These items are coordinated with the Contractor's NCQA accreditation status; for example, if the Contractor has an active NCQA accreditation, it need not demonstrate in the Plan how it takes membership growth into account in its network planning as this is reviewed during the NCQA accreditation process.

AHCCCS requires the Contractor to provide information on many other issues relating to network sufficiency in the Plan, including but not limited to the following:

- Evaluation of the prior year's Plan,
- How members access the system,

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- Relationship between the various levels of the networks,
- Current network gaps,
- Strategies the plan uses to reduce unnecessary emergency department visits,
- An evaluation of the prior year’s plan and its effectiveness
- Strategies utilized to increase the percentage of members living in their own home,
- Any network issues identified during member council meetings, and
- How the network is designed for populations with special health care needs.

AHCCCS requires its ALTCS Contractors to develop and demonstrate the implementation of proactive strategies in the Plan to reduce the percentage of members in Alternative Residential Settings once it is determined that 20% or more of a Contractor’s HCBS membership resides in such settings.

AHCCCS evaluated the Plans that were submitted for CYE 2024 and approved each Contractor’s Plan, including the methods for analyzing the network and identifying and addressing network gaps. AHCCCS is in the process of reviewing the plans for CYE 2025.

Contractor Performance Improvement

Performance Measures

AHCCCS worked to strategically align its statewide performance measures with the CMS Child and Adult Core Sets prior to implementation of mandatory child and adult behavioral health measure reporting. For the ALTCS population, AHCCCS continues to evaluate the best measures for the populations served, incorporating Child and Adult Core Set Measures as well as Long-Term Services and Supports (LTSS)-specific measures. AHCCCS will continue to prioritize meaningful measures that align with high priority agency initiatives. For example, AHCCCS required Contractors to calculate and report on Managed Long Term Services and Supports (MLTSS)-focused performance measures included as part of the CYE 2023 contract amendments. Furthermore, AHCCCS is working towards implementation of HCBS measures that were included in AHCCCS’ 1115 Waiver approval in October 2022 as well as several health equity-related measures from the CMS Health Equity Measure Slate.

In addition, AHCCCS included a requirement for its Contractors to achieve National Committee for Quality Assurance (NCQA) First Accreditation [inclusive of the NCQA Medicaid Module and specific to its Medicaid Line(s) of Business] by October 1, 2023. Additionally, ALTCS-EPD Contractors were required to obtain the NCQA LTSS Distinction by October 1, 2024. The ALTCS-DD Contractor was required to obtain the NCQA Case Management LTSS (CMLTSS) Distinction by October 1, 2025; however, as a state agency it was determined by NCQA that their accreditation model does not align with state-based operations/structures. The ALTCS-DD Contractor will not pursue full NCQA accreditation but is actively working towards case management-specific accreditation with NCQA.

Performance Improvement Projects (PIPs)

In addition to performance measures, AHCCCS also implements Performance Improvement Projects (PIPs) to drive member health outcomes and improve Contractor performance on selected state and national health

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care priorities. AHCCCS considers a PIP as a planned process of data gathering, evaluation, and analysis to determine interventions or activities that are anticipated to have a positive outcome. PIPs are designed to improve the quality of care and service delivery and usually last at least three years. While Contractors are required to select and implement their own PIPs to address self-identified opportunities for improvement specific to their members, AHCCCS mandates other program-wide PIPs in which Contractors must participate, and monitors performance until each Contractor meets requirements for statistically significant improvement followed by sustained improvement for one consecutive year. The following AHCCCS-mandated PIPs apply to the ALTCS populations:

- **Back to Basics:** The Back to Basics PIP was selected for the DES/DDD Contractor with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number and percentage of child and adolescent well-child/well-care visits and is anticipated to extend through CY 2024.
 - CYE 2019 Baseline rate for child and adolescent well-child/well-care visits is 50.7%.
 - Calendar Year (CY) 2022 Remeasurement Year 1 rate is 54.4%.
 - CY 2023 Remeasurement Year 2 rate is 57.1%.
- **Breast Cancer Screening:** The Breast Cancer Screening PIP was selected for ALTCS-EPD Contractors with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number and percent of breast cancer screenings and is anticipated to extend through CY 2024.
 - CYE 2019 Baseline rate for breast cancer screening is 36.5%.
 - CY 2022 Remeasurement Year 1 rate is 38.5%.
 - CY 2023 Remeasurement Year 2 rate is 40.3%.

Member Satisfaction Surveys

AHCCCS remains committed to understanding members' experience of care (including independence, community engagement, decision-making, and other key focus areas) from the perspective of older adults and members with physical disabilities. Therefore, AHCCCS implemented the National Core Indicators – Aging and Disabilities (NCI-AD™) survey for the ALTCS-EPD population for the first time during the 2023-2024 survey cycle. Survey administration was conducted from January 2024 – April 2024. National and state-level reports are anticipated to be available by Summer 2025. AHCCCS has begun implementation of its second NCI-AD™ survey for the ALTCS-EPD population for the 2024-2025 survey cycle; survey administration started in January 2025 and is anticipated to be completed in April 2025.

