AHCCCS
Arizona Health Care Cost Containment System

ANNUAL HCBS REPORT
CY 2017
(10/1/16– 09/30/17)

MARCH 2018

Prepared by
Division of Health Care Management

TABLE OF CONTENTS

ANNUAL HCBS REPORT – CYE 2017

(10/01/2016– 09/30/2017)

INTRODUCTION

The Arizona Health Care Cost Containment System (AHCCCS) has implemented a long-term care program that serves both individuals who are elderly and/or have physical disabilties (EPD) and individuals who have intellectual and developmental disabilities (IDD) through Managed Care Organizations (Contractors) including the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) that strongly support opportunities for individuals enrolled in the Arizona Long Term Care System (ALTCS) program to live in home and community based service (HCBS) settings. To that end, in recent years 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 (CYE) 09-12.

The AHCCCS Administration has accomplished these milestones by its Arizona Long Term Care System (ALTCS), a long term care program that promotes and adheres to the values of:

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

Guiding principles were established under the belief that every effort should be made to support the ability of individuals to reside in HCBS settings. These guiding principles are as follows:

- *Member-Centered Case Management*
  The member is the primary focus of the ALTCS Program. The member and family/representative, as appropriate, are active participants in the planning for and the evaluation of the provision of long term services and supports. Services are mutually selected through person-centered planning to assist the member in attaining his/her goals(s) for achieving or maintaining his/her highest level of self-sufficiency. Education and up-to-date information about the ALTCS program, choices of options and mix of services must be readily available to members.

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

- *Person-Centered Planning*
  The Person-Centered Planning process maximizes member-direction and supports the member to make informed decisions, so that he/she can lead/participate in the Person-Centered Planning process to the fullest extent possible. The Person-Centered Plan safeguards against unjustified restrictions of member rights, and ensures that members are provided with the necessary information and supports in order to gain full access to the benefits of community living to the greatest extent possible. The Plan ensures responsiveness to the member's needs

and choices regarding service delivery and personal goals and preferences. The member and family/representative shall have immediate access to the member's Person-Centered Plan.

- *Consistency of Services*
  Development of network accessibility and availability serve to ensure delivery, quality and continuity of services in accordance with the Person-Centered Plan as agreed to by the member and the Contractor.

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

- *Most Integrated Setting*
  Members are to live in the most integrated and least restrictive setting and have full access to the benefits of community living. To that end, members are to be afforded the choice of living in their own home or choosing an Alternative HCBS Setting rather than residing in an institution.

- *Collaboration With Stakeholders*
  Ongoing collaboration with members/families, service providers, community advocates, and AHCCCS Contractors plays an important role for the continuous improvement of the ALTCS Program.

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

Arizona's Olmstead Plan, developed in 2001 has influenced the changes made to the ALTCS program over the years. Current efforts to update and regularly monitor the progress of the Olmstead Plan are outlined in a subsequent section of this report.

A major initiative for the ALTCS program in CYE 17, beginning 10/01/17 (CYE 18), was the implementation of a new contract for Contractors that serve the ALTCS membership who are elderly and/or who have physical disabilities. Highlights of the system changes incorporated into the Request For Proposals (RFP) are noted in applicable sections throughout the report. General system design changes outlined in the new contract include, but are not limited to:

- Redistribution of the membership via new Geographic Service Areas
- Allowance of eligibility determination and enrollment into the ALTCS program of an individual during a hospital stay
- Responsibilities for Contractors to refer ALTCS members for eligibility determinations for Serious Mental Illness (SMI)
- Provision of non-Title XIX services for those members determined to have an SMI Addition of Advanced Care Planning services as part of a service array for End of Life care
- Standard background check requirements for Direct Care Workers

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

THE MEMBER EXPERIENCE

The priority of the ALTCS program is to ensure that members are living in the most integrated setting and actively engaged and participating in community life (i.e. employment, education, volunteer, social and recreational activities). The following member stories exemplify how these priorities present themselves on a day-to-day basis in the lives of members[1].

Raymond - The look on 21-year-old Raymond's face when he walked into his patio apartment for the first time said it all: excitement, joy and pride. He has cerebral palsy and epilepsy, which present challenges for both independent living and finding gainful employment that covers the rent. Thanks to his ALTCS Health Plan he's working toward both. Affordable housing is part of the Contractor's "HERO" program, which stands for Housing, Engagement, Resources and Opportunity. In collaboration with the Housing Authority of Maricopa County, members and their families who meet certain eligibility criteria may apply for this affordable housing opportunity. Among the requirements to be eligible, a member must receive services from both DDD and ALTCS and be between the ages of 18 and 61. Ray and his mother, became one of the first tenants in a newly-remodeled complex in Phoenix. This particular complex has reserved nearly 10 percent of its units for members of the Division of Develpomental Disiabilites and/or their families. These units are scattered throughout the complex, with recreational facilities and public transportation nearby.

Sean - Success in life – education, employment, friendships and family relationships – can be directly related to the ability to communicate. Therefore, Sean was provided with an augmentative communication device through the assistance of the Health Plan. Now, Sean is communicating with his family, friends and teachers in a regular public school classroom. "The more he's able to communicate, the less restricted he'd be in the classroom," explained Sean's mother. "His teachers believed he could be in the mainstream classroom" [and with the new augmentative communications device], "He's been amazing!" More information about Sean can be found on YouTube.

Gabe - is a 33 year old man who has been enrolled in ALTCS since 2005. He has quadriplegia and is diagnosed with Hopkins Syndrome, a rare form of polio associated with asthma. Gabe has a master's degree from Arizona State University and works at Channel 12 News as a Social Media Producer with the support of the AHCCCS Freedom to Work, Medicaid Buy-In Program. Gabe receives 32 hours of attendant care with his father as his paid caregiver and medical equipment provided by the Contractor. Outside of his work life, Gabe is a founding member of PALs (Patient & Family Alumni Leadership). They help raise money for Phoenix Children's Hospital and sponsor a grant fund for unique programs at the hospital that focus on family centered care. Gabe also plays power soccer and just joined the Ability360 team this season. Gabe stated, "[My Health Plan] has helped me achieve my goals both personally and professionally. The attendant care services allow me to be a contributing member of society and give me the assistance I need to live and work effectively." For more More information about Gabe, visit his website.

[1] AHCCCS received authorization from each member to use or disclose personal or health information for the purposes of AHCCCS publications. The authorizations are on file.

Marcos - is a 37 year old man who was involved in an automobile accident at the age of 18. As a result, he experiences C5-C7 Quadriplegia and uses a wheelchair to ambulate since his spinal cord injury. He lives with his fiancé and three teenage children. Marcos has been exploring potential **me*** (Member Empowerment) goals with the encouragement of his Case Manager. He voiced a desire to his Case Manager, to volunteer helping other people with disabilities and serving as a mentor to them. His Case Manager provided education about the Contractor's **me*** Abilities Workshops and he decided to attend one. His Case Manager described the volunteer opportunities available at Ability 360. The 2nd Annual Latino Disability Fair was coming up on 9-16-17. With the Case Manager's encouragement and assistance, Marcos was introduced to the committee that was putting together the Latino Disability Fair. Through these connections, facilitated byMarcos' Case Manager , Marcos began to realize his personal goal of helping other people with disabilities. Marcos now serves as an active member of The Disability Council with Ability 360, which is the local State Independent Living (SIL) organization for persons with disabilities. In his new role, Marcos lobbies the Arizona State Legislature at the Arizona State Capitol, advocating on behalf for persons with disabilities and Latino Rights.

