A H C C C S, Arizona Health Care Containment System. Federal Home and Community based Rules. Arizona's Systemic Assessment and Transition Plan. Original Submission. October 2015. Revised Submission. February 2019.

Transcriber Notes.

1. All bullets have been retained in an effort to keep the text outline within the introduction and table material.
2. Parentheses and square brackets used for a reference was retained.
3. All hyper linked text was retained within all tables.

Return to text.

Figure. TABLE OF CONTENTS

Figure. Table of contents continued. New section titled. SETTING SPECIFIC ASSESSMENT RESULTS & TRANSITION PLANS

End of Table of Contents

Figure. Table. APPENDIX

Title	Appendix Reference
CMS Approval of Systemic Assessment	A
Systemic Assessment Revisions Crosswalk, September 2017, Approved by CMS	B
Transition Plan Revisions Crosswalk, September 2017, September 2018, Preliminary CMS Approval	C
Transition Plan Revisions Crosswalk, November 2018, January 2019, Preliminary CMS Approval	D
CMS Notification Letter	E
Community Stakeholder Meeting Notes	F
Arizona Training Program at Coolidge, September 2015 Correspondence	G

Figure. Table continued. New title. **Transition Plan for Group Homes Co Located on the Arizona Training Program at Coolidge, ATPC, Submitted to CMS October 2015**

Title	Appendix Reference
Transition Plan for Group Homes on the ATPC Campus	H
ATPC Transition Work Plan	I
Written Guardian Notice Letter	J
Frequency Asked Questions	K
Group Home Fact Sheet	L
Group Home Geo Map	M
Developmental Home Fact Sheet	N
Developmental Home Geo Map	O
In Home Supports Fact Sheet	P
Individualized Transition Plan Checklist	Q

Table continued. New title. **Transition Plan for Group Homes Co Located on the Arizona Training Program at Coolidge, Updated**

Title	Appendix Reference
ATPC Transition Work Plan	R
Written Guardian Notice Letter	S
Frequently Asked Questions	T
Provider Self Assessment	U
Member Interview	V
Member File Review	W
Observation	X
Community Member Interview	Y
On Site Review Team Orientation Session	Z
On Site Review, Facility Orientation Session	AA
Member Surveys	AB
Provider Surveys	AC
HCBS Rules Compliance Macro and Micro Level Monitoring Summary	AD
Public Comment Notifications	AE
HCBS Rules Overview	AF
HCBS Rules Public Forum Flyer	AG
HCBS Rules Public Employment Services Forum Flyer	AH
Public Comment Matrix	AI
Public Comment Forms	AJ
Email Comments	AK
Letter Comments	AL
Public Comment Summary Matrix, Noted Changes to Systemic Assessment and Transition Plan	AM

End of Table.

INSTRUCTIONS ON HOW TO REVIEW THE DOCUMENT

AHCCCS submitted Arizona' Systemic Assessment and Transition Plan to the Centers for Medicare and Medicaid Services, CMS, in October 2015. In September 2017, CMS granted initial approval of the systemic assessment after AHCCCS made some requested revisions or clarifications (Appendix A). Thereafter, AHCCCS engaged in multiple meetings and or correspondence with CMS, pertaining to the Transition Plan, for the period of September 2017, February 2019. CMS will not officially approve Arizona's Systemic Assessment and Transition Plan until after the first round of site specific assessments have been completed, a public comment period and the State's reports to CMS are satisfactory. The following is an excerpt of an email from CMS dated 02/12/2019 confirming revisions to-date of the Transition Plan are satisfactory and the remaining outstanding requirements to seek final approval of the Transition Plan. For references purposes, these recent Transition Plan revisions are noted as having received "preliminary approval" from CMS. AHCCCS has provided page number references where the outstanding items are referenced in this document.

We have reviewed the most recent submission of the STP , Statewide Transition Plan, and responses from the state. At this time all things that could be addressed in the STP have been. In an effort to make sure we are on the same page, below you will find the remaining items to be addressed before final approval of the STP. It is understood these items are not currently present in the STP but will be added in future iterations before the state goes out for public input for the final submission.

Aggregation of Final Validation Results (Page 47)

Please update the initial findings of setting compliance across the respective waivers with final results once all validation activities are completed. In this analysis, make sure to clearly delineate the compliance results across categories of settings for all waivers in a manner that is easy for the public to review and understand. Examples for how other states are effectively organizing and compiling setting assessment and validation results are available upon request. At a minimum, please make sure to confirm the number of settings by type in each category of HCBS that the state found to be:

1. Fully compliant with the federal HCBS requirements,
2. Could come into full compliance with modifications,
3. Cannot comply with the federal HCBS requirements, or
4. Are presumptively institutional in nature.

Heightened Scrutiny (Page 43)

Please describe the threshold criteria for whether or not a setting overcomes the intuitional presumption and how and by whom it will be determined if it will move on to Heightened scrutiny.

To summarize, CMS has noted the revisions in this document are satisfactory to support the State's implementation the Transition Plan. Upon conclusion of Phase Three in the Transition Plan, planned for June 2020, the State will incorporate the results and analysis of the site specific assessments into an updated version of Arizona's Systemic Assessment and Transition Plan and implement a public comment period. Upon completion of the public comment period, the State will submit the updated plan to CMS for final approval.

This document includes references to revisions to the systemic assessment approved by CMS in September 2017 and revisions to the Transition Plan that have received preliminary CMS approval. The following outlines some helpful tips to support readers to review all revisions subsequent to the initial submission in October 2015.

Systemic Assessment Revisions Approved by CMS in September 2017

AHCCCS has provided a crosswalk of the revisions made in September 2017 to the systemic assessment. The crosswalk contains an outline of CMS' questions or requests for clarification and includes a summary of AHCCCS' response along with referenced page numbers of revised content. The crosswalk for the September 2017 revisions is found in Appendix B and entitled "Systemic Assessment Revisions Crosswalk, September 2017, Approved by CMS." It is recommended the reader review this crosswalk simultaneously in reviewing the document.

The document itself has footnoted references for all revisions made subsequent to the initial submission in October 2015. The footnote incorporates a reference back to the crosswalk. Revisions made in September 2017 include a notation the revisions have been approved by CMS.

EXAMPLE

Foot note 1. Clarified completion date for the Systemic Assessment review, item #7. Reference Systemic Assessment Revisions Crosswalk, September 2017, Approved by CMS.

Transition Plan Revisions with Preliminary CMS Approval

AHCCCS has provided crosswalks of the revisions for the period of September 2017, January 2019 that have received preliminary CMS approval. The crosswalk contains an outline of CMS' questions or requests for clarification and includes a summary of AHCCCS' response along with referenced page numbers of revised content. The crosswalks for the revisions are found in Appendix C and D and entitled "Transition Plan Revisions Crosswalk, September 2017, September 2018, Preliminary CMS Approval" and "Transition Plan Revisions Crosswalk, November 2018, January 2019, Preliminary CMS Approval." It is recommended the reader review these crosswalks simultaneously in reviewing the document.

The document itself has footnoted references for all revisions made subsequent to the initial submission in October 2015. The footnote incorporates a reference back to the crosswalks. Revisions made during the period of September 2017, January 2019 and include a notation the revisions have received preliminary CMS approval.

EXAMPLE

Foot note 1. Revised section to include non licensed settings, item #7. Reference Transition Plan Revisions Crosswalk, September 2017, September 2018, Preliminary CMS Approval.

Technical Clarification or Correction

AHCCCS has made a few technical revisions in the document. These changes are also footnoted for the reader.

A technical clarification is a revision to clarify content in the document to improve readability.

EXAMPLE

Foot note 1. Technical clarification regarding the role of paid or volunteer work to support skills development in a pre vocational service setting.

A technical correction is a revision to make a correction to a former mistake and or update data or dates previous reported.

End foot note.

EXAMPLE

Foot note 1. Technical correction. Updated timeline with actual and updated projected dates.

End foot notes.

INTRODUCTION

On January 16, 2014, the Centers for Medicare and Medicaid Services, CMS, released final Rules regarding requirements for home and community based services, 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.

While the Arizona Health Care Cost Containment System, A H C C C S, HCBS program is operated under section 1115 of the Act, CMS is requiring compliance with those regulations for all long term care home and community based settings. To that end, AHCCCS has established a plan for meeting those standards on a timeline consistent with its 1115 Waiver renewal submission (effective October 2016). All HCBS residential and non residential settings must come into compliance by the end of a five year transition period with the HCBS Rules. CMS provided official notice to Arizona on May 20, 2015 (Appendix E) regarding required compliance with the Rules and submission of Arizona's Statewide Transition Plan with is 1115 Waiver renewal submission.

In Arizona, these requirements impact the Arizona Long Term Care Services, ALTCS, program members receiving services in the following residential and non residential settings:

- Residential
- Assisted Living Facilities
- Group Homes
- Adult and Child Development Homes
- Acute Behavioral Health Treatment Facilities[1]

Sub bullet. Behavioral Health Residential Facilities

Sub bullet. Rural Substance Abuse Transitional Facility

- Non Residential
- Adult Day Health Programs
- Day Treatment and Training Programs
- Center Based Employment Programs

Group Supported Employment Program

AHCCCS conducted a systemic assessment of Arizona's HCBS settings to determine its current level of compliance, provide recommendations for identified variances, and outline a process for continuous monitoring. The systemic assessment process included a review of Arizona Revised Statutes, Arizona Administrative Code (licensing Rules) and AHCCCS and Managed Care Organization, MCO, policies and contracts.

AHCCCS recognizes the importance of public input and feedback and routinely engages stakeholders on various agency initiatives to understand and consider impacts to members, providers, stakeholders and the system as a whole. AHCCCS engaged various stakeholders in the assessment process and in the development of the transition plan. To seek public comment, AHCCCS published the draft Systemic Assessment of Arizona's HCBS settings and the draft Transition Plan for coming into compliance by the end of the five year transition period in March 2022. AHCCCS enacted an official public comment period from August 1, 31, 2015. In addition, AHCCCS hosted eight public forums throughout the state.

Begin foot note 1. Created category of Acute Behavioral Health Treatment Facilities, item #6. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

After review and consideration of all public comment, AHCCCS finalized the assessment and transition plan in order to submit to CMS for approval. AHCCCS will have five years to come into compliance with the Rules under the Transition Plan. AHCCCS has committed to ongoing stakeholder engagement throughout the transition process. During the five year transition period, AHCCCS will work with a variety of multi stakeholder workgroups to implement the plan as well as focus groups at the onset of each transition plan year to learn about progress made and provide input regarding action for the upcoming year. Additionally, AHCCCS will work collaboratively with the MCOs to ensure HCBS providers are adequately oriented and trained on their respective roles and responsibilities in ensuring members have full access to the benefits of community living.

The following is a general overview of Arizona's process to come into compliance with the HCBS Rules from start to finish.

Figure. Table.

Task	**Timeline. Footnote. 2**
Conducted assessment and drafted transition plan	November 2014, June 2015 **Foot note. 3**
Convened stakeholder meetings ▪ Revised assessment and draft transition plan based upon input received	June, July 2015
Public comment period ▪ Hosted 8 statewide public forums and Tribal Consultation ▪ Received public comments, email and written correspondence	August 2015
Finalize assessment and transition plan ▪ Evaluate and incorporate public comments	September 2015
Submit Assessment and Transition Plan to CMS	October 2015
Received Initial Approval of the Systemic Assessment and Transition Plan by CMS	September 2017
Receive preliminary approval from CMS and initiate implementation of Transition Plan	February 2019
All residential and non residential settings are compliant	March 2022

End table.

Footnotes

1. Created category of Acute Behavioral Health Treatment Facilities, item #6. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.
2. Technical correction. Updated timeline with actual and updated projected dates.

End footnotes.

THE MEDICAID PROGRAM

Arizona's Medicaid Program, A H C C C S, operates under the authority of section 1115 of the Social Security Act or an "1115 Waiver". In addition to the uniqueness of operating the entire Medicaid program under an 1115 Waiver, Arizona has utilized a managed care model to serve members. Since the inception of the ALTCS HCBS program in 1988, AHCCCS sought to promote the values of choice, independence, dignity, self determination, and individuality for its membership. Furthermore, AHCCCS has designed the service system to ensure members live in and are served in the least restrictive setting as well as in a setting that provides integration and interaction in community life. Members are afforded the choice to remain in their own home or choose an alternative residential setting versus receiving services in a Skilled Nursing Facility. In addition to serving members in the most integrated setting, the ALTCS program development, management and oversight is governed by the following guiding principles:

Member Centered Case Management

The member is the primary focus of the ALTCS program. The member, and family or 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 or her goals 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.

Member Directed Options

To the maximum extent possible, members should be afforded the opportunity to exercise responsibilities in managing their personal health and development by making decisions about how best to have their needs met including who will provide the service, and when and how the services will be provided.

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 MCO.

Accessibility of Network

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

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 or 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.

As of June 2015, there are a total of 57,628 individuals served by the ALTCS program. The following is an outline of where the current ALTCS membership resides. A total of 86% of the ALTCS membership reside in a HCBS setting. Conversely, 14% of the ALTCS membership either resides in an institutional setting or the placement data is not currently available at this time.

Since 2011, the placement rate ratios have remained static and consistent with the aforementioned data. It is important to note a reason why Arizona has maintained high HCBS placement rates is because the provider community has created specialized service settings to meet the growing diverse needs of the ALTCS membership particularly in the realm of individuals with high acuity medical needs and individuals that require ongoing behavioral health supportive services to manage behavioral health needs.

Figure. Table.

Setting	**Number of Members**	**Percentage of Members**
Own Home	39,362	68%
Assisted Living Facility Assisted Living Home Assisted Living Center Adult Foster Care	6,028	11%
Group Home	2,832	5%
Developmental Home Child Developmental Home Adult Developmental Home	1,333	2%
Total of HCBS Placements	**49,555**	**86%**
Skilled Nursing Facility	7,247	13%
Other **Foot note** 4.	602	1%
Intermediate Care Facility for Individuals with Intellectual Disabilities	129	.2%
Behavioral Health Residential Facility	95	.2%
Total of Institutional Placements	**8,073**	**14%**
Total Source: June 2015 Placement Report	**57,628**	**100%**

End table.

Begin foot note 4. This category includes the number of members for which placement data is not available at this point in time. Additionally, the category includes the number of members placed in Behavioral Health Inpatient Facilities and Institutions for Mental Disease. The number of individuals residing in the latter settings was too low to report data while ensuring health care information privacy protections.

Return to text.

THE RULES

The HCBS Rules **Foot note** 5. are purposed to enhance the quality of HCBS, provide protections to members and assure full access to the benefits of community living. This means that the Rules are established to strengthen Medicaid programs to support members to receive services in the most integrated setting and, furthermore, receive services to the same degree of individuals not receiving Medicaid HCBS. AHCCCS views the HCBS Rules as the equivalent of basic rights afforded to the ALTCS membership. The HCBS Rules will continue to reinforce Arizona's priority to support members to live and receive services in the most integrated setting. The opportunity for Arizona, under the HCBS Rules, is to focus attention on ensuring that members are actively engaged and participating in their communities to the same degree as any other Arizonan through employment, education, volunteer and social and recreational activities.

The HCBS Rules stipulate that HCBS residential and non residential settings must have the following qualities defined at subsection 441.301(c)(4) and subsection 441.710 respectively.

1. The setting is integrated in and supports full access to the greater community, including opportunities to
a. seek employment and work in competitive integrated settings,
b. engage in community life,
c. control personal resources, and
d. receive services in the community to the same degree of access as individuals not receiving Medicaid H C B services.
2. The setting is selected by the individual from among setting options including
a. non disability specific settings, and
b. an option for a private unit in a residential setting.
3. The setting options are identified and documented in the person centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.
6. Facilitates individual choice regarding services and supports and who provides them.
7. In a provider owned or controlled home and community based residential settings, the following additional requirements must be met:
a. The individual has a lease or other legally enforceable agreement providing similar protections,

Begin foot note 5. Department of Health and Human Services, 79 Fed. Reg. 2948 (January 16, 2014) (codified at 42 C F R 431.301)

Return to text.

b. The individual has privacy in their sleeping or living unit including:

- Lockable doors by the individual with only appropriate staff having keys to the doors
- Individual sharing units have a choice of roommates in that setting
- Freedom to furnish or decorate the unit within the lease or agreement

c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time

d. The individual can have visitors at any time, and

e. The setting is physically accessible.

For more information on the HCBS Rules and the requirements for State Medicaid Programs, please visit CMS' website

THE ASSESSMENT

In October 2014, AHCCCS formed an HCBS Rules Workgroup comprised of AHCCCS personnel and representatives from each of the MCOs. The AHCCCS and MCO personnel participating in the Workgroup were subject matter experts in the areas of case management, behavioral health, quality, medical management, policy, and management and oversight of contracts with the MCOs. The main charge of the Workgroup was to conduct the preliminary assessment of the State's compliance with the HCBS Rules and draft a transition plan to come into compliance. The assessment was completed in June of 2015. **Foot note** 6

Prior to conducting the assessment, the Workgroup identified the residential and non residential setting types that must comply with the HCBS Rules and, thereby, be assessed including identifying the number of setting sites and the number of members served in those setting. The residential and non residential setting types identified by the Workgroup include:

Residential

- Assisted Living Facilities

Sub bullet Assisted Living Homes
Sub bullet Assisted Living Centers
Sub bullet Adult Foster Care

- Group Homes
- Adult and Child Development Homes
- Acute Behavioral Health Treatment Facilities **Foot note** 7

Sub bullet Behavioral Health Residential Facilities
Sub bullet Rural Substance Abuse Transitional Facility

Non Residential

- Adult Day Health Programs
- Day Treatment and Training Programs
- Center Based Employment Programs
- Group Supported Employment Program

Once the settings were identified, the Workgroup discussed assessment processes and decided to conduct a state systemic assessment versus conducting site specific setting assessments for each setting type. A systemic assessment is a review and evaluation of standards and requirements for setting types that are outlined in Arizona Revised Statutes, Arizona Administrative Code, AHCCCS and MCO policy, AHCCCS contracts with MCOs and MCOs contracts with providers. All services are provided under the 1115 Waiver authority, therefore, the State chose the systemic assessment model. Furthermore, Arizona has a robust licensing system and set of licensing rules outlined in the Arizona Administrative Code that outline uniform standards across settings. The Workgroup participants have a working knowledge and understanding of the operations of each setting type. Lastly, the workgroup felt strongly about also assessing the "system's" compliance with the HCBS Rules, as well as the roles and responsibilities of providers. For example, the Workgroup examined evidence including the role of the case manager and how that role is described in policy when assessing compliance with the HCBS Rules for each setting type.

Begin foot notes.

6. Clarified completion date for the Systemic Assessment review, item #7. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS

7. Created category of Acute Behavioral Health Treatment Facilities, item #6. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

It is important to note that site specific setting self assessments are incorporated as part of the Transition Plan in order to assist with assessing the need for training, technical assistance and support needs for all settings to meet compliance by March 2022, **Foot note** 8. It is also recognized that some site specific settings may already be in compliance, at varying levels, with the HCBS Rules in practice. Therefore, as detailed in the Transition Plan and subsequent to the March 2022 deadline, and ongoing, the site specific setting assessments will be incorporated into the MCOs current annual provider monitoring process.

The Workgroup developed a process to facilitate and tools to document the assessment outcomes. Given the purpose of the HCBS Rules, to assure the membership's full access of the benefits to community living, the underlining principle of the Workgroup deliberations and decision making was the concept and question of "What is culturally normative for individuals not receiving Medicaid H C B S?" In that vein, the Workgroup considered the exploratory questions provided by CMS for residential and non residential settings. The Workgroup categorized the exploratory questions by their applicability to each rule requirement. It was noted that some of the residential questions could cross over into and be utilized in the non residential context. Therefore, some residential exploratory questions were incorporated into the non residential assessment deliberations.

The following is a summary of the Workgroup meetings with an outline of the schedule and agenda items. It is important to note, in addition to conducting the assessment, the Workgroup advised on the methodology and survey questions for the member and provider surveys.

Figure. Table.

Meeting Date	Setting Assessment	Other Items
10/27/2014		▪ Overview and orientation to the HCBS Rules and the assessment process ▪ Develop assessment tool for residential settings
11/13/2014	Assisted Living Facilities	
11/24/2014	Assisted Living Facilities	
01/07/2015	▪ Behavioral Health Residential Facilities ▪ Group Homes	Strategy planning for member and provider surveys
01/23/2015	Group Homes	
02/02/2015	Developmental Homes	
02/20/2015		▪ Review member and provider survey methodology, process and residential survey questions ▪ Developed assessment tool for non residential settings
03/02/2015	Adult Day Health Facilities	

Begin foot notes 8. Technical correction. Updated compliance date for the HCBS Rules. Date has been updated throughout the document from September 2021 to March 2022.

Return to text.

Figure. Table. Continued.

Meeting Date	Setting Assessment	Other Items
03/10/2015	Adult Day Health Facilities	
03/17/2015	Day Treatment and Training Programs	
03/24/2015	Day Treatment and Training Programs	
05/12/2015	Center Based Employment Programs	▪ Reviewed assisted living training requirements crosswalk with the HCBS Rules ▪ Reviewed timeline for stakeholder meetings, public comment period and the draft assessment and transition plan
05/24/2015	Group Supported Employment Programs	▪ Review of non residential setting member and provider survey questions ▪ Discussion of Behavioral Health Residential Facilities
06/08/2015	Person Centered Planning Assessment	
06/19/2015		Assessment Complete **Foot note** 9 ▪ Review summary of final key decision points and considerations for the draft assessment and transition plan prior to convening community stakeholder meetings
09/16/2015	Review, draft responses to, and determine changes to draft assessment and transition plan based on public comments received	
09/22/2015	Review, draft responses to, and determine changes to draft assessment and transition plan based on public comments received	

The Workgroup assessed each specific rule requirement for each setting type and, in turn, assigned a compliance level for each rule requirement. There are a total of 15 rule requirements for residential settings and a total of nine rule requirements for non residential settings. Based on the assessment all of the setting types do not currently meet all of the HCBS rules and, therefore, require remediation strategies to come into compliance.

The compliance levels are defined as follows:

Compliant, The minimum standards of the rule requirements are met.

Compliant with Recommendations, The minimum standards of the rule are met but in addition, it was determined that a remediation strategy was in order to exceed the standard and meet the intent of the rule requirements.

Partial Compliance, Some of the minimum standards of the rule requirements are met while other standards were not addressed or "silent" in the systemic reference documents therefore a remediation strategy is noted in order to meet the standard and the intent of the rule requirements. **Foot note 10**

Begin foot notes.

9. Clarified completion date for the Systemic Assessment review, item #7. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

10. Clarified partial compliance level standard, item #8. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

Not Compliant, The minimum standards of the rule requirements are not met and a remediation strategy is noted in order to meet the standard and the intent of the rule requirements.

Arizona's systemic assessment resulted in the findings noted in the chart below. Residential setting types are 60% in compliance with the rule requirements and non residential setting types are 47% in compliance. In total, all setting types are 54% in compliance.

Figure. Table.

Setting	Compliant	Compliant with Recommendations	Partial Compliance	Not Compliant	Totals
Residential Settings					
Assisted Living Facilities	5	2	7 **Foot note** 11	1	15
Group Homes **Foot note** 12	5	5	5		15
Adult and Child Developmental Homes	5	5	5		15
Behavioral Health Residential Facilities **Foot note** 13					
Residential Total	**15, 34%**	**12, 26%**	**17, 37%**	**1, 2%**	**45**
Non Residential Settings					
Adult Day Health Facilities	1		4	4	9
Day Treatment and Training Programs	2	2	4	1	9
Center Based Employment Programs	2	1	4	2	9
Group Supported Employment Programs	7	2			9
Non Residential Total	**12, 33%**	**5, 14%**	**12, 33%**	**7, 20%**	**36**
Grand Totals	**27, 33%**	**17, 21%**	**29, 36%**	**8, 10%**	**81**

Once the Assessment and Transition Plan were drafted, AHCCCS hosted a series of eight targeted community stakeholder meetings in the months of June and July 2015. Two additional meetings were hosted in August 2015 for two stakeholder groups that were underrepresented in the initial meetings, Adult Day Health Facility providers and Assisted Living Home providers. The purpose of the meetings was to dialogue with and solicit input from stakeholders about the preliminary assessment findings and draft recommendations to ensure compliance with the HCBS Rules. AHCCCS made revisions to the Assessment and Transition Plan based upon the input received.

Begin foot notes.

11. Updated summary to include a revision of the outcome of a rule requirement from compliant with recommendations to partial compliance, item #12. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

12. The group homes on the campus of Intermediate Care Facilities for Individuals with Intellectual Disabilities in Coolidge, Arizona, are not included in the compliance level summary. Reference the Group Homes assessment and transition plan for more information.

13. The assessment concluded that the Behavioral Health Residential Facilities should be re classified as solely an acute care behavioral health services versus also being classified as a home and community based service, alternative residential facility in Arizona's 1115 Waiver because it is clinical, treatment based and transitional in nature. Therefore, the assessment process did not include a full assessment of the Acute Behavioral Health Treatment Facility setting type's compliance with the HCBS Rules. Reference the Acute Behavioral Health Treatment Facilities assessment and transition plan for more information.

The meetings also served as an orientation for stakeholders and a strategy to support stakeholders in providing informed public comment in August 2015. The following is a chart outlining the dates, targeted groups invited and the participants for each meeting.

Return to text.

Figure. Table.

Meeting Date	Targeted Group	Participants
June 24, 2015	Assisted Living Provider Associations	▪ Arizona Health Care Association ▪ Assisted Living Homes Association ▪ Assisted Living Federation of America
June 26, 2015	Aging and Disability Community	▪ Division of Aging and Adult Services ▪ Governor's Council on Aging ▪ Area Agencies on Aging ▪ Independent Living Centers ▪ Governor's Council on Spinal Cord and Head Injury ▪ Arizona Center for Disability Law
July 1, 2015	Employment Service Providers	▪ Valley Life ▪ Scottsdale Training and Rehabilitation Services ▪ Gompers ▪ Beacon Group ▪ The Centers for Habilitation
July 8, 2015	Arizona Board of Examiners Nursing Care Institution Administrators and Assisted Living Facility Managers	▪ Executive Director
July 9, 2015	ALTCS Advisory Council	▪ ALTCS Members ▪ ALTCS Providers ▪ AHCCCS personnel ▪ MCO personnel
July 10, 2015	Arizona Association of Providers for Persons with Disabilities	▪ Providers who are members of the Association
July 11, 2015	Arizona Training Program at Coolidge	▪ Members ▪ Guardians ▪ Family members ▪ Staff
July 13, 2015	Developmental Disability Community	▪ Arizona Developmental Disabilities Planning Council ▪ Raising Special Kids ▪ Arc of Arizona ▪ Developmental Disabilities Advisory Council ▪ Sonoran University Centers of Excellence in Developmental Disabilities ▪ Division of Developmental Disabilities, Human Rights Committee
August 10, 2015	Assisted Living Home Associations	▪ Foundation for Senior Living ▪ Eldersense.com ▪ Assisted Living Homes Organization ▪ Arizona Assisted Living Homes Association ▪ Arizona Coalition for Assisted Living
August 14, 2014	Adult Day Health Facilities	▪ Arbor Rose Day Healthcare ▪ Area Agency on Aging, Region One ▪ Foundation for Senior Living ▪ Benevilla ▪ Sun Tree Center

AHCCCS documented the input received from each community stakeholder meeting. The documentation includes specific input on the drafted assessment and transition plan. Furthermore, AHCCCS documented more generalized input not specific to the drafted assessment or transition plan, but related to the HCBS Rules. In addition to noting the input received from the participants at the meeting, AHCCCS provided a response to each comment stipulating the actions that would be taken as a result of the input. Some of those actions included revisions to the draft Assessment and Transition Plan or noted information that may be more appropriate for considerations during the implementation phases of the five year Transition Plan. Appendix F includes documents recording the input from the community stakeholder meetings.

Assessment Outline:

The assessment of each setting type begins with a description of the setting type, the number of sites and the number of members served in those settings.

Following is an outline of all of the references that were used to provide evidence for the compliance level determination. Each reference type is linked to the document online and a specific reference location is provided to locate the section noted as evidence in the assessment.

How to Read the Assessment:

First column, Rule The HCBS Rule requirement

Second column, Considerations A summary of the exploratory questions that were used as considerations to evaluate the evidence for a compliance determination

Third column, Evidence The evidence column highlights the references from the Arizona Revised Statutes, Arizona Administrative Code, AHCCCS and MCO policy, AHCCCS contracts with MCOs and MCOs contracts with providers that are the basis for the compliance level determination.

Fourth column, Compliance Level The assessed compliance level

Fifth column, Remediation Strategies The recommended actions to make systemic changes, e.g. policy and contract revisions, to ensure the State's compliance with the HCBS Rules by the projected deadline date of March 2022

The following is an excerpt of a portion of the assessment for reference:
is an excerpt of a portion of the assessment for reference.

Figure. Table. Assisted Living Facilities, Assessment

Rules	Considerations	Evidence	Compliance Level	Remediation Strategies
1. The setting is integrated in and supports full access to the greater community, including opportunities to	a. The setting is located around private residences and business b. Individuals interact with and or have relationships with persons not receiving Medicaid services, examples given, neighbors, friends, family, etcetera.	AHCCCS Medical Policy Manual a. Members are supported to live in the most integrated setting appropriate for their neede including the option to live in their own home. Chapter 1200 overview. AHCCCS Contractor Operations Manual a. Assisted Living Homes and Adult Foster Care Homes are located in neighborhoods. ALTCS Contractors are required to develop and maintain a sufficient provider network. Chapter 436 Arizona Administrateve code a. Assisted Living Centers are located within communities. Some Assisted Living Centers are co located on the	Compliant with Recommendations	1. Incorporate language in the AHCCCS Medical Policy Manual. Section 1230, a. that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and business. The language must stipulate facilities, co located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another. 2. Incorporate language AHCCCS Contractor Operations Manual, Chapter 436, that requires review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to A H C C C S.

SETTINGS THAT REQUIRE SPECIAL CONSIDERATIONS

- This section of the Assessment addresses four unique settings that include: unlicensed settings operationally supported while still considered to be an individual's own home and settings that will not be able to comply with the HCBS Rules. The section also outlines processes for the community to help identify settings, including individual private residences that may not meet the HCBS Rules compliance standards and therefore impede a member's opportunities to integrate into their community of choice.
- **Non Licensed Settings Foot note** 14

Individual Private Residences

Individual private residences are defined as privately owned or rented homes or apartments in which the member resides in a normative community environment with neighbors who do not receive long term care Medicaid services. The member may or may not be the individual on the mortgage or lease but nevertheless either has ownership privileges or culturally normative privileges and experiences of family members and roommates. Although members may reside with individuals who receive payment for the provision of Medicaid funded services, the setting does not have any financial affiliation with an organization or operational functions such as staffing support. Individual private residences are presumed to comply with the HCBS Rules and, therefore, are not determined as having the characteristics of a provider owned and controlled setting.

The State does assert that, regardless of the presumption of compliance, there are measures that need to be taken to ensure all members are integrated into their communities and have full access to the benefits of community living. As noted on page 43, the person centered planning process and case manager plays a significant role in assessing and addressing barriers that impede a member's ability to integrate fully into their community of choice. A tool will be developed and included in the 90 day review of the person centered plan that is specifically designed to ascertain member integration experience and progress with personal goals, including supports offered by the in home care and non residential providers. The tool will be designed to support a discussion with the member regarding key indicators that help assess an individual's integration experience and access to the rights afforded to them under the HCBS Rules including, but not limited to, the following topics:

- Making choices regarding the living situation, individual providers, meals or snacks and daily activities
- Opportunities to interact with the broader community such as ability to go out into the community and have visitors at anytime
- Privacy in bedrooms and bathrooms and private communication access
- Access to any and all areas within the home or facility

Furthermore, the tool will be designed to help identify health and safety risks that necessitate restrictions and a risk management plan that meets the criteria outlined in the HCBS Rules (page 65) and or identifying personal goal setting opportunities to support members to have full access to the benefits of community living **Foot note** 15. It is important to note, this tool will be utilized for all members, regardless of what setting type they reside in and the services they receive, residential and or non residential.

Begin foot notes.

Foot note 14. Revised section to include non licensed settings, item #7. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval. Revision pending CMS approval.

Foot note 15. Incorporated detail on the person centered planning tool that will be used by Case Managers to help assess member integrated experience, item #7. Reference Transition Plan Revisions Crosswalk November 2018 January 2019 Preliminary CMS Approval.

Intentional Communities

Intentional Communities are privately funded and operated residential complexes designed to support individuals with disabilities with both residential, housing, room and board, and non residential services, education, independent living skills, social recreation, including complexes specifically designed for individuals with a certain type of disability. Individuals without disabilities may also live in the complexes, but play a role in the support of the residents with disabilities. These settings have been determined as having the characteristics of a provider owned and controlled setting. The State has identified three intentional community settings in urban geographic areas of Arizona, two of which are in development and planned for completion during the Transition Plan period. It is understood the compliance of a setting cannot be determined unit it is operational and occupied by members. However, it is imperative for the settings to be identified in an effort for technical assistance to be provided and the HCBS Rules to be considered, at the earliest stage, in the planning and construction of new settings. Although the organizations operating these complexes are not Medicaid vendors, some individuals residing there may be Medicaid members who are receiving Medicaid funded services, primarily off site services such as employment support services. Two of the three identified settings are transitional in nature and primarily focused on supporting individuals with disabilities to meet personal goals and integrate into their community while transitioning from youth to adulthood, and, therefore to prepare them to live independently in the community. The third, and remaining, setting provides residential supports with an emphasis on community integration, e.g. meaningful day activities such as employment or volunteering. Therefore, the settings align with the current compliance level assessed for all setting types. The State asserts, based upon preliminary discussions with leadership from two of the organizations, that the settings will be in a position to comply with the HCBS Rules with modifications by the end of the Transition Plan period.

For the purposes of the Transition Plan and the individual site specific assessments, the intentional community settings will be incorporated into the group home category as a sub setting type (page 127) and will be assessed for compliance using the group home monitoring tools.

Individually Designed Living Arrangements

Individually Designed Living Arrangements, ID L As, are homes or apartments owned or leased by members who either live alone or, more commonly, with other roommates also receiving Medicaid funded habilitation services. For members who choose to live together as roommates, they jointly choose the direct staff support and agency to provide their habilitation services.

The state has identified a total of eleven ID L A settings, supporting a total of thirty four members, in which the property is owned by the agency providing the services or a non profit organization working in collaboration with the agency providing the services. Therefore, the settings have been determined to be operationally supported and having the characteristics of a provider owned and controlled setting. For example, in some cases the ID L As may have staff present during all hours when members are home, provide transportation, and or schedule activities for the individual or roommates.

For the purposes of the Transition Plan and the individual site specific assessments, the ID L A settings will be incorporated into the group home category as a sub setting type (page 127) and will be assessed for compliance using the group home monitoring tools.

Non Compliant Settings

Group Homes Coolidge, Arizona A total of five groups homes are co located on the campus of the Intermediate Care Facility for Individuals with Intellectual Disabilities, IFC, ID, in Coolidge, Arizona. Foot note 16

As part of the systemic assessment process in 2015, AHCCCS conducted a preliminary assessment of the five group homes co located on the Arizona Training Program at Coolidge ATPC, the State's Intermediate Care Facility for Individuals with Intellectual Disabilities, IFC, ID. It was noted that the preliminary assessment determined the setting meets two criteria of the presumption that a setting is institutional in nature. The group homes are co located on the grounds of the IFC, ID and have the effect of isolating individuals receiving Medicaid long term services and supports, L T S S, from the broader community of individuals not receiving Medicaid L T S S as evidenced by the following characteristics:

- The groups homes and IFC, ID are operationally related

Sub bullet The staff from the IFC, ID may provide staffing support to the group homes and vice versa

- The setting is designed to provide people with disabilities multiple services and activities on site

Sub bullet Individuals receive care from physicians and other medical staff on campus

Sub bullet Individuals attend the day program in the IFC, ID

- Interaction with the broader community is limited

Sub bullet Individuals primarily engage in activities with others on the campus versus members of the general community

Therefore, the preliminary assessment finding was that the group homes on the IFC, ID campus are not in a position to meet the federal requirements and will require relocation of the 19, **Foot note** 17 members living in the group homes.

On July 11, 2015, AHCCCS and the Department of Economic Security Division of Developmental Disabilities, DES, DDD, held a meeting with the guardians, families and staff members of the members living in the group homes. The guardians and family members unanimously stated the members should be allowed to live in the group homes for the rest of their lives. The guardians and family members noted the following implications of the HCBS Rule compliance on the members living in the group homes:

Begin foot notes.

16. Revised section to update relocation plan for the Arizona Training Program at Coolidge, items #4. a. and #4. b. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval

17. Technical correction. Updated the number of members currently residing in the group homes.

Return to text.

Members would not adjust in a community. For example, they have formed family units with the other residents and staff in the group homes. In fact, they don't even want to visit with their natural families too long because they miss their housemates and staff.
Members cannot be successful in group homes in the community and a move to the community could limit the independence they have now. For example, residents have the freedom to come and go around campus to go to work and socialize with others. They would not be able to do that in the community. Residents are able to interact with her neighbors on the campus, but would not have that independence to interact with neighbors in the community.
Members would not be safe in group homes in the community. For example, residents don't understand or have fear of "stranger danger."
Members do get interaction with the general community. They have work and recreational activities. For example, church services on the campus that include members of the general community. They also frequently visit with their guardians and families off campus.
Most of the members are seniors and have lived on the campus for 40 60 years. They were former residents of the ICF.
Members get good quality of care in the group homes. Group homes in the community have frequent staff turnover. The staff working in these homes has either worked in the homes or in the ICF for many years.
At the conclusion of the meeting, attendees agreed to reconvene in August 2015 to discuss next steps. In lieu of AHCCCS conducting the follow up meeting with guardians and families to discuss next steps, DES, DDD decided to undertake a process to evaluate the overall viability of the Coolidge campus given the HCBS Rule requirements and many other factors associated with the aging campus facilities and infrastructure needs. These factors may necessitate the development of an appropriate alternative including relocation of members to an HCBS Rule compliant setting. DES, DDD will be meeting with guardians and families of members currently residing in the group homes to discuss the future of the Coolidge campus and a transition to HCBS settings. As a follow up to the July 2015 meeting, AHCCCS sent letters (Appendix G) in early September 2015, to the guardians providing notification that DES, DDD would provide follow up individually to plan for next steps.
Simultaneously to the HCBS Rules assessment process and apart from the HCBS Rules, the Arizona Department of Economic Security, Division of Developmental Disabilities, ADES, DDD, undertook a process to evaluate the overall viability of the ATPC campus including aging campus facilities and infrastructure needs. Subsequent to AHCCCS' submission of the Arizona Systemic Assessment and Transition Plan, ADES, DDD determined the ATPC campus is no longer sustainable due to costs of maintaining the facilities, the difficulty in recruiting staff, and the decline in census. The closure of the ATPC campus was planned to occur in two phases. During the first phase, the five group homes on the campus were projected to close within two to three years. The remainder of the campus was project to be closed in approximately five years.

In October 2015, AHCCCS submitted a Statewide Transition Plan Addendum entitled, “Transition Plan for Group Homes Co Located on the Arizona Training Program at Coolidge.” (APPENDICES H Q)

Figure. Table.

Title	Reference
Transition Plan for Group Homes on the ATPC Campus	H
ATPC Transition Work Plan	I
Written Guardian Notice Letter	J
Frequency Asked Questions	K
Group Home Fact Sheet	L
Group Home Geo Map	M
Developmental Home Fact Sheet	N
Developmental Home Geo Map	O
In Home Supports Fact Sheet	P
Individualized Transition Plan Checklist	Q

Subsequently, current DES, DDD leadership has reconsidered its position on the closure of the ATPC campus and is currently in the process of reviewing options to maintain the viability of the campus, including multiuse options to support its viability. AHCCCS and DES, DDD continue to assert that the group homes are not compliant nor in a position to become compliant with the HCBS Rules by the end of the Transition Plan period and, therefore, not a candidate for Heightened Scrutiny review. DES, DDD continues with plans to close the group homes on the ATPC campus, while re evaluating the members living in the group homes for medical necessity for an Intermediate Care Facility, ICF, level of care. For those members meeting the medical necessity criteria and for whom the guardian approves, DES, DDD will transition the members from the group homes to other facilities on the campus while accounting for their individual preferences. Members not meeting the medical necessity criteria will be supported to find a community based placement that will meet their needs and preferences.

DES, DDD has contracted with the Arizona Sonoran University Centers for Excellence in Developmental Disabilities, UCEDD, to provide trained facilitators to conduct person centered plans for each member residing in a group home at ATPC to address medical necessity determinations and placement transition goals and preferences. ADES, DDD and the UCEDD conducted informational sessions with the guardians in preparation for the person centered planning. During these sessions, some of the guardians voluntarily communicated their preference for community based placement.

- **Transition Plan Summary**

The following is an outline and summary of the general phases of the transition plan to support twenty members living in the five group homes on the ATPC campus to transition into institutional or home and community based settings, based upon medical necessity. The transition plan was executed in November 2015 and is projected to be completed in four years (December 2019). The Work Plan is provided as Appendix R complete with detailed action items and milestone dates, both projected and completed dates.

Sub bullet. Notice [November, December 2015 and September 2017 March 2018]

ADES, DDD contacted each of the member’s guardians individually to verbally provide notice of the closure and set up meetings to initiate transition planning. Guardians were given the option to meet individually with ADES, DDD personnel or in a group with other guardians, family members and members.

Furthermore, this process included notification to ATPC staff to discuss employment transitions. The acute healthcare plans for each member was also notified to solicit participation in individual member transition planning processes to ensure the coordination of physical health services and supports.

In September 2017, March 2018, ADES, DDD conducted meetings and provided written communication (Appendix S and Appendix T) to guardians, friends and family of the members residing in the group homes. The purpose of the communication was to provide notification of ADES, DDD's reconsideration of its position to close the ATPC campus and to research options to maintain the viability of the campus as a whole. ADES, DDD shared information about the continuation of the presumption that the group homes are institutional in nature and, therefore the plans to close the group homes remain. Therefore, ADES, DDD continues to move forward with conducting person centered plans with each team to identify appropriate living options for each member.

Sub bullet. Person Centered Planning [February 2018, June 2018]

In preparation for executing the planning processes for each member, ADES, DDD will develop member profiles and enter into a contract with the Sonoran University Center of Excellence in Developmental Disabilities, Sonoran UCEDD, to facilitate the person centered planning process. The Sonoran UCEDD is recognized as the state's leading subject matter expert on person centered planning and maintains a cadre of trained facilitators. In addition to the expertise of the Sonoran UCEDD, the ADES, DDD wanted to have the sessions facilitated by a third party that is not part of the member's planning team. Beginning in February 2018 and concluding in June 2018, the person centered planning process will be executed for each member. Individuals who participate in planning meetings will have an opportunity to review the draft of the written plans and provide input prior to approval.

Sub bullet. Critical Services and Supports [November 2016, June 2020]

In response to the person centered plan, each member will have an individualized transition plan that includes plans for selecting or developing the living arrangement and the identification and provision of other medically necessary services to support the member's successful transition to the new setting. Once the setting is selected and or developed, a pre placement meeting will be scheduled to plan for the implementation of the transfer checklist (Attachment Q). Once the member moves into the new setting, incremental post placement monitoring meetings or visits will be scheduled the by Support Coordinator. At a minimum, the post placement visits will be conducted by independent monitors as well as by ADES, DDD staff every month for the first 90 days, 30, 60 and 90th day following placement. Members and guardians may request additional intervals of monitoring and post placement meetings.

Sub bullet. Due Process [Ongoing]

During the person centered planning process, if the member's guardian requests a placement or service that is determined by ADES, DDD not to be medically necessary or cost effective, a Notice of Adverse Benefit Determination will be issued notifying the guardian of appeal rights. If the guardian formally appeals the decision, the appeals process will be initiated.