Furthermore, the DES/DDD Contractor has implemented its own National Core Indicators – Intellectual and Developmental Disabilities (NCI® – IDD) member satisfaction survey for members with intellectual and/or developmental disabilities for several years. NCI® – IDD reports, including Arizona specific reporting, can be accessed at the [NCI® – IDD Survey Reports & Insights](#) webpage.

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HCBS Growth and Placement

Overall, the ALTCS program enrollment change remained relatively stable with member growth increased by 7% within the DES/DDD program, compared to no notable growth (0%) in the ALTCS-EPD membership.

Membership by Contractor and Setting Type

Table 1 highlights the **membership breakdown by placement setting type**. In CYE 2024, the percentage of members residing outside of a nursing facility remained consistent with the trend in recent years at 88%. This successfully sustained rate is largely attributable to the service options and HCBS activities available to members, which are addressed in this report.

Table 1: Membership Breakdown by Placement Setting Types – September 30, 2024

Setting	Banner University Family Care	Mercy Care Plan	United Healthcare	DES/DDD	Total Membership	%of Total Membership
Own Home	3,203	4,288	3,799	36,038	47,328	67.44%
Assisted Living	1,781	2,024	2,936	16	6,757	9.63%
Group Home	0	1	0	3,747	3,748	5.34%
Developmental Home	0	1	0	1,701	1,702	2.43%
Acute Services Only	124	208	227	1,414	1,973	2.81%
Total Membership in HCBS Placements	5,108	6,522	6,962	42,916	61,508	87.65%
Skilled Nursing Facility	1,844	1,867	1,855	4	5,570	7.94%
Institution for Mental Disease	0	0	0	1	1	0.00%
Residential Treatment Center	0	0	0	0	0	0.00%
ICF-ID	0	0	0	94	94	0.13%
Total Membership in Institutional Settings	1,844	1,867	1,855	99	5,665	8.07%
Placement Data Not Available	52	1,625	153	1,173	3,003	4.28%
Total Membership	7,004	10,014	8,970	44,188	70,176	100.00%

Statewide Placement Percentage by Setting Type

Table two outlines the distribution of placement setting type for the period of September 2019 through September 2024. Well over a decade ago (2009), the proportion of members residing in their own homes was as low as 49% but grew and stabilized to 72% starting in CYE 20 and the proportion of the members residing in institutions declined from 31% (2009), stabilizing at 9% beginning in CYE 20. Consistently, the proportion of members residing in alternative residential settings remains stable at 19% beginning in CYE 20. This continues to demonstrate the program’s commitment to advancing initiatives which result in the shift of placement for ALTCS-EPD and DES/DDD members to community-based placements while also recognizing there will be members for which institutional placement is medically necessary.

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Table 2: Statewide Placement Percentage by Setting

Statewide Placement Percentage by Setting					
	Sep-20	Sep-21	Sep-22	Sep-23	Sep-24
Own Home	72%	72%	72%	72%	73%
Alternative Residential	19%	19%	19%	19%	19%
Institutional	9%	9%	9%	9%	8%
Total Membership	100%	100%	100%	100%	100%

HCBS Placement by Age Group

Table three presents information detailing member placements broken down by three age groupings (0-21, 22-64, and 65 plus) as of the conclusion of CYE 2024 (September 30, 2024). Consistent with the historical trend, the number of members in the 65 years and older age group compose the highest proportion of members residing in institutional settings (22%). Conversely, the 0-21 years of age group has the lowest proportion of members residing in institutional settings (0%). Only 8% of members 22-64 years of age reside in institutional settings.

Table 3: ALTCS Placement by Age Group

ALTCS Placement by Age Group				
	0-21	22-64	65+	TOTAL
Own Home	26,344	15,526	7,400	49,270
Alternative Residential	830	5,294	6,083	12,207
Institutional	6	1,919	3,771	5,696
TOTAL	27,180	22,739	17,254	67,173
	0-21	22-64	65+	TOTAL
Own Home	97%	68%	43%	73%
Alternative Residential	3%	23%	35%	18%
Institutional	0%	8%	22%	8%
TOTAL	100%	100%	100%	100%

Future HCBS Reporting Considerations

As a result of the CMS approval of Arizona’s request for a five-year extension of its 1115 Demonstration Waiver on October 14, 2022, AHCCCS continues to review the Standard Terms and Conditions (STCS) as it pertains to the HCBS Reporting Requirements (STC #28) as the HCBS Quality Assessment and Performance Improvement metrics will further support the information outlined in this report; those metrics will be incorporated as part of future HCBS Report submissions. Additionally, AHCCCS will use the metric data to highlight Program successes and best practices as well as any potential improvement opportunities stemming from identified deficiencies. AHCCCS is committed to providing high quality HCBS services that support the values and guiding principles of the ALTCS program.

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References

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