James - is a 25 year old with anoxic brain damage from an injury while in high school. He was also involved in a serious motor vehicle accident that took his friend's life. James expriences cognitive and emotional challenges from his personal loss and severe brain trauma. While talking about potential personal goals, James shared with his Case Manager that he wanted to go back to school but didn't think he could do it. Through the support of his Case Manager he submitted an application to and was accepted by Glendale Community College and was able to complete his first college class. James' Case Manager identified that James was feeling stressed due to his inability to relax. James worked with his Case Manager to identify a goal to work on relaxation techniques, by exercising at a local fitness center. With the Case Manager's assistance and encouragement, James joined a local fitness center. He met with a trainer and began to regularly lift weights, take nutritional supplements and train six days a week to build up his stamina, physique and strength. Through the confidence he gained, James participated in a weight lifting tournament and won 2nd Place. He was very proud of this accomplishment. His new goal is to become a paid professional physical fitness trainer and to help others with disabilities. His self-esteem and outlook on life has dramatically improved, to the point that many providers who work with him and his family members have reported a positive difference in his demeanor, attitude and outlook on life. He now knows that he can identify a personal goal and achieve it.

MEMBER INITIATIVES

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

- ***Spouse as Paid Attendant Caregiver***
  AHCCCS implemented the spouse as paid caregiver service option on October 1, 2007, after receiving a waiver from the Centers for Medicare and Medicaid Services (CMS). Spouse as Paid Caregiver is 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. Per the Arizona's 1115 Waiver, ALTCS members selecting this option are limited to 40 hours per week of Attendant Care or like services (homemaker and personal care). Allowing married members this service option has assisted in reducing the challenges of ensuring an adequate

caregiver workforce. The Spouse as Paid Caregiver waiver information can be found on the AHCCCS website.

In CYE 2017, 1,524 members received paid services from their spouse, a 10% increase from the previous year.

- ***Self-Directed Attendant Care (SDAC)***
  AHCCCS implemented Self-Directed Attendant Care (SDAC) on September 1, 2008. SDAC offers ALTCS members or their legal guardians the choice of directly hiring and supervising their own Direct Care Workers (DCWs) without the use of an agency. It empowers members to have more control over their lives, leading to increased satisfaction and improved quality of life. Under SDAC, individuals have the right and the ability to make decisions about how best to have their needs met, including determining who will provide the services they need and when the services will be provided. Participating members are supported by the services of a qualified fiscal agent who performs all employer payroll functions and Case Managers who provide general assistance. Case Managers may utilize the SDAC member manual to support members serving in the capacity of the employer of their DCW. Additionally, Case Managers may authorize the member training service to have an AHCCCS registered provider provide training to the member on how to exercise their employer authority.

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

  The SDAC policy can be found on the AHCCCS website.

  In CYE 2017, 403 members utilized this member-directed option, a 12% percent increase from the previous year.

- ***Agency with Choice***
  On January 1, 2013, AHCCCS implemented and instituted a new member-directed option, Agency with Choice. The option is available to ALTCS members who reside in their own home. A member or the member's Individual Representative (IR) may choose to utilize Agency with Choice for the provision of their care. Under this option, the provider agency and the member/IR enter into a formal partnership agreement. The provider agency serves as the legal employer of the Direct Care Worker and the member/IR serves as the day-to-day managing employer. Agency with Choice presents an opportunity for members interested in directing their own care, but would otherwise like the support offered by a provider agency. For provider

agencies, the option affords them an opportunity to support members in directing their own care.

During CYE 2012, AHCCCS worked in collaboration with a Development and Implementation Council comprised of ALTCS members, providers, community stakeholders and Contractors. The Council's primary function was to provide input on programmatic changes AHCCCS needed to make in order to implement the new Agency with Choice member-directed option, including policy and form changes.

In CYE 2013, the primary focus was on supporting Contractors to educate members/IRs about all the available service model options including member-directed options. While Contractors monitor the delivery and quality of services on a routine basis, in CYE 2014, AHCCCS prioritized the development of tools for the purpose of assessing members' support needs for directing their care under this option. The following are examples of those monitoring tools.

- Developed a Case Manager refresher training to ensure Case Managers are able to support members/IRs to make informed choices about electing member-directed options.

- Developed tools to educate Case Managers on how to assess whether or not a member/IR is fulfilling their respective roles and responsibilities and how to determine the need for additional support

- Developed a provider assessment tool that helps providers and Contractors assess whether or not a provider agency is fulfilling its respective roles and responsibilities and whether or not additional technical assistance is required.

In CYE 2015 and CYE 2016, AHCCCS planned to work in collaboration with Contractors to implement the use of these specific tools, but implementation has been postponed to CYE 18, 19 and 20 to align with the person-centered planning and Home and Community Based Settings Rules initiative outlined in forthcoming sections. The aforementioned Care Manager training and tools will be incorporated into the person-centered planning initiative and the provider assessment tool into the Statewide Transition Plan for the HCBS Rules. The Agency with Choice policy can be found on the AHCCCS website.

In CYE 2017, 3,219 members utilized this member-directed option, a 5 percent decrease from the previous year. It is important to note, a total of 277 (9%) members utilize the combination of the Agency with Choice and Spouse as Paid Caregiver service model options.

The chart below is a six-year summary of the annual percentage change of the membership's utilization of the Spouse as Paid Caregiver service model option and the Self-Directed Attendant Care and Agency with Choice member-directed options.

Service Model Options						
Annual % Change in Utilization	CYE 2012	CYE 2013	CYE 2014	CYE 2015	CYE 2016	CYE 2017
Spouse as Paid Caregiver	28%	0%	6%	6.5%	0%	10%
Self-Directed Attendant Care	22%	9.5%	18%	9%	-13%	12%
Agency with Choice[2]			67%	10.5%	-5%	-5%

- ***Community Transition Service***
  The implementation of the Community Transition Services option was approved by the Centers for Medicare and Medicaid Services in 2010. This service provides financial assistance to members to move them from an ALTCS long term care institutional setting to their own home or apartment. The option offers up to $2,000 to defray transition costs such as security and utility deposits for an apartment or home, essential furnishings or other moving expenses. Contractors also provide assistance to members who may experience financial challenges that present barriers to making a transition into a home or apartment in the community. This is not an uncommon scenario because during their tenure in the nursing facility the discretionary income members receive is limited to the special needs allowance. It may take a few months for the share of cost to be reduced to zero after the member has transitioned out of the nursing facility. In these circumstances, Contractors may assist the member with obtaining Section 8 housing or moving into homes that have month-to-month leasing opportunities versus a requirement upfront for first and last month's rent. Members may also receive financial assistance from family members to make the transition.

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

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

  In 2004 the Federal District Court concluded that AHCCCS failed to provide members with equal access and ordered that AHCCCS provide each individual who qualifies for critical

[2] Agency with Choice was implemented in CYE 2013 with a total of 1,945 members electing the service model option.

services with those services without gaps in service. The following year the Federal District Court issued an Order which required AHCCCS to eliminate gaps in critical in-home services within 2 hours and mandated that ALTCS Contractors have back-up staff available. AHCCCS was also required to file monthly reports of gaps in critical services with the Court and to implement an expedited grievance process where members could contact a hotline.

Two years later, in 2007, the Ninth Circuit Court of Appeals concluded that Congress did not intend to create a private right of action under 42 USC 1396a(a)(30)(A), reversing the District Court. In 2010, the District Court ordered AHCCCS to establish a single toll free hotline for members to report gaps and to modify all relevant contracts, forms, and policies to explicitly require that ALTCS Contractors have back-up workers available. (From October 2010 to September 2013 the hotline received less than 5 calls each month concerning gaps in services).