- **Transition Coordination and Oversight**

The ADES, DDD has developed a team of personnel with the primary responsibility for implementing, supporting and monitoring the transition plan. The team members may play both a role in the general oversight and support of the transition process as well as support the individual transition of the members by participating in their person centered planning meetings and or help to facilitate the setting selection or development process.

The Team includes:
Sub bullet. Director of Residential Services, Project Lead
Sub bullet. Program Administrator
Sub bullet. Network Development Managers
Sub bullet. Support Coordinators
Sub bullet. ATPC Staff, Deputy Program Administrator, Residential Services Manager, Group Home Supervisors and direct care staff
AHCCCS will continue to monitor the transition process through regular updates or meetings with ADES, DDD. The table includes the Transition Work Plan and outlines appendices organized by the phases of the transition plan.

Acute Behavioral Health Treatment Facilities Foot note 18

The Assessment determined that the service provided in both a Behavioral Health Residential Facility and Rural Substance Abuse Transitional Facility is clinical, treatment based and transitional in nature. Therefore, the settings should be re classified as solely an acute care behavioral health service versus also being classified as a home and community based, alternative residential facility in Arizona's 1115 Waiver. However, the benefit provided in these settings will continue to be an acute care behavioral health treatment service available in the array of covered benefits for ALTCS members.
Please reference the Acute Behavioral Health Treatment Facilities' Assessment and Transition Plan (page 199) for more information on how AHCCCS plans to address this setting.

Settings Not Otherwise Identified Foot note 19.

The State will develop and implement a process for the community to help identify settings, including individual private residences that may not meet the HCBS Rules compliance standards and therefore impede a member's opportunities to integrate into their community of choice. The process will allow for information to be submitted to the AHCCCS Clinical Resolution Team, within the Division of Health Care Management, by members, case managers, family members, advocates, or other individuals with knowledge of the living situation. If the State receives comments, complaints, or other evidence regarding a lack of integration in a setting, the State will work in collaboration with the MCO to perform an assessment to determine whether that setting meets the requirements of the HCBS final rule. This may include reports of restrictions or limitations on autonomy and community inclusion in a member's living arrangement and or in personal experiences. The same standardized assessment process will be employed outlined in Phases Two and Four. For settings that cannot comply or are found to be presumptively institutional in nature, the State will work in partnership with
Begin foot notes.
18. Created category of Acute Behavioral Health Treatment Facilities, item #6. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.
19. Added new section to outline process for identifying additional settings that may not meet the HCBS Rules compliance standards, items #3. B. and #7. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.
Return to text.

The MCOs to facilitate an evidentiary review process to gather additional information. This information will be used to inform the State's decision on whether or not remediation strategies can be invoked to support the setting to come into full compliance, a heightened scrutiny submission to CMS is warranted or a process must be employed to transition members into another service setting. The State will report to CMS milestones and outcomes of the evidentiary review process.

SETTINGS REQUIRING ON SITE REVIEWS Foot note 20.

CMS has provided guidance regarding settings that are presumed to be institutional including settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. As a result of CMS guidance, the public comment period, and consultation with MCOs and stakeholder meeting (page 25) the State identified two sub setting types as potentially having these characteristics. The first is a sub setting type of Assisted Living Facilities Centers that are licensed as Assisted Living Centers but which include a unit within the setting which provides care to individuals with memory care needs and is licensed at directed care. Directed Care services according to ARS subsection 36.401.A.14 "means programs and services, including supervisory and personal care services, that are provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions."

The second sub setting type is an individual setting licensed as a Group Home which serve individuals with intellectual disabilities in a farmstead, agricultural, homestead community. To date, only one such setting has been identified.

The Workgroup reviewed the public feedback and determined that these sub setting types require an on site review to make a determination whether or not the institutional presumption should stand and whether or not the settings are in a position to comply with the HCBS Rules by the end of the Transition Period.

CMS has created a process entitled "Heightened Scrutiny" for states to use to preserve settings that are initially presumed to have institutional qualities and, therefore, presumed not be compliant with HCBS Rules. 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 determination. CMS determines whether or not the evidence supports that the setting is or can become compliant with the HCBS Rules within the allotted transition period. In the event the State asserts the setting does not currently comply with the HCBS Rules, the State must first work with the setting to develop and begin implementation of a remediation plan that would support the setting to come into full compliance with the rule before initiating a Heightened Scrutiny review.

AHCCCS utilized the on site review process to gather information to further the systemic assessment process for these sub setting types and in an effort to make a determination as to whether or not a submission for Heightened Scrutiny is warranted. The following provides additional details regarding these settings and an overview of the process AHCCCS undertook to conduct the on site review process and the findings of the reviews.

Assisted Living Facilities with Memory Care Units

As a result of feedback through the public forums, AHCCCS conducted a stakeholder focused meeting on August 27, 2015, regarding Memory Care units. Participants included individual providers of Memory Care Units, representatives from MCOs and representation from the Arizona Health Care Association, A H C A, that represents both Skilled Nursing Facilities and Assisted Living Centers. Based on the discussion during the meeting and the public comments received, it is evident that Memory Care units may have the effect of isolating

Begin foot note 20. Revised section to clarify the purpose of the on site assessments, item #3. a. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.

Return to text.

Individuals receiving Medicaid HCBS from the broader community. That said, Memory Care Units provide a least restrictive setting to Skilled Nursing Facilities that allow individuals with Alzheimer's or related Dementia to maximize independence within a setting with a secure perimeter. Public comment regarding this setting indicated the following:
[Excerpt from public comment reference number Email 97]
"My comments center on the state plan review of settings, which includes assisted living facilities, but does not specifically address a segment of assisted living, "directed care" which is defined in statute at ARS subsection 36.401.A.14, and addressed in rule at R9 10 815. Directed Care services according to ARS subsection 36.401.A.14 "means programs and services, including supervisory and personal care services, that are provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions." The residents in directed care or memory care facilities are almost always in the mid to late stages of Alzheimer's disease or other types of dementia and the overall goals of their care at this level is not to integrate them back into the community but to provide them a safe environment where they can live at their highest potential. These residents will not, and cannot be rehabilitated. They have progressive diseases that will eventually end their lives.
I believe it is important for AHCCCS to address directed care and specifically directed care that is provided to residents with dementia, often referred to as "memory care", because by rule, these facilities must have secured perimeters and most have delayed egress. These elements have been an issue that CMS has viewed as potentially having the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. I believe the following points describe the care provided in these assisted living communities.
1. Arizona facilities have been successfully managing this level of care in these secure settings for many years.
2. These settings provide a cost effective quality alternative to otherwise more restrictive skilled nursing settings.
3. In most cases community activities, services and resources are brought to the assisted living community to enhance the individualized care provided.
4. In most cases residents live and interact within a secure environment because it provides needed structure and safety to enhance their independence.
5. These memory care facilities have outside areas for walking, socializing, often gardening, having picnics or other outdoor activities.
6. These memory care facilities seek to preserve life skills by providing activities that help residents feel a sense of purpose such as helping distribute mail, sort clothes, fold laundry, water plants, and care for pets.
7. Residents achieve their highest well being and individualized care in assisted living memory care settings through programs that are smaller and have predictable and structured schedules.
8. Some residents are able to attend outside events with family such as family outings, restaurant meals or church services, but this is the exception rather than the norm as most residents with this level of dementia become overwhelmed and agitated in the community at large.
9. Resident service plans are individualized and have goals to help each resident function at his or her highest level of well being."

[Excerpt from public comment reference number Email 116]
“As an owner or operator of a memory care facility, the people who choose to live here are doing so, first and foremost for safety. They have been unsafe in another setting but still want to reside in the least restrictive setting, while also having person centered care and the freedom to live their day to day routines. To be able for them to achieve this, the perimeter of the 6.22 acres is secured.
Memory Care programs allow freedom of movement and quality of life that would not have been achieved in a skilled nursing dementia unit. Memory care settings will continue to be a vital option for all private pay individuals and by removing this setting from the HCBS category, the effect will be segregating ALTCS recipients and limiting freedom of choice. All current ALTCS individuals that reside in Memory Care settings will need to be moved from their current home of choice to a skilled nursing institution resulting in an increase in cost to the state and a loss of that person’s freedom to choose and loss of person centered care.
It is encouraging to see that the care and means do exist in Memory care settings to serve the diminished effects of memory disease and empower the individual to maintain a dignified quality of life. Please do not take this innovative setting away from Medicaid recipients.”
As a result AHCCCS established an Evaluation Team comprised of AHCCCS staff, e.g. medical management, clinical quality management, and stakeholder representatives including representatives from the HCBS Workgroup, a provider representative and a representative from A H C A to conduct on site reviews of the settings. The findings will be opened for public comment.
Please reference the Assisted Living Facilities’ Assessment and Transition Plan (page 70) for more detailed information on the number of settings with Memory Care Units and the number of members served within those units.

Farmstead, Agricultural or Homestead Communities

During the public comment period, AHCCCS received written correspondence, email and letters, identifying the existence of an agricultural homestead community providing services to individuals with intellectual disabilities in Cornville, Arizona. Based upon the comments received it is evident that while this community may have the effect of isolating individuals receiving Medicaid HCBS from the broader community, the setting may be operating in a culturally normative fashion consistent with working agricultural farms. Public comment regarding this setting indicated the following:
[Excerpt from public comment reference number Letter 34]
“I am writing this letter to express my concerns and opposition to changes in AHCCCS policy as it concerns HCBS waivers. If the goal of these changes are to offer more choices then it will fail. We cannot make all changes fit all people. It appears that the agricultural or homestead programs will be impacted the most. Our son lives on a wonderful ranch in Cornville, AZ. When we initially visited with Jack Armstrong, co founder, I was thrilled to learn that the ranchers live and work on the ranch. I thought what a perfect setting for my son to flourish.

I must take a moment to share some of my son's wants and needs. He is very low functioning, is diagnosed with autism, mental retardation, O C D and pica. He suffered from spinal meningitis at five months of age and has brain damage as well. It is not safe for him to ride on public transportation. It is not safe for him to have employment in the town community. It is not safe for him to have access to food at all times and certainly not safe for him to prepare his own food. He has food allergies that must be monitored at all times. He has behavior issues that are not received well in the community. Thus making it not safe for him in that environment." "It is much safer for him in a rural setting as he does not understand dangerous situations or stranger danger." "He feels safe in the rural setting surrounded by the other ranchers, caregivers and familiar neighbors."

"Living in the ranch environment, within a rural community, our son receives one to one staffing all day every day. He is allowed to assist with gardening, feed the chickens, curry the horses, take hikes and swim in warm weather. Now bear in mind he will take a bite from the vegetable he has just picked. This would not bode well in a supermarket setting or restaurant. He is allowed to be himself and not suffer the stress that would accompany this is a city or town setting. We consider it our miracle that he has a home on the [FARMSTEAD COMMUNITY]. He enjoys a great quality of life and is treated with dignity and respect."

I feel that there should be programs for those that are independent. This can be accomplished as it should. Just please, don't deny these that are on the lower end of the spectrum what they deserve. Needless to say, IDon't have a PHD in anything other than my son."

[Excerpt from public comment reference number Email 74]

"I strongly oppose this change in policy regarding the HCBS waivers. It appears that rural group home and or farmstead settings, along with some other provider settings are going to be impacted in a most negative way." This purports to "provide choices" and "protect the rights of the disabled". Incentivizing the states to reduce the cost of Medicaid sounds great. However, if the price of doing those reductions is to affect the quality of life of the DDD population, particularly those at the lower end of the autism spectrum and or those who have extremely difficult behaviors, that is a price too high."

"These CMS targeted rural programs are incredibly important to a segment of the A S D spectrum. Even with scheduled meal times, activities and shared living spaces, they are not institutions by design, by intent or by any other measure. Forcing choices on some members, while refusing to place new ones in rural community settings, when it's applicable, has the potential to close these Providers down for lack of financial resources. That then, would actually reduce the choices available and, take away the rights, of those who would benefit from those programs. Thus, exactly the opposite of the desired outcome would be the result."

"People on the Spectrum should have MORE choices, not fewer. And, those programs that provide for the very most vulnerable among us should be funded at a level that is consistent with what it costs to care for them. I hope Washington D.C. and Arizona is listening."

[Excerpt from public comment reference number Email 103]

"Additionally, being a representative of a program fitting the description of a farmstead and thusly subject to heightened scrutiny, I question the non inclusion of agriculturally based activities as substantive to meet the criteria of employment or employment related skills. Since agricultural settings form the base of any non nomadic society, a program designed in that likeness should most assuredly satisfy the criteria for employment skills training for individuals that we serve."

As a result AHCCCS established an Evaluation Team comprised of AHCCCS staff, e.g. medical management, clinical quality management, and stakeholder representatives to include representatives from the HCBS Workgroup, a provider representative and a representatives from advocacy organizations such as Raising Special Kids and the A R C of Arizona to conduct the on site reviews of the setting. The findings will be opened for public comment.
Please reference the Group Homes' Assessment and Transition Plan (page 147) for more detailed information on the number of Farmstead settings and the number of members served within those settings.

On Site Review Process Foot note 21

AHCCCS established an Evaluation Team to develop the assessment process and tools for the on site review for both sub setting types, Memory Care Units and Farmstead Communities. The Evaluation Team, as noted in the paragraphs above, was comprised of representatives from A H C C C S, MCOs and community partners with expertise in case management, quality management and provider relations. Community partners included representatives from the state's licensing authority, Arizona Department of Health Services, Alzheimer's Association, Arizona Health Care Association, Raising Special Kids and the Arc of Arizona. The following is an outline of the milestones for the Evaluation Team in developing and conducting the on site reviews.

Figure. Table.

	On Site Review Process	**Memory Care Units**	**Farmstead Communities**
#	**Action**	**Date**	**Date**
1	Establish the Evaluation Team	01/16	01/16
2	Determine a statistically significant random sample of Memory Care Units for evaluation	01/2016	
3	Confirm the total number of Farmstead Communities and determine a statistically significant sample for evaluation		01/2016
4	Determine the evaluation criteria	01 02/16	01 02/16
5	Develop and finalize the on site assessment tools	03 08/2016	03 08/2016
6	Determine statistically significant random sample of members for member interviews at each site location	04/2016	04/2016
7	Create on site review teams	07/2016	07/2016
8	Oriented the review teams on the HCBS Rules and the on site review assessment tools	09/2016	09/2016
9	Oriented the selected facilities on the HCBS Rules and the on site review process	09/2016	09/2016
10	Conduct Assessments	10 12/2016	11/2016

Return to text.

Begin foot note 21. Updated section to clarify the purpose, timeline and outcome of the on site assessments, items #3. a, #3. d, #3. e and #3. g. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.

Return to text.

Sampling. DDD confirmed there is only one licensed Farmstead Community and it is licensed both as a Day Treatment and Training Program and a Group Home.
AHCCCS worked with the MCOs to identify how many of the Assisted Living Facilities have either a memory care unit or operated entirely as a memory care community. Of the noted 79 facilities, a total of 60 have memory care units and 19 operate entirely as a memory care community. A total of 51 settings were reviewed including 41 memory care units and 10 memory care communities. The sampling methodology consisted of selecting 100% of settings in all counties except Maricopa County. A total of 56% settings were randomly selected in Maricopa County. Regarding the sampling for the member interviews and file reviews, AHCCCS requested the list of the total member pools for each MCO for each setting. In turn, AHCCCS developed the review team assignments for each setting based upon the MCOs supported population in each setting. AHCCCS became the assigned team led for the settings with multiple MCOs in order to help ensure equity across MCOs as it pertains to the number of on site settings. AHCCCS randomly selected up to 5 members per setting for the member interviews and file reviews. If the number of MCO or Medicaid members in the setting was under 5, all of the members were selected. Members, or the responsible party, consented to the interviews. A total of 95 members or responsible parties agreed to be interviewed and of those interviewed, a total of 22% members were interviewed, with 78% percent of responsible parties being interviewed.
Evaluation Criteria and Assessment Tools. The Evaluation Team used CMS' guidance on Heightened Scrutiny and the evidentiary information required for a submission to CMS for a determination. The Evaluation Team compared each of the HCBS Rules requirement and evidentiary information components and identified the most effective ways to assess compliance, i.e. staff interviews, member interviews, observation, etc.The purpose of the reviews was not to assess individual setting sites for compliance, but rather extend the systemic assessment to a sampling of settings in an effort to solicit and gather information from members, providers and review teams to inform a determination as to whether or not the institutional presumption should stand and whether or not the settings are in a position to comply with the HCBS Rules by the end of the Transition Period. It is important to note, AHCCCS incorporated the provider self assessment and member experience survey tools utilized for the macro level, systemic surveys into the on site review package.
The following is an outline of the tools the review teams used to solicit and gather information.

- Provider Self Assessment, Purpose is to gather information directly from the provider on the extent to which the provider may or may not be currently applying practices consistent with the HCBS Rules. It is important to note, the provider self assessment included both the documented self assessment from the provider perspective and documentation of the MCO's validations of the provider's self assessment after a joint review of the self assessment with the provider. (Appendix U)
- Member Interview, Purpose is to gather information directly from the members, or their representatives, regarding the member experience with the provider which may or may not be consistent with the HCBS Rules. (Appendix V)

- Member File Review, Purpose is to review member case files to fidelity to the person centered plan. (Appendix W)
- Observation, Purpose is to gather information by observing the location, environment and community engagement of the provider to identify characteristics that may or not be consistent with the HCBS Rules. (Appendix X)
- Community Member Interview, Purpose is to gather information directly from community members, who have an association with the provider, to gather information about the provider's level of interaction with members receiving services and strategies the provider employs to maximize community engagement. (Appendix Y)

Review Teams. The sampling paragraph above outlines the process AHCCCS utilized to assign MCOs or AHCCCS responsibility of on site reviews for specific settings. The following is a breakdown of the teams including an outline of the number of sites, locations of the sites and the organizational lead (AHCCCS or the MCO).

Figure. Table.

Team number	number of site	Location	Assigned Organization lead
1	2	Lakeside, Navajo County, and Vernon, Apache County	UnitedHealthCare
2	3	Flagstaff, Coconino County, Cottonwood Prescott, Yavapai County	UnitedHealthCare
3	3	Lake Havasu City, Mohave County	UnitedHealthCare
4	3	Kingman and Bullhead City, Pima County	A H C C C S
5	2	Tucson and Green Valley, Pima County	Mercy Care Plan
6	2	Tucson, Pima County	Mercy Care Plan
7	4	Phoenix, Maricopa County	UnitedHealthCare
8	3	Mesa, Maricopa County and Apache Junction, Pinal County	Bridgeway Health Solutions
9	4	Mesa, Maricopa County	Bridgeway Health Solutions
10	3	Chandler and Gilbert, Maricopa County	Mercy Care Plan
11	3	Glendale and Youngtown, Maricopa County	Mercy Care Plan
12	4	Surprise, Sun City West and Peoria, Maricopa County	Mercy Care Plan
13	4	Phoenix, Maricopa County	UnitedHealthCare
14	3	Scottsdale and Carefree Maricopa County	Bridgeway Health Solutions
15	3	Tucson, Pima County, and Chandler, Maricopa County	A H C C C S
16	4	Mesa and Glendale, Maricopa County	A H C C C S

Return to text.

The review teams consisted of representatives with case management, quality management and provider relations subject matter expertise. In some cases, community members participated in the review teams. Community members were limited to only completing the Observation and Community Interview tools. All review teams, from both AHCCCS and MCOs, were required and monitored to ensure attendance at one of the available on site review orientation sessions (Appendix Z).

On Site Reviews. The Executive Director or Manager was required to be the on site assessment contact for the day of the site visit. The standard on site review schedule included the following:

- Meet and Greet with Executive Director, Manager
- Facility Tour
- Review Team meeting to determine the tools each member would complete
- Complete tools
- Debrief including identifying general observations and trends

All designated facility Executive Directors or Managers were required and monitored to ensure attendance at one of the available on site review orientation sessions (Appendix AA). Prior to the on site review, the facility designee was responsible for obtaining consent for the member interviews, identifying community members to be interviewed and completing the provider self assessment tool. The self assessment tool was reviewed by the designated team member with the facility designee and documented validations' of the provider's perspective.

Review Summaries and Remediation Strategies. An assessment matrix was created to document the findings of the on site reviews for both the memory care unit or communities and the farmstead community. The matrix for the memory care unit communities can be found following the general Assisted Living Systemic Assessment on page 85. Similarly, the Farmstead Community Assessment can be found following the general Group Home Assessment on page 147.

The matrix consists of the following columns:

First column, Rule The HCBS Rule requirement

Second column, Considerations A summary of the exploratory questions that were used as considerations to evaluate the evidence for a compliance determination

Third column, Evidence The evidence column identifies questions from the Facility Self Assessments, Observation and Community Interviews, and Member Interviews and File Review completed during on site reviews. The information collected is the basis for the compliance level determination.

Fourth column, Compliance Level The assessed compliance level. The matrix includes an explanation of how the compliance level was determined. It is important to note, in most cases, and unless otherwise specified, determination of HCBS Rule compliance is weighted most heavily on responses from the Member Surveys with input and validation from the Assessment Team Observations and Member File Reviews when available. Facility Self Assessments were used as the provider's attestation of compliance with respect to implementing the HCBS Rules. The thresholds for each are the compliance determinations as follows:

Transcriber's note. The following table was turned into a list format. **Return to text.**

Compliant. 90, 100%

Compliant with Recommendations. 75, 89%

Partial Compliance. 50, 74%

Not Compliant. 0, 49%

Fifth column Remediation Strategies The recommended actions to make systemic changes to ensure the State's compliance with the HCBS Rules by the projected deadline date of March 2022. The remediation strategies incorporate the same remediation for all of the assisted living facilities for reference and include additional strategies categorized as environmental design, person centered planning, integration activity or training.

The categories coincide with the broader non compliance themes across all on site reviews. It is important to note, that the remediation strategies should be reviewed in concert with the already existing strategies for each setting type, assisted living facilities or group homes, and should be considered best practices for operationalizing the remediation strategies. The person centered planning strategies will be applied across the board, regardless of the setting in which the member resides or receives services, and the State is already in the process of making those changes. For the memory care units or communities, the remediation strategies were also developed using CMS guidance on support Medicaid members that exhibit unsafe wandering or exit seeking behavior.

Findings. There are a total of 15 specific rule requirements for the residential setting types. The assessment summary further broke down the 15 rule requirements into specific considerations, second column, for a total of 28 standards for the memory care units or communities and the farmstead community into 26 standards respectively. A compliance level was assigned for each standard. Memory care units or communities are 64% in compliance with the standards and, therefore, meet the partial compliance standard in total, 50 to 74%. Conversely, the farmstead community is assessed an 80% compliance level and, therefore meets the compliant with recommendations standard in total, between 75 to 89%.

Figure. Table.

Setting	Compliant	Compliant with Recommendations	Partial Compliance	Not Compliant	Total %	Total # Of Standards
Memory Care	21%	43%	29%	7%	100%	28
Farmstead Community	65%	15%	12%	8%	100%	26

Return to text.

Although, the farmstead community assessment found the setting to be within the 90 100% range of compliance, the setting still must implement prescribed remediation strategies in the Transition Plan to come into full compliance by the end of the Transition Period in March 2022. Similarly, Memory Care units or communities are found not to currently comply with the HCBS Rules and, therefore, the State is affording the settings an opportunity to implement the prescribed remediation strategies in the Transition Plan to come into compliance by the end of the Transition Period in March 2022. These same opportunities are being afforded to all settings types because, as a result of the systemic assessment, all settings have noted deficiencies and remediation strategies to implement in order to meet full compliance standards (page 14).

As stated in the description of the Transition Plan implementation activities in Phase Four and Five (page 46), all site specific settings will have a monitoring review. For settings that cannot comply or are found to be presumptively institutional in nature, the State will work in partnership with the MCOs to facilitate an evidentiary review process to gather additional information. This information will be used to inform the State's decision on whether or not remediation strategies can be invoked to support the setting to come into full compliance, a heightened scrutiny submission to CMS is warranted or a process must be employed to transition members into another service setting.

THE TRANSITION PLAN

The Transition Plan is what the State will use to ensure the entire system comes into compliance at the end of the five year transition period in March 2022. AHCCCS will work with all setting types and MCOs as well as Tribal ALTCS entities through Tribal Consultation to address elements of this plan. The Transition Plan is comprised of two major components including setting type specific plans and an overall plan applicable to all settings. Both components are critical to ensuring both systemic and site specific initial and ongoing compliance.

The Transition Plan for each specific setting type is included at the end of the assessment for that setting type.

How to Read the Setting Type Specific Transition Plan:

First column, The number of the remediation strategy

Second column, Rule The HCBS rule requirement

Third column, Remediation Strategy, The recommended actions to make systemic changes, i.e. policy and contract revisions, to ensure the State's compliance with the HCBS Rules by the projected deadline date of March 2022.

Fourth column, Lead Organization The entity or entities responsible for implementing the remediation strategy is designated.

Fifth column, Target Date The timeline for completion of the remediation strategy. The target date coincides with the transition plan for all settings.

Sixth column, Ongoing Monitoring The strategy is provided for monitoring ongoing compliance with the HCBS Rules subsequent to March 2022 when the transition plan has been completed.

The following is an excerpt of a portion of the transition plan for reference:

Figure. Table. Assisted Living Facilities, Transition Plan

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1	1. The setting is integrated in and supports full access to the greater community	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another.	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO (annually as described in Overall Transition Plan – Phase Two – Monitoring Tools and Processes)
2.	1. The setting is integrated in and supports full access to the greater community	Incorporate language AHCCCS Contractor Operations Manual (Chapter 436) that requires review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to A H C C C S.	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually
3.	1a. Seek employment and work in competitive integrated settings,	Create an employment services section in the AHCCCS Medical Policy Manual (Chapter 1200) to include an array of employment support services including options to support Members to volunteer in the community. ▪ Habilitation ▪ Pre Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually

Return to text.

Overall Transition Plan Outline Foot note 22

The Transition Plan applicable to all settings is annualized and focused on a specific area for the five, year transition period. AHCCCS has an emphasis on four areas, as outlined below, to ensure the Transition Plan is implemented within the specified timelines.

Workgroups and Project Plans. Foot note 23 AHCCCS will establish a HCBS Rules Steering Committee to oversee the implementation of the Transition Plan and activities not specific to any setting type such as communication plans. The HCBS Rule Workgroups will provide the basis for the Steering Committee and include representation of members or family representatives, providers, advocacy organizations and a liaison from each setting type workgroup. Setting type workgroups will be formed, comprised of internal and external community stakeholders, represented on the Steering Committee, to advise AHCCCS personnel charged with implementing the Transition Plan including workgroups that required intensive development work for Acute Behavioral Health Treatment Facilities and Center Based Employment settings. Lastly, workgroups will be formed to address other topic areas such as Rate Considerations. The H C B Rules Steering Committee and

Begin foot notes.

22. Updated all Phases and Timelines to accommodate the new compliance date of March 2022, item #9. Reference Transition Plan Revision Crosswalk September 2017 September 2018 Preliminary CMS Approval.

23. Incorporated reference to CMS milestone and quarterly reporting requirements, item #9. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.

Setting type workgroups will develop annual project plans including milestones and quarterly progress timelines to oversee the implementation of the setting type Transition Plan consistent with the focus areas and timelines in the overall Transition Plan. The workgroups will provide updates to the HCBS Rules Steering Committee. The annual project plans and the accompanying milestone and quarterly progress reporting and templates will align with and inform the CMS milestone and quarterly reporting requirements including progress monitoring on the following.

- Site Specific Assessments and remediation strategies and milestones for compliance
- Submission of settings for heightened scrutiny including pre submission processes such as evidentiary assessments and information gathering activities for settings that cannot comply with the HCBS Rules or are found to be presumptively institutional in nature
- Relocation of members from non compliant to compliant settings
- Ongoing Monitoring after March 2022 to ensure current settings remain compliant and new settings are assessed for compliance

Public Transparency and Accountability. Consistent with AHCCCS' ongoing efforts to be transparent and accountable to the general public, during the implementation of the Transition Plan, AHCCCS will post reports on the website (www.azAHCCCS .gov/HCBS) on the quarterly progress and milestones. AHCCCS will continue to solicit, receive and incorporate public input regarding progress made on the implementation of the Transition Plan. Ongoing public input will be received via the HCBS email box for email submissions, address available for written submissions and a telephone line for verbal submissions. The input will be shared with the respective setting specific type or topic related workgroups for consideration. In addition, AHCCCS will conduct forums at the onset of each phase throughout the transition period to update stakeholders on progress and solicit input on plans for the following phase under the Transition Plan.

Reports. AHCCCS will develop reports and reporting processes and timelines for MCOs to report compliance for the HCBS Rules for each site specific setting throughout the five year implementation of the Transition Plan. To ensure compliance with reporting standards, the progress reports will be required in AHCCCS contracts with MCOs and incorporated in the contract Chart of Deliverables for submission by the MCOs.

Systemic Surveys. AHCCCS recognizes that based on the assessment results and public feedback that, in practice, individual providers are on a continuum related to the level of current compliance with the HCBS Rules that exists within each provider’s setting locations. Therefore, AHCCCS developed a comprehensive survey for providers and members in order to collect additional data on Arizona’s compliance with the Rule. The surveys are anonymous and therefore will not measure compliance for individual settings, rather the results will be used to assess the State’s overall compliance from a macro level perspective for the following licensed setting types required to comply with the HCBS Rules: Assisted Living Home, Assisted Living Center, Adult Foster Care, DDD Group Homes, DDD Adult and Child Developmental Home, Adult Day Health, DDD Day Treatment and Training Programs, Center Based Employment, C B E, and Group Supported Employment program. Results of the survey will be analyzed by setting type and G S A, Geographic Service Area.

Survey Design and Testing

A survey design work group comprised of long term care and quality management experts from AHCCCS developed comprehensive surveys for members and providers regarding HCBS compliance f, or both residential and non residential settings.

Examples of the surveys are found in Appendix AB and AC. A review of other state's targeted provider and member surveys was conducted and informed the development of Arizona's surveys which include a provider self assessment and member experience survey. The questions used to assess compliance with the HCBS settings criteria were based largely upon the exploratory questions provided by CMS and specific to each rule requirement. In addition to a review by the HCBS Rules Workgroup, a secondary review was conducted by the ALTCS Advisory Council, which consists of members family representatives, providers, and MCOs, to ensure the readability, validity and reliability of the questions asked. The review process resulted in significant stakeholder feedback, which led to important modifications and additions to the current draft of the survey tools.

Sample Size

AHCCCS will select a statistically significant sample of providers in each setting type to complete the surveys. The samples will be stratified by GSAs to obtain proportional representation for providers in all geographic regions. AHCCCS will select a statistically significant sample of members using the same sampling process used for providers.

Results

AHCCCS will utilize the results of the initial survey to obtain a baseline of current compliance in Phase One and will replicate the survey in Phases Three and Five conducting a comparative analysis of progress through the transition period. Subsequent to the transition period, AHCCCS will continue to periodically, at a minimum on a biennial basis, to assess systemic macro level compliance with the HCBS Rules.

Reports **Foot note** 24

AHCCCS will submit results of the surveys conducted in Phases One, Three and Five to CMS as part of the milestone reporting process. The milestone report will include the timeline, process, sample size and analysis of the macro survey results including how the analysis will be used to inform the successful implementation of the Transition Plan. The analysis will be shared with the workgroups to inform Transition Plan implementation activities. For example, the outcome of the analysis may identify provider training and technical assistance needs. The report will also be posted on the AHCCCS website.

MCO Responsibilities. AHCCCS has outlined all relative obligations and responsibilities of the MCOs in contract. The contract denotes MCOs are required to participate in the multi stakeholder workgroups for each of the residential and non residential setting types noted above and provide input on each phase of the five year transition plan including orientation of members, providers and case managers, policy and contract revisions and compliance monitoring tools and processes. Furthermore, the contract denotes that MCOs will be primarily responsible for the following:

- Disseminating member and family member educational materials
- Executing provider and case manager training
- Assessing and monitoring site specific settings for compliance **Foot note** 25
- Reporting site specific setting compliance to A H C C C S

Begin foot notes.

24. Incorporated pargragph to outline reporting processes for macro level surveys, items #5. a and #5. b. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval

25. Incorporated references to both site specific assessment and monitoring. Both terms are referenced together throughout, item #1. Reference Transition Plan Revisions Crosswalk November 2018 January 2019 Preliminary CMS Approval.

PHASE ONE: ORIENTATION Foot note 26

Figure. Table. Phase ONE: Orientation, [Current, June 2019]

1.	Establish the HCBS Rules Steering Committee	November 2018
2.	Determine and establish workgroup types to include representatives from the MCOs, providers, stakeholders and members or families	November 2018
3.	Disseminate and analyze the member and provider survey results	February 2019
4.	Facilitate tours of each setting type for the workgroup members	December 2018
5.	Enhance current website with information for all stakeholders to prepare for the development and implementation of the communication plan	December 2018
6.	Develop and implement communication plan for members, family members, providers and community partners, i.e. Arizona Department of Health Services, Arizona Department of Education, long term care Ombudsman, etc.	February 2019
6a.	Develop and disseminate member and family member educational materials including establishing ongoing member and family member education and outreach strategies	March 2019
7.	Develop and implement setting type provider training including establishing requirements for MCOs to replicate and or conduct refresher training on an ongoing basis.	June 2019
7a.	Develop and implement Case Management training including establishing requirements for MCOs to replicate and or conduct refresher training on an ongoing basis	June 2019
8.	Initiate the development of two toolkits, one for members or families and advocates and the other for the provider community	June 2019

Return to text.

The analysis of the member and provider survey results will be shared with each sub setting type to inform Transition Plan implementation activities. The HCBS Rules Steering Committee will oversee the development and implementation of the communication plan. The Committee will utilize a peer to peer strategy to develop and implement the communication plan. For example, AHCCCS will work with the MCOs, industry leaders and associations for provider setting types to help construct the provider training. The training will include a provider self assessment tool also include best practices in the specific industry for supporting members to have full access to the benefits of community living and remediate provider deficiencies. Likewise, the Committee will consult with member and family member advocacy organizations to support the development of educational materials for members and their families.

The communication plans will include information on, but not limited to, the following.

Begin foot note 26. Added content on the communication plans and technical assistance toolkits in response to information learned from a CMS technical assistance webinar session.

Return to text.

- Intent of the HCBS Rules
- Rights afforded to members including options on to whom and how to report concerns
- Timeline for compliance
- Expected changes for each setting type
- Opportunities for stakeholders to provide information to inform compliance monitoring

Toolkits will be developed for stakeholders during Phase One and will continually be updated to include information, tools, products, etc. that are developed in subsequent phases of the Transition Plan. One toolkit will be created for members or families and advocates and another created for the provider community. At a minimum, the toolkits will include materials developed for the communication plans and training sessions and information on roles and responsibilities. For example, the member, family, advocate toolkit will include information on how to address either individual concerns or compliance concerns about a particular setting to the MCO and A H C C C S. The provider toolkit will include the self assessment and MCO monitoring tools as well as best practices shared by peers in their industry that can be used for strategies to remediate areas of non compliance.

PHASE TWO, MONITORING TOOLS AND PROCESSES Foot note 27

Figure. Table. PHASE TWO: Monitoring Tools and Processes, [January 2019, June 2019]

1.	Institute HCBS Rule standards into the Operational Review tools for audits of the MCOs	June 2019
2.	Finalize the development of two toolkits, one for members or families and advocates and the other for the provider community.	June 2019
3.	Revise current MCO monitoring tools for providers to incorporate HCBS Rules requirements and assess providers for compliance	June 2019
4.	Develop reports and incorporate into existing reporting processes for MCOs to report site specific setting compliance with the HCBS Rules	June 2019
5.	Develop processes for disseminating and analyzing systemic member experience surveys	June 2019
6.	Develop standardized tools MCO Case Managers will use during 90 day person centered plan reviews to ascertain member integration experience and progress with personal goals, including supports offered by the in home care and non residential providers.	January 2019

Return to text.

Phase Two focuses on developing tools and strategies for ensuring maintenance and ongoing State's compliance with the HCBS Rules. This includes monitoring ongoing compliance with areas in which the State rendered determinations of compliance or compliance with recommendations. AHCCCS has instituted a three tiered ongoing monitoring process.

Begin foot note 27. Incorporated revisions to clarify the tiered monitoring processes, item #2. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.

Return to text.

AHCCCS Monitoring of the MCO. AHCCCS has a well established monitoring process of MCOs through the review of required deliverable reporting as well as triennial and focused Operational Reviews, to ensure compliance with contract and policy requirements. AHCCCS will incorporate new compliance standards for the HCBS Rules into the current Operational Review tool utilized to conduct the focused and triennial audits of the MCOs. In addition, AHCCCS will contractually institute reporting requirements, processes and timelines for MCOs to report ongoing compliance for HCBS Rules for each site specific setting. AHCCCS will review report submissions and audits conducted by the MCOs to ensure monitoring is conducted in accordance with requirements. Inclusive in the current Operational Review process, AHCCCS conducts member interviews and assesses member satisfaction with the provision of services. In order to validate MCO provider audits, AHCCCS will incorporate as a part of the Operational Review, a statistically significant sample review of provider monitoring audits that have been conducted by the MCO and will conduct member interviews in correlation with those members that reside or receive services in that HCBS setting to further validate ongoing compliance with the HCBS Rules. AHCCCS is currently scheduled to conduct a focused audit in 2021, to include a randomized audit of site specific assessments, conducted in Phase Three, to ensure fidelity to the standardized monitoring tools and processes created to assess compliance with the HCBS Rules. Thereafter, these audits will be conducted by AHCCCS in the regular triennial audits beginning 2022. In the event an MCO fails to demonstrate compliance with any of the contractual requirements noted above, AHCCCS may elect to impose an Administrative Action. Administrative actions may include issuance of any or all of the following: Notice of Concern, Notice to Cure, N T C, a mandate for a Corrective Action Plan, C A P, and Sanctions. **Foot note** 28

Begin foot note 28. Incorporated information on the process that will be employed if an MCO is out of compliance, item #2. Reference Transition Plan Revisions Crosswalk November 2018 January 2019 Preliminary CMS Approval.

Return to text.

MCO Monitoring of the Providers. Foot note 29. MCOs conduct annual provider quality management monitoring to ensure quality of service delivery and contract compliance in accordance with AHCCCS requirements. Monitoring activities are conducted by the Quality Management Divisions within the MCOs. Additionally, Case Managers are required to conduct home visits every 90 days for HCBS members and a review of services and member satisfaction is currently conducted as a part of the review of the member's person centered plan. Case Managers visit all members receiving HCBS services, regardless of the type of setting in which they reside or receive services, every 90 days. AHCCCS will work in partnership with the Transition Plan workgroups to revise current quality and contract monitoring tools to identify and rectify compliance deficiencies during the five year transition period as well as ensure ongoing compliance with the HCBS Rules once the compliance standards are met by March 2022. A standardized assessment or monitoring tool will be developed for each setting type and required for monitoring by MCOs. The revised monitoring tool and process will include a provider self assessment specific to the setting type as well as an interview of experience for members in each setting. MCOs will interview a statistically significant number of members in the setting. Providers will receive a draft version of the self assessment tool during the provider setting type specific training during Phase One. Once the tool is finalized in Phase II, the self assessment will be published on the website as part of the provider toolkit. Lastly, the self assessment will accompany the notice of the MCO monitoring visit, at least 30 days in advance. Provider self assessments will be validated by the MCO monitoring and by member interviews. In total, the monitoring tool package will include the following tools.

It is important to note that AHCCCS utilized initial versions of the tools to complete the On Site Reviews (page 30) and contained with the Appendix.

- Provider Self Assessment, Purpose is to gather information directly from the provider on the extent to which the provider may or may not be currently applying practices consistent with the HCBS Rules. The provider self assessment will include both the documented self assessment from the provider perspective and documentation of the MCO's validations of the provider's self assessment after a joint review of the self assessment with the provider. (Appendix U)
- Member Interview, Purpose is to gather information directly from the members, or their representatives, regarding the member experience with the provider which may or may not be consistent with the HCBS Rules. (Appendix V)
- Member File Review, Purpose is to review member case files to fidelity to the person centered plan. (Appendix W)
- Observation, Purpose is to gather information by observing the location, environment and community engagement of the provider to identify characteristics that may or not be consistent with the HCBS Rules. A preliminary environmental review is also documented in the tool including researching zoning designation for the property and ownership and operations of the facility, conducting online mapping and real estate searches and researching available public transportation. **Foot note** 30. (Appendix X)

Begin foot notes.

29. Incorporated revisions to clarify the role and tools for the MCO monitoring process, items #5. a and #5. d. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval

30. Outlined content for the environmental review, item #3. Reference Transition Plan Revisions Crosswalk November 2018 January 2019 Preliminary CMS Approval.

Return to text.

- Community Member Interview, Purpose is to gather information directly from community members, who have an association with the provider, to gather information about the provider's level of interaction with members receiving services and strategies the provider employs to maximize community engagement. (Appendix Y)

The tools will be designed to support the cross validation of all tools to assess a compliance level for the setting including threshold criteria that will help determine in a standardized fashion whether or not a setting meets the institutional presumption and may be subject to heightened scrutiny. The cross validation will also include accounting for any disparities between the provider self assessment and the member interviews. For example, if the results from the member interviews has a rating below the compliance threshold, a root cause analysis will be required and based on the outcome, a Correction Action Plan, C A P, for to address deficiencies may be required. The MCOs' Quality Management Division staff will be responsible for review and approval of any required C A Ps.

AHCCCS will require the MCOs to create a collaborative monitoring process for mutually contracted providers to ensure that providers will only receive one site specific assessment by an MCO, annually, beginning with Phase III of the Transition Plan. This practice is already employed by MCOs for the monitoring of in home care agencies and skilled nursing insitutions. The scope of the collaborative will be broadened to include all of the setting types impacted by the HCBS Rules. As part of this practice, AHCCCS will require the MCOs to develop an escalation process in the event a provider disagrees with the findings of the assessment. For example, the MCOs may consider having another MCO to conduct a secondary review. Similarly, the MCOs may choose to afford the provider an informal despute resoluation process to provide evidence to the contrary of the MCO's assessment findings. If an MCO decides to terminate a contract with a provider for cause related to non compliance with the HCBS Rules, AHCCCS will require 30 days advanced notice and request documentation from the MCO for a secondary review to be conducted by a multIDisciplinary team at AHCCCS to evaluate fidelity to the standardized monitoring tools and processes created to assess compliance with the HCBS Rules prior to implementing the relocation process outlined in Phase Four.

The Member Experience. Foot note 31. AHCCCS will continue to periodically disseminate member surveys to capture the member experience systemically at the macro level with the ALTCS program and using the HCBS Rules as the standards for measurement. With respect to individual member experiences, the Case Manager will play a critical role in assessing and addressing barriers to members accessing the benefits to community living. The Case Manager training that will be developed in Phase One of the transition plan and will include training on strategies and tools to assess HCBS Rule compliance in the context of individual members during the 90 day review process. Questions will be developed for inclusion in the Case Manager's review of the person centered plan to ascertain member experience and feedback regarding provider compliance with the HCBS Rules' requirements. The tool will be designed to support a discussion with the member regarding key indicators that help assess an individual's integration experience and access to the rights afforded to them under the HCBS Rules including, but not limited to, the following topics:

- Making choices regarding the living situation, individual providers, meals snacks and daily activities

Begin foot note 31. Incorporated revisions to clarify the role of case management monitoring compliance and options for members to report concerns, items #5. b and 5. c. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval

Return to text.

- Opportunities to interact with the broader community such as ability to go out into the community and have visitors at anytime
- Privacy in bedrooms and bathrooms and private communication access

Access to any and all areas within the home or facility

Furthermore, the tool will be designed to help identify health and safety risks that necessitate restrictions and a risk management plan that meets the criteria outlined in the HCBS Rules (page 65) and or identifying personal goal setting opportunities to support members to have full access to the benefits of community living. It is important to note, this tool will be utilized for all members, regardless of what setting type they reside in and the services they receive, residential and or non residential. **Foot note** 32. Case Managers visit all members, regardless of the type of setting in which they reside or receive services, every 90 days.

