



Assessment Team Training

September 2016



Housekeeping

- Please mute your phones (*6)
- Question and answer sessions will be held at designated times throughout the presentation
- Use the chat function to write your question. Please include the slide # or page #.
- AHCCCS staff will call upon you

Agenda

- HCBS Rules Overview
- Systemic Assessment Process
- Heightened Scrutiny
 - Memory Care Units/Communities
 - Farmstead Communities
 - Assessment Process
 - Assessment Tools

HCBS Rules Overview



Intent of the HCBS Rules

- Purpose

- Enhance the quality of HCBS
- Provide protections to participants
- Assure full access to benefits of community living
 - Receive services in the most integrated and least restrictive setting possible
 - Receive services to the same degree of access as individuals not receiving HCBS

- Scope

- Licensed settings
- Residential and Non-Residential

Arizona's Opportunity

- New standard set of basic rights afforded to all members
- Reinforce priority of serving members in the most integrated and least restrictive setting
- Formalize new priority to ensure members are actively engaged and participating in their communities

Placement – December 2015

Setting	Members	% of Membership
Own Home	39,587	68%
Assisted Living Facility	6,120	11%
Group Home	2,838	5%
Developmental Home	1,346	2%
Total of HCBS Placements	49,891	86%
Skilled Nursing Facility	7,202	12.5%
Other	760	1%
ICF/ID	130	.3%
Behavioral Health Residential Facility	108	.2%
Total of Institutional Placements	8,200	14%
Total	58,091	100%

Settings that are not Home and Community Based

- A nursing facility
- An institution for mental disease
- An Intermediate Care Facility for individuals with intellectual disabilities
- A hospital
- Any other locations that have the qualities of a institutional setting, as determined by the Secretary

Settings

- Residential Setting:
 - Assisted Living Facilities (Home, Center, Adult Foster Care)
 - DDD Group Homes
 - DDD Adult & Child Developmental Homes
 - Behavioral Health Residential Facilities
- Non-Residential Settings
 - Adult Day Health
 - DDD Day Treatment and Training Programs
 - DDD Center - Based Employment Programs
 - DDD Group - Supported Employment Programs

Settings that are Presumed to have Qualities of an Institution

- Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment
- Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution
- ***Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.***

Rules

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 HCB services.

Rules

2. The setting is selected by the individual from among setting options including
 - a. non-disability specific settings
 - 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 individuals 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

Rules

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.

Rules

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;
 - 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/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.

Person-Centered Planning

Rights *may be* limited, on a case-by-case basis, if they jeopardize the health and safety of the member and/or others.

The following requirements must be documented in the person-centered plan:

- Identify a specific and individualized assessed need
- Document the positive interventions and supports used prior to any modifications to the person-centered plan
- 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.

Person-Centered Planning

Continued...

- Include regular collection and review of data to measure the ongoing effectiveness of the modification
- Include 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

Summary

- Rules are basic rights afforded to all members
- Its not just about the location of where the services are provided, but its about the **individual's experience and outcomes**
- All residential and non-residential settings must be compliant or come into compliance by the end of the transition period
- Rights may be limited, on a case-by-case basis, if they jeopardize the health and safety of the member and/or others
 - Must be documented in the service plan
 - Strategies developed and monitored to restore rights

Systemic Assessment Process

October 2015 – Submitted to CMS



Systemic Assessment

- Review and evaluation of standards and requirements for setting types
 - Arizona Revised Statutes
 - Arizona Administrative Code
 - AHCCCS and MCO Policy
 - AHCCCS Contracts with MCOs
 - MCO contracts with providers

Why a Systemic Assessment?

- All services are provided under the 1115 Wavier authority
- Licensing rules create uniform standards across settings
- Working knowledge and understanding of the operations for each setting type
- Important to assess the “system” and not just providers

Systemic Assessment - Process

- Assessed each specific rule requirement for each setting type
- Answered the question “What is culturally normative for individuals not receiving Medicaid HCBS?”
- Utilized exploratory questions provided by CMS

Systemic Assessment - Process

- Only captures what is outlined on paper
- Includes policies that are not specific to the setting type (i.e. role of the Case Manager)
- The HCBS Rules may be implemented in practice and that will be evaluated as part of the on-site visit

Systemic Assessment - Findings

- All setting types currently do not comply with all of the HCBS Rules and, therefore, require remediation strategies to come into compliance with two exceptions

Systemic Assessment - Findings

- **Compliant** — The minimum standards of the rule requirements have been met
- **Compliant with Recommendations** — The minimum standards of the rule have been met and, in addition, it was determined that a remediation strategy was in order to exceed the standards and meet the intent of the rule
- **Partial Compliance** — Some of the minimum standards of the rule requirements were met
- **Not Compliant** — The minimum standards of the rule requirements were not met

Systemic Assessment - Findings

Setting	Compliant	Compliant with Recommendations	Partial Compliance	Not Compliant	Totals
Residential Settings					
Assisted Living Facilities	5	3	6	1	15
Group Homes	5	5	5		15
Adult and Child Developmental Homes	5	5	5		15
Behavioral Health Residential Facilities					
Residential Total	15 (34%)	13 (28%)	16 (36%)	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%)	18 (22%)	28 (35%)	8 (10%)	81

Heightened Scrutiny



What is Heightened Scrutiny?