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

As required by the Settlement Agreement, AHCCCS continued to file monthly gap reports which remained very low: The percentage of gap hours remained in the .05% -.08% range. Pursuant to the federal District Court Order dated October 26, 2012, the Court retained jurisdiction of this case through December 2014 for the purpose of hearing any issues regarding alleged violations of the terms of the Settlement Agreement. The Settlement Agreement provided for limited Court jurisdiction through the end of the 25th month following approval of the Settlement. No allegations of violations were presented, and because no judicial enforcement action was filed by Plaintiffs in December 2014, the Court no longer retained jurisdiction of the matter after December 2014 and the case was dismissed in its entirety. Gap Reports to Plaintiffs' counsel were no longer required after November 2014.

The average monthly occurrence of a gap in critical service, for the period of 10/01/16-09/30/17 was .08% which is within the historical low range (.05 -.08 range).

To perform ongoing review of the delivery of critical care services, AHCCCS continues to require Contractors to monitor monthly instances of gaps in services and submit a Quarterly Gap In Critical Services Log. In addition a Semi-Annual Report must be submitted which outlines trends in service delivery and any corrective actions implemented regarding gaps in services and grievances related to service gaps. Contractors use the analysis to work with providers to ensure that members receive services appropriately and to inform network development .

CONTRACTOR INITIATIVES

The Contractors engage in a number of initiatives aimed at ensuring members are living in the most integrated setting as well as participating in community life. The following are examples of those initiatives.

Arizona Department of Economic Security, Division of Developmental Disabilities (DDD)

- Through a Section 811 Project Rental Assistance program (PRA) grant, DDD is working with the Arizona Department of Housing (ADOH) and AHCCCS. The Section 811 PRA program enables individuals with disabilities who are income-eligible to live in integrated, affordable housing through the provision of rental subsidies. DDD is also working on a joint project with the Housing Authority of Maricopa County to designate 27 renovated apartments for members with affordable housing needs. DDD developed training, tools and resources for Support Coordinators to assist them in identifying members with affordable housing needs and assisting them in the transitioning to their new homes.

- DDD in coordination with Ability360 and DIRECT Center for Independence, Inc. developed the "This is My Life" curriculum to assist individuals in learning self-determination and self-advocacy principles. DDD contracts with Ability360 and Direct Center for Independence, Inc. to promote and provide the "This is My Life" self-determination training to support members to learn decision-making skills they can apply in everyday life. In addition to the provision of training, the project activities include developing a self-determination community, member-controlled provider contracts, member budget control, promoting programs that support inclusion and improving operating efficiencies within DDD.

Mercy Care Plan

The Contractor developed an in-home Pharmacy Medication Reconciliation program (PMRP) for members in the community. The goal of the program is to increase member/caregiver understanding of the member's medications and decrease medication related problems. The program varies from the typical telephonic or inpatient medication reconciliation program in that the member is visited by their Case Manager and a Pharmacist in their home. Issues such as poly-pharmacy, medications associated with a new diagnosis, drug interactions and the importance of medication compliance are addressed by the Pharmacist. The Pharmacist reviews prescription medications, over the counter medications and dietary supplements during the visit. If the Pharmacist identifies a serious medication issue that needs to be addressed, a call is made to the prescribing provider during the home visit. The Case Manager's role includes tasks such as authorizing home health care for medication management and helping to schedule medical appointments for follow-up. Members that reside in Pima County receive PMRP services telephonically. The Case Manager schedules the phone call with the Pharmacist and then goes to the member's home to assist the member in the discussion with the Pharmacist at the scheduled time.

UnitedHealthCare

The Contractor has a program named **me*** (Member Empowerment). The program focuses on assisting members with identifying and providing support to meet personal goals. The Contractor believes that, regardless of a member's age or disability, all people have personal goals they want to achieve but some require more support than others to be able to achieve them. Member goals include such things as moving from their current living arrangement to a less restrictive

environment, returning to school, alternative housing, continuing education, volunteerism and how to access community events and resources such as library resources, food resources and non-medical transportation options.

In collaboration with the Contractor's Member Advisory Councils, in 2017, the Contractor sponsored eight individual **me*** Abilities Workshops for members across the state. The workshops are much like a conference tailored to members. The themes for the workshops were focused toward providing information about local resources and programs that can assist members with their achieving personal goals and ultimately improving their quality of life. Topics included things such as continuing education, homeownership, peer mentoring programs, community clubs, local transportation options, safety programs, volunteer and work opportunities, food resources and eating healthy. The workshops were widely attended. and As a result of attending, many members engaged in new goals or activities they had not previously considered entertaining.

The Contractor also identifies through **me*** goal discussions members who may want to participate in the Day at the Lake Annual Event in Maricopa County. This community event is hosted by The Barrow Neurological Institute. It is the only adapted watersports program in Arizona for people with physical and neurological disabilities. This summer marked their 20th year of helping people who experience a neurological disability ride the waves at one of the most accessible waterside facilities in Arizona—Bartlett Lake Marina. Some of the water activities included kayaking, fishing, boating, jet skiing, water skiing and much more. Certified Physical Therapists were on hand to assist all members in participating in the water activities. Not only do Case Managers identify members who would like to participate, the Case Management Teams also volunteer at the event to provide support to all participants. In 2017, the Contractor recruited 20 members participate and assisted them in obtaining scholarships for the entry fee for this empowering event.

AHCCCS ADMINISTRATION AND OVERSIGHT

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

- ***Arizona State Hospital (AzSH) Coordination***
  On July 1, 2016, the Arizona Department of Health Services, Division of Behavioral Health Services (DBHS) merged with AHCCCS in an effort of administrative simplification and to streamline monitoring and oversight of the Regional Behavioral Health Authorities throughout Arizona. Prior to the transition, DBHS was responsible for oversight and monitoring of members who were conditionally released from the AzSH. AHCCCS is now responsible for this function and requires Contractors to develop and implement policies and procedures to provide high touch Contractor care management and other behavioral health and related services to each member on conditional release from AzSH consistent with the member's Court Ordered Conditional Release Plan. As stated in Contract, Contractors actively participate in the member's discharge plan prior to release. Contractors are not permitted to delegate the care management functions to a subcontracted provider and must submit a monthly comprehensive status report for each member on Conditional Release to the Psychiatric Security Review Board (PSRB) , the member's attorney and to the designated AHCCCS Medical Management (MM) staff. AHCCCS staff participate in a phone discussion with Contractors regarding each member following receipt of the monthly report to ensure any potential compliance issue is thoroughly

investigated. Issues of noncompliance are reported immediately by the Contractor to the PSRB, the member's attorney and AHCCCS MM designated staff.

- ***Long Term Care Case Management***
  Each ALTCS-enrolled member receives case management services provided by a qualified Case Manager. ALTCS Case Managers utilize a person-centered approach and maximize member/family self-determination while promoting the values of dignity, independence, individuality, privacy and choice.

  Case Managers conduct regular home visits with HCBS members to ensure quality services are being provided without gaps; to determine the services necessary to meet the member's needs, while in the most integrated setting; to provide member specific education to the member and their family; and to introduce alternative models of care delivery when appropriate.

  The following are examples of how Case Managers execute their aforementioned roles and responsibilities.

  - **Member-Directed Options Information**: Case Managers regularly inform members about member-directed options and assist members and their families to make informed decisions about the service delivery model of care.

  - **End of Life Care:** Case Managers education members/families on End of Life Care, which encompasses all health care and support services provided at any age or stage of an illness.