If a Case Manager suspects a quality of care concern, related or unrelated to HCBS Rule, pertaining to the member's whole health, satisfaction and or access to services, the Case Manager will follow standard protocols including documenting the information and escalating the concern through the internal processes dictated by the MCO. For suspected abuse, neglect and or exploitation of a member, AHCCCS has standard reporting requirements found in the AHCCCS Medical Policy Manual, Policy 1620 O that must be followed by the Case Manager. MCOs are required to notify AHCCCS of pre determined categories of quality of care concerns and A H C C C S, in turn, outlines the parameters for the MCO investigation including whether or not an onsite health and safety inspection must be completed, a document review must be completed and the completion timelines for the reviews. AHCCCS monitors the MCOs adhereance to those directives and determines when no further action is needed or additional action is warranted.

MCO's will also assess the member experience through member interviews conducted as a part of annual quality and contract monitoring of the settings as noted above. Lastly, the State will develop and implement processes that members may utilize to directly report to AHCCCS concerns through the Clinical Resolution Team, within the Division of Health Care Management, on issues that impede their ability to integrate into their community of choice. The process will also include trending of concerns and strategies to address specific member issues as well as any identified systemic issues in coordination with the MCOs.

Summary of Compliance Monitoring. Foot note 33. A summary of the macro level, A H C C C S, compliance monitoring and the micro level, MCO, monitoring activities can be found in Appendix AD. The summary includes a description of the activities, the setting types, the sampling methodology, reporting requirements and timeline, including timelines during and after the conclusion of the transition period.

Begin foot notes.

32. Incorporated detail on the person centered planning tool that will be used by Case Managers to help assess member integrated experience, item #7. Reference Transition Plan Revisions Crosswalk November 2018 January 2019 Preliminary CMS Approval.

33. Incorporated summary of all of the compliance monitoring activities, items #5. a and #5. f. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.

Return to text.

PHASE THREE, POLICY AND CONTRACT REVISIONS and TECHNICAL ASSISTANCE

Figure. Table. PHASE THREE: Policy and Contract Revisions, [July 2019, June 2020]

1.	Implement policy changes to AHCCCS policy	June 2020
1a.	Implement policy changes outlined in setting type transition plans	June 2020
1b.	Develop and implement general language in policy regarding HCBS Rule compliance including adding the HCBS Rules as basic rights afforded to all members.	June 2020
2.	Implement changes to DES, DDD policy outlined in setting type transition plans	June 2020
3.	Amend the AHCCCS Provider Participation Agreements to include a requirement for providers to attest compliance with the HCBS Rules prior to onset of service delivery.	October 2019
4.	Amend DES, DDD provider contracts per the contract revision remediation strategies outlined in the setting type transition plans	June 2020
5.	Amend MCO contracts and Tribal ALTCS Intergovernmental Agreements as applicable to incorporate the HCBS Rule and to institute a requirement that prior to contracting with an HCBS provider, the provider must be in compliance with the HCBS Rules	October 2019
6.	MCOs assess and monitor all site specific settings for all HCBS providers and provide technical assistance for noted deficiencies to HCBS Rule compliance noted in the Corrective Action Plans **Foot note** 34 following the regularly scheduled annual monitoring cycles	June 2020
7.	MCOs report quarterly site specific setting compliance with the HCBS Rules	October 2019 January 2020 April 2020 July 2020
8.	Prepare Heightened Scrutiny evidentiary packets (May 2020), convene public comment period (June 2020) and submit package to CMS to review (July 2020).	May 2020 June 2020 July 2020

The focus in Phase Three will be to ensure the system is compliant with the HCBS Rules through policy and contracting agreements including those between AHCCCS and the MCOs and the MCOs and their respective provider network. AHCCCS contracts require MCOs to comply with AHCCCS policy. The HCBS Rules Steering Committee will oversee the AHCCCS policy, provider participation agreement and MCO contract revisions. The ADES, DDD, will facilitate a collaborative process between the setting type Workgroups and their respective provider network to amend Scopes of Work and Service Specifications for HCBS providers in the remediation strategies outlined in setting type transition plans.

Begin foot note 34. Clarified the site specific assessment and monitoring visit will incorporate a Corrective Action Plan if deficiencies are noted. Clarification is also provided under Phase Four, item #2. Reference Transition Plan Revisions Crosswalk November 2018 January 2019 Preliminary CMS Approval.

Return to text.

Site specific assessments will be initiated and the first round completed for all settings in Phase Three to afford providers a technical assistance monitoring review in order to address deficiencies prior to the compliance monitoring visit in the subsequent phases. Details regarding MCO implementation processes and MCO and AHCCCS reporting processes for site specific assessments, including heightened scrutiny submissions to CMS, are outlined under Phase Four.
Upon conclusion of Phase Three, the State will incorporate the results and analysis of the site specific assessments into an updated version of Arizona's Systemic Assessment and Transition Plan and implement a public comment period. Upon completion of the public comment period, the State will submit the updated plan to CMS for approval. CMS will not officially approval Arizona's Systemic Assessment and Transition Plan until after the first round of site specific assessments have been completed and the State's reports to CMS are satisfactory.

PHASE FOUR, TECHNICAL ASSISTANCE Foot note 35

Figure. Table. PHASE Four, [July 2020, June 2021]

1.	MCOs monitor all HCBS providers and provide technical assistance for noted deficiencies to HCBS Rule compliance noted in the Corrective Action Plans following the regularly scheduled annual monitoring cycles	June 2021
2.	MCOs report quarterly site specific setting compliance with the HCBS Rules	October 2010 January 2021 April 2021 July 2021
3.	Finalize any and all decisions requiring relocation of members to compliance least restrictive settings	June 2021
4.	Prepare Heightened Scrutiny evidentiary packets (May 2021), convene public comment period (June 2021) and submit package to CMS to review (July 2021).	May 2021 June 2021 July 2021

In Phases Three, Four and Five, the MCOs will utilize the revised standardized monitoring tools and processes to monitor HCBS providers for HCBS Rule compliance on an annual basis. The revised monitoring tool and process will include a provider self assessment specific to the setting type as well as an interview of experience for members in each setting. The MCO will provide technical assistance for assessed deficiencies.

Begin foot note 35. Incorporated revisions to clarify the site specific monitoring processes and CMS reporting requirements, items #1, 2, 2. a, 3, 3. a, 3. c, 3. d, 4, 4. a, 5e, 5. f and 9. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval

Return to text.

AHCCCS will develop a standardized reporting template and the MCOs will report on a quarterly basis site specific monitoring findings to AHCCCS through contract required deliverables. AHCCCS will review, provide feedback if required and approve the MCO reporting submission. AHCCCS will verify the providers monitored against the MCO required quarterly network deliverable to ensure monitoring of all the MCO applicable providers.

Upon conclusion of Phases Three. Four and Five, the State will provide CMS with a detailed report of the compliance finding of each site specific setting. The report will categorize the compliance findings in the following categories:

- The setting is fully compliant with the federal HCBS requirements
- The setting can come into full compliance with modifications by the end of the Transition Plan period
- The setting cannot comply with the federal HCBS requirements
- The setting is presumptively institutional in nature

For settings that can come into full compliance with modifications, the report will outline the corrective action plan including site specific remediation strategies and milestones for compliance. MCOs will approve and monitor the progress of provider corrective action plans. The progress of the milestones for these settings will be incorporated into the milestone and quarterly progress report to CMS. For settings that cannot comply or are found to be presumptively institutional in nature, the State will work in partnership with the MCOs to facilitate an evidentiary review process to gather additional information. This information will be used to inform the State's decision on whether or not remediation strategies can be invoked to support the setting to come into full compliance, a heightened scrutiny submission to CMS is warranted or a process must be employed to transition members into another service setting. The State will report to CMS milestones and outcomes of the evidentiary review process.

Heightened Scrutiny. Site specific settings are candidates for Heightened Scrutiny if the assessment findings indicate the setting meets the institutional presumption and either is or has become compliant with the HCBS Rules through a C A P. In the event a heightened scrutiny submission to CMS is warranted, the State will notify the impacted providers and members in the setting and provide information about the heightened scrutiny process, potential outcomes of the CMS review and determination and opportunities for public comment. The State will prepare an evidentiary packet for public comment including the assessment tools, justification for outcome determination and demographic information about setting, setting type, location, number of members served, etc. The information in the evidentiary packet will outline:

- Qualities of the setting and how it is integrated in and supports the full access of individuals receiving home and community based services into the greater community
- Remediation strategies the setting has implemented to rectify and fully overcome its former institutional qualities or characteristics that isolate individuals from the broader community.

Upon conclusion of the public comment period, the State will summarize the comments and make determinations on modifications to make the evidentiary package. The State will submit the package to CMS for Heightened Scrutiny. As noted in the timelines for Phases Three, Four and Five, the State has designated specific timelines for submission of Heightened Scrutiny packages to CMS. If Heightened Scrutiny is warranted for any setting as noted by the assessment findings for a setting at any point during the annual assessment cycle, the State will follow the prescribed timeline the preparation of the evidentiary packet, the public comment period and submission to CMS.

Relocation. Foot note 36. If all available processes have been exhausted to support a setting to come into compliance and the setting is not in a position to comply with the HCBS Rules, the State will invoke the following process to successfully support members in the setting to transition into a compliant least restrictive setting by the end of the Transition Period, March 2022. All relocation decisions must be made by June 2021 in order to ensure the following processes can be employed in a sufficient time and manner to support member transitions by March 2022.

Notice. The State and the MCO will jointly send notice to the members and or responsible parties within 30 days of the relocation decision. The notice will include an invitation to participate in an informational meeting will all parties involved to orient them to the process and discuss next steps. Subsequent to the informational meeting, the MCO will meet individually with each member or responsible party to initiate preliminary person centered planning discussions about alternative residential placement or non residential service settings.

Person Centered Planning. The MCO will initiate a person centered planning meeting, within 45 days of the relocation decision, to review and update the member's goals, preferences, needs to inform decisions for new alternative residential placement or non residential service settings.

Network Management and Development. The MCOs will evaluate current available options, no later than 30 days from the date of the person centered planning meeting, within their network and ensure the member has multiple options for a new service setting as well as support the member to visit alternative settings prior to making a final decision. In some cases, it may be warranted for the MCOs to develop a new setting to accommodate the member's needs.

Critical Services and Supports. Once an alternative service has been identified, the MCO will convene the person centered planning team, including both the relinquishing and receiving provider, to discuss short term and long term interventions and medically necessary services that must be employed to support a successful transition. Timelines for the completion of the interventions or services must be outlined in the person centered plan. Examples of these supports may include but are not limited to new primary care physician or specialist selections, behavioral health services, durable medical equipment, etc. Post transition, the MCO will convene person centered planning meetings every month for the first 90 days. Members and responsible parties will be afforded the opportunity to request additional intervals of monitoring and post placement meetings.

Due Process. During the person centered planning process, if the member or responsible party requests a placement service that is determined not to be medically necessary or cost effective, a Notice of Adverse Benefit Determination will be issued to notify the grieving party of appeal rights. If the member or responsible party formally appeals the decision, the appeals process will be initiated.

Begin foot note 36. Incorporated revisions to describe the process for transitioning members to compliant settings, item #4. a. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval **Return to text.**

PHASE FIVE, COMPLIANCE

Figure. Table. PHASE Five, [July 2021, March 2022]

1.	MCOs monitor all HCBS providers and issue corrective action plans for noted deficiencies to HCBS Rule compliance following the regularly scheduled annual monitoring cycles	March 2022
2.	MCOs report quarterly site specific setting compliance with the HCBS Rules	October 2021 January 2022 March 2022
3.	Prepare Heightened Scrutiny evidentiary packets (October 2021), convene public comment period (November 2021) and submit package to CMS to review (December 2021).	October 2021 November 2021 December 2021

Return to text.

In Phase Five, the MCOs will utilize the revised standardized monitoring tools and processes noted in Phase Four to monitor HCBS providers for HCBS Rule compliance. Providers who do not achieve compliance by March 2022 will be subject to contract termination with the MCO as well as termination of the Provider Participation Agreement with A H C C C S. The MCOs will report site specific monitoring findings to AHCCCS through contract required deliverables.

Details regarding MCO implementation processes and MCO and AHCCCS reporting processes for site specific assessments, including heightened scrutiny submissions to CMS, are outlined under Phase Four.

PUBLIC COMMENT PROCESS AND FINDINGS

The Process

AHCCCS recognizes the importance of input from its member, family members, providers and community stakeholders. The input received ensures the identification of all settings that are subject to the rule requirements, validation of assessment outcomes and the appropriateness of the remediation strategies outlined in the Transition Plan for settings to come into compliance. AHCCCS conducted an official public comment period from August 1, August 31, 2015. It is important to note that AHCCCS recorded any public input received, including input received prior to and after the public comment period expired. To support individuals and organizations to submit public comment, AHCCCS undertook a myriad of activities to inform and orient the community about the HCBS Rules and Arizona's draft Systemic Assessment and Transition Plan.

In an effort to exercise due diligence to inform the community about the HCBS Rules and the opportunity for public comment, AHCCCS conducted outreach activities. Respectfully, AHCCCS engaged in activities to support the community to actively participate in the public comment period. AHCCCS created an email distribution list with emails from individuals who participated in the aforementioned community stakeholder meetings referenced on pages 12 13 of this document. The email list was updated periodically throughout the public comment period with email addresses from individuals who registered and or attended the community forums.

Over the course of the public comment period, AHCCCS disseminated six emails (Appendix AE), sharing information pertaining to the upcoming forums, opportunities to provide input, and or new information posted to the AHCCCS webpage. When disseminating information to community stakeholders, AHCCCS provided an overview (Appendix AF) of the HCBS Rules along with the flyer (Appendices AG and AH) for the community forums that organizations could use to share the information with their respective networks. Furthermore, AHCCCS requested organizational representatives on the email distribution list to notify AHCCCS of the strategies employed for sharing the information with the greater community. The following is a matrix of strategies used by partnering organizations and community stakeholders to notify the community of the HCBS Rules and opportunities for public input. **Foot note** 37.

Figure. Table.

Stakeholder	Outreach Strategy
DES, DDD Employment Specialists	Email Dissemination
Long Term Care Ombudsman	Email Dissemination
Governor's Advisory Council on Aging	Email Dissemination
Regional Center for Border Health	Email Dissemination
A A R P	Email Dissemination
The Cutty Legacy Foundation	Email Notice

Begin foot note 37. Provided examples of public comment period outreach and notifications, items #1 and #2. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

Return to text.

Figure. Table.

Stakeholder	Outreach Strategy
A R C of Arizona	Email Advocacy Alert, Website Posting
Easter Seals Blake Foundation, Parent Education	Email Dissemination
DES, DDD	Email Notice, Website Posting and Emails to: Developmental Disabilities Advisory Council, Human Rights Committee and Pilot Parents
Rehabilitation Services Administration	Email Dissemination
Office of Children with Special Health Care Needs	Email Dissemination
Library Branches	Email Dissemination
Arizona Health Care Association	Weekly Update
Raising Special Kids	Action Alert, Facebook Page, Twitter Page, Monday Memo
Gompers Center	Parent Meeting, Copies in Front Lobby, Facebook Page, Email Dissemination
Hozhoni Foundation	Copies provided to members and emailed to guardians
Governor's Office on Aging	Email Dissemination
Scottsdale Training and Rehabilitation Services, S T A R S	Email Notice
UCP of Southern Arizona	Email Dissemination
Sonoran University Center on Excellence in Developmental Disabilities	Website Posting, Facebook Page and Email to Community Advisory Council
Arizona Association of Providers for People with Disabilities	Weekend Wrap weekly emails
Arizona Autism Coalition	Newsletter
Aging and Disability Resource Center	Newsletter

Return to text.

The following is a listing of outreach activities undertaken by AHCCCS to inform and support the community to actively participate in the public comment period. All of the items noted below were posted and remain posted to the HCBS Rules webpage (www.azAHCCCS .gov/HCBS) for reference with the exception of the items provided to accommodate individual needs of respondents.

Established multiple methods to receive public comment via email (HCBS @azAHCCCS .gov) and written correspondence.

Established response protocols, All submissions were sent the following notification when the comments were received.

- "Thank you for your interest in the Centers for Medicare and Medicaid Services, CMS, Home and Community Based Setting, HCBS, Rules and your public comment submission. AHCCCS will review and consider all public comment received."
- For comments pertaining to the elimination of Center Based Employment Services, AHCCCS sent the aforementioned response coupled with a tailored response clarifying the draft Transition Plan does not include plans to eliminate the service, as well as an invitation to the community forum on employment services scheduled for August 28, 2015.

Created and disseminated a flyer providing information about the HCBS Rules and a notice of the statewide public forums dates and locations.

Created and disseminated a flyer providing information about the HCBS Rules and a notice of a statewide public forum on August 28, 2015, specific to employment services. The forum was hosted through a statewide videoconferencing system provided by the Rehabilitation Services Administration.

Posted the community forum presentation both in English and Spanish to the HCBS Rules webpage.

Recorded and posted a link to a recorded community forum presentation to the HCBS Rules webpage.

Provided the community forum presentation, as requested, in large print and Braille to accommodate attendees.

Provided live Spanish translation services, as requested, at the community forum in Yuma, Arizona.

In addition to the outreach activities and support items noted above, AHCCCS established and promoted a dedicated webpage (www.azAHCCCS .gov/HCBS) to serve as an Arizona's centralized resource on the HCBS Rules. The webpage contains a brief overview of the HCBS Rules including links to the Federal Register and the CMS webpage dedicated to the requirements. Arizona's Draft Systemic Assessment and Transition Plan was posted to the website on July 31, 2015, to coincide with the launch of the public comment period. The webpage included information to support stakeholders to provide informed public comment. Prior to and throughout the public comment process, AHCCCS updated the webpage with the following information that will remain on the webpage for reference.

- Arizona's Draft Systemic Assessment and Transition Plan
- Statewide Community Forum Schedule Flyer
- Statewide Community Forum Schedule Flyer for the Employment Services Forum scheduled for August 28, 2015
- Community Forum Presentation in both English and Spanish
- Community Forum Webinar recorded for stakeholders who were unable to attend a forum
- Information on how and where to submit written and email public comment including prompting questions

AHCCCS scheduled seven, and ultimately conducted eight, public community forums across the state in order to obtain comment and feedback. As a result of comments received early on in the comment period regarding concerns related to employment services, AHCCCS added an additional forum specifically focused on employment services. The forum was conducted via a seven location statewide video conferencing system hosted by the Rehabilitation Services Administration. The dates, locations and approximate number of attendees of the community forums are provided in the table below.

Figure. Table.

Date	Location	Number of Attendees
08/05/15 Session 1	Phoenix	115
08/05/15 Session 2	Phoenix	30
08/06/15	Show Low	12
08/12/15	Prescott Valley	20
08/20/15	Yuma	45
08/21/15 Tribal Consultation	Flagstaff	100
08/26/15	Tucson	75
08/28/15	Videoconference	[redacted]
[redacted]	Phoenix	30
	Gilbert	23
	Yuma	1
	Flagstaff	8
	Show Low	1
	Kingman	0
	Douglas	4
	Tucson	6
Approximate Total		470

Return to text.

AHCCCS received a wealth of public comment submissions including submissions at the community forums, email submissions and postal mail submissions. The following is an outline of the total number of submissions including a breakdown of the number of submissions by stakeholder grouping.

Figure. Table.

Type	Number of Submissions	Member	Family Member	Provider	MCO	Organization	Other
Forums	124	4	36	47	9	19	9
Email	147	11	92	16	1	7	20
Mail	50	10	37	[redacted]			3
Total	**321**	**25**	**165**	**63**	**10**	**26**	**32**

The Findings

The HCBS Rule Workgroup met on September 16 and September 23, 2015, in order to review, draft responses to and determine changes to the draft Systemic Assessment and Transition Plan based on public comments received. In an effort to record and respond to the public comment received, AHCCCS created a Public Comment Matrix (Appendix AI) whereby all comment submissions have been recorded. The comments for each setting type were grouped into the following categories to support the review and analysis. Additionally, AHCCCS included a section on general comments irrespective of setting type that also includes the following category breakdown.

Scope of the HCBS Rules, comments pertaining to the applicability of the HCBS Rules on a particular setting and or personal implications of compliance for members

Assessment, comments pertaining to the compliance level including comments on the evidence provided to assess the compliance level

Transition Plan, comments pertaining to the remediation strategies to address non or partial compliance

Network Capacity, Service Availability and Rates, comments pertaining to the cost implications of compliance with the HCBS Rules and comments related to the availability of settings to meet the needs of members

In addition to recording the comments, AHCCCS recorded the names and contact information for individuals that expressed an interest in participating in a Transition Plan workgroup. Additionally, AHCCCS added email addresses provided in the submissions to the email distribution list for respondents to receive future updates.

The following are important notations about the Public Comment Matrix.

- Each individual submission, forum comment form, emails and letters, is recorded. There are some cases whereby individuals provided more than one submission.
- Each submission has a reference number consistent with the format in which the comment was provided. A copy of all forum comment forms (Appendix AJ), emails (Appendix AK) and letter (Appendix AL) submissions is provided, in their entirety, in the Appendix. Note: The names and contact information for members and family members have been redacted.
- In most cases, the entire content of and exact quotes of the comment submission are recorded in the matrix. In some instances, only excerpts are recorded in the Matrix and noted as such. Additionally, the matrix captures verbal comments expressed during the community forums and noted as such.
- If submissions included more than one comment on different topic areas, the comments were recorded in the appropriate categories. Therefore, one submission may have been recorded in a number of different areas within the Matrix. In order to see the totality of comments submitted by an individual or organization, simply conduct a search for the reference number of a particular submission.

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

How to Read the Public Comment Matrix

First Column, Reference, the reference number applied to the submission.
Second Column, Stakeholder, a description of the group represented by the respondent.
Third Column, Questions or Comments, the questions or comments submitted in the original form.
Fourth Column, AHCCCS' written response to the questions or comments.

AHCCCS standardized the format of responses in an effort to support individuals to review the Public Comment Matrix. For example, when respondents submitted comment editorial in nature, AHCCCS stated "Thank you for your comment." For instances whereby the respondent needed clarification and or questions answered, AHCCCS either provided a direct clarification response and or pointed the respondent to a referenced section in the document for more information. Lastly, in the instances whereby AHCCCS made modifications to the draft Systemic Assessment and Transition Plan as a result of the public comment, a summary of the modifications were noted and the respondent was referenced section in the document. AHCCCS highlighted, in blue, the responses in the Matrix (Appendix AI) that
resulted in modifications to the draft Systemic Assessment and Transition Plan. A quick reference of those modifications is found in Appendix AM. **Foot note** 38

The Trends

The following is a high level overview of trending topics identified throughout the public comment period. Due to the overwhelming response of public comment, the conclusion of this section will include a more detailed outline of trending comments received pertaining to the Center Based Employment settings. Similarly, AHCCCS' response to the comments on Center Based Employment is comprehensive and, therefore, provided at the conclusion of this section versus provided within the context of the Public Comment Matrix. A brief response in the Matrix would not be sufficient to clearly outline the intent and scope of proposed remediation strategies to support a facility based employment model compliant with the HCBS Rules.

Arizona's Timeline for Compliance with the HCBS Rules, It was commonly misunderstood that Arizona was not compliant with the HCBS Rules timeline for other Medicaid Wavier authorities. Due to AHCCCS' 1115 Wavier authority for Medicaid Services, Arizona's timeline for submission of the Systemic Assessment and Transition Plan and five year compliance is associated with the state's 1115 Waiver renewal submission and process. [Reference "Introduction" section in this document]

HCBS Rules as Basic Rights, Respondents indicated, philosophically, they supported the idea of applying the HCBS Rules as basic rights afforded to all members. It was, also, noted some members can benefit greatly from the new standards. That said, respondents did cite the health and safety of some members would be at risk if the rights were applied broadly to the entire membership. For example, there may be cognitive, medical and or age related limitations. The Person Centered Planning process is prescribed as the avenue for which considerations can be made to limit the access to or the responsibility of a right due to risks to a member's health and safety. This process also assures a member's choice not to exercise the right. For example, a member is not required to be employed. That is a choice of the member. However, the HCBS Rules' standards require the system to be primed to support individuals with vocational goals and aspirations. Conversely, the Person Centered Planning process provides safeguards against unjustified restrictions of a member's rights. [Reference "Person Centered Planning Assessment and Transition Plan" section in this document]

Assessment Process, Concerns were expressed by respondents on the decision to invoke a systemic assessment versus site specific assessment approach. The comments centered on the concept of how the Systemic Assessment and Transition Plan would translate into individual site specific setting compliance. The "System", policy, contracts, etc. needs to meet the new standards for long term care required under the HCBS Rules. Once the "system" meets the standards, the standards are implemented in practice to assure the compliance of all licensed residential and non residential settings through the Transition Plan and subsequent ongoing monitoring practices. [Reference "The Assessment" section in this document.]

Begin foot note 38. Created separate document to highlight public comment that resulted in modifications to the draft Systemic Assessment and Transition Plan, item #3. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

Heightened Scrutiny, Respondents provided feedback that informed the determination Assisted Living Facilities with Memory Care Units and Farmstead Communities meet CMS' requirements for Heightened Scrutiny. Characteristics noted through public comment indicate the settings to be presumed institutional and have the effective of isolating individuals receiving Medicaid HCBS from the broader community. As a result of these comments, AHCCCS added a section entitled "Settings Requiring On Site Reviews" in the Systemic Assessment and Transition Plan. [Reference "Setting Requiring On Site Reviews" section in this document.] **Foot note** 39

Transition Plan, Respondents representing members and family members and or advocacy organizations noted that site specific compliance should occur earlier in the Transition Plan timeline and, as noted above, were unclear how the systemic modifications would translate into validated individual site specific setting compliance. The provider community noted, in general, site specific settings are in a position to come into compliance by March 2022, conclusion of the Transition Plan period. The only caveat is a sufficient rate structure that assumes costs to support new business practices and or staffing ratios to support compliance with the HCBS Rules. AHCCCS will employ a, statistically valid, systemic survey of members and provides prior to and in years 3 and 5 of the Transition Plan to assess systemic compliance. Multi stakeholder workgroups will revise current MCO monitoring tools and processes for service providers to ascertain site specific compliance with the HCBS Rules. Providers will conduct a self assessment as part of that process and members will be interviewed to validate the self assessment results. The Transition Plan allows for one annual monitoring cycle for technical assistance (Year 4) and one annual monitoring cycle (Year 5) to assess compliance for site specific settings. Providers not in compliance will be required to develop and submit Corrective Action Plans for cited deficiencies. Providers who do not achieve compliance will be subject to contract termination with the MCO as well as termination of the Provider Participation Agreement with A H C C C S. [Reference "The Overall Transition Plan Outline" section in the document]

Network Capacity, Service Availability and Rates, Compensation rates were noted as a barrier to compliance with the HCBS Rules from respondents representing members and family members, providers, and or advocacy organizations and comments span across all setting types. The format of the Public Comment Matrix is representative of the number of comments received on this topic, each setting type area includes a sub heading entitled "Network Capacity, Service Availability and Rates." Comments reflected that even current rates structures are challenging for providers to serve members. It was noted that the HCBS Rules represent higher standards and, therefore, more costs associated with transitioning or enhancing current business practices particularly in the area of supporting members with choices around individualized schedules and activities in the community, i.e. staffing ratios, transportation, space, etc. It was also noted, to ensure quality and continuity of care, the deliberation around rate structures should consider wages for provider staff and case management personnel. AHCCCS reviews rates on an annual basis and ensures rates are actuarially sound in accordance with Federal requirements. AHCCCS will establish a "Rates Considerations" focused workgroup to provide input on cost implications to comply with HCBS Rules. [Reference "The Overall Transition Plan Outline" section in the document]

Begin foot note 39. Added trend related to Heightened Scrutiny, item #3. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

Return to text.

The Trends, Center Based Employment Services, C B E
Due to the overwhelming response of public comment on Center Based Employment Services, AHCCCS is dedicating a specific focus and section of this document to outline the trending comments from both provider and family members on the non residential service setting. It is important to note, that while the majority of comments were predicated on inaccurate information indicating closure of facility based work environments, AHCCCS considered the comments received as an indicator that members and families wanted C B E to remain in effect and unchanged. AHCCCS' response to the comments on C B E is comprehensive and, therefore, provided at the conclusion of this section versus provided within the context of the Public Comment Matrix. A brief response in the Matrix would not be sufficient to clearly outline the intent and scope of proposed remediation strategies to support a facility based employment model compliant with the HCBS Rules.
The following are a summary of collective comments from members and families on the Draft Systemic Assessment and Transition Plan.

- The current model for Center Based Employment should remain. Members should not be forced to work outside of the facility based environment.
- The longevity of the service provided to the member, i.e. 10 20 years or more
- C B E does support members to make progressive moves into integrated employment. Also, some members do receive a combination of C B E and group supported employment.
- Members have made progression on habilitation goals including improvements in work and soft skills.
- Members can work and navigate the facility based environment independently and would have the same opportunity in a community setting.
- Staff members at the facility understand the unique needs, behavioral supports and personal care needs, of the members and know how to address them.
- Members have had unsuccessful attempts at working in the community and the failure has a negative impact on them. Additionally, members experienced exploitation of victimization while working in the community.
- Employers are not inclined to hire individuals with low productivity rates
- Individual exhibit pride by earning a paycheck and taxes, thereby making contributions to their communities
- The relationships formed in the C B E environment carry over into social and interaction outside of work
- Individuals participate in integrated community activities outside of work
- There are unintended consequences if individuals cannot continue working

Sub bullet. Not going anywhere during the day and being unproductive. If individuals need 24 hour supervision, families may be hard pressed to make adjustments to their lifestyle, i.e. not to go work.
Sub bullet. Going to a day program would be a regressive move and into a more restrictive environment. Members have exhibit regression on independence levels and skill building when going back to the day program after working in the workshop.

The following are a summary of collective comments from providers on the Draft Systemic Assessment and Transition Plan.

- Providers already support members to maximize their employment potential through progressive moves to integrated employment settings
- C B E should remain an option for individuals who do not have a desire or the skill set to make a progressive move to integrated employment settings, but nevertheless want to work and earn a paycheck
- Day Programs would not be a substitute day activity for individuals who could no longer participate in C B E. It would be a move to a more restrictive setting.
- The following are comments specific to the transition from C B E to a pre vocational facility based service.

Sub bullet. Individuals should not be required to start in a pre vocational facility based setting to receive employment services and supports

Sub bullet. The ratio of employees with disabilities and employees without disabilities need to establish an integrated work environment needs to be defined.

Sub bullet. The annual readiness assessment should be standardized

Sub bullet. Members should be allowed to utilize the pre vocational facility based service on a trial basis to find out to explore whether or not they would like to work

Sub bullet. Members should be allowed to come back to a pre vocational facility based setting after an unsuccessful attempt at working in the community

Employer engagement efforts will need to be expanded to support new both group and individually based integrated work opportunities

AHCCCS' General Response to Public Comments Foot note 40

AHCCCS' response to the feedback regarding Heightened Scrutiny has been addressed in the section entitled “Settings Requiring Special Considerations.” Similarly due to the quantity of public comment submissions on Center Based Employment settings, a separate section has been allotted below to outline AHCCCS' comprehensive response. Therefore, this section is purposed to summarize AHCCCS' response to other more general topics.

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

Begin foot note 40. Created separate document to highlight public comment that resulted in modifications to the draft Systemic Assessment and Transition Plan, item #3. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

The following is a summary of modifications to the Systemic Assessment and Transition Plan as a result of public comment and outside the scope of comments pertaining to Heightened Scrutiny and Center Based Employment. All notations refer to Appendix AM.

Figure. Table.

Setting	**Modification Description**	**Appendix AM Page Reference**
General	Modified "Introduction" section to clarify Arizona operates solely under an 1115 Waiver and received direction from CMS related to the Rule requirement in May 2015	Page 3
General	Modified the "Overall Transition Plan" section of the document to include:	
[redacted]	Processes for stakeholders provide ongoing feedback on the progress of the Transition Plan	Page 1 and 4
	A Preparation Phase period	Page 2
	Training for various stakeholder populations	Page 2 and 4
	Ongoing monitoring requirements and tools for both providers and MCO contract compliance	Page 3
Group Home	Modified language of Remediation Strategy #4 to read "Incorporate a Service Requirement and Limitation in the Services Specification that requires Group Homes to follow guidelines for language competency and provide rights in a location that anyone can access at anytime."	Page 7 and 9
Group Home	Changed compliance level of Rule #6 of the Assessment to "compliant"	Page 7 and 9
Developmental Home	Changed the term "group home" to "Developmental Home" in Remediation Strategy #1	Page 10
Developmental Home	Modified language of Remediation Strategy #4 to read "Incorporate a Service Requirement and Limitation in the Services Specification that requires Developmental Homes to follow guidelines for language competency and provide rights in a location that anyone can access at anytime."	Page 7 and 9
Developmental Home	Modified language of Remediation Strategy #3 to read "Incorporate a Service Requirement and Limitation in the Services Specification that requires Developmental Homes to follow guidelines for language competency and provide rights in a location that anyone can access at anytime."	Page 10

Setting	Modification Description	Appendix AM Page Reference
Developmental Home	Added examples of "home environment" in Remediation Strategy #4	Page 10 and 11
Developmental Home	Changed compliance level or Rule #6 of the Assessment to "compliant"	Page 11
Developmental Home	Changed the term "facility" to "home" in Remediation Strategy #9	Page 11
Day Treatment and Training Programs	Modified language of Remediation Strategy #4 to read "Expand the scope of the Service Goals and Service Specifications to include opportunities to learn about volunteer work in the community and referrals, resources and services, to prepare for, obtain and support volunteer work."	Page 12
Day Treatment and Training Programs	Modified language of Remediation Strategy #7 to read "Incorporate a Service Requirement and Limitation in the Services Specification that requires Day Treatment and Training Programs to follow guidelines for language competency and provide rights in a location that anyone can access at anytime."	Page 12
Group Supported Employment Programs	Modified language of Remediation Strategy #3 to read "Incorporate a Service Requirement and Limitation in the Services Specification that requires Group Supported Employment Programs to follow guidelines for language competency and provide rights in a location that anyone can access at anytime."	Page 63

Return to text.

AHCCCS' Response to Public Comments on Center Based Employment

The HCBS Rules are new federal standards and requirements for Medicaid funded long term care services. The intent of the standards is to support the membership to actively engage and participate in their communities to the same extent as individuals not receiving Medicaid funded long term care services. Arizona's Systemic Assessment and Transition Plan provides information on the State's current compliance with the HCBS Rules and strategies that will be implemented to ensure compliance after the five year transition period. All residential and non residential settings, i.e. Center Based Employment, must be in compliance with the HCBS Rules by the end of the transition period (March 2022) and ongoing thereafter. Thus, service settings must be compliant in order for members to receive services in those settings.

Therefore, the compliance with the HCBS Rules is not related to any cost savings measures or intended to reduce services. In fact one of AHCCCS' goals throughout this process was to preserve the continuum of services while instituting measures to ensure all residential and non residential settings comply with the HCBS Rules. Additionally, given the HCBS Rules are requirements for long term care services, the compliance standards are not applicable to services funded by the Regional Behavioral Health Authorities. Lastly, the allowance of sub minimum wage certificates is governed by the U.S. Department of Labor and outside the scope of the HCBS Rules and, thereby, not addressed the Systemic Assessment and Transition Plan.

AHCCCS concurs with and supports Employment First principles that working age members should have the opportunity to consider integrated community employment as the first option for daily living consistent with what is culturally normative for individuals not receiving long term care funded Medicaid services. AHCCCS recognizes the system of employment supports and services should be designed to support members who express a desire to work to achieve their vocational goals.

Consistent with the assessment of compliance for all other residential and non residential services, AHCCCS utilized the guidance from CMS to assess C B E. In addition, AHCCCS utilized the guidance of a CMS technical bulletin **Foot note** 41. for the provision of Medicaid funded employment and employment related services. The only allowable facility based employment service option is a pre vocational facility based service. The current construct for C B E is inherently not compliant with the HCBS Rules. For these reasons and all of the aforementioned points, AHCCCS developed remediation strategies for C B E to transition into a pre vocational facility based service in order to comply with the HCBS Rules.

- The intent of a pre vocational services it to prepare and support individuals to obtain employment in an integrated setting including both group and individual supported employment settings. The following are highlights of the service specifications for a pre vocational service that are different than the current construct of C B E.
- Members must have an employment goal for integrated employment, group or individual supported employment.
- Members will have specific goals related to their supportive needs to prepare for employment. The person centered planning process will be used to ensure the member is making progress on goals. If the Member is not ready for competitive and integrated employment interventions will be modified or new onces created that will lead toward goals in pursuit of competitive, integrated employment. **Foot note** 42
- The duration of the service will be determined by the member and their planning team through the person centered planning process.
- The facility must be in a location within the community in an effort to facilitate integration with the greater community.

Begin foot notes.

41. **CMS Technical Bulletin**

42. Incorporated revisions to clarify the role of the person centered planning to support employment progressive move transitions, item #3. f. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval

- Paid or volunteer work is the standard employment goal, with C B E and other pre vocational programming becoming the work skills development means to achieve the paid or volunteer work. **Foot note** 43 The use of the sub minimum wage certificates is allowable to compensate for work performed for the purposes of skill development.
- The setting must be integrated whereby members interact and or work with individuals without disabilities inside and outside of the facility. This could include customers, co workers and or subject matter experts than provide training on how to prepare for and be successful in the workplace, i.e. preparing for an interview.

AHCCCS added a remediation strategy (C B E Remediation Strategy #5) to the Transition Plan for C B E in direct response to the comments received from members and family members regarding the impact of the proposed changes to members currently working in a C B E facility that do not have a goal of working outside of the facility. While simultaneously adding the pre vocational facility based service to the employment supports and services continuum, AHCCCS will permit members currently receiving C B E to continue to receive C B E, Enrollment Cap Option. New provider approval and services authorizations for C B E will be suspended at the conclusion of the five year Transition Plan (March 2022). The C B E setting must adopt all of the remediation strategies outlined in the Transition Plan, except for the requirement for members to have a vocational goal for integrated employment, group or individual supported employment and remediation strategies related to the service scope of services for pre vocational, career exploration, transportation training, etc. For example, the C B E environment will be integrated whereby members interact and or work with individuals without disabilities inside and outside of the facility. The person centered planning process will be utilized to continue to provide members and their families with information on the continuum of employment support services and supports to make informed decisions about progressive employment moves. **Foot note** 44 It should be noted that AHCCCS presented the proposed idea of the Enrollment Cap Option to the attendees as the employment service community forum held on August 28, 2015.

In addition to ensuring the current continuum of employment services and supports meet basic standards to comply with the HCBS Rules, AHCCCS will, in cooperation with the Transition Plan workgroup on C B E, undertake a process to evaluate and re design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community (C B E Remediation Strategy #6). AHCCCS recognizes the current continuum may not allow for all of the needed supports for members to work and or may inadvertently limit a provider's creativity to support members in the workplace. The workgroup will also explore other options for services that afford members a meaningful day outside of a work environment.

AHCCCS is supportive of other initiatives that will support the system and members to prepare for and obtain integrated employment. AHCCCS administers two employment initiatives funded by the Arizona Developmental Disabilities Planning Council. The Work Incentive Information Network, W I I , utilizes the Arizona Disability Benefits 101 (DB101) website (www.az.db101.org) to ensure that individuals with disabilities and their families have the information, services and supports they need to make decisions about employment and making the transition from dependence on public benefits to financial self sufficiency.

Begin foot notes.

43. Technical clarification regarding the role of paid or volunteer work to support skills development in a pre vocational service setting.

44. Incorporated revisions to clarify member support to make informed decisions about employment settings, services and supports, item #3. f. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.

Return to text.

The AHCCCS Freedom to Work program supports individuals with disabilities to maintain both acute and long term care Medicaid health care coverage while working and earning a livable wage. Many times individuals place limits on their earnings potential in response to concerns about how their benefits will be impacted by work. For example, the DB101 website provides information on the AHCCCS Freedom to Work program and a benefits calculator for individuals to use to see if they might qualify for the benefit. Untapped Arizona helps to create a demand for workers with disabilities in the marketplace utilizing a business, to, business approach to support Arizona businesses to recruit, hire, retain and promote workers with disabilities. Through a partnership with the Arizona Department of Economic Security, Division of Employment and Rehabilitation Services, Untapped Arizona connects qualified job candidates with disabilities with businesses to meet their workforce needs through the state's labor exchange, the Arizona Job Connection (www.jobconnection.gov).

PERSON CENTERED PLANNING

AHCCCS made a decision not to address the HCBS Rule requirement for Person Centered Plans, P C P, within the context of each residential and non residential setting. The rule requirements pertaining to P C P is not addressed in each subsequent residential and non residential sub setting type assessments. Rather, due to the significance of the role of the P C P to ensure and support members to have full access to the benefits of community living, AHCCCS chose to conduct a separate and distinct process to enhance the State's mandated P C P standards while simultaneously developing a transition plan to come into compliance with the P C P requirements as they pertain to the HCBS Rules. **Foot note** 45

The HCBS Rules highlight the role of the Person Centered Plan, P C P, in a member's selection of a residential or non residential service setting. The rule states in subsection 441.301(c)(4) and subsection 441.710 respectively, "The setting is selected by the individual from among setting options including non disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board." **Foot note** 46.

The HCBS Rules afford members basic rights in the provision of long term care services and supports, L T S S. The P C P is the vehicle to limit access to those rights in the event that any right may jeopardize the health and safety of the member and or others. The Rules stipulate in subsection 441.301(c)(4) and subsection 441.710 respectively that in order for the rights to be limited, the following steps must be taken and documented as part of the P C P process:

- Identify a specific and individualized assessed need
- Document the positive interventions and supports used prior to any modifications to the P C P
- Document less intrusive methods of meeting the need that have been tried but did not work
- Include clear description of the condition that is directly proportionate to the specific assessed need
- Include regular communication and review of data to measure the ongoing effectiveness of the modification
- Include the established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
- Include the informed consent of the individual
- Include an assurance that interventions and supports will cause no harm to the individual **Foot note** 47

As noted on page 11, the HCBS Rules Workgroup conducted the assessment of the aforementioned Person Centered Planning requirements on June 8, 2015. It was noted that although elements of these requirements are

Begin foot notes.

45. Clarified the person centered planning initiative is separate and apart from the H C BS Rules initiative, item #10 . Reference Systemic Assessment Revisions Crosswalk – September 2017 – Approved by CMS.

46. Department of Health and Human Services, 79 Fed. Reg. 2948 (January 16, 2014) (codified at 42 CFR 431.301)

47. Department of Health and Human Services, 79 Fed. Reg. 2948 (January 16, 2014) (codified at 42 CFR 431.301)

implemented in practice, the Systemic Assessment resulted in a finding of non compliance. The required elements are not applied consistently in practice nor documented to the standards outlined in the HCBS Rules. **Foot note** 48
AHCCCS' targeted goals for the P C P State mandated enhancements and HCBS Rules P C P transition plan is to:

- Develop safeguards against unjustified restrictions of member rights
- Ensure members have the information and supports to maximize self direction and determination in both the P C P and service provision process
- Create alignment across MCOs in order to monitor implementation and member progress toward personal goals

More information may be found on the AHCCCS webpage dedicated to sharing information about progress and how to become involved in HCBS initiatives (www.azAHCCCS .gov/HCBS).
Begin foot note 48. Incorporated outcome of the person centered planning assessment as it pertained to the required elements for the HCBS Rules initiative, item #5. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.
Return to text.

OTHER AHCCCS INITIATIVES SUPPORTING COMMUNITY INTEGRATION. Foot note 49

As noted in the previous section entitled The Medicaid Program, "Since the inception of the ALTCS HCBS program in 1988, AHCCCS sought to promote the values of choice, independence, dignity, self determination, and individuality for its membership. Furthermore, AHCCCS has designed the service system to ensure members live in and are served in the least restrictive setting as well as in a setting that provides integration and interaction in community life."