- States use this process to preserve settings that are presumed to have institutional qualities and presumed not be compliant with HCBS Rules
- Process created for states to gather and submit evidence for settings to CMS to make a determination
- CMS determines whether or not the evidence supports the setting is or can become compliance by the end of the transition period
- If CMS determines the setting does not or cannot meeting the compliance standards, Medicaid funds cannot be used.

Memory/Dementia Care Settings

- Nature of the Facilities
 - Secure perimeter and delayed egress
 - Interactions with the general community are typically limited to activities at the facility
- Settings
 - 79 Memory Care Units/Communities
 - 1002 members receiving services

Memory/Dementia Care Settings

Assisted Living Facilities that are licensed as Assisted Living Centers but 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 §36.401.A.15** "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."*

Farmstead Communities

- Nature of the Settings
 - Rural areas on large parcels of land
 - Interaction limited to other individuals with disabilities and/or staff and onsite activities
- Settings
 - 1 Farmstead Community
 - 8 Members receiving group home and day program services

Assessment Process



Overview

- Statistically significant number of settings were randomly selected
- On-site assessments were created by a multi-stakeholder/multi-disciplinary workgroup

On-Site Assessments

Team #	# of Sites	Locations	Assigned Organizational Lead
1	2	Lakeside (Navajo County) and Vernon (Apache County)	UnitedHealthCare
2	3	Flagstaff (Coconino County), Cottonwood and Prescott (Yavapai County)	UnitedHealthCare
3	3	Lake Havasu City (Mohave County)	UnitedHealthCare
4	3	Kingman and Bullhead City (Mohave County)	AHCCCS
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)	AHCCCS
16	4	Mesa and Glendale (Maricopa County)	AHCCCS

On-Site Assessments

- Not
 - Intended to assess compliance of individual settings.
 - A licensing or monitoring review
- Process created for states to gather and submit evidence for settings to CMS to make a determination
- CMS determines whether or not the evidence supports the setting is or can become compliance by the end of the transition period
- If CMS determines the setting does not or cannot meeting the compliance standards, Medicaid funds cannot be used.

Assessment Teams

- Led by AHCCCS or MCO
- Representatives include:
 - Case Management
 - Quality Management
 - Provider Relations
 - Community Members*

*Must sign a confidentiality agreement

Team Member Responsibilities

- Attend at least one training
- Participate in all of on-site assessments assigned to the Team
- Conduct one of the on-site assessment components
- Participate in a post-assessment meeting hosted by the Team Lead

Team Lead Responsibilities

- Serve as point of contact for the Team Members both on and off site
- Serve as technical advisor to Team Members
- Provide overview of the process and expectations to the facility on the day of the on-site assessment
- Ensure all assessment tools are completed
- Convene post-assessment meeting to facilitate the completion of the summary of on-site assessments
- Submit all completed assessments and summary to AHCCCS

On-Site Assessment Schedule *(3-4 hours)*

- Meet and Greet with Facility Executive Director/Manager
- Facility Tour
- Team Meeting – Review of roles and responsibilities for each Team Member
- Conduct Assessments
- Debrief

Timeline

Task	Timeline
<ul style="list-style-type: none">Conduct training for assessment teams and orientation for facilitiesConfirm schedule of assessment visits	September 2016
Conduct assessments	October – December 2016
Draft report and solicit input from Workgroup Members	January 2017
Solicit public comment	February 2017
Finalize report and submit to CMS	March 2017

Assessment Tools



Facility Assessment & Document Review

- The **purpose** of component is to gather information directly from the facility on the extent to which the facility may or may not be currently applying practices consistent with the HCBS Rules.
- The designated **Facility Interviewee** will complete the self-assessment and indicate whether or not the *practices are documented in written form* prior to the on-site assessment.
- The **Team Member** will be reviewing the self-assessment with the facility contact and reviewing documentation that outlines practices in member information, policies and procedures and/or staff information and website.

Member Interviews and File Review

- The **purpose** of this component is to gather information directly from the members (or their representatives) regarding the member experience in the facility which may or may not be consistent with the HCBS Rules.
- The **Team Member** will be:
 - Contacting members (or their representatives) and completing a survey.
 - Reviewing case files for members to gain an understanding of how and if the facility documents 1) member preferences to support limited decision making ability and/or 2) individualized health and safety limitations that restrict community integration.
 - Observing member and staff interactions and members as they are engaged in individual or group activities.

*In an effort to secure member protected health information, Community Members are not permitted to conduct this assessment

Observation and Community Interviews

- The **purpose** of this component is to gather information by observing the location, environment and community engagement of the facility to identify characteristics that may or not be consistent with the HCBS Rules.
- The **Team Member** will be responsible for:
 - Providing a description of the facility environment and the proximity to the community (i.e. transportation, businesses, churches, etc.).
 - Talking with community members, who have an association with the facility, to gather information about their level of interaction with members in the facility and the strategies the facility employs to maximize community engagement.

Post-Assessment Meeting and Summary

- General observations and trends
 - Strengths and replicable best practices
 - Weaknesses and proposed solutions for compliance
 - Outlier issues and proposed solutions for compliance

Next Steps

- Team Lead - work with Team Members to create schedule of assessments and report schedule to AHCCCS
- AHCCCS - send notice to facilities of the scheduled dates
- AHCCCS – post training on website (www.azahcccs.gov/hcbs)

Thank You