  - **Serious Mental Illness Determinations:** Case Managers assess for the appropriateness of and submit referrals for members to receive a Serious Mental Ilness Determination and, once affirmed, ensure members receive entitled services including grievance and appeals processes.

  - **Cost Effectiveness Analysis:** Case Managers assess the continued suitability, appropriateness, and cost effectiveness of the member's in-home services. HCBS placement is the goal for ALTCS members as long as cost effectiveness standards and the member's medical, functional, social and behavioral health needs can be met in that setting. The Case Manager regularly assesses the cost of the HCBS services and compares them to the estimated cost of institutionalized care. Placement in an HCBS setting is considered cost effective if the cost of HCBS services for a specific member does not exceed 100 percent of the net cost of institutional care for that member.

  - **Non-Medicaid Service Coordination:** Case Managers identify and integrate non-ALTCS covered community resources/services as appropriate based on the member's needs. Case Managers are also responsible for assisting members in identifying independent living/personal goals and provide them with information about local resources that may help them transition to greater self-sufficiency in the areas of housing, education, employment, recreation and socialization.

  Contractors are required to submit a Case Management Plan and Evaluation on an annual basis which addresses how the Contractor will implement and monitor case management and

administrative standards outlined in AHCCCS policy including specialized caseloads. Beginning 10/01/17, new weighted caseload standards for EPD Case Managers serving members determined to have a Serious Mental Illness were implemented. The evaluation of the Contractor's Case Management Plan from the previous year must also be included in the plan, highlighting best practices, lessons learned and strategies for continuous improvement.

AHCCCS evaluated the Plans that were submitted for CYE 2017 and approved each Contractor's Plan for the delivery of case management and the evaluation of the previous year's activities and outcomes.

In an effort to enhance the person-centered approach and further maximize member/family self-determination, AHCCCS initiated a process to:

- Create alignment of practices, forms and monitoring of person-centered service planning (PCP) approach and personal goal development;
- Support members to have the information and supports to maximize member-direction and determination; and
- Develop processes to document health and safety risks and safeguard against unjustified restrictions of member rights in accordance with the Home and Community Based Settings rules.

In August 2016, AHCCCS entered into an Interagency Service Agreement with the Sonoran University Center of Excellence in Developmental Disabilities (UCEDD) at the University of Arizona, a recognized organization with subject matter expertise in the arena of person-centered service planning. A multi-stakeholder advisory workgroup has been established to solicit input from members, families, service providers and Contractors. The workgroup will continue to meet on a regular basis throughout the duration of the initiative. The implementation phases and associated tasks are outlined below through CYE 2020. Phase 1 was completed during the reporting period.

Person Centered Planning Project	
Phase	**Tasks**
1	▪ Research of best practices for compliance and implementation of the HCBS Rules ▪ Analysis of current practices in planning and functional assessment of DDD and Tribal Contractors
2	▪ Analysis of current practices in planning and functional assessment ▪ Determination of steps necessary to comply with PCP requirements ▪ Provide technical assistance and recommendations for uniform PCP policies, procedures and forms to guide MCO/Tribal Contractors in implementing PCP requirements
3	▪ Develop competency-based training for case managers/support coordinators and others on Person-Centered thinking, philosophy and practice
4	▪ Pilot testing for PCP forms, policies, and procedures and training for MCO/Tribal Contractor Staff
5	▪ Finalize all policies and procedures ▪ Develop a cadre of trained PCP facilitators in the community to assist members needing enhanced PCP as well as training members in helping to lead their own plans

- ***Electronic Visit Verification***
  Pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), AHCCCS is mandated to implement EVV for non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) by January 1, 2019 and for in-home skilled nursing services (home health) by January 1, 2023.

  The goals of instituting EVV in the AHCCCS program include:

  - Ensuring timely service delivery for members including real time service gap reporting and monitoring.
  - Reducing administrative burden associated with hard copy timesheet processing by providers.
  - Generating cost savings from the prevention of fraud, waste and abuse.

  During the reporting period, AHCCCS engaged in the following activities to help inform decision making on the system design:

  - Research other state models
  - Hosted five EVV vendor demonstrations to learn about the marketplace
  - Submitted to and received approval from CMS an Planning Advance Planning Document
  - Established and convened a Steering Committee comprised of internal and external stakeholders including members, families, service providers, Contractors and AHCCCS personnel
  - Created proposed system design model in preparation of public comment period in CYE 2018

  More information on EVV can be found on the AHCCCS website.

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

  The Plan requires the Contractor to develop information on many issues relating to network sufficiency, including but not limited to the following:
  - Evaluation of the prior year's Plan
  - Current status of network by service typeHow members access the systemRelationship between the various levels of the networks
  - Current network gaps
  - Immediate short term interventions when a gap occurs
  - Interventions to fill network gaps, and barriers to those interventions
  - Outcome measures/evaluation of interventions
  - Ongoing activities for network development
  - Coordination between Contractor departments and outside organizations, including member/provider councils
  - How the network is designed for populations with special health care needs

- Membership growth and utilization of services given the characteristics of the Contractor's population

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

AHCCCS evaluated the Plans that were submitted for CYE 2017 and approved each Contractor's Plan, including the methods for analyzing the network and identifying and addressing network gaps. AHCCCS is in the process of reviewing the plans for CYE 2018.

Beginning 10/01/17, Contractors will be held to new requirements pertaining to network access and adequacy for members including developing and tracking timeliness goals for certain types of Durable Medical Equipment providers as well as meeting time and distance standards for Skilled Nursing Facilities. Regarding the sufficiency of the long term care workforce, Contractors are required to submit and monitor a workforce development plan as part of the Network Development and Management Plan to ensure the sub-contracted workforce of paraprofessionals is adequately resourced, stable and capable of providing quality care to members. The Workforce Development Plan must include measures to proactively identify potential challenges and threats to the viability of the workforce and develop and implement interventions to prevent or mitigate access to care concerns for members.

- ***Operational Reviews***

AHCCCS regularly reviews Contractor operations to ensure compliance with Federal and State law, rules and regulations, and the AHCCCS Contract. Operational Reviews are conducted in order to:

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

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

The Operation Review cycle, during the reporting period began on February 2016 and was be completed in the Fall of 2017. The cycle consists of an Operational Review of each AHCCCS Contractor including the three EPD and one DDD ALTCS Contractor for compliance with these

requirements. When a Contractor is found to be out of compliance with AHCCCS standards, the Contractor must submit a Corrective Action Plan (CAP) to address the deficiencies. The process includes a follow-up on the status of each CAP six months after the CAP is accepted. In an exercise of transparency, AHCCCS is in the process of developing a process to post the findings of the Operational Reviews on the AHCCCS website.

- ***Direct Care Workforce Development***

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

  In an effort to address the recommendations outlined in a report issued by the Workgroup in April 2005, AHCCCS, the Department of Economic Security and the Department of Health Services funded and created a Direct Care Workforce Specialist position from 2007 - 2012 to provide coordination for direct care workforce initiatives, including recruitment and retention, training, and raising the qualifications of direct care professionals in Arizona. The Workforce Specialist coordinated the activity of the Direct Care Workforce Committee, which established training and competency standards for all in-home caregivers providing homemaker, personal care and/or attendant care services.

  Beginning October 1, 2012, AHCCCS formally incorporated the competency standards, training curriculum and testing protocol into its service specifications for attendant care, personal care and housekeeping. All in-home caregivers are now required to pass standardized examinations based upon the competency standards established by the Committee in order to provide care to ALTCS members in their homes.