This section outlines initiatives, outside of the HCBS Rules, that have been implemented and serve as a complement to the HCBS Rules to assure members have access to the full benefits of community life through placement options, self direction, support directed at social determinants of health and community based resources.

Home and Community Based Services Report

AHCCCS submits an annual Home and Community Based Services report to CMS to outline how the state is building capacity within the system to not only expand integrated community based services, but also highlight the results of those activities including member success stories and descriptions of innovative practices employed by the MCOs. Furthermore, the report provides evidence of the continued priority to serve members in the least restrictive setting as outlined in the Placement reports. For example, the 2017 report states, "AHCCCS continues to see an increase of members residing in their own homes and institutional placements continue to remain consistent, considering increases in population, the past five years after a marked decline over the course of Contract Years Ending, C Y E, 09 12." Placement Report summaries detail, "Since 2009 the proportion of members residing in their own homes increased from 49% to 69%, while the proportion of the members residing in institutions declined from 31% to 12%. At the same time, the proportion of members residing in alternative residential settings remains level with a range of 18 to 20%."

The current and former year's reports may be found on the AHCCCS website.

Service Delivery Models

AHCCCS offers a number of service delivery models, Member Directed Options, for members living in their own home to the maximum extent possible, to exercise responsibilities in managing their personal health and development by making decisions about how best to have their needs met including who will provide the service and when and how the services will be provided.

Spouse as Paid Caregiver AHCCCS implemented the spouse as paid caregiver service option on October 1, 2007, after receiving a waiver from CMS. Spouse as Paid Caregiver is a service model option which allows a spouse, who meets basic qualifications to provide and be compensated for providing direct care services for their husband or wife.

Self Directed Attendant Care AHCCCS implemented Self Directed Attendant Care, S D A C, on September 1, 2008. S D A C offers ALTCS members or their legal guardians the choice of directly hiring and supervising their own Direct Care Workers, D C Ws, without the use of an agency. 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. For example, Case Managers may authorize member training services by an AHCCCS registered provider to provide training to the member on how to exercise their employer authority.

Begin foot note 49. Incorporated section to outline other state initiatives that complement the HCBS Rules, item #6. Reference Transition Plan Revisions Crosswalk September 2017 September 218 Preliminary CMS Approval.

Return to text.

Agency with Choice, AHCCCS implemented Agency with Choice on January 1, 2013. A member or the member's Individual Representative, I R, may choose to utilize Agency with Choice for the provision of their care. Under this option, the provider agency and the member, I R enter into a formal partnership agreement. The provider agency serves as the legal employer of the Direct Care Worker and the member, I R 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.

Employment

AHCCCS utilized Employment First principles to guide the Transition Plan for employment services noting that working age members should have the opportunity to consider integrated community employment as the first option for daily living consistent with what is culturally normative for individuals not receiving long term care funded Medicaid services. Arizona's Governor Ducey, per Employment First Executive Order (2017 08) declared all state agencies that provide services and support to persons who have disabilities shall implement Employment First in Arizona and shall coordinate efforts to improve employment opportunities for working age adults who have disabilities. Employment First is a national initiative that promotes competitive, integrated employment in a setting at minimum wage or higher and is the preferred service option and optimal outcome for persons with disabilities. Integrated Employment includes the following: Competitive Employment, Customized Employment, and Self Employment.

AHCCCS is a vital partner in Arizona's Employment First initiative, and therefore MCOs are contractually required to adhere to the following guidelines, principles, and practices:

1. All working age people who have disabilities can participate in jobs that provide for meaningful work, with pay at or above minimum wage, benefits, and opportunities for integration with other workers.
2. All people, regardless of disability, have the right to pursue the full range of available employment opportunities and to earn a living wage in a job of their choosing, based on their talents, skills, and interests.
3. As with all other individuals, employees with disabilities require assistance and support to ensure success on the job and should have access to succeed in the workplace.
4. Policies and practices should be conducive to the employment of people who have disabilities in general and Employment First principles in particular.
5. Benefits counseling should be available to all people who have disabilities who want to work so that they understand the options available to them.

Housing

Since 2010, AHCCCS has implemented the Community Transition Services service approved by CMS. This service provides 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 dollars to defray transition costs such as security and utility deposits for an apartment or home, essential furnishings or other moving expenses. Even with the support of this service, members 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 order for them to accumulate resources to obtain housing.

AHCCCS recognizes that securing affordable and accessible housing is one of the most challenging barriers to integrated living in the community for members. A H C C C S, in partnership with the MCOs, has recently prioritized new housing initiatives to expand capacity of affordable housing for AHCCCS members.

In May 2017, the Arizona Division of Developmental Disabilities received a grant from the U.S. Department of Housing and Urban Development, H U D, Section 811 Supportive Housing for Persons with Disabilities program to fund rental assistance for eligible beneficiaries to live in the community and have collaborated across agencies and the private sector to develop additional housing supports. A total of 2.7 million dollars in project based rental assistance is now available for eligible developers and existing properties to create up to 64 housing units for individuals wanting to move from a less integrated setting into their own home, and who were in need of affordable housing.

Beginning October 1, 2017, AHCCCS initiated a new contract requirement with the MCOs for the designation of a Housing Specialist that is responsible for:

- Supporting case managers with up to date information on housing designed to aid members in making informed decisions about their independent living options
- Building relationships with public housing authorities for the purposes of developing innovative practices to expand housing options
- Maintaining, monitoring and tracking a member affordable housing referral listing

Non Medicaid Service Coordination

Case Managers, as part of the person centered service planning process, are responsible for assisting members in identifying and integrating non ALTCS covered community resources and services into the person centered plan that can support the member in achieving personal goals and or transitioning to greater self sufficiency including employment, including volunteer work, housing, education, recreation and socialization.

Figure. table.

Residential Setting Type	Assisted Living Facilities, A residential care institution, including an adult foster care home, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuous basis.
Residential Setting Sub Type	Assisted Living Center
Description	The facility provides resident rooms or residential units and services to 11 or more residents.
Number of Settings	120 (Source: June 2015 Provider Affiliation Transmission)
Number of Members Served	3,443 (Source: June 2015 Placement Report)
Residential Setting Sub Type	Assisted Living Center, Memory Care, Self Directed
Description	Directed Care services means programs and services, including supervisory and personal care services, that are provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.
Number of Settings	79
Number of Members Served	1002
Residential Setting Sub Type	Assisted Living Home
Description	The facility provides resident rooms and services to ten or fewer residents.
Number of Settings	692 (Source: June 2015 Provider Affiliation Transmission)
Number of Members Served	2,285 (Source: June 2015 Placement Report)
Residential Setting Sub Type	Adult Foster Care Home
Description	The facility providers services for at least one or no more than four adult residents.
Number of Settings	76 (Source: June 2015 Provider Affiliation Transmission)
Number of Members Served	155 (Source: June 2015 Placement Report)

Table. continued

References	Location	Description
Arizona Revised Statute	36 401	Assisted Living Facilities Definitions
Arizona Administrative Code	R4 33 602	Assisted Living Manager Training Programs
Arizona Administrative Code	R9 10 803	Assisted Living Facilities Administration
Arizona Administrative Code	R9 10 808	Assisted Living Facilities, Service Plans
Arizona Administrative Code	R9 10 810	Assisted Living Facilities, Resident Rights
Arizona Administrative Code	R9 10 820	Assisted Living Facilities, Physical Plant Standards
AHCCCS Medical Policy Manual	General Reference	General Information Regarding Covered Services*
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1230 A	Assisted Living Facilities Service Description
AHCCCS Medical Policy	Section 1610	Components of ALTCS Case Management

Table. Continued.

References	Location	Description
AHCCCS Medical Policy Manual	Section 1620 A	Case Management Standards, Initial Contact or Visit Standard
AHCCCS Medical Policy Manual	Section 1620 B	Case Management Standards Needs Assessmant or Care Planning Standards
AHCCCS Medical Policy Manual	Section 1620 D	Case Management Standards Placement or Service Planning Standard
AHCCCS Medical Policy Manual	Exhibit 1620 15	Assisted Living Facility Residency Agreement
AHCCCS ALTCS Contract	Section 41	Accommodating AHCCCS Members
AHCCCS Contractor Operations Manual	General Reference	Administrative, Claims, Financial and Operational Policies for Contractors*
AHCCCS Contractor Operations Manual	Chapter 436	Network Standards

Note*. The AHCCCS Medical Policy Manual and the AHCCCS Contractor Operations Manual are subject to revisions on an ongoing basis. Therefore, a general reference link to the main policy webpage has been provided in the event a link in the matrix is inoperable as the result of policy revisions.

Transcriber's Note. Print page numbering could not be retained after this point due to size of tables and formatting, **Return to text.**

Figure. Table. Assisted Living Facilities Assessment

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located around private residences and businesses ▪ Individuals interact with and or have relationships with persons not receiving Medicaid services, i.e. neighbors, friends, family, etc.	AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [Chapter 1200 Overview] ▪ AHCCCS Contractor Operations Manual ▪ Assisted Living Homes and Adult Foster Care Homes are located in neighborhoods. ALTCS Contractors are required to develop and maintain a sufficient provider network. [Chapter 436] Arizona Administrative Code Assisted Living Centers are located within communities. Some Assisted Living Centers are co located on the grounds of private skilled nursing facilities. They operate separate and apart from the skilled nursing facilities and have unique licensure requirements. [Title 9. Chapter 10. Article 8]	Partial Compliance **Foot note** 50	1) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another. 2) Incorporate language AHCCCS Contractor Operations Manual (Chapter 436) that requires MCO review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to A H C C C S. Reference remediation strategy #6
1. a. Seek employment and work in competitive integrated settings,	▪ Individuals living, and interested in working, in the setting have jobs, paid or	AHCCCS Medical Policy Manual ▪ Case Managers	Partial Compliance	3) Create an employment services section in the AHCCCS Medical Policy Manual (Chapter 1200) to

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	volunteer, in the community ▪ Individuals have supports to prepare for and obtain employment or volunteer activities ▪ Individuals have transportation to and from work or volunteer activities	assist members to identify independent living goals and provide information about local resources to help them transition to greater self sufficiency in the areas of housing, education and employment [Section 1620.1.o.][Contract Section D 16] ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions about their independent living options [Section 1630.5] AHCCCS Medical Policy Manual ▪ Supported employment is noted within the service scope of habilitation services. This type of service is only utilized by the Department of Economic Security, Division of Developmental Disabilities ALTCS Contractor. Therefore, access to employment support services is not consistently available for ALTCS Members across the program. [Section 1240 E] ▪ Case Managers must facilitate access to non ALTCS services available		include an array of employment support services including options to support members to volunteer in the community. ▪ Habilitation ▪ Pre Vocational Services ▪ Group Supported Employment Individual Supported Employment 4) Require ALTCS Contractors in the AHCCCS Contractors Operations Manual (Chapter 436) to build a network for the provision of an array of employment support services. 5) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) that outlines an Assisted Living Facility must refer the member to his or her case manager if he or she expresses a desire and or demonstrate work related skills in the facility.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		throughout the community and assist members to identify their independent living goals, and provide members with information about local resources that may help them transition to greater self sufficiency in areas of housing, education and employment. [Section D 16]		
1. b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information to know about events and activities in the community ▪ Individuals access the community to purchase goods or services ▪ Individuals participate in activities in integrated settings, religious, social, recreational, etc. ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities, i.e. assistance with personal care	R9 10 808 Assisted Living Facility Managers are required to ensure that activities are planned, posted and accessible for residents to participate. [E] R9 10 810 Members have the right to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities [C.5] AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non ALTCS services available in the community [Sections 1610.2 and 1620 B.1.g.] ▪ Case Managers assist members to develop meaningful and measureable goals [Section 1620 B.5]	Partial Compliance	▪ 6) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) that outlines requirements for Assisted Living Facilities to support residents to engage in community life outside of the facility including support: ▪ To learn about events and activities in the community To participate in activities in integrated settings, e.g. facilitating transportation and personal care assistance.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. c. Control personal resources, and	▪ Individuals have accounts or other means to control their finances ▪ Individuals have access and discretion to spend earned and unearned money	R9 10 803 ▪ Assisted Living Facility Managers are required to have policies and procedures pertaining to the management of personal funds accounts for members [C.1.m] ▪ Assisted Living Facility Managers have specific requirements around the management of personal funds account for members [G] R9 10 810 ▪ Residents are afforded rights to privacy in financial and personal affairs [C.3.c]	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. d. Receive services in the community to the same degree of access as individuals not receiving Medicaid H C B Services	▪ Individuals have access to the same services and activities as individuals not receiving H C B services, i.e. live in the same area of the setting where individuals who privately pay live ▪ Individuals participate in activities in the community comparable to peers, i.e. people of similar age, people without disabilities, etc.	Arizona Administrative Code Assisted Living Facility by definition does not specify a payor source. They serve both Medicaid beneficiaries and individuals privately paying for services. [AAC. Title 9, Ch.10 Article 8] ALTCS Contract ALTCS Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. [Section 41]	Partial Compliance	Reference remediation strategy #6
2. The setting is selected by the individual from among setting options including:				

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
2. a. Non Disability specific settings	▪ Individuals have a choice of available options regarding where they want to live and receive services ▪ Individuals have the option to visit other settings prior to making a decision on where to live and receive services	AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [Chapter 1200 Overview] AHCCCS Contractors Operations Manual ▪ ALTCS Contractors are required to develop and maintain a provider network sufficient to provider covered services to members including Assisted Living Facilities [Chapter 436 Overview] AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on placement options [Section 1620 D.2.a.]	Compliant with Recommendations	7) Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to ensure that members have access to transportation and support for the purpose of visiting Assisted Living Facilities prior to making a decision on where to live.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
2. b. An option for a private unit in a residential setting	▪ Individuals have the option to have a private unit or bedroom	AHCCCS Medical Policy Manual ▪ Members have the option for a private room or unit. There may be an additional cost for a private room or unit [Exhibit 1620 15, Residency Agreement, #11] AHCCCS Medical Policy Manual ▪ By definition, members living in an Assisted Living Center must be provided the choice of living in a single occupancy room or unit [1230 A, Description]	Compliant	
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to H I P P A privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or	AHCCCS Medical Policy Manual ▪ Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [Section 930] AHCCCS Medical Policy Manual Case Manager explains rights and responsibilities to members and provides each member a Member Handbook [Section 1620 A.3] ALTCS Contract Members have the right to file a grievance to the MCO and A H C C C S. [Section D 22] R9 10 803	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods, posted information, information when services were initiated, etc. and processes for filing complaints including anonymous complaints.	▪ Assisted Living Facility Managers are required to have policies and procedures pertaining to resident rights and procedures for residents to file a complaint and the facility to respond to a resident complaint [C.1.g, C.1.l] ▪ Assisted Living Facility Managers are required to post resident rights and resources for residents to access including Adult Protective Services, the long term care Ombudsman and the Arizona Center for Disability Law [D] R9 10 810 ▪ Assisted Living Facility Managers are required to provide a written copy of rights to members at the time of admission [A] ▪ Residents are afforded rights including dignity, respect and consideration, protections from abuse, neglect and exploitation, choice and the option to receive assistance from other individuals to ensure understanding, protecting, or exercising their rights. [A, B, C.]		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence	▪ Individuals in the same setting have alternate schedules for services and activities	R9 10 808 Assisted Living Facility Managers are required to	Partial Compliance	8) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) the Assisted Living

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals can schedule activities at their own convenience ▪ Individuals have full access to typical facilities in a home environment at any time, i.e. kitchen, dining area, laundry, and seating in shared areas. ▪ Individuals interact or engage in activities with people of their own choosing and in the areas of their own choosing. ▪ Individuals having access to accessible transportation including information and training on how to use public transportation	ensure that activities are planned, posted and accessible for residents to participate. [E] R9 10 810 ▪ Members have the right to receive services that support and respect their individuality, choices, strengths, and abilities [C.2] Members have the right to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities [C.5] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care [Section 1620 B.1b.]		Manager is required to exercise strategies for providing and facilitating social and recreational activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for facilitating alternate schedules for members and to ensure individuals have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	R9 10 803 Assisted Living Managers are required to have policies that cover the provision of services including obtaining resident preferences for the provision of the assisted living services. [C. 1.j.(iii)] R9 10 808 Caregivers provide residents with assistance in activities of daily living and, if applicable, suggest techniques the resident may use to maintain or improve	Compliant with Recommendations	9) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) the Assisted Living Facility service plan can be updated upon request of the Member. 10) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) requiring Assisted Living Facility Managers to institute practices to engage customer satisfaction with residents including satisfaction with the caregiver providing services.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		independence. Caregivers also encourage residents to participate in social, recreational and rehabilitative activities. [C, E] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care [Section 1620 B.1b] ▪ Case Managers provide information and teaching to assist the Member in making informed decisions and choices [Section 1620 B.1c] Case Managers are available to answer questions and address issues outside of the regularly scheduled visits [Section 1620 B.1d] R9 10 810 ▪ Residents have the right to change the placement if the facility is unable to provide the services they need [C.7] ▪ Residents have the right to access services from a health care provider, health care institution, or pharmacy that is not associated with the Assisted Living Facility [C.8]		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
7. In a provider owned or controlled home and community based residential settings, the following additional requirements must be met:				
7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	▪ Individuals have a lease or written residency agreement ▪ Individuals understand their rights regarding housing ▪ Individuals can relocate and request new housing	R9 10 803 Assisted Living Facility Managers are responsible to incorporate termination of residency in the policies and procedures [C.1.i] R9 10 807 Assisted Living Facility Managers are responsible to ensure that the residency agreement includes terms of occupancy including procedures for termination by either party [D] R9 10 810 ▪ Members have the right to request or consent to relocation within the Assisted Living Facility [B.3.d] Residents have the right to change the placement if the facility is unable to provide the services they need [C.7] AHCCCS Medical Policy Manual ▪ AHCCCS policy requires standardized Assisted Living Facility Residency Agreements [Exhibit 1620 15]	Complaint	
7. b. The individual has privacy in their sleeping or living unit including:	▪ Individuals have a choice to live alone or with a roommate and the choice of a	R9 10 820 Residential units have a keyed entry door [D.6.b.]	Partial Compliance	11) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and Residency

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement	particular roommate ▪ Individuals have the freedom to furnish, arrange and decorate the unit or room ▪ Individuals have locks on their unit or bedroom and bathroom doors ▪ Individuals have privacy respected by staff and other residents, i.e. staff can only use a key to enter private areas under limited circumstances	R9 10 820 ▪ The key to the door of a lockable bathroom, bedroom or residential unit is available to a manager, caregiver, and assistant caregiver [B.7] ▪ If a bedroom or residential unit is not furnished by the resident, the rule outlines the basic furnishings that will be provided to residents [D.7] ▪ When residents share a bedroom or residential unit, residents are afforded a minimum amount of space in the bedroom or unit [E]		Agreement [Exhibit 1620 15] the Assisted Living Facility must: ▪ Have lockable doors for bedrooms in addition to residential units ▪ Afford residents the freedom to furnish or decorate their bedrooms or residential units ▪ Afford residents the option to choose roommates for shared bedrooms or residential units Afford residents the options to have a key or key code to the front door or provide measures for residents to come and go from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night,
7. c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time, and	▪ Individuals can come and go from the setting at any time ▪ Individuals have a choice of meals or snacks and at the time and place of their choosing	R9 10 803 Assisted Living Managers are required to have policies that cover the provision of services including obtaining resident preferences for food. [C. 1. j (iii)] R9 10 817 ▪ Residents are provided with a food menu prepared at least one week in advance, including a meal substitution option. Both meals and snacks are served in accordance with posted menus [A1. a. and d. and A. 2.]	Not Compliant	Reference remediation strategy #6 **Foot note** 51 12) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and Residency Agreement [Exhibit 1620 15] the Assisted Living Facility must afford individuals the option for access to meals and snacks at the time of their choosing.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
7. d. The individual can have visitors at any time, and	▪ Individuals may have visitors at any time ▪ Individuals have access to comfortable and private areas to visit	R9 10 810 ▪ Residents have the right of privacy in visitation [C.3.b.] R9 10 820 ▪ The Assisted Living Manager is required to provide common areas with sufficient space and furnishings to accommodate the recreational and socialization needs of residents, including dining areas [B.2 and 3]	Partial Compliance	13) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and Residency Agreement [Exhibit 1620 15] the Assisted Living Facility must afford individuals the option to have visitors at any time.
7. e. The setting is physically accessible	▪ Individuals can enter and exit all areas of the setting ▪ Individuals can safely move about the setting free from obstructions that may limit mobility ▪ Individuals have access to individualized environmental accommodations, i.e. grab bars in the shower ▪ Individuals have physical access to all appliances and furnishings	R9 10 820 ▪ Assisted Living Managers are required to ensure the premises, inside and outside, and equipment are sufficient to accommodate residents. [A, B]	Compliant	

Begin foot notes.

50. Compliance level changed to partial compliance and a remediation strategy was added, item #12 . Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

51. Technical correction. Corrected remediation strategy reference.

Return to text.

Figure. Table. Assisted Living Facilities, Memory Care Facilities, Units, On Site Review Summary Foot note 52

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located around private residences and businesses.	Member Surveys: ▪ 82% of members reported "Yes" the home is within walking distance of other houses. ▪ 69% of members reported "Yes" the home is within walking distance of stores. ▪ 71% reported "Yes" the home is within walking distance of businesses. Comments indicate some members reported "Yes" or "No" based on the member's physical ability to walk to these locations rather than the actual distance from the home. Facility Self Assessments: ▪ 92% of Facility Administrators, F As, reported the home is identified in a way that sets it apart from surrounding residences. ▪ 78% of F As reported vehicles in the setting are identified in a way that sets them apart. Assessment Team Observations: ▪ 82% of team members "Strongly agree" or "Agree" the home is labeled or identified in a way that sets it apart from the surrounding businesses or residences. ▪ 63% of team members "Strongly agree" or "Agree" that the vehicles in the home are labeled or identified in a way that sets them apart from the surrounding businesses or residences. ▪ 96% of team members "Strongly agree" or "Agree" that the property zoning designation is consistent with observations. ▪ 92% of team members "Strongly agree" or "Agree" that the home is within walking distance of other houses.	Compliant with Recommendations The Compliance Level determination above was based on the Member Surveys response average of 74% which may be somewhat low due to misreporting on the questions, see comments. As such, the Assessment Team Observations average of 82% was used to raise the overall compliance level.	1) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another. **Environmental Design Strategy** Ensure both facility and vehicle signage is consistent with industry norms for facilities serving non Medicaid members. 2) Incorporate language AHCCCS Contractor Operations Manual (Chapter 436) that requires MCO review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to A H C C C S.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ 78% reported "Strongly agree" or "Agree" that the home is within walking distance of other businesses.		
	▪ Individuals interact with and or have relationships with persons not receiving Medicaid services. i.e. neighbors, friends, family, etc.	Member Surveys: ▪ 100% of members reported "Yes" they meet or visit with people that don't live in their home. ▪ 89% reported "Yes" they meet or visit with people that don't work in their home. Facility Self Assessments: ▪ 100% of F As reported "Strongly agree" or "Agree" that individuals have regular, greater than once per week, contact with people not living in the home and not receiving services. ▪ 98% "Strongly agree" or 'Agree" that individuals have regular, greater than once per week, contact with people not working in the home and not receiving services. Assessment Team Observations: ▪ 67% of team members reported "Strongly agree" or "Agree" that members were observed interacting with people who don't live or work in the home or setting.	Compliant with Recommendations The Compliance Level determination above was based on the Member Surveys response average of 94% weighted downward by the significantly lower Assessment Team Observations of 67%.	Reference 1b for remediation strategies regarding community engagement with persons not receiving Medicaid services.
1. a. Seek employment and work in competitive integrated settings,	▪ Individuals living, and interested in working, in the setting have jobs, paid or volunteer, in the community. ▪ Individuals have supports to prepare for and obtain employment or volunteer activities. ▪ Individuals have transportation to and from work or volunteer activities.	Member Surveys: ▪ 97% of members report they do not work. ▪ 90% of members report they do not volunteer. ▪ Comments indicate low employment and volunteer participation numbers are due to lack of interest, age, and or cognitive decline. ▪ 97% of members report help is not available to assist members with finding a job. ▪ 98% of members indicate help is	Not Compliant, The Compliance Level determination above was based on the average Member Surveys response of 5%.	3) Create an employment services section in the AHCCCS Medical Policy Manual (Chapter 1200) to include an array of employment support services including options to support members to volunteer in the community. ▪ Habilitation ▪ Pre Vocational Services ▪ Group Supported Employment Individual Supported

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		not available to find volunteer job. ▪ 5% of members reported "Yes" when asked if they work with people who do not have a disability. Facility Self Assessments: ▪ 96% of F As report members do not have paid jobs. ▪ 22% of F As have "Less than half" of their members who volunteer. ▪ Comments suggest those who volunteer do so mainly within the facility or home. ▪ 8% of F As provide support to prepare for and obtain employment. ▪ 29% of F As provide support to prepare for and obtain volunteer work. ▪ 86% of F As report that "Less than half" or "None" have access to transportation to and from work. ▪ Comments indicate transportation would be made available for those interested in work.		Employment **Integration Activity Strategy** ▪ For those who are no longer of working age and require supervision to volunteer: ▪ Identify natural supports who would be willing and able to accompany and provide support during volunteer activities Volunteer experiences may be brought into the facility. For example, opening a thrift store in the Facility that is open to the community in which individuals can assist with preparing materials to be sold, making items to be sold or helping to serve customers. 4) Require ALTCS Contractors in the AHCCCS Contractors Operations Manual (Chapter 436) to build a network for the provision of an array of employment support services. 5) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) that outlines an Assisted Living Facility must refer the member to his or her case manager if he or she expresses a desire and or demonstrate work related skills in the facility.
1. b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information to know about events and activities in the community.	Member Surveys: ▪ 72% of members report receiving information on things to do in the community. Facility Self Assessments: 96% of F As report that members receive	Partial Compliance The Compliance Level determination above was based on the Member Surveys response average of	▪ 6) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) that outlines requirements for Assisted Living Facilities to support residents to engage in

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		information on activities for a variety of methods "All, Most, or Some of the time." Assessment Team Observations: ▪ 88% of team members "Strongly agree" or "Agree" that a calendar of activities is posted and in a format easily understood by members. ▪ 76% indicate the activities posted in the calendar appear to be activities that foster interaction with the general community including going out in the community and inviting members of the community into the home. ▪ 55% of team members reported "Strongly agree" or "Agree" when asked whether staff is aware of opportunities for members to interact in their local communities.	72% and the Assessment Team Observations average of 73%.	community life outside of the facility including support: ▪ To learn about events and activities in the community To participate in activities in integrated settings, e.g. facilitating transportation and personal care assistance. **Person Centered Planning Strategies** ▪ Detailed interest and preference inventories should be utilized as part of the person centered plan development process and completed with the input of the individual and others who know their life history, including past work history, community engagement, hobbies, etc. The interest and preference inventories should inform decisions on personal goals related to activities both internal and external to the facility to prevent under stimulation. ▪ The Person Centered Plan must include an assessment of support needed by the member to accomplish personal goals and related activities both internal and external to the facility, i.e. supervision, personal care, transportation, etc. ▪ If the facility has a memory care unit, ensure representation of members from the unit are supported to be active participants in any member or participant councils that help identify and prioritize activities.
	▪ Individuals access the community to purchase goods or services. ▪ Individuals participate in activities in integrated settings, religious, social, recreational, etc. ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities, i.e. assistance with personal care.	Member Surveys: ▪ 98% of members reported they need help with transportation to go out. ▪ 83% report they need help with personal care to go out. ▪ 81% percent report getting the help they need to go out. ▪ 52% of members do not pick who goes with them on outings. ▪ 37% report they do not get to pick what they do when they go out. ▪ 70% report that if they don't go out, it is because they choose not to. Facility Self Assessments: ▪ 90% of F As report that members have informal and staff supports to assist them in participating in community activities "All, Most or Some of the time." ▪ 98% report members have access to transportation to and from the	Partial Compliance The Compliance Level determination above was based on the Member Surveys response average of 70%.	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		residence.		
1. c. Control personal resources, and	▪ Individuals have accounts or other means to control their finances. ▪ Individuals have access and discretion to spend earned and unearned money.	Member Surveys: ▪ 79% of members reported they have a bank account. ▪ 90% of members indicate someone helps them take care of their money. ▪ 82% of members report they chose the person to help them take care of their money. ▪ Comments indicate the person assisting them is a family member, guardian, or Power of Attorney, P O A. ▪ 78% of members report they can get money when they need or want it. ▪ 78% report they do not know how much money is in their bank account. Facility Self Assessments: ▪ 74% of F As report members have personal bank accounts “All, Most, or Some of the time.” ▪ 64% of F As report members have someone assist them in managing their personal funds. ▪ 79% indicate members chose the person assisting them in managing their personal funds. ▪ 79% of F As report members decide how to spend their money earned or unearned. ▪ 59% of F As report members have another type of account whereby they can access personal funds.	Compliant with Recommendations The Compliance Level determination above was based on the Member Surveys response average of 81%.	**Person Centered Planning Strategy** The Person Centered Plan must include an assessment informed by the individual or responsible party of the individual’s skills and supports needed to manage personal resources to the fullest extent possible. If members are unable to manage resources at any level, the interest or preference inventories should be used to inform the provision of basic necessities through the member’s account with the facility.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. d. Receive services in the community to the same degree of access as individuals not receiving Medicaid H C B Services	▪ Individuals have access to the same services and activities as individuals not receiving H C B services, i.e. live in the same area of the setting where individuals who privately pay live. ▪ Individuals participate in activities in the community comparable to peers, i.e. people of similar age, people without disabilities, etc.	Member Surveys: ▪ 6% of members report there are services they can't have that others living in the home have. ▪ 12% of members report there are activities they can't do that other people living in their home can do. ▪ Comments indicate some members reported can't do activities due to mental or physical limitations not due to lack of access. Facility Self Assessments: ▪ 96% of F As report having private pay members. ▪ 98% report that all members receive the same amenities and services regardless of who pays for the service.	Compliant The Compliance Level determination above was based on the Member Surveys response average of 91%. Reference 1b for compliance level for the participation of activities in the community comparable to peers.	Reference 1b for remediation strategies regarding the participation of activities in the community comparable to peers.
2. The setting is selected by the individual from among setting options including				
2. a. Non Disability specific settings, and	▪ Individuals have a choice of available options regarding where they want to live and receive services. ▪ Individuals have the option to visit other settings prior to making a decision on where to live and receive services.	Member Surveys: ▪ 64% of members reported they picked the home where they live. ▪ Comments indicate the decision regarding where the member lives was made by a family member, guardian, or P O A. ▪ 51% of members reported they were asked if they wanted to visit other places to live. ▪ 68% reported they visited other places before picking where they live now. ▪ 48% of those reporting they did not visit other places indicated it was their	Partial Compliance The Compliance Level determination above was based on the Member Surveys response average of 65%.	7) Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to ensure that members have access to transportation and support for the purpose of visiting Assisted Living Facilities prior to making a decision on where to live. **Person Centered Planning Strategy** Detailed interest and preference inventories, member's personal goals and risk assessments should be utilized to inform decisions on

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		choice. ▪ 95% of those not visiting other places before they picked where they live now indicated it was not because they didn't have a way to get there. Facility Self Assessments: ▪ 96% of F As reported that individuals are allowed to visit the setting prior to choosing to live there "All of the time" with all remaining F As reporting "Most" or "Some of the time."		placement to ensure the facility can accommodate the member in the least restrictive manner.
2. b. An option for a private unit in a residential setting.	▪ Individuals have the option to have a private unit or bedroom.	Member Surveys: ▪ 60% of members report they were given a choice for their own room if they could pay for it. ▪ 46% of members indicate they have their own room. ▪ Comment: Some facilities do not have private rooms but rather suites with two bedrooms that share a bathroom. When reporting, members may or may not have considered an individual bedroom in a suite as their "own room." Facility Self Assessments: ▪ 94% of F As report members are given the option of a private room if they are able to afford it, "All, Most, or Some of the time." ▪ 92% of F As report that members have their own bedroom.	Partial Compliance, The Compliance Level determination above was based on the Member Surveys response average of 53%.	**Person Centered Planning Strategy** As part of the placement determination process, the Case Manager must educate the member or responsible party on the availability of private rooms if resources are available and, if applicable, utilize that factor when determining appropriate placement.
3. The setting options are identified and documented in the person centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	▪ Individuals are entitled to share their thoughts, ideas and opinions during development of their person centered service plan. ▪ Individuals have the right to have people of their choosing present at the person centered planning meetings.	Member Surveys: ▪ 89% of members report they meet with their case manager to talk about their needs. ▪ 85% of members indicate they meet with their case manager to talk about their service plan. ▪ 95% of members report they feel people listen to them. ▪ 89% of members report they get	Compliant with Recommendations The Compliance Level determination above was based on the Member Surveys response average of 88%.	**Person Centered Planning Strategy** The Case Manager and the facility must jointly convene person centered planning and facility care plan meetings to ensure the members interests, preferences, personal goals and activities inform the care management at the facility level,

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	▪ Individuals receive a copy of their plan in plain language.	to make decisions. ▪ 83% of members report other people they want to be at the service planning meeting are there to participate. Facility Self Assessments: ▪ 86% of F As report that individuals participate in service planning meetings "All, Most, or Some of the time." ▪ 84% of F As report members receive a copy of their care plan. ▪ 88% of F As indicate the care plan is in plain language. ▪ 100% of F As "Strongly agree" or "Agree" that staff employ various methods or strategies to learn about member preferences and choices. ▪ 51% of F As report "Strongly agree" or "Agree" that members understand their care plan.		allow for meaningful discussion on personal goal progress and supports needed and ensure restrictions are individualized, based upon a risk assessment and not applied generally to all individuals residing in the setting.
	▪ Individuals have their plans reviewed at regular intervals and updated as needed to maximize a member's health, safety, and personal welfare.	Facility Self Assessment: ▪ 92% of F As report they "Strongly agree" or "Agree" the plan of care outlines restrictions to personal freedoms based on an individualized assessment of health and safety risks or needs. ▪ 92% of F As report the care plans identify the member's preferences and choices that do not pose a risk to the member's or another individual's health and safety. ▪ 77% of F As report "Strongly agree" or "Agree" the plans of care include goals that support either maintaining or enhancing member mobility and choices enabling them to move about independently within and around the setting. ▪ 92% of F As report the plan of	Compliant with Recommendations The Compliance Level determination above was based on the Member File Review average of 79%.	**Person Centered Planning Strategy** The Case Manager and the facility must jointly convene person centered planning and facility care plan meetings, at a minimum every 90 days, and more often if needed to should the member's condition decline to reassess personal goals, supports and services.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		care or service plan is updated when a member expresses a desire to change the service type, frequency or provider of service "All or Most of the time." Member File Review: ▪ 75% "Strongly agree" or 'Agree" that the plans of care outline restrictions to personal freedoms based on an individualized assessment of health and safety risks or needs. ▪ 83% "Strongly agree" or "Agree" that the plans of care identify the member's preferences and choices that do not pose a risk to the member's or any individual's health and safety. ▪ 65% "Strongly agree" or "Agree" that goals to support members to either maintain or enhance mobility and choices enabling them to move about independently within and around the setting were present. ▪ 94% "Strongly agree" or "Agree" that the plans of care incorporate documentation of the member's current health condition or disability and abilities.		
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.	▪ Individuals are afforded dignity and respect pertaining to personal care assistance and addressing members by the name they would like to be called.	Member Surveys: ▪ 100% of members report they are called by their preferred name and receive help with bathing in private. ▪ 99% of members report they get help with dressing in private. ▪ 100% of members report they feel that staff keep their personal and health information private. ▪ 92% of members report staff do not talk about them in front of others. ▪ 95% of members report staff do not talk about others in front of them. Facility Self Assessments: ▪ 100% of F As surveyed report	Compliant The Compliance Level determination above was based on the Member Surveys response average of 97% and average Assessment Team Observations of 94%.	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		they "Strongly agree" or "Agree" that members receive personal care assistance in private. Assessment Team Observations: ▪ 100% of team members report "Strongly agree" or "Agree" that staff address members by their name. ▪ 94% report "Strongly agree" or "Agree" that staff ask for a member's permission before providing assistance. ▪ 88% report "Strongly agree" or "Agree" that a call light or other device is available for a member to signal his or her need for assistance or for staff to respond.		
	▪ Individuals are abreast of their rights in plain language through multiple methods, posted information, information when services were initiated, etc. and processes for filing complaints including anonymous complaints. ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting.	Member Surveys: ▪ 98% of members state that staff listens to them and they feel safe in their home. ▪ 84% report they know who to talk to if something worries or upsets them. ▪ 75% report they know they can make a complaint in secret. ▪ 39% of members have ever made a complaint. ▪ 72% report the person they made the complaint to, listened to them. ▪ 88% of members reported "No" when asked if they have ever had anything taken away without knowing why. ▪ 98% of members report "No" when asked if they have ever been forced to stay in one place by themselves and not talk to other people. ▪ 80% of members report staff tell them about the medications they are taking. ▪ 90% state they are allowed to refuse medication if they want to.	Compliant with Recommendations The Compliance Level determination above was based on the Member Surveys response average of 80%.	**Person Centered Planning Strategy** Inform members or responsible party during the joint person centered planning meeting about the entities that can be contacted if there are concerns about rights violations, including opportunities to file a complaint with the facility directly, the AHCCCS Health Plan, Long Term Care Ombudsman, Arizona Department of Health Services, etc.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		Facility Self Assessments: ▪ 96% of F As reported that members receive information about their rights and that it is in plain language. ▪ 58% of F As reported "Strongly agree" or "Agree" that members understand their rights. ▪ 80% of F As reported that members know who to contact if they have concerns or complaints. 98% of F As "Strongly agree" or "Agree" that members have protection against restrictive measures, including isolation and chemical and physical restraint.		
	▪ Individuals have private communication access either through personal devices or equipment provided by the setting.	Member Surveys: ▪ 74% of members report they have freedom to communicate at will by phone or computer. ▪ 83% report they can make or get phone calls at any time. ▪ 94% indicate they can talk in private. ▪ Comments indicate limitations in making and getting phone calls is related to member's inability to use and manipulate a phone or computer independently. ▪ 64% of members report getting mail. ▪ 42% report they open their own mail. ▪ Comments indicate mail is diverted to family, legal guardian or P O A. Lack of manual dexterity contributes to inability to open mail. ▪ Facility Self Assessments: ▪ 94% of F As report "Strongly Agree" or "Agree" that members have access to a telephone for personal use in a	Compliant The Compliance Level determination above was based on the Assessment Team Observations average of 98%. Member Surveys response average of 71% may be low due to misreporting on some of the questions, see comments.	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		location with privacy. ▪ 78% of F As report "None" or "Less than half" of members possess cell phones. ▪ 98% of F As report "None" or "Less than half" of members possess cell personal computers. ▪ 94% of F As report "None" or "Less than half" of members possess other devices. Assessment Team Observations: ▪ 98% of team members report they either "Strongly agree" or "Agree" that measures are in place to preserve and protect an individual member's privacy.		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.	▪ Individuals in the same setting have alternate schedules for services and activities. ▪ Individuals can schedule activities at their own convenience. ▪ Individuals interact or engage in activities with people of their own choosing and in the areas of their own choosing.	Member Surveys: ▪ 78% percent of members state they decide everyday what they want to do. ▪ 84% decide when they get up or go to bed. ▪ 73% report deciding when they eat, bathe, watch TV, talk on the phone, and go on the computer. ▪ 60% of members report they pick how often they go out for activities such as shopping, eating out, and church. ▪ 89% of members report they are able to change their mind and do something that was not planned. ▪ 93% report they can change their plans or schedule when desired. Facility Self Assessments: ▪ 90% of F As report that members make decisions regarding what they want to do every day, including schedule changes. ▪ 98% report the members receive support to make these decisions and or any changes.	Compliant with Recommendations The Compliance Level determination above was based on the Member Surveys response average of 80%.	8) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) the Assisted Living Manager is required to exercise strategies for providing and facilitating social and recreational activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for facilitating alternate schedules for members and to ensure individuals have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc. **Environmental Design Strategy** Environmental design should be utilized to accommodate individual member's risks for

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		Assessment Team Observations: ▪ 96% of team members report that members have options to choose activities including both individual and group activities.		wandering or exit seeking behaviors in an effort to maximize individual initiative, autonomy and independence. For example, settings with controlled egress should be able to demonstrate how they can make individual determinations of unsafe exit seeking risk and make individual accommodations for those who are not at risk.
	▪ Individuals have access to accessible transportation including information and training on how to use public transportation.	Member Surveys: ▪ 83% of members indicate they have transportation to go places they want to go. Facility Self Assessments: ▪ 90% of F As report members have access to transportation to participate in community activities. ▪ 18% report transportation training is available to those unable to use public transportation. Assessment Team Observations: ▪ 75% of team members report that public transportation pick up and drop off locations are in close proximity to the setting. ▪ 77% report the locations are physically accessible without access barriers.	Compliant with Recommendations The Compliance Level determination above was based on the Member Surveys response average of 83% and Assessment Team Observations average of 76%	**Person Centered Planning Strategy** The Person Centered Plan must include an assessment of support needed by the member to accomplish personal goals and related activities both internal and external to the facility, i.e. supervision, personal care, transportation, etc. For example, for individual residing in memory care facilities or units, it may be prudent to identify and provide both supervision and transportation simultaneously to support community integration.
	▪ Individuals have full access to typical facilities in a home environment at any time, i.e. kitchen, dining area, laundry, and seating in shared areas.	Facility Self Assessments: ▪ 98% of F As report members have full access to shared living space at any time. ▪ 88% of F As report members have full access to the dining areas at any time. ▪ 30% of F As report members have full access to the kitchen at any time. ▪ 24% of F As report members	Partial Compliance The Compliance Level determination above was based on the Facility Self Assessment average of 60%.	**Environmental Design Strategy** Environmental design should be utilized to accommodate individual member risks for wandering or exit seeking behaviors in an effort to maximize individual initiative, autonomy and independence. For example, settings must allow all members access to typical

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		have full access to laundry areas at any time. ▪ Comments indicate restrictions to kitchen and laundry are primarily due to safety concerns.		facilities in a home environment, i.e. kitchen, dining area, and laundry, at any time. In the event that a member has exhibited unsafe behavior in any one of these settings, measures should be taken to prevent the unsafe behavior yet provide the least restrictive environment as possible.
6. Facilitates individual choice regarding services and supports, and who provides them.	▪ Individuals are provided choice on service providers and processes for requesting a change of service providers. ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals. ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making.	Member Surveys: ▪ 50% of members indicate they pick which staff help them. ▪ 77% of members report they know how to ask for a new or different staff person to help them. ▪ 74% of members know who to ask if they want a new or different staff person to help them. ▪ 27% of members have ever asked for a different staff member to help them. ▪ 68% of members report they got the new staff person they requested. ▪ 89% of members report that staff both ask them about what they need and want as well as what they like and dislike. Facility Self Assessments: ▪ 98% of F As report that members have the option to request an alternate staff member to assist them. ▪ 56% of F As report members "Rarely" request alternate staff. 44% report members request alternate staff "All of the time" or "Some of the time." ▪ 100% of F As report requests for alternate staff are honored "All or Most of the time." ▪ 81% of F As report members freely make requests for changes in the	Partial Compliance The Compliance Level determination above was based on the Member Surveys response average of 60%.	9) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) the Assisted Living Facility service plan can be updated upon request of the Member. 10) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) requiring Assisted Living Facility Managers to institute practices to engage customer satisfaction with residents including satisfaction with the caregiver providing services. **Person Centered Planning Strategies** ▪ Detailed interest and preference inventories should be utilized as part of the person centered plan development process and completed with the input of the individual and others who know their life history, including past work history, community engagement, hobbies, etc. The interest and preference inventories should inform staff to support member to make decisions about preferences

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		way their services and supports are delivered.		related to services and supports. The Person Centered Plan must include an assessment of the member's communication style, verbal and non verbal, and needs in order to support staff to interpret non verbal cues, body language, and behavioral changes and learn to anticipate member needs and ensure staff support optimizes each member's life experience by affording them the opportunities to make decisions to the greatest extent possible.
7. In a provider owned or controlled home and community based residential settings, the following additional requirements must be met:				
7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	▪ Individuals have a lease or written residency agreement. ▪ Individuals understand their rights regarding housing. ▪ Individuals can relocate and request new housing.	Member Surveys: ▪ 94% of members report they have a lease or agreement in writing for where they live. ▪ 99% of members report their name is on the agreement. ▪ 69% of members report they know what the agreement says about their rights. ▪ 75% of members know how to ask for a different place to live if they want to move. ▪ 51% know how much time they have if they were asked to move. ▪ 56% know how much time they have to give the home if they want to move. Facility Self Assessments:	Partial Compliance The Compliance Level determination above was based on the Member Surveys response average of 74%.	**Person Centered Planning Strategy** Inform members or responsible party during the joint person centered planning meeting about the rights of tenancy and terms of the residency agreement.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ 100% of F As report that members have a written agreement in place providing protections to address eviction or discharge and due process and appeals. ▪ 92% of F As report that "All of the time" members get a copy of the agreement and that it is in plain language. ▪ 45% of F As "Strongly agree" or "Agree" that members understand the agreement.		
7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors. ▪ Individuals sharing units have choice of roommates in that setting. ▪ Freedom to furnish or decorate the unit within the lease or agreement.	▪ Individuals have locks on their unit or bedroom and bathroom doors.	Member Surveys: ▪ 56% of members state they are can close and lock their bedroom or unit. ▪ 59% of members state they can close and lock their bathroom door. ▪ 15% of members report they have a key to their home. 25% of members indicate they have a key to their bedroom or unit. Facility Self Assessments: ▪ 16% of F As report the number of members that have a key or code to the entrance of their home or facility as "All" or "More than half." ▪ 31% of F As report members having a key to their bedroom or unit as "All" or "More than half." ▪ 60% of F A report "All" or "More than half" have lockable bedroom or unit doors. ▪ 43% report "All" or "More than half" have lockable bathroom doors. Assessment Team Observations: ▪ 74% of team members reported they either "Strongly agree" or "Agree" that units or bedrooms have lockable doors with only appropriate staff having keys.	Partial Compliance The Compliance Level determination above was based on the Member Surveys response average of 39%. This was elevated from a Not Compliant status by the Assessment Team Observation average of 74%.	11) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and Residency Agreement [Exhibit 1620 15] the Assisted Living Facility must: ▪ Have lockable doors for bedrooms in addition to residential units ▪ Afford residents the freedom to furnish or decorate their bedrooms or residential units ▪ Afford residents the option to choose roommates for shared bedrooms or residential units Afford residents the options to have a key or key code to the front door or provide measures for residents to come and go from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night **Person Centered Planning Strategy** Restrictions must be individualized, based upon a risk

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
				assessment and the least restrictive measures and not applied generally to all individuals residing in the setting. For example, Removal of locks from any unit or bedroom and or bathroom doors should be done incrementally and only after less intrusive methods have been tried and do not work. If it is necessary to remove door locks, members should be provided with a lockable cabinet in which they can secure their personal items. Room curtains or dividers should be available to provide members with personal space and privacy.
	▪ Individuals have privacy respected by staff and other residents, i.e. staff can only use a key to enter private areas under limited circumstances.	Member Surveys: ▪ 92% of members report staff and other people knock and ask permission to enter their bedroom or bathroom. Facility Self Assessments: ▪ 94% of sites report staff and other people knock and receive permission before entering an individual's unit or bathroom is reported as "All of the time" or "Most of the time."	Compliant The Compliance Level determination above was based on the Member Surveys response average of 92%.	
	▪ Individuals have a choice to live alone or with a roommate and the choice of a particular roommate.	Member Surveys: ▪ 56% of members report they share a room. ▪ 14% of members indicate they chose their roommate. ▪ 63% report they know how to change their roommate. Facility Self Assessments: ▪ 35% of F As report "Strongly agree" or "Agree" that they have a process for members to choose roommates.	Not Compliant The Compliance Level determination above was based on the Member Surveys response average of 44% and Facility Self Assessment average of 41%.	**Person Centered Planning Strategies** ▪ As part of the placement determination process, the Case Manager must educate the member or responsible party on the availability of private rooms if resources are available and, if applicable, utilize that factor when determining appropriate placement. ▪ The Facility must

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ 46% report they "Strongly agree" or "Agree" there is a process to assess roommate satisfaction. ▪ 24% report members get to choose their roommates "All" or "Most of the time." ▪ 60% of members have the opportunity to consider other roommate options if they want to change.		establish a mechanism for roommate selection whereby individuals have input regarding with whom they share their living quarters or rooms. These protocols should include processes for determining roommate satisfaction and opportunities for considering other roommate opportunities. Detailed interest and preference inventories should be utilized to help inform roommate selections.
	▪ Individuals have the freedom to furnish, arrange and decorate the unit or room.	Member Surveys: ▪ 98% of members report they are allowed to decorate their room. ▪ 88% state they are allowed to move furniture. ▪ 100% state they can hang pictures. Facility Self Assessments: ▪ 100% of F As report that members are allowed to decorate their rooms including moving furniture and hanging items on the wall. ▪ 18% of F As report they consult members on the décor in common areas "All of the time" or "Most of the time." Assessment Team Observations: ▪ 100% of team members report they either "Strongly agree" or "Agree" that members have freedom to furnish and decorate their unit or bedroom.	Compliant The Compliance Level determination above was based on the Member Surveys response average of 95%.	
7. c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time, and	▪ Individuals can come and go from the setting at any time.	Member Surveys: ▪ 73% of members report they are allowed to leave their home at any time. ▪ 82% indicate they can stay out as long as they want. ▪ 78% state they do not have to be	Compliant with Recommendations The Compliance Level determination above was based on the Member Surveys	Reference 7b for remediation strategies regarding freedom to come and go from the setting at any time. **Person Centered Planning** Restrictions to come and go from

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		home at a certain time. Facility Self Assessments: ▪ 87% of F As report that members "Rarely" or "Never" have a curfew or other requirement for scheduled return home when out.	response average of 78%.	the facility at any time must be individualized, based upon a risk assessment and the least restrictive measures and not applied generally to all individuals residing in the setting. The risk assessment should include identifying through observation, patterns, frequency and trigger, identify the root causes for the wandering or exit seeking behavior. Before applying restrictions, accommodate the root cause noted for the behavior by employing less restrictive interventions. For example if the wandering is exhibited because the individual wants attention, establish a routine for staff to engage the individual on a routine basis. **Environmental Design Strategies** ▪ Environmental design should be utilized to accommodate individual member risks for wandering or exit seeking behaviors in an effort to maximize individual initiative, autonomy and independence. The following are examples of accommodations to mitigate risks of wandering or exit seeking behavior. ▪ Eliminate overstimulation, such as visible doors that people use frequently, noise, and clutter. ▪ Create pictures on walls

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
				that can be sensory in nature to give individuals a place to stop and experience through sight or touch. ▪ Manage shift changes so that individuals do not see significant numbers of staff coming and going through the exit or entrance door at the same time. ▪ Use signage to orient members to the environment, such as indicating where toilets and bedrooms are, and assuring that there are places for individuals to sit and rest in large spaces with a setting that allows for safe wandering. ▪ Disguise exit doors using murals or covering door handles as safety codes permit. ▪ Use of unobtrusive technology such as installing electronic coding lock systems on all building exits, or having individuals who wander or exit seek unsafely wear electronic accessories that monitor their location. ▪ Ensure unrestricted access to secured outdoor spaces and a safe, uncluttered path for people to wander, which has points of interest and places to rest. ▪ Make sure that members who may wander or exit seek unsafely carry identification with their name, address, and contact information.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
				▪ Create a lost person plan that describes roles and responsibilities when an individual exits in an unsafe manner.
	▪ Individuals have a choice of meals or snacks and at the time and place of their choosing.	Member Surveys: ▪ 71% of members report they are allowed to choose what they want to eat. ▪ 84% report they are allowed to choose when they want to eat. ▪ 78% of members report they are allowed to choose who they eat with. ▪ 79% state they are allowed to eat alone. ▪ 89% of members state they have access to food or snacks and drinks at any time. ▪ 86% report they are allowed to buy their own food or snacks and drinks. Facility Self Assessments: ▪ 96% of sites report members have a choice on what to eat if they don't like what is being served "All of the time" or "Most of the time." ▪ 92% of sites report members are able to choose with whom they eat "All of the time" or "Most of the time." ▪ 82% report members have the option of eating alone. ▪ 98% of F As report that members have access to food or snacks or drinks "All of the time" or "Most of the time." ▪ 74% of F As report members have the opportunity to buy their own food or snacks and drinks "All of the time" or "Most of the time."	Compliant with Recommendations The Compliance Level determination above was based on the Member Surveys response average of 81%.	12) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and Residency Agreement [Exhibit 1620 15] the Assisted Living Facility must afford individuals the option for access to meals and snacks at the time of their choosing.
7. d. The individual can have visitors at any time, and	▪ Individuals may have visitors at any time. ▪ Individuals have access to comfortable and	Member Surveys: ▪ 58% of members report "No" when asked if there are visiting hours for family and friends when they come over.	Compliant The Compliance Level determination above was based on the	13) Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and Residency Agreement [Exhibit

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	private areas to visit.	▪ Comments indicate members may have been confused as to whether having visiting hours meant open or restricted family access. ▪ 99% reported they are allowed to invite family and friends over at any time. ▪ 100% of members interviewed reported they are allowed to spend time alone with family and friends without staff. ▪ 99% state there is a place for them to meet with family and friends in private. Facility Self Assessments: ▪ 90% of sites report members "Rarely" or "Never" have restrictions on when they can have family and friends over to visit. ▪ 96% of F As report the facility has areas or furniture in the home that supports individuals to meet with family and friends in private. Assessment Team Observations: ▪ 42% of team members "Strongly agree" or "Agree" that visiting hours are posted. ▪ 14% were "Neutral" regarding posting of visiting hours. ▪ 44% either "Disagree" or "Strongly disagree" that visiting hours are posted.	Member Surveys response average of 89%. The average may be somewhat low due to misreporting related to visiting hours, see comments.	1620 15] the Assisted Living Facility must afford individuals the option to have visitors at any time.
7. e. The setting is physically accessible.	▪ Individuals can enter and exit all areas of the setting. ▪ Individuals can safely move about the setting free from obstructions that may limit mobility.	▪ Member Surveys: ▪ 98% of members state "Yes" they can safely and freely move around the home. ▪ 100% of members report "Yes" to the question, "Is the furniture, tables, chairs, etc. comfortable to get into and use?" ▪ 100% report "Yes" that they can	Compliant with Recommendations The Compliance Level determination above was based on the Member Survey average of 92%. The results average of 83% from the Assessment	**Environmental Design Strategy** Environmental design should be utilized to accommodate individual member risks for wandering or exit seeking behaviors in an effort to maximize individual initiative, autonomy and independence. For example, settings must allow all

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		ask for equipment to assist them in moving around their home, bedroom and bathroom. ▪ 71% of members report "Yes" regarding whether their home has any gates, Velcro straps, locked doors or other things that stop them from going in and out of some places. Facility Self Assessments: ▪ 100% of F As indicate they "Strongly agree" or "Agree" the setting is accessible for people to safely and freely move around the home. ▪ 53% of sites report they "Strongly agree" or "Agree" the home is free from barriers preventing individual from entering and exiting certain areas. Assessment Team Observations: ▪ 80% of team members "Strongly agree" or "Agree" that members are freely navigating in groups inside and outside of the facility. ▪ 81% of team members "Strongly agree" or "Agree" that members are freely navigating individually inside and outside of the facility. ▪ 88% of team members "Strongly agree" or "Agree" that the facility utilizes environmental design to mitigate exit seeking behavior while supporting a member's freedom to navigate in and outside of the facility.	Team Observations lowered the compliance level.	members access to typical facilities in a home environment , i.e. kitchen, dining area, and laundry, at any time. In the event that a member safety issues that can be mitigated by accessibility accommodations, equipment or staff assistance, measures should be taken to support access to these places in an effort to provide the least restrictive environment as possible.
	▪ Individuals have physical access to all appliances and furnishings. ▪ Individuals have access to individualized environmental accommodations, i.e. grab bars in the shower.	▪ Member Surveys: ▪ 40% of members reported "Yes" when asked if the stove, microwave, refrigerator and toaster are in places that they can reach to use them. ▪ 100% of members reported "Yes" to the question, "Is the furniture, tables, chairs, etc. comfortable to get into and	Compliant with Recommendations The Compliance Level determination above was based on the Member Survey average of 80%.	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		use?" ▪ 100% reported "Yes" they can ask for equipment to assist them in moving around their home, bedroom and bathroom. Facility Self Assessments: ▪ 79% of F As reported "Strongly agree" or "Agree" that all members have physical accessibility to appliances and furniture. 98% of sites "Strongly agree" or "Agree" that the home provides resources for assessing and providing individualized modifications, i.e. grab bars, shower chair, etc.		
Applicable to all Rules				**Training Strategy** Facility staff must receive training and demonstrate competencies in the following: ▪ Underlying conditions, diseases and disorders that may lead to wandering or exit seeking behavior ▪ Observing individuals for the purposes of identifying through observation, patterns, frequency and triggers the root causes for the wandering or exit seeking behavior. ▪ Employing less restrictive interventions to maximize an individual's initiative, autonomy and independence. ▪ Assessment of the individual's communication style, verbal and non verbal, and needs in order to support staff to interpret non verbal cues, body

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
				language, and behavioral changes and learn to anticipate member needs and ensure staff support optimizes each member's life experience by affording them the opportunities to make decisions to the greatest extent possible.

Begin foot note 52. Incorporated memory care facilities units on site review summary, items #3. d and #3. e. Reference Transition Plan Revisions Crosswalk, September 2017 September 2018 Preliminary CMS Approval.
Return to text.

Figure. Table. Assisted Living Facilities, Transition Plan Foot note 53

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
1	1. The setting is integrated in and supports full access to the greater community	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and that outlines an Assisted Living Facility must be located in a neighborhood or located within a community near private residences and businesses. The language must stipulate facilities, co located on the grounds of skilled nursing facilities, must be licensed and operate separate and apart from one another.	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO (annually as described in Overall Transition Plan, Phase Two, Monitoring Tools and Processes)
2.	1. The setting is integrated in and supports full access to the greater community	Incorporate language AHCCCS Contractor Operations Manual (Chapter 436) that requires review of and compliance with this requirement in the annual Provider Network Development and Management Plan submission to A H C C C S.	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually
3.	1. a. Seek employment and work in competitive integrated settings,	Create an employment services section in the AHCCCS Medical Policy Manual (Chapter 1200) to include an array of employment support services including options to support Members to volunteer in the community. ▪ Habilitation ▪ Pre Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
4.	1. a. Seek employment and work in competitive integrated settings,	Require ALTCS Contractors in the AHCCCS Contractors Operations Manual (Chapter 436) to build a network for the provision of an array of employment support services.	MCOs	June 2020 Phase Three	AHCCCS monitoring of MCO annually
5.	1. a. Seek employment and work in competitive integrated settings,	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) that outlines an Assisted Living Facility must refer the member to his or her case manager if he or she expresses a desire and or demonstrate work related skills in the facility.	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually
6.	1. b. Engage in community life,	▪ Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) that outlines requirements for Assisted Living Facilities to support residents to engage in community life outside of the facility including support: ▪ To learn about events and activities in the community ▪ To participate in activities in integrated settings, e.g. facilitating transportation and personal care assistance.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
7.	2. a. Non Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Assisted Living Facilities prior to making a decision on where to live.	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually
8.	5. Optimizes, but does not regiment,	Incorporate language in the AHCCCS Medical Policy	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
	individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	Manual (Section 1230 A) the Assisted Living Manager is required to exercise strategies for providing and facilitating social and recreational activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for facilitating alternate schedules for members and to ensure individuals have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.			
9.	6. Facilitates individual choice regarding services and supports, and who provides them	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) the Assisted Living Facility service plan can be updated upon request of the member.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
10.	6. Facilitates individual choice regarding services and supports, and who provides them	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) requiring Assisted Living Facility Managers to institute practices to engage customer satisfaction with residents including satisfaction with the caregiver providing services.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
11.	7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and Residency Agreement [Exhibit 1620 15] the Assisted Living Facility must: **Foot note** 54 ▪ Have lockable doors for bedrooms in addition to residential units ▪ Afford residents the freedom to furnish or decorate their bedrooms or residential units ▪ Afford residents the option to choose roommates for shared bedrooms or residential units ▪ Afford residents the options to have a key or key code to the front door or provide measures for residents to come and go from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
12.	7. c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time, and	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and Residency Agreement [Exhibit 1620 15] the Assisted Living Facility must afford individuals the option for access to meals and snacks at the time of their choosing.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
13.	7. d. The individual can have visitors at any time, and	Incorporate language in the AHCCCS Medical Policy Manual (Section 1230 A) and Residency Agreement [Exhibit 1620 15] the Assisted Living Facility must afford individuals	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		the option to have visitors at any time.			

Figure. Table. Continued. General Strategies

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
14.	Not Applicable	Survey assisted living training programs to evaluate whether or not current training curriculums incorporate elements of the HCBS Rules.	AHCCCS and the Arizona Board of Nursing Care Institution Administrators and Assisted Living Facility Managers	December 2018 Phase One	
15.	Not Applicable	Identify and incorporate HCBS Rules specific training competencies for assisted living facility managers and caregivers.	AHCCCS and the Arizona Board of Nursing Care Institution Administrators and Assisted Living Facility Managers	December 2018 Phase One	

Begin foot notes.

53. Updated all Phases and Timelines to accommodate the new compliance date of March 2022, item #9. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.

54. Noted the remediation strategy incorporates requirements for an individual to have lockable doors in their units and also have the ability to come and go from the residence at any time, item #12. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

Figure. Table. Assisted Living Facilities, Memory Care Facilities, Units, Transition Plan Foot note 55

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
16.	1. The setting is integrated in and supports full access to the greater community	**Environmental Design Strategy** Ensure both facility and vehicle signage is consistent with industry norms for facilities serving non Medicaid members.	Providers	March 2022 Phase Five	MCO monitoring of Provider annually
17.	1. a. Seek employment and work in competitive integrated settings,	**Integration Activity Strategy** ▪ For those who are no longer of working age and require supervision to volunteer,: ▪ Identify natural supports who would be willing and able to accompany and provide support during volunteer activities ▪ Volunteer experiences may be brought into the facility. For example, opening a thrift store in the Facility that is open to the community in which individuals can assist with preparing materials to be sold, making items to be sold or helping to serve customers.	Providers	March 2022 Phase Five	MCO monitoring of Provider annually
18.	1. b. Engage in community life,	**Person Centered Planning Strategies** ▪ Detailed interest and preference inventories should be utilized as part of the person centered plan development process and completed with the input of the individual and others who know their life history, including past work history, community engagement, hobbies, etc. The interest and preference inventories should inform decisions on personal goals related to activities both	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		internal and external to the facility to prevent under stimulation. ▪ The Person Centered Plan must include an assessment of support needed by the member to accomplish personal goals and related activities both internal and external to the facility, i.e. supervision, personal care, transportation, etc. ▪ If the facility has a memory care unit, ensure representation of members from the unit are supported to be active participants in any member or participant councils that help identify and prioritize activities.			
19.	1. c. Control personal resources, and	**Person Centered Planning Strategy** The Person Centered Plan must include an assessment informed by the individual or responsible party of the individual's skills and supports needed to manage personal resources to the fullest extent possible. If members are unable to manage resources at any level, the interest or preference inventories should be used to inform the provision of basic necessities through the member's account with the facility.		June 2020 Phase Three	MCO monitoring of Provider annually
20.	2. a. Non Disability specific settings, and	**Person Centered Planning Strategy** Detailed interest and preference inventories, member's personal goals and risk assessments	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		should be utilized to inform decisions on placement to ensure the facility can accommodate the member in the least restrictive manner.			
21.	2. b. An option for a private unit in a residential setting.	**Person Centered Planning Strategy** As part of the placement determination process, the Case Manager must educate the member or responsible party on the availability of private rooms if resources are available and, if applicable, utilize that factor when determining appropriate placement.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
22.	3. The setting options are identified and documented in the person centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	**Person Centered Planning Strategy** The Case Manager and the facility must jointly convene person centered planning and facility care plan meetings to ensure the members interests, preferences, personal goals and activities inform the care management at the facility level, allow for meaningful discussion on personal goal progress and supports needed and ensure restrictions are individualized, based upon a risk assessment and not applied generally to all individuals residing in the setting.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
23.	3. The setting options are identified and documented in the person centered service plan and are	**Person Centered Planning Strategy** The Case Manager and the facility must jointly convene person centered planning and	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
	based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	facility care plan meetings, at a minimum every 90 days, and more often if needed to should the member's condition decline to reassess personal goals, supports and services.			
24.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.	**Person Centered Planning Strategy** Inform members or responsible party during the joint person centered planning meeting about the entities that can be contacted if there are concerns about rights violations, including opportunities to file a complaint with the facility directly, the AHCCCS Health Plan, Long Term Care Ombudsman, Arizona Department of Health Services, etc.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
25.	5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.	**Environmental Design Strategy** Environmental design should be utilized to accommodate individual member's risks for wandering or exit seeking behaviors in an effort to maximize individual initiative, autonomy and independence. For example, settings with controlled egress should be able to demonstrate how they can make individual determinations of unsafe exit seeking risk and make individual accommodations for those who are not at risk.	Providers	March 2022 Phase Five	MCO monitoring of Provider annually
26.	5. Optimizes, but does not regiment,	**Person Centered Planning Strategy**	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
	individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.	The Person Centered Plan must include an assessment of support needed by the member to accomplish personal goals and related activities both internal and external to the facility, i.e. supervision, personal care, transportation, etc. For example, for individual residing in memory care facilities or units, it may be prudent to identify and provide both supervision and transportation simultaneously to support community integration.			
27.	5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.	**Environmental Design Strategy** Environmental design should be utilized to accommodate individual member risks for wandering or exit seeking behaviors in an effort to maximize individual initiative, autonomy and independence. For example, settings must allow all members access to typical facilities in a home environment, i.e. kitchen, dining area, and laundry, at any time. In the event that a member has exhibited unsafe behavior in any one of these settings, measures should be taken to prevent the unsafe behavior yet provide the least restrictive environment as possible.	Providers	March 2022 Phase Five	MCO monitoring of Provider annually
28.	6. Facilitates individual choice regarding services and supports, and who provides them.	**Person Centered Planning Strategies** ▪ Detailed interest and preference inventories should be utilized as part of the person	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		centered plan development process and completed with the input of the individual and others who know their life history, including past work history, community engagement, hobbies, etc. The interest and preference inventories should inform staff to support member to make decisions about preferences related to services and supports. ▪ The Person Centered Plan must include an assessment of the member's communication style, verbal and non verbal, and needs in order to support staff to interpret non verbal cues, body language, and behavioral changes and learn to anticipate member needs and ensure staff support optimizes each member's life experience by affording them the opportunities to make decisions to the greatest extent possible.			
29.	7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	**Person Centered Planning Strategy** Inform members or responsible party during the joint person centered planning meeting about the rights of tenancy and terms of the residency agreement.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
30.	7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual	**Person Centered Planning Strategy** Restrictions must be individualized, based upon a risk assessment and the least restrictive measures and not	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
	with only appropriate staff having keys to doors. ▪ Individuals sharing units have choice of roommates in that setting. ▪ Freedom to furnish or decorate the unit within the lease or agreement.	applied generally to all individuals residing in the setting. For example, Removal of locks from any unit or bedroom and or bathroom doors should be done incrementally and only after less intrusive methods have been tried and do not work. If it is necessary to remove door locks, members should be provided with a lockable cabinet in which they can secure their personal items. Room curtains or dividers should be available to provide members with personal space and privacy.			
31.	7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors. ▪ Individuals sharing units have choice of roommates in that setting. ▪ Freedom to furnish or decorate the unit within the lease or agreement.	**Person Centered Planning Strategies** ▪ As part of the placement determination process, the Case Manager must educate the member or responsible party on the availability of private rooms if resources are available and, if applicable, utilize that factor when determining appropriate placement. ▪ The Facility must establish a mechanism for roommate selection whereby individuals have input regarding with whom they share their living quarters or rooms. These protocols should include processes for determining roommate satisfaction and opportunities for considering other roommate opportunities. Detailed interest and preference inventories should be utilized to	AHCCCS	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		help inform roommate selections.			
32.	7. c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time, and	**Person Centered Planning** Restrictions to come and go from the facility at any time must be individualized, based upon a risk assessment and the least restrictive measures and not applied generally to all individuals residing in the setting. The risk assessment should include identifying through observation, patterns, frequency and trigger, identify the root causes for the wandering or exit seeking behavior. Before applying restrictions, accommodate the root cause noted for the behavior by employing less restrictive interventions. For example if the wandering is exhibited because the individual wants attention, establish a routine for staff to engage the individual on a routine basis.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
33.	7. c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time, and	**Environmental Design Strategy** ▪ Environmental design should be utilized to accommodate individual member risks for wandering or exit seeking behaviors in an effort to maximize individual initiative, autonomy and independence. The following are examples of accommodations to	Providers	March 2022 Phase Five	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		mitigate risks of wandering or exit seeking behavior. ▪ Eliminate overstimulation, such as visible doors that people use frequently, noise, and clutter. ▪ Create pictures on walls that can be sensory in nature to give individuals a place to stop and experience through sight or touch. ▪ Manage shift changes so that individuals do not see significant numbers of staff coming and going through the exit or entrance door at the same time. ▪ Use signage to orient members to the environment, such as indicating where toilets and bedrooms are, and assuring that there are places for individuals to sit and rest in large spaces with a setting that allows for safe wandering. ▪ Disguise exit doors using murals or covering door handles as safety codes permit. ▪ Use of unobtrusive technology such as installing electronic coding lock systems on all building exits, or having individuals who wander or exit seek unsafely wear electronic accessories that monitor their location. ▪ Ensure unrestricted access to secured outdoor spaces and a safe, uncluttered path for people to wander, which has			

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		points of interest and places to rest. ▪ Make sure that members who may wander or exit seek unsafely carry identification with their name, address, and contact information. ▪ Create a lost person plan that describes roles and responsibilities when an individual exits in an unsafe manner.			
34.	7. e. The setting is physically accessible.	**Environmental Design Strategy** Environmental design should be utilized to accommodate individual member risks for wandering or exit seeking behaviors in an effort to maximize individual initiative, autonomy and independence. For example, settings must allow all members access to typical facilities in a home environment , i.e. kitchen, dining area, and laundry, at any time. In the event that a member safety issues that can be mitigated by accessibility accommodations, equipment or staff assistance, measures should be taken to support access to these places in an effort to provide the least restrictive environment as possible.	Providers	March 2022 Phase Five	MCO monitoring of Provider annually
35.	Applicable to all Rules	**Training Strategy** Facility staff must receive training and demonstrate competencies in the following: ▪ Underlying conditions,	Providers	March 2022 Phase Five	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		diseases and disorders that may lead to wandering or exit seeking behavior ▪ Observing individuals for the purposes of identifying through observation, patterns, frequency and triggers, the root causes for the wandering or exit seeking behavior. ▪ Employing less restrictive interventions to maximize an individual's initiative, autonomy and independence. ▪ Assessment of the individual's communication style, verbal and non verbal, and needs in order to support staff to interpret non verbal cues, body language, and behavioral changes and learn to anticipate member needs and ensure staff support optimizes each member's life experience by affording them the opportunities to make decisions to the greatest extent possible.			

Begin foot note. 5.5 Incorporated memory care facilities or units remediation strategies, #3. d. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.
Return to text.

Figure. Table.

Residential Setting Type	Group Homes Foot note 56
Description	A residential facility for no more than six residents
Number of Settings	1,032 (Source: April 2015 Provider Registration)
Number of Members Served	2,832 (Source: June 2015 Placement Report)
Residential Setting Sub Type	Group Homes Co Located with IFC, ID
Description	A group home co located on the grounds of the state operated Intermediate Care Facility for Individuals with Intellectual Disabilities (IFC, ID)
Number of Settings	5 (Source: DES, DDD Verbal Report)
Number of Members Served	19 (Source: DES, DDD Verbal Report) Foot note 57
Residential Setting Sub Type	Farmstead, Agricultural, Homestead Community
Description	A group home located on a working ranch in a rural community whereby individuals with developmental disabilities both reside and work on the property.
Number of Settings	1 (Source: DES, DDD Verbal Report)
Number of Members Served	8 (Source: DES, DDD Verbal Report)
Residential Setting Sub Type	Intentional Communities
Description	A privately funded and operated residential complex designed to support individuals with disabilities with both residential and non residential services.
Number of Settings	3 (Source: DES, DDD Verbal Report)
Number of Members Served	81 capacity for two of the settings under development (Source: DES, DDD Verbal Report)
Residential Setting Sub Type	Individually Designed Living Arrangements
Description	A home or apartment owned or leased by members who live alone or with roommates also receiving Medicaid funded habilitation services.
Number of Settings	11 (Source: DES, DDD Verbal Report)
Number of Members Served	34 (Source: DES, DDD Verbal Report)

Figure. Table.

References	Location	Description
Arizona Revised Statutes	36 551.01	State Department of Developmental Disabilities Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	36 582	State Department of Developmental Disabilities, Residential

		Facilities Zoning
Arizona Revised Statutes	41 3801	Human Rights Committee on Persons with Developmental Disabilities

Begin foot notes.

56. Revised section to include listing of non licensed settings, item #7. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.

57. Technical correction. Updated the number of members currently residing in the group homes.

Return to text.

References	Location	Description
Arizona Administrative Code	R6 6 602	Department of Economic Security, Division of Developmental Disabilities, Individual Service and Program Plan
Arizona Administrative Code	R6 6 804	Department of Economic Security, Division of Developmental Disabilities, Rights of Clients
Arizona Administrative Code	R6 6 902	Department of Economic Security, Division of Developmental Disabilities, Prohibitions
Arizona Administrative Code	R6 6 1518	Department of Economic Security, Division of Developmental Disabilities, Rights of Clients
Arizona Administrative Code	R6 6 2107	Department of Economic Security, Division of Developmental Disabilities, Selecting a Provider
Arizona Administrative Code	R6 6 2108	Department of Economic Security, Division of Developmental Disabilities, Emergency Procurement
Arizona Administrative Code	R6 6 2109	Department of Economic Security, Division of Developmental Disabilities, Consumer Choice
Arizona Administrative Code	R6 6 2110	Department of Economic Security, Division of Developmental Disabilities, Authorization to Provide Services
Arizona Administrative Code	R9 33 203	Group Homes for Individuals with a Developmental Disability, Physical Plant Requirements
Arizona Administrative Code	R9 33 204	Group Homes for Individuals with a Developmental Disability, Environmental Requirements
Department of Economic Security, Division of Developmental Disabilities, Policy Manual	General Reference	Complete Set of Operations, Medical, Eligibility, Behavioral Supports and Provider Policy Manuals*
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 A	Basic Human and Disability Related Rights
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 C	Rights of Persons with Developmental Disabilities Living in Residential Settings
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 B	Responsibilities of Individuals Applying for and or Receiving Supports and Services

References	Location	Description
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1003	District Human Rights Committees
Service Specification		Room and Board
Service Specification		Group Home
Individual Service Plan	DDD 1472B, Section 11	Spending Plan
Contract Scope of Work	5.8.2.3	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
AHCCCS Medical Policy Manual	General Reference	General Information Regarding Covered Services*
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1230 C	Community Residential Settings
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620 A	Case Management Standards, Initial Contact or Visit Standard
AHCCCS Medical Policy Manual	Section 1620 B	Case Management Standards, Initial Contact or Visit Standard
AHCCCS Medical Policy Manual	Section 1620 D	Case Management Standards, Placement or Service Planning Standard
AHCCCS Medical Policy Manual	Exhibit 1620 15	Assisted Living Facility Residency Agreement
AHCCCS DDD Contract	Section 41	Accomodating AHCCCS Members
AHCCCS Contractors Operations Manual	General Reference	Administrative, Claims, Financial and Operational Policies for Contractors*
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Note* The Department of Economic Security, Division of Developmental Disabilities, AHCCCS Medical Policy Manual and the AHCCCS Contractor Operations Manual are subject to revisions on an ongoing basis. Therefore, a general reference link to the main policy webpage has been provided in the event a link in the matrix is inoperable as the result of policy revisions.

Return to text.

Figure. Table. Group Homes Assessment

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located around private residences and businesses ▪ Individuals interact with and or have relationships with persons not receiving Medicaid services, i.e. neighbors, friends, family, etc.	A.R.S 36 551.01 Every person provided residential care has the right to live in the least restrictive setting. [C] A.R.S. 36 582 ▪ Residents and operators of a group home shall be considered a family for the purposes of any law or zoning ordinance [B] No other residential facility can be established within 1,200 foot radius of an existing residential facility [H] DES, DDD Policy Section 1001 A A least restrictive setting refers to an environment in which a member strives to reach his or her full potential in accordance to the tenets of self determination [H] AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [Chapter 1200 Overview]	Compliant	
1. a. Seek employment and work in competitive integrated settings,	▪ Individuals living, and interested in working, in the setting have jobs, paid or volunteer, in the community ▪ Individuals have supports to prepare for and	A.R.S 551.01 ▪ Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore,	Compliant with Recommendations	1) Incorporate a Service Objective in the Service Specification that states if a member desires and or demonstrates work related skills, the Group Home shall refer the member to his or her planning team to

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	obtain employment or volunteer activities ▪ Individuals have transportation to and from work or volunteer activities	persons with developmental disabilities have the right to fair compensation for labor [E and I] AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self sufficiency in the areas of housing, education and employment [Section 1620.1.o.] ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions about their independent living options [Section 1630.5] DDD Contract Case Managers must facilitate access to non ALTCS services available throughout the community and assist members to identify their independent living goals, and provide members with information about local resources that may help them transition to greater self sufficiency in areas of housing, education and employment. [Section D		consider adding an employment service.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		16] Group Home Service Specifications ▪ Group Home is required to provide transportation to employment services and provide an array of services including mobility training [Service Requirements and Limitations, #5 and Service Objectives, #2.5 and #6] ▪ Group Home is required to provide opportunities for members to participate in community activities and facilitate utilization of community resources [Service Goals #5] ▪ Group Home is required to assist the member in achieving and maintaining quality of life that promotes the member's vision for the future and priorities [Service Goals #6]		
1b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information to know about events and activities in the community ▪ Individuals access the community to purchase goods or services ▪ Individuals participate in activities in integrated settings, religious, social, recreational, etc.	R6 6 804 ▪ Members have the right to associate with people they want [4] Members have the right to participate in social, religious, educational, cultural, and community activities [5] AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities, i.e. assistance with personal care,	members to access non ALTCS services available in the community [Sections 1610.2 and 1620 B.1.g.] Case Managers assist members to develop meaningful and measureable goals [Section 1620 B.5] Group Home Service Specifications ▪ Group Home is required to enable the member to acquire knowledge and skills and participate in his or her community based on his or her choices [Service Goals #2] ▪ Group Home is required to provide opportunity for members to interact with others in the community [Service Goals #5] ▪ Group Home is required to provide opportunities for training and or practice in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills [Service Objectives #2.7] ▪ Group Home is required to provide assistance to members in developing methods of starting and maintaining friendships of his or her		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions [Service Objectives #4] ▪ Group Home is required to provide opportunities for members to participate in community activities and facilitate utilization of community resources [Service Objectives #5] ▪ Group Home staff are required to be trained on and possess skills necessary to identify the member's most effective learning style [Direct Services Staff Qualifications, #4.4]		
1. c. Control personal resources, and	▪ Individuals have accounts or other means to control their finances ▪ Individuals have access and discretion to spend earned and unearned money	R6 6 804 ▪ Members have the right to be free from personal and financial exploitation [1] Members have the right to manage personal financial affairs and to be taught to do so [6] Group Home Service Specifications ▪ Group Home is required to provide opportunities to members training and or practice in basic life skills such as shopping, banking and money management [Service Objectives #2.7]	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		Group Home is required to maintain a ledger and documentation, i.e. receipts, that account for the expenditures of all member funds used and submit monthly accounting of expenditures to the member's representative payee [Recordkeeping and Reporting Requirements, #8] Individual Service Plan ▪ As part of the annual service planning process, members and their team outline a spending plan [Section 11, Spending Plan]		
1. d. Receive services in the community to the same degree of access as individuals not receiving Medicaid H C B Services	▪ Individuals have access to the same services and activities as individuals not receiving H C B services, i.e. live in the same area of the setting were individuals who privately pay live ▪ Individuals participate in activities in the community comparable to peers, i.e. people of similar age, people without disabilities, etc.	R6 6 602 An intent of the Individual Service Plan is to maximize the member's independent living [B3.c] DES, DDD Policy Section 1001 B ▪ Members are supported to be self determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] ▪ Contractors are required to take affirmative action to ensure that members are provided covered services without	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. [Section 41]		
2. The setting is selected by the individual from among setting options including:				
2. a. Non Disability specific settings	▪ Individuals have a choice of available options regarding where they want to live and receive services ▪ Individuals have the option to visit other settings prior to making a decision on where to live and receive services	R6 6 804 Members have the right to be provided choices and to express preferences which will be respected and accepted [11] R6 6 2107 Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [Chapter 1200 Overview] AHCCCS Contractors	Compliant with Recommendations	**2)** Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Group Homes prior to making a decision on where to live.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		Operations Manual ALTCS Contractors are required to develop and maintain a provider network sufficient to provider covered services to members including Group Homes [Chapter 436 Overview] AHCCCS Medical Policy Manual Member choice is the primary consideration for making informed decisions on placement options [Section 1620 D.2.a.] DES, DDD Contract Scope of Work ▪ Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member [5.6.4.2]		
2. b. An option for a private unit in a residential setting	▪ Individuals have the option to have a private unit or bedroom	▪ Members residing in Group Homes have a private room unless there are extenuating circumstances. Individuals are afforded the opportunity to share a room with a chosen roommate. DES, DDD Policy Section 1001 C ▪ Members are afforded the right to share a room with a husband or wife [Section 1001 C, L]	Compliant with Recommendations	3) Incorporate language in DES, DDD policy (Section 1001 C) pertaining to rights of individuals residing in residential facilities to have both an option for a private bedroom and an option to share a bedroom with person of their choice.
4. Ensures individual rights of privacy, dignity and respect,	▪ The program adheres to H I P P A privacy practices as it	A.R.S. 36 551.01 ▪ Members are	Compliant with Recommendations	4) Incorporate a Service Requirement and Limitation in the

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
and freedom from coercion and restraint	relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods, posted information, information when services were initiated, etc. and processes for filing complaints including anonymous complaints.	afforded rights to be free from mistreatment, neglect and abuse by service providers [N] ▪ Members are afforded the right to be free from unnecessary and excessive medication [O] Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court [S] A.R.S. 41 3801 The Human Rights Committee is established to promote and protect the rights of members R6 6 804 Members are afforded rights including right to privacy during the provision of personal care, communication and visitations [8] R6 6 902 ▪ Seclusion and physical and medication restraints are prohibited Members have individualized behavior treatment plans as part of the Individual Service Plan [C] DES, DDD Policy Section 1001 ▪ Members living in residential settings are afforded specific rights [Section 1001 C] ▪ Members have the right to		Service Specification that requires Group Homes to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		file grievances with DES, DDD and AHCCCS [Section 1001 C.S] Among other protections for members, the Human Rights Committee is charged with review any suspected violations of the a Member's rights [Section 1003] AHCCCS Medical Policy Manual Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [Section 930] AHCCCS Medical Policy Manual ▪ Case Managers explain rights and responsibilities to members and provide them a Member Handbook [Section 1620 A.3]		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals have full access to typical facilities in a home environment at any time, i.e. kitchen, dining area, laundry, and seating in shared areas. ▪ Individuals interact or engage in activities with people of their own choosing and in the areas of their own choosing.	R6 6 804 ▪ Members are afforded rights to associate with persons of their own choosing [4] Members are afforded rights to be provided choices and to express preferences which will be respected and accepted [10] DES, DDD Policy Section 1001 B Members are supported to be self determined in an effort to ensure they exercise the	Partial Compliance	5) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to implement strategies for providing and facilitating social and recreational activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for facilitating alternate schedules for residents and to ensure residents have full access

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	▪ Individuals having access to accessible transportation including information and training on how to use public transportation	same rights and choices and are afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] Group Home Service Specifications ▪ Group Homes are required to provide transportation including mobility training and access to community transportation resources [Service Objectives, #2.7 and 6] ▪ Group Homes are required to assist members in developing and maintaining friendships of his or her choice [Service Objectives, #4] Group Homes are required to develop, at a minimum, a monthly onsite or community integrated schedule of events of daily activities and document the member's direct input into the schedule [Service Objectives, #7] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his or her own care [Section 1620 B.1b.]		to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.
6. Facilitates individual	▪ Individuals are provided	R6 6 804	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
choice regarding services and supports, and who provides them	choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	▪ Members have the right to have their personal care needs provided by direct care staff of the same gender [9] Members have the right to be provided choices and to express preferences which will be respected and accepted [11] R6 6 2107 Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] DES, DDD Policy Chapter 1000 ▪ Members are afforded the rights to select supports and services, participate in decision making and to a review of the Individual Service Plan [Section 1001 A B.C.E.] ▪ Members are afforded the right to communicate with staff [Section 1001 C D.] Members are supported to be self determined in an effort to ensure they exercise the same rights and choices and		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		are afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] Group Home Service Specifications Group Homes are required to develop habilitation related outcomes that will support the member to achieve his or her long term vision for the future and priorities [Service Objectives, #1.1] General Contract Scope of Work Providers must incorporate measures to solicit input on member satisfaction for the quality management plan [5.8.2.3] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his or her own care [Section 1620 B.1b] ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices [Section 1620 B.1c] ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits [Section		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		1620 B.1d]		
7. In a provider owned or controlled home and community based residential settings, the following additional requirements must be met:				
7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	▪ Individuals have a lease or written residency agreement ▪ Individuals understand their rights regarding housing ▪ Individuals can relocate and request new housing	R6 6 2107 Members are supported to find a provider that can meet their specific needs. [A, D] R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] R6 6 2107 ▪ Once the member resides in the Group Home, the provider must undertake a comprehensive process with the Division of Developmental Disabilities in order to refuse to serve the member [O and P]	Partial Compliance	6) Require DES, DDD to develop a residency agreement for members served in Group Homes. 7) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to utilize a written residency agreement.
7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the	▪ Individuals have a choice to live alone or with a roommate and the choice of a particular roommate ▪ Individuals have the freedom to furnish, arrange and decorate the unit or room ▪ Individuals have locks on their unit or bedroom and bathroom doors ▪ Individuals have privacy respected by staff and other	DES, DDD Service Specifications ▪ Group Homes are required to provide physical and private accommodations for members to perform daily personal hygiene [Service Requirements and Limitations, #2.4] ▪ Groups Homes are required to afford members privacy [Service	Partial Compliance	Reference Remediation Strategies #3 and #7. 8) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to: ▪ Have lockable doors for bedrooms Afford residents the options to have a key or key code to the front door or provide measures for Members to come and go from the residence at