  AHCCCS and the Contractors continue to conduct initial and annual audits of the Approved Direct Care Worker Training and Testing Programs to ensure the programs are in compliance with AHCCCS standards pertaining to the training and testing of DCWs. Additionally, in 2014, AHCCCS implemented and continually monitors an online database that serves as a tool to support the portability or transferability of DCW testing records from one employer to another employer. The online database also serves a secondary purpose to assist in monitoring compliance with the AHCCCS DCW training and testing initiative.

  In CY 2015, AHCCCS created online computer-based training (CBT) modules to support users to learn how to set up the accounts and enter and access data within the online database. The CBT modules have proven to be an effective technical assistance tool for users. Additionally, AHCCCS and the MCOs formally incorporated the utilization of the online database into monitoring and auditing tools for both Direct Care Service Agencies and Approved Direct Care Worker Training and Testing Programs. Priorities related to revisions to the standardized curriculum, development of alternate standardized competency tests and requirements for DCWs providing respite services to pass the competency tests in order to provide care to ALTCS members continue to be identified for future implementation.

In CYE 2016, AHCCCS initiated a cross-divisional project with the Division of Health Care Management and Provider Registration to identify and develop the following enhancements to the online database scheduled for release in CYE 2018:

- Institute a crosscheck of DCWs in the database with Provider Registration databases to conduct Medicare and Medicaid exclusion checks
- Distinguish DCWs in the database based upon employment or contracting status with the DCW Agency
- Create additional functionality in the online database to enhance user experience
- Incorporation an auditor role within the database to streamline tracking and documentation of training program audits by the MCOs and AHCCCS
- Development of new tracking practices and attestations to ensure the information is up-to-date and accurate

Detailed information on the direct care workforce initiatives can be found on the AHCCCS website.

- ***TEFT Grant***

The demonstration grant for Testing Experience and Functional Assessment Tools in Community-Based Long-Term Services and Supports, known as TEFT, is designed to test quality measurement tools and demonstrate e-health in Medicaid long term care services and supports. The TEFT grant funding was awarded on April 1, 2014 and was originally scheduled to conclude on March 31, 2018. Year One was designated to develop work plans outlining all grant components, which mapped implementation in years two through four. Due to approval delays from CMS to utilize the tools for Round 2, AHCCCS requested and was approved for a no cost extension through August 31, 2018.

The purpose of the TEFT grant is to support States in furthering adult quality measurement activities under section 2701 of the Patient Protection and Affordable Care Act. The TEFT grant advances the development of two national, rigorously tested tools that can be used across all beneficiaries using Community-Based Long Term Services and Supports (CB-LTSS), an area in need of national measures. Additionally, the grant offers funding and technical support to demonstrate the use of a Personal Health Record (PHR) and test new electronic standards for interoperability among long term services and supports data.

Arizona has selected both ALTCS populations (individuals who are elderly, have physical and/or intellectual disabilities) to participate in the Member Experience of Care Survey and the testing of the Functional Assessment Standardized Items (FASI) tool. Arizona was initially participating in the HITECH components also (Personal Health Record and Electronic Long Term Services and Supports Standards); however, a change in Agency direction resulted in the state discontinuing those two components as of December 2015. During year two, Arizona received results from the Round One Experience of Care Survey and worked to complete planning efforts related to the FASI tool. In year three, the FASI assessment received approval from the Office of Management and Budget (OMB), allowing all states within the TEFT demonstration to move forward with RoundOne. Round One training and assessments took place from March 2017 to July 2017. Truven and CMS analyzed the results to determine changes for the FASI tool for Round Two assessments scheduled for the Spring of 2018.

Arizona had a 19.3 percent response rate to the Round One Experience of Care survey. Both EPD and DES/DDD members participated in the survey process, which included face-to-face and phone interviews by an independent third party. Results from the survey are below:

Arizona Mean Scores for Composite Measures, by Program and All Programs Combined

Composite Measure	DD		EPD		Programs Combined	
	Score	*n*	Score	*n*	Score	*n*
Getting Needed Services From Staff	92.4	46	95.5	117	93.9	163
How Well Staff Communicate and Treat You	90.1	43	92.9	120	91.5	163
Case Management	▼85.0	44	▲98.2	111	91.6	155
Choosing Your Services	85.2	47	90.3	117	87.7	164
Transportation	91.1	47	85.7	120	88.4	167
Personal Safety	98.2	49	99.2	122	98.7	171
Community Inclusion and Empowerment	80.1	49	80.8	122	80.5	171

▲ This program's score is **above** the average score for all HCBS programs (statistically significant at the p≤0.05 level).

▼ This program's score is **below** the average score for all HCBS programs (statistically significant at the p≤0.05 level).

Year three has been a year of planning for Arizona. A vendor has been selected and will move forward with the Round Two Experience of Care Survey and assist with implementation of the survey in future years outside of the TEFT Grant. Round Two of the Experience of Care Suvey is currently ongoing and results will be available in August of 2018.

In 2016, due to the successful Round One testing, the Center for Medicare and Medicaid Services (CMS) was able to achieve a Consumer Assessment of Healthcare Providers and Systems (CAHPS) trademark for the Experience of Care survey. Under the new trademark, the survey was renamed as the CAHPS Home and Community Based Services Survey. In order to better utilize the CAHPS survey for Arizona, a workgroup was established to evaluate all questions and add any that may help Arizona better utilize the survey results. Below are topics of the additional questions created and approved by CMS for Arizona's version of the CAHPS Home and Community Based Services survey:

- Relationship of individuals that live with the member
- Identification as to whether or not family members are serving as paid caregivers
- Execution of the contingency plan to prevent gaps in care
- Quality of DCW training
- Timely follow up by Case Managers
- Personal goal development

- ***Home and Community Based Settings Rules***

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

In Arizona, these requirements impact the 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
- Behavioral Health Residential Facilities

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

Between November 2014 and May 2015, 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 MCO policies and contracts.

AHCCCS engaged various stakeholders in the assessment process and in the development of the transition plan. A total of 10 stakeholder meetings were held. 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. The meetings also served as an orientation for stakeholders and a strategy to support stakeholders in providing informed public comment in August 2015. Following the stakeholder meetings, AHCCCS enacted an official public comment period from August 1 – 31, 2015 which included eight public forums hosted by AHCCCS throughout the state. AHCCCS published the draft Systemic Assessment of Arizona's HCBS settings and the draft Transition Plan for coming into compliance.

After review and consideration of all public comment, AHCCCS finalized the assessment and transition plan and submitted to CMS for approval in October 2015.

In CY 2016, AHCCCS prioritized the following site specific assessments in order to determine whether or not it is necessary and prudent to pursue the "heightened scrutiny" process CMS has instituted to allow states to preserve settings that are presumed to have institutional qualities and presumed not to be compliant with the HCBS Rules. Under the heightened scrutiny process, AHCCCS is responsible for identifying such settings and gathering and submitting evidence for CMS to make a determination as to whether or not the setting is or can become compliant by the end of the transition period. AHCCCS identified the following settings as potential candidates for the heightened scrutiny process:

- **Farmstead Community** – Defined as working ranches in rural areas on large parcels of land. There is one licensed farmstead community in Arizona serving eight members.

- **Memory/Dementia Care Units/Communities** – Defined as settings that provide supervisory and personal care services to persons who are incapable of recognizing

danger, summoning assistance, expressing need or making basic care decisions. There are 79 memory/dementia care units/communities in Arizona serving approximately 1000 members. A statistically significant number of settings statewide were randomly selected to participate in the assessment process.

The assessments were conducted in October – December 2016.