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
lease or agreement	residents, i.e. staff can only use a key to enter private areas under limited circumstances,	Requirements and Limitations, #2.8] ▪ Group Homes are required to involve the member in the furnishings or décor of the group home and the member's personal space [Service Objectives, #1] ▪ Group Homes must provide an environment that meets the physical and emotional needs of the member and available to the member on a 24 hour basis [Services Objectives, #2] ▪ Groups Homes explain the residential responsibilities to Member prior to residency [Service Objectives, #6]		any time, i.e. someone is available to let them in the door at any hour of the day or night, 9) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that provides for the option for residents to have a key or key code to the front door of the setting. For residents not choosing to have a key or key code to the front door, the agreement must stipulate that the facility would provide measures for residents to come and go, to and from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night,
7. c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time, and	▪ Individuals can come and go from the setting at any time ▪ Individuals have a choice of meals or snacks and at the time and place of their choosing	DES, DDD Service Specifications ▪ Meals and snacks are planned, prepared and provided in accordance with the member's needs and preferences. [Service Objectives, #3]	Partial Compliance	Reference Remediation Strategy #9 10) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford residents access to meals and snacks at the time of their choosing.
7. d. The individual can have visitors at any time, and	▪ Individuals may have visitors at any time ▪ Individuals have access to comfortable and private areas to visit	A.R.S. 551 01.01 Members are afforded the right to visits [O] DES, DDD Policy Section 1001 C ▪ Members are afforded privacy with regard to visitors. [K]	Partial Compliance	11) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford residents the option to have visitors at any time.
7. e. The setting is physically accessible	▪ Individuals can enter and exit all areas of the setting ▪ Individuals can safely move about the setting free from	R9 33 203 The Group Home must meet basic accessibility standards including individual	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	obstructions that may limit mobility ▪ Individuals have access to individualized environmental accommodations, i.e. grab bars in the shower, ▪ Individuals have physical access to all appliances and furnishings	modifications for persons' mobility, sensory and physical impairments. [A.2.] DES, DDD Service Specifications The Group Home must ensure physical accommodations are sufficient to afford a comfortable and safe environment for all activities of daily living in the home [Service Requirements and Limitations, #2.7] Contract, Special Terms and Conditions ▪ Group Homes are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity [6.3.2.1 and 6.3.2.3]		

Figure. Table. Group Homes, Farmstead Communities, On Site Review Summary Foot note 58

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located around private residences and businesses.	Member Surveys: ▪ 100% of members report that houses are within walking distance of their home. ▪ 25% of members report that stores are within walking distance of their home. ▪ 0% of members report that businesses are within walking distance of their home. Facility Self Assessment: The Facility Administrator, F A, reports neither the setting nor the vehicles are identified in a way that sets them apart from surrounding residences. Assessment Team Observations: ▪ Team members "Disagree" the home is labeled or identified in a way that sets it apart from the surrounding businesses or residences. ▪ Team members are "Neutral" regarding the vehicles in the home being labeled or identified in a way that sets them apart from the surrounding businesses or residences. One vehicle is labeled and others are not. ▪ Team members "Strongly agree" that the property zoning designation is consistent with observations. ▪ Team members "Strongly agree" the home is within walking distance of other houses. ▪ Team members are "Neutral" with regard to the home being within walking distance of other businesses.	Partial Compliance The Compliance Level determination above is based on the Member Surveys response average of 42%. This was elevated from a Not Compliant status by the Assessment Team Observations.	**Environmental Design Strategy** Ensure both front office and vehicle signage is consistent with industry norms for ranches. For example, The home and vehicle signage should not identify the facility as a "Group Home" for individuals with a disability.
	▪ Individuals interact with and or have relationships with persons not receiving	Member Surveys: 100% of members report they meet or visit with people that don't live or work	Compliant The Compliance Level determination above is	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	Medicaid services, i.e. neighbors, friends, family, etc..	in their home. Facility Self Assessment: ▪ The FA reports "Strongly agree" that members have regular, more than once a week, contact with people not living or working in the home or receiving services. Assessment Team Observations: ▪ Team members are "Neutral" regarding members being observed interacting with people who don't live or work in the home or setting.	based on the Member Surveys response average of 100% and Assessment Team Observation of "Neutral."	
1. a. Seek employment and work in competitive integrated settings,	▪ Individuals living, and interested in working, in the setting have jobs, paid or volunteer, in the community ▪ Individuals have supports to prepare for and obtain employment or volunteer activities ▪ Individuals have transportation to and from work or volunteer activities	Member Surveys: ▪ 100% of members report they do not work. ▪ 60% state they do volunteer work. ▪ 67% of members report help is available to assist members with finding a job. ▪ 0% report help is available to assist members with finding volunteer work opportunities. ▪ 67% of members reported "Yes" when asked if they work with people who do not have a disability. Facility Self Assessment: ▪ The FA reports no members have paid jobs. ▪ "About half" of the members have volunteer jobs. ▪ All members have transportation to and from volunteer and or work activities. ▪ The FA reports that supports to prepare for employment or volunteer work are readily available.	Partial Compliance The Compliance Level determination above is based on the Member Surveys response average of 59%.	1) Incorporate a Service Objective in the Service Specification that states if a member desires and or demonstrates work related skills, the Group Home shall refer the member to his or her planning team to consider adding an employment service. **Person Centered Planning Strategy** Inform members or responsible party during the person centered planning meeting about options for employment or volunteer support, including supports from the group home as well as agencies outside of the group home.
1. b. Engage in community life,	▪ Individuals have experiential learning opportunities and general	Member Surveys: ▪ 60% of members report receiving information on community	Compliant The Compliance Level determination above is	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	information to know about events and activities in the community ▪ Individuals access the community to purchase goods or services ▪ Individuals participate in activities in integrated settings, religious, social, recreational, etc. ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities, i.e. assistance with personal care,.	events and activities. ▪ 100% of members report they need help with transportation to go out. ▪ 80% report they need help with personal care. ▪ Comments indicate some members function independently with personal care. ▪ 100% of members report they get the help they need to go out. ▪ 100% of members report that they pick who goes with them on outings. ▪ 80% report they get to pick what they want to do when they go out. ▪ If the member does not go out, 100% report it is because they choose not to. Facility Self Assessment: ▪ The FA reports that members receive information on activities “All of the time.” ▪ The FA reports that members have informal and staff support needed to participate in community activities “All of the time.” The FA reports transportation is available for community activities “All of the time.” Assessment Team Observations: ▪ No members were observed interacting with people who don’t live or work in the home or setting. Interviewers reported “Neutral” as they were told this occurs but did not witness it. ▪ Team members “Agree” that a calendar of activities is posted and in a format easily understood by members. ▪ Team members “Agree” that the	based on the Member Surveys response average of 89% and the Assessment Team Observations which elevate the level to Compliant.	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		activities posted in the calendar appear to be activities that foster interaction with the general community including going out in the community and inviting members of the community into the home. ▪ Team members "Agree" when asked whether staff are aware of opportunities for members to interact in their local communities. ▪ Comment indicates member activities are very individualized.		
1. c. Control personal resources, and	▪ Individuals have accounts or other means to control their finances. ▪ Individuals have access and discretion to spend earned and unearned money.	Member Surveys: ▪ 100% of members report they do not take care of their own money. ▪ 100% of members indicate someone helps them take care of their money. ▪ 80% of members reported they have a bank account. ▪ 60% of members report they chose the person that assists them with taking care of their money. ▪ 80% of members report they can get money when they need or want it. ▪ 80% report they do not know how much money is in the account. Facility Self Assessment: ▪ The FA reports members "Rarely" have personal bank accounts. ▪ Members have someone assist them in managing their personal funds "All of the time." ▪ The FA states "Some of the time" the member chooses the person assisting them in managing their personal funds. ▪ The FA reports that "Some of the time" members decide how to spend their money, earned and unearned.	Compliant with Recommendations The Compliance Level determination above is based on the Member Surveys response average of 83%.	**Person Centered Planning Strategy** The Person Centered Plan must include an assessment informed by the individual or responsible party of the individual's skills and supports needed to manage personal resources to the fullest extent possible. Personal goals should be developed around this skill if the member is capable and wants more responsibility to manage money including group home accounts or checking accounts.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ The use of another type of account by members to access their personal funds occurs "Rarely."		
1. d. Receive services in the community to the same degree of access as individuals not receiving Medicaid H C B services.	▪ Individuals have access to the same services and activities as individuals not receiving H C B services, i.e. live in the same area of the setting where individuals who privately pay live. ▪ Individuals participate in activities in the community comparable to peers, i.e. people of similar age, people without disabilities, etc.	Member Surveys: ▪ 0% of members report there are services they can't have that others do. ▪ 20% of members report there are services they can't do that others in the home can do. ▪ Comments indicate members reported can't do activities due to mental or physical limitations not access. Facility Self Assessment: ▪ The FA reports there are no private pay members in the Group Home. ▪ The FA reports that all members receive the same amenities and services regardless of payer source.	Compliant The Compliance Level determination above is based on the Member Surveys response average of 90%.	
2. The setting is selected by the individual from among setting options including:				
2. a. Non Disability specific settings, and	▪ Individuals have a choice of available options regarding where they want to live and receive services. ▪ Individuals have the option to visit other settings prior to making a decision on where to live and receive services.	Member Surveys: ▪ 80% of members report they picked the home where they live. ▪ Comments indicate the decision was made by the member's representative. ▪ 60% of members report they were asked if they wanted to visit other places to live. ▪ 100% report they visited other places before picking where they live now. ▪ Of those reporting they did not visit other places, 100% of members indicated it was their choice., Noted as a contradictory response ▪ 20% of members reported they	Compliant with Recommendations The Compliance Level determination above is based on the Member Surveys response average of 80%.	2) Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Group Homes prior to making a decision on where to live. **Person Centered Planning Strategy** Detailed interest and preference inventories, member's personal goals and risk assessments should

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		did not visit other places and indicated it was not because they didn't have a way to get there., Noted as a contradictory response Facility Self Assessment: ▪ The FA reported that "All of the time" individuals are allowed to visit the setting prior to choosing to live there.		be utilized to inform decisions on placement to ensure the group home can accommodate the member in the least restrictive manner.
2. b. An option for a private unit in a residential setting.	▪ Individuals have the option to have a private unit or bedroom.	Member Surveys: ▪ 100% of members report they were given the choice of their own room if they could pay for it. ▪ 100% report they have their own room. Facility Self Assessment: ▪ The FA reports all members have their own bedroom.	Compliant The Compliance Level determination above is based on the Member Surveys response average of 100%.	3) Incorporate language in DES, DDD policy (Section 1001 C) pertaining to rights of individuals residing in residential facilities to have both an option for a private bedroom and an option to share a bedroom with person of their choice.
3. The setting options are identified and documented in the person centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	▪ Individuals are entitled to share their thoughts, ideas and opinions during development of their person centered service plan. ▪ Individuals have the right to have people of their choosing present at the person centered planning meetings. ▪ Individuals receive a copy of their plan in plain language.	Member Surveys: ▪ 100% of members report they meet with case managers to talk about their needs. ▪ 100% indicate they meet with their case managers to talk about their service plan. ▪ 100% of members report other people the member wants to be at the service planning meetings are present. ▪ 100% report that people listen to them and that they get to make decisions. Facility Self Assessment: ▪ The FA reports that individuals participate in service planning meetings "All of the time." ▪ All members receive a copy of their service plan in plain language. ▪ The FA reports "Strongly agree" that staff employ various methods and strategies to learn about member choices.	Compliant The Compliance Level determination above is based on the Member Surveys response average of 100%.	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ The FA is "Neutral" regarding whether or not the members understand their service plans.		
	▪ Individuals have their plans reviewed at regular intervals and updated as needed to maximize a member's health, safety, and personal welfare.	Facility Self Assessment: ▪ The FA reports "Strongly agree" that the service plans outline restrictions to personal freedoms based on an individualized assessment of health and safety risks or needs. ▪ The FA reports "Strongly Agree" the service plans identify member's preferences and choices that do not pose a risk to the member's or another individual's health and safety. ▪ The FA reports "Strongly agree" that the service plans include goals that support either maintaining or enhancing member mobility and choices enabling them to move about independently within and around the setting. The FA reports the service plan is updated "All of the time" when a member indicates a desire to change the service type, frequency or provider of service. Member File Review: ▪ The reviewer reports "Strongly agree" that the service plans outline restrictions to personal freedoms based on an individualized assessment of health and safety risks or needs in all files reviewed. ▪ The reviewer reports "Strongly agree" or "Agree" that the service plans identify the member's preferences and choices that do not pose a risk to the members or another individual's health and safety. ▪ The reviewer reports "Strongly Agree" that 50% of the service plans	Compliant The Compliance Level determination above is based on the Member File Review responses which consistently report "Agree" or "Strongly agree."	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		include goals that support members to either maintain or enhance mobility and choices enabling them to move about independently within and around the setting were present. ▪ Comments indicate that all files have member specific goals which may or may not target mobility. ▪ The reviewer reports "Strongly agree" that the plans of care incorporate documentation of the member's current health condition or disability and abilities in all of the files reviewed.		
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.	▪ Individuals are afforded dignity and respect pertaining to personal care assistance and addressing members by the name they would like to be called.	Member Surveys: ▪ 100% of members report they are called by their preferred name and receive help with bathing and dressing in private. ▪ 100% of members state they feel that staff keep their personal and health information private. ▪ 80% of members interviewed report staff do not talk about them in front of others. ▪ 100% report staff do not talk about others in front of them. Facility Self Assessment: ▪ The FA reports "Strongly agree" that members receive personal care assistance in private. Assessment Team Observations: ▪ Team members "Strongly agree" the staff address members by their name. ▪ Team members "Strongly agree" that staff ask for member's permission before providing assistance. ▪ Team members report the availability of call lights or other devices to signal the need for assistance or for	Compliant The Compliance Level determination above is based on the Member Surveys response average of 95% and Assessment Team Observations of "Strongly agree."	4) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		staff to respond as "Neutral." ▪ A comment from the reviewer indicates members who need it have 1:1 staffing.		
	▪ Individuals are abreast of their rights in plain language through multiple methods, posted information, information when services were initiated, etc. and processes for filing complaints including anonymous complaints. ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting.	Member Surveys: ▪ 100% of members state that staff listen to them and they feel safe in their home. ▪ 80% report they know who to talk to if something worries or upsets them. ▪ 60% report they know they can make a complaint in secret. ▪ 40% of members have ever made a complaint. ▪ 60% report the person they made the complaint to, listened to them. ▪ 80% of members report "No" when asked if they have had anything taken away without knowing why. ▪ 80% of members reported "No" when asked if they had been forced to stay in one place by themselves and not talk to other people. ▪ 80% of members report they are told about the medications they are taking. ▪ 25% of members state they can refuse medication if they want to. Facility Self Assessment: ▪ The FA reports "Agree" that members receive information about their rights and "Strongly agree" that the information is in plain language. ▪ The FA is "Neutral" regarding whether or not members understand their rights. ▪ The FA reports "Strongly agree" that members know who to contact if they have concerns or complaints.	Partial Compliance The Compliance Level determination above is based on the Member Surveys response average of 71%.	**Person Centered Planning Strategy** Inform members or responsible party during the person centered planning meeting about the entities that can be contacted if there are concerns about rights violations, including opportunities to file a complaint with the group home directly, the AHCCCS Health Plan, Arizona Department of Health Services, etc.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ The FA reports "Strongly agree" that members have protection against restrictive measures, including isolation and chemical and physical restraints.		
	▪ Individuals have private communication access either through personal devices or equipment provided by the setting.	Member Surveys: ▪ 80% of members report they have the freedom to communicate at will by phone or computer. ▪ 100% report they can make or get phone calls at any time also indicating they can talk in private. ▪ 75% of members report they get mail. ▪ 67% state they open their own mail. Facility Self Assessment: ▪ The F A reports "Strongly Agree" that members have access to a telephone for personal use in a location with privacy. ▪ The F A reports "None" of the members have personal cell phones. The FA reports "Less than half" of the members have personal computers. "More than half" of all members have other devices, e.g. iPad. Assessment Team Observations: ▪ Team members report they "Strongly agree" that measures are in place to preserve and protect an individual member's privacy.	Compliant with Recommendations The Compliance Level determination above is based on the Member Surveys response average of 80% and Assessment Team Observation of "Strongly agree."	**Person Centered Planning Strategy** The Person Centered Plan must include an assessment informed by the individual or responsible party of the individual's skills and supports needed to have access to private communication, mail, phone calls, etc. and devices to the fullest extent possible. Personal goals should be developed around this skill if the member has resources to purchase devices and or wants to communicate more with family and friends.
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience. ▪ Individuals interact or engage in activities with people of their own choosing and in	Member Surveys: ▪ 100% of members stated they decide everyday what they want to do. ▪ 100% decide when they want to get up and go to bed. ▪ 80% report they decide when they want to eat, bathe, watch TV, etc. ▪ 80% of members surveyed report they pick how often they go out	Compliant The Compliance Level determination above is based on the Member Surveys response average of 92% and supporting Assessment Team Observation.	5) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to implement strategies for providing and facilitating social and recreational activities that do not regiment, individual

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	the areas of their own choosing.	for activities such as shopping, eating out, and church. ▪ 100% of members report they are allowed to change their mind and do something that was not planned. ▪ 100% report they are allowed to change their plans or schedule when desired. Facility Self Assessment: ▪ The F A reports "Agree" that members make decisions regarding what they want to do every day, including schedule changes. ▪ The F A reports "Agree" that the members receive support to make these decisions and or any changes. Assessment Team Observations: ▪ Interviewers observed that members have options to choose activities including both individual and group activities.		initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for facilitating alternate schedules for residents and to ensure residents have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.
	▪ Individuals have access to accessible transportation including information and training on how to use public transportation.	Member Surveys: ▪ 80% of members indicate they have transportation to go places they want to go. Facility Self Assessment: ▪ The F A reports "Agree" that members have access to transportation to participate in community activities. ▪ The F A is "Neutral" with regard to the availability of transportation training for those unable to use public transportation. Assessment Team Observations: ▪ Team members report "Neutral" regarding both public transportation pick up, drop off locations being in close proximity to the setting. ▪ Team members report "Neutral" that these locations are physically	Compliant with Recommendations The Compliance Level determination above is based on the Member Surveys response average of 80%.	**Person Centered Planning Strategy** The Person Centered Plan must include an assessment of support needed by the member to accomplish personal goals and related activities both internal and external to the group home, including transportation training, transportation natural supports and transportation provided by the group home. It may be prudent to identify and provide both supervision and transportation simultaneously to support community integration.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		accessible without access barriers. ▪ Comments indicate this access is comparable to all others in the community.		
	▪ Individuals have full access to typical facilities in a home environment at any time, i.e. kitchen, dining area, laundry, and seating in shared areas.	Facility Self Assessment: ▪ The F A reports "Strongly agree" that members have full access to shared living space and dining areas at any time. ▪ The F A reports "Neutral" that members have full access to the kitchen at any time. ▪ The F A reports "Agree" that members have full access to laundry areas at any time.	Compliant The Compliance Level determination above is based on the Facility Self Assessment responses indicating access is available.	
6. Facilitates individual choice regarding services and supports, and who provides them.	▪ Individuals are provided choice on service providers and processes for requesting a change of service providers. ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals. ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making.	Member Surveys: ▪ 80% of members indicate they pick which staff help them. ▪ 80% of members report they know how to ask for a new or different staff person to help them. ▪ 80% of members report they know who to ask for such help. ▪ 40% of members have ever asked for a different staff member to help them. ▪ 100% of members report they got the new staff person they requested. ▪ 100% of members report that staff both ask them what they need and want. ▪ 100% of members report staff asks them about what they like and dislike. Facility Self Assessment: ▪ The F A reports that members have the option to request an alternate staff member to assist them "Most of the time."	Compliant The Compliance Level determination above is based on the Member Surveys response average of 90%.	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ The F A reports that members "Rarely" request alternate staff. ▪ Requests for alternate staff are honored "All of the time." ▪ Members freely make requests for changes in the way their services and supports are delivered "All of the time."		
7. In a provider owned or controlled home and community based residential settings, the following additional requirements must be met:				
7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	▪ Individuals have a lease or written residency agreement. ▪ Individuals understand their rights regarding housing. ▪ Individuals can relocate and request new housing.	Member Surveys: ▪ 40% of members report they have a lease or agreement in writing for where they live. ▪ 50% report their name is on the agreement. ▪ 25% report of members know what the agreement says about their rights. ▪ 80% of members know how to ask for a different place to live if they want to move. ▪ 20% know how much time they have if they were asked to move. ▪ 20% know how much time they have to give the home if they want to move. Facility Self Assessment: ▪ The F A reports that all members have a written agreement in place providing protections to address eviction or discharge and due process and appeals. ▪ The F A reports "All of the time" members get a copy of the agreement and that it is in plain language.	Not Compliant The Compliance Level determination above is based on the Member Surveys response average of 43%.	6) Require DES, DDD to develop a residency agreement for members served in Group Homes. 7) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to utilize a written residency agreement. **Person Centered Planning Strategy** Inform members or responsible party during the person centered planning meeting about the rights of tenancy and terms of the residency agreement.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ The F A is "Neutral" on whether or not members understand the agreement.		
7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement	▪ Individuals have locks on their unit or bedroom and bathroom doors.	Member Surveys: ▪ 0% of members have a key to their home or a key to their bedroom or unit. ▪ 40% of members state they are able to close and lock their bedroom door. 80% can close and lock their bathroom door. Facility Self Assessment: ▪ The F A reports that none of the members have a key or code to the entrance of their home or facility . ▪ The F A reports that none of the members have a key to their bedroom or unit. ▪ 0% of the members have lockable bedroom or unit doors. ▪ "About half" of the members have lockable bathroom doors. Assessment Team Observations: ▪ Team members reported they are "Neutral" that units or bedrooms have lockable doors with only appropriate staff having keys.	Not Compliant The Compliance Level determination above is based on the Member Surveys response average of 20% and Assessment Team Observation of "Neutral."	Reference Remediation strategies for 2b and 7a for more strategies on rights to tenancy and private room accomodations. 8) Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to: ▪ Have lockable doors for bedrooms Afford residents the options to have a key or key code to the front door or provide measures for Members to come and go from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night, 9) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that provides for the option for residents to have a key or key code to the front door of the setting. For residents not choosing to have a key or key code to the front door, the agreement must stipulate that the facility would provide measures for residents to come and go, to and from the residence at any time, i.e. someone is

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
				available to let them in the door at any hour of the day or night, **Person Centered Planning Strategy** Restrictions must be individualized, based upon a risk assessment and the least restrictive measures and not applied generally to all individuals residing in the setting. For example, removal of locks from any unit or bedroom and or bathroom doors should be done incrementally and only after less intrusive methods have been tried and do not work. If it is necessary to remove door locks, members should be provided with a lockable cabinet in which they can secure their personal items.
	▪ Individuals have privacy respected by staff and other residents, i.e. staff can only use a key to enter private areas under limited circumstances,.	Member Surveys: ▪ 100% of members report staff and other people knock and ask permission to enter their bedroom or bathroom. Facility Self Assessment: ▪ The F A reports staff and other people knock and receive permission before entering an individual's unit or bathroom "All of the time."	Compliant The Compliance Level determination above is based on the Member Surveys response average of 100%.	
	▪ Individuals have a choice to live alone or with a roommate and the choice of a particular roommate.	Member Surveys: ▪ 0% of members share a room as such none of them chose their roommate. ▪ When asked if they know how to change their roommate, 100% said	Compliant The Compliance Level determination above is based on the Member Surveys responses indicating all have	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		"No." Facility Self Assessment: ▪ The F A reported "Neutral" with respect to having a process for members to choose roommates and a process to assess roommate satisfaction. ▪ The F A reports members "Rarely" get the opportunity to consider other roommate options if they want to change.	private rooms.	
	▪ Individuals have the freedom to furnish, arrange and decorate the unit or room.	Member Surveys: ▪ 100% of members report they are allowed to decorate their room. ▪ 100% report they are able to rearrange the furniture. ▪ 100% report they can hang or put up pictures. Facility Self Assessment: ▪ The F A reports that members are allowed to decorate their rooms including moving furniture and hanging items on the wall. ▪ The F A reports members are consulted on the décor in common areas "All of the time." Assessment Team Observations: ▪ Team members report they "Strongly agree" that members have freedom to furnish and decorate their unit or bedroom.	Compliant The Compliance Level determination above is based on the Member Surveys response average of 100% and Assessment Team Observation of "Strongly agree."	
7. c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time, and	▪ Individuals can come and go from the setting at any time.	Member Surveys: ▪ 100% of members report they are allowed to leave their home at any time. ▪ 100% indicate they can stay out as long as they want. ▪ 80% state they have to be home at a certain time. Facility Self Assessment: ▪ The FA reports that members	Compliant The Compliance Level determination above is based on the Member Surveys response average of 93%.	Reference remediation strategy for 7b.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		"Some of the time" have a curfew or other requirement for scheduled return home when out.		
	▪ Individuals have a choice of meals or snacks and at the time and place of their choosing.	Member Surveys: ▪ 100% of members report they are allowed to leave their home at any time. ▪ 100% indicate they can stay out as long as they want. ▪ 80% state they have to be home at a certain time. ▪ 80% of members report they are allowed to choose what they want to eat. ▪ 89% state they are allowed to choose when they want to eat. ▪ 100% report they are allowed to choose who they eat with. ▪ 100% indicate they are allowed to eat alone. ▪ 100% of members state they have access to food or snacks and drinks at any time. ▪ 86% report they are allowed to buy their own food or snacks and drinks. Facility Self Assessment: ▪ Regarding access to food, members have a choice on what to eat if they don't like what is being served "Most of the time." ▪ Members "Rarely" are able to choose with whom they eat but have the option of eating alone "All of the time." ▪ "Most of the time" members have access to food or snacks and drinks. The F A reports that "Most of the time" members have the opportunity to buy their own food or snacks and drinks.	Compliant The Compliance Level determination above is based on the Member Surveys response average of 93%.	10) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford residents access to meals and snacks at the time of their choosing.
7. d. The individual can	▪ Individuals may have	Member Surveys:	Compliant	11) Incorporate language in

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
have visitors at any time, and	visitors at any time. ▪ Individuals have access to comfortable and private areas to visit.	▪ 80% of members report "No" when asked if there are visiting hours for family and friends when they come over. ▪ 100% report they are allowed to invite family and friends over at any time. ▪ 100% of members interviewed reported they are allowed to spend time alone with family and friends without staff. ▪ 100% state there is a place for them to meet in private. Facility Self Assessment: ▪ The F A states members "Rarely" have restrictions on when they can have family and friends over to visit. ▪ F A reported "Strongly agree" when asked if the facility has areas or furniture in the home that supports individuals to meet with family and friends in private. Assessment Team Observations: ▪ Team members reported there are no visiting hours posted.	The Compliance Level determination above is based on the Member Surveys response average of 95%.	the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford residents the option to have visitors at any time.
7. e. The setting is physically accessible	▪ Individuals have access to individualized environmental accommodations, i.e. grab bars in the shower,. ▪ Individuals have physical access to all appliances and furnishings.	Member Surveys: ▪ 100% of members report "Yes" when asked if the stove, microwave, refrigerator and toaster are in places that they can reach to use them. ▪ 100% of members report "Yes" that the furniture, tables, chairs, etc. are comfortable to get into and use. ▪ 80% report they can ask for equipment to assist them in moving around their home, bedroom and bathroom. Facility Self Assessment: ▪ All members have physical accessibility to appliances and furniture	Compliant The Compliance Level determination above is based on the Member Surveys response average of 93%.	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		was reported as “Agree” by the FA. ▪ The F A indicated “Strongly agree” that the site has resources for assessing and providing members with individualized modifications, i.e. grab bars, shower chair, etc.		

Begin foot note 58. Incorporated farmstead communities on site review summary, items #3. d and #3. e. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval**.**
Return to text.

Figure. Table. Group Homes, Transition Plan Foot note 59

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1.	1. a. Seek employment and work in competitive integrated settings,	1) Incorporate a Service Objective in the Service Specification that states if a member desires and or demonstrates work related skills, the Group Home shall refer the member to his or her planning team to consider adding an employment service.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
2.	2. The setting is selected by the individual from among setting options including:	Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Group Homes prior to making a decision on where to live.	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually
3.	2. b. An option for a private unit in a residential setting	Incorporate language in DES, DDD policy (Section 1001 C) pertaining to rights of individuals residing in residential facilities to have both an option for a private bedroom and an option to share a bedroom with person of their choice.	DES, DDD	June 2020 Phase Three	AHCCCS monitoring of MCO annually
4.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
5.	5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to implement strategies for providing and facilitating social and recreational activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for facilitating alternate schedules for residents and to ensure residents have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
6.	7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	Require DES, DDD to develop a residency agreement for members served in Group Homes.	DES, DDD	June 2020 Phase Three	AHCCCS monitoring of MCO annually
7.	7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to utilize a written residency agreement.	DES, DDD	June 2020 Phase Three)	MCO monitoring of Provider annually
8.	7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors	Incorporate a Service Requirement and Limitation in the Service Specification that requires Group Homes to: ▪ Have lockable doors for bedrooms ▪ Afford residents the options to have a key or key code to the front door or provide	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	▪ Individual sharing units have choice of roommates in that setting Freedom to furnish or decorate the unit within the lease or agreement	measures for Members to come and go from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night,			
9.	7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting Freedom to furnish or decorate the unit within the lease or agreement	10) Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that provides for the option for residents to have a key or key code to the front door of the setting. For residents not choosing to have a key or key code to the front door, the agreement must stipulate the facility would provide measures for residents to come and go, to and from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night,	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
10.	7. c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time, and	Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) the Group Home must afford individuals access to meals and snacks at the time of their choosing.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
11.	7. d. The individual can have visitors at any time, and	Incorporate language in the Residency Agreement (reference Remediation Strategy # 8) that the Group Home must afford individuals the option to have visitors at any time.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

Begin foot note 59. Updated all Phases and Timelines to accommodate the new compliance date of March 2022, item #9. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.Return to text.

Figure. Table. Group Homes, Farmstead Communities, Transition Plan Foot note 60

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
12.	1. The setting is integrated in and supports full access to the greater community, including opportunities to:	**Environmental Design Strategy** Ensure both front office and vehicle signage is consistent with industry norms for ranches. For example, The home and vehicle signage should not identify the facility as a "Group Home" for individuals with a disability.	Providers	March 2022 Phase Five	MCO monitoring of Provider annually
13.	1. a. Seek employment and work in competitive integrated settings,	**Person Centered Planning Strategy** Inform members or responsible party during the person centered planning meeting about options for employment or volunteer support, including supports from the group home as well as agencies outside of the group home.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
14.	1. c. Control personal resources, and	**Person Centered Planning Strategy** The Person Centered Plan must include an assessment informed by the individual or responsible party of the individual's skills and supports needed to manage personal resources to the fullest extent possible. Personal goals should be developed around this skill if the member is capable and wants more responsibility to manage money including group home accounts or checking accounts.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
15.	2. a. Non Disability specific settings, and	**Person Centered Planning Strategy**	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		Detailed interest and preference inventories, member's personal goals and risk assessments should be utilized to inform decisions on placement to ensure the group home can accommodate the member in the least restrictive manner.			
16.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.	**Person Centered Planning Strategy** Inform members or responsible party during the person centered planning meeting about the entities that can be contacted if there are concerns about rights violations, including opportunities to file a complaint with the group home directly, the AHCCCS Health Plan, Arizona Department of Health Services, etc.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
17.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.	**Person Centered Planning Strategy** The Person Centered Plan must include an assessment informed by the individual or responsible party of the individual's skills and supports needed to have access to private communication, mail, phone calls, etc. and devices to the fullest extent possible. Personal goals should be developed around this skill if the member has resources to purchase devices and or wants to communicate more with family and friends.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
18.	5. Optimizes, but does	**Person Centered Planning**	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
	not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.	**Strategy** The Person Centered Plan must include an assessment of support needed by the member to accomplish personal goals and related activities both internal and external to the group home, including transportation training, transportation natural supports and transportation provided by the group home. It may be prudent to identify and provide both supervision and transportation simultaneously to support community integration.			annually
19.	7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	**Person Centered Planning Strategy** Inform members or responsible party during the person centered planning meeting about the rights of tenancy and terms of the residency agreement.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
20.	7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement	**Person Centered Planning Strategy** Restrictions must be individualized, based upon a risk assessment and the least restrictive measures and not applied generally to all individuals residing in the setting. For example, removal of locks from any unit or bedroom and or bathroom doors should be done incrementally and only after less intrusive methods have been tried and do not work. If it is necessary to remove door locks, members should be provided with a lockable cabinet	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		in which they can secure their personal items.			

Begin foot note 60. Incorporated farmstead communities remediation strategies, item #3. d. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.
Return to text.

Figure. Table.

Residential Setting Type	Developmental Homes
Residential Setting Sub Type	Child Developmental Home
Description	An alternative residential setting for no more than three members who are under the age of 18
Residential Setting Sub Type	Adult Developmental Homes
Description	An alternative residential setting for no more than three members who are 18 or older
Number of Settings	979 (Source: February 2015 DES, DDD Report)
Number of Members Served	1,333 (Source: June 2015 Placement Report)

Figure. Table.

References	Location	Description
Arizona Revised Statutes	36 551.01	State Department of Developmental Disabilities Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	41 3801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6 6 602	Department of Economic Security, Division of Developmental Disabilities, Individual Service and Program Plan
Arizona Administrative Code	R6 6 902	Department of Economic Security, Division of Developmental Disabilities, Prohibitions
Arizona Administrative Code	R6 6 1004.03	Department of Economic Security, Division of Developmental Disabilities, Child Developmental Home, Contents of Application Package
Arizona Administrative Code	R6 6 1006	Department of Economic Security, Division of Developmental Disabilities, Child Developmental Home, Foster Parent Responsibilities
Arizona Administrative Code	R6 6 1008	Department of Economic Security, Division of Developmental Disabilities, Child Developmental Home Sleeping Arrangements
Arizona Administrative Code	R6 6 1014	Department of Economic Security, Division of Developmental Disabilities, Child Developmental Homes, Client Rights
Arizona Administrative Code	R6 6 1104.03	Department of Economic Security, Division of Developmental Disabilities, Adult Developmental Home, Contents of Application Package
Arizona Administrative Code	R6 6 1106	Department of Economic Security, Division of Developmental Disabilities, Adult Developmental Home, Licensee Responsibilities

Arizona Administrative Code	R6 6 1108	Department of Economic Security, Division of Developmental Disabilities, Adult Developmental Home Sleeping Arrangements
Arizona Administrative Code	R6 6 1114	Department of Economic Security, Division of Developmental Disabilities, Adult Developmental Home, Client Rights
Arizona Administrative Code	R6 6 2107	Department of Economic Security, Division of Developmental Disabilities, Selecting a Provider
Arizona Administrative Code	R6 6 2108	Department of Economic Security, Division of Developmental Disabilities, Emergency Procurement

References	Location	Description
Arizona Administrative Code	R6 6 2109	Department of Economic Security, Division of Developmental Disabilities, Consumer Choice
Arizona Administrative Code	R6 6 2110	Department of Economic Security, Division of Developmental Disabilities, Authorization to Provide Services
Department of Economic Security, Division of Developmental Disabilities, Policy Manual	General Reference	Complete Set of Operations, Medical, Eligibility, Behavioral Supports and Provider Policy Manuals*
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 A	Basic Human and Disability Related Rights
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 C	Rights of Persons with Developmental Disabilities Living in Residential Settings
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 B	Responsibilities of Individuals Applying for and or Receiving Supports and Services
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1003	District Human Rights Committees
Service Specification		Room and Board
Service Specification		Adult and Child Developmental Home
Individual Service Plan	DDD 1472 B, Section 11	Spending Plan
Contract Scope of Work	5.8.2.3	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
AHCCCS Medical Policy Manual	General Reference	General Information Regarding Covered Services*
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview

References	Location	Description
AHCCCS Medical Policy Manual	Section 1230 C	Community Residential Settings
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620 A	Case Management Standards, Initial Contact or Visit Standard
AHCCCS Medical Policy Manual	Section 1620 B	Case Management Standards, Initial Contact or Visit Standard
AHCCCS Medical Policy Manual	Section 1620 D	Case Management Standards, Placement or Service Planning Standard
AHCCCS DDD Contract	Section 41	Accommodating AHCCCS Members
AHCCCS Contractors Operations Manual	General Reference	Administrative, Claims, Financial and Operational Policies for Contractors
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Note* The Department of Economic Security, Division of Developmental Disabilities, AHCCCS Medical Policy Manual and the AHCCCS Contractor Operations Manual are subject to revisions on an ongoing basis. Therefore, a general reference link to the main policy webpage has been provided in the event a link in the matrix is inoperable as the result of policy revisions.

Return to text.

Figure. Table. Developmental Homes, Child and Adult, Assessment

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located around private residences and businesses ▪ Individuals interact with and or have relationships with persons not receiving Medicaid services, i.e. neighbors, friends, family, etc.	A.R.S 36 551.01 Every person provided residential care has the right to live in the least restrictive setting. [C] R6 6 1004.03 Child developmental homes are family homes in neighborhoods [1.e] R6 6 1104.03 Adult developmental homes are family homes in neighborhoods [1.e] DES, DDD PolicySection 1001 A A least restrictive setting refers to an environment in which a member strives to reach his or her full potential in accordance to the tenets of self determination [H] AHCCCS Medical Policy Manual ▪ Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [Chapter 1200 Overview]	Compliant	
1. a. Seek employment and work in competitive integrated settings,	▪ Individuals living, and interested in working, in the setting have jobs, paid or volunteer, in the community ▪ Individuals have supports to prepare for and obtain employment or volunteer activities ▪ Individuals have	A.R.S 551.01 Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor [E	Compliant with Recommendations	1) Incorporate a Service Objective in the Service Specification that states if a member desires and or demonstrates work related skills, the Developmental Home shall refer the member to his or her planning team to consider adding an employment service.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	transportation to and from work or volunteer activities	and I] AHCCCS Medical Policy Manual and DDD Contract ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self sufficiency in the areas of housing, education and employment [Section 1620.1.o.] [Contract Section D 16] ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions about their independent living options [Section 1630.5] Developmental Home Service Specifications ▪ Developmental Home is required to provide transportation to employment services and provide an array of services including mobility training [Service Requirements and Limitations, #10 and Service Objectives, #2.5 and #6] ▪ Developmental Home is required to provide opportunities for members to participate in community		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		activities and facilitate utilization of community resources [Service Goals #5] ▪ Developmental Home is required to assist the member in achieving and maintaining quality of life that promotes the Member's vision for the future and priorities [Service Goals and Objectives #6]		
1. b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information to know about events and activities in the community ▪ Individuals access the community to purchase goods or services ▪ Individuals participate in activities in integrated settings, religious, social, recreational, etc. ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities, i.e. assistance with personal care,	R6 6 1014 and R6 6 1114 ▪ Members have the right to associate with people they want [5] Members have the right to participate in social, religious, educational, cultural, and community activities [6] R6 6 1006 Child Developmental Homes are responsible for assisting the child in developing and fostering personal relationships, providing opportunities for social and physical development and to provide opportunities for the child to pursue their own religious beliefs [A.6 and C,D] R6 6 1106 Adult Developmental Homes are responsible for assisting the adult in developing and fostering personal relationships, providing opportunities for social and physical development and to	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		provide opportunities for the child to pursue their own religious beliefs [A.6 and C,D] AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non ALTCS services available in the community [Sections 1610.2 and 1620 B.1.g.] Case Managers assist members to develop meaningful and measureable goals [Section 1620 B.5] Development Home Service Specifications ▪ Developmental Homes are required to enable the member to acquire knowledge and skills and participate in his or her community based on his or her choices [Service Goals #2] ▪ Developmental Homes are required to provide training and supervision for the member to increase or maintain his or her self help, socialization, and adaptive skills to reside and participate successfully in his or her own community [Service Goals #3] ▪ Developmental Homes are required to provide opportunities for members to interact with		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		others in the community [Service Goals #5] ▪ Developmental Homes are required to provide opportunities for training and or practice in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills [Service Objectives #2.7] ▪ Developmental Homes are required to provide assistance to members in developing methods of starting and maintaining friendships of his or her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions [Service Objectives #4] ▪ Developmental Homes are required to provide opportunities for members to participate in community activities and facilitate utilization of community resources [Service Objectives #5]		
1. c. Control personal resources, and	▪ Individuals have accounts or other means to control their finances ▪ Individuals have access and discretion to spend earned and unearned money	R6 6 1014 and R6 6 1114 ▪ Members have the right to be free from personal and financial exploitation [2] Members have the right to manage personal financial affairs and spending money	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		and to be taught to do so [7] R6 6 1006 Child Developmental Home is responsible for ensuring the money designated for child is only used for the specific purpose intended and for the benefit of the child [K] R6 6 1106 ▪ Adult Developmental Home is responsible for ensuring the money designated for and or earned by the member is used for the specific purposes intended and for the benefit of the member consistent with the spending plan [K] Adult Developmental Homes are responsible for ensuring the member is provided opportunities to make choices regarding their spending money [L] Developmental Home Service Specifications ▪ Developmental Home is required to provide opportunities to members training and or practice in basic life skills such as shopping, banking and money management [Service Objectives #2.7] Developmental Home is required to maintain a ledger and documentation, i.e. receipts, that account for the		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		expenditures of all member funds used and submit monthly accounting of expenditures to the member's representative payee [Recordkeeping and Reporting Requirements, #8] Individual Service Plan ▪ As part of the annual service planning process, members and their team outline a spending plan [Section 11, Spending Plan]		
1. d. Receive services in the community to the same degree of access as individuals not receiving Medicaid H C B Services	▪ Individuals have access to the same services and activities as individuals not receiving H C B services, i.e. live in the same area of the setting where individuals who privately pay live ▪ Individuals participate in activities in the community comparable to peers, i.e. people of similar age, people without disabilities, etc.	R6 6 602 An intent of the Individual Service Plan is to maximize the Member's independent living [B3.c] R6 6 1006 and R6 6 1106 Members are part of the family unit and contribute to household chores [E] DES, DDD Policy Section 1001 B Members are supported to be self determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] DDD Contract ▪ Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race,	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. [Section 41]		
2. The setting is selected by the individual from among setting options including:				
2. a. Non Disability specific settings	▪ Individuals have a choice of available options regarding where they want to live and receive services ▪ Individuals have the option to visit other settings prior to making a decision on where to live and receive services	R6 6 1014 and R6 6 1114 Members have the right to be provided choices and to express preferences which will be respected and accepted [1] R6 6 2107 Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] AHCCCS Medical Policy Manual Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [Chapter 1200 Overview] AHCCCS Medical Policy Manual Member choice is the	Compliant with Recommendations	2) Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to make sure members have access to transportation and support for the purpose of visiting Developmental Homes prior to making a decision on where to live.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		primary consideration for making informed decisions on placement options [Section 1620 D.2.a.] AHCCCS Contractors Operations Manual ALTCS Contractors are required to develop and maintain a provider network sufficient to provider covered services to members including Developmental Homes [Chapter 436 Overview] DES, DDD Contract Scope of Work ▪ Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member [5.6.4.2]		
2. b. An option for a private unit in a residential setting	▪ Individuals have the option to have a private unit or bedroom	R6 6 1008 Children living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for children living in a family home. [1, 2] R6 6 1108 ▪ Adults living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for adults living in a family home. [1 5]	Complaint	
4. Ensures individual rights of	▪ The program adheres to	A.R.S. 36 551.01	Compliant with	3) Incorporate a Service

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
privacy, dignity and respect, and freedom from coercion and restraint	H I P P A privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods, posted information, information when services were initiated, etc. and processes for filing complaints including anonymous complaints.	▪ Members are afforded rights to be free from mistreatment, neglect and abuse by service providers [N] ▪ Members are afforded the right to be free from unnecessary and excessive medication [O] Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court [S] A.R.S. 41 3801 The Human Rights Committee is established to promote and protect the rights of members. R6 6 902 ▪ Seclusion and physical and medication restraints are prohibited. [A] Members have individualized behavior treatment plans as part of the Individual Service Plan [C] R6 6 1014 and R6 6 1114 Children and adult members are afforded the same rights in a Developmental Home. R6 6 1017 and R6 6 1117 DES, DDD has a process in place for anyone to file a complaint regarding a Developmental Home. The information on the complainant remains confidential unless they consent to the release of the	Recommendations	Requirement and Limitation in the Service Specification that requires Developmental Homes to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated. For children living in Developmental Homes, the information must be made available to parents and guardians.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		information in writing. DES, DDD reports investigation outcomes to the complainant. DES, DDD Policy Section 1001 ▪ Members living in residential settings are afforded specific rights [Section 1001 C] ▪ Members have the right to final grievances with DES, DDD and AHCCCS [Section 1001 C.S] Among other protections for members, the Human Rights Committee is charged to review any suspected violations of member's rights [Section 1003] AHCCCS Medical Policy Manual Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [Section 930] AHCCCS Medical Policy Manual ▪ Case Managers explain rights and responsibilities to members and provide them a member Handbook [Section 1620 A.3]		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to,	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own	A Developmental Home fosters a family home environment for members. Therefore, members, just like other family members	Compliant with Recommendations	4) Incorporate a Service Requirement and Limitation in the Service Specification that states Developmental Homes are required ensure individuals have full access to

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
daily activities, physical environment, and with whom to interact	convenience ▪ Individuals have full access to typical facilities in a home environment at any time, i.e. kitchen, dining area, laundry, and seating in shared areas. ▪ Individuals interact or engage in activities with people of their own choosing and in the areas of their own choosing. ▪ Individuals having access to accessible transportation including information and training on how to use public transportation	may need to coordinate or negotiate schedules and activities with others in the household. R6 6 1014 and R6 6 1114 ▪ Members are afforded rights to associate with persons of their own choosing [5] Members are afforded rights to be provided choices and to express preferences which will be respected and accepted [1] DES, DDD Policy 1001 B Members are supported to be self determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] Developmental Home Service Specifications ▪ Developmental Homes are required to provide transportation including mobility training and access to community transportation resources [Service Objectives, #2.5 and 6] ▪ Developmental Homes are required to assist members in developing and maintaining friendships of his or her choice [Service Objectives, #4]		the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ Developmental Homes are required to enable the member to acquire knowledge and skills and be a member of his or her community based on his or her own choices [Service Goals #2] Developmental Homes are required to provide training and supervision for the member to increase or maintain his or her self help, socialization, and adaptive skills to reside and participate successfully in his or her own community [Service Goals #3] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care [Section 1620 B.1b.]		
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet	R6 6 1014 and R6 6 1114 ▪ Members have the right to be provided choices and to express preferences which will be respected and accepted [1] Members have the right to have their personal care needs provided by direct care staff of the same gender [10] R6 6 2107 Members are supported to	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	their goals	find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] DES, DDD Policy Section 1001 B ▪ Members are afforded the rights to select supports and services, participate in decision making and to a review of the Individual Service Plan [B.C.E.] ▪ Members are afforded the right to communicate with staff [Section 1001 C.D] Members are supported to be self determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] Developmental Home Service Specifications Group Homes are required to develop habilitation related outcomes that will support the member to achieve his or her long term vision for the		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		future and priorities [Service Objectives, #1.1] General Contract Scope of Work Providers must incorporate measures to solicit input on member satisfaction for the quality management plan [5.8.2.3] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care [Section 1620 B.1b] ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices [Section 1620 B.1c] ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits [Section 1620 B.1d]		
7. In a provider owned or controlled home and community based residential settings, the following additional requirements must be met:				
7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	▪ Individuals have a lease or written residency agreement ▪ Individuals understand their rights regarding housing	R6 6 2107 Members are supported to find a provider that can meet their specific needs.	Partial Compliance	5) Require DES, DDD develop a residency agreement for members served in Developmental Homes. 6) Incorporate a Service

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	▪ Individuals can relocate and request new housing	R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] R6 6 2107 ▪ Once the Member resides in the Developmental Home, the provider must undertake a comprehensive process with the Division of Developmental Disabilities in order to refuse to serve the member [O and P]		Requirement and Limitation in the Service Specification that requires Developmental Homes to utilize a written residency agreement.
7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting ▪ Freedom to furnish or decorate the unit within the lease or agreement	▪ Individuals have a choice to live alone or with a roommate and the choice of a particular roommate ▪ Individuals have the freedom to furnish, arrange and decorate the unit or room ▪ Individuals have locks on their unit or bedroom and bathroom doors ▪ Individuals have privacy respected by staff and other residents, i.e. staff can only use a key to enter private areas under limited circumstances,	R6 6 1008 Children living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for children living in a family home. [1 5] R6 6 1108 Adults living in Developmental Homes have sleeping arrangements comparable to what is culturally normative for adults living in a family home. [1 5] Service Specifications ▪ Developmental Homes are required involve the member in the furnishings or décor of the member's personal space. Additionally, they are required to support modifications necessary to	Partial Compliance	Reference Remediation Strategy #6. 7) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to: ▪ Provide physical and private accommodations for the members to perform daily personal hygiene ▪ Have lockable doors for bedrooms ▪ Afford residents the options to have a key or key code to the front door or provide measures for members to come and go from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night, Explain residential responsibilities to the member prior to service delivery 8) Incorporate language in the Residency Agreement outlined in remediation strategy # 8. The option for members to have a key or key code to the front door of the setting. For members not choosing to have a

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		optimize the independence and personal preferences of Members [Service Objectives, #1] ▪ Developmental Homes must provide an environment that meets the physical and emotional needs of the member and available to the member on a 24 hour basis [Service Objectives, #2]		key or key code to the front door, the agreement must stipulate that the facility would provide measures for members to come and go, to and from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night,
7. c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time, and	▪ Individuals can come and go from the setting at any time ▪ Individuals have a choice of meals or snacks and at the time and place of their choosing	Service Specifications ▪ Meals and snacks are planned, prepared and provided in accordance with the member's needs and preferences [Service Objectives #3]	Partial Compliance	Reference Remediation Strategy #8 9) Incorporate language in the Residency Agreement that the Developmental Home must afford individuals access to meals and snacks at the time of their choosing.
7. d. The individual can have visitors at any time, and	▪ Individuals may have visitors at any time ▪ Individuals have access to comfortable and private areas to visit	A.R.S. 551 01.01 Members are afforded the right to visits [Q] DES, DDD Policy Section 1001 C ▪ Members are afforded privacy with regard to visitors. [K]	Partial Compliance	10) Incorporate language in the Residency Agreement (reference remediation strategy # 9) that the Developmental Home must afford individuals the option to have visitors at any time.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
7. e. The setting is physically accessible	▪ Individuals can enter and exit all areas of the setting ▪ Individuals can safely move about the setting free from obstructions that may limit mobility ▪ Individuals have access to individualized environmental accommodations, i.e. grab bars in the shower, ▪ Individuals have physical access to all appliances and furnishings	R6 6 2107 Members are supported to find a provider that can meet their specific needs, including individualized accommodations. Contract, Special Terms and Conditions ▪ Group Homes are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity [6.3.2.1 and 6.3.2.3]	Partial Compliance	11) Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to ensure physical accommodations are sufficient to afford a comfortable and safe environment for all activities of daily living in the home.

Figure. Table. Developmental Homes, Transition Plan Foot note 61

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
1.	1. a. Seek employment and work in competitive integrated settings,	Incorporate a Service Objective in the Service Specification that states if a member desires and or demonstrates work related skills, the Developmental Home shall refer the member to their planning team to consider adding an employment service.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
2.	2. The setting is selected by the individual from among setting options including:	Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting Developmental Homes prior to making a decision on where to live.	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually
3.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that states Developmental Homes are required that requires to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated. For children living in Developmental Homes, the information must be made available to parents and guardians.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
4.	5. Optimizes, but does not regiment, individual initiative, autonomy and	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
	independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	to ensure individuals have full access to the home environment at all times. For example, kitchen, laundry room, dining room, living room, etc.			
5.	7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	Require DES, DDD develop a residency agreement for members served in Developmental Homes.	DES, DDD	June 2020 Phase Three	AHCCCS monitoring of MCO annually
6.	7. a. The individual has a lease or other legally enforceable agreement providing similar protections,	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to utilize a written residency agreement.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
7.	7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting Freedom to furnish or decorate the unit within the lease or agreement	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to: ▪ Provide physical and private accommodations for the members to perform daily personal hygiene ▪ Have lockable doors for bedrooms ▪ Afford members the options to have a key or key code to the front door or provide measures for members to come and go from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night, ▪ Explain residential responsibilities to the member prior to service delivery	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
8.	7. b. The individual has privacy in their sleeping or living unit including: ▪ Lockable doors by the individual with only appropriate staff having keys to doors ▪ Individual sharing units have choice of roommates in that setting Freedom to furnish or decorate the unit within the lease or agreement	Incorporate language in the Residency Agreement outlined in Remediation Strategy # 8. The option for members to have a key or key code to the front door of the setting. For members not choosing to have a key or key code to the front door, the agreement must stipulate the facility would provide measures for members to come and go, to and from the residence at any time, i.e. someone is available to let them in the door at any hour of the day or night,	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
9.	7. c. The individual has freedom and support to control his or her own schedules and activities including access to food at any time, and	Incorporate language in the Residency Agreement that the Developmental Home must afford individuals access to meals and snacks at the time of their choosing.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
10.	7. d. The individual can have visitors at any time, and	Incorporate language in the Residency Agreement (reference Remediation Strategy # 9) that the Developmental Home must afford individuals the option to have visitors at any time.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
11.	7. e. The setting is physically accessible	Incorporate a Service Requirement and Limitation in the Service Specification that requires Developmental Homes to ensure physical accommodations are sufficient to afford a comfortable and safe environment for all activities of daily living in the home.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

Begin foot note 61. Updated all Phases and Timelines to accommodate the new compliance date of March 2022, item #9. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.
Return to text.

Figure. Table.

Residential Setting Type	**Acute Behavioral Health Treatment Facilities Foot note** 62
Residential Setting Sub Type	**Behavioral Health Residential Facility**
Description	Provide treatment to an individual experiencing a behavioral health issue that limits the individual's ability to be independent, or causes the individual to require treatment to maintain or enhance independence.
Number of Settings	**385 Foot note** 63 (Source: June 2015 Arizona Department of Health Services)
Number of Member's Served	**93** (Source: June 2015 Placement Report)
Residential Setting Sub Type	**Rural Substance Abuse Transitional Agencies Foot note** 64
Description	Provides behavioral health services to an individual who is intoxicated or who may have a substance abuse problem.
Number of Settings	**6** (Source: August 2017 Provider Registration)
Number of Members Served	**0** (Source: January 2016, December 2016 Utilization Data)

Figure. Table.

References	**Location**	**Description**
Arizona Administrative Code	R9 10 101	Definitions
Arizona Administrative Code	R9 10 701 722	Behavioral Health Residential Facilities
Arizona Administrative Code	R9 10 715	Behavioral Health Residential Facilities, Physical Health Services
Arizona Administrative Code	R9 10 801 820	Assisted Living Facilities
Arizona Administrative Code	R9 10 801	Assisted Living Facilities Definitions
Arizona Administrative Code	R9 10 812	Assisted Living Facilities Behavioral Health Care
Arizona Administrative Code	R9 10 813	Assisted Living Facilities Behavioral Health Services
Arizona Administrative Code	R9 10 814	Assisted Living Facilities Personal Care Services

Begin foot notes.

62. Created category of Acute Behavioral Health Treatment Facilities, item #6. Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

63. The number of settings is reflective of the total number of licensed settings versus the number of settings serving A H C C C S, ALTCS members.

64. Incorporated the Rural Substance Abuse Transitional Agencies into the Systemic Assessment and Transition Plan, item #6. Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

Return to text.

200

Evidence

1) Licensed Behavioral Health Residential Facilities are not intended or designed to manage primary physical health needs. The setting provides time limited services through clinical interventions to treat a member's behavioral health issues. The key element in the definition of licensed Behavioral Health Residential Facility is the need for and the provision of treatment of the behavioral health condition.

- The primary focus of a licensed Behavioral Health Residential Facility is to provide clinical interventions with minimal personal care supports, to treat a behavioral health issues while promoting resident independence to transition into their own housing. [Arizona Administrative Code, R9 10 701, 722]
- A behavioral health issue is defined as "an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors." [Arizona Administrative Code, R9 10 101, #22]
- Licensed Behavioral Health Residential Facilities can provide personal care services as a secondary support service [Arizona Administrative Code, R9 10 715 and R9 10 814]

2) Licensed Assisted Living Facilities are intended and designed to manage primary physical health and or behavioral health needs.

- The primary focus of an Assisted Living Facility is to provide supervisory, personal and directed care services [Arizona Administrative Code, R9 10 801, 822]
- An assisted living service "means supervisory care services, personal care services, directed care services, behavioral health services, or ancillary services provided to a resident by or on behalf of an assisted living facility." [Arizona Administrative Code, R9 10 801, #3]
- As of July 1, 2014, Assisted Living Facilities can add behavioral care and behavioral health services to the array of services that can be provided to meet a member's behavioral health support needs [Arizona Administrative Code, R9 10 812 and 813]
- Behavioral health services are defined as "medical services, nursing services, health related services, or ancillary services provided to an individual to address the individual's behavioral health issue." [Arizona Administrative Code, R9 10 101, #27]
- Behavioral care is defined as:

201
Sub bullet. "Assistance with a resident's psychosocial interactions to manage the resident's behavior that can be performed by an individual without professional skills that may include direction provided by a behavioral health professional and medication ordered by a medical practitioner or behavioral health professional, or

Sub bullet. Behavioral health services provided by a behavioral health professional on an intermittent basis to address a resident's significant psychological or behavioral response to an identifiable stressor or stressors." [Arizona Administrative Code, R9 10 401, #2]

3) Rural Substance Abuse Transitional Facilities Foot note 65

- Substance Abuse Transitional Facility "means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem." [Arizona Administrative Code, R9 10 101, #196]

Assessment

Licensed Behavioral Health Residential Facilities and Rural Substance Abuse Transitional Facilities should be re classified as solely an acute care behavioral health service versus also being classified as a home and community based service, alternative residential facility in Arizona's 1115 Waiver. The services provided within the aforementioned facilities are clinical, treatment based and transitional in nature. The services provided in these settings will continue to be an acute care behavioral health treatment service available in the array of covered benefits for ALTCS members.

Transition Plan

Figure. Table. Acute Behavioral Health Treatment Facilities, Transition Plan Foot note 66

#	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1.	Educate current Behavioral Health Residential Facility providers on state licensure and HCBS rule requirements to determine provider interest in changing licensure status from Behavioral Health Residential to Assisted Living with Behavioral Health Care or Services	AHCCCS and MCOs	December 2018 Phase One	Not applicable
2.	Assess each member currently residing in a licensed Behavioral Health Residential Facility to determine is the service is appropriate. Considerations will include: ▪ The member needs clinical interventions to treat a behavioral health issue ▪ The members needs behavioral health services to support the management of a behavioral health support need ▪ The member has primary diagnosis of an AXIS I or AXIS II mental health disorder.	MCOs	December 2018 Phase One	AHCCCS monitoring of MCO annually
2.	Build a network of Assisted Living Facilities that are licensed and equipped to provide behavioral health services, to persons who have a primary diagnosis other	ALTCS Contractors	June 2020 Phase Three	AHCCCS monitoring of MCO annually

#	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
	than a mental health disorder, but require behavioral health supports. The facility shall be in compliance with the HCBS Rules			
3.	▪ Invoke the person centered planning process for the identified members that need to be relocated from a licensed Behavioral Health Residential Facility to Assisted Living Facilities that are licensed to provide behavioral health services. The process will include: ▪ An assessment of the members support needs that must be met in the new setting ▪ Identification of the member's preferences when looking for a new setting ▪ The option for members to visit and choose among different setting options ▪ A timeline for relocation not to exceed March 2022 (the 5 year compliance timeline for the state to come into compliance with the HCBS Rules)	ALTCS Contractors	June 2021 Phase Four	AHCCCS monitoring of MCO
4.	Incorporate the re classification of both Behavioral Health Residential Facilities and Substance Abuse Transitional Facilities as solely an acute care behavioral health service into Arizona's 1115 Waiver amendment beginning October 2021.	A H C C C S	June 2021 Phase Four	AHCCCS Office of Intergovernmental Relations
5	Relocation of members, if current setting continues to be licensed as a Behavioral Health Residential Facility, based upon the prescribed timeline in the person centered service plan	ALTCS Contractors	March 2022 Phase V	AHCCCS monitoring of MCO

Begin foot notes.

65. Incorporated the Rural Substance Abuse Transitional Agencies into the Systemic Assessment and Transition Plan, item #6. Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

66. Updated all Phases and Timelines to accommodate the new compliance date of March 2022, item #9. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.

Return to text.

Figure. Table.

Non Residential Setting Type	Adult Day Health Care Facilities
Description	Provider services for members who are elderly and or have physical disabilities who need supervision, assistance in taking medication, recreation and socialization or personal living skills training.
Number of Settings	62 (Source: June 2015 Provider Affiliation Transmission)
Number of Members Served	426 (Source: May 2015 ALTCS Contractor Reports)

Figure. Table.

References	Location	Description
Arizona Administrative Code	R9 10 1103	Adult Day Health Care Facilities Administration
Arizona Administrative Code	R9 10 1104	Adult Day Health Care Facilities, Quality Management
Arizona Administrative Code	R9 10 1108	Adult Day Health Care Facilities, Care Plan
Arizona Administrative Code	R9 10 1110	Adult Day Health Care Facilities, Participant Rights
Arizona Administrative Code	R9 10 1113	Adult Day Health Care Facilities, Adult Day Health Services
Arizona Administrative Code	R9 10 1117	Adult Day Health Care Facilities, Physical Plant Standards
AHCCCS Medical Policy Manual	General Reference	General Information Regarding Covered Services*
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1240 B	Adult Day Health Care Services
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620 A	Case Management Standards, Initial Contact or Visit Standard
AHCCCS Medical Policy Manual	Section 1620 B	Case Management Standards, Needs Assessmant or Care Planning Standard
AHCCCS Medical Policy Manual	Section 1620 D	Case Management Standards, Placement or Service Planning Standard
AHCCCS ALTCS Contract	Section 41	Accomodating AHCCCS Members
AHCCCS Contractors	General	Administrative, Claims, Financial and Operational Policies for

Operations Manual	Reference	Contractors*
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Note(*): The AHCCCS Medical Policy Manual and the AHCCCS Contractor Operations Manual are subject to revisions on an ongoing basis. Therefore, a general reference link to the main policy webpage has been provided in the event a link in the matrix is inoperable as the result of policy revisions.
Return to text.

Figure. Table. Adult Day Health Care Facilities Assessment

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located in the general community where people access services or go to work ▪ Individuals interact with the general public either through visitation to the program and or activities in the general community ▪ The setting is generally physically accessible and adapted for individualized needed accommodations **Foot note** 67. ▪ Working individuals interact with members of the community, i.e. providing training to prepare for work, customers purchasing goods and services, etc.	Adult Day Health Care Facilities are generally located within communities. Some Adult Day Health Care Facilities are co located on the grounds of private Assisted Living Facilities and or Skilled Nursing Facilities. In that event, the facilities operate separate and apart from one another and have unique licensure requirements. **Foot note** 68. R9 10 1117 ▪ The Adult Day Health Care Facility Administrator is required to ensure that the premises and equipment are sufficient to accommodate the services provided and the individuals served in the Facility [B.1 and 2] ▪ The Adult Day Health Care Facility Administrator is required to ensure minimum requirements for indoor and outdoor space to accommodate participants [C and D] The Adult Day Health Care Facility Administrator is required to ensure dining areas are furnished with dining tables and chairs large enough to accommodate participants [E.5]	Partial Compliance	1) Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines an Adult Day Health Care Facility must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community. The language must stipulate that facilities, co located with Assisted Living Facilities and or Skilled Nursing Facilities must be licensed separate and apart from one another. 2) Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility is to foster interaction with the general community internal and external to the setting. Examples of fostering interaction with the general community internal to the setting may include peers without disabilities visiting the setting to provide information, instruction, training, support and or to participate in activities. Examples of fostering interaction with the general community external to the setting may include facilitating activities outside of the setting whereby members are directly engaged in activities with peers without disabilities and individuals of varying age levels.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. a. Seek employment and work in competitive integrated settings,	▪ Individuals have supports to prepare for and obtain employment or volunteer activities including options for experiential learning to learn about opportunities in the community ▪ Working individuals, including paid and volunteer work, have benefits to the same extent as individuals not receiving Medicaid funded H C B S **Sub bullet.** Negotiating work schedules **Sub bullet.** Breaks and lunch **Sub bullet.** Vacation and medical leave **Sub bullet.** Medical benefits ▪ Individuals attending the program, and interested in working, have jobs, paid or volunteer, in the community ▪ Individuals have transportation to and from work or volunteer activities	AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self sufficiency in the areas of housing, education and employment [Section 1620.1.o.] ▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions about their independent living options [Section 1630.5]	Not Compliant	3) Create an employment services section in the AHCCCS Medical Policy Manual (Chapter 1200) to include an array of employment support services including options to support members to volunteer in the community. ▪ Habilitation ▪ Pre Vocational Services ▪ Group Supported Employment Individual Supported Employment 4) Require ALTCS Contractors in the AHCCCS Contractors Operations Manual (Chapter 436) to build a network for the provision of an array of employment support services. 5) Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to incorporate training and practice for skill building, i.e. soft skills, that may be transferrable in a volunteer or paid work environment. 6) Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to refer members to their Case Manager for an employment service if they express a desire and or demonstrate work related skills.
1. b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information about events and	R9 10 1108 ▪ The Adult Day Health Care Facility Administrator is required to	Not Compliant	7) Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	activities in the community ▪ Individuals have access to transportation made available through the providers and public transportation including transportation training ▪ Individuals have support to learn new skills or instruction for skill development ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities, i.e. assistance with personal care,	ensure the development of a care plan for each participating including: **Sub bullet.** Services **Sub bullet.** Time limited and measureable goals and objectives **Sub bullet.** Interventions to achieve objectives [4.b.c.d.] AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non ALTCS services available in the community [Sections 1610.2 and 1620 B.1.g.] Case Managers assist members to develop meaningful and measureable goals [Section 1620 B.5]		Care Facility to include opportunities to receive information and learn about events and activities in the community in an effort to make informed decisions about the schedule of activities for the program. 8) Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to facilitate access to community resources and activities. For example, this may include: ▪ Assisting members in utilizing community transportation resources including mobility and transportation training Assisting members to arrange for personal care to support engagement in community activities 9) Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to expand the scope of the care plan to include the development of skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities. Skill development may include: ▪ Social ▪ Communication ▪ Basic life skills (shopping, banking, etc.) ▪ Independent functioning skills
1. c. Control personal resources, and	▪ Individuals have access to money management	R9 10 1110 ▪ The Adult Day	Not Compliant	10) Incorporate language in the AHCCCS Medical Policy Manual

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	habilitation or skill building training ▪ Individuals have access and discretion to spend earned and unearned money, during breaks, lunch, outings, activities, etc. ▪ Pay is rendered for work to the individual or their representative	Health Care Facility Administrator must ensure participants are not subjected to misappropriation of personal or private property [B.2.k]		(Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to institute policies and procedures pertaining to the management and documentation of personal funds accounts for participants including practices to support participants to access and have discretion to spend money during outings, activities and breaks. To ensure participants can manage money to the greatest extent possible, skill building for money management should be incorporated for participants who may need money management support.
1. d. Receive services in the community to the same degree of access as individuals not receiving Medicaid H C B Services	▪ Individuals have access to the same services and activities as individuals not receiving H C B services ▪ Individuals are learning and engaging in activities in the community comparable to peers, i.e. people of similar age, people without disabilities, etc. ▪ Working individuals have access to all of the areas of a workplace to the same extent as their non disabled peers ▪ Working individuals have a job, and associated tasks, that a non disabled peer would perform for pay ▪ Working individuals engage in company activities (potlucks, parties, professional development	ALTCS Contract ALTCS Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. [Section 41] Arizona Administrative Code ▪ Adult Day Health Care Facilities serve both Medicaid beneficiaries and individuals privately paying for services. Adult Day Health by definition does not specify a payor source.	Partial Compliance	Reference remediation strategy #2
2. The setting is selected by				

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
the individual from among setting options including:				
2. a. Non Disability specific settings	▪ Individuals have the option to choose a variety of day services including the combination of employment and or day services ▪ Individuals have the option to visit other settings prior to making a decision on where to receive services ▪ Individuals have employment opportunities and day activities or outings including non disability settings	AHCCCS Medical Policy Manual Members are supported to receive services in the most integrated setting appropriate for their needs [Chapter 1200 Overview] AHCCCS Medical Policy Manual Member choice is the primary consideration for making informed decisions on placement options [Section 1620 D.2.a.] AHCCCS Contractors Operations Manual ▪ ALTCS Contractors are required to develop and maintain a provider network sufficient to provide all covered services to members [Chapter 436 Overview]	Partial Compliance	11) Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to make sure members have access to transportation and support for the purpose of visiting Adult Day Health Care Facilities prior to making a decision on where to receive services. 12) Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines members have the option to choose the schedule of attendance at Adult Day Health Care Facilities including partial week or day attendance. Reference Remediation Strategy #2
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to H I P P A privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any	AHCCCS Medical Policy Manual Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [Section 930] AHCCCS Medical Policy Manual Case Manager explains rights and responsibilities to members and provides them a Member Handbook [Section 1620 A.3]	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods, posted information, information when services were initiated, etc. and processes for filing complaints including anonymous complaints	R9 10 1103 ▪ The Adult Day Health Care Facility Administrator must ensure policies and procedures incorporate strategies for supporting participants to understand their rights [C. g] The Adult Day Health Care Facility Administrator must ensure policies and procedures incorporate processes for participants to file a compliant and the Facility to respond and resolve a compliant [C.h] R9 10 1110 ▪ The Adult Day Health Care Facility Administrator must ensure that participant rights are conspicuously posted on the premises [A.1] ▪ The Adult Day Health Care Facility Administrator must ensure that participants are provided a written copy of their rights and that the policies and procedures outline how and when a participant is informed of their rights [A2 and A3.a] ▪ The Adult Day Health Care Facility Administrator must ensure that participants are not subjected to abuse, neglect, exploitation, seclusion, restraint, etc. [B.2]		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ The Adult Day Health Care Facility Administrator must ensure that participants are treated with dignity, respect and consideration [B.1] ▪ Participants may refuse or withdraw consent to treatment [B.3.b] ▪ Participants are afforded the rights to privacy in treatment of personal care needs, communication and association with others. [C.2, C.3, C.4 and C.6] ▪ Participants are afforded the right to receive assistance in understanding, protecting or exercising their rights [C.11] ▪ The Adult Day Health Care Facility Administrator must ensure that participants are not subjected to retaliation for submitting a compliant [B.j] R9 10 1110 ▪ The Adult Day Health Care Facility Administrator must ensure that the participant's medical record is secure and information only released upon consent of the participant or other reasons as permitted by law [B.f.i.]		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence	▪ Individuals in the same setting have alternate schedules for services and activities	▪ R9 10 1110 ▪ Participants are afforded rights to receive	Not Compliant	13) Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) the Adult Day

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals can schedule activities at their own convenience ▪ Individuals having access to accessible transportation including information and training on how to use public transportation ▪ Individuals have access to entrances and exits to the setting and any and all areas within the setting ▪ Individuals can engage in work and non work activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with people of their own choosing and in areas of their own choosing, indoor and outdoor space, ▪ Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch.	treatment that supports and respects their individuality, choices, strengths and abilities [C.2] ▪ Participants are afforded rights to communicate, and associate, and meeting privately with individuals of their choice [C.3] ▪ R9 10 1103 The Adult Day Health Care Facility Administrator must ensure that the monthly calendar of planned activities is posted before the beginning of the month [D.2] R9 10 1112 The Adult Day Health Care Facility has a "Participant's Council" that provides input on planning activities and policies of the Facility R9 10 1114 The Adult Day Health Care Facility Food Supervisor must ensure participants are provided a food or snack menu prepared at least one week in advance, including a meal substitution option. AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing their own care [Section 1620 B.1b.]		Health Care Facility Administrator is required to exercise strategies for providing and facilitating social, recreational, skill building and community based activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members ▪ Ensuring individuals have full access to the environment at all times Ensuring individuals have access to meal and snacks at the time of their choosing Reference Remediation Strategy #8

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	R9 10 1103 ▪ The Adult Day Health Care Facility Administrator must ensure that policies and procedures include a method to ensure participants receive the appropriate services [C.e] ▪ R9 10 1104 ▪ The Adult Day Health Care Facility Administrator must ensure that there are methods to collect data and evaluate services provided to participants [1.b] ▪ R9 10 1108 ▪ The care plan is reviewed and updated at least every six months and whenever there is a change in the participant's condition [5] ▪ R9 10 1110 ▪ Participants are afforded the right to receive a referral to another facility if the facility is unable to provide adult day health services for the participant [C.8] Participants are afforded the right to participate in the development of, or decisions concerning, treatment [C.9] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have	Partial Compliance	14) Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that the Adult Day Health Care member's service plan can be updated upon request of the member.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		a meaningful role in planning and directing their own care [Section 1620 B.1b] ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices [Section 1620 B.1c] Case Managers are available to answer questions and address issues outside of the regularly scheduled visits [Section 1620 B.1d] AHCCCS Medical Policy Manual ▪ Member choice is the primary consideration for making informed decisions on placement options [Section 1620 D.2.a.]		

Begin foot notes.

67. Noted physical accessibility requirement for non residential settings is addressed under the "considerations" column for the first rule requirement, item #10. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

68. Deleted general reference to the Arizona Administrative Code to avoid confusion the statement is explicitly stated in the Code, page #4. Reference Transition Plan Revisions Crosswalk November 2018 January 2019 Preliminary CMS Approval.

Return to text.

Figure. Table. Adult Day Health Care Facilities, Transition Plan Foot note 69

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1.	1. The setting is integrated in and supports full access to the greater community	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines an Adult Day Health Care Facility must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community. The language must stipulate facilities, co located with Assisted Living Facilities and or Skilled Nursing Facilities, must be licensed separate and apart from one another.	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually
2.	1. The setting is integrated in and supports full access to the greater community	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility is to foster interaction with the general community internal and external to the setting. Examples of fostering interaction with the general community internal to the setting may include peers without disabilities visiting the setting to provide information, instruction, training, support and or to participate in activities. Examples of fostering interaction with the general community external to the setting may include facilitating activities outside of the setting whereby members are directly engaged in activities with peers without disabilities individuals	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		of varying age levels.			
3.	1. a. Seek employment and work in competitive integrated settings,	Create an employment services section in the AHCCCS Medical Policy Manual (Chapter 1200) to include an array of employment support services including options to support members to volunteer in the community. ▪ Habilitation ▪ Pre Vocational Services ▪ Group Supported Employment ▪ Individual Supported Employment	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually
4.	1. a. Seek employment and work in competitive integrated settings,	Require ALTCS Contractors in the AHCCCS Contractors Operations Manual (Chapter 436) to build a network for the provision of an array of employment support services.	ALTCS Contractors	June 2020 Phase Three	AHCCCS monitoring of MCO annually
5.	1. a. Seek employment and work in competitive integrated settings,	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to incorporate training and practice for skill building, i.e. soft skills, that may be transferrable in a volunteer or paid work environment.	A H C C C S	June 2020 Phase Three	Annual ALTCS Contractor Monitoring
6.	1. a. Seek employment and work in competitive integrated settings,	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to refer members to their Case Manager for an employment service if they express a desire and or demonstrate work related	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		skills.			
7.	1. b. Engage in community life,	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to include opportunities to receive information and learn about events and activities in the community in an effort to make informed decisions about the schedule of activities for the program.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
8.	1. b. Engage in community life,	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to facilitate access to community resources and activities. For example, this may include: ▪ Assisting members in utilizing community transportation resources including mobility and transportation training ▪ Assisting members to arrange for personal care to support engagement in community activities	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
9.	1. b. Engage in community life,	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to expand the scope of the care plan to include the development of skills that lead to meaningful days, valued community roles, and promotes the member's	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		vision of the future and priorities. Skill development may include: ▪ Social ▪ Communication ▪ Basic life skills (shopping, banking, etc.) ▪ Independent functioning skills			
10.	1. c. Control personal resources, and	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines a requirement of the Adult Day Health Care Facility to institute policies and procedures pertaining to the management and documentation of personal funds accounts for participants including practices to support participants to access and have discretion to spend money during outings, activities and breaks. To ensure participants can manage money to the greatest extent possible, skill building for money management should be incorporated for participants who may need money management support.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
11.	2. a. Non Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to make ensure members have access to transportation and support for the purpose of visiting Adult Day Health Care Facilities prior to making a decision on where to receive services.	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
12.	2. a. Non Disability specific settings	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that outlines members have the option to choose the schedule of attendance at Adult Day Health Care Facilities including partial week or day attendance.	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
13.	Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that the Adult Day Health Care Facility Administrator is required to exercise strategies for providing and facilitating social, recreational, skill building and community based activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members ▪ Ensuring individuals have full access to the environment at all times ▪ Ensuring individuals have access to meal and snacks at the time of their choosing	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually
14.	Facilitates individual choice regarding services and supports, and who provides them	Incorporate language in the AHCCCS Medical Policy Manual (Section 1240 B) that the Adult Day Health Care member's service plan can be updated upon request of the	A H C C C S	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
		member.			

Begin foot note 69. Updated all Phases and Timelines to accommodate the new compliance date of March 2022, item #9. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.
Return to text.

Figure. Table.

Non Residential Setting Type	Day Treatment and Training Programs
Non Residential Setting Sub Type	Day Treatment and Training, Adult
Description	A service that specializes sensory motor, cognitive, communicative, social interaction and behavioral training to promote skill development for some portion of a day, maximum of 8 hours per day
Non Residential Setting Sub Type	Day Treatment and Training, Child, Summer
Description	A service that specializes sensory motor, cognitive, communicative, social interaction and behavioral training to promote skill development for some portion of a day, maximum of 4 hours per day
Non Residential Setting Sub Type	Day Treatment and Training, Child, After School
Description	A service that specializes sensory motor, cognitive, communicative, social interaction and behavioral training to promote skill development for some portion of a day, maximum of 4 hours per day
Number of Settings	391 (Source: April 2015 DES, DDD Report)
Number of Members Served	7,324 (Source: May 2015 DES, DDD Report)

Figure. Table.

References	Location	Description
Arizona Revised Statutes	36 551.01	State Department of Developmental Disabilities Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	41 3801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6 6 602	Department of Economic Security, Division of Developmental Disabilities, Individual Service and Program Plan
Arizona Administrative Code	R6 6 804	Department of Economic Security, Division of Developmental Disabilities, Rights of Clients
Arizona Administrative Code	R6 6 902	Department of Economic Security, Division of Developmental Disabilities, Prohibitions
Arizona Administrative Code	R6 6 2107	Department of Economic Security, Division of Developmental Disabilities, Selecting a Provider
Arizona Administrative Code	R6 6 2108	Department of Economic Security, Division of Developmental Disabilities, Emergency Procurement
Arizona Administrative Code	R6 6 2109	Department of Economic Security, Division of Developmental Disabilities, Consumer Choice
Arizona Administrative Code	R6 6 2110	Department of Economic Security, Division of Developmental Disabilities, Authorization to Provide Services
Department of Economic Security, Division of	General Reference	Complete Set of Operations, Medical, Eligibility, Behavioral Supports and Provider Policy Manuals*

Developmental Disabilities, Policy Manual		
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 A	Basic Human and Disability Related Rights

References	Location	Description
Department of Economic Security, Division of Developmental Disabilities, Policy Manual	Section 1000 B	Responsibilities of Individuals Applying for and or Receiving Supports and Services
Department of Economic Security, Division of Developmental Disabilities, Policy Manual	Section 1003	District Human Rights Committees
Service Specification		Day Treatment and Training, Adult
Service Specification		Day Treatment and Training Child, Summer
Service Specification		Day Treatment and Training Child, After School
Individual Service Plan	DDD 1472B, Section 11	Spending Plan
Contract Scope of Work	5.4.4 and 5.6.4.2	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
AHCCCS Medical Policy Manual	General Reference	General Information Regarding Covered Services*
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620 A	Case Management Standards, Initial Contact or Visit Standard
AHCCCS Medical Policy Manual	Section 1620 B	Case Management Standards, Needs Assessment or Care Planning Standard
AHCCCS Medical Policy Manual	Section 1620 D	Case Management Standards, Placement or Service Planning Standard
AHCCCS DDD Contract	Section 41	Accommodating AHCCCS Members
AHCCCS Contractors Operations Manual	General Reference	Administrative, Claims, Financial and Operational Policies for Contractors*
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Note* The Department of Economic Security, Division of Developmental Disabilities, AHCCCS Medical Policy Manual and the AHCCCS Contractor Operations Manual are subject to revisions on an ongoing basis. Therefore, a general reference link to the main policy webpage has been provided in the event a link in the matrix is inoperable as the result of policy revisions.Return to text.

Figure. Table. Day Treatment and Training Programs, Adult, Summer and After School, Assessment

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located in the general community where people access services or go to work ▪ Individuals interact with the general public either through visitation to the program and or activities in the general community ▪ The setting is generally physically accessible and adapted for individualized needed accommodations **Foot note** 70 ▪ Working individuals interact with members of the community, i.e. providing training to prepare for work, customers purchasing goods and services, etc.	R6 6 804 Members have the right to associate with people they want [4] DES, DDD Policy Section 1001 A A least restrictive setting refers to an environment in which a member strives to reach his or her full potential in accordance to the tenets of self determination [H] Service Specifications Day Programs are required to provide opportunities to interact with friends and others in the community [Service Goals, #2] Contract, Special Terms and Conditions ▪ Day Programs are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity [6.3.2.1 and 6.3.2.3]	Partial Compliance	1) Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff. 2) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction with the general community internal and external to the setting. For example, this may include peers or members of the community without disabilities visiting the setting to provide information, instruction, training, support and or to participate in activities. Additionally, it may include facilitating activities outside of the setting whereby members are directly engaged in activities with peer and community members without disabilities. 3) Incorporate a Service Requirement in the Service Specifications to stipulate the setting must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community.
1. a. Seek employment and work in competitive integrated settings,	▪ Individuals have supports to prepare for and obtain employment or volunteer activities including options for experiential learning to learn about opportunities in the	A.R.S 551.01 Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with	Partial Compliance	4) Expand the scope of the Service Goals and Service Objectives in the Service Specifications include opportunities to learn about volunteer work in the community and referrals, resources and services,

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	community ▪ Working individuals, including paid and volunteer work, have benefits to the same extent as individuals not receiving Medicaid funded H C B S **Sub bullet.** Negotiating work schedules **Sub bullet.** Breaks and lunch **Sub bullet.** Vacation and medical leave **Sub bullet.** Medical benefits ▪ Individuals attending the program, and interested in working, have jobs, paid or volunteer, in the community ▪ Individuals have transportation to and from work or volunteer activities	developmental disabilities have the right to fair compensation for labor [E and I] AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self sufficiency in the areas of housing, education and employment [Section 1620.1.o.] ▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions. [Section 1630.5] ▪ Day Programs are required to refer members to their planning team for an employment service if the member expresses a desire and or demonstrate work related skills [Service Objectives, #9] ▪ Day Programs are required to support members to receive training and practice skill building, i.e. soft skills, that may be transferrable in a volunteer or paid work environment		to prepare for, obtain and support volunteer work.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		[Services Objectives, 2.7, 3 and 4]		
1. b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information about events and activities in the community ▪ Individuals have access to transportation made available through the providers and public transportation including transportation training ▪ Individuals have support to learn new skills or instruction for skill development ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities, i.e. assistance with personal care,	R6 6 804 Members have the right to participate in social, religious, educational, cultural, and community activities [5] AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non ALTCS services available in the community [Sections 1610.2 and 1620 B.1.g.] ▪ Case Managers assist members to develop meaningful and measureable goals [Section 1620 B.5] ▪ Day Programs are required to provide training and supervision for the member to increase or maintain his or her socialization and adaptive skills to live and participate in the community [Service Goals, #1] ▪ Day Programs are required to provide opportunities for members to interact with friends and others in the community, including providing information regarding and facilitating access to community resources [Service Goals, #2] ▪ Day Programs are	Compliant with Recommendations	5) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include opportunities to receive information and learn about events and activities in the community in an effort to make informed decisions about the schedule of activities for the Day Treatment and Training Program.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		required to provide opportunities for members to develop skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities [Service Goals, #3] ▪ Day Programs are required to assist in developing individual outcomes and implementing strategies to achieve his or her long term vision for the future and priorities [Service Objectives, #1.1 and 1.2] ▪ Day Programs are required to provide opportunities for members to receive training and practice basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills [Service Objectives, #2.7] ▪ Day Programs are required to support members to develop, maintain or enhance independent functioning skills and social and communication skills [Service Objectives, #3 and 4] Day Programs are required to assist members in utilizing community transportation resources including mobility training [Service Objectives, #2.5 and 2.8]		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		Contract, General Scope of Work ▪ Day Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs or abilities, chronological ages and cultural backgrounds of members [5.4.4]		
1. c. Control personal resources, and	▪ Individuals have access to money management habilitation or skill building training ▪ Individuals have access and discretion to spend earned and unearned money, during breaks, lunch, outings, activities, etc. ▪ Pay is rendered for work to the individual or their representative	R6 6 804 ▪ Members have the right to be free from personal and financial exploitation [1] ▪ Members have the right to manage personal financial affairs and spending money and to be taught to do so [6] Service Specifications ▪ Day Programs are required to provide opportunities for members to receive training and or practice in basic life skills such as shopping, banking and money management [Service Objectives #2.7] Day Programs are required to maintain a ledger and documentation, i.e. receipts, that account for all member funds paid or provided to the vendor [Recordkeeping and Reporting Requirements, #9] Individual Service Plan ▪ As part of the annual service planning process, members and their team	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		outline a spending plan [Section 11, Spending Plan]		
1. d. Receive services in the community to the same degree of access as individuals not receiving Medicaid H C B Services	▪ Individuals have access to the same services and activities as individuals not receiving H C B services ▪ Individuals are learning and engaging in activities in the community comparable to peers, i.e. people of similar age, people without disabilities, etc. ▪ Working individuals have access to all of the areas of a workplace to the same extent as their non disabled peers ▪ Working individuals have a job, and associated tasks, that a non disabled peer would perform for pay ▪ Working individuals engage in company activities, potlucks, parties, professional development	There is no comparable type of service or support for individuals not receiving HCBS. The goal of the service or support is to provide members with the skills to maximize their daily activities to be consistent with individuals not receiving Medicaid HCBS. R6 6 602 An intent of the Individual Service Plan is to maximize the member's independent living [B3.c] DES, DDD Policy Section 1001 B Members are supported to be self determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals no receiving Medicaid services [Section 1001 B] Service Specifications, Child ▪ Day Programs are not intended to provide day care relief to caregivers, but rather an opportunity for a member to participate in individualized habilitative activities [Service Requirements and Limitations, #4] Day Programs should not be the only consideration for	Not Compliant	Reference all remediation strategies. All remediation strategies are focused on ensuring the setting affords members the opportunity to maximize their daily activities to be consistent with individuals not receiving Medicaid HCBS.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		children if there are other more integrated options such as a summer school program. The planning team should assess the most beneficial option for the member [Service Requirements and Limitations, #6] Contract, General Scope of Work Day Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs or abilities, chronological ages and cultural backgrounds of members [5.4.4] DDD Contract ▪ Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. [Section 41]		
2. The setting is selected by the individual from among setting options including:				
2. a. Non Disability specific settings	▪ Individuals have employment opportunities and day activities or outings including non disability settings	R6 6 2107 Members are supported to find a provider that can meet his or her specific needs.	Partial Compliance	6) Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to make sure Members

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	▪ Individuals have the option to choose a variety of day services including the combination of employment and or day services ▪ Individuals have the option to visit other settings prior to making a decision on where to receive services	This process can include a meeting with the provider and the member [M] R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] Service Specifications Members have options to participate in the program on a partial week or day basis [Service Utilization, #2] AHCCCS Medical Policy Manual Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [Chapter 1200 Overview] AHCCCS Medical Policy Manual Member choice is the primary consideration for making informed decisions on placement options [Section 1620 D.2.a.] AHCCCS Contractors Operations Manual ALTCS Contractors are required to develop and maintain a provider network sufficient to provide covered services to all members [Chapter 436 Overview] DES, DDD Contract Scope of Work ▪ Providers are		have access to transportation and support for the purpose of visiting Day Treatment and Training Programs prior to making a decision on where to receive services. Reference Remediation Strategy #2

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member [5.6.4.2]		
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to H I P P A privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods, posted information, information when services were initiated, etc. and processes for filing complaints including anonymous complaints	A.R.S. 36 551.01 ▪ Members are afforded rights to be free from mistreatment, neglect and abuse by service providers [N] ▪ Members are afforded the right to be free from unnecessary and excessive medication [O] Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court [S] A.R.S. 41 3801 The Human Rights Committee is established to promote and protect the rights of members R6 6 804 Members are afforded rights including right to privacy during the provision of personal care, communication and visitations [8] R6 6 902 ▪ Seclusion and physical and medication restraints are prohibited Members have individualized behavior treatment plans as part of the	Compliant with Recommendations	7) Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Treatment and Training Programs to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		Individual Service Plan [C] AHCCCS Medical Policy Manual Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [Section 930] AHCCCS Medical Policy Manual ▪ Case Manager explain rights and responsibilities to members and provide them a Member Handbook [Section 1620 A.3]		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals having access to accessible transportation including information and training on how to use public transportation ▪ Individuals have access to entrances and exits to the setting and any and all areas within the setting ▪ Individuals can engage in work and non work activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with people of their own choosing and in areas of their own choosing, indoor and outdoor space,	R6 6 804 ▪ Members are afforded rights to associate with persons of their own choosing [4] Members are afforded rights to be provided choices and to express preferences which will be respected and accepted [11] DES, DDD Policy Section 1001 B Members are supported to be self determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] Service Specifications ▪ Day Programs are responsible for providing	Partial Compliance	8) Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Programs to exercise strategies for providing and facilitating social, recreational, skill building and community based activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members ▪ Ensuring individuals have full access to the environment at all times ▪ Ensuring individuals have access to meal and snacks at the time of their choosing

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	▪ Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch.	opportunities for members to develop skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities [Service Goals, #3] ▪ Day Programs are responsible for providing opportunities for training and or practices in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills [Service Objectives, #2.7] ▪ Day Programs are required to provide transportation including mobility training and access to community transportation resources [Service Objectives, #2.5, 2.8 and 6] ▪ Day Programs are responsible for providing opportunities for members to participate in community activities and facility member utilization of community resources [Service Objectives, #5] Day Programs are responsible for developing a monthly on site and community integrated schedule of daily activities. The Program must document the member's direct input into the schedule and allow		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		for reasonable choice in activity participation and offer alternative activities [Service Objectives, #7] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his or her own care [Section 1620 B.1b.]		
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	R6 6 804 ▪ Members have the right to have their personal care needs provided by direct care staff of the same gender [9] Members have the right to be provided choices and to express preferences which will be respected and accepted [11] R6 6 2107 Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] DES, DDD Policy Section 1001 ▪ Members are	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		afforded the rights to select supports and services, participate in decision making and to a review of the Individual Service Plan [B.C.E.] ▪ Members are afforded the right to communicate with staff [Section 1001 C.D] Members are supported to be self determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 302.3] Service Specifications Day Programs are required to develop habilitation related outcomes that will support the member to achieve his or her long term vision for the future and priorities [Service Objectives, #1.1] General Contract Scope of Work Providers must incorporate measures to solicit input on member satisfaction for the quality management plan [5.8.2.3] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		planning and directing his or her own care [Section 1620 B.1b] ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices [Section 1620 B.1c] ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits [Section 1620 B.1d]		

Begin foot note 70. Noted physical accessibility requirement for non residential settings is addressed under the "considerations" column for the first rule requirement, item #10. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.
Return to text.