AHCCCS worked in collaboration with a multi-stakeholder/multi-disciplinary workgroup to create the assessment process and tools. Multi-disciplinary teams were created to conduct the assessments including representatives from case management, quality management and provider relations. In some instances, community members volunteered to participate in assessment activities in accordance with federal privacy guidelines.

The assessment tools are available on the AHCCCS website and include the following:

- Facility Self-Assessment Tool
- Member Interviews and File Review Tool
- Observation and Community Interviews Tool

AHCCCS hosted and conducted three webinars to train the assessment teams on their respective roles and responsibilities for the assessments. AHCCCS also hosted and conducted three webinars to orient the selected facilities on expectations and how to prepare for the assessments. Both webinars are available on the AHCCCS website.

In CYE 17, AHCCCS focused on preparing a revised Statewide Systemic Assessment and Transition Plan in response to CMS feedback and recommendations. AHCCCS received "initial approval" for the Plan in September 2017. In CYE 18, AHCCCS will collaborate with CMS to finalize the Plan and implement remediation strateiges outlined in the Plan to ensure the State's compliance with the HCBS Rules by March 2022.

Detailed information on AHCCCS' activities to comply with the HCBS Rules can be found on the AHCCCS website.

- ***ALTCS Advisory Council***
  The ALTCS Advisory Council is comprised of ALTCS Members and their family members/representatives. Additionally, representatives from ALTCS Contractors, providers and state and advocacy agencies serve on the Council. AHCCCS used a Council to help create and implement Agency with Choice, a member-directed option, in 2011-2013. The contributions of the council members were invaluable to the program development and implementation process. With the continued development of new and innovative practices to serve ALTCS members, AHCCCS prioritized the maintenance of the advisory group to identify opportunities for system improvements, assist in the development of the initiatives and support program monitoring and oversight activities. The Council assisted the ALTCS Program in developing a work plan that addresses opportunities for new service innovations or systemic issues impacting ALTCS Members. The work plan for the Advisory Council is AHCCCS' ALTCS Olmstead Plan and, therefore the ALTCS Advisory Council assists in providing oversight on the State's compliance with the Olmstead Plan. Council Members advise AHCCCS on activities aimed at making system improvements. Individual council members are asked to provide input

and feedback on ALTCS program activities from their own personal or professional experience, expertise or perspective.

In previous years, the ALTCS Advisory Council has advised on the State's compliance with Federal initiatives and identified opportunities for new service innovations including:

- Home and Community Based Setting Rules
- U.S. Department of Labor, Companionship Exemption
- Impact of limited access to transportation on a member's personal goal acheievement
- Role peer supports can play in the ALTCS program

In CY 2017, the ALTCS Advisory Council provided input on the Electronic Visit Verification system model design, the integration of aging individuals or individuals with a disability into the long term care workforce, new Contractor standards for identification of provider office accessibility in Contractors' provider directories, and the AHCCCS Quality Strategy.

- ***Olmstead Plan***

  Arizona's initial Olmstead Plan was developed in 2001. In CY 2014, the Olmstead Plan was reviewed and updated by the Olmstead Policy Academy facilitated by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS). The Olmstead Policy Academy brought together representatives from government entities, consumers, community members, service providers (health care, independent living and housing providers) and advocates interested in seeing those most in need paired with available housing and supports to integrate into the community.

  The Olmstead Policy Academy provided a number of technical assistance and learning opportunities to help inform the planning process to update the Olmstead Plan. Each state agency (ADHS/DHBS, AHCCCS and DES/DDD) underwent a plan development and review process with both internal and external stakeholders. Each agency has a consumer advisory board that was engaged and provided input on the agency specific action plans. The ALTCS Advisory Council assisted AHCCCS in developing the AHCCCS/ALTCS specific action plan.

  There are still homeless people in Arizona who need a safe place to live. The 2014 Arizona Olmstead plan describes in detail how our community, including government and private funding, will come together to address housing needs. While an over-majority of individuals who are aging and individuals with intellectual and/or physical disabilities are living in integrated settings in their communities, they may not be actively engaged and participating in their communities. The working draft of the Arizona Olmstead Plan outlines how the State can support these individuals to find resources, supports (i.e. assistive technology, employment, etc.) and individuals/agencies to provide the services.

  In CY 2015 – CY 2016, the final draft remained under review by each of the state agency partners. Prior to finalizing the current draft of the Olmstead Plan, the Plan must reflect changes as a result of the aforementioned state agency merger. It is projected that the final draft will be completed in CY 2018.

  Once a final draft is completed, each state agency will initiate their respective public input processes to garner input from the public and inform the final revisions to the plan. Subsequent to the approval of the final and updated plan, each state agency agreed to actively participate in

quarterly Olmstead Policy Academy meetings. The primary purpose of the meetings will be to inform one another of progress made on the agency specific action plans, identify strategies to address any implementation barriers and discuss strategies for collaboration. In addition to the Olmstead Policy Academy meetings, each state agency has developed, at a minimum, annual review processes to monitor and receive input on the plan implementation from both internal and external stakeholders.

- ***Autism Spectrum Disorder Advisory Committee***
  On April 14, 2015, the Governor's Office established a statewide Autism Spectrun Disorder (ASD) Advisory Committee representing a broad range of stakeholders that included providers, health plans, advocacy groups, and families to address and provide recommendations to strengthen services for the treatment of (ASD. The Committee created recommendations from the five workgroups: Early Identification and Diagnosis, Evidence-Based Treatment, Reducing System Complexity, Increasing Network Capacity, and Adults with ASD. In February 2016, the ASD Advisory Committee finalized recommendations which were published to the AHCCCS website.

  AHCCCS prioritized these recommendations and is currently in the process of operationalizing the recommendations into short term activities and system level changes. Short term activities include, but are not limited to, creating system maps, using consistent terminology across the system and in policy, and improving access to diagnosis and critical early intervention services, independently registering Board Certified Behavioral Analyst, creating a behavioral intervention policy, creating coordination of benefit/third party liability frequently asked questions document. For system level changes, the Committee recommended integrating physical and behavioral health care for individuals with ASD. AHCCCS, with assistance from DES/DDD, has convened an operational team with a variety of subject matter experts to assist in the development of the project plan for targeted implementation in concert with the AHCCCS Complete Care integrated physical and behavioral care contracts beginning on October 1, 2018. The ASD Advisory Committee continues to meet quarterly and advise on the implementation of the recommendations. Additional sub-groups are scheduled as needed to addressed specific topics or concerns proposed by committee members.

- ***Performance Measures***
  AHCCCS has developed performance measure sets for all lines of business, including Long Term Care, to further align with the CMS' Core Set of Adult Health Care Quality Measures for Medicaid. The measures and related Minimum Performance Standards/Goals (MPS) became effective on October 1, 2016 for the contract year ending September 30, 2017. It is AHCCCS' goal to continue to develop and implement additional Core Measures as the data sources become valid and reliable. Current measures were chosen based on a number of criteria, which include greatest need for members, system ability to impact/improve results, alignment with national measure sets, and comparability across lines of business. Two sets of measures (including those in reserve status) are shown below - the first for the E/PD membership, the second for the DES/DDD membership. AHCCCS uses the designation of "reserve status" to refer to performance measures for which AHCCCS is interested in receiving data for the purposes of tracking and trending, but has decided to withhold any regulatory action on at this time. It is important to note for the measures where a "baseline measurement year" is indicated, AHCCCS will develop MPS and Goals once baseline data has been analyzed for these measures.