Figure. Table. Day Treatment and Training Programs, Transition Plan Foot note 71

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
1.	1. The setting is integrated in and supports full access to the greater community	Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
2.	1. The setting is integrated in and supports full access to the greater community	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction with the general community internal and external to the setting. For example, this may include peers or members of the community without disabilities visiting the setting to provide information, instruction, training, support and or to participate in activities. Additionally, it may include facilitating activities outside of the setting whereby Members are directly engaged in activities with peer and community members without disabilities.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
3.	1. The setting is integrated in and supports full access to the greater community	Incorporate a Service Requirement in the Service Specifications to stipulate the setting must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
4.	1. a. Seek employment and work in	Expand the scope of the Service Goals and Service Objectives in	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
	competitive integrated settings,	the Service Specifications include opportunities to learn about volunteer work in the community and referrals, resources and services, to prepare for, obtain and support volunteer work.			
5.	1. b. Engage in community life,	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include opportunities to receive information and learn about events and activities in the community in an effort to make informed decisions about the schedule of activities for the Day Treatment and Training Program.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
6.	2. a. Non Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to make sure members have access to transportation and support for the purpose of visiting Day Treatment and Training Programs prior to making a decision on where to receive services	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO annually
7.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Treatment and Training Programs to follow guidelines for language competency and provide rights and resources in a location that	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		anyone can access at anytime for reference or in the event they feel their rights are being violated.			
8.	5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	Incorporate a Service Requirement and Limitation in the Service Specification that requires Day Programs to exercise strategies for providing and facilitating social, recreational, skill building and community based activities that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members ▪ Ensuring individuals have full access to the environment at all times ▪ Ensuring individuals have access to meal and snacks at the time of their choosing	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

Begin foot note 71. Updated all Phases and Timelines to accommodate the new compliance date of March 2022, item #9. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.
Return to text.

Figure. Table. Non Residential Setting Type Center Based Employment

Description	Provides controlled and protected work environment, additional supervision and other supports for individuals engaged in remunerative work either in a sheltered workshop or in the community.
Number of Settings	33 (Source: February 2015 DES, DDD Report)
Number of Members Served	1,773 (Source: February 2015 DES, DDD Report)

Figure. Table.

References	Location	Description
Arizona Revised Statutes	36 551.01	State Department of Developmental Disabilities Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	41 3801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6 6 602	Department of Economic Security, Division of Developmental Disabilities, Individual Service and Program Plan
Arizona Administrative Code	R6 6 804	Department of Economic Security, Division of Developmental Disabilities, Rights of Clients
Arizona Administrative Code	R6 6 902	Department of Economic Security, Division of Developmental Disabilities, Prohibitions
Arizona Administrative Code	R6 6 2107	Department of Economic Security, Division of Developmental Disabilities, Selecting a Provider
Arizona Administrative Code	R6 6 2108	Department of Economic Security, Division of Developmental Disabilities, Emergency Procurement
Arizona Administrative Code	R6 6 2109	Department of Economic Security, Division of Developmental Disabilities, Consumer Choice
Arizona Administrative Code	R6 6 2110	Department of Economic Security, Division of Developmental Disabilities, Authorization to Provide Services
Department of Economic Security, Division of Developmental Disabilities, Policy Manual	General Reference	Complete Set of Operations, Medical, Eligibility, Behavioral Supports and Provider Policy Manuals*
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 A	Basic Human and Disability Related Rights
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 B	Responsibilities of Individuals Applying for and or Receiving Supports and Services

References	Location	Description
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1003	District Human Rights Committees
Service Specifications		Center Based Employment
Individual Service Plan	DDD 1472B, Section 11	Spending Plan
Contract Scope of Work	5.4.4 and 5.6.4.2	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
AHCCCS Medical Policy Manual	General Reference	General Information Regarding Covered Services*
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620 A	Case Management Standards, Initial Contact or Visit Standard
AHCCCS Medical Policy Manual	Section 1620 B	Case Management Standards, Needs Assessment or Care Planning Standard
AHCCCS Medical Policy Manual	Section 1620 D	Case Management Standards, Placement or Service Planning Standard
AHCCCS DDD Contract	Section 41	Accommodating AHCCCS Members
AHCCCS Contractors Operations Manual	General Reference	Administrative, Claims, Financial and Operational Policies for Contractors*
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Note* The Department of Economic Security, Division of Developmental Disabilities, AHCCCS Medical Policy Manual and the AHCCCS Contractor Operations Manual are subject to revisions on an ongoing basis. Therefore, a general reference link to the main policy webpage has been provided in the event a link in the matrix is inoperable as the result of policy revisions.

Return to text.

Figure. Table. Center Based Employment Assessment

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located in the general community where people access services or go to work ▪ Individuals interact with the general public either through visitation to the program and or activities in the general community ▪ The setting is generally physically accessible and adapted for individualized needed accommodations **Foot note** 72 ▪ Working individuals interact with members of the community, i.e. providing training to prepare for work, customers purchasing goods and services, etc.	R6 6 804 Members have the right to associate with people they want [4] DES, DDD Policy Section 1001 A A least restrictive setting refers to an environment in which a member strives to reach his or her full potential in accordance to the tenets of self determination [H] Service Specifications The service is provided in a setting own or leased by the provider where a majority of the individuals have disabilities and are supervised by paid provider staff [Service Requirements and Limitations, #1] Contract, Special Terms and Conditions ▪ Programs are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity [6.3.2.1 and 6.3.2.3]	Not Compliant	1) Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff. ▪ 2) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction with the general community internal and external to the setting. For example, this may include: ▪ Incorporating peers without disabilities in the work environment Facilitating members of the general community to visit the setting and provide instruction on how to prepare for and be successful in the workplace, i.e. preparing for an interview, hygiene in the workplace, the use of natural supports, etc. Developing products and services that are prepared in the facility, but sold or provided out in the general community, i.e. selling baked goods at a farmer's market. 3) Incorporate a Service Requirement in the Service Specifications to stipulate the setting must be located in the community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community.
1. a. Seek employment and	▪ Individuals have	A.R.S 551.01	Partial Compliance	4) Transition the center based

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
work in competitive integrated settings,	supports to prepare for and obtain employment or volunteer activities including options for experiential learning to learn about opportunities in the community ▪ Working individuals, including paid and volunteer work, have benefits to the same extent as individuals not receiving Medicaid funded H C B S **Sub bullet.** Negotiating work schedules **Sub bullet.** Breaks and lunch **Sub bullet.** Vacation and medical leave **Sub bullet.** Medical benefits ▪ Individuals attending the program, and interested in working, have jobs, paid or volunteer, in the community ▪ Individuals have transportation to and from work or volunteer activities	Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with developmental disabilities have the right to fair compensation for labor [E and I] AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self sufficiency in the areas of housing, education and employment [Section 1620.1.o.] ▪ ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions [Section 1630.5] ▪ Member authorized for the service must have work related habilitation goals and objectives with an employment outcome [Service Requirements and Limitations, #4] ▪ Programs are required to provide members with gainful, productive, and		employment service to a facility based pre employment service. Revisions will need to be made to the Service Specifications to transition into a pre vocational service where the focus is on developing general, non job task specific strengths and skills with a goal of integrated employment in the community including group and individual supported working environments. 5) Create an enrollment cap option suspending new provider approvals or services authorization for C B E. The C B E setting must adopt all remediation strategies outlined in this C B E Transition Plan (with the exception of #6 and #7). 6) Undertake a process to evaluate and re design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community. 7) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include career exploration or planning support including opportunities to learn about volunteer work in the community including support to prepare for and obtain volunteer work.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		paid work [Service Goals, #1] ▪ Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting [Service Goals, #2] ▪ Programs are required to provide members with training related to generic work skills and appropriate work habits or ethics [Service Objectives, #4] ▪ Programs are required to evaluate the member's performance of general job related skills of each member and identify both strengths and barriers to success or progressive movement [Service Objectives, #5] ▪ Programs are required, in consultation with the member's planning team, to develop strategies to capitalize on strengths and remove or minimize barriers to success or progressive movement [Service Objectives, #6] ▪ Programs are required to provide each		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		member with the opportunity to participate in a variety of work opportunities. This includes introducing the member to integrated work environments to evaluate appropriateness for progressive moves [Service Objectives, #8] ▪ Providers are required to participate in the member's planning team in making referrals to Vocational Rehabilitation for progressive moves [Service Objectives, #9] ▪ Members shall engage in paid work at least 75% of the time they are in attendance at the program. Alternate activities, when paid work is not available, shall focus on generic work skills and appropriate work habits or ethics , and accommodate all participants [Service Outcomes, #1]		
1. b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information about events and activities in the community ▪ Individuals have access to transportation made available through the providers and public transportation including transportation training ▪ Individuals have support to learn new skills or instruction for skill development	R6 6 804 Members have the right to participate in social, religious, educational, cultural, and community activities [5] AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non ALTCS services available in the community [Sections	Partial Compliance	8) Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include support for transportation training and or mobility training.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities, i.e. assistance with personal care,	1610.2 and 1620 B.1.g.] ▪ Case Managers assist members to develop meaningful and measureable goals [Section 1620 B.5] ▪ The service is considered habilitation [Service Requirements and Limitations, #3] ▪ Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting [Service Goals, #2] Programs are required to provide each member with the opportunity to participate in a variety of work opportunities. This includes introducing the member to integrated work environments to evaluate appropriateness for progressive moves [Service Objectives, #8] Contract, General Scope of Work ▪ Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs or abilities, chronological ages and cultural backgrounds of		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		members [5.4.4]		
1. c. Control personal resources, and	▪ Individuals have access to money management habilitation or skill building training ▪ Individuals have access and discretion to spend earned and unearned money, during breaks, lunch, outings, activities, etc. ▪ Pay is rendered for work to the individual or their representative	R6 6 804 ▪ Members have the right to be free from personal and financial exploitation [1] ▪ Members have the right to manage personal financial affairs and spending money and to be taught to do so [6] ▪ Programs are required to pay members in accordance with State and Federal law for work the members perform [Service Description] ▪ Programs are required to maintain documentation for member including hours spent performing paid work and time spent in alternative activities [Recordkeeping and Reporting Requirements, #1] Individual Service Plan ▪ As part of the annual service planning process, members and their team outline a spending plan [Section 11, Spending Plan]	Compliant	
1. d. Receive services in the community to the same degree of access as individuals not receiving Medicaid H C B Services	▪ Individuals have access to the same services and activities as individuals not receiving H C B services ▪ Individuals are learning and engaging in activities in the community comparable to peers, i.e. people of similar age, people	R6 6 602 An intent of the Individual Service Plan is to maximize the member's independent living [B3.c] 1 DES, DDD Policy 1001 B Members are supported to be self determined in an effort	Not Compliant	9. Reference all remediation strategies. All remediation strategies are focused on ensuring the setting affords members the opportunity to maximize their employability in an integrated employment setting consistent with individuals not receiving Medicaid HCBS.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	without disabilities, etc. ▪ Working individuals have access to all of the areas of a workplace to the same extent as their non disabled peers ▪ Working individuals have a job, and associated tasks, that a non disabled peer would perform for pay ▪ Working individuals engage in company activities, potlucks, parties, professional development	to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] Contract, General Scope of Work Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs or abilities, chronological ages and cultural backgrounds of members [5.4.4] DDD Contract ▪ Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. [Section 41]		
2. The setting is selected by the individual from among setting options including:				
2. a. Non Disability specific settings	▪ Individuals have employment opportunities and day activities or outings including non disability settings ▪ Individuals have the option to choose a variety of day	R6 6 2107 Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider	Partial Compliance	10) Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting pre

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	services including the combination of employment and or day services ▪ Individuals have the option to visit other settings prior to making a decision on where to receive services	and the member [M] R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] Service Specifications Members have options to participate in the program on a partial week or day basis [Service Utilization, #4] AHCCCS Medical Policy Manual Members are supported to live in the most integrated setting appropriate for their needs including the option to live in their own home [Chapter 1200 Overview] AHCCCS Medical Policy Manual Member choice is the primary consideration for making informed decisions on placement options [Section 1620 D.2.a.] AHCCCS Contractors Operations Manual ALTCS Contractors are required to develop and maintain a provider network sufficient to provider covered services to members including Center Based Employment programs [Chapter 436 Overview] DES, DDD Contract Scope of Work ▪ Providers are		vocational training programs prior to making a decision on where to receive services. Reference remediation strategy #4

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member [5.6.4.2]		
3.**Foot note** 73. The setting options are identified and documented in the person centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board	▪ Setting is consistent with the individuals' needs, preferences, skills and abilities ▪ Individuals, and others they invite, participate in service planning and make informed decisions about services and settings ▪ Individuals have access to their service plan in plain language ▪ Service plan is updated when individuals express a desire to change the service type, frequency or provider of service	[redacted]		11) Modify person centered planning Service Requirements and Limitations [#4] in the Service Specifications including the following: ▪ Members must have an integrated employment goal, group or individual supported, ▪ At a minimum, an annual readiness assessment must be conducted for community based employment. If a member is not ready for the next step, goals are developed to address barriers. ▪ The duration of the service is defined by the person centered service plan team ▪ The person centered service plan must outline the goals to be achieved ▪ DB101 and Work Incentive Consultation must be incorporated into the person centered service planning process
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to H I P P A privacy practices as it relates to staff, member, written and posted communication and information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be	A.R.S. 36 551.01 ▪ Members are afforded rights to be free from mistreatment, neglect and abuse by service providers [N] ▪ Members are afforded the right to be free from unnecessary and excessive medication [O]	Compliant with Recommendations	12) Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods, posted information, information when services were initiated, etc. and processes for filing complaints including anonymous complaints	Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court [S] A.R.S. 41 3801 The Human Rights Committee is established to promote and protect the rights of members R6 6 804 Members are afforded rights including right to privacy during the provision of personal care, communication and visitations [8] R6 6 902 ▪ Seclusion and physical and medication restraints are prohibited Members have individualized behavior treatment plans as part of the Individual Service Plan [C] AHCCCS Medical Policy Manual Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [Section 930] AHCCCS Medical Policy Manual ▪ Case Manager explain rights and responsibilities to members and provide them a member Handbook [Section 1620 A.3]		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals having access to accessible transportation including information and training on how to use public transportation ▪ Individuals have access to entrances and exits to the setting and any and all areas within the setting ▪ Individuals can engage in work and non work activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with people of their own choosing and in areas of their own choosing, indoor and outdoor space, ▪ Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch.	R6 6 804 ▪ Members are afforded rights to associate with persons of their own choosing [4] Members are afforded rights to be provided choices and to express preferences which will be respected and accepted [11] DES, DDD Policy 1001 B Members are supported to be self determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] Service Specifications ▪ Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting [Service Goals, #2] ▪ Programs are required to provide members with training related to generic work skills and appropriate work habits or ethics [Service Objectives, #4] ▪ Programs are	Partial Compliance	13) Incorporate a Service Requirement and Limitation in the Service Specification that requires Programs to exercise strategies for providing pre vocational services and supports that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members, i.e. choices in work shifts, ▪ Ensuring individuals have full access to the environment at all times, i.e. dining, employee lounge, break areas, etc. ▪ Ensuring individuals have access to meal and snacks at any time, i.e.during lunch and breaks,

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		required to evaluate the member's performance of general job related skills of each member and identify both strengths and barriers to success or progressive movement [Service Objectives, #5] ▪ Programs are required, in consultation with the member's planning team, to develop strategies to capitalize on strengths and remove or minimize barriers to success or progressive movement [Service Objectives, #6] Programs are required to provide each member with the opportunity to participate in a variety of work opportunities. This includes introducing the member to integrated work environments to evaluate appropriateness for progressive moves [Service Objectives, #8] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his or her own care [Section 1620 B.1b.]		
6. Facilitates individual choice regarding services and supports, and who provides	▪ Individuals are provided choice of service providers and processes for requesting a	R6 6 804 ▪ Members have the right to have their personal	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
them	change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	care needs provided by direct care staff of the same gender [9] Members have the right to be provided choices and to express preferences which will be respected and accepted [11] R6 6 2107 Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] DES, DDD Policy 1001 ▪ Members are afforded the rights to select supports and services, participate in decision making and to a review of the Individual Service Plan [B.C.E.] ▪ Members are afforded the right to communicate with staff [Section 1001 C.D.] ▪ Members are supported to be self determined in an efforts to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		individuals no receiving Medicaid services [Section 1001 B] Programs are required to support members, if they desire, in developing skills, abilities, and behaviors that will enable them to more fully realize their vocational aspirations and support their transition into a more integrated employment setting [Service Goals, #2] General Contract Scope of Work Providers must incorporate measures to solicit input on member satisfaction for the quality management plan [5.8.2.3] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his or her own care [Section 1620 B.1b] ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices [Section 1620 B.1c] ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits [Section 1620 B.1d]		

Begin foot note.

72. Noted physical accessibility requirement for non residential settings is addressed under the “considerations” column for the first rule requirement, item #10. Reference Systemic Assessment Revisions Crosswalk September 2017 Approved by CMS.

73. The rule pertaining to person centered service planning was incorporated in the center based employment setting specific assessment and transition plan because specific remediation strategies for this setting apply to person centered service planning. Reference the person centered service planning section for the general assessment and transition plan relative to all settings.

Return to text.

Figure. Table. Center Based Employment, Transition Plan Foot note 74

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
1.	1. The setting is integrated in and supports full access to the greater community	Modify the Service Requirements and Limitations in the Service Specifications removing the requirement for a majority of individuals in the setting to have disabilities or to be paid staff.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
2.	1. The setting is integrated in and supports full access to the greater community	▪ Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include a requirement to foster interaction with the general community internal and external to the setting. For example, this may include: ▪ Incorporating peers without disabilities in the work environment Facilitating members of the general community to visit the setting and provide instruction on how to prepare for and be successful in the workplace, i.e. preparing for an interview, hygiene in the workplace, the use of natural supports, etc. ▪ Developing products and services that are prepared in the facility, but sold or provided out in the general community, i.e. selling baked goods at a farmer's market.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
3.	1. The setting is integrated in and supports full access to the greater community	Incorporate a Service Requirement in the Service Specifications to stipulate that the setting must be located in the	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		community among other residential buildings, private businesses, retail businesses, etc. in an effort to facilitate integration with the greater community.			
4.	1. a. Seek employment and work in competitive integrated settings,	Transition the center based employment service to a facility based pre employment service. Revisions will need to be made to the Service Specifications to transition into a pre vocational service where the focus is on developing general, non job task specific strengths and skills with a goal of integrated employment in the community including group and individual supported working environments.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
5.	1. a. Seek employment and work in competitive integrated settings,	Create an enrollment cap option suspending new provider approvals or services authorization for C B E. The C B E setting must adopt all remediation strategies outlined in this C B E Transition Plan (with the exception of #6 and #7).	AHCCCS and DES, DDD	March 2022March 2022 Phase Five	AHCCCS monitoring of MCO annually
6.	1. a. Seek employment and work in competitive integrated settings,	Undertake a process to evaluate and re design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community.	A H C C C S, DES, DDD and Arizona Association of Providers for Persons with Disabilities	December 2018 Phase One	AHCCCS monitoring of MCO annually
7.	1. a. Seek employment and work in	Expand the scope of the Service Goals and Service Objectives in	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
	competitive integrated settings,	the Service Specifications to include career exploration or planning support including opportunities to learn about volunteer work in the community including support to prepare for and obtain volunteer work.			
8.	1. b. Engage in community life,	Expand the scope of the Service Goals and Service Objectives in the Service Specifications to include support for transportation training and or mobility training.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
9.	1d. Receive services in the community to the same degree of access as individuals not receiving Medicaid H C B Services	Reference all remediation strategies. All remediation strategies are focused on ensuring the setting affords members the opportunity to maximize their employability in an integrated employment setting consistent with individuals not receiving Medicaid HCBS.	[redacted]		
10.	2. a. Non Disability specific settings	Incorporate into the AHCCCS Medical Policy Manual (Section 1620 D) a requirement for Case Managers to ensure members have access to transportation and support for the purpose of visiting pre vocational training	A H C C C S	June 2020 Phase Three	AHCCCS monitoring of MCO (annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
		programs prior to making a decision on where to receive services			
11.	3. The setting options are identified and documented in the person centered service plan and are based on the individual needs, preferences, and, for residential settings, resources available for room and board.	Modify person centered planning Service Requirements and Limitations [#4] in the Service Specifications including the following: ▪ Members must have an integrated employment goal, group or individual supported, ▪ At a minimum, an annual readiness assessment must be conducted for community based employment. If a member is not ready for the next step, goals are developed to address barriers. ▪ The duration of the service is defined by the person centered service plan team ▪ The person centered service plan must outline the goals to be achieved ▪ DB101 and Work Incentive Consultation must be incorporated into the person centered service planning process	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually
12.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to follow guidelines for language competency and provide rights and resources in a location that anyone can access at anytime for reference or in the event they feel their rights are being violated.	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

#	Rule	Remediation Strategy	Lead Organizations	Target Date	Ongoing Monitoring
13.	5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	Incorporate a Service Requirement and Limitation in the Service Specification that requires Programs to exercise strategies for providing pre vocational services and supports that do not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact. Examples may include strategies for: ▪ Facilitating alternate schedules for members, i.e. choices in work shifts, ▪ Ensuring individuals have full access to the environment at all times, i.e. dining, employee lounge, break areas, etc. ▪ Ensuring individuals have access to meal and snacks at any time, i.e.during lunch and breaks,	DES, DDD	June 2020 Phase Three	MCO monitoring of Provider annually

Begin foot note 74. Updated all Phases and Timelines to accommodate the new compliance date of March 2022, item #9. Reference Transition Plan Revisions Crosswalk September 2017 September 2018 Preliminary CMS Approval.
Return to text.

Figure. Table.

Non Residential Setting Type	Group Supported Employment
Description	A long term, ongoing support service that provides on site supervised work environment in a community employment setting
Number of Settings	71 (Source: April 2015 DES, DDD Report)
Number of Members Served	1775 (Source: May 2015 DES, DDD Report)

Figure. Table.

References	Location	Description
Arizona Revised Statutes	36 551.01	State Department of Developmental Disabilities Rights for Individuals with Developmental Disabilities
Arizona Revised Statutes	41 3801	Human Rights Committee on Persons with Developmental Disabilities
Arizona Administrative Code	R6 6 602	Department of Economic Security, Division of Developmental Disabilities, Individual Service and Program Plan
Arizona Administrative Code	R6 6 804	Department of Economic Security, Division of Developmental Disabilities, Rights of Clients
Arizona Administrative Code	R6 6 902	Department of Economic Security, Division of Developmental Disabilities, Prohibitions
Arizona Administrative Code	R6 6 2107	Department of Economic Security, Division of Developmental Disabilities, Selecting a Provider
Arizona Administrative Code	R6 6 2108	Department of Economic Security, Division of Developmental Disabilities, Emergency Procurement
Arizona Administrative Code	R6 6 2109	Department of Economic Security, Division of Developmental Disabilities, Consumer Choice
Arizona Administrative Code	R6 6 2110	Department of Economic Security, Division of Developmental Disabilities, Authorization to Provide Services
Department of Economic Security, Division of Developmental Disabilities, Policy Manual	General Reference	Complete Set of Operations, Medical, Eligibility, Behavioral Supports and Provider Policy Manuals*
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 A	Basic Human and Disability Related Rights
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1001 B	Responsibilities of Individuals Applying for and or Receiving Supports and Services

References	Location	Description
Department of Economic Security, Division of Developmental Disabilities, Operations Policy Manual	Section 1003	District Human Rights Committees
Service Specifications		Group Supported Employment
Individual Service Plan	DDD 1472B, Section 11	Spending Plan
Contract Scope of Work	5.4.4 and 5.6.4.2	General Scope of Work for all Contracted Providers
Contract Special Terms and Conditions	6.3.2.1 and 6.3.2.3	Special Terms and Conditions for All Contracted Providers
AHCCCS Medical Policy Manual	General Reference	General Information Regarding Covered Services*
AHCCCS Medical Policy Manual	Section 930	Member Rights and Responsibilities
AHCCCS Medical Policy Manual	Chapter 1200	ALTCS Services and Settings Overview
AHCCCS Medical Policy Manual	Section 1610	Components of ALTCS Case Management
AHCCCS Medical Policy Manual	Section 1620 A	Case Management Standards, Initial Contact or Visit Standard
AHCCCS Medical Policy Manual	Section 1620 B	Case Management Standards, Needs Assessmant or Care Planning Standard
AHCCCS Medical Policy Manual	Section 1620 D	Case Management Standards, Placement or Service Planning Standard
AHCCCS DDD Contract	Section 41	Accomodating AHCCCS Members
AHCCCS Contractors Operations Manual	General Reference	Administrative, Claims, Financial and Operational Policies for Contractors*
AHCCCS Contractors Operations Manual	Section 436	Network Standards

Note* The Department of Economic Security, Division of Developmental Disabilities, AHCCCS Medical Policy Manual and the AHCCCS Contractor Operations Manual are subject to revisions on an ongoing basis. Therefore, a general reference link to the main policy webpage has been provided in the event a link in the matrix is inoperable as the result of policy revisions.

Return to text.

Figure. Table. Group Supported Employment Assessment

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
1. The setting is integrated in and supports full access to the greater community, including opportunities to:	▪ The setting is located in the general community where people access services or go to work ▪ Individuals interact with the general public either through visitation to the program and or activities in the general community ▪ The setting is generally physically accessible and adapted for individualized needed accommodations **Foot note** 75 ▪ Working individuals interact with members of the community, i.e. providing training to prepare for work, customers purchasing goods and services, etc.	R6 6 804 Members have the right to associate with people they want [4] DES, DDD Policy 1001 A A least restrictive setting refers to an environment in which a member strives to reach his or her full potential in accordance to the tenets of self determination [H] Service Specifications ▪ The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals without disabilities in comparable positions interact with other persons [Service Requirements and Limitations, #1] ▪ The service is designed to promote community integration with other members of the workforce and provide paid work [Service Requirements and Limitations, #2]	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ Programs are required to provide members the opportunity to work in an environment that allows for maximum interaction among diverse populations [Service Goals, #1] ▪ Programs are required to help members become part of the informal culture of the workplace [Service Goals, #4] ▪ Programs are required to provide intervention and technical assistance to an employer as needed to support the success of the member [Service Objectives, #6] No more than one group shall be co located in a physical location [Service Utilization, #3] Contract, Special Terms and Conditions ▪ Programs are required to abide by the Americans with Disabilities Act including making reasonable accommodations to allow a person with a disability to take part in a program, service or activity [6.3.2.1 and 6.3.2.3]		
1. a. Seek employment and work in competitive integrated settings,	▪ Individuals have supports to prepare for and obtain employment or volunteer activities including options for experiential learning to learn about opportunities in the	A.R.S 551.01 Employers shall not deny a person equal employment opportunity because of a developmental disability. Furthermore, persons with	Compliant with Recommendations	1) Make revisions to the Service Specifications to expand the scope of the group supported employment service to include the following: ▪ Vocational or job related discovery or assessment

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	community ▪ Working individuals, including paid and volunteer work, have benefits to the same extent as individuals not receiving Medicaid funded H C B S **Sub bullet.** Negotiating work schedules **Sub bullet.** Breaks and lunch **Sub bullet.** Vacation and medical leave **Sub bullet.** Medical benefits ▪ Individuals attending the program, and interested in working, have jobs, paid or volunteer, in the community ▪ Individuals have transportation to and from work or volunteer activities	developmental disabilities have the right to fair compensation for labor [E and I] AHCCCS Medical Policy Manual ▪ Case Managers assist members to identify independent living goals and provide information about local resources to help them transition to greater self sufficiency in the areas of housing, education and employment [Section 1620.1.o.] ALTCS Contractors designate subject matter experts in the areas of housing, education and employment to assist Case Managers in supporting members in making informed decisions [Section 1630.5] Service Specifications ▪ The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals		▪ Work incentive consultation ▪ Career advancement services Transportation training and planning 2) Undertake a process to evaluate and re design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		without disabilities in comparable positions interact with other persons [Service Requirements and Limitations, #1] ▪ The service is designed to promote community integration with other members of the workforce and provide paid work [Service Requirements and Limitations, #2] ▪ The program is responsible for transportation within the member's scheduled workday from worksite to worksite [Service Requirements and Limitations, #3] ▪ Programs are required to provide members with gainful, productive, and paid work [Service Goals, #2] ▪ Programs are required to help members become part of the informal culture of the workplace [Service Goals, #4] ▪ Programs are required to participate in the member's planning team in making referrals for progressive moves [Service Objectives, #2] ▪ Programs are required, in consultation with the member's planning team, to identify strengths		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		and barriers to success or progressive movement, develop and implement strategies to capitalize on strengths and remove or minimize barriers [Service Objectives, #8]		
1. b. Engage in community life,	▪ Individuals have experiential learning opportunities and general information about events and activities in the community ▪ Individuals have access to transportation made available through the providers and public transportation including transportation training ▪ Individuals have support to learn new skills or instruction for skill development ▪ Individuals have support to engage in activities including arranging for and accompanying individuals to activities, i.e. assistance with personal care,	R6 6 804 Members have the right to participate in social, religious, educational, cultural, and community activities [5] AHCCCS Medical Policy Manual ▪ Case Managers provide assistance to members to access non ALTCS services available in the community [Sections 1610.2 and 1620 B.1.g.] ▪ Case Managers assist members to develop meaningful and measureable goals [Section 1620 B.5] ▪ Programs are required to support members in developing skills, abilities, and behaviors that will enable them to most fully realize their vocational aspirations including supporting their transition into a more independent employment setting [Service Goals, #1] ▪ Programs are required to help members maintain positive work habits, attitudes, skills, and	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		work etiquette directly related to their specific employment [Service Goals, #2] ▪ Programs are required to provide each member with worksite orientation and training to assist him or her in acquiring the necessary job skills [Service Objectives, #4] ▪ Programs are required to provide intervention and technical assistance to an employer as needed to support the success of the member [Service Objectives, #6] ▪ Programs are required to assist the member in resolving training or work issues as well as any personal concerns that may interfere with his or her job performance [Service Objectives, #7] Employment Support Aide services may be provided in conjunction with Group Supported Employment Services to provide personal assistance and or behavioral health support needs [Service Utilization, #6 and #7] Contract, General Scope of Work ▪ Programs shall ensure that materials, supplies, equipment and activities		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		meet the varied interests, physical needs or abilities, chronological ages and cultural backgrounds of members [5.4.4]		
1. c. Control personal resources, and	▪ Individuals have access to money management habilitation or skill building training ▪ Individuals have access and discretion to spend earned and unearned money, during breaks, lunch, outings, activities, etc. ▪ Pay is rendered for work to the individual or their representative	R6 6 804 ▪ Members have the right to be free from personal and financial exploitation [1] ▪ Members have the right to manage personal financial affairs and spending money and to be taught to do so [6] Service Specifications ▪ The service is designed to promote community integration with other members of the workforce and provide paid work [Service Requirements and Limitations, #2] ▪ Programs are required to ensure the ongoing availability of paid integrated work in an amount adequate to the number of members in the program [Service Objectives, #9] ▪ Programs are required to provide members with gainful, productive, and paid work [Service Goals, #2] Programs are required to maintain documentation for member including the number of hours worked	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		[Recordkeeping and Reporting Requirements, #3] Individual Service Plan ▪ As part of the annual service planning process, members and their team outline a spending plan [Section 11, Spending Plan]		
1. d. Receive services in the community to the same degree of access as individuals not receiving Medicaid H C B Services	▪ Individuals have access to the same services and activities as individuals not receiving H C B services ▪ Individuals are learning and engaging in activities in the community comparable to peers, i.e. people of similar age, people without disabilities, etc. ▪ Working individuals have access to all of the areas of a workplace to the same extent as their non disabled peers ▪ Working individuals have a job, and associated tasks, that a non disabled peer would perform for pay ▪ Working individuals engage in company activities (potlucks, parties, professional development	R6 6 602 An intent of the Individual Service Plan is to maximize the member's independent living [B3.c] DES, DDD Policy Section 1001 B Members are supported to be self determined in an effort to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] Service Specifications ▪ The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals without disabilities in	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		comparable positions interact with other persons [Service Requirements and Limitations, #1] ▪ The service is designed to promote community integration with other members of the workforce and provide paid work [Service Requirements and Limitations, #2] Programs are required to help members become part of the informal culture of the workplace [Service Goals, #4] Contract, General Scope of Work Programs shall ensure that materials, supplies, equipment and activities meet the varied interests, physical needs or abilities, chronological ages and cultural backgrounds of members [5.4.4] DDD Contract ▪ Contractors are required to take affirmative action to ensure that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin, ancestry, marital status, sexual preference, genetic information or physical or mental illnesses. [Section 41]		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
2. The setting is selected by the individual from among setting options including:				
2. a. Non Disability specific settings	▪ Individuals have employment opportunities and day activities or outings including non disability settings ▪ Individuals have the option to choose a variety of day services including the combination of employment and or day services ▪ Individuals have the option to visit other settings prior to making a decision on where to receive services	R6 6 2107 Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] R6 6 2109 ▪ Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] ▪ The service is provided in an integrated community work setting. Integrated setting is defined as a setting typically found in the community in which an individual with disabilities interacts with individuals without disabilities, other than the provider's paid staff who are providing services to that individual, to the same extent that individuals without disabilities in comparable positions interact with other persons [Service Requirements and Limitations, #1] ▪ The service is designed to promote community integration with other members of the workforce and provide paid	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		work [Service Requirements and Limitations, #2] No more than one group shall be co located in a physical location [Service Utilization, #3] AHCCCS Medical Policy Manual Members are supported to live in the most integrated setting appropriate for their needs [Chapter 1200 Overview] AHCCCS Medical Policy Manual Member choice is the primary consideration for making informed decisions [Section 1620 D.2.a.] AHCCCS Contractors Operations Manual ALTCS Contractors are required to develop and maintain a provider network sufficient to provide all covered services to members [Chapter 436 Overview] DES, DDD Contract Scope of Work ▪ Providers are required to meet or confer with the member prior to service delivery to have an orientation of the specific needs of the member [5.6.4.2]		
4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	▪ The program adheres to H I P P A privacy practices as it relates to staff, member, written and posted communication and	A.R.S. 36 551.01 ▪ Members are afforded rights to be free from mistreatment, neglect	Compliant with Recommendations	3) Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to post rights and

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
	information ▪ Individuals are afforded dignity and respect pertaining personal care assistance and addressing members by the name they would like to be called ▪ Individuals are free from coercion and restraint by making informed choices about any interventions and interventions are designed on an individual case by case basis versus broad application to all individuals in the setting ▪ Individuals have private communication access either through personal devices or equipment provided by the setting ▪ Individuals are abreast of their rights in plain language through multiple methods, posted information, information when services were initiated, etc. and processes for filing complaints including anonymous complaints	and abuse by service providers [N] ▪ Members are afforded the right to be free from unnecessary and excessive medication [O] Members, who feel rights have been violated, can seek remedies under federal and state law or redress from the superior court [S] A.R.S. 41 3801 The Human Rights Committee is established to promote and protect the rights of members R6 6 804 Members are afforded rights including right to privacy during the provision of personal care, communication and visitations [8] R6 6 902 ▪ Seclusion and physical and medication restraints are prohibited Members have individualized behavior treatment plans as part of the Individual Service Plan [C] AHCCCS Medical Policy Manual Members are afforded rights and responsibilities pertaining to their interaction with the ALTCS program [Section 930] AHCCCS Medical Policy Manual		resources for members to access in the event they feel their rights are being violated.

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		▪ Case Manager explain rights and responsibilities to members and provide them a Member Handbook [Section 1620 A.3]		
5. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact	▪ Individuals in the same setting have alternate schedules for services and activities ▪ Individuals can schedule activities at their own convenience ▪ Individuals having access to accessible transportation including information and training on how to use public transportation ▪ Individuals have access to entrances and exits to the setting and any and all areas within the setting ▪ Individuals can engage in work and non work activities that are specific to their skills, abilities, desires, needs and preferences including engaging in activities with people of their own choosing and in areas of their own choosing, indoor and outdoor space, ▪ Individuals have access to food, including dining areas, at any time. Working individuals would have access to food during breaks and lunch.	R6 6 804 ▪ Members are afforded rights to associate with persons of their own choosing [4] Members are afforded rights to be provided choices and to express preferences which will be respected and accepted [11] DES, DDD Policy Section 1001 B ▪ Members are supported to be self determined in an efforts to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] ▪ The program is responsible for transportation within the member's scheduled workday from worksite to worksite [Service Requirements and Limitations, #3] ▪ Programs are required to support members in developing skills, abilities, and behaviors that	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		will enable them to most fully realize their vocational aspirations including supporting their transition into a more independent setting [Service Goals, #3] ▪ Programs are required to participate with each member's planning steam to develop and implement vocational outcomes in accordance with the member's vision of the future and priorities [Service Objectives, #1] ▪ Programs are required to ensure the worksite placement of each member is made with consideration of that member's capabilities and interests [Service Objectives, #3] Programs are required, in consultation with the member's planning team, to identify strengths and barriers to success or progressive movements, develop and implement strategies to capitalize on strengths and remove or minimize barriers [Service Objectives, #8] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his or		

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		her own care [Section 1620 B.1b.]		
6. Facilitates individual choice regarding services and supports, and who provides them	▪ Individuals are provided choice of service providers and processes for requesting a change of service providers ▪ Staff members regularly ask individuals about their needs, preferences and support them in exercising autonomy and informed decision making ▪ The setting routinely engages in customer satisfaction exercises to ensure the staff are supporting individuals to meet their goals	R6 6 804 ▪ Members have the right to have their personal care needs provided by direct care staff of the same gender [9] Members have the right to be provided choices and to express preferences which will be respected and accepted [11] R6 6 2107 Members are supported to find a provider that can meet their specific needs. This process can include a meeting with the provider and the member [M] R6 6 2109 Members utilize the Individual Service Plan process to make decisions about choice in providers [B and C] DES, DDD Policy Section 1001 ▪ Members are afforded the rights to select supports and services, participate in decision making and to a review of the Individual Service Plan [B.C.E.] ▪ Members are afforded the right to communicate with staff [Section 1001 C.D.] ▪ Members are supported to be self determined in an efforts	Compliant	

Rule	Considerations	Evidence	Compliance Level	Remediation Strategies
		to ensure they exercise the same rights and choices and afforded the same opportunities enjoyed by individuals not receiving Medicaid services [Section 1001 B] Programs are required to support members in developing skills, abilities, and behaviors that will enable them to most fully realize their vocational aspirations including supporting their transition into a more independent employment setting [Service Goals, #3] General Contract Scope of Work Providers must incorporate measures to solicit input on member satisfaction for the quality management plan [5.8.2.3] AHCCCS Medical Policy Manual ▪ Case Managers support the member to have a meaningful role in planning and directing his or her own care [Section 1620 B.1b] ▪ Case Managers provide information and teaching to assist the member in making informed decisions and choices [Section 1620 B.1c] ▪ Case Managers are available to answer questions and address issues outside of the regularly scheduled visits [Section 1620 B.1d]		

Begin foot note 75. Noted physical accessibility requirement for non residential settings is addressed under the "considerations" column for the first rule requirement. Reference Systemic Assessment Revision Crosswalk, Item #10. Revision approved by CMS in September 2017.
Return to text.

Figure. Table. Group Supported Employment, Transition Plan Foot note 76

#	Rule	Remediation Strategy	Lead Organization(s)	Target Date	Ongoing Monitoring
1.	1. The setting is integrated in and supports full access to the greater community	Make revisions to the Service Specifications to expand the scope of the group supported employment service to include the following: ▪ Vocational or job related discovery or assessment ▪ Work incentive consultation ▪ Career advancement services ▪ Transportation training and planning	DES, DDD	June 2020 Phase Three	MCO monitoring of Providers annually
2.	1. a. Seek employment and work in competitive integrated settings,	Undertake a process to evaluate and re design the current continuum of employment supports and services in an effort to ensure members have the opportunities to participate in either work or other activities that support them to make contributions to their community.	A H C C C S, DES, DDD and Arizona Association of Providers for Persons with Disabilities	December 2018 Phase One	AHCCCS monitoring of MCO annually
3.	4. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint	Incorporate a Service Requirement and Limitation in the Service Specification that requires the Program to post rights and resources for members to access in the event they feel their rights are being violated.	DES, DDD	June 2020 Phase Three	MCO monitoring of Providers annually

End of Material.