Elderly/Physically Disabled Measures	
Measure	**MPS**
Inpatient Utilization	95 Per 1000 Member Months
ED Utilization	80 Per 1000 Member Months
Hospital Readmission	17%
Follow-up After Hospitalization for Mental Health, 7 Days	85%
Follow-up After Hospitalization for Mental Health, 30 Days	95%
Mental Health Utilization	Baseline Measurement Year
Use of Opioids From Multiple Providers at High Dosage in Persons Without Cancer	Baseline Measurement Year
CDC – HbA1c Testing	77%
CDC – HbA1c Poor Control (>9.0%)	43%
CDC – Eye Exam	49%
Flu Shots for Adults, aged 18 and Older (FVA)	75%
Advance Directives	55%
Percentage of Eligibles Who Received Preventive Dental Services	46%
SEAL: Dental Sealants for Children Ages 6-9 at Elevated Caries Risk	Baseline Measurement Year
Weight Assessment and Counseling - Body Mass Index (BMI) Assessment for Children/Adolescents	50%

Elderly/Physically Disabled Measures in *Reserve* Status	
Measure	**MPS**
Screening for Clinical Depression and Follow-Up Plan	Baseline Measurement Year
Adults' Access to Preventive/ Ambulatory Health Services	75%
Diabetes Admissions, Short-Term Complications (PQI-01)	300 Per 100,000 Member Months
Annual Monitoring for Patients on Persistent Medications: Combo Rate	75%
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI-05)	950 Per 100,000 Member Months
Heart Failure Admission Rate (PQI-08)	350 Per 100,000 Member Months
EPSDT Participation	68%
Developmental Screening in the First Three Years of Life	55%

DDD Performance Measures	
Measure	**MPS**
Inpatient Utilization	51 Per 1000 Member Months
ED Utilization	43 Per 1000 Member Months
Hospital Readmissions	11%
Adults' Access to Preventive/Ambulatory Health Services	75%
Breast Cancer Screening (BCS)	50%
Cervical Cancer Screening (CCS)	64%
Chlamydia Screening in Women (CHL)	63%
Comprehensive Diabetes Management	
CDC - HbA1c Testing	77%
CDC - HbA1c Poor Control (>9.0%)	41%
CDC - Eye Exam	49%
Flu Shots for Adults, Ages 18 and Older (FVA)	*75%*
Use of Opioids From Multiple Providers at High Dosage in Persons Without Cancer	Baseline Measurement Year
Children's Access to PCPs, by age: 12-24 mo.	93%
Children's Access to PCPs, by age: 25 mo.-6 yrs.	84%
Children's Access to PCPs, by age: 7-11 yrs.	83%
Children's Access to PCPs, by age: 12-19 yrs.	82%
Well-Child Visits: 3-6 yrs.	66%
Adolescent Well-Care Visit: 12-21 yrs.	41%
Children's Dental Visits: (ages 2-21)	60%
Percentage of Eligibles Who Received Preventive Dental Services	46%
SEAL: Dental Sealants for Children Ages 6-9 at Elevated Caries Risk	Baseline Measurement Year

Childhood Immunization Status	
DTaP	85%
IPV	91%
MMR	91%
Hib	90%
HBV	90%
VZV	88%
PCV	82%
Hepatitis A	85%
Rotavirus	60%
Influenza	45%
Combination 3 (4:3:1:3:3:1:4)	68%
Adolescents Immunizations	
Adolescent Meningococcal	75%
Adolescent Tdap/Td	75%
Combination 1	75%
Human Papillomavirus Vaccine for Female Adolescents	50%

DDD Measures in *Reserve* Status	
Measure	**MPS**
Diabetes Admissions, Short-Term Complications (PQI-01)	67 Per 100,000 Member Months
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI-05)	282 Per 100,000 Member Months
Heart Failure Admission Rate (PQI-08)	75 Per 100,000 Member Months
Asthma in Younger Adults Admission Rate (PQI-15)	75 Per 100,000 Member Months
Annual Monitoring for Patients on Persistent Medications: Combo Rate	75%
Weight Assessment and Counseling – Body Mass Index (BMI) Assessment for Children/Adolescents	50%
EPSDT Participation	68%
Developmental Screening in the First Three Years of Life	55%

- **EPSDT Participation:**
  Individual EPSDT Participation rates are not available for the reporting period. AHCCCS is currently redesigning measurement tools related to EPSDT Participation rates.

- **EPSDT Preventative Dental Services:**
  Individual EPSDT Preventative Dental Services rates are not available for the reporting period. AHCCCS is currently redesigning measurement tools related to EPSDT Preventative Dental Services rates.

- ***Performance Improvement Projects***
  In addition to performance measures, AHCCCS also implements Performance Improvement Projects (PIPs) to drive member health outcomes and improve Contractor performance on selected state and national health care priorities. ALTCS members were included in the PIP reported below.

  - *E-Prescribing:* The purpose of this PePIP is to increase the number of prescribers electronically prescribing at least one prescription and increase the percentage of prescriptions which are submitted electronically, in order to improve patient safety. The baseline measurement period for the PIP was CYE 2014. AHCCCS has provided baseline rates to Contractors (shown below). The first remeasurement, which considers CYE 2016 data, is included below.

E-Prescribing Improvement Project

Number of Providers Prescribing at least one prescription by ALTCS E/PD Plans
October 1, 2013 through September 30, 2014

ALTCS E/PD HEALTH PLANS *			
Health Plan	**Number of providers prescribing at least one prescription**	**Number of providers prescribing at least one prescription electronically**	**Percent of Providers who prescribed at least one prescription electronically**
Bridgeway	2,199	829	37.70%
Mercy Care	4,876	2,322	47.62%
United Health Care	3,748	1,806	48.19%
Total	**7,596**	**3,778**	**49.74%**

***** Reported rates based on 6/20/17 retrospective review of claims and encounters data

E-Prescribing Improvement Project

Number of Providers Prescribing at least one prescription by ALTCS E/PD Plans
October 1, 2015 through September 30, 2016

ALTCS E/PD HEALTH PLANS			
Health Plan	**Number of providers prescribing at least one prescription**	**Number of providers prescribing at least one prescription electronically**	**Percent of Providers who prescribed at least one prescription electronically**
Bridgeway	2,684	1,219	45.42%
Mercy Care	5,698	3,140	55.11%
United Health Care	4,906	2,702	55.08%
Total	**8,922**	**5,213**	**58.43%**

E-Prescribing Improvement Project

Number of Providers Prescribing at least one prescription by ALTCS/DD
October 1, 2013 through September 30, 2014

ALTCS DD*			
Health Plan	**Number of providers prescribing at least one prescription**	**Number of providers prescribing at least one prescription electronically**	**Percent of Providers who prescribed at least one prescription electronically**
DDD	7,565	4,310	56.97%

* Reported rates based on 6/20/17 retrospective review of claims and encounters data

E-Prescribing Improvement Project

Number of Providers Prescribing at least one prescription by ALTCS/DD
October 1, 2015 through September 30, 2016

ALTCS DD			
Health Plan	**Number of providers prescribing at least one prescription**	**Number of providers prescribing at least one prescription electronically**	**Percent of Providers who prescribed at least one prescription electronically**
DDD	9,102	5,718	62.82%

HCBS GROWTH AND PLACEMENT

ALTCS program enrollment increased by 3.0% in from CYE 16. The most significant growth (5%) in membership occurred within the DES/DDD program, compared to 2% growth in the EPD membership. The following table highlights the membership breakdown by placement setting type.

In CYE 2017 despite the small population growth experienced in the ALTCS program overall, the percentage of members residing outside of a nursing facility remained consistent with the trend in crecent years at 87 percent, marking this the eighth consecutive year that the percentage has exceeded 70 percent. This growth is largely attributable to the service options and HCBS activities available to members, which are addressed in this report.

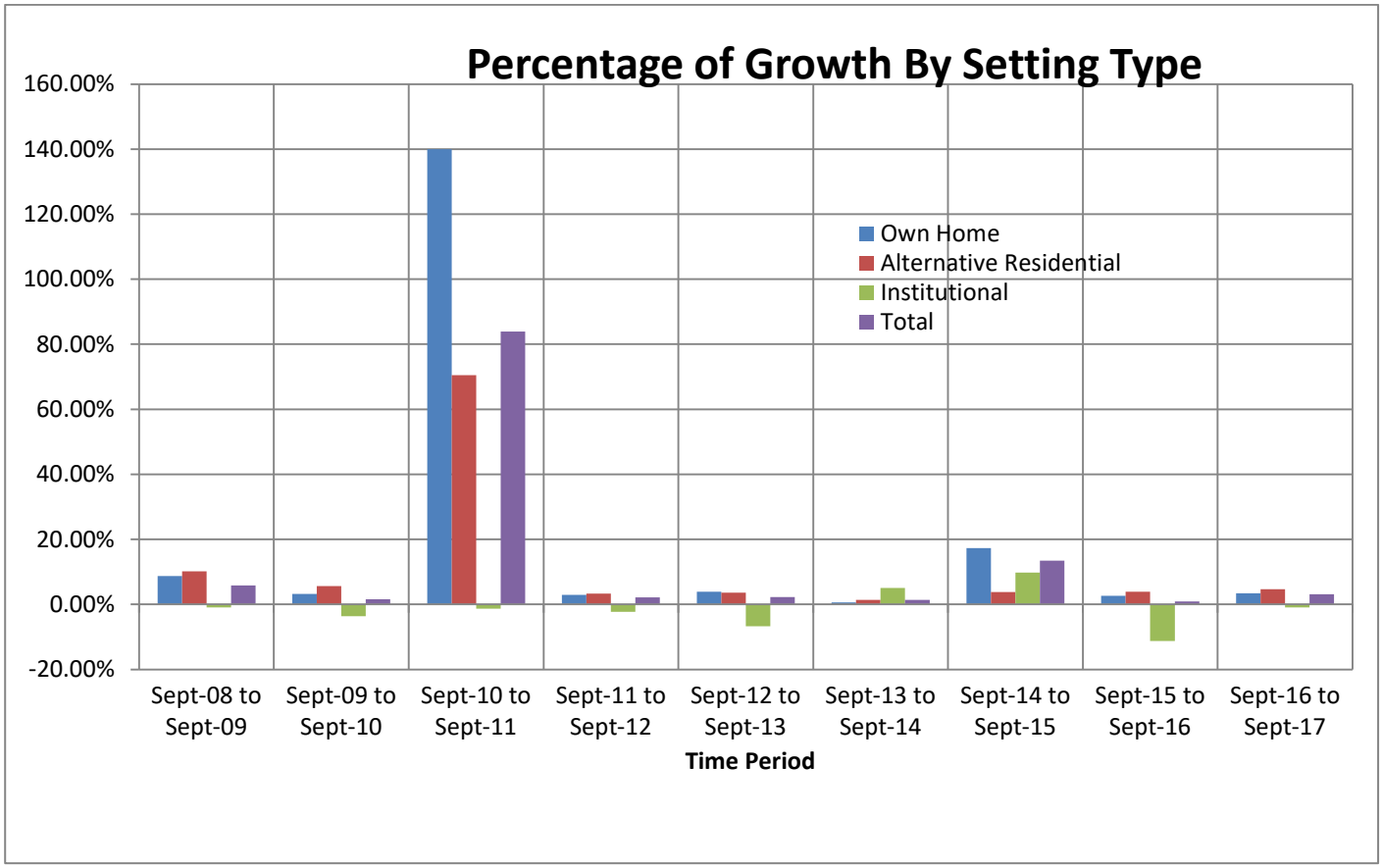
Membership Breakdown by Placement Setting Types - September 30, 2017						
Setting	Bridgeway Health Solutions	Mercy Care Plan	United HealthCare	DES/DDD	Total Membership	% of Total Membership
Own Home	2,182	5,549	5,286	23,378	36,395	62.34%
Assisted Living	1,390	2,262	2,758	9	6,419	10.99%
Group Home		65	17	2,938	3,020	5.17%
Developmental Home		6		1,498	1,504	2.58%
Behavioral Health Residential Facility	36	73	50	6	165	0.28%
Acute Services Only	49	178	131	3,085	3,443	5.90%
Total Membership in HCBS Placements	**3,657**	**8,133**	**8,242**	**30,914**	**50,946**	**87.26%**
Skilled Nursing Facility	1,278	2,785	2,422	45	6,530	11.18%
ICF-ID	1			129	130	0.22%
Behavioral Health Inpatient Facility		7	16		23	0.04%
Institution for Mental Disease		1			1	0.00%
Residential Treatment Center		2			2	0.00%
Total Membership in Institutional Settings	**1,279**	**2,795**	**2,438**	**174**	**6,686**	**11.45%**
Placement Data Not Available	24	498	198	32	752	1.29%
Total Membership	**4,960**	**11,426**	**10,878**	**31,120**	**58,384**	**100.00%**

The following chart outlines the distribution of placement setting type[3] for the period of September 2009 through September 2017. 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 remained stable in the range of 18-20%. This continues to demonstrate the program's commitment to advancing initiatives which result in the shift in placement for E/PD and DES/DDD members to community-based placements.

Statewide Placement Percentage by Setting									
	9-Sep	10-Sep	11-Sep	12-Sep	13-Sep	14-Sep	15-Sep	16-Sep	17-Sep
Own Home	49%	50%	65%	65%	66%	66%	68%	69%	69%
Alternative Residential	20%	21%	20%	20%	20%	20%	18%	19%	19%
Institutional	31%	29%	16%	15%	14%	14%	14%	12%	12%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

[3] The number of individuals receiving acute services only is captured in the "own home" category. Furthermore, the number of individuals for which placement data is not available is not reflected in the data.

The following graph shows the percentage of growth for each placement setting type[4] experienced since September 2009. The represented growth of members living in their own home is indicative of the growth in the overall population for DES/DDD in CFY 2017, the majority of whom are living in their own homes.



[4] Beginning 2011, DES/DDD placement information was incorporated.

The following table presents information detailing member placements broken down by three age[5] groupings (0-21, 22-64 and 65 plus) as of the conclusion of CYE 17, September 30, 2017. Consistent with the historical trend, the number of members in the 65 year and older age group compose the highest proportion of members residing in institutional settings (25%). Conversely, the 0-21 year age group has the lowest proportion of members residing in institutional settings (0%). Only 10% of members 22-64 years of age reside in institutional settings.

ALTCS Placement by Age Group				
	0-21	22-64	65+	TOTAL
Own Home	18,965	12,471	8,399	39,835
Alternative Residential	617	4,821	5,670	11,108
Institutional	21	1,931	4,737	6,689
TOTAL	19,603	19,223	18,806	57,632
	0-21	22-64	65+	TOTAL
Own Home	97%	65%	45%	69%
Alternative Residential	3%	25%	30%	19%
Institutional	0%	10%	25%	12%
TOTAL	100%	100%	100%	100%

End of the Report

[5] The number of individuals for which placement data is not available is not reflected in the data.

This page intentionally left